SAFE BATHING
AND SHOWERING POLICY
<table>
<thead>
<tr>
<th><strong>Policy:</strong></th>
<th>Safe Bathing and Showering Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Summary and associated documents:</strong></td>
<td>The purpose of this policy is to provide staff with guidance on the measures required to ensure the safety of patients in the Trust in relation to bathing or showering</td>
</tr>
<tr>
<td><strong>Supersedes:</strong></td>
<td>Safe Bathing and Showering Policy - Version 2.0 September 2009</td>
</tr>
<tr>
<td><strong>Description of Amendment(s):</strong></td>
<td>Policy updated and reformatted</td>
</tr>
<tr>
<td><strong>This policy will impact on:</strong></td>
<td>All staff within the Trust who are involved in bathing and showering patients. Estates Department staff who are responsible for maintaining hot and cold water services.</td>
</tr>
<tr>
<td><strong>Financial Implications:</strong></td>
<td>None</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Policy Area:</strong></th>
<th>Department of Nursing, Performance and Quality</th>
</tr>
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<tbody>
<tr>
<td><strong>Version Number:</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Effective Date:</strong></td>
<td>June 2014</td>
</tr>
<tr>
<td><strong>Issued By:</strong></td>
<td>Director of Nursing, Performance and Quality</td>
</tr>
<tr>
<td><strong>Review Date:</strong></td>
<td>August 2017</td>
</tr>
<tr>
<td><strong>Author:</strong></td>
<td>Sam Leonard Matron</td>
</tr>
<tr>
<td><strong>(Full Job title):</strong></td>
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### APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
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<tbody>
<tr>
<td>Consultation:</td>
<td></td>
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<tr>
<td>Matrons</td>
<td>15/4/2014</td>
</tr>
<tr>
<td>Lead Nurse Acute</td>
<td>2/5/2014</td>
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<tr>
<td>Head of Estates</td>
<td>6/5/2014</td>
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<td>Approval Committee</td>
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<td>Risk Management Group</td>
<td>14/5/2014</td>
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<td>Ratified by Committee / Executive Director:</td>
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<td>Received for information:</td>
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1. Policy Statement

East Cheshire NHS Trust has a statutory responsibility to ensure that all patients bathe and shower in a safe environment.

This policy is based on the health guidance issued by the Health and Safety Executive (HSE 2012): Managing the risks from hot water and surfaces in health and social care which provides guidance on how to meet employers’ legal duty of care in respect of the risk of scalding and burning from hot water and hot surfaces.

A number of Trusts and other public bodies have been prosecuted by the Health & Safety Executive (HSE) for non-compliance with their responsibility in terms of managing risks from hot water and surfaces in health and social care, in particular where residents or patients have either drowned or been scalded, the latter in some cases resulting in death.

The content of this policy is therefore not negotiable.

This policy also takes account of new guidance published:

1. Health & Safety Executive (HSE) ‘Legionnaires Control’ disease: the control of legionella bacteria in water systems – Approved Code of Practice and guidance on regulations, also known as ACOP L8.
2. Health Technical Memorandum (HTM 04-01) – the control of Legionella Hygiene, ‘safe hot water, cold water and drinking water systems; and
3. The Addendum to HTM 04-01 – Pseudomonas Aeruginosa for augmented care units.

The aim of this policy is to set out the risks associated with regards to patient bathing and showering and actions Trust staff are to take to mitigate the risks.

2. Scope

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

3. Roles and Responsibilities

3.1 Chief Executive

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.

3.2 The Director of Nursing, Performance and Performance is responsible for:

- 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.
- Monitoring overall performance in relation to falls incidents ensuring that trends, themes and contributory factors are identified and reported appropriately.
3.3 **Director of Corporate Affairs and Governance** has Trust Board responsibility for all aspects of risk management including the management of risk register and setting the framework for the reporting and the management of incidents, ensuring the Trust complies with national, regional and local reporting arrangements.

3.4 **Deputy Director of Corporate Affairs and Governance** is responsible for ensuring processes are in place for the monitoring of clinical and non clinical risk. This includes acting as chair of the Risk Management Sub-committee and providing assurance to the relevant Board Committee that controls are in place and escalating risks in line with the Trust Risk Management Strategy.

3.5 **Clinical Risk Manager** is responsible for the initial processing and escalation of incident reports on Trust incident reporting system, that is, datix as per the incident management policy and will provide data as requested for the analysis of incidents associated with safe bathing and showering.

3.6 **The Head of Estates Operations** is responsible for:

- 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.

- Ensuring that water quality and temperature monitoring is carried out as required to ensure safety. (Please refer to The Water Systems Policy 2012.)

3.7 **Associate Directors** are responsible for:

- Monitoring application of the policy within their area of responsibility ensuring via delegation to service managers, matrons and ward managers that all incidents in relation to bathing and showering are fully investigated and appropriate measures are taken to prevent recurrence.

- Ensuring that action plans developed after Serious Incidents and Root Cause Analyses are implemented in a timely manner and will have systems in place for reducing the risk.

3.8 **Senior Sisters** are responsible for:

- The practical implementation of this policy within their ward/department area.

- Ensuring their staff 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 Management of Incidents Policy 2013.

- 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 Systems Policy 2012)
3.9 Nursing staff 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 are reported immediately
- Ensuring any associated incidents related to safe bathing are raised through the Trust incident reporting system
- Ensure ongoing 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.
- Adopting and demonstrating in their care delivery the core principles of 6C’s

4. Implementation

4.1 Whilst in the bathroom or shower, patients are at risk from:
- scalding
- slips, trips and falls
- drowning

4.2 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

4.2.1 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.**

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

4.2.3 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.

4.2.4 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.

4.2.5 In line with Trust’s Manual Handling Policy and Slips Trips and Falls Policy patient risks assessments must be fully documented on admission, weekly or when their condition changes.

4.3 Hot Water Temperatures

The HTM guidance gives maximum set hot water temperatures for a range of applications, eg 43º for unassisted bath fills, 46ºC for assisted bath fills and 41º 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 (TMV’s) should be used to control hot water temperatures.

4.4 ‘Safe’ hot water temperatures

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

4.4.2 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 as table 1 below.

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td>Bidet</td>
</tr>
<tr>
<td>Shower</td>
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<tr>
<td>Washbasin (running water)</td>
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<tr>
<td>Bath (unassisted)</td>
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<tr>
<td>Bath (assisted)</td>
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</tbody>
</table>

4.5 Scalding

4.5.1 At East Cheshire NHS 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 in table 1.

4.5.2 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.

4.6 Bathing Temperature

4.6.1. 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 43ºC for unassisted baths and 46ºC for assisted baths this is to allow for the cold mass of bath. Nurses should always use a thermometer before immersing patients in the bath.
4.6.2 If bath water is found to be above 43º c for unassisted baths or 46ºC for assisted baths, this must be reported immediately to the Estates Department as per Estates Management Policy 2012 and all nurses in that area must be informed. A warning notice to this effect must be displayed prominently on the bath. (See Appendix 2) Where possible allow the patient to test the water him/herself prior to entering the bath.
   • NEVER add hot water whilst the patient is in the bath.

4.7 Showering Temperature

4.7.1 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 41ºc.

4.7.2 If the shower water is found to be above 41ºc, 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 him/herself prior to entering the shower.
   • NEVER increase the temperature of the water whilst the patient is under the shower

4.8 Slips, trips and falls

4.8.1 All bath and shower facilities must, where possible, have non-slip surfaces. The Trust does not use bath mats.

4.8.2 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 Trusts Manual Policy and Slips Trips and Falls Policy.

4.8.3 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 Trust’s Manual Handling Policy.

4.9 Drowning

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

4.9.2 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.

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

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

5.0 Training

5.1 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.

5.2 Staff must also be clear on the procedure to follow if there is a problem from water temperature or faulty equipment etc. (See Trust Estates Maintenance Policy)

5.3 Staff must also be clear on the Flushing of Water Outlets Procedures (Appendix 1)

6.0 Measuring performance

Compliance with this policy will be monitored via the Trust incident reporting process in relation to bathing and showering incidents. Water quality testing will be monitored as outlined in Trust Water Systems Policy and in accordance with HDM.

7.0 Audit

Audits of patients nursing documentation will be carried out by the Senior Sisters and Matrons monthly through their nursing metrics.

Audits of water quality and temperature checks will be carried out by the Estates department in accordance with their monitoring schedule.

8.0 Review

Matron team and Head of Estates will review 3 yearly or sooner if required following changes to national guidance, changes required to clinical practice, or following findings from audit.

9.0 References

Health and Safety Executive: Managing the risks from hot water and surfaces in health and social care (HSE 2012)

Health & Safety Executive (HSE) ‘Legionnaires Control’ disease: the control of legionella bacteria in water systems – Approved Code of Practice and guidance on regulations, also known as ACOP L8.

Health Technical Memorandum (HTM 04-01) – the control of Legionella Hygiene, ‘safe hot water, cold water and drinking water systems and The Addendum to HTM 04-01 – Pseudomonas Aeruginosa for augmented care units.

6C’s Changing Our Culture of Compassion in Care Jane Cummings 2012

10.0 Related Trust Policies

East Cheshire NHS Trust Water Systems Policy 2012
East Cheshire NHS Trust Manual Handling Policy 2012
East Cheshire HNS Trust Estates Maintenance Policy 2012
East Cheshire NHS Trust Prevention Slips Trips and Falls Policy 2012
East Cheshire NHS Trust Management of Incidents Policy 2013
Appendix 1

Flushing Water Outlets Procedure

As per the Water Systems Policy 2012, flushing of the water outlets should be carried out in line with:

1. Flush hot and cold outlets every day, during cleaning in all areas where appliances are of low use.

2. The hot tap should be run for 1 minute and the cold tap should be run for 1 minute (including showers). This operation shall be recorded on a daily basis and entered on the “Flushing of Water Outlets” sheet.

3. The ward / dept. maintenance dairy shall be located in the ward / departmental Managers office. (Ideally, the flushing process should be undertaken without producing aerosols, which can be achieved by opening outlets slowly).

4. Flush all low use showerheads every day, when cleaning is in progress and ensure that this log in the ward / dept. maintenance dairy.

5. Clean and disinfect any spa baths / birthing pools on site and log in the ward / dept maintenance dairy.

6. Record any defects and verbally inform the responsible person, (usually the Ward or Department Manager), on site, who will ensure the breakdown maintenance reporting procedure is followed.

Appendix 2

Out of order.

Apologies for any inconvenience.

Estates Dept
Ext 1616
Equality Analysis (Impact assessment)

What is being assessed? Name of the policy, procedure, proposal, strategy or service:
Safe Bathing and Showering Policy

Details of person responsible for completing the assessment:
- Samantha Leonard
- Matron

State main purpose or aim of the policy, procedure, proposal, strategy or service:
The Trust has a statutory responsibility to ensure that all patients bathe and shower in a safe environment. This policy is based on the health guidance issued by Health and Safety Executive (HSE 2012): Managing the risks from hot water and surfaces in health and social care. This policy also takes account of new guidance published: Health & Safety Executive (HSE) ‘Legionnaires Control’ disease: the control of legionella bacteria in water systems – Approved Code of Practice and guidance on regulations, also known as ACOP L8. Health Technical Memorandum (HTM 04-01) – the control of Legionella Hygiene, ‘safe hot water, cold water and drinking water systems’; and The Addendum to HTM 04-01 – Pseudomonas Aeruginosa for augmented care units.
The aim of this policy is to set out the risks associated with regards to patient bathing and showering and actions Trust staff are to take to mitigate the risks.

2. CONSIDERATION OF DATA AND RESEARCH
2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

This policy is relevant to all patients of ECNHST with those more likely to be affected identified as older patients, those with learning disabilities and those with dementia.

Age:
Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% (8,845) and the population aged 85+ by 41.5% (3,403).
This will have an impact on the number of older patients being managed and admitted to ECNHST and the complexity of the health issues that the older person is experiencing: decreased mobility, risk of falls and those suffering dementia.

Dementia:
Approximately six in 100 people aged over 65 develop dementia and this rises to around 20 in 100 people aged 85 or over. Dementia affects 750,000 people in the UK. Due to East Cheshire’s growing older population this will have an effect on the number of patients admitted to ECNHST with dementia. Problems encountered with dementia may include cognitive impairment, issues with compliance and understanding, lack of environmental awareness and falls risk.
2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No complaints raised

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No, this policy provides staff with fixed standards of practice and guidelines in relation to safe showering and bathing and does not discriminate against any patient group

3. Assessment of Impact

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes
☐ No x

Explain your response:
When assessing and explaining information to patients in relation to safe bathing whose first language is not English, interpretation facilities must be used to ensure they understand what is being said to them. If written information is provided, this can be translated following the trust’s interpretation and translation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No x

Explain your response:
Treatment and care would be the same regardless of gender. There is guidance for staff in the trust transgender policy regarding single sex facilities.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No x

Explain your response:
If a patient is deaf then a British sign language interpreter could be used to ensure they understand the information. If a patient has visual impairment or is blind, information can be provided in other formats such as audio, large print, Braille. If a patient has learning disabilities and/ or physical disabilities making it difficult for them to safely bathe this will be addresses in their reasonable adjustment care plan and necessary aids / supervision will be provided as in their manual handling risk assessment.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes ☐ No x

Explain your response:

Learning disabilities:
There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area.

Problems encountered can be lack of staff awareness to individual needs, communication issues, and issues with compliance and understanding.
Older people are more likely to experience mobility problems, including risk of falls, possibly sensory disabilities and dementia. Their needs will be assessed on admission including patient passports, falls risk assessment manual handling assessment and care plans will be put in place according to risk

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes □ No x

**Explain your response:**
Treatment and care would be the same regardless of sexuality.

**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes No

**Explain your response:**
Treatment and care would be the same regardless of religion or belief however any specific religious requirements would always be taken into consideration

**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes □ No x

**Explain your response:**
The policy does not affect carers disproportionately, and they should be involved in discussions around care to support patient, particularly those with disabilities. Reflected in reasonable adjustment care plan

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No x

**Explain your response:**
Treatment and care would be the same regardless of sexuality. Staff have access to equality and diversity training.

### 4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy covers all patient groups</td>
<td></td>
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<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
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</table>

### 5. Relevant consultation

### 6. APPROVAL – At this point, you should forward the template to:

Policy amendments have been approved by the Matrons Forum and Estates.

- The Trust’s Equality and Diversity Lead lynbailey@nhs.net
7. **Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
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8. **Review Date:**
   Date completed: 6\(^{th}\) May 2014

The Trust's Equality and Diversity Lead:...