Health & Safety

Safe Bathing, Showering and Surface Temperature Policy

This is a controlled document designed primarily for electronic use. It should be noted that printed copies may no longer be valid.

Please visit the NHS Lothian Health & Safety website to ensure any printed documents, forms or leaflets are up to date.
Executive Summary

Key Messages

- NHS Lothian has a duty to protect patients and others from the risk of being scalded and or burnt from hot water, and hot surfaces.
- If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and have led to fatalities.
- Risk based approach focussing on those patients considered particularly at risk and vulnerable.
- Managers within their area of responsibility must ensure that there is a process in place to identify if there are patients at risk from burning and scalding. Record the findings on the general risk assessment form, ensuring control measures such a pre bathing water temperatures are in place, recorded and are effective.
- Managers as part of their ward rounds or other inspections must monitor on a regular basis that the pre bathing and shower temperature checks (Hot water MUST BE LESS THAN 44°C AT ALL TIMES) have been undertaken and are recorded via the plan of care or other patient care plans.
- Staff - If any recorded hot water temperature(s) exceed 44° C then safely turn the bath or shower tap/handle off immediately. Do not bath the patient.
- Hot surfaces such as radiators/pipes must be less than 43 °C.
- Managers where vulnerable patients are cared for shall during any ward/department visit, inspection, audit or safety walk round include as part of that process a review of compliance with this policy.

Terminology

Those patients that should be considered particularly at risk and vulnerable include

- Babies,
- Children,
- The elderly,
- Those with reduced mental capacity, reduced mobility and anyone with sensory impairment, or who cannot react appropriately, or quickly enough to prevent injury to themselves or find themselves unable to alert others to react on their behalf. Where there are vulnerable individuals and whole-body immersion, widely-recognised professional bathing practice will be used which involves testing of outlet temperatures using a thermometer to provide additional reassurance.

Temperatures:

- Hot water MUST BE LESS THAN 44°C AT ALL TIMES.
- Hot surfaces such as radiators and pipes must be less than 43 °C.

Summary of Changes – version v11.1 & 11.2

- Where bathing of babies/children takes place by their parents, guardian or others then signage will be displayed in the bathing area highlighting the need to undertake a pre bathing water temperature check.
- Ward staff must also notify those bathing the child of the need to check the water temperature. Thermometers must be readily available and be provided and staff must record those temperatures in the baby/child’s plan of care.
- Version 11.2: Review period standardised
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Scope</td>
<td>4</td>
</tr>
<tr>
<td>3. Definitions</td>
<td>4</td>
</tr>
<tr>
<td>4.1 Clinical Nurse Manager:</td>
<td>5</td>
</tr>
<tr>
<td>4.2 Charge Nurse or Equivalent</td>
<td>5</td>
</tr>
<tr>
<td>4.3 Staff</td>
<td>6</td>
</tr>
<tr>
<td>5.0 Operational Arrangements</td>
<td>6</td>
</tr>
<tr>
<td>5.1 Risk Identification Process for the Ward/Area</td>
<td>6</td>
</tr>
<tr>
<td>5.2 Risk Control Measures - Engineering Temperature Controls</td>
<td>7</td>
</tr>
<tr>
<td>5.2.1 Hot Water</td>
<td>7</td>
</tr>
<tr>
<td>5.2.2 Hot Surfaces</td>
<td>7</td>
</tr>
<tr>
<td>5.3 Measuring Hot Water Temperatures: Nursing/Midwifery and other Staff</td>
<td>7</td>
</tr>
<tr>
<td>6.0 Monitoring</td>
<td>8</td>
</tr>
<tr>
<td>6.1 Active</td>
<td>8</td>
</tr>
<tr>
<td>6.2 Reactive</td>
<td>8</td>
</tr>
<tr>
<td>7.0 Audit and Review</td>
<td>8</td>
</tr>
<tr>
<td>8.0 Related Documents</td>
<td>8</td>
</tr>
<tr>
<td>9.0 References</td>
<td>8</td>
</tr>
</tbody>
</table>
1. Introduction

NHS Lothian has a duty to protect patients and others from the risk of being scalded and or burnt from hot water, and hot surfaces.

This scalding/burning may occur as a result of coming into direct contact with hot water or indirectly from surfaces containing hot water, such as radiators and associated pipe work.

If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and have led to fatalities.

2. Scope

NHS Lothian policy is to prevent patients and others being exposed to hot water temperatures or hot surfaces such as radiators/pipes that could result in them being scalded or burnt. This policy should be communicated via safety briefings/staff/team meetings and other similar formats by the various management structures to ensure that everyone is clear on their roles and responsibilities.

3. Definitions

Those patients that should be considered particularly at risk and vulnerable include:

- Babies,
- Children,
- The elderly,
- Those with reduced mental capacity, reduced mobility and anyone with sensory impairment, or who cannot react appropriately, or quickly enough to prevent injury to themselves or find themselves unable to alert others to react on their behalf. Where there are vulnerable individuals and whole-body immersion, widely-recognised professional bathing practice will be used which involves testing of outlet temperatures using a thermometer to provide additional reassurance.
- Hot water MUST BE LESS THAN 44°C AT ALL TIMES.
- Hot surfaces such as radiators and pipes must be less than 43 °C.

4. Roles and Responsibilities

The overall framework of accountability and responsibility for managers and staff on the implementation of this policy follows that laid out within the Health and Safety Policy.

More detailed responsibilities for Clinical Nurse Managers or Equivalent, Charge Nurses and Staff are described below:
4.1 Clinical Nurse Manager:

During ward inspections/walk rounds or other similar routine checks assess potential scalding and burning risks in the context of the vulnerability of those being cared for.

If that risk exists and vulnerable patients being are cared for ensure that there is in place a recorded risk assessment for the ward. That there is in place pre-bathing, showering temperature checks which are recorded each time the patient is bathed. These temperature checks must be monitored by the Charge Nurse on regular basis.

Also that exposure to hot surfaces has been included in the risk assessment and that controls are in place to manage the risk.

4.2 Charge Nurse or Equivalent

- Undertake a review of the patient care profile to determine if there are any at risk vulnerable patients. If there are, then ensure an assessment of the potential for scalding and burning risks in the context of the vulnerability of those being cared for is undertaken. This assessment also includes hot surfaces which have the potential for skin contact. The significant findings should be recorded on the NHSL General Risk Assessment form (see section 5.1), see the model risk assessment.

- Communicate the results of risk assessment process to ensure that all staff are fully aware of the findings and of the procedures/checks in place to eliminate or minimise the risks from scalding and burning.

- It is important to communicate the findings from the scalding/burning risk assessment process with others involved in the patients care. Communicating to others includes night, bank and other staff.

- Ensure that the risks associated with scalding and burning are included in a patient’s individual plan of care.

- The Charge Nurse as part of their ward rounds or other inspections must monitor on a regular basis that the pre bathing and shower temperature checks (Hot water MUST BE LESS THAN 44°C AT ALL TIMES) have been undertaken and are recorded via the plan of care or other patient care plans.

- Also that hot surfaces such as radiators and pipes have been identified and are not exposed such that a vulnerable patient could suffer a burn/scald. Hot surfaces must be less than 43 °C; estates/PFI can provide the details at what temperature the radiator/pipes operate at.

- Where hot water temperatures have been exceeded then ensuring that staff are directed to lock, close or sea off from use that bath/shower/radiator or pipe work until the estates department have confirmed that the necessary repairs have been carried out and the hot water is delivered to the water outlet at the correct temperature.
4.3 Staff

- If any recorded hot water temperature(s) exceed 44°C then safely turn the bath or shower tap/handle off immediately. Do not bath the patient.
- Inform the Nurse in Charge/Charge Nurse without delay, who will in turn notify Estates or the PFU provider to investigate.
- Staff must report immediately to the nurse in charge any other issues identified with hot water and bathing and showering.

5.0 Operational Arrangements

5.1 Risk Identification Process for the Ward/Area

NB: You should assess potential scalding and burning risks in the context of the vulnerability of those patients being cared for.

Step 1: Using the health and safety service general risk assessment form to record the significant findings, undertake an assessment of the risks to vulnerable patients. This process will identify what controls are currently in place and what, if any, further actions are required.

Step 2: The results of the general risk assessment should be taken into account when completing an individual’s plan of care. An individual’s assessment needs to consider whether:

- the patient is likely to try to run a bath or shower or add water when unattended. This is a particular issue for people whose mental capacity is impaired;
- the person’s lack of mobility means they are unable to respond safely to hot water or surfaces (e.g. safely get in/out of the bath or shower, or move away from a radiator);
- the person’s sensitivity to temperature is impaired;
- the person’s mental state means they cannot recognise or react to hot water or a surface that is too hot;
- the person can summon assistance;
- any lifting or other aids limit mobility in the bath or elsewhere;
- any furniture, fixtures and fittings restrict movement away from the source of heat.

The patient’s level of risk and actions to mitigate their risk will be recorded on their plan of care as appropriate.

Step 3: Undertake hot water temperature check using a thermometer. The temperature must be less than 44°C. Record on the patient plan of care/nursing notes.

* Where bathing of babies/children takes place by their parents, guardian or others then signage will be displayed in the bathing area highlighting the need to undertake a pre bathing water temperature check. Ward staff must also notify those bathing the child of the need to check the water temperature. Thermometers must be readily available and be provided and staff must record those temperatures in the baby/child’s plan of care.
5.2 Risk Control Measures - Engineering Temperature Controls

5.2.1 Hot Water

Within NHS Lothian thermostatic mixer valves are in place in most areas, to ensure that hot water temperature is reduced automatically by mixing it with cold water to deliver water to baths and showers at a maximum of 44\degree centigrade.

Hot water equipment planned maintenance programmes are managed by NHS Lothian Estates Management or PFI provider and take into account local conditions (for example hard water or lime scale) and the risk of valve failure.

As part of this programme competent persons within the Estates Department undertake systematic checks on the Thermostatic Mixing Valves to ensure their operating effectiveness. Records of those checks are held within the Estates Department. The frequency of water safety checks will be undertaken in line with the requirements of the DOH HTM 04-01.

The above will also be applicable where NHS Lothian Estates do not control water temperature, those PFI providers must ensure that their standards reflective those of NHS Lothian.

5.2.2 Hot Surfaces

Many radiators and associated pipe work are likely to operate at temperatures which may present a burn risk. Where assessment identifies that vulnerable people may come into prolonged contact, such equipment should be covered so that the maximum accessible surface temperature does not exceed 43 \degree centigrade.

As an example the risk of burns from hot surfaces may be reduced by:

- providing low surface temperature heat emitters;
- locating sources of heat out of reach;
- guarding the heated areas (e.g. providing radiator covers, covering exposed pipe work);
- reducing the flow temperatures, although this should not reduce their effectiveness or increase risk from legionella.

5.3 Measuring Hot Water Temperatures: Nursing/Midwifery and other Staff

Whether there are in place Thermostatic Mixing Valves or not there remains the need to check those baths and shower temperatures. Where there are vulnerable patients and whole-body immersion, widely-recognised professional bathing practice should be delivered. This does involve testing of hot water temperatures using a bath/shower thermometer prior to the patient being bathed.

It is ward staff responsibility to ensure that the water is at a safe temperature (<44\degree C) before a vulnerable patient is either partially or totally immersed in the bath or shower. This must be done with a suitable bath thermometer.
The HSE has commented that the thermometer should be inherently safe for a bathing environment (not glass), easily cleaned, and able to accurately measure water temperature at different depth gradients. (Thermometers can be ordered on the PECOS system)

The procedure for carrying out this check is described within the Procedure for checking Bath and Shower Temperatures.

6.0 Monitoring

6.1 Active

Managers where vulnerable patients are cared for shall during any ward/department visit, inspection, audit or safety walk round include as part of that process a review of compliance with this policy.

6.2 Reactive

Line managers must ensure that a review and investigation of a scalding/burning adverse event is carried out and recorded. All those resulting in major harm shall be reviewed as a significant adverse event.

All adverse events must be reported using the NHS Lothian reporting and recording system (DATIX) in line with the NHS Lothian NHS Lothian Adverse Event Management Policy and Procedure.

7.0 Audit and Review

This policy will be subject to checking as part of the compliance monitoring programme undertaken by the NHS Lothian Health and Safety Department. The frequency of checking compliance will be determined by the NHS Lothian Health and Safety Committee.

The policy will be reviewed and revised every 3 years or as a result of any changes in legislation and Health Facilities Scotland Health Technical Memorandums.

8.0 Related Documents

NHS Lothian Adverse Event Management Policy and Procedure

9.0 References

Health and Safety Executive Guidance and Procedures

- Managing the Health Risks from Hot Water and Surfaces in Health and Social Care HSIS N°6
- HSG 220 Health and Safety in Care Homes (Supersedes HS (G)104)

Associated Documents

Procedure for Bath and Shower Temperature Checks

Model Risk Assessment