Safe Bathing Policy

V1.2

June 2016
Summary

‘Safe’ hot water temperatures

The hot water distribution temperatures, which are required for the control and prevention of Legionella, can lead to discharge temperatures in excess of 50°C. Therefore to prevent injury from scalding, action will be needed to limit water discharge temperatures.

The severity of scalding depends upon the temperature of the water and length of time the skin is exposed to it. The maximum set hot water temperatures for outlets accessible to patients, residents, visitors and staff are (Figure 1).

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<tr>
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</tr>
<tr>
<td>Bath (assisted)</td>
<td>43</td>
</tr>
</tbody>
</table>

All staff members are responsible for:

- Ensuring that this policy, its guidance, instructions and equipment requirements regarding safe bathing, are adhered to when bathing and showering patients
- Ensuring any issues identified with bathing and showering is reported immediately.
- Ensuring any associated incidents related to safe bathing are raised through the Trust incident reporting system.
- Ensure on-going environmental checks are undertaken to minimise hazards that could increase falls risk e.g. suitable levels of lighting, obstacles, wet floors etc.
- Registered nurses and Associate Practitioners will have additional responsibility in completing manual handling, reasonable adjustments and falls risk assessments and associated care plans to reflect patients risk and care requirements with regards to bathing and showering.
- That care delivery in relation to bathing and showering is delivered as directed by the patients care plan.
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1. Introduction

The Royal Cornwall Hospitals NHS Trust has a statutory responsibility to ensure that all patients bathe and shower in a safe environment.

A number of Trusts and other public bodies have been prosecuted by the Health & Safety Executive (HSE) for non-compliance with this responsibility, in particular where residents or patients have either drowned or been scalded, the latter in some cases resulting in death.

This policy has been written in line with the following guidance and legislation:

- Health Technical Memorandum 04-01 Safe water in healthcare premises, Department of Health, October 2006 (updated May 2016)
- Health and Safety at Work etc. Act 1974
- And other legislation as required.

This policy should be read in conjunction with the Health & Safety General Policy and the Water Safety Policy.

This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. This policy is to give guidance to ensure the use of safe bathing in the Trust and therefore reducing the risk of injury or significant harm to patients. Whilst in the bathroom or shower, patients are at risk from:

- Scalding
- Slips, trips and falls
- Drowning

3. Scope

This policy is relevant for all staff caring for patients who are involved in bathing and showering patients; and for all staff who are responsible for maintenance of water quality and temperature.

4. Definitions / Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>Health &amp; Safety Executive</td>
</tr>
<tr>
<td>Datix</td>
<td>Trust incident reporting system</td>
</tr>
</tbody>
</table>

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Safe Bathing Policy
5. Ownership and Responsibilities

5.1. Role of the Chief Executive Officer
The Chief Executive is the Accountable Officer of the Trust and as such has overall accountability and responsibility for the implementation and monitoring of the policies in use in the Trust.

5.2. Role of the Nurse Executive
5.2.1. Ensuring that effective systems are in place to support appropriate risk assessment and care planning to manage those patients at risks as far as is reasonably practicable.
5.2.2. Monitoring overall performance in relation to falls incidents ensuring that trends, themes and contributory factors are identified and reported appropriately.

5.3. Role of the Chief Operating Officer
The Chief Operating Office has delegated responsibilities from the Trust Board as the Director responsible for Health & Safety.

5.4. Role of the Head of Estate Operations
5.4.1. Ensuring that any provisions made for the control of hot and cold water services related to safe bathing and showering are implemented in the new or refurbished premises and will monitor their upkeep to ensure ongoing control.
5.4.2. Ensuring that water quality and temperature monitoring is carried out as required to ensure safety. (Please refer to The Water Safety Policy)

5.5. Role of the Managers
- The practical implementation of this policy within the ward/department area.
- Ensuring their staff members are aware of the policy 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 on the recognised incident reporting tool (datix) in accordance with the Incident Reporting and Management Policy and Procedure.
- Ensuring incidents in relation to bathing and showering are investigated appropriately.
- Ensuring water flushing and recording in accordance within their area (Please refer to Water Safety Policy)

5.6. Role of the Health & Safety Committee
The Health & Safety Committee is responsible for:
- Ensuring that the policy is reviewed, updated and approved
- Assuring the Trust that an appropriate policy is in place.
- Seeking assurance from Divisional Health & Safety representatives that the policy has been implemented.
5.7. Role of Individual Staff
All staff members are responsible for:

- Ensuring that this policy, its guidance, instructions and equipment requirements regarding safe bathing, are adhered to when bathing and showering patients
- Ensuring any issues identified with bathing and showering is reported immediately.
- Ensuring any associated incidents related to safe are raised through the Trust incident reporting system.
- Ensure on-going environmental checks are undertaken to minimise hazards that could increase falls risk e.g. suitable levels of lighting, obstacles, wet floors etc.
- Registered nurses and Associate Practitioners will have additional responsibility in completing manual handling, reasonable adjustments and falls risk assessments and associated care plans to reflect patients risk and care requirements with regards to bathing and showering.
- That care delivery in relation to bathing and showering is delivered as directed by the patients care plan.

6. Standards and Practice
6.1. Whilst in the bathroom or shower, patients are at risk from:
   - Scalding
   - Slips, trips and falls
   - Drowning

6.2. High risk category patients include the following:
   - Older people
   - Patients with confusion
   - Some medical conditions
   - Post-operative patients
   - Patients with mental health problems
   - Patients with learning disabilities
   - Babies and children

6.2.1. A patient may be deemed at risk even if he/she does not fall into the above categories; therefore IT IS BETTER TO ASSUME ALL PATIENTS ARE AT RISK.

6.2.2. All patients must be individually assessed to ascertain their level of risk when showering or bathing.

6.2.3. A patient’s level of risk in relation to bathing and showering needs to be assessed on admission in their nursing admission documentation. The patient’s level of risk and actions to mitigate their risk will be recorded on their manual handling risk assessment; falls risk assessment and personal hygiene care plan as appropriate.

6.2.4. Patients with learning disability, autism or those who lack capacity will have their individual needs assessed with actions required to mitigate risks associate with showering or bathing recorded on their reasonable adjustment care plan. In some instances patients may not have the capacity to make an informed decision regarding bathing/showering. Staff
must ensure that patients who lack capacity are fully safeguarded and seek further advice regarding mental capacity assessment.

6.2.5. In line with Trust's Policy on slips trips and falls prevention - Health and safety policy (HSP 13) and Moving and Handling Policy patient risks assessments must be fully documented on admission, weekly or when their condition changes.

6.3. Hot Water Temperatures
The Health Technical Memorandum (HTM) guidance gives maximum set hot water temperatures for a range of applications, e.g. 43°C for unassisted bath fills, 46°C for assisted bath fills and 41°C for showers. Higher hot water temperatures may only be used following a thorough risk assessment. The guidance recommends that where patients are considered vulnerable to scalding, thermostatic mixing valves (TMVs) should be used to control hot water temperatures.

6.4. Thermostatic Mixing Valves (TMV)
6.4.1. Thermostatic Mixing Valves are designed to restrict the maximum temperature at the taps to those specified as ‘safe’ hot water temperatures.

6.4.2. All new TMVs installed in the Trust are certified to meet TMV3, which is the highest standard of control and was developed in conjunction with healthcare providers.

6.4.3. TMV3 means that in the event of a failure the TMV will shut off the hot water supply, this will ensure that patients are not put at any undue risk of injury.

6.4.4. TMVs are not a substitute for checking the temperature of the water before it is used by a patient.

6.4.5. The Estates Department will ensure that all TMVs installed are maintained and operation checked yearly.

6.4.6. All “full immersion” equipment used by patients and visitors (baths and showers) has been fitted with TMV3.

6.5. ‘Safe’ hot water temperatures
6.5.1. The hot water distribution temperatures, which are required for the control and prevention of Legionella, can lead to discharge temperatures in excess of 50°C. Therefore to prevent injury from scalding, action will be needed to limit water discharge temperatures.

6.5.2. The severity of scalding depends upon the temperature of the water and length of time the skin is exposed to it. The maximum set hot water temperatures for outlets accessible to patients, residents, visitors and staff are (Figure 1).
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*Figure 1 Maximum Temperatures*

6.6. **Scalding**

6.6.1. At The Trust, thermostatic mixer valves are in place in most patient areas, to ensure that hot water temperature is reduced automatically by mixing it with cold water to deliver water to baths, basins and showers at a maximum temperature as stated (Figure 1).

6.6.2. Where this is not done, that is, in non-patient areas, a warning sign stating 'CAUTION VERY HOT WATER' is displayed adjacent to the hot water tap. Thermostatic valves are checked yearly to ensure their operating effectiveness. Records of these checks must be maintained and available for inspection within the Estates Department.

6.7. **Bathing Temperature**

6.7.1. Although thermostatic valves are in place, it is a nursing responsibility to ensure that the water is at a safe temperature before a patient is either partially or totally immersed in the bath. This must be done with a bath thermometer and the temperature must not exceed 43°C for unassisted baths and 43°C for assisted baths, which is to allow for the cold mass of bath.

6.7.2. Nurses should always use a thermometer before immersing patients in the bath, which can be purchased through RCHT Supplies service.

6.7.3. If bath water is found to be above 43°C for unassisted baths or 43°C for assisted baths, this must be reported immediately to the Estates Department and all nurses in that area must be informed. A warning notice to this effect must be displayed prominently on the bath.

6.7.4. Where possible allow the patient to test the water themselves prior to entering the bath.

- NEVER add hot water whilst the patient is in the bath.

6.8. **Showering Temperature**

6.8.1. Although thermostatic valves are in place, it is a nursing responsibility to ensure that the water is at a safe temperature before patient showers. This must be done with the elbow or forearm and the temperature must not exceed 41°C.

6.8.2. If the shower water is found to be above 41°C, this must be reported immediately to the Estates Department and all nurses in that area must be informed, and the shower must not be used unless under direct
supervision. A warning notice to this effect must be displayed prominently on the shower. (See Appendix 2) Where possible allow the patient to test the water themselves prior to entering the shower.

- NEVER increase the temperature of the water whilst the patient is under the shower.

6.9. **Slips, trips and falls**

6.9.1. All bath and shower facilities must, where possible, have non-slip surfaces. The Trust does not use bath mats due to the inherent infection control risks.

6.9.2. To minimise patients risk of falls, care must be assessed in accordance with their manual handling, falls and/or reasonable adjustment risk assessment. Care will be delivered to minimise their risk as directed by the manual handing, falls, personal hygiene or reasonable adjustment care plan as appropriate in accordance with the Policy on slips trips and falls prevention - Health and safety policy (HSP 13).

6.9.3. Wherever possible, the appropriate lifting devices should be used to help patients both into and out of the bath. Where this is not possible, support is given in line with the Moving and Handling Policy.

6.10. **Drowning**

6.10.1. Patients identified at assessment as being at risk, must never be left unaccompanied in the bathroom/shower.

6.10.2. All patients, when either bathing or showering must have access to either a pull cord or push button alarm, and its use explained to the patient.

6.10.3. Nursing staff MUST respond immediately to the alarm and treat it as a potential emergency.

6.10.4. WHILST RECOGNISING THE PATIENTS’ RIGHTS TO PRIVACY AND DIGNITY, SAFETY MUST BE THE PRIORITY

6.11. **Hydrotherapy Pool**

6.11.1. The temperature of the Hydrotherapy Pool has been set and is controlled by Estate Operations.

7. **Dissemination and Implementation**

7.1. All staff must receive training on as part of their local induction in the process of showering and bathing patients to ensure that the process is carried out safely. This should include testing water temperature using a bath thermometer, and other safety aspects such as reducing the risk of falls, the use of hoist and bath aids and supervision of the patient.
7.2. Staff must also be clear on the procedure to follow if there is a problem from water temperature or faulty equipment etc. Staff must also be clear on the Flushing of Water Outlets Procedures.

7.3. This policy will be disseminated through the Documents Library. Divisional Management Teams will ensure that all relevant Specialties and Departments are fully aware of the policy document.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Training of staff and any incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Executive Director responsible for Health &amp; Safety as delegated by the Trust Board and detailed in the Health &amp; Safety General Policy (HSP01).</td>
</tr>
</tbody>
</table>
| Tool                    | - Incident Reporting System  
                          - Estates temperature monitoring data  
                          - Local induction checklist |
| Frequency               | Twice yearly |
| Reporting arrangements  | The Health and Safety Committee will receive reports on Safe Bathing as part of the Divisional six monthly reports to the committee |
| Acting on recommendations and Lead(s) | Any recommendations from the Health & Safety Committee will be fed back to the divisions and departments through their Health & Safety Representative. |
| Change in practice and lessons to be shared | This should be made through the Divisional Management Boards and then cascaded to wards and departments to be details the weekly Safety Briefings. |

9. Updating and Review

9.1. This policy will be reviewed every three years or sooner where an incident has occurred or there has been a change in legislation or guidance.

9.2. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Safe Bathing Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>Date signed</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31(^{st}) July 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>1(^{st}) December 2017</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Phil Bond, Governance Lead, Estates Department</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 25 3249</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy is to give guidance to ensure the use of safe bathing in the Trust and therefore reducing the risk of injury or significant harm to patients</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Health &amp; Safety, Patient Safety, Safe Bathing, Bath, Shower, Temperature</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date revised:</td>
<td>June 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Safe Bathing Policy</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Estates/Health &amp; Safety/General</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>Health Technical Memorandum</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>Health &amp; Safety General Policy, Estates Procedures for Water Safety</td>
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</table>
Training Need Identified? | Yes

**Version Control Table**

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>1/12/2014</td>
<td>1.0</td>
<td>New Policy</td>
<td>Phil Bond, Governance Lead</td>
</tr>
<tr>
<td>3/09/2015</td>
<td>1.1</td>
<td>Minor amendment to the monitoring and compliance section to increase the level of detail on reporting.</td>
<td>Phil Bond, Governance Lead</td>
</tr>
<tr>
<td>10/06/16</td>
<td>1.2</td>
<td>Update to reflect changes to the Health Technical Memorandum.</td>
<td>Phil Bond, Governance Lead</td>
</tr>
</tbody>
</table>

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <em>policy</em>)</th>
<th>Safe Bathing Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td>Is this a new or existing Policy? New</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong> Phil Bond</td>
<td>Telephone: 01872 253249</td>
</tr>
<tr>
<td>1. <strong>Policy Aim</strong>*</td>
<td>All Staff working in clinical environments and the patients they will be bathing. All patients.</td>
</tr>
<tr>
<td>Who is the strategy / policy / proposal / service function aimed at?</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Policy Objectives</strong>*</td>
<td>This policy is to give guidance to ensure the use of safe bathing in the Trust and therefore reducing the risk of injury or significant harm to patients</td>
</tr>
<tr>
<td>3. <strong>Policy – intended Outcomes</strong>*</td>
<td>Safety of patients using baths, showers and the hydrotherapy pool</td>
</tr>
<tr>
<td>4. <strong>How will you measure the outcome?</strong></td>
<td>Datix incidents</td>
</tr>
<tr>
<td>5. <strong>Who is intended to benefit from the policy?</strong></td>
<td>Patients</td>
</tr>
<tr>
<td>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</td>
<td>No</td>
</tr>
<tr>
<td>b) If yes, have these *groups been consulted?</td>
<td>N/A</td>
</tr>
<tr>
<td>C). Please list any groups who have been consulted about this procedure.</td>
<td>N/A</td>
</tr>
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### 7. The Impact

Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safe Bathing Policy
<table>
<thead>
<tr>
<th>Race / Ethnic communities/groups</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
   Yes  No X

9. If you are not recommending a Full Impact assessment please explain why.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phil Bond</td>
<td>12/12/2014</td>
</tr>
</tbody>
</table>

Names and signatures of members carrying out the Screening Assessment

1.  2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ___________________

Date ___________________