

Policy for Extremes of Temperature in the Indoor Workplace

Department / Service:	Health & Safety
Originator:	Julie Noble Health and Safety Manager
Accountable Director:	Director of Estates and Facilities
Approved by:	Health and Safety Committee, JNCC
Date of Approval:	30 th June 2022
Review Date:	30 th June 2025
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All
Target staff categories	All

Purpose of this document:

Worcestershire Acute Hospitals NHS Trust shall so far as is reasonably practicable, avoid the need for staff to work in any workplace where the indoor temperature is so extreme either by heat or cold, that it is likely to involve a risk to their health, safety or welfare. The Trust will make a suitable and sufficient assessment of all workplaces likely to come within this category and as indicated by the assessment, provide information to staff and where reasonably practicable, introduce any measures necessary to reduce the risk. This policy describes the arrangements in place for safely managing extremes in temperature.

Key amendments to this Document:

Date	Amendment	By:
01/06/09	Biennial review with minor changes	Paul Graham
01/07/09	Minor changes to advise on the use of fans in clinical areas	Paul Graham
01/06/11	Biennial review with minor changes to layout	Paul Graham
01/06/13	Biennial review with minor changes	Paul Graham
14/08/15	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
05/12/16	Documents extended for 12 months as per TMC paper approved 22 nd July 2015	TMC

Nov 17	Biannual review with minor amendments made as a result of changes to the Governance structure	H&S Manager
April 19	Amendments made (to 5.2 High Temperature) as a result of recent national alert on 11 th January 2019 – Portable Fans in health and social care facilities: Risk of cross infection.	H&S Manager & IPCT.
Jan 20	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid
February 2021	Document extended as per Trust agreement 11.02.2021	Trust agreement
February 2022	Document extended for 3 months whilst review and approval process is finalised	Julie Noble
May 2022	Document extended for 3 months whilst review and approval process is finalised	Julie Noble
May 2022	Legal history removed from section 1 as n/a, H&S manager job title amended throughout, section 5.2 expanded to give more supporting information. Fan purchase code updated. Reminder close windows for air conditioning to be optimal.	Julie Noble

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1. Introduction

The Workplace (Health, Safety and Welfare) Regulations 1992 (Regulation 7) addresses the issues of temperature in the indoor workplace. The regulations supplement the general duties placed on employers and others by the Health and Safety at Work etc. Act 1974 and the broad requirements of the Management of Health and Safety at Work Regulations 1999.

2. Scope of the Policy

This policy applies to all staff in all work areas across the Trust.

3. Definitions

3.1. Temperature

At the lower end of temperatures an indoor workplace should be at least 16 degrees Celsius or 13 Degrees Celsius if much of the work involves severe physical effort. This does not apply to parts of the workplace, which have to be open to the outside or where food or other products have to be maintained at a lower temperature. In these cases the temperature should be as close as possible to 13 or 16 degrees Celsius. Unlike the lower end temperatures, legislation does not give specific measurable limits at the higher end of temperatures. This means that in dealing with uncomfortable high temperatures, the Trust and its employees must exercise a degree of reasonableness.

The HSE guidance publication, Thermal Comfort in the Workplace, seeks to define thermal comfort, and states: *'An acceptable zone of thermal comfort for most people in the UK lies roughly between 13°C (56°F) and 30°C (86°F), with acceptable temperatures for more strenuous work activities concentrated towards the bottom end of the range, and more sedentary activities towards the higher end.'*

4. Responsibility and Duties

4.1 Management Duties

Responsible managers must ensure that:

- where there are issues associated with extremes of temperature in clinical care areas the NHS Heatwave Plan is followed;
- In non-clinical areas extremes of temperature are reduced to a minimum by implementing the precautionary and preventive measure detailed in section 5 below.

4.2 Staff Duties

Staff should:

- Tell their managers if they feel that the temperature of the workplace is too high or too low;
- Inform their managers and complete an Datix Incident Report Form if they feel their health, safety or welfare has been affected by the extremes of temperature;
- Assist their managers to assess the workplace and identify measures to provide a comfortable temperature

5. Policy Detail

5.1 Risk Assessment Guidance

The Management of Health & Safety at Work Regulations 1992 places duties on the Trust to assess risks and where necessary take action to ensure and safeguard health and safety, including health surveillance where appropriate. The following factors should be considered when undertaking a risk assessment relating to workplace temperature.

The environment:

- Air temperature;
- Radiant temperature;
- Relative air humidity;
- Ventilation;
- Air movement;
- Climatic and seasonal variations, i.e. outdoor temperatures and conditions;
- How the building has been designed, e.g. type of insulation, glass windows with film to reduce glare etc.

The individual:

- The way different people's bodies balance the different demands made on them;
- The amount and type of special clothing or personal protective equipment that is worn;
- The type of work being done;
- The age, sex, state of health and degree of fitness of the individual;
- How long the individual is exposed to the hot/cold environment and;
- Specific groups of people such as young people and pregnant workers

It is important that managers undertake the risk assessments before the warmer climate temperatures force them to take action thus adopting a more proactive approach. All high-risk assessments, i.e. those scoring above 16 must be reported through to the Health and Safety & Manager who will then liaise with the local manager to ensure that an action plan is developed to address the issues.

Advice about extremes of temperature in the indoor workplace may be sought from the Estates Department and/or the Trust's Health and Safety Manager.

5.2 High Temperature

Where the temperature in the workplace is uncomfortably high, departmental/ward manager will undertake a risk assessment and where indicated, take measures to ensure a reasonable working temperature is achieved and maintained. Such measures may include some or all of the following:

- Provide staff with thermometers to enable them to regularly monitor the temperature;
- Ensure this is access to cold fluids to enable hydration. Allow sufficient breaks to enable staff to get cold drinks or to cool down in a cooler area;
- Check if there are any persons of particular risk from heat / dehydration and implement an individual plan to reduce the impact of heat;
- If the area has windows, check they have blinds; these can reduce the impact of radiating heat. Alternatively use reflective film as a short term measure;
- Ensure windows can be opened safely;

- Consider placing insulating material around hot plant or pipes;
- Open windows and doors where clinical care, fire safety or security is not compromised. Ensure security is assessed and a plan implemented so that doors and windows are shut / locked when the working area is not in use (e.g. out of office hours);
- Provide advice to staff on eating during hot periods of day (advise that eating lighter / cold foods during peak heat can be of help rather than eating large hot meals).
- Where possible, introduce flexible working practices such as flexible hours or earlier starts to the working day to avoid the worst effects of working in exceptionally high temperature.
- Relax formal dress codes whilst ensuring that personal protective equipment is provided and used if required. (Cross reference to the Trust Standards of Dress Policy) Advise that wearing loose cotton clothing, that is still of a workplace standard, can aid cooling and comfort.
- Locate workstations away from direct sunlight and places or plant which radiate heat;
- Provide air-cooling* or air-conditioning* (If needed please arrange). NB Windows must be closed to enable air cooling/aid conditioning to be effective.
- Providing fans*, e.g. either desk, pedestal or ceiling mounted fans; *, Portable desk top fans Bladed fans for clinical area (Product details – WEL625 supply chain NHS Cat fans).

****Please note that in clinical areas the following guidance needs to be followed when you are considering whether to use any portable fans, air cooling or air conditioning systems. If in any doubt, please contact the Infection Control Team.
Portable bladed fans to be used after risk assessment.***

Use and cleaning of Portable fans:

Areas	Bladed fans	Bladeless Fans
Use in non – clinical office	Yes	Yes
Use in Clinical areas	Yes	No
Use in clinical receptions	Yes	No
Use in single rooms (Non Infected)	Yes	No
Nursing station	Yes	No
Nursing station during out breaks	No	No

*Fans may be used in bays and nursing stations opening onto bays **but not** when there is a case of MRSA, C difficile, Norovirus (or other infection as directed by Infection Control) in the bay. The Infection Control Team will assist with an individual risk assessment if fans are required for **infected patients** in a bay. Where fans are used they should be positioned so as not to point directly towards the patient or floor to reduce the circulation of skin squames in the environment.*

- *Ensure a daily clean by ward staff - clean outer surface of bladed fans with clinell wipe and keep a record.*
- *Ensure a monthly detailed cleaning of the bladed fans by ward staff – Including removal of the outer grill and clean the blades of the fan and inner back of the fan.*

- *Ensure a detail cleaning happens once a year by estate and facilities department (or follow their advice).*

Where susceptible patients or patients suffering the effects of heat are identified they should be moved to cooler areas allocated for this purpose. The temperature in these areas will be maintained below 26°C (refer to the Trust's Heat Wave Policy)

5.3 Lower Temperature

Where the temperature in the workplace is uncomfortably low, departmental managers and ward sisters will undertake a risk assessment and where indicated take measures to bring the work area up to a reasonable temperature. Such measures may include some or all of the following:

- Providing staff with thermometers to enable them to regularly monitor the temperature;
- Providing adequate heating in the workplace or local heating such as temporary heaters (remembering to consider the possible additional fire risks);
- Reducing exposure to the cold by separating cold products or cold areas from areas where people are working;
- Reducing draughts, e.g. by providing self-closing doors where practical and where they would reduce discomfort;
- Providing insulated flooring or floor coverings or protective footwear where workers have to stand for long periods on cold floors;
- Providing the appropriate type of protective clothing;
- Allowing sufficient breaks to enable staff to get hot drinks or to warm up in heated areas.
- Recommend additional clothing is worn.
- If staff work in areas where they are regularly / continually exposed to lower temperatures are part of their job (e.g. loading areas which have open doors to external temperatures resulting in staff working in temperatures which may be significantly cold in winter months) then warm work wear clothing (e.g. Trust Fleece, gloves) must be supplied at no cost to the employee (This is to comply with the Personal Protective Equipment at Work Regulations 1992).

6. Implementation arrangements

6.1 Plan for implementation

This policy will be implemented by local managers in their respective areas of responsibility.

6.2 Dissemination process

This Policy will be made available on the Trust Intranet.

6.3 Training and awareness

The Trust will ensure that the appropriate members of staff are suitably trained in managing issues associated with extremes of temperature. All staff will be made aware of this policy via the Trust's local induction process. A manager's brief will be issued to all managers detailing the actions that are needed to implement the policy. It will also be communicated to managers and staff-side representatives via the Hospital site Health and Safety Committees.

7. Monitoring and compliance

The Senior Nursing Team will monitor the effectiveness of this policy, as a standard, and the general level of compliance with its requirements via the risk assessment and incident reporting processes.

The Policy will be reviewed by the Health and Safety Committee two years from the date of approval, unless any statutory or national guidance is introduced in the intervening period that requires revision of the document before the planned review.

8. References

References:	Code:
Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Personal Protective Equipment at Work Regulations 1992.	
Workplace (Health, Safety and Welfare) Regulations 1992	
Health and Safety (Miscellaneous Amendment) Regulations 2002	
HSG194, Thermal Comfort in the Workplace	
Risk Management Strategy	
Risk Assessment Policy	
Standards of Dress Policy	
Flexible Working Opportunities Policy	
COSHH Policy	

9. Background

9.1 Equality requirements

An equality assessment has been performed. There are no equality issues presented by this policy.

9.2 Financial risk assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

9.3 Consultation

The following were consulted in the production of this version of the policy:

- Members of the Health and Safety Committees
- Infection Control Team
- Emergency Planning Resilience Response (EPRR) Manager
- Estates Team
- Staff side representatives

9.4 Approval process

The Trust Health and Safety Committees and JNCC will receive this policy for final approval.

Changes to this document will be recorded and monitored in accordance with the Policy for Policies.



Supporting Document 1 - Equality Impact Assessment Tool Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Julie Noble, H&S Manager
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
Date assessment completed	24/05/2022		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Extreme Temperature Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the process and management of extreme temperatures to ensure legal compliance			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Communities	
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/> Other _____	
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/>		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence	A review of applicable Worcestershire Royal Acute Hospitals NHS			

<p>have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.</p>	<p>Trust policies, HSE website and UK applicable regulations has been conducted.</p>
<p>Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)</p>	<p>Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.</p>
<p>Summary of relevant findings</p>	<p>No impact to others from this document; this is a continual improvement process.</p>

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged	√			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				



Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Samantha Reid
Date signed	24 th May 2022
Comments:	
Signature of person the Leader Person for this activity	 Julie Noble
Date signed	24 th May 2022.
Comments:	

Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.