



Public – To be published on the Trust external website

Title: Scald Prevention (including Assisted Bathing and Showering) Procedure

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Status: Approved

Document type: Procedure

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1 Introduction

This procedure sets out the organisational arrangements for the prevention of scalds including safe management for bathing and showering inpatients. To provide assurance that safe operating procedures are in place to prevent the risk of injury or significant harm to patients from scalding.

This procedure is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health, a learning disability or autism.

This procedure supports the trust to co-create a great experience for all patients, carers and families from its diverse population by accessing care that is right for you and providing outstanding and compassionate care all of the time through setting standards for managing preventing scalds in inpatient settings.

2 Purpose

Following this procedure will help the Trust to 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.

3 Who this procedure applies to

This procedure applies to all relevant staff working within TEWV NHS Foundation Trust who have a responsibility for patient care including staff that assist bathing/showering to patients admitted to hospital and for all staff who are responsible for maintenance of water quality and temperature.

Consideration has also been given to those who may be affected by this guideline to ensure that the document content aligns to the Trust's values, so that people who may be affected are treated with compassion, respect, and responsibility.

4 Related documents

This procedure describes what you need to do to provide a safe environment as required by the Health & Safety Policy in relation to prevention of scalds.



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 Safety Plan \(tewv.nhs.uk\)](http://tewv.nhs.uk)
- ✓ Water Management Policy [Water Management Policy](#)

See also:

[Decontamination of equipment procedure](#)

5 Reducing the risk of scalding



- 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
- Baths
- Showers

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.

6 Assisted bathing and showering

All patients must be individually assessed to ascertain their level of risk when showering or bathing. A patient's level of risk in relation to bathing and showering needs to be assessed on admission in their nursing admission documentation.



It is important to acknowledge the patient's personal preferences and wishes. Wherever possible these preferences need to be taken into account to promote collaborative decision making, privacy and dignity, and also, to prevent the breach of iatrogenic harm.

Some patients may be assessed as requiring supervision throughout bathing / showering, consideration of patient wishes, regarding acceptable supervision staff characteristics, for example gender, to reduce the negative impact identified on patients with certain protected characteristics, are to be documented in patients' electronic notes.

6.1 Staff responsibilities

Assessing patients on an individual basis considering what level of assistance, if any, is required to promote personal hygiene and maintain safety. Any assistance will be based on individual need and is to be least intrusive, maintaining patients need for privacy and dignity whilst supervising patients during bathing and showering.

Recording water temperatures on the patient's notes (CITO).



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

6.2 Ward Managers responsibilities

The practical implementation of this procedure within the ward/department area.

Ensuring their staff members are aware of the procedure and requirements which includes new starters on their local induction.

Ensuring appropriate risk assessment and documentation relating to bathing and showering is used for patients in their areas.

Ensuring that any incidents related to bathing and showering are reported.

6.3 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**. 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.

6.4 Estates personnel checks

Estates personnel will periodically undertake routine checks and record water temperatures as per Water Safety Plan.

6.5 Recording bathing temperatures

Term	Definition
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<p>Procedure A High Risk Patients (assisted bathing)</p>	<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/built in bath thermometer and be at 43°C or less before allowing patient to use water.
<p>Pediatric Bathing</p>	<ul style="list-style-type: none"> Checks must be recorded at 40°C or less on patients CITO notes.

6.6 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

6.7 Reporting



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

7 Definitions

Term	Definition
High Risk Service Users	<p>Examples of service users that could be at high risk are:</p> <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

	<ul style="list-style-type: none"> 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

8 How this procedure will be implemented

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

8.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Risk assessment	Patients will have risk assessment of scald risk	On admission Change in presentation/ Monthly	Clinical Staff	Staff to document on electronic care record
For patient assessed as being at risk of scalding - bathing temperature check	Staff to check bathing temperature is within guideline temperature	Every time a patient is to bathe	Clinical Staff	Staff to document on electronic care record

8.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Nursing Staff	Local induction Face to Face	15 minutes	Once only

9 How the implementation of this procedure will be monitored

Number	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	Frequency =6 monthly Method =Engineer carries out Responsible =Estates	Trust Water Safety Group
2	20% of outlets checked for temperature, tested for legionella	Frequency =Monthly Method =Engineer Carries out Responsible =estates	Trust Water Safety Group
3.	100% of all patients Electronic Patient Record have a scald risk assessment documented	Frequency = On admission and change in condition and review of safety plan Method = quality assurance audit of safety care plan Responsible = modern matron for area	Health and Safety Group

10 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 Water Management Policy [Water Management Policy](#)
- ✓ [Water Safety Plan v3 \(tevv.nhs.uk\)](#)
- [Legionnaires Disease The Control of Legionella Bacteria in water systems – Approved code of practice and guidance 2013, L8](#)
- [NHS Model Engineer Specification DO8](#)
- [NHS England » Health Technical Memorandum 04-01: Safe water in healthcare premises Part A, Part B, Part C and Part D](#)
- HSG 274 Legionnaires Disease [Legionnaires' disease - Technical guidance \(hse.gov.uk\)](#)
- 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>

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	19 December 2024
Next review date	19 December 2027
This document replaces	Assisted Bathing and Showering Scald Prevention Procedure v4.1
This document was approved by	Health and Safety, Security, and Fire Group
This document was approved	28 November 2024
This document was approved by	EFM DMT
This document was approved	19 December 2024
An equality analysis was completed on this policy on	04 September 2024
Document type	Public

Change record

Version	Date	Amendment details	Status
v5	19 Dec 2024	Full review and update of policy with wording and clarification throughout. Main changes being: Change of title Introduction added Who procedure applies to added Reducing The Risk of Scalding added Additions to assisted bathing and showering section Monitoring updated	Approved

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Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Estates & Facilities Management Health, Safety & Security
Title	Scald Prevention including Assisted Bathing and Showering Procedure
Type	Procedure
Geographical area covered	Trust wide
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	04/09/2024
End date of Equality Analysis Screening	04/09/2024

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>Trust Staff and patients</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	<p>There could be a potential negative impact on ‘Race’, ‘Gender Reassignment’, ‘Age’, and/or ‘Religion’, risk assessing patients on a case by case basis will ensure that the least intrusive supervision is provided to ensure that the needs of the patient are met, safety is maintained whilst maintaining the patients privacy and dignity as much practicable to try and reduce the negative impact where possible.</p>
<p>Describe any positive impacts / Human Rights Implications</p>	<p>Positive impacts associated with this procedure include allowing patients who are high risk to bathe safely and that patient needs are considered to ensure they are involved in the decision making process in relation to their personal hygiene needs.</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes- national guidance
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Staff engagement and consultation through assisted bathing and showering bathing working group and Trust wide all staff consultation.
If you answered Yes above, describe the engagement and involvement that has taken place	Working group for assisted nothing and showering procedure.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Local induction
Describe any training needs for patients	NIL
Describe any training needs for contractors or other outside agencies	Local induction

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	

6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	AH 29 Aug 24
9. Approval		
Does the document identify which committee/group will approve it?	Yes	HSSFG and EFM DMT
10. Publication		
Has the policy been reviewed for harm?	Yes	No harm
Does the document identify whether it is private or public?	Yes	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

