

Title:

Safer Bathing, Showering and Surface Temperatures Policy (Health & Safety)

			1		
Date effective from:	December 2021	Review date:	December 2024		
Approved by:	Policy Approval Group				
Approval Date:	14 December 2021				
Author/s:	Health and Safety Advisers				
Owner:	Director of Nursing of Nursing, Midwifery and AHPs				
Executive Lead:	NHS Lothian Executive Medical Director				
Target Audience:	All employees of NHS Lothian and other employees working on behalf of NHS Lothian				
Supersedes:	Safer Bathing, Showering and Surface Temperatures Policy v11.1				
Keywords (min. 5):	Safe, bath, water, bathing, shower, showering, surface, temperature, Risk, assessment				



Version Control

Date	Author	Version/Page	Reason for change
March 2019	Lead Health and Safety Adviser	v11.1	Technical Update approved by NHSL Health & Safety Committee
Oct 2021	Health and Safety Adviser	v11.2	Under review
Dec 2021	Health and Safety Adviser	v12.0	Approved by the Policy Approval Group

Executive Summary

NHS Lothian as an organisation has a duty to protect patients/service users, staff and others from the risk of being scalded and/or burnt from hot water, and hot surfaces.

Accidents in Health and Social Care involving scalding have been fatal and have mainly occurred during bathing where particularly vulnerable patients/service users are at risk during whole body immersion.

To manage and control the scalding risk, hot water temperatures must not exceed 44°C.

Serious injuries and fatalities have also been caused by contact with hot pipes or radiators. Where there is a risk of a vulnerable patient/service user sustaining a burn from a hot surface, then the surface temperature should not exceed 43°C when the system is running at the maximum design output. Precautions may include insulation or providing suitable covers.

In order to control and manage the scalding and burning risk NHS Lothian has a risk-based approach, focussing on those patients/service users considered particularly vulnerable. Managers within their area of responsibility must ensure that there is a process in place to identify if there are patients/service users at risk from burning and scalding. Findings should be recorded on the NHS Lothian General Risk Assessment Form, ensuring control measures such a pre-bathing water temperature checks are undertaken, recorded and monitored.

Safer Bathing, Showering and Surface Temperatures Policy



Contents

		Page number
1.0	Purpose	4
2.0	Policy statement	4
3.0	Scope	_ 4
4.0	Definitions	4
5.0	Implementation roles and responsibilities	5
6.0	Associated materials	6
7.0	Evidence base	7
8.0	Stakeholder consultation	7
9.0	Monitoring and review	7

1.0 Purpose

The purpose of this policy is to specifically identify and prevent the risk of scalding and burning to vulnerable patients/service users from water outlets, hot pipes or radiators.

2.0 Policy statement

NHS Lothian Board, via its Management Teams, will ensure that no vulnerable patient/service user or staff, visitors and others will be scalded or burnt from a water outlet, hot pipes or radiators.

This policy recognises compliance with the requirements of Scottish Healthcare Technical Memorandum (STHM) 04-01 Parts A-G, and the associated NHS Lothian Water Safety Policy. The purpose of those compliance requirements are to ensure that all water outlets throughout NHS Lothian must deliver water at a safe temperature to prevent scalding and burning to staff, patients/service users, visitors and others. The responsibility for ensuring this water safety compliance regarding SHTMs rests with NHS Lothian Hard FM Service and Third Party Hard FM providers.

3.0 Scope

This policy applies in particular to all staff in NHS Lothian who are involved in the bathing of vulnerable patients/services users.

This policy also applies to all NHS Lothian Hard Facilities Management (FM), and Third Party FM staff, who are responsible for the control, maintenance and delivery of water at safe temperatures.

4.0 Definitions

For the purposes of the policy, bathing includes a bath, shower and during hand washing.

Those patients/service users 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.

5.0 Implementation 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, staff and Hard FM providers are described below.

5.1 Clinical Nurse Manager or equivalent

- During ward inspections/walk rounds, or other similar routine checks, assess the potential scalding and burning risks in the context of the vulnerability of those being cared for.
- If that risk exists, and vulnerable patients/service users are being cared for, determine that there a risk assessment in place for the ward/area. Ensure that exposure to hot surfaces has been included in the risk assessment and, if identified, controls are in place to remove or manage the risk.
- Ensure that pre-bathing checks are in place, which are recorded each time before the vulnerable patient/service user is bathed. Confirm that bathing temperature records are monitored by the Charge Nurse on a regular basis e.g. during any ward round.

5.2 Charge Nurse or Equivalent

- Use TRAK, or other systems, to determine if there are any vulnerable patient/service users being cared for within the ward/area. For all patients/services users identified as vulnerable, the Charge Nurse or equivalent must ensure an assessment of the potential for scalding and burning risks, in the context of the vulnerability of those patients/service users being cared for, is undertaken. This risk assessment should also include consideration of radiators and pipework which have the potential for skin contact.
- The significant findings should be recorded on the NHSL General Risk Assessment form.
- Communicate the findings of the risk assessment, and any associated procedures, to
 ensure that all staff, including night, bank and other staff involved in patient's/service
 user's care, are fully aware of the process/checks in place to eliminate or minimise the
 risk from scalding and burning.
- Ensure that any risks associated with scalding and burning are included in the patient's individual plan of care and are reviewed on a frequent basis.
- The Charge Nurse, as part of their ward rounds or other inspections, must monitor that the pre bathing and shower written and recorded temperature checks (Hot water must be less than 44oc at all times) have been undertaken and are recorded via the plan of care or other patient/service user care plans.
- Hot surfaces, such as radiators and pipes, must be identified via a visual check, ensuring that they are not exposed such that a vulnerable patient/service user could suffer a burn/scald. Hot surfaces must be less than 43°C. NHS Lothian Hard FM service/Third Party Hard FM providers can provide the details regarding at what temperature the radiator/pipes operate at.

- If pre-bathing hot water temperature checks have been exceeded then ensure that staff are directed to lock, close or seal off from use, that bath and/or shower. Notify NHS Lothian Hard FM service or the Third Party Hard FM provider helpdesks as soon as possible.
- All managers who have responsibility for an area shall log all requests to Estates/Hard FM providers via the respective helpdesks for checks to be carried out whenever a temperature exceeds 44oC.
- Where bathing of babies/children takes place by their parents, guardian or others, ensure that signage is displayed in the bathing area, highlighting the need to undertake a pre-bathing water temperature check.

5.3 Staff

- Ward staff must notify those bathing babies/children 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.
- Check hot water temperature(s) before bathing/showering and record via patient/service user's care plan. If the recorded hot water temperature(s) exceed 44oC then staff must turn the bath or shower tap/handle off immediately. Do not bathe the patient.
- Inform the Nurse-in-Charge/Charge Nurse without delay, who must in turn notify NHS Lothian Hard FM or Third Party Hard FM Provider.
- Staff must report immediately to the Nurse-in-Charge/Charge Nurse any other issues identified with water-related issues when bathing a vulnerable patient/service user.

5.4 NHS Lothian Estates Managers and Third Party Hard FM providers

NHS Lothian Estates Managers and Third Party Hard FM providers are responsible for having an up-to-date Planned Preventative Maintenance Program for water safety management, in line with the requirements of SHTM 04-01 Parts A-G.

6.0 Associated materials

NHS Lothian Safer Bathing, Showering and Surface Temperature Procedure

NHS Lothian Adverse Event Management Policy

NHS Lothian Adverse Event Management Procedure

NHS Lothian Water Safety Management Policy

Health Facilities Scotland, Scottish Healthcare Memorandum 04-01, Parts A-G

Health and Safety Executive Guidance and Procedures:

<u>Managing the Health Risks from Hot Water and Surfaces in Health and Social Care</u> <u>HSIS No6</u>

HSG 220 Health and Safety in Care Homes (Supersedes HS (G)104)

7.0 Evidence base

Managing the Health Risks from Hot Water and Surfaces in Health and Social Care HSIS No6 HSG 220 Health and Safety in Care Homes (Supersedes HS (G)104)

8.0 Stakeholder consultation

All staff with a role in implementing this policy were consulted during the review of this policy.

This policy was placed on the NHS Lothian Consultation Zone for a 4-week period to provide an opportunity for all NHS Lothian staff to provide feedback on the draft document.

9.0 Monitoring and review

The policy will be reviewed and revised every three years or as a result of any changes in level of risk and/or in legislation which may occur before this.

This policy may also be subject to review if new guidance or legal opinion is issued or NHS Lothian identifies a need for revision as the result of inspection, audit or following investigation of an adverse event.