KEEPING CHILDREN SAFE DURING HOT WEATHER

Advice for early years services
Although we may love the warm weather, it is extremely important to keep a close eye on babies, toddlers, and young children when temperatures rise. During heatwaves, children attending early years services will need extra help from the adults in the service to stay cool and comfortable. Some children may need more help than others, including sleeping children, children playing outdoors, and those with certain medical or additional needs.

Younger children don’t sweat as much as adults do and they find it harder to control their body temperature and stay cool. They can be at increased risk of heat-related illness, ranging from mild heat stress and dehydration to potentially life-threatening heatstroke. Hyperthermia (overheating) has also been implicated in Sudden Infant Death Syndrome (SIDS) and ensuring that children aged 12 months and younger do not become too hot when they are sleeping is an important strategy in reducing the risk of SIDS. If sensible precautions are taken, children in early years services are less likely to be adversely affected by hot conditions, but early years educators should remain vigilant for the signs of hyperthermia and heat related illnesses during the summer months.

More information on recognising and responding to the harmful effects of heat is set out later in this information sheet.

**Tips to help children in your service stay healthy in the heat**

1. **Keep children hydrated.**
   - Make sure they are drinking enough fluids. This helps prevent dehydration and/or heat exhaustion, which can happen when children become very hot and start to lose water or salt from their body.
   - If you are caring for babies under 6 months, offer them their usual milk feeds (breast milk or formula) more often. This will prevent them becoming dehydrated.
   - Make sure cold drinks (such as water) are readily available, frequently offered, and easily accessible for children and encourage them to drink. Cold milk, fruit juice or smoothies can be a way of getting fluids into children who are reluctant to drink water.
   - Encourage children to eat as normal, but provide more cold foods, particularly salads and fruit with a high-water content.
2. Keep children cool when playing and sleeping.

- It is essential to keep indoor spaces cool during hot weather. Tusla’s EYI guidance on ventilation will help services to ensure premises are well ventilated all year round, and particularly during warm and hot weather.

- Fans or air-conditioning units can help to keep rooms cool\(^1\). Fans need a fresh air source such as an open window in order to work effectively, otherwise they are only recirculating warm air, and possibly any pathogens in the atmosphere. Fans should not be aimed directly at sleeping children.

- The use of fans in sleep rooms have been shown to be a protective factor against SIDS (Coleman-Phox et al., 2008). This study reported a 72% reduction in SIDS risk in rooms where fans are used to cool the air temperature. The mechanism for this protective effect is unknown, but the authors suggested that fan use may reduce rebreathing of exhaled carbon dioxide trapped near a baby’s airway by bedding.

- A bowl of ice placed in front or behind a fan can further help to bring down room temperatures, however care must be taken to ensure that the ice does not come into direct contact with the fan or any other electrical equipment.

- Open windows as early as possible before the children arrive at the service, this will allow stored heat to escape from the building. Once the air outside is warmer than the air inside, partially close windows.

- Children should not sleep in direct sunlight. Close the curtains or blinds during the day to block out the sun but don’t let closed blinds block ventilation or make it hard to see and supervise children, particularly in sleep rooms.

- Use a room thermometer to ensure that sleep rooms/area are at the correct temperature. The required temperature for rooms in which babies or children sleep is from 16\(^\circ\)C to 20\(^\circ\)C, and the required temperature range in care rooms is from 18\(^\circ\)C to 22\(^\circ\)C. Recording and documenting room temperatures helps ensure that children are being cared for within required limits.

- Sleeping children need less clothing and bedding in the warmer summer months.

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\(^1\) Unless public health guidance advises otherwise, such as during the Covid restrictions when the use of fans was not advised in multiple occupancy rooms.
• The best way to check on a sleeping child’s temperature is by putting your hand on the skin on their tummy or the back of their neck. Don’t use their hands or feet as a guide as they will always feel cooler than the rest of their body. If the child’s skin feels hot or sweaty, you will need to remove clothing and bedding, or further cool the room.

• Ask parents to dress their children in loose light-coloured clothing. Also remind parents to send in a wide brimmed sunhat and have a supply of spare loose clothing and sunhats available in case a parent forgets.

• You can sprinkle water over the children’s skin or clothes when they are playing outside to help them stay cool.


• Make sure that children take regular breaks from the sun and heat when playing outdoors. Between 11am and 3pm is likely to be the hottest part of the day.

• Children should have a cool area they can easily access for shade and to relax from time to time. In the outdoors, greenhouses, glasshouses and polytunnels can become very hot during the day and are not suitable for the provision of shade.

• Avoid very active or vigorous outdoor play when the temperature is > 30°C.

• You might need to think about adjusting your usual schedule for outdoor play. Being outdoors earlier in the morning or later in the evening may be safer than being outdoors between 11 and 3pm in very hot weather without access to shade.

• Plastic outdoor equipment like slides and mats can get very hot in the heat, check them before a child uses them as they can cause burns. Artificial grass can also become very hot and potentially cause burns to a young child.

• Communicate with all parents and ask them to apply sunscreen to their children before arriving at the service. Ask them to also send sunscreen with their child in a labelled container for staff to apply during the day. Encourage parents to use a SPF 50+ sunscreen that protects against both UVA and UVB rays and is suitable for children’s skin. Remember sunscreen will protect a child’s skin from the sun, but it won’t protect them from the heat.

• The Inspectorate’s guidance for services operating outdoors has advice on responding to hot weather conditions when children are outdoors.

4. Other safety tips to protect children against the harmful effects of heat.

• Never leave children alone in cars or mini-buses for any length of time, no matter how short, even if the vehicle is in the shade.
• If a child has additional health needs or special needs, ask the parents if there are any special heat/sun related recommendations for their child, or if they are more at risk from the heat and if so, make sure this is recorded on their care plans.

• Make sure staff are informed about the signs of dehydration, heat exhaustion and heatstroke.

• Active supervision of sleeping children should be in place during heatwaves.

• Switch off unnecessary lights, and all electric equipment that you are not using (e.g laptop/printers).

• A sun protection policy will assist in protecting children. Guidance on developing a sun protection policy is available here.

How will you know if a child is dehydrated?

The symptoms of dehydration are similar in children and adults. Thirst is an early sign that children need extra fluids. If a child tells you or otherwise indicates that they are thirsty, give them a drink immediately. Another sign to watch out for with babies or toddlers is having fewer wet nappies than usual; or their nappies not feeling as heavy (or being as wet) as usual. Older children may be going to the toilet less often.
If children develop any of the signs or symptoms below, they may need medical help. These symptoms include children that:

- seem drowsy (hard to wake)
- are breathing fast
- have few or no tears when they cry
- the soft spot on their head sinks inwards (sunken fontanelle)
- have a dry mouth
- have cold and blotchy-looking hands and feet
- are extremely thirsty despite regular drinks
- are unusually pale
- have less energy than usual
- are confused.

How will you know if a child is developing heat exhaustion?

Heat exhaustion is an illness that can happen in the heat. It can develop into heat stroke which is dangerous. To prevent heat stroke, it is important to cool a child down if you think they have heat exhaustion.

If children develop any of the signs or symptoms below, they will need medical help. These symptoms include children that:

- have intense thirst
- become weak or faint
- have cramps in the arms, legs or tummy
- feel sick or vomit
- complain of a headache
- develop pale clammy skin
- develop a temperature of greater than 38 °C

Children with heat exhaustion may not have all of these symptoms, so it is important to be alert for any signs of heat exhaustion.
Heatstroke

When the body is exposed to very high temperatures, the mechanism that controls body temperature may stop working. Heatstroke can develop if heat stress or heat exhaustion is left untreated, but it can also occur suddenly and without warning. Heatstroke is a medical emergency. It can be life-threatening.

The signs of heatstroke include:
- When a child you have been treating for heat exhaustion is no better after 30 minutes.
- A child who feels hot and dry. They are not sweating even though they are very hot.
- A child with a body temperature of or above 40°C is a major sign of heatstroke.
- A child with a fast heartbeat and/or fast shallow breathing.
- A child who develops confusion or lack of coordination or becomes floppy.
- A child who develops convulsions or fits.
- When a child experiences a loss of consciousness.

If you think a child may be suffering from heat exhaustion, take the following steps:

1. Get them to rest in a cool place, ideally indoors in a room with air conditioning/fan, or in the shade.
2. Give them fluids to drink. This should be cool water.
3. Cool their skin with cold water.
4. Don’t administer paracetamol as this will not help the raised temperature and may mask the symptoms of heat exhaustion.
5. Inform their parents immediately and follow your emergency procedures as appropriate.
Call an ambulance, 999 or 112, if a child has any signs of heatstroke. Inform their parents immediately as per your emergency procedures. The following first aid steps to reduce body temperature should be taken immediately:

1. Move the child to a cool room/area as soon as possible and encourage them to drink cool water (such as water from a cold tap)
2. Cool the child as rapidly as possible, using whatever methods you can. For example, sponge or spray the child with cool (25 to 30°C) water. If available, place cold packs around the neck and armpits, or wrap the child in a cool, wet sheet and assist cooling with a fan.
3. If a child loses consciousness, or has a fit, place the child in the recovery position until medical assistance arrives.

The guidance in this document is based on the following resources:

HSE: Heat exhaustion and heatstroke in children
HSE: Preventing sunburn in children
DCEIDY: Heatwave advice – for childcare facilities
Tusla: Quality and Regulatory Framework
Irish Cancer Society: SunSmart Code
Irish Cancer Society: Keep your children safe in the sun
Irish Skin Foundation: protect your family in the sun
Lullaby Trust UK: Temperature Fact Sheet
NHS NI: Heat exhaustion and heat stroke
NHS England: Keeping your baby safe in the sun
UKHSA: Looking after children and those in early years settings during heatwaves

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