Safe Bathing, Hot Water and Surface Temperature Policy

<table>
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<th>V4</th>
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<tr>
<td>Name of originator/author:</td>
<td>Health and Safety Advisor</td>
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<tr>
<td>Name of responsible committee:</td>
<td>Health and Safety Committee</td>
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<tr>
<td>Name of executive lead:</td>
<td>Chief Nurse and Director of Quality Assurance</td>
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Manchester Mental Health & Social Care Trust will minimize the risk of scalding or drowning to its patients, staff or visitors. Scalds from hot water and burns from hot pipes and radiators can cause serious injury or kill. Such incidents may be viewed as a failure to meet a statutory duty under the Health & Safety legislation, which could lead to prosecution of the Trust and/or individual members of staff. It is essential that great care be exercised at all times when patients, visitors or staff may come into contact with hot water or heating equipment.
Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trusts objectives and position with compliance as set out within the NHS Equality Delivery System.

The policy is broad and the scope is Trust wide so complies with the Trust’s Equality Delivery System.

| In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done? | No |

It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding
### Monitoring and Compliance Requirements Sheet

For audit, Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

<table>
<thead>
<tr>
<th>Procedural Document Title: Safe bathing and Hot Water Policy</th>
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<tr>
<td>Does this procedural document offer support or evidence for the Trusts registered activities and outcomes?</td>
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<tr>
<td>Is this an NHSLA Document?</td>
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If other Monitoring requirements are necessary i.e. Health & Safety Act and you should include them here and record them in the External References section.

| Specify where the requirement originates | Additional Details i.e. Section number, Code of Practice |

<table>
<thead>
<tr>
<th>Minimum Requirement / Standard / Indicator to be monitored &amp; Section of document it appears</th>
<th>Process for monitoring</th>
<th>Responsible Individual / Group</th>
<th>Frequency of Monitoring</th>
<th>Responsible Group for review of results / action plan approval / implementation</th>
<th>Comments</th>
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**NB:** If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to [quality.admin@mhsc.nhs.uk](mailto:quality.admin@mhsc.nhs.uk) as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.
Have you considered using a flowchart in your document to provide easy reference for staff? If you need support in developing a flowchart contact quality.admin@mhsc.nhs.uk
Safe Bathing and Safe Hot Water and Surface Temperature Policy

1 Introduction

Manchester Mental Health & Social Care Trust will minimize the risk of scalding or drowning to its patients, staff or visitors. Scalds from hot water and burns from hot pipes and radiators can cause serious injury or kill. Such incidents may be viewed as a failure to meet a statutory duty under the Health & Safety legislation, which could lead to prosecution of the Trust and/or individual members of staff. It is essential that great care be exercised at all times when patients, visitors or staff may come into contact with hot water or heating equipment.

2 Objectives

The objectives of this policy are to ensure that a safe environment for patients and staff is provided by:

- Ensuring the water temperature supplied in patient areas does not exceed a safe maximum temperature.
- Ensuring hot water supplied for domestic purposes in non-patient areas which exceeds the safe maximum temperature has a warning label displayed stating “Very hot water”.
- Insulating or guarding hot water pipes, radiators or other hot surfaces.
- Identifying and assessing vulnerable patients and ensuring the necessary procedures are in place to protect them against burns and scalds. Such patients will be denied access to sources of hot water and any hot surface that cannot be protected.
- Ensuring beds are not placed where patients can roll or fall onto hot pipes.

3 Responsibilities

3.1 The Trust Board will ensure via its regular overview of safety matters that sufficient resources are available and procedures in place to maintain its policy objectives.

3.2 General Managers and Modern Matrons will ensure that wards and departments where immersion may take place are surveyed and where appropriate, thermostatic mixer valves, non-slip surfaces and aids for mobility are fitted.

3.3 The Acute Trust’s Estates Operations and Maintenance Manager for Laureate House will ensure the valves are fitted as required by the service and adjusted to the appropriate temperature. They will ensure they are maintained in accordance with Health Guidance Note “Safe hot water and surface temperatures” on a 6 monthly basis and the results recorded and reviewed. MMHSCT Estates Department will ensure arrangements are in place for Park House and other satellite premises.

3.4 Site, Ward and Departmental Managers will ensure the provisions of this policy are implemented in their areas. They will ensure that individual patients are assessed and care plans maintained so that the necessary precautions are taken to prevent harm.

Ward and departmental managers will ensure that all staff including agency workers are aware of the provisions of this policy document and implement them accordingly.
3.5 **All staff** will adopt the general guidance in this policy and any specific requirements in care plans when patients are to be washed or showered.

4 **Risk Assessments**

All patients are at risk from hot water. Conditions requiring special attention include patients who are:

- Elderly
- Mentally ill
- Learning difficulties
- Epilepsy
- Children
- Debilitated
- Eripheral Vascular Disease

Risk assessments should identify any scald hazards to patients associated with baths and showers etc., and burn hazards to patients from hot water pipes, radiators etc. The risk assessment will detail control measures such as thermostatic mixer valves, thermometers as a back up, bathing protocols, guards, pipes etc., and any further controls, which are required.

4.1 **Patient Risk Assessment**

All patients should be assessed and reassessed as part of their care plan to determine whether they are vulnerable and should or should not be supervised by considering:

- Can the patient get in/out of the bath/shower. Can they sit up and wash themselves unaided and are able to make a decision regarding acceptable water temperature.
- Is the patient’s sensibility to temperature impaired? Would they realise the water was too hot.
- Is the patient’s mental state such that they cannot recognise a bath or shower, which is too hot.
- Is the patient capable of calling for assistance if needed
- Will any lifting aids or medical equipment limit the patient’s mobility in the bath? Could the patient get out quickly if the water was too hot?
- Is the patient likely to spill hot drinks or food on to themselves?

The result of the assessment should be recorded in the individual patient care plan and should specify whether the patient is able or not able to bathe themselves unaided or have unsupervised access to bathing equipment. The assessment should indicate whether the patient requires assistance and/or supervision with hot food/drinks.
4.2 Patient facilities
4.2.1 Scalds should be prevented by:

- A maximum possible hot water temperature at any outlet of 43°C
- Baths/showers and other body immersion equipment to be fitted with fail safe thermostatic devices set to react when outlet water exceeds 43°C
- Bidets to have a maximum water outlet temperature of 38°C
• Maximum temperatures of baths, showers and other patient immersion equipment should be checked weekly by the user department and results recorded

4.2 Burns should be prevented by:

• Any exposed heating surface or hot water steam pipe work should be adequately fenced or insulated.
• Beds, chairs etc., should be positioned away from hot surfaces.

4.3 Non-patient Facilities

4.3.1 Scalds should be prevented by:

• Where there is an identified risk of body immersion, hot water outlets should be limited to 43°C.
• Any outlets with temperatures greater than 43°C should have a warning label in place stating “Very Hot Water”.
• Keeping kitchen doors shut etc should prevent unauthorised access to sources of hot water.
• Risk assessments of tasks exposing staff to steam, hot liquids and hot surfaces should be risk assessed and the appropriate control measures including personal protective equipment and training should be implemented and maintained.

4.3.2 Burns should be prevented by:

• Any exposed heating surface or pipe work at greater temperatures than domestic heating systems should be fenced or insulated.

5 Ward/Departmental Bathing Protocols

Bathing protocols for children, the elderly or other vulnerable patients identified by patient risk assessment should be prepared and made known to all staff. Such protocols should state safe bathing/showering temperatures and emphasise the importance of checking temperatures with bathing thermometers or other purpose designed temperature indicators. Water temperatures should be comfortable to patients and appropriate to a patient’s condition but in no instance should it exceed:

• Babies/children under 18 months - 37°C maximum
• Children over 18 months/adult - 40°C
• Nursing staff bathing babies or instructing parents must check the water temperature by skin contact, i.e. by elbow in the water on every occasion.
• Patient handling equipment such as slings may be adversely affected by repeated exposure to bath water. It is the responsibility of the staff using the equipment to check its condition and suitability before each use.

6 Newborn Babies

The bathing of newborn babies is an important part of parental education. It is important for the well-being of the baby and the support and education for new parents that certain factors are in place to enable them to safely carry out this aspect of their babies care with confidence once at home.
The factors are:

- The baby should be well and free from any acute illness
- The bath must be placed on a secure surface that supports the weight of the bath, baby and water.
- The water should be warm to touch, i.e. not exceeding 39/40 degrees C. This is just below the maximum temperature for bathing the newborn – 40.6 degrees C.
- Parents/carers will be shown and supervised how to safely bathe their baby at least once prior to bathing the baby unsupervised. The amount of occasions will depend on the individual parent’s confidence and skills.

7 Managers

Managers should ensure appropriate general and patient risk assessments are undertaken and reviewed and that staff do follow bathing protocols and do use other control measures as necessary. Managers should ensure that bathing thermometers are available to test bath/shower temperatures when vulnerable patients are being bathed/showered.

8 Staff Responsibilities

All staff:

Should use hot water with care

Staff should undertake patient assessment and indicate results in patient care plan.

This will identify whether the patient needs supervision whilst bathing/showering, staff will reassess if the patient’s condition changes.

Staff bathing vulnerable patients must ensure that the bath/shower temperatures are checked with a bath thermometer even if there are other controls in place. The results must be recorded on the form attached Appendix 1.

Staff should report defective thermostatic valves to Estates immediately and prevent further use.

Vulnerable patients should be assisted/supervised when taking hot drinks/food.

Legionella

The requirements of this policy should be considered in the Trust arrangements to control Legionella. (Information can be obtained from the Infection Control lead and/or the Estates Department within the MMHSCT for each locality)
## DAILY BATH/SHOWER TEMPERATURE RECORD

**Name of Ward/Department:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature Record</th>
<th>Printed Name and Signature of member of staff</th>
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