

Weather

Guidance

Weather

Youth work organisations should consider the potential effects of adverse weather when planning youth sector programmes and activities. Appropriate management strategies and contingency plans should be included where relevant and should consider the potential impact on both activity and transport arrangements. This is particularly important for any plans involving outdoor activity and also for any residential plans which may include tented or temporary accommodation.

Risk assessments should be mindful that risk profiles may change significantly during, or following, adverse weather. This could be as simple as wet surfaces following rain presenting an increased risk of slips and falls.

Considerations that should be taken into account when planning programmes and activities are set out in the table below.

Contingency planning:

Alternative options or arrangements should be considered in advance to enable programmes or services to continue in the event of adverse weather. Access to hardened shelter and accommodation should be considered, particularly if residential activity in tented accommodation is planned.

Access to transport at short notice to enable swift transit to an alternative location should also be considered.

Weather forecasts

Forecasts should be followed closely in the days prior to programme delivery and any Met Office warnings (yellow/amber/red) or flood warnings (issued by the Environment Agency for England, Natural Resources Wales, the Scottish Environment Protection Agency or the Met Office for Northern Ireland) should be heeded with caution. Consideration should be given to changing travel plans, and/or the ability of participants to get to/from the venue safely, as well as activity/programme delivery.

Weather immediately prior to event/activity:

Plans should take into account not only the potential weather conditions at the time of activity but also the effect of weather in the immediate days prior to activity. Significant heavy rain before a programme could, for example, render ground conditions unsuitable for camping, and/or may prevent certain activities from taking place - particularly water-based activities or those at water margins. High water levels and increased flow rates can remain for several days after rain has stopped and can increase the risk of some activities dramatically.

Appropriate clothing:

Planning for outdoor activities should give consideration to the appropriate clothing required and young people should be thoroughly briefed on requirements. This includes providing a description of what constitutes 'appropriate' for the sake of clarity.

Where a particular level, quality or specialist type of clothing may be required, or where concerns may exist in relation to young people's ability to obtain the appropriate clothing, youth work organisations should consider provision for the full group. It is good practice where possible for organisations to have spare clothing available for use, including waterproofs, warm layers, hats/gloves and footwear, as may be applicable.

Ground conditions:

Wet, muddy, frozen or dry and hard ground can all pose an increased risk. Consideration should be given to ground conditions for any activities taking place outdoors as well as safe access routes for indoor provision. Recces, pre-visits or inspections of the ground immediately prior to commencing activities should be undertaken as appropriate and activities adapted where necessary to be suitable for the conditions and minimise the risk of injury.

Wind:

Wind can have significant implications on both activity and tented accommodation. Wind can be a significant contributory factor in the onset of hypothermia (see below), particularly in combination with rain or young people getting wet during water activities, and can make movement / activity in outdoor environments very uncomfortable and dangerous.

Consideration should be given to winds during any activity in woodland areas. A woodland may, in certain conditions, provide shelter from the elements, however this should always be balanced against the potential danger of falling branches, trees and debris.

Lightning:

Lightning is a significant hazard and whilst the risk in the UK is relatively low, it should be taken seriously. The following information is based on guidance from the [Met Office](#) and the [Ramblers' Association](#). A number of myths exist surrounding lightning, including that lightning never strikes twice and that it will always strike the tallest object: both are untrue. Lightning will take the shortest route to ground and strike the best conductor available, whether or not it has been previously struck. Guidance from weather forecasts and current, local information provided by the Met Office and [Mountain Weather Information Service](#) should be studied in advance of programmes or outdoor activity and if the risk of electrical storms is high, activity should be adapted as applicable and restricted to low lying and less exposed areas. Forecasts should be continually monitored and workers should be attentive to conditions and the build-up of tall clouds.

If outdoors and the risk of thunderstorms is present, groups should immediately look to descend to lower ground, and seek shelter inside an enclosed building or hard-topped metal vehicle where possible. **Note:** *Lightning can strike up to 10 miles away from the centre of a storm.*

If unable to find shelter:

- Avoid sheltering in tents, caves or under trees - it is safest to find the lowest open ground
- Try to minimise contact with the ground as far as possible - crouch or sit upright on top of insulating material such as rucksacks or sleeping mats, or crouch as low to the ground as possible with hands on knees, head bowed and stay on toes only to keep smallest surface area in contact with the ground as possible
- Stay twice as far away from the tallest objects in the area (i.e. trees, poles, pylons) as they are tall, to minimise the risk of being hit if they were to fall
- Move several metres away from other people - do not group together
- Abandon any exposed and pointed metal objects such as tent poles, walking poles or fishing rods
- If in a boat try to get to shore and to shelter - if this is not possible, try to avoid being the tallest point by moving close to a shore with trees, but remain twice as far away from the trees as they are tall.

Note: *Anyone struck by lightning should be given specialist medical attention as soon as possible - call 999 without delay.*

If someone is struck by lightning it is safe to touch them and provide them with CPR and first aid as applicable.

Heat injury:

Heat exhaustion and heatstroke are illnesses caused by high temperature and/or humidity, increased body heat (usually from increased activity or exercise) and/or reduced body heat loss. The severity of heat injuries can range from mild headache caused by dehydration through to critical heat stroke leading to coma and death.

It is important that staff and volunteers working with young people understand the information and considerations outlined below.

Note: *Heat injury can be very serious, but is preventable in most circumstances.*

There are a number of individual and environmental risk factors that can increase the risk of heat injury and therefore should be considered as part of programme/activity risk assessments:

- Heat and/or humidity
- Lack of shade or escape from the sun
- Reduced water consumption and/or replacing intake with fizzy/carbonated or 'energy drinks' as these often contain caffeine (a diuretic) and unhelpful synthetic sugars
- Poor fitness and/or obesity
- Dehydration, including from alcohol or other illnesses
- Inappropriate clothing that reduces evaporation of sweat & overheats the body
- Previous medical problems with heat
- Medication, including beta-blockers and diuretics
- Use of recreational drugs
- Heat rash/prickly heat and other skin conditions
- Age (very young children & the elderly are more susceptible)
- Underlying health problems including diabetes and heart disease

When working with young people, the risk of heat injury can be reduced by:

1. Maintaining hydration: Workers should ensure young people are drinking sufficient quantities of water, aiming for at least two litres per day when it is hot. Regular drinks breaks should be taken during activity, and it is recommended to drink little and often rather than to consume large amounts in a single drink. As part of a risk assessment, workers should ensure that sufficient drinking water is available and that sufficient water breaks are afforded. Young people should be encouraged to carry a water bottle with them and be reminded by workers to drink water regularly. Fizzy/carbonated or 'energy' drinks should be avoided. Consumption should be monitored proactively when it is hot and workers should be mindful that young people with additional needs may need greater support in managing hydration. And don't forget that workers also need to remain well hydrated too to do their job! A good indication of hydration is to 'pee clear once a day.'

Note: *it is possible to drink too much water and cause other serious medical issues.*

2. *Reducing activity in the hottest part of the day:* Activity timetables should be adjusted to reduce exposure to the sun and heat – this may be part of a written risk assessment if hot weather is expected, and/or managed via dynamic assessments where weather is less predictable.

3. *Using sun protection:* Young people should be reminded to apply high protection sun cream regularly and wear a hat when exposed to the sun, with workers setting a good example. Youth work organisations should provide and make sun cream available where hot weather has been identified as part of a risk assessment.

Symptoms of heat injury can vary and can progress swiftly if untreated. Workers should proactively observe and monitor young people and each other for symptoms:

- Weakness, lethargy & fatigue
- Headache
- Vertigo or dizziness
- Confusion
- Nausea or vomiting
- Muscle cramps
- Hysteria
- Anxiety
- Impaired judgement
- Hyperventilation/rapid pulse
- Diarrhoea
- Staggering or collapse
- Convulsions
- Unconsciousness

Note: *sometimes the skin can feel cool to the touch despite raised internal body temperatures.*

Treatment for heat injuries:

1. Move out of the sun, indoors with air conditioning if possible, and lay the individual down with their feet raised
2. Sponge skin with a wet cloth or spray with cool (not cold) water and/or apply cold packs to the neck or under arms
3. Fan the body to aid cooling by whatever means possible - a book or item of clothing will help
4. Provide water to drink, continue to monitor and consider the risk to other individuals

If the person is unconscious (or symptoms are severe) in addition to steps 1-3:

1. Remove outer clothing and place in recovery position to clear the airway
2. Call 999 without delay. This is a medical emergency. Continue treatment and monitoring until the ambulance arrives.

Note: *When unsure - if it is a hot environment and there has been physical activity, it is safe to treat as a heat injury until the ambulance has arrived.*

For further information, see the NHS website [here](#).

Cold injury:

Hypothermia is an illness caused by a dangerous drop in body temperature below 35°C. The severity of hypothermia can range from mild shivering to coma and death.

It is important that staff and volunteers working with young people understand the information and considerations outlined below.

Note: *Cold injuries can be very serious but are preventable in most circumstances.*

There are a number of individual and environmental risk factors that can increase the risk of cold injury and therefore should be considered as part of programme/activity risk assessments:

- Cold and/or wet weather
- Wind chill: the speed of cooling can be severely increased by a cold/strong wind
- Inadequate clothing or sleeping equipment
- Water immersion or getting wet
- Getting cold in wet clothes
- Inactivity or being static for extended periods in cold weather
- Extended exposure to cold conditions
- Tiredness, fatigue and exhaustion
- Alcohol and drug use: the body's natural shivering response is diminished and blood vessels expand increasing the rate of cooling
- Medical conditions: certain medical conditions can affect the body's ability to regulate temperature (i.e. diabetes and poor nutrition including eating disorders)
- Medication, including antidepressants & antipsychotics
- Age ((very young children & the elderly are more susceptible)

When working with young people, the risk of cold injury can be reduced by:

1. Ensuring access to appropriate clothing: As part of the risk assessment, workers should ensure that each young person is wearing and/or has access to sufficient clothing appropriate for the weather and activity; clothing should provide full coverage including hats, scarves/buffs & gloves to minimise heat loss; should be layered with lightweight clothing, ideally with wool, silk or polypropylene inner layers and tightly woven water-repellent outer layers for wind & rain protection. **Note:** *Individuals with additional needs may need greater support in managing their temperature.*
2. Adapting activities: As part of a dynamic risk assessment, activities should be adjusted to fit the conditions and/or abilities of the group; reduce time exposed to the cold; avoid overexertion as sweating can lead to more rapid cooling; avoid activities where people are likely to get wet; stay as dry as possible.
3. Ensuring access to warmth/shelter: Plans should ensure there is always suitably quick access to shelter; a building, tent or other structure, and also the facility to provide warmth; spare dry clothes, ability to make a warm drink and/or access to a heated building.

Symptoms can vary and progress swiftly if untreated. Workers should proactively observe and monitor young people and each other for symptoms:

- Shivering*
- Cold & pale skin
- Slurred speech or mumbling
- Rapid shallow breathing
- Tiredness or drowsiness
- Confusion or memory loss
- Clumsiness or lack of coordination
- Weak pulse
- Stop shivering*
- Unconsciousness

*if an individual's body temperature drops below 32°C they are likely to stop shivering completely and may fall unconscious. At this point they need rapid emergency medical attention - call 999 without delay.

Note: *someone with hypothermia usually isn't aware of their condition due to the gradual progression of symptoms. The associated confused thinking can further impair self-awareness & could lead to indirect risk-taking behaviour such as the removal of clothing.*

Treatment:

1. If hypothermia is suspected, call 999 without delay and then provide first aid
2. Move the person out of the cold to a warm/dry location if possible
3. Shield from the cold and wind as much as possible and insulate from the cold ground
4. Remove any wet clothing and replace with dry clothes or cover with dry blankets or coats
5. Provide warm non-alcoholic drinks and energy food (i.e. chocolate) but only if the individual is able to swallow normally
6. Monitor their condition, paying particular attention to breathing and circulation (pulse)
7. Consider the risk to others, including yourself and other workers
8. Place in the recovery position to maintain airway if unconscious.
9. If they do not appear to be breathing and you know how to do it, provide CPR until emergency help arrives

Some actions can make hypothermia worse and could lead to a cardiac arrest. The following should be avoided:

- Rigorous massage or excessive movement: Handle the person gently and limit movements
- Rapid warming: Do not put the person in a hot bath or apply other forms of direct heat such as heating pads or lamps
- Giving alcohol: Provide warm non-alcoholic drinks only

For further information can be found on the [NHS website](#)