Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
Mary Paterson Nursery School
Tachbrook Nursery School
Essendine Primary School
Hallfield Primary School
Oxford Gardens Primary School
Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Sun Safety and Hot Weather Policy

SEPTEMBER 2026

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Approved by	Executive Headteacher
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Policy lead	Heads of School/Setting Leads
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1. Purpose and scope

Connected Futures Partnership Federation (CFP) wants children, families and staff to enjoy outdoor learning and activity safely while reducing the risks associated with ultraviolet (UV) exposure and hot weather.

This policy applies across CFP schools, nursery schools and relevant family/community provision. It brings together sun protection and hot-weather arrangements because UV risk and heat risk overlap but are not the same: UV can be high even when the air temperature is not exceptionally hot.

Our approach is based on prevention, education, proportionate adaptation and prompt response to illness. Hot weather should normally be managed in ways that maintain children's attendance, learning, wellbeing and access to provision.

2. Legal and guidance framework

CFP will have regard to relevant health and safety duties, including the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, together with current UK Health Security Agency (UKHSA), Department for Education, NHS and Met Office guidance.

In particular, leaders will use the current UKHSA guidance for schools and early years settings before and during hot weather and the Heat-Health Alert system. There is no single statutory maximum indoor temperature at which a school must automatically close; leaders must assess and control heat as a health and safety risk.

3. Principles

- Children and staff should be able to enjoy outdoor activity without avoidable sunburn, dehydration or heat illness.
- Shade, suitable clothing, hats, hydration, sunscreen and sensible timing of activity work together; sunscreen is not the only control.
- Protection is relevant to all skin tones. Sunburn may be less visually obvious on darker skin but UV exposure and heat illness can affect anyone.
- Children under 5 and people with particular medical conditions, disabilities or medications may be at greater risk and may need individual arrangements.
- Weather, UV level, building conditions, the nature of an activity and individual vulnerability will inform decisions; rigid temperature cut-offs will not replace risk assessment.
- Attendance and participation will be protected wherever reasonably possible through adaptations rather than unnecessary closure or cancellation.

4. Monitoring weather, UV and Heat-Health Alerts

Heads of School and setting leaders will ensure that relevant staff monitor forecasts during periods of warm or sunny weather. This should include the Met Office weather and UV forecast and UKHSA Heat-Health Alerts where appropriate.

Yellow alerts indicate potential health impacts, particularly for vulnerable people. Amber and red alerts require heightened organisational attention and may require stronger controls, including changes to clothing expectations, timetables, outdoor activity, staffing arrangements, room use and events.

A high UV index can occur without a heat-health alert. Sun-protection arrangements should therefore respond to UV as well as temperature.

5. Outdoor sun protection

When UV levels or conditions indicate a meaningful risk, staff will encourage children to:

- use shade, particularly when the sun is strongest, normally around 11am to 3pm;
- wear a suitable sunhat, preferably providing shade to the face, ears and neck;
- wear loose, light and breathable clothing that provides appropriate coverage where practicable;
- drink water regularly and more frequently during hot weather; and
- use suitable sunscreen as part of a wider sun-protection approach.

Outdoor learning, play and forest-school activity will not automatically stop because it is sunny. Staff will adapt location, duration, intensity, clothing, shade, hydration and timing to the conditions and risk assessment.

6. Sunscreen

CFP recommends broad-spectrum sunscreen of at least SPF 30 with good UVA protection (normally at least 4-star UVA rating where the star system is used). Sunscreen should be applied generously and reapplied in line with product instructions and current health guidance, including after swimming, towelling or activities that remove it.

Parents/carers should normally apply sunscreen before arrival where sun exposure is expected. Settings may also permit children to bring clearly named sunscreen for reapplication. Age-appropriate children should be encouraged to apply their own sunscreen where they can do so effectively.

Where a younger child or a child with SEND or another need cannot apply sunscreen independently, the setting will agree a safe and respectful arrangement with parents/carers. Staff assistance will follow local intimate-care, safeguarding and allergy/medical arrangements and the child's dignity and preferences.

No child will be deliberately left exposed to unsafe UV because sunscreen has not been supplied. Staff should use alternative controls such as shade, clothing, hats, changes to activity or contacting the family where necessary.

7. Hydration

Children should have ready access to drinking water throughout the day. During hot weather staff will actively encourage more frequent drinking and provide additional opportunities to refill bottles.

Very young children and children who do not reliably recognise or communicate thirst require proactive adult support. Staff should also remain alert to signs of dehydration, including reduced urination or, for children using nappies, unusually dark urine or dry nappies.

8. Indoor environments during hot weather

Leaders and staff will use the building intelligently rather than applying a blanket 'windows open' rule. Measures may include:

- opening windows early when outdoor air is cooler, where safe and appropriate;
- closing windows during the day if it is hotter outside than inside, while maintaining adequate ventilation and air quality;
- closing blinds or curtains on sun-facing windows;
- switching off non-essential lights and electrical equipment;
- moving groups to cooler rooms or away from direct sunlight;
- adjusting room layouts and timetables;
- using suitable fans where safe and effective; and
- ensuring frequent access to drinking water.

Mechanical fans should not be relied upon where temperatures are extremely high; current UKHSA advice notes that above approximately 35°C they may be counterproductive.

9. PE, outdoor play, trips, clubs and events

Vigorous physical activity should not take place on very hot days where it would create an unacceptable risk. PE and other activity may be moved to a cooler time, reduced in intensity or duration, moved indoors, relocated to shade or replaced with an appropriate alternative.

The previous federation policy used fixed 20–30 minute limits for outdoor PE and spectators. CFP will instead use current conditions, Heat-Health Alerts, UV levels, access to shade/water and individual vulnerability to make proportionate decisions.

Sports days, educational visits, clubs, forest-school sessions and outdoor events will include weather and UV considerations in their risk assessment. Plans should identify shade, drinking water, rest opportunities, sunscreen/hat expectations and what will happen if conditions worsen.

10. Uniform and clothing during hot weather

Uniform expectations will be relaxed where necessary to protect health, particularly during amber or red Heat-Health Alerts. Schools may temporarily remove requirements for blazers, ties, jumpers or other warm items and permit suitable light, loose clothing.

Children will not be sanctioned for following an agreed hot-weather clothing adjustment. Any adjustment will remain consistent with safeguarding, dignity, equality and reasonable safety expectations.

11. People at greater risk

Some children and adults may be more vulnerable to heat or UV exposure. This includes children under 5 and may include people with complex health needs, respiratory or cardiovascular conditions, disabilities, albinism or other conditions affecting sun sensitivity or temperature regulation, and people taking particular medication.

Where a child has complex health needs or clinical vulnerability, the setting will seek and follow advice from the child's clinical team or other appropriate healthcare professional and ensure relevant staff understand any individual plan.

Reasonable workplace adjustments will be considered for staff who are particularly vulnerable to heat, including pregnant staff and staff with relevant health conditions, using occupational health/medical advice and HR support where appropriate.

12. Medication and medical needs

Medication will be stored in accordance with the manufacturer's instructions and the child's individual healthcare arrangements. Staff should not assume that all medicines require storage below a particular temperature or refrigeration; product-specific instructions and pharmacy/clinical advice will be followed.

Asthma, allergy and other emergency medication must remain readily accessible even when activities or groups move to cooler areas or outdoors.

13. Recognising and responding to heat illness

13.1 Heat stress and heat exhaustion

Possible signs include unusual irritability or behaviour, tiredness, dizziness, headache, nausea or vomiting, excessive sweating, pale or clammy skin, thirst, cramps and raised temperature. Skin-colour changes may be harder to see on darker skin.

Move the person to a cool place, remove unnecessary clothing, offer cool water if they can drink safely, and cool the skin using cool water, fanning and wrapped cold packs around the neck or armpits. Stay with them and monitor closely. Seek NHS 111 advice if symptoms are concerning, worsening or difficult to manage.

13.2 Heatstroke – medical emergency

Heatstroke can develop from heat exhaustion or occur suddenly. Signs may include a very high temperature, confusion or lack of coordination, seizure, loss of consciousness, fast heartbeat, fast shallow breathing and hot skin that may be sweaty or dry.

If heatstroke is suspected, call 999 immediately and continue cooling while awaiting medical help. If the person loses consciousness or has a fit, follow emergency first-aid procedures and the instructions of the emergency services.

The old policy's wording to wait up to 30 minutes before calling an ambulance is not used where heatstroke is suspected. Heatstroke is an emergency and requires immediate 999 action.

14. School or setting closure

Hot weather does not automatically require a school or setting to close. Leaders should first consider reasonable controls that allow children to continue attending safely, including use of cooler spaces, relaxed uniform, timetable changes, reduced physical activity, hydration, shade and changes to outdoor provision.

Any decision to close or partially close will be exceptional, risk-based and made through the relevant CFP and local-authority/employer arrangements, taking account of the condition of the building, available controls, staffing, individual vulnerabilities and current official advice.

15. Roles and responsibilities

Role	Responsibility
Governing Board	Provide strategic oversight and seek assurance that health and safety, premises and vulnerable-person risks are appropriately managed.
Executive Headteacher	Ensure a consistent federation approach, oversee significant heat-related decisions and ensure leaders have access to current guidance.
Heads of School / Setting Leads	Monitor conditions and alerts; implement local controls; ensure staff know the arrangements; communicate significant adaptations to families; review premises and shade.
Site / premises staff	Support safe ventilation and cooling measures, identify overheating spaces and maintain practical controls such as blinds, windows and shaded areas.
Staff	Model sun-safe behaviour; encourage hydration, hats, shade and sunscreen; adapt activities; monitor children for signs of illness; follow individual medical arrangements.
Parents/carers	Provide suitable clothing, hats and sunscreen where requested; share relevant medical information; support agreed sun-safety arrangements.
Children	As appropriate to age and understanding, drink water, use shade, wear suitable protection, apply/reapply sunscreen and tell an adult if they feel unwell.

16. Education and communication

Sun safety and healthy responses to hot weather will be reinforced through age-appropriate curriculum, routines and communication with families. Messages should avoid suggesting that people with darker skin do not require sun protection.

During significant hot-weather periods, settings may communicate temporary changes to uniform, PE, outdoor events, collection arrangements or items children should bring. Information will be practical and proportionate.

17. Monitoring and review

Heads of School and setting leaders will review the effectiveness of arrangements after significant heat events and identify premises or operational improvements, including shade provision and overheated rooms. The Governing Board will receive assurance through normal health and safety arrangements.

This policy will be reviewed annually and sooner if national guidance or federation arrangements change.

18. Related policies

- Health and Safety Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Supporting Pupils with Medical Conditions Policy
- Asthma Policy
- Allergy Safety Policy
- Intimate Care Policy
- School Uniform Policy
- Educational Visits Policy
- SEND Policy and individual healthcare plans

Appendix 1: Hot weather daily checklist

Check	Complete	Action / notes
Forecast / alerts		Weather forecast, UV index and any UKHSA Heat-Health Alert checked.
Vulnerable children / staff		Individual medical or workplace adjustments identified and communicated.
Water		Drinking water and refill access available; younger/non-speaking children proactively supported.
Shade / outdoor areas		Shaded areas available; outdoor activity location and duration reviewed.
Sunscreen / hats		Expectations communicated; alternative controls in place where sunscreen/hat unavailable.
Indoor spaces		Blinds/curtains, windows, ventilation, equipment and cooler-room options reviewed.
PE / events / trips		Intensity, timing, shade, water and contingency arrangements reviewed.
Medication		Emergency medicines remain accessible and other medicines stored to product instructions.
Uniform		Temporary relaxation considered where needed.
Communication		Staff and families informed of significant changes.

Appendix 2: Heat illness quick response

HEAT EXHAUSTION: move to a cool place; remove unnecessary clothing; give cool water if safe; cool the skin; stay with the person and monitor. Contact NHS 111 if symptoms are concerning, worsening or difficult to manage.

SUSPECTED HEATSTROKE: CALL 999 IMMEDIATELY. Continue active cooling while awaiting help. Follow emergency-service instructions. If unconscious or having a seizure, follow first-aid procedures.

This quick guide does not replace first-aid training, individual healthcare plans or current NHS/UKHSA guidance.