

## Guidelines to support care-home residents before and during hot weather (including sun-cream guidance)



<b>TARGET AUDIENCE</b>	Care home staff Primary care staff providing care to care home residents
<b>PATIENT GROUP</b>	Residents within NHS Lanarkshire care-homes.

### Clinical Guidelines Summary

- While hot weather can be an enjoyable time for care-home residents, they are also more vulnerable to the health consequences associated with hot weather.
- Certain medical conditions can further increase vulnerability to hot weather for care home residents.
- Prescribed medications can also increase vulnerability to hot weather. Furthermore, many commonly prescribed medications increase skin sensitivity to the sun.
- There are steps that can be taken to help care home residents enjoy hot weather periods safely. These include keeping the resident cool and applying sun cream safely and regularly.
- Health complications of hot weather include:
  - Heat cramps
  - Heat exhaustion
  - Heat stroke
  - Sunburn
- All staff looking after residents in care home should be aware of the signs and symptoms of the complications of hot weather and be aware of how to manage these.

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## **Introduction**

Hot weather can be a great time for people living in our care homes to get out and enjoy time outdoors. However, hot weather can cause all persons to become unwell through dehydration, heat exhaustion and heat-stroke. There is evidence of an increased risk of heart attack, stroke, lung problems and other diseases during periods of hot weather. Hot weather can also increase the risk of infection and sepsis caused by gram negative bacteria particularly *Escherichia coli*. Hot spells can affect people at higher risk very rapidly and can be fatal. Sunburn is also a risk of hot weather that can cause morbidity and mortality in our care home patients.

Some care and residential homes may not be set up for hot weather – they may be housed in old repurposed buildings. There may also be safety measures taken (like window opening levels or locked doors) which limit fresh air flow.

While any one can be affected by hot weather, some groups are at higher risk than others. People adapt to heat via physiological responses (like sweating) or behavioural changes (like changing clothes.) Patients who live within care homes are at increased risk of health related heat problems as these mechanisms can become limited due to physical health problems, cognitive changes, frailty and medications. Therefore, residents within care homes are particularly vulnerable to the effects of hot weather. However, deaths and morbidity are preventable with careful risk assessment and preparation.

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## **Identification of Care Home Residents More at Risk of the effects of the Sun and Hot-Weather**

Older people and those with underlying medical conditions are particularly vulnerable to the effects of hot weather. This includes people living in all different kinds of care home. High risk groups include:

- People aged over 65.
- People with underlying health problems – particularly those with cardiovascular problems, respiratory problems, dementia, diabetes, kidney disease, Parkinson’s disease and any condition which causes a decrease in mobility (including frailty.)
- Patients on certain medications (see section 3.)
- Patients with serious mental health diagnoses
- Patients who are already ill and dehydrated (for example have had diarrhoea/vomiting.)

## **Medications with increased risk during hot weather**

- Diuretics
- Medications which interfere with normal cardiovascular responses (e.g. anti-hypertensives and anti-anginal drugs)
- Medications that interfere with sweating (e.g. anti-cholinergics or beta blockers)
- Medications that cause diarrhoea or vomiting (e.g. colchicine, antibiotics, opiates)
- Medications with levels affected by dehydration (e.g. lithium, digoxin, anti-epileptics)
- Medications which can increase the basal metabolic rate e.g. levothyroxine
- Medications which increase sensitivity to the sun ([Page 2 | label 11 | Search results | BNF | NICE](#)) These should be clearly marked by the dispensing pharmacy.

## **How to keep care home residents cool during hot weather**

- Follow local/national and company guidelines on keeping indoor temperatures cool during hot weather.
- Move the most vulnerable residents to the coolest rooms (rooms should be less than 26 degrees Celsius.)

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- Reduce physical exertion (for example rearrange physiotherapy to cooler time of the day where possible.)
- Promote regular cool showers, baths or body washes.
- Wear light, loose-fitting clothes that absorb sweat and prevent skin irritation.
- Minimise sun exposure between the hours of 11am – 3pm.
- Follow sunscreen advice below.
- Sprinkle clothes with water regularly and splash cool water on individual’s faces and backs of their necks.
- Serve cold food particularly salads, fruits and ice lollies which have a high water content.
- Promote regular drinking (preferably water or fruit) and advise against alcohol use.

**Protecting care home residents from sunburn**

It is lovely for our care residents to spend some time in the sun. This can improve mental wellbeing and protect against vitamin d deficiency. However, we must keep our residents safe in the sun using the following measures. It is important to remember that sunburn can occur even at times where it appears relatively cool and cloudy.

- (a) Ensuring residents are in the shade particularly between the hours of 11am and 3pm.
- (b) That their skin is covered where possible with cool/loose fitting clothing.
- (c) Ensuring they wear a wide brimmed hat or cap.
- (d) Ensuring they wear sunglasses.
- (e) Apply sunscreen (SPF.)

**Application of sunscreen (SPF)**

It is important not to rely on sunscreen alone to protect care home residents from sunburn. The advice in section 5 should be followed.

However, sunscreen (SPF) should be applied using the following recommendations:

- A sun protection factor of at least 30 should be used to protect against UVB.
- At least 4 star UVA protection should be purchased.

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- Ensure the sunscreen is not past its expiry date.
- Ensure the sunscreen is applied liberally enough (most adults do not use enough.)
- Ensure the sunscreen is applied to all exposed skin, including the face, neck and ears. Pay particular attention to the head in those with reduced hair coverage (although a hat is better for this reason and sunscreen should only be substituted if there is no other option.)
- Ensure the sunscreen is reapplied liberally and frequently according to the manufacturer's instructions (at least every 2 hours.)

**Recognition of complications of hot weather**

- Heat Cramps
  - Caused by electrolyte imbalance.
  - Common symptoms include intense thirst with muscle cramps and tachycardia (high heart rate.)
  
- Heat Exhaustion
  - This occurs when a patient has lost too much water.
  - Common symptoms include tiredness, weakness, feeling faint, headache, muscle cramps, nausea/vomiting, sweating, thirst, temperature between 38 and 40 degrees and mild cognitive dysfunction (confusion, irritability, anxiety.)
  
- Heat Stroke
  - This occurs when a patient's body is no longer able to cool down and core temperature exceeds 40 degrees for more than 45 minutes.
  - Common symptoms include a very high temperature, hot skin that is not sweating and might look red (harder to see on black and brown skin,) tachycardia (high pulse rate), shortness of breath, confusion, seizures and reduced conscious level.
  
- Sunburn
  - Sunburn occurs when the skin is damaged by too much UV radiation.
  - It causes the skin to become red, sore, warm, tender and itchy for approximately 1 week.
  - The skin usually flakes and peels over a few days and will fully heal within 7 days.

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- Most sunburn is short lived and mild but it is always best to avoid it as it can increase the risk of skin cancer as well as the risk of heat exhaustion/heat stroke.

**Caring for someone with hot weather related complications**

Heat Cramps or Exhaustion

1. Move the patient to a cooler place such as a room with air conditioning or somewhere in the shade. If it is not possible to move the patient, then cool the room down.
2. Remove all unnecessary clothing like jackets or socks.
3. Help them drink a rehydration drink or cool water.
4. Apply cool water by spray/sponge to exposed skin.

Heat Stroke

Heat stroke is generally considered a medical emergency and needs urgent management in a hospital setting.

However, many care home residents have severe frailty and are at risk of harm from hospital transfer. Decisions to transfer residents should be made using knowledge of the resident, access to their future care plan or ReSPECT form ([ReSPECT for patients and carers | Resuscitation Council UK](#)) and further advice can be sought from the patient’s GP in hours or NHS 111 out of hours.

If you are awaiting an ambulance:

- Continue trying to cool your resident down as is detailed above.
- Encourage your resident to drink cool fluids (if conscious and safe for them to do so.)
- Do not give aspirin or paracetamol.

Sunburn

1. Remove the resident from the sun as soon as possible.
2. Cool the skin with a cool shower, bath or damp towel.
3. Apply aftersun cream.

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4. Ensure the resident is well hydrated.
5. Offer paracetamol for pain.
6. Seek medical assistance via GP practice in hours or 111 out of hours if the skin is blistered, swollen or appears infected.

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## References/Evidence

Care Rights UK. Hot Weather in Care. Updated June 2024.

[Hot weather in care — Care Rights UK](#)

Beat The Heat – Staying Safe in Hot Weather. Updated July 2025.

[Beat the heat: staying safe in hot weather - GOV.UK](#)

Supporting vulnerable people before and during hot weather. Updated July 2025

[Supporting vulnerable people before and during hot weather: healthcare professionals - GOV.UK](#)

NHS Inform Sun Cream Guidance

[Sunscreen and sun safety - NHS](#)

British Association of Dermatology – Sun Protection Fact Sheet

[Sun Protection Fact Sheet - BAD Patient Hub](#)

## Appendices

### 1. Governance information for Guidance document

<b>Lead Author(s):</b>	Dr Catriona Nisbet – GP Lead – Care Homes & Frailty
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<b>Responsible Person (if different from lead author)</b>	Lead Author

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<b>CONSULTATION AND DISTRIBUTION RECORD</b>	
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			3
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