

**From the Chief Medical Officer
Professor Sir Michael McBride**



HSS(MD)47/2021

FOR ACTION

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums (for onward distribution to practice staff)

OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)47/2021

Date: 23 July 2021

Dear Colleague

PERSONAL PROTECTIVE EQUIPMENT AND HEAT: RISK OF HEAT STRESS

Summary

Further to our previous correspondence HSS(MD)54/2020 this letter is to remind you of the risks relating to Heat Stress . Please find attached relevant information and appropriate actions to manage the risk of Heat Stress while wearing Personal Protective Equipment (PPE) , see Annex 1. I would ask that you circulate this information to relevant directorates in your respective organisations for action as appropriate.

Background

To reduce the risk of transmission of COVID-19, healthcare staff are required to wear PPE, specified for different settings and activities in line with national guidance. This can effectively require staff to wear PPE for the entirety of their clinical work.

Wearing PPE in warm/hot environments increases the risk of heat stress. This occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down.

Occupational heat strain is associated with productivity loss and has an impact on the health of those affected.

Please find attached relevant information and appropriate actions to manage the risk of Heat Stress while wearing Personal Protective Equipment (see Annex 1).

Please be aware that an increase in demand for certain PPE items during warmer months due to staff changing equipment more frequently may be likely.

We could be grateful if you could please give this matter your immediate attention.

Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer



Professor Charlotte McArdle
Chief Nursing Officer

ACTIONS TO REDUCE RISK OF HEAT STRESS

Note any actions taken must be aligned with local infection prevention and control policies.

- **Environmental conditions**
 - Assess the risk of overheating in your workplace and consider appropriate control measures to implement.
 - Consider collective control measures first (e.g. remove or reduce the sources of heat where possible).
- **Ensure that staff are aware of the risk of heat stress when wearing PPE and know how to reduce their risk.**

Staff working in warm/hot conditions should:

- Take regular breaks.(NB managers should consider staffing level requirement to maintain service levels whilst accommodating increased staff breaks)
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting). Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (e.g. confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover

Further Information can be found at:

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103156>

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, HSCB
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster
Siobhan Murphy, CEC
Donna Gallagher, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU
Professor Colin McCoy, Head of School, School of Pharmacy, QUB
Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Joe Brogan, Assistant Director of Integrated Care, HSCB
Donncha O'Carolan, HSCB (*for distribution to all General Dental Practitioners*)
Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to Community Optometrists*)
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, HSCB

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This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>
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