

Risk Assessment Briefing

Hot Weather Risk: Protective Action for Babies, Children and Adults with Prenatal Alcohol Exposure (PAE), Likely or Confirmed Fetal Alcohol Spectrum Disorder (FASD)

For education, health, care, family support and safeguarding services to support risk recognition, timely action and multi-agency planning.

Quick Reference Summary

Why risk may be increased: Babies, children and adults with FASD do not recognise when they are becoming too hot and may not respond to heat in the same way as others because temperature regulation may be affected by the brain damage. Slow processing speed may also delay recognition and response to symptoms.

Medication and co-occurring needs: Some medications, including stimulants such as methylphenidate, may further increase heat sensitivity, affect hydration, or reduce the body's ability to regulate temperature. Co-occurring needs may also affect communication, interoception, self-regulation, or the ability to recognise and respond to symptoms quickly.

Immediate protective action: Move to a cool place, remove unnecessary clothing, encourage fluids if appropriate, provide regular reminders and observation, and follow the baby's, child's or adult's risk assessment or care plan. Use calm, supportive language such as "Here is your drink", "This is a cool place to sit" or "We are moving somewhere cooler now". Keep language simple, ask one thing at a time, wait up to 20 seconds for a reply, and if there is no reply repeat the same words in the same order.

Hydration support: Do not rely on the baby, child or adult to recognise thirst, request fluids, or respond to overheating without support; hydration and cooling measures should be adult-led, planned and monitored. Use simple declarative language and direct support, for example: "Here is your drink", "This is drinking time", "This is a cool place to sit", or "I am staying with you while you cool down". Keep language simple, allow processing time, wait up to 20 seconds for a reply, and if there is no reply repeat the same question or instruction without reordering it.

Seek NHS 111 or healthcare advice if: Symptoms of heat exhaustion are difficult to manage, there are concerns about a baby's, child's or adult's heat tolerance or hydration, or they are not improving as expected.

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Call 999 immediately if: There are signs of heatstroke, including persistent illness after 30 minutes of cooling, a very high temperature, hot skin without sweating, confusion, seizure or loss of consciousness.

Examples of Declarative Language

Supporting drinking: “Here is your drink.” “This is drinking time.” “Your water is ready.”

Moving to a cool place: “This is a cool place to sit.” “We are sitting in the shade now.” “It is cooler inside.”

Removing layers and cooling down: “I wonder if your jumper can come off now.” “This will help you cool down.” “Cool water is going on your skin now.”

During a medical emergency: “You are safe.” “Help is coming now.” “I am staying with you.” “This will help your body cool down.”

Processing time: Keep language simple. Ask one question or give one instruction at a time. Wait up to 20 seconds for a reply. If there is no reply, repeat the same words in the same order rather than changing or rephrasing them.

Hot weather presents a significant risk for babies, children and adults with prenatal alcohol exposure, or likely or diagnosed Fetal Alcohol Spectrum Disorder (FASD).

Those with FASD may be less able to recognise when they are becoming overheated. Due to differences in brain development, particularly affecting the hypothalamus, some babies, children and adults may not respond to heat in the same way as their peers. Without vigilant awareness and proactive support, they may be at increased risk of heat-related harm during warm weather.

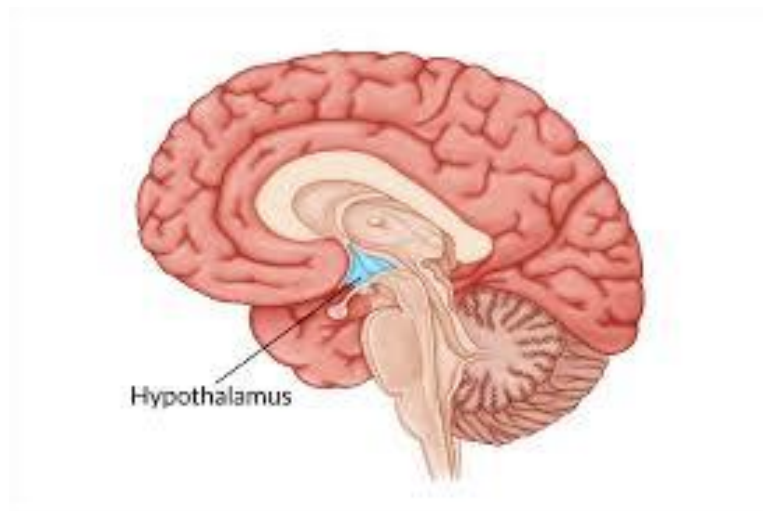
Background and Clinical Context

The hypothalamus is a small but vital part of the brain that helps regulate a number of important bodily processes, including:

- Body temperature
- Hunger and thirst
- Sleep cycles
- Emotional responses

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When the hypothalamus is affected by prenatal alcohol exposure, a baby, child or adult may not experience sensations such as heat in the same way as their peers. This means they may not realise that they need to remove layers of clothing, move to a cooler space, or drink more fluids. Some babies, children and adults may sweat less effectively, which makes careful and individualised risk assessment especially important.

Additional Vulnerability: Medication and Co-occurring Needs

A range of medicines can increase vulnerability during hot weather by affecting sweating, thirst, hydration, body temperature regulation, heart rate or cognition. This includes some ADHD medication, such as amphetamines and methylphenidate, but may also include other prescribed or over-the-counter medicines. Medication-related risk should always be considered as part of hot weather safety planning.

This makes it especially important for settings, services and families to consider medication-related vulnerability within the baby's, child's or adult's risk assessment, care planning and day-to-day safeguarding arrangements. Co-occurring needs may also affect interoception, communication, self-regulation and **slow processing speed**, which can reduce how quickly a baby, child or adult recognises and responds to overheating, thirst or physical distress.

Protective Actions for Practice

1. Identify a named staff member, practitioner or responsible adult who is first-aid trained and can be responsible for monitoring the baby's, child's or adult's heat safety throughout the day as part of their complex needs risk assessment.
2. Ensure all relevant staff, carers or supporters understand that a baby, child or adult may not recognise when they need to remove clothing, move into shade,

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rest or drink fluids, even when others are prompted. Some babies, children and adults may also process information slowly and need repeated prompts, extra time and active checking. Keep language simple, ask one question at a time, wait up to 20 seconds for a reply, and if there is no reply repeat the same question without reordering it.

3. Carefully risk assess sports days, outdoor activities, trips, work experience, travel or community access; if necessary, due to continuing high levels of heat, seek medical advice.
4. Put in place regular adult-led reminders, observation and checks to ensure the baby, child or adult is dressed appropriately for the weather, drinking enough water and showing no signs of overheating. Do not rely on the baby, child or adult to recognise symptoms quickly, request fluids, or act without support.
5. Record agreed support measures within the baby's, child's or adult's risk assessment, support plan or care plan and ensure these are understood and consistently followed by all relevant staff and carers.
6. **Where a child or young person has an Education, Health and Care Plan (EHCP), relevant hot weather risks, support needs, and agreed safety arrangements should be clearly reflected in the EHCP and, where appropriate, specified within Section F provision. These arrangements should align with linked risk assessments, healthcare plans, care planning and day-to-day support documentation so that expectations are consistent across practice.**
7. **Examples for EHCP Section F provision or linked planning documentation:** adult-led prompts to drink regularly at agreed intervals; support to remove layers or change clothing; access to shade, cooling spaces and reduced activity during peak heat; monitoring during transport, trips, sports or outdoor activity; identification of a named adult responsible for heat-related safety checks; and staff initiating hydration and cooling measures without waiting for request.
8. Take prompt action if there are any signs of distress, overheating or reduced ability to self-regulate, and escalate concerns in line with the setting's safeguarding, care and first-aid procedures.

Babies, children and adults with FASD, Autism and ADHD may also have interoception sensory differences, which can affect how they recognise pain, temperature, hunger, thirst or the need to use the toilet. For babies, children and adults with FASD, however, temperature regulation may be a particular concern because of the impact of prenatal alcohol exposure on the hypothalamus.

Recognising this vulnerability as a safeguarding issue is essential. By taking proactive, informed and consistent steps, nurseries, schools, colleges, providers,

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services and families can work together to reduce risk, protect wellbeing and help babies, children and adults with FASD and similar high-level needs stay safe during periods of hot weather.

Symptoms of Heat Exhaustion

NHS guidance: symptoms of heat exhaustion can include tiredness, dizziness, headache, feeling sick or being sick, excessive sweating, pale and clammy skin, cramps in the arms, legs or stomach, a high temperature, feeling very thirsty, weakness and irritability. Symptoms are often similar in babies, children and adults.

Immediate response: Move the baby, child or adult to a cool place, remove unnecessary clothing, give water or an oral rehydration drink if appropriate, cool the skin with water and fanning, and stay with them. They should start to improve within 30 minutes. Use calm, low-demand language, for example: “This is a cool place to sit”, “Your drink is here”, “Cool water is going on your skin now”, or “I am staying with you while your body cools down”. Keep language simple, ask one thing at a time, wait up to 20 seconds for a reply, and if there is no reply repeat the same words in the same order.

Medication considerations: Some medications, including stimulant medication, may increase vulnerability to dehydration, heat sensitivity or impaired temperature regulation. Seek medical advice promptly if medication may be affecting symptoms or slowing recovery.

Escalation: Seek urgent medical help immediately if there are signs of heatstroke in a baby, child or adult. In line with current NHS guidance, warning signs include remaining unwell after 30 minutes of cooling and fluids, a very high temperature, hot or red skin without sweating, fast breathing, shortness of breath, a fast heartbeat, confusion, restlessness, lack of coordination, a seizure, or loss of consciousness.

Escalation: When to Seek Urgent Help

Seek advice from NHS 111 or an appropriate healthcare professional if:

- Symptoms of heat exhaustion are difficult to manage or you need advice about what to do next.
- There are concerns about a baby’s, child’s or adult’s heat tolerance, hydration, medication effects, vulnerability during hot weather, or delayed recognition and response to symptoms.

Call 999 immediately if there are signs of heatstroke, including:

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- Still being unwell after 30 minutes of rest in a cool place, being cooled and drinking fluids.
- A very high temperature.
- Hot or red skin without sweating.
- Fast breathing, shortness of breath or a fast heartbeat.
- Confusion, restlessness or lack of coordination.
- A seizure or loss of consciousness.

While waiting for help: Cool the baby, child or adult with a cool wet sheet, fan them, or sponge them with cold water. If they lose consciousness, place them in the recovery position and tell the emergency service. Continue to use calm, simple language and direct support, for example: “You are safe”, “Help is coming now”, “I am staying with you”, or “This will help your body cool down”.

Alignment with Heat-Health Alert Levels

This briefing should be used alongside the [UKHSA Heat-Health Alert framework for health and social care providers](#). The actions below add provider-level operational measures that support the existing FASD-informed recommendations in this document.

All Year Round and Pre-Summer Planning

Review local hot weather and business continuity plans before summer and ensure staff know how Heat-Health Alerts are received and acted on. Identify babies, children and adults whose FASD, likely FASD, prenatal alcohol exposure, medication profile, communication needs or co-occurring conditions may increase heat-related risk. Agree how these individuals will be monitored during warm weather, including in education settings, care environments, transport, respite, community access, and home visits. Check that thermometers are available and used in the areas where people spend most of their time, that cool rooms or cooler spaces can be identified, and that cold drinks, ice, refrigeration and safe medication storage can be maintained during periods of heat.

Green: Hot Weather Preparedness

As temperatures begin to rise, confirm that heating is off where appropriate, blinds or curtains can be used to reduce solar gain, and windows can be opened safely overnight or in the early morning when it is cooler. Where possible, try to keep indoor areas below 26°C; if that is not possible, prioritise the coolest available spaces for those at greatest risk. Review individual risk assessments, care plans, support plans and EHCP-linked

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arrangements so that hydration, clothing changes, reduced activity, cooling routines and observation are clearly planned and consistently delivered.

Yellow Alert

At yellow alert, ensure staff and carers are aware that even moderate heat may affect vulnerable people and that action is required. Increase active monitoring of babies, children and adults who may not recognise thirst, overheating or physical distress without support. Offer cold drinks regularly, use adult-led prompts rather than waiting for request, and move activity to cooler times or cooler spaces. In fixed settings, monitor indoor temperatures, close sun-facing curtains or blinds during the hottest part of the day, and use fans only when room temperature is below 35°C. For home visits or discharge planning, consider whether the home environment is too hot, whether drinks and cooling arrangements are available, and whether additional welfare support is needed.

Amber Alert

At amber alert, follow local business continuity and hot weather plans and expect wider service impact. Prioritise the most vulnerable people for the coolest rooms or areas, reduce non-essential exertion and outdoor activity, and review staffing resilience so that hydration support, observation and escalation can be maintained. Ensure staff are encouraged to carry water, stay hydrated and report concerns about their own health promptly. Re-check refrigeration capacity for cold water and ice, confirm medication is stored according to instructions, and maintain close oversight of anyone whose symptoms, behaviour, cognition or self-regulation may deteriorate in the heat.

Red Alert

At red alert, follow local emergency response arrangements and link with wider local coordination where required. Assume significant risk to health, including for people who are usually less affected by heat, and maintain frequent review of the latest official alerts and communications. Use all available cooling measures appropriately, including air conditioning where available and safe to use, while continuing to prioritise cool spaces and direct support for those at highest risk. Escalate concerns promptly where a baby, child or adult is unwell, cannot be kept safely cool, or their living environment is unsafe because of heat.

Service-Level Messages to Reinforce

Managers and practitioners should reinforce core Beat the Heat advice with staff, families, carers and service users: plan ahead, check forecasts and alerts, keep indoor spaces as cool as possible, drink regularly, avoid the hottest part of the day where

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possible, and seek help early if symptoms of heat exhaustion develop. These public health messages should complement, not replace, the higher level of adult-led support needed by babies, children and adults who may not recognise or communicate heat-related risk reliably.

Reference and Evidence Source

This practice briefing is informed by the following sources and should be read alongside local safeguarding, first-aid, health and risk management procedures. It does not replace individual clinical judgement.

- [UKHSA Heat-Health Alert action card](#) for health and social care providers, including year-round, green, yellow, amber and red alert actions for provider preparedness and response.
- Beat the Heat: hot weather advice, including public health messages on staying safe in hot weather and keeping homes cool.
- [NHS guidance on heat exhaustion and heatstroke](#), including symptom recognition, immediate cooling measures, and escalation to NHS 111 or 999.
- [NICE Quality Standard QS204](#): Fetal alcohol spectrum disorder (published 16 March 2022).
- [SIGN 156](#): Children and young people exposed prenatally to alcohol.
- [Health & Care Partnership](#) medicines safety advice on medicines that can increase the risk of becoming unwell during hot weather.
- [CDC clinical guidance](#): Heat and medications – guidance for clinicians.

Medical and safeguarding note: This guidance supports awareness and risk reduction, but it does not replace individual clinical advice, professional judgement, or local safeguarding and first-aid procedures. If there are concerns about a baby's, child's or adult's heat tolerance, hydration, medication effects, or symptoms of heat exhaustion, advice should be sought promptly from an appropriate healthcare professional or NHS 111.

Further professional learning on FASD-informed practice can support early responsive care and assessment for babies, children, adults and families affected by prenatal alcohol exposure.

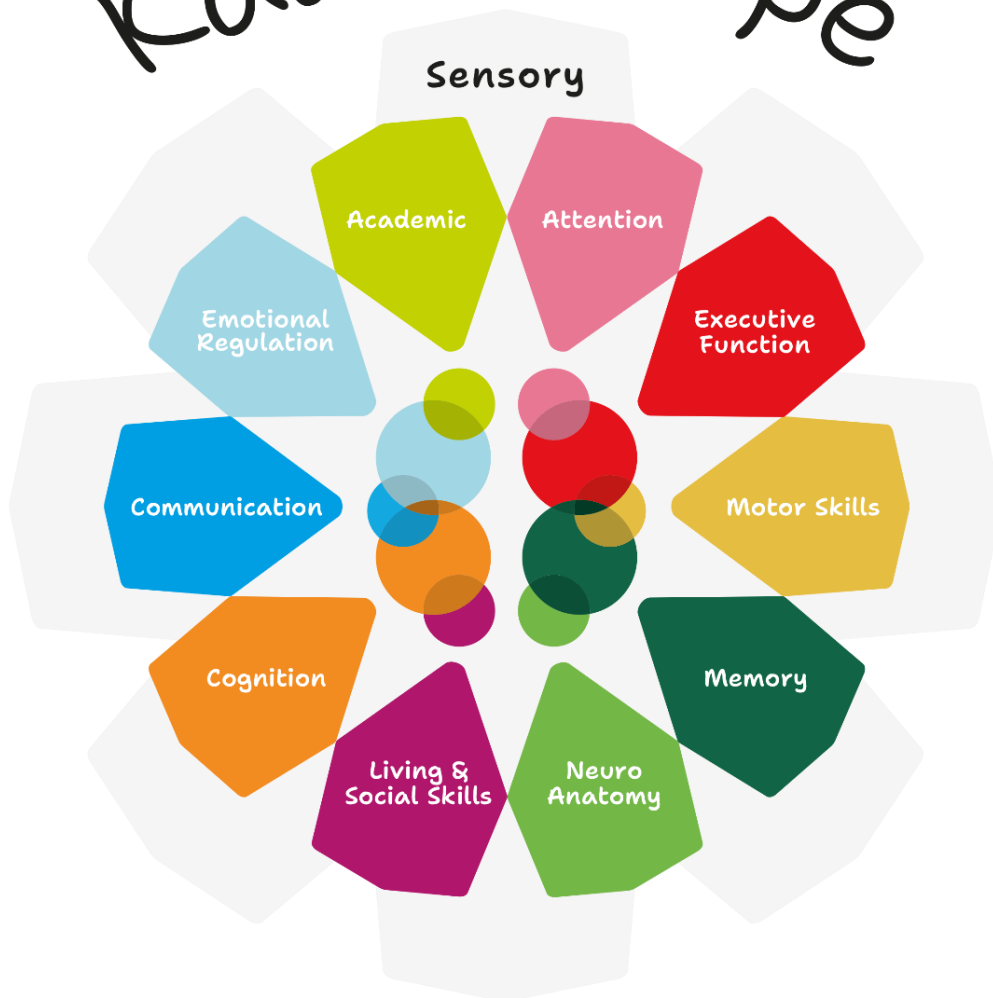
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