

## Purpose of this procedure:

The aim of this Procedure is to establish a framework to implement the Health and Safety- Safer Bathing, Showering and Surface Temperature Policy within NHS Lothian.

This Procedure applies to all staff in NHS Lothian or working on behalf of NHS Lothian in particular those with Management responsibilities. Managers of temporary and agency staff, volunteers, contractors, students and work experience personnel will also be expected to follow the requirements contained within this Procedure.

This Procedure applies to all staff undertaking activities associated with Safer Bathing, Showering and Surface Temperatures of vulnerable patients/service users.

This procedure should be used in conjunction with other related policies/procedures produced by NHS Lothian.

## 1.0 Operational Arrangements

NHS Lothian provides care for patients/service users who may be vulnerable to risks from hot water or hot surfaces. Those at risk include patients/service users with reduced mental capacity or temperature sensitivity, and those who cannot react appropriately, or quickly enough, to prevent injury.

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

Contact with surfaces such radiators and hot water pipes above 43 °C can also lead to serious injury. This often occurs when patients/service users fall and cannot move due to their condition or mobility, or are trapped by furniture. Incidents often occur in areas where there are low levels of supervision, e.g. in bedrooms, bathrooms and some communal areas.

The patient's/service users level of risk in relation to bathing and showering needs to be assessed on admission and recorded in their nursing documentation.

An individual's assessment needs to consider whether:

- The patient/service user 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 patient's/service users 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 patient's/service users sensitivity to temperature is impaired;
- The patient's/service users mental state means they cannot recognise or react to hot water or a surface that is too hot;
- The patient/service users 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.

Once assessed the level of risk and actions to mitigate their risk will be recorded in their care plan as appropriate.

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

## 2.0 Guidelines for Measuring Bathing Water Temperatures: Nursing/Midwifery and other Staff

Where there are vulnerable patients/service users and whole-body immersion is required then widely-recognised professional bathing practice should be delivered.

This procedure must be carried out prior to any full body immersion of a vulnerable patient.

This must involve the testing of the water temperature using a bath/shower thermometer prior to the patient/service user being bathed.

The hot water temperature results shall be logged by nursing staff and recorded in the patient care plan.

### 2.1 Baths

The water outlet should be turned on and allowed to run for a **minimum** of 1 minute or until the water temperature stops rising.

The member of staff responsible for the immersion of vulnerable patients/service users, will measure the temperature of the water with a bath thermometer **prior** to the patient being immersed. The thermometer water temperature measurement of the water must be **< 44°C**. The temperature of the water will be documented in the plan of care/nursing notes following the procedure.

### 2.2 Showers

The dial should be turned to the highest setting the water turned on and allowed to run for a **minimum** of 1 minute or until the water temperature stops rising.

The thermometer receptacle/container should be allowed to fill or be placed in a suitable receptacle i.e. a small plastic bag to collect the water. This should then be held under the running water until the thermometer becomes immersed and the reading stabilises. The water temperature can then be read and recorded. This must be done with a suitable bath thermometer.

It is the ward staff responsibility to ensure that the water is at a safe temperature (**<44°C**) before a vulnerable patient/service user is either partially or totally immersed in the bath or shower.

*\*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)*

## 2.3 Young Children and Babies

Staff must inform the mother or anyone else of the young child and or baby who is carrying out the bathing of the requirement to undertake a pre bathing water temperature check.

Signage will be displayed in the bathing area further highlighting the need to undertake a pre bathing water temperature check.

Thermometers must be readily available and staff must record those temperatures in the patients care plan.

## 3.0 Hot Surfaces

Many radiators and associated pipe work are likely to operate at temperatures which may present a burn risk. Where a visual check and or assessment identifies that vulnerable patients/service users may come into contact with those hot surfaces, such equipment should be covered.

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.

## 4.0 Risk Control Measures - Engineering Temperature Controls

### 4.1 Hot Water

To reduce the risk of scalding, thermostatic mixing devices should be installed for many hot water outlets. Where thermostatic mixer valves (TMV's) are in place hot water temperature is reduced automatically by mixing it with cold water to deliver water to baths and showers at a maximum of **44<sup>0</sup> centigrade**.

As with any safety device, routine checks will be essential to ensure continued satisfactory operation. Such devices, however, should not be a substitute for caution therefore before lowering or assisting patients into the bath, as mentioned previously the water temperature should be checked with a thermometer to ensure that it has fallen to a 'safe' level. Thermometers should also be used whenever children are being bathed.

Hot and cold water systems are part of a planned preventative maintenance programmes and are managed by NHS Lothian Hard Facilities Management (FM) or a Third Party Hard FM Provider. As part of this programme competent persons within those departments undertake systematic checks on the TMV's to ensure their operating effectiveness. Records of those checks are held within those departments. The frequency of those checks will be undertaken in line with the requirements of the SHTM 04-01.

Where Third Party Hard FM providers control and manage the hot and cold water systems, they must also comply with SHTM 04-01.

## **5.0 Associated materials/references:**

[Water Temperature Record](#)

[Model Risk Assessment \(Bathing and Surface Temperature\)](#)

[Hot Water Sign \(Tap\) Pictogram](#)

[Hot Water Sign \(Shower\) Pictogram](#)

[Hot Water Sign \(Parents/Carers\)](#)

[NHS Lothian Adverse Event Management Policy](#)

[NHS Lothian Adverse Event Management Procedure](#)

[NHS Lothian Safer Bathing, Showering and Surface Temperature Policy](#)

[NHS Lothian Water Safety Management Policy](#)

Health Facilities Scotland, Scottish Healthcare Memorandum 04-01

Health and Safety Executive Guidance and Procedures:

- [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\)](#)