

Assisted Bathing and Showering Scald Prevention Procedure

Ref HS-0001-008-V4.1

Status: Approved

Document Type: Procedure

Contents

1	Purpose	3
2	Related Documents	3
3	Procedure	3
3.1	Risk Assessment	4
3.2	Assisted Bathing and Showering	4
3.3	Water Temperature Control	4
3.4	Recording Bathing Temperatures	5
3.5	Maintenance	5
3.6	Reporting	6
4	Definitions	6
5	How this Procedure will be Implemented	6
5.1	Training Needs Analysis	6
6	How the Implementation of this Procedure will be Monitored	7
7	References	7
8	Appendices	7
8.1	Appendix 1 – Daily Record of Hot Water Temperature.....	8
8.2	Appendix 2 – Weekly Record of Hot Water Temperature	9
9	Document Control	10
10	Equality Analysis Screening Form	11

1 Purpose

Following this procedure will help the Trust identify and control risks in relation to:

- Hot water supplies within in-patient areas including:
 - baths
 - showers
 - bathroom hand basins
 - sink units and hair wash basins
 - ADL kitchens

- The increased risk associated with patient bathing and showering which the Trust recognises as a high risk.

2 Related Documents

This procedure describes what you need to do to implement the Scalds Prevention Procedure to Patients section of the Health & Safety Policy



The Health and Safety Policy defines roles and responsibilities which you must read and understand before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ Water Safety Plan
- ✓ Water Management Policy

3 Procedure

3.1 Risk Assessment



- All patients should be assessed as part of the clinical risk assessment and care process. Risk assessments should be tailored to individual needs and a bathing risk assessment should be incorporated in a care plan.
- Where possible the patient should be involved in discussion about their personal hygiene needs and should have the safe bathing process and procedure explained to them.
- Multi-disciplinary meetings must establish and agree the level of risk and precautions needed. Decisions must be documented in individual care plans and kept in patient records.
- Where patients are given access to ADL kitchens, local protocols and assessments must be completed as part of their care plan.

Trust buildings have various methods of heating and hot water provision including:

- Air handling units
- Underfloor heating
- Radiators

Where necessary all hot water pipe work is 'boxed in' which reduces the potential risk to patients, visitors and staff.

This procedure should be read in conjunction with the Trust Water Safety Policy

Incorporating Legionella and Pseudomonas aeruginosa, "safe" hot water, cold water, drinking water and ventilation systems which identifies how systems are managed and maintained.

3.2 Assisted Bathing and Showering



Patients assessed as high risk should be fully supervised throughout bathing / showering and **must not** be left on their own in a bathroom.

Whilst supervising patients during bathing, staff should be aware of and pay attention to the patients need for privacy and dignity. Water temperatures must be recorded on the patient's Paris notes at the time.

All baths and showers must be cleaned after each patient use.




At all times when using mixer taps, irrespective of what protective devices are fitted and / or for what purpose the water is being drawn down, the following sequence should be followed:


- Cold water on
- Hot water on
- Hot water off
- Cold water off

3.3 Water Temperature Control

The water supply within Trust buildings is fed around sites at temperatures far higher than normal use; this is to control Legionella Bacteria. Temperatures can exceed 60°C because of this. To prevent scalding, Thermostatic Mixing Valves (TMV) are fitted where there is a risk to patients/visitors as determined through design risk assessment. TMVs will automatically mix cold water into the hot water supply at the point of use to lower the temperature to usable levels.



- TMVs are set at an output of 43°C or less, in line with national guidance.
- This is not suitable for paediatric bathing. All water for paediatric bathing / hygiene must be a maximum of 40°C.




- In ALL areas where water **temperature may exceed the acceptable levels**, suitable pictogram warning notices must be displayed, they must be legible and in good condition.
- Staff must provide verbal guidance to people with **visual impairment** to a level that the signs may not be clear.
- Persons with **English as a second language**: measures must be taken to ensure they understand the risk through interpreter or provision of information in their first language.

Estates personnel will periodically undertake routine checks and record water temperatures.

3.4 Recording Bathing Temperatures

Term	Definition
Procedure A High Risk Patients (assisted bathing)	<ul style="list-style-type: none"> Bathrooms must be secured when unoccupied and may only be accessed by staff. Patients are to be supervised at all times. Water should be checked and recorded using a scoop type thermometer and be at 43°C or less before allowing patient to use water.
Paediatric Bathing	<ul style="list-style-type: none"> Checks must be recorded at 40°C or less on patients Paris notes.

3.5 Maintenance



- All TMVs will be subject to periodic planned preventative maintenance by Estates (or nominated contractor) at 6 monthly intervals.
- This period may vary when agreed by Head of Estates

3.6 Reporting



All incidents involving a scald to a patient by contact with hot water must be reported through the Trust incident reporting procedure (DATIX), or the Patient Safety team in the event of a death.

4 Definitions

Term	Definition
High Risk Service Users	Examples of service users at high risk are: <ul style="list-style-type: none"> • Older people especially those with dementia and / or physical disabilities • Children • People with severe mental illness, especially those who are clinically depressed and / or prone to self-harming • Person with neurological dysfunction • Person suffering with epilepsy • Persons with learning disabilities to an extent that they may be at risk • Some persons with heart / circulatory disorder
Thermostatic Mixer Valve (TMV)	<ul style="list-style-type: none"> • A device which will automatically mix cold into hot water supply at point of use to bring the temperature down to usable levels

5 How this Procedure will be Implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

5.1 Training Needs Analysis

The ward manager is responsible for training all staff who may be involved with bathing patients, including students, agency and bank staff. This should be provided as part of the local induction process with records maintained as confirmation of this training.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All nursing staff	Local Induction face to face	10 Minutes	Annually

6 How the Implementation of this Procedure will be Monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	TMVs serviced	6 Monthly	Trust Water Safety Group
2	20% of outlets tested	Monthly	Trust Water Safety Group
3	Central outlets checked	Monthly	Trust Water Safety Group

7 References

- Health Guidance Note "[Safe Hot Water and surface temperature](#)"
- *TEWV Water Safety Policy, Incorporating Legionella and Pseudomonas aeruginosa, "safe" hot water, cold water, drinking water and ventilation systems CORP-0040-v4*
- [Legionnaires Disease The Control of Legionella Bactria in water systems – Approved code of practice and guidance 2013, L8](#)
- [NHS Model Engineer Specification DO8](#)
- [HTM 04-01: The Control of Legionella, hygiene, 2safe2 hot water, cold water and drinking water systems](#)
- [UKHCA guidance Controlling scalding risks from bathing and showering](#)
- HSG 274 Legionnaires Disease
- Health Services Information Sheet 6: HSE Managing the risk from hot water and surfaces in health and social care <http://www.hse.gov.uk/pubns/hsis6.pdf>
- HSG 220: Health & Safety in Care Homes: <http://www.hse.gov.uk/pubns/priced/hsg220.pdf>

8 Appendices

Appendix 1 – Daily Record of Hot Water Temperature

Appendix 2 – Weekly Record of Hot Water Temperature

8.1 Appendix 1 – Daily Record of Hot Water Temperature

Ward / Area:

Date	Shower / Bath Location	Temperature	Comments	Signature

8.2 Appendix 2 – Weekly Record of Hot Water Temperature

Ward / Area:				
Date	Shower / Bath location	Temperature	Comments	Signature

9 Document Control

Date of approval:	13 February 2020	
Next review date:	13 August 2023	
This document replaces:	Ref HS-0001-008-V3 Scalds Prevention Procedure	
Lead:	Name	Title
	Helen Cunningham	Health and Safety Manager
Members of working party:	Name	Title
		Health, Safety, Security and Fire Group
This document has been agreed and accepted by: (Director)	Name	Title
	Paul Foxtton	Director of Capital, Estates and Facilities Management
This document was approved by:	Name of committee/group	Date
	Health, Safety, Security and Fire Group	February 2020
This document was ratified by:	Name of committee/group	Date
	EFM DMT	13 February 2020
An equality analysis was completed on this document on:	February 2020	

Change record

Version	Date	Amendment details	Status
V4	11/04/2019	Minor amendments to procedure. Removal of temperature checks	Withdrawn
	February 2020	Addition of Appendices: Appendix 1 – Daily Record of Hot Water Temperature Appendix 2 – Weekly Record of Hot Water Temperature	
V4.1	August 2020	Page 4 – information updated regarding Trust heating and hot water provision including reference to Trust Water Safety Policy and how systems are managed	Published
V4.1	May 2021	Review date extended to 13 August 2023 + footer corrected to show title	Published

10 Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Estates & Facilities Management Health, Safety & Security			
Name of responsible person and job title	Helen Cunningham, Health & Safety Manager			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Health Safety, Security & Fire Group			
Policy (document/service) name	Scald Prevention Procedure			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input checked="" type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	Trustwide			
Aims and objectives	Following this procedure will help the Trust identify and control risks in relation to: <ul style="list-style-type: none"> • hot water supplies within in-patient areas including: <ul style="list-style-type: none"> o baths o showers o bathroom basin o ADL kitchens • the increased risk associated with patient bathing and showering which the Trust recognises as a high risk. 			

Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	February 2020
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	February 2020

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Trust in-patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?
If 'No', why not?

Yes

X

No

Sources of Information may include:

- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.
- Investigation findings
- Trust Strategic Direction
- Data collection/analysis
- National Guidance/Reports

X

- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Research
- Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Staff engagement and consultation through Health, Safety, Security & Fire Group

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?

No	Please describe the identified training needs/service needs below: In-patient staff who assist patients when bathing/showering to be provided with training by the Ward Manager or Deputy during local induction.
-----------	--

A training need has been identified for;

Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
-------------	-----	---------------	----	---------------------------------------	----

Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so

The completed EA has been signed off by: You the Policy owner/manager: Helen Cunningham	Date: February 2020
---	-------------------------------

Your reporting (line) manager: Linda Parsons	Date: February 2020
---	------------------------

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046