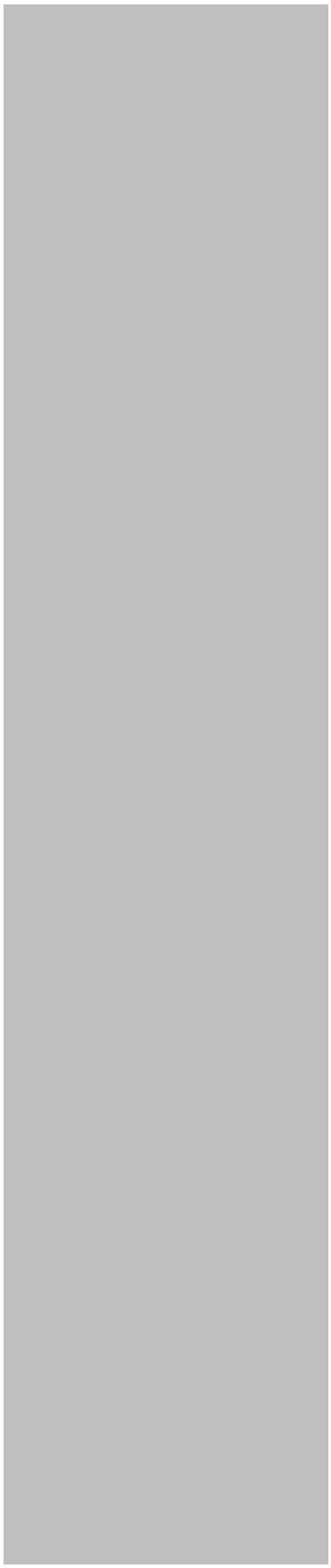
Leicestershire Partnership NHS Trust

Safe Bathing and Showering Policy

The purpose of this policy is to provide guidance to staff on the safer management of bathing and showering inpatient and community patient in the care of LPT from the risk of being scalded and/or burnt from hot water.

Key Words:	Safe Bathing, Bath, Shower, Temperature, Health & Safety, Patient Safety	
Version:	2	
Approved by:	Patient Safety Improvement Group	
Ratified by:	Quality and Safety Committee	
Date this version was Ratified:	13 July 2023	
Please state if there is a reason for not publishing on website	N/A	
Review date:	January 2026	
Expiry date:	June 2026	
Type of Policy	Clinical	Non-Clinical



Leicestershire Partnership NHS Trust

Contents

1.0 Quick Look Summary

The purpose of this policy is to provide guidance to staff on the safer management of bathing and showering inpatient and community patient in the care of LPT. To identify and prevent the risk of scalding and burning to vulnerable patients/service users from water outlets.

Patient using baths or showers in hospital settings, or their own home must have a risk assessment for the activity. Patient/ service users who have additional or complex needs, require a more detailed risk assessment to ensure their safety whilst using a bath or shower both in hospital and in their own home/ community setting.

In the Trust, thermostatic mixer valves are in place in most inpatient areas, to ensure that hot water temperature is reduced automatically. Water in both inpatient and community setting must be checked with a bath thermometer, using DPEK Health Care Floating Thermometer C-111 before the person is immersed in the water.

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded.

All staff supporting patient in the community or in inpatient settings must adhere to the Trust's Infection Prevention and Control Policy and wear appropriate PPE for supporting with personal care, as a minimum this will include 'single gloves and aprons. Gloves must not be worn when preparing a bath and checking water temperature.

Patient's dignity and privacy should be always maintained.

All patient's/service users must have a personalised care plan and risk assessment and review prior to assisting the patient to bath or shower. This includes communication and how pain and pleasure are expressed.

LCAT assessments for bathing/showering should form part of community staff's training requirements when assisted care is provided.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
1.0	16.03.21	New policy
1.1	23.06.21	Review by DHoN CHS and DMH- content changed pages 7-11 to include assisted and unassisted
1.2	15.07.21	Review by IPC Lead, Health and Safety, Head of Patient Safety to include additional amendments
1.3	21.07.21	Responsibilities and Duties changed from Health and Safety to Estates and Facilities page 14 Removed duplicate temperature table from page 18 as repetitive
1.4	23.07.21	Page 12- signage on doors and individual risk assessment. Page 15- Role of DiPAC
2	13.03.23	Review of Policy commenced following incident investigation learning – transferred to new policy template

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Anne Scott	Director of Nursing, AHP's and Quality
Michelle Churchard-Smith	Interim Deputy Director of Nursing and Quality
Emma Wallis	Deputy Director of Nursing and Quality
Deanne Rennie	Associate Director of Allied Health Professionals and Quality
Jane Martin	Assistant Director for Nursing & Quality
Wider consultation	Members of Patient safety and Improvement Group
Amanda Hemsley	Head of Infection Prevention and Control
Samantha Roost	Acting Head of Health Safety & Risk
Alison Kirk	Head of Patient Experience and Involvement
Katie Willetts	Senior Nurse, Diana Childrens Community Services

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Patient Safety Improvement Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified. Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this Policy.

LCAT	Leicester Clinical Assessment Tool. The tool used to assess and demonstrate competency in clinical tasks.
PSIG	Patient Safety and Improvement Group
LLR	Leicester, Leicestershire, and Rutland.
eIRF	Electronic Incident Reporting Form
Episode of Care	An episode of care comprises one, or a series of contacts with clinical staff, relating to a care plan arising from an assessment or examination. The episode of care commences when the first intervention identified in the care plan, is delivered and this can occur as an inpatient or community patient. An episode of care ends on the discharge of the patient from trust services.
Mental Capacity Act (2005)	The Mental Capacity Act (2005) is the legal framework for acting and making decisions on behalf of patient who lack the capacity to make decisions for themselves.
Standard Operating Guidance	The standard operating guidance provides evidence-based guidance to support staff carryout a clinical or non- clinical activity consistently, safely, and efficiently.
Circle of support	A group of people who provide care and support to a patient who cannot communicate or advocate their choice – this could include families, friends, staff, other professionals.
Communication Passport	A communication passport gives information about the person's likes, dislikes, how they communicate and how best to communicate with them.
Thermostatic Mixer Valve (TMV's)	A device which will automatically mix cold into hot water supply at point of use to bring the temperature down to usable levels

2.0. Purpose and Introduction

The purpose of this policy is to set out the organisational arrangements for the safe management for bathing and showering inpatient and community patient. The arrangements consider national health and safety legislation and guidance and learning from national and trust serious incidents. It provides assurance that safe operating procedures are in place to prevent the risk of injury or significant harm to patient from scalding, slips, trips and falls and drowning.

Leicestershire Partnership NHS Trust (LPT & 'the Trust') has a statutory responsibility to ensure that we have the policies and procedures in place to support all patient to bathe and shower in a safe environment whilst receiving care.

Several Trusts and other public bodies have been prosecuted by the Health & Safety Executive (HSE) for non-compliance with this responsibility, where residents or patient have

either drowned or been scalded, the latter in some cases resulting in death. Scalding of patient is a ‘never event’ as defined in the NHS England, Never Events List (2021)

The policy excludes:

- Scalds from water being used for purposes other than washing/bathing (e.g., from kettles).

3.0 Policy requirements

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

- HTM 04-01 – Safe water in healthcare premises (2006, updated 2017).
- Health Building Note 00-10 Part C – Sanitary assemblies (2013).
- Health and Safety Executive – Managing the risks from hot water and surfaces in health and social care (2012).
- UKHCA Guidance Controlling scaling risks from bathing and showering.
- Health Technical Memorandum 04-01 Safe water in healthcare premises, Department of Health https://www.gov.uk/government/publications/hot-and-coldwater-supply-storage-and-distribution-systems-for-healthcare-premises
- Health and Social Care Act 2008, 2012
- Health and Safety at Work etc. Act 1974

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

3.1 Trust Temperature Settings - water safety

For all inpatient settings the Health Technical Memorandum (HTM) guidance gives maximum set hot water temperatures for a range of applications, e.g., 43ºC for unassisted bath fills, 43ºC 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 patient is considered vulnerable to scalding, thermostatic mixing valves (TMVs) should be used to control hot water temperatures.

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

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

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

The Estates Department will ensure that all TMVs installed are maintained planned preventative maintenance (PPM) - 6 monthly monitor, service and failsafe check; annually clean, descale and disinfection undertaken. All ‘full immersion’ equipment used by patient and visitors (baths and showers) has been fitted with TMV3 in inpatient areas.

3.2 ‘Safe’ hot water temperatures

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

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

Temperature recording: the temperature needs to be checked with a suitable and sufficiently calibrated thermometer and recorded in the patient’s records.

Figure 1 – maximum hot water temperatures

Type	Temperature / ºC
Bidet	38ºC
Shower Infant/child (1 Month-12 Yrs.): 12 years +	 37oC 41ºC
Washbasin (running water)	41ºC
Bath (unassisted and assisted) Infant/child (1 Month-12 Yrs.): 12 years +	 37oC 43ºC

3.3 Reducing the risk of scalding

In the Trust, thermostatic mixer valves are in place within patient accessible areas of inpatient wards/units, 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).

Where thermostatic mixer valves are not installed in non-patient areas within inpatient wards/units, a warning sign stating ‘CAUTION HOT WATER’ is displayed adjacent to the hot water tap. They must be legible and in good condition. Thermostatic valves are checked 6 monthly to ensure their operating effectiveness.

Records of these checks must be maintained by team leads/ matrons and available for inspection within the Estates Department and overseen by Estates and Facilities through the Water Management Group.

If a hot water outlet is found to be above 43ºC in inpatient areas, this must be reported immediately to the Estates Department and all staff in that area must be informed. The bath/washing facility must not be used and a warning notice to this effect must be displayed prominently on the bath.

In a patient own home/community setting water is to be checked using a using DPEK Health Care Floating Thermometer C-111 and not higher than temperatures outlined in figure 1

4.0 Factors to consider when deciding how patient will access baths or showers.

4.1 Patient/ service user assessment

Patient using baths or showers in hospital settings, or their own home must have a risk assessment for the activity. This must include the assessment for independent bathing and risks ie Epilepsy

Patient who are assessed as being able to independently use the bath or shower in a hospital should be shown the bathroom and how to use the bath/ shower and aides they may require, this should be detailed in a care plan and recorded in their electronic patient record.

The following patient/ service users who have additional or complex needs, require a more detailed risk assessment to ensure their safety whilst using a bath or shower both in hospital and in their own home/ community setting:

- People who cannot communicate their needs, pleasure or pain whilst bathing or showering.
- People who have an altered response to pain, or no pain response or cannot regulate their body temperature.
- People for who English is not their first language - measures must be taken to ensure they understand the risk through interpreter or provision of information in their first language.
- Older people or/ and people with confusion
- People with mobility issues including needing to transfer into a bath by use of a hoist.
- People with sensory issues such as sight and hearing disabilities
- Patients who have equipment in place linked to medical interventions where water may cause complications, for example tracheotomies, ventilator assisted patient.
- Patients who have equipment in place linked to their physical needs where pooling of water may occur, or the patient is not able to remove themselves from the bath or shower.
- People living with mental health illness.
- People living with learning disabilities or Autism.
- People living with epilepsy, seizures, and peripheral neuropathy.
- People with medical conditions including hypotension, syncope, and certain medications.
- People who are receiving post operative care or have damaged skin integrity.
- Babies and children.

A patient may be deemed at risk even if he/she does not fall into the above categories: therefore, consider that **ALL** patients are at risk.

It is important to ensure any patient who cannot communicate verbally that they are in pain or enjoying/ not enjoying a bath or shower has either a communication passport or a description of how the patient communicates pleasure, discomfort and pain in the bathing/ showering care plan provided by their family/ circle of support e.g., in the Diana Service the 'Getting to Know' process will be used to gain this information

A patient's level of risk in relation to bathing and showering needs to be assessed in line with Trust's Policy on Slips, Trips and Falls prevention and Moving and Handling Policy on admission in inpatient services and recorded in their electronic record. In community settings

this should be assessed if it is identified as a health care need on the first assessment visit. This should be reviewed monthly or after any change in needs, incidents.

If all elements of safe bathing/showering process cannot be undertaken in the timescale available either in the community or inpatient areas, this should not be carried out and discussion with patient/family take place i.e., patient safety.

Patient Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following.

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision
- Ability to communicate the decision

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

Otherwise, someone with parental responsibility can consent for them

Communicating the decision:

Where a patient lacks capacity to consent to personal care, and restraint is needed for its administration, this is lawful provided it meets the best interest's requirement together with two extra conditions: it must be necessary to prevent harm to the person and be a proportionate response to the likelihood and seriousness of that harm. Other aspects of the patient's risk assessment and statutory applications i.e., Mental Health Act (MHA) and Deprivation of Liberty (DoLS). If a patient lacks capacity a best interesting meeting with the persons circle of support should take place to confirm bathing or showering is in the persons interests for health or mental wellbeing.

Preferences, wishes, support and needs will be in an agreed care plan that staff will follow and review as needs and wishes change. All patients need to be supported to be as independent as possible.

In family, young people and children's inpatient and community services involvement and communication with the family is vital during the decision making process.

4.2 Environment and Infection Prevention and Control

The bathroom or shower area should be free from clutter with no hazards on floors that could lead to patient or staff slips, trips, or falls.

If any equipment is used to support safe bathing or showering, for example hoists, chairs, moulded cushions, these must be used in accordance with the care plan and staff should be trained in their use, including any impact on the bathing process. All equipment must be in safe working order and maintained. Hoists must have the current LOLER inspection tag displayed.

All equipment should be cleaned in accordance with the manufacturer's guidance or our IPC guidance.

In patient's homes if they use bathmats or bath pillows/ cushions these will need to be thoroughly cleaned with detergent and hot water; and dried using disposable paper towels or a clean towel. The bathmat should be stored in a dry place and regularly inspected. If damage or mould develops, advise that this needs to be disposed of and replaced.

All staff supporting patient in the community or in inpatient settings must adhere to the Trust's Infection Prevention and Control Policy and wear appropriate PPE for supporting with personal care, as a minimum this will include '**single gloves'** and aprons. Any changes to the level of PPE required (i.e., due to infection risks) must be reviewed to identify any new risks that may occur due to this change on a weekly basis or when their condition changes. This must be discussed with the Infection Prevention and Control Team.

Staff should follow the policy for cleaning and decontamination including the level of PPE when cleaning bathmats and cushions, such as apron and gloves.

Gloves must not be worn for checking the temperature of water when bathing or showering.

5. Process for bathing and showering

Patient's dignity and privacy should be always maintained.

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

Refer to personalised care plan and risk assessment for all patient and this should be reviewed prior to assisting the patient to bath or shower:

- Ensure staffing levels, environment and all equipment is in place to support the activity prior to undertaking.
- Communicate with the family/carer and other members of the Multi-Disciplinary Team (MDT) and staffing team the plan to bath or shower the patient prior to undertaking the

activity. Planning the activity will help if first aid response is required and will support staff confidence in the event of an accident/ incident.

- All bath and shower facilities must, where possible, have non-slip surfaces. The Trust does not use bathmats in inpatient areas due to the inherent infection control risks.
- Where available use of vacant/engaged signage on the door determined by individual risk assessment in the inpatient environment in place of locks.
- Ensure the floor space around the bath/ shower remains clear and dry.

Ensure you have everything to hand before entering the bathroom. Have two extra towels to support the individual in the event of an accident- the first to support the head, the second to cover and protect dignity of patient.

In patient own home/ community settings ensure a charged phone is safely available in the bathroom to access 999 in emergency.

Assisted Bathing:

Guidance for if a bath is chosen (or if there is no shower):

- For patient with a current history of epilepsy or seizures, or have medical devices in situ, for example tracheostomies, and all babies and children, staff must be always present. For all ages of patient with mental health issues or learning disability, supervision may be required using level 3/4 Supportive Observation and Engagement of Inpatient Policy
- Adequate supervision and assistance must be always provided in adherence to patient's risk assessment and care plan.
- Run a shallow bath - <u>turning the cold water on first</u> before adding the hot water and before the person enters the bath.
- Ensure the checking water temperature process is followed.
- Always <u>CHECK WITH A BATH THERMOMETER</u> using DPEK Health Care Floating Thermometer C-111, before the person is immersed in the water in more than one area of the bath in case of hotspots i.e., tap end, middle and top of bath. The temperature must not exceed 43 degrees. The temperature check is to be recorded in the patient record. Gloves are <u>NOT TO BE WORN</u> when checking water temperature.
- Ensure that bathing aids that may hold water do not have any hotspots.
- Ensure that the BATHING WATER DOES NOT EXCEED THE MAXIMUM TEMPERATURE specified before the person is immersed (put in bath)
- Ensure risk assessments are in place for all equipment, for example, hoists, bath seats.
- For areas that have Jacuzzi baths please refer to the local cleaning procedure and ensure in the community the family/ carers are aware of the requirement to keep it clean.
- Any additional necessary equipment should be provided as part of a full assessment by an occupational therapist with a clear care plan in place for their use.
- Ensure any mechanical baths and all equipment has been serviced in line with manufacturers and LPT's recommendations. Have everything to hand for patient's personal care before bath.
- Remember that products like bubble bath or oil make baths slippery.
- Carers MUST NEVER LEAVE a patient alone, even to get a towel.

Unassisted bathing:

- Ensure a full and up to date mobility and falls risk assessment has been undertaken, documented, and shared for the individual.
- Confirm patient has capacity to bathe/ shower without full assistance and individualised care plan reflects this.
- Have everything to hand for patient's personal care before bath.
- Staff are still required to check the temperature of the water using a DPEK Health Care Floating Thermometer C-111, The temperature must not exceed 43 degrees.
  The temperature check is to be recorded in the patient record.
- Gloves are NOT TO BE WORN when checking water.
- Ensure that access to emergency aid is available.

- If staff are not in the bathroom, they will undertake therapeutic observations as per care plan.
- Remember that products like bubble bath or oil make baths slippery.
- Be vigilant and in the event of an emergency and follow the plan.
- All patient, when either bathing or showering must be risk assessed for access to a call bell or push-button alarm, and its use explained to the patient.

Showering:

Patient's dignity and privacy should be always maintained.
Refer to personalised care plan and risk assessment for all patient which should be reviewed prior to assisting the patient to bath or shower:

- Ensure staffing levels, environment and all equipment is in place to support the activity prior to undertaking.
- Communicate with the family, other members of the Multi-Disciplinary Team (MDT) and staffing team the plan to bath or shower patient prior to undertaking the activity. Planning the activity will help if first aid response is required and will support staff confidence in the event of an accident/ incident.
- Ensure a charged phone is safely available in the bathroom to access 999 in emergency in patient's own home.
- Ensure you have everything to hand before entering the bathroom. Have two extra towels to support the individual in the event of an accident- the first to support the head, the second to cover and protect dignity of patient.
- If staff are not in the bathroom/shower room, they will undertake therapeutic observations as per care plan.
- All bath and shower facilities must, where possible, have non-slip surfaces. The Trust does not use bathmats in inpatient areas due to the inherent infection control risks. Where available use of vacant/engaged signage on the door determined by individual risk assessment in inpatient environment in place of locks.
- Ensure the floor space around the bath/ shower remains clear and dry.
- Remember that shower products may make the floor more slippery.
- Thermostatic valves are in place within patient areas of our inpatient health care settings (not patient's home).

- In patient's home/community settings

- Turn on the water, using a controlled mixture of hot and cold.
- After 60 seconds of run time, check the water temperature by immersing the inside of the bare forearm in the water stream for at least five (5) seconds. Water temperature should feel comfortably warm but not hot.
- Measure the water temperature with the bath thermometer provided (DPEK Health Care Floating Thermometer C-111) while water is running until the temperature reading is steady and at the appropriate level (must not exceed 41ºC). If there are 2 carers present both to note the temperature of the water and agree to continue.
- Immediately prior to patient and water contact, immerse the inside of forearm again and hold in the water for at least five (5) seconds. Water temperature should feel comfortably warm but not hot.

Having a shower can be safer than having a bath. However, it does not eliminate all risk of injury. Consider the following:

- Keep drainage free from debris and running freely.
- Level access showers provide easier access by reducing the number of hard surfaces to fall against, for example, the side of a bath. It also allows the water to flow away and not build up as in a shower tray.
- A shower curtain, rather than a screen or door, makes it easier to reach someone quickly and prevents the risk of injury.
- A fitted seat with protective covering or a padded shower chair may help reduce injury as the distance to fall is reduced.

6. Training

In **inpatient** staff who will be supporting bathing or showering must receive training as part of their local induction in the process of showering and bathing patient 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.

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 Infrequently Used Water Outlets Procedures.

In the **community** it is the responsibility of the Clinical Team Leaders and Operational Team Leaders to undertake a **Training need analysis** of all staff who may be involved in bathing/ showering patient regarding:

- Measuring safe temperature recording of bath/ shower water in addition to individual patient's risk assessment. This will be done during the patient's initial assessment and when a staff member is new to the organisation and assessment undertaken using an LCAT (appendix 1).
- Ensuring all staff undertakes Moving and Handling training Level 2 as part of LPT mandatory training.

- Training on the use of moving and handling principles and use of appropriate manual handling equipment as part of the Trust moving and handling level 2 training.
- Have knowledge of basic first aid in relation to scalding/burns

In all areas records of this training must be retained on ULearn system. Compliance to be monitored by the Clinical Team Leaders and Operational Team Leaders.

6.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Lead Director

Executive Director of Nursing/AHP's & Quality also the Executive Director of Infection Prevention and Control (DIPaC)

Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework into Trust Board that the trust has a robust, effective, and proactive infection prevention and control strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code.

Director for Estates and Facilities

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 new or refurbished premises and will monitor their upkeep to ensure ongoing control.
- Will have ownership and oversight of the Water Safety policy.
- Ensuring compliance within the requirements of the Water Management Plan & HTM.
- Ensuring that water quality and temperature monitoring is carried out as required to ensure safety. (Please refer to The Water Safety Policy).

Directors, Heads of Service, Senior Managers, Matrons and Team Leads

Are responsible for:

- Ensuring all clinical staff are aware of the policy and have the appropriate equipment available as detailed in the policy.
- Ensuring that effective systems are in place to support appropriate risk assessment and care planning to manage those patients at risk as far as is reasonably practicable.
- The Charge Nurse, Matron as part of their ward rounds other inspections, must monitor that the pre bathing and shower written and recorded temperature checks

have been undertaken and are recorded via the plan of care or other patient/service user care plans
- Ensure inpatient and community staff have access to DPEK Health Care Floating Thermometer C-111 to support with safe temperature water monitoring.

Responsibility of Clinical 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 patient.
- Ensuring any issues identified with bathing and showering is reported immediately.
- Ensuring any associated incidents related to safe care are raised through the Trust incident reporting system.
- Ensuring on-going environmental checks are undertaken to minimise hazards that increase falls risk e.g., suitable levels of lighting, obstacles, wet floors etc.
- Communicate the findings of risk assessment, and any associated procedures, to ensure that all staff, including night, temporary and other staff involved in patient's/service user's care, are fully aware of the process/checks in place to eliminate or minimise the risk from scalding and burning.
- Ensure that care delivery in relation to bathing and showering is delivered as directed by the patient's care plan.
- Not to deviate from this guidance without prior discussion with Matron/ Team Leader and recording the rationale for this in patient' records.
- Staff not involved in assisting with bathing/showering MUST respond immediately to any alarm during bathing/ showering and treat it as a potential emergency.
- Ensuring correct use and wearing of PPE

Registered Nurses, Registered Nursing Associates and Associate Practitioners will have additional responsibility in completing manual handling, reasonable adjustments and falls risk assessments and associated care plans to reflect patient' risk and care requirements with regards to bathing and showering.

7.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
5.1	For Community staff - Measuring safe temperature recording of bath/ shower water, evidenced by a completed LCAT assessment.	Review of staff assessment records.	Matron/ Team Leader.	Quarterly

5.2	All identified clinical staff have completed Moving and Handling training Level 2.	Training status reports reviewed in within the Directorate for compliance.	Matron/ Team Leader.	Monthly
Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
5.3	Monitoring the patient risk assessment/ care plans for inpatient through AMAT monthly Collaborative care planning audit	AMAT	Matron/Team Leader	Monthly
5.4	Review of patient risk assessment and care plans in community in clinical supervision	Clinical supervision	Matron/Team Leader	Monthly
5.5	TMVs serviced	Review of PPMs	Trust Water Safety Group/IPC Group	6 monthly

8.0 References and Bibliography

The policy was drafted with reference to the following:

- Chartered Institute of Plumbing and Heating Engineers state that The Department of Health recommends the temperature for bathing should be no higher than 43°C and showering at no higher than 41°C. For babies, the temperature should be no higher than 37°C. When running a bath always put the cold water in first and then bring it up to the required temperature.

- Mental Capacity Act 2005 and Code of Practice

- The Care Act 2014
- LPT Hand Hygiene Policy, including bare below the elbows. 18/06/2019.
- LPT Personal Protective Equipment (PPE) for use in health Care.
- LPT Water Management policy, 2019.

- Health and Safety at Work Act 1974

- Health and Safety Executive, (2019), Managing the risk from hot water and surfaces in health and social care.

- United Kingdom Home Care Association (UKHCA), (2012), Controlling Scalding Risks from Bathing and Showering.

- HSE Information Sheet Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers (HSIS1)

Appendix 1 LCAT Assessment for Community Staff

The Leicester Clinical Procedure Assessment Tool: Gold Standard Assessors

Recording Form.

Candidate's Name:	Date:
Skill assessed - Bathing or showering using a water thermometer. (HCSW, Specialist Practitioners and Nursing Associates).	

Competence Category	Gold Standard	Positive Features	Opportunities For Improvement (Omissions)	Performance level or score
Communication and working with the patient and/or carer.	Introduction to patient (and carer). Consent gained. Explain reason for visit, what is happening and why. Communication demonstrated throughout complete procedure. Give reassurance. Follow on planning.			

Safety	Identification of patient. Read evaluation of previous visits (care plans S1) Risk assessments completed to comply with local policy. Moving and handling guidance is followed according to patient plan of care. Leaves area safe.			
Infection prevention	Adhere to Hand Hygiene Policy Adhere to Personal Protective Equipment for Use in Healthcare Policy. Adhere to Waste Management Policy.			

Procedural competence	Assess patient for procedure. Aware of guideline/ policy for procedure. Correct equipment is gathered prior to starting the task. All patients should be bathed in the following way: • Adequate supervision and assistance must be provided whilst they are bathing / showering in accordance with the risk assessment completed by the Named Registered Nurse. This needs to be transferred to the patient's care plan.			

	• Where bathing is assisted / supervised carers must have everything ready before the person gets into the bath or shower, so that they need not be left alone: soap, facecloths, towels etc. • **Staff must never patient unattended**, even to get a towel or equipment. • Preparation of the bath / shower and **checking water temperatures** process should be done **with bare hands (no gloves)**. • The carer should start the bath or shower by turning on the **cold water first** before adding hot water. • Ensure that the **bathing water does not exceed the maximum temperatures** specified before the person is immersed. • Always **check with a bath thermometer** before the person is immersed in the water. • Where appropriate use any lifting equipment (hoist) which is available. Always follow the instructions for use provided. • Remember that products like bubble bath or oil make baths slippery; ensure the bath is fitted with a non-slip mat if appropriate. • Be vigilant and in the event of an emergency follow the advice given. All staff undertaking this procedure to adhere to Leicester Partnership Trust Infection Prevention and Control Policy and wear appropriate **personal protective equipment** for supporting with personal care, as a minimum this will include 'single gloves' and aprons. **Maximum water temperature for bathing:** INFANT/CHILD (1 MONTH-12 YRS.): 37°C			

	ADOLESCENT/ADULT (12 YRS. & UP): 43°C **Maximum water temperature for showering: 41 degrees** INFANT/CHILD (1 MONTH-12 YRS.): 37°C ADOLESCENT/ADULT (12 YRS. & UP): 41°C **All LPT staff shall adhere to the following water temperature check process for assisted baths:** **NOTE:** This process should be done with no gloves ensuring hands have been sanitised prior to starting using soap and water / alcohol hand gel products i.e., bare hands up to point 9. 1. ensure the bath is visually clean. 2. turn on cold water first and then the hot water. 3. while the water is running, measure the water temperature with the bath thermometer provided (DPEK Health Care Floating Thermometer C-111) by placing in the tub. 4. fill tub to an appropriate level or as per patient preference. 5. ensure any supportive seats / bathing aids are in situ. 6. turn water off. 7. swirl water with hands to ensure there are no 'hot spots'. 8. measure the water temperature again with the bath thermometer provided by placing in the tub until the temperature reading is steady and at the appropriate level. If there are 2 carers present both to note the temperature of the water and agree to continue. 9. immediately prior to patient and water contact, immerse the inside of forearm and hold in the water for at least five (5) seconds. Water temperature should feel comfortably warm but not hot.			

	10. single pair of gloves should be donned at this point. 11. assist the patient into the bath and begin bathing. 12. confirm with the patient throughout that the temperature is comfortably warm. 13. record the temperature of the bath in the patient care plan. 14. discard the DPEK Health Care Floating Thermometer C-111 as they are single use only. **All LPT staff shall adhere to the following water temperature check process for assisted showers:** **NOTE:** This process should be done with no gloves ensuring hands have been sanitised prior to starting using soap and water / alcohol hand gel products i.e., bare hands up to point 5. 1. ensure the shower is visually clean. 2. turn on the water, using a controlled mixture of hot and cold. 3. after 60 seconds of run time, check the water temperature by immersing the inside of forearm in the water stream for at least five (5) seconds. Water temperature should feel comfortably warm but not hot. 4. measure the water temperature with the bath thermometer provided (DPEK Health Care Floating Thermometer C-111) while water is running until the temperature reading is steady and at the appropriate level. If there are 2 carers present both to note the temperature of the water and agree to continue. 5. immediately prior to Patient and water contact, immerse the inside of forearm again and hold in the water for at least five (5) seconds. Water temperature should feel comfortably warm but not hot. 6. single pair of gloves should be donned at this point.			

	7. if there are 2 carers, only 1 carer to don gloves other carer to remain with bare hands to monitor water temperature throughout shower. 8. assist the Patient into the shower. 9. confirm with the Patient throughout that the temperature is still comfortably warm but not hot by observing the Patient and/or asking for any discomfort add additional cold water if the Patient indicates too hot. 10. be careful not to knock the shower temperature regulator when showering. 11. record the temperature of the shower in the patient care plan. 12. discard the DPEK Health Care Floating Thermometer C-111 as they are single use only.			
Team working	Demonstrates ability to problem solve/trouble shoot. Demonstrates communication channels as needed i.e., with co-ordinator or for further care needed as required. Demonstrates ability to communicate with MDT and experts. Demonstrates knowledge sharing.			
Notes on overall performance (e.g., 2 or 3				Overall

strengths/weaknesses			score
Specific strategies for improvement			

Assessors name	Assessors signature	Date

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	
Type of training: (See study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ **Role specific** ☐ Personal development
Directorate to which the training is applicable:	☐ **Mental Health** ☐ **Community Health Services** ☐ Enabling Services ☐ **Families Young People Children / Learning Disability Services** ☐ Hosted Services
Staff groups who require the training:	All staff involved in supporting bathing and showering
Regularity of Update requirement:	On induction
Who is responsible for delivery of this training?	Learning and Development Team Clinical Team Leader/Ward Managers
Have resources been identified?	N/A
Has a training plan been agreed?	N/A
Where will completion of this training be recorded?	☐ **ULearn** ☐ **Other (please specify) –** local induction records, LCAT assessments for community staff
How is this training going to be monitored?	Local management

Appendix 3 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patient, their families, and their carers	
Respond to different needs of different sectors of the population	
Work continuously to improve quality services and to minimise errors	
Support and value its staff	
Work together with others to ensure a seamless service for patient	
Help keep people healthy and work to reduce health inequalities	
Respect the confidentiality of individual patient and provide open access to information about services, treatment, and performance	

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Safe Bathing and Showering
Date Screening commenced	22.05.23
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Jane Martin (Assistant Director of Nursing and Quality)
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: The purpose of this policy is to provide guidance to staff on the safe management of bathing and showering inpatient and community patient in the care of LPT	
OBJECTIVES: To set out the organisational arrangements for the safe management for bathing and showering inpatient and community patient	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	Policy covers all age groups for who the Trust provides services for
Disability	Policy covers patient/ service users who have additional or complex needs, require a more detailed risk assessment to ensure their safety whilst using a bath or shower both in hospital and in their own home/ community setting – specifying what this should include

Gender reassignment	No negative impact
Marriage & Civil Partnership	No negative impact
Pregnancy & Maternity	No negative impact
Race	No negative impact
Religion and Belief	No negative impact
Sex	No negative impact
Sexual Orientation	No negative impact
Other equality groups?	No negative impact

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	**No**
High risk: Complete a full EIA starting click here to proceed to Part B	**Low risk**: Go to Section 4.

Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
This Policy covers all services where the activity of bathing and showering may be supported i.e., community setting and inpatient. It specifies differences for community staff.			
Signed by reviewer/assessor		Date	22.05.23
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	

Appendix 5 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Safe Bathing and Showering Policy	
Completed by:	Jane Martin	
Job title	Assistant Director Nursing and Quality	**Date** 22.05.23

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information more than what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information more than what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.	
Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust