

Scalding Prevention Policy

V3.0

March 2026

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 greater than 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).

Type (where TMV3 Installed)	Temperature (C)
Bidet	38
Showers	41
Washbasin (running water)	41
Bath (unassisted)	44
Bath (assisted)	46
Birthing Pool	37.5 ¹

Table 1 Safe Bathing Temperatures (Source: Health Technical Memorandum 04-01 Part A, 2016, excluding Birthing Pools).

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.

¹ NICE Clinical Guidance

Table of Contents

Summary	2
1. Introduction.....	5
2. Purpose of this Policy/Procedure	5
3. Scope.....	5
4. Definitions/Glossary	6
5. Ownership and Responsibilities	6
5.1. Role of the Chief Executive Officer	6
5.2. Role of the Chief Nurse	6
5.3. Role of the Director of Estates and Facilities.....	6
5.4. Role of the Managers	6
5.5. Role of the Health and Safety Committee.....	7
5.6. Role of Individual Staff.....	7
6. Standards and Practice	8
6.1. Whilst in the bathroom or shower, patients are at risk from:	8
6.2. High risk category patients include the following:	8
6.3. Hot Water Temperatures	9
6.4. Thermostatic Mixing Valves (TMV).....	9
6.5. 'Safe' hot water temperatures	9
6.6. Scalding.....	10
6.7. Bathing Temperature.....	10
6.8. Showering Temperature.....	11
6.9. Slips, trips and falls.....	11
6.10. Drowning.....	11
6.11. Birthing Pools	12
6.12. Hydrotherapy Pool	12
7. Dissemination and Implementation	12
8. Monitoring compliance and effectiveness	12
9. Updating and Review	13
10. Equality and Diversity	13
Appendix 1. Governance Information	14
Appendix 2. Quality and Equality Impact Assessment (QEIA) Guidance Form	17

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Royal Cornwall Hospitals NHS Trust has a statutory responsibility to ensure that all patients bathe and shower in a safe environment.
- 1.2. A number of Trusts and other public bodies have been prosecuted by the Health and 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.
- 1.3. 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, May 2016².
 - Health and Social Care Act 2012.
 - Health and Safety at Work etc. Act 1974.
 - Intrapartum Care – Care of healthy women and their babies during childbirth, NICE (2007).
 - HSIS6 - Managing the risk from hot water and surfaces in health and social care
 - And other legislation as required.
- 1.4. This policy should be read in conjunction with the Health and Safety General Policy and the Water Safety Plan.
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

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.

² <https://www.england.nhs.uk/estates/health-technical-memoranda/>

4. Definitions/Glossary

- HSE Health and Safety Executive.
- Datix Trust incident reporting system.
- HTM Health Technical Memorandum.
- TMV Thermostatic Mixing Valve.

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 Chief Nurse

- 5.1.1. 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.
- 5.1.2. 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 Director of Estates and Facilities

- 5.3.1. The Director of Estates and Facilities has delegated responsibilities from the Trust Board as the Director responsible for Health and Safety and as the Designated Person in relation to Water Safety.
- 5.3.2. 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.
- 5.3.3. Ensuring that water quality and temperature monitoring is carried out as required to ensure safety. (Please refer to The Water Safety Policy).

5.4. 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).

5.5. Role of the Health and Safety Committee

The Health and 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 and Safety representatives that the policy has been implemented.

5.6. 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, Midwives 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.
- Expectant mothers using birthing pools.

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 associated 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. 44oC for unassisted bath fills, 46oC for assisted bath fills and 41oC 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 their operation checked at intervals determined by risk, in accordance with the Water Safety Plan. This will include at least annual testing as a minimum, with more frequent testing applied where required for higher-risk outlets or clinical areas
- 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 greater than 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).

Type	Temperature (°C)
Bidet	38
Shower	41

Type	Temperature (°C)
Washbasin (running water)	41
Bath (unassisted)	44
Bath (assisted)	46
Birthing Pools ³	37.5

Table 2 Safe Bathing Temperatures (Source: Health Technical Memorandum 04-01 Part A, 2016, excluding Birthing Pools).

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.
- 6.6.3. Thermostatic mixing valves should not be installed on outlets that are not intended for handwashing, such as sinks in kitchens, dirty utilities or cleaner's sinks.
- 6.6.4. Any incident where scalding has taken place must be reported via the Trust incident reporting system and notified to the Health and Safety Department.
- 6.6.5. Depending on the circumstances, severity and level of preventability, a scalding incident may meet the criteria for classification as a Never Event in line with the NHS Never Events Framework in force at the time of the incident.⁴

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 for 44°C for unassisted baths and 46°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.

³ NICE Clinical Guidance

⁴ <https://www.england.nhs.uk/publication/never-events/>

- 6.7.3. If bath water is found to be above 44°C for unassisted baths or 46°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 and it should not be used until repairs have been undertaken.
- 6.7.4. Where possible allow the patient to test the water themselves prior to entering the bath.
- 6.7.5. **Never** add hot water whilst the patient is in the bath.

6.8. Showering Temperature

- 6.8.1. Thermostatic mixing valves (TMVs) are installed to control outlet water temperatures and must be maintained to ensure that water delivered to patient showers does not exceed 41 °C.
- 6.8.2. Prior to patient use, staff must ensure that the water temperature is suitable and safe. Any outlet suspected of delivering water at an unsafe temperature must be reported immediately and withdrawn from use.
- 6.8.3. 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. Where possible allow the patient to test the water themselves prior to entering the shower.
- 6.8.4. **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 bathmats 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 handling, 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. Birthing Pools

Please refer to RCHT [Waterbirth and the Use of Water During Labour and Birth Clinical Guideline](#).

6.12. Hydrotherapy Pool

The temperature of the Hydrotherapy Pool has been set and is controlled by Estate Operations Department. Please refer to the Hydrotherapy Pool Procedures.

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

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Training of staff and any incidents.
Lead	Executive Director responsible for Health and Safety as delegated by the Trust Board and detailed in the Health and Safety General Policy (HSP01) .
Tool	Incident Reporting System. Estates temperature monitoring data. Local induction checklist.

Information Category	Detail of process and methodology for monitoring compliance
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 and Safety Committee will be fed back to the divisions and departments through their Health and 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 And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Scalding Prevention Policy V3.0
This document replaces (exact title of previous version):	Scalding Prevention Policy V2.0
Date Issued/Approved:	March 2026
Date Valid From:	March 2026
Date Valid To:	March 2029
Author/Owner:	Ryan Hill, Estates Manager (Mechanical)
Contact details:	01872 25 3400
Brief summary of contents:	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.
Suggested Keywords:	Health and Safety, Patient Safety, Safe Bathing, Bath, Shower, Temperature.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Water Safety Group
Manager confirming approval processes:	Deputy Director Infection Prevention and Control, Chair of the Water Safety Group
Name of Governance Lead confirming consultation and ratification:	Head of Performance Improvement, Governance and Compliance
Links to key external standards:	Health Technical Memorandum
Related Documents:	Health and Safety General Policy. Estates Procedures for Water Safety Hydrotherapy Pool Procedures. Birthing Pool Clinical Guidelines.

Information Category	Detailed Information
Training Need Identified:	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Estates

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2014	V1.0	New Policy	Phil Bond, Governance Lead
September 2025	V1.1	Minor amendment to the monitoring and compliance section to increase the level of detail on reporting.	Phil Bond, Governance Lead
June 2016	V1.2	Update to reflect changes to the Health Technical Memorandum.	Phil Bond, Governance Lead
July 2017	V1.3	Minor updates and inclusion of birthing pools	Phil Bond, Governance Lead
February 2022	V2.0	Updated temperatures in line with HTM, other minor changes. Title changed and placed on accessible Trust template.	Phil Bond, Performance and Governance Manager
January 2026	V3.0	Scheduled policy review completed. Updated scalding incident wording in Section 6.6.4 to align with the current NHS Never Events Framework. Clarified TMV testing arrangements to reflect a risk-based approach in accordance with the Water Safety Plan, with annual testing as a minimum. Updated HTM 04-01 references to reflect the latest edition. Revised Estates governance arrangements by consolidating Deputy Director of Estates responsibilities under the Director of Estates to reflect the current management structure. No material changes to operational controls, temperature limits, or clinical responsibilities.	Ryan Hill, Estates Manager (Mechanical)

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Guidance Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

For guidance, please contact the Equality, Diversity and Inclusion Team at rcht.inclusion@nhs.net

1. About the Policy / Service Change:

Information Category	Detailed Information
Individual completing QEIA: (Name, Role, Email)	Phil Bond, Head of Performance Improvement, Governance and Compliance
Service Area: (Department, Care Group)	Estates and Facilities
Name of document:	Scalding Prevention Policy V3.0
Type of document: (Policy, Strategy, Service Change)	Policy
Policy / Service Change Objective(s): (What should it achieve, and for whom?)	Ensure the safety of patients through safe bathing
Does this Policy / Service Change: (Select all that apply)	Eliminate Discrimination? Yes Advance Equal Opportunity? Yes Foster Good Relations? Yes
Which Groups are impacted by this policy? (Select all that apply)	No – Workforce. Yes – Patients. No – Visitors. No - System Partners. No - External Organisations. No – Contractors.

2. About the impact:

For each characteristic, please indicate whether you think the impact will be positive, negative or unknown, and provide a brief explanation:

Note: Stating 'This document has no impact on this group' for all characteristics will result in the document not being approved.

Characteristic	Impact	Explanation
Age	Positive	
Sex	Positive	
Gender Reassignment	Positive	
Race, Ethnicity, Culture	Positive	
Disability or Long-term Health Condition	Positive	Ensuring safety during assisted bathing.
Religion or Belief	Positive	
Marriage and Civil Partnership	Positive	
Pregnancy and Maternity	Positive	Linking to the Birthing Pool policy and the Hydrotherapy Pool policy to provide a safe service.
Sexual Orientation	Positive	
Armed Forces Community	Positive	
Low Income Households	Positive	

A consultation must take place with appropriate groups to clarify unknown impacts and recommend mitigation of negative impacts.

3. About the Consultation

Information Category	Detailed Information
Which bodies have been consulted? (Not all will be required)	Yes Service Employees. No Employee Network Groups. No Union Representatives. No EDI Team. No Patient / Service Users. No Patient Advisory Group. No Patient Representatives. No Local / National Charities. No System Partners. Yes External Organisations. No Other.

Information Category	Detailed Information
Please list the individuals / groups who have been consulted: (Role, Organisation, Email. Avoid using individual names)	Water Safety Group, RCHT. Authorising Engineer (Water), Water Hygiene Centre.
Consultation Outcomes: (Positive feedback, new negative impacts, recommendations)	Approval
What action will you now take?	Continue without Amendments
Provide Details:	Agreed
Do any negative impacts remain?	No
Explain rationale for proceeding with negative impacts:	N/A

I am confident that this QEIA is an honest reflection of my efforts to comply with the Public Sector Equality Duty, and that all appropriate, necessary actions have been taken to mitigate any negative impacts as far as practicable.

Name:	Phil Bond	Role:	Head of Performance Improvement, Governance and Compliance
-------	-----------	-------	--