

Safe Bathing and Showering Policy

The purpose of this policy is to provide pragmatic guidance relating to the safe management of bathing and showering inpatients and community patients in the care of LPT

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
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

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LPT Patient Safety Team:

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 takes into account 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.

Due Regard

Leicestershire Partnership NHS Trust has a legal requirement under the Equality Act 2010 to have “due regard” to eliminate discrimination. It is necessary to analysis the consequences of a policy, strategy, function, service or project (referred to as activity) on equality groups in respect of service users, patients and staff.

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. 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 is an inpatient episode, a day case episode, a day patient episode, a haemodialysis patient episode, an outpatient episode or an Allied Health Profession episode. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge
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<p>Mental Capacity Act (2005)</p>	<p>The Mental Capacity Act (2005) is the legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.</p>
<p>Standard Operating Guidance</p>	<p>The standard operating guidance provides evidence based guidance to individual services within FYPC and LD services for clinical and non- clinical staff</p>

1.0 Purpose of the Policy

- To set out the organisational arrangements for the safe management for bathing and showering inpatients and community patients. The arrangements provide assurance that safe operating procedures are in place to prevent the risk of injury or significant harm to patients from:
_Scalding
- Slips, trips and falls.
- Drowning

2.0 Summary and scope of policy

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.

3.0 Introduction

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 patients to bathe and shower in a safe environment whilst receiving care.

A number of Trusts and other public bodies have been prosecuted by the Health & Safety Executive (HSE) for non-compliance with this responsibility, where residents or patients have either drowned or been scalded, the latter in some cases resulting in death. Scalding of patients is a never event: [https://www.england.nhs.uk/wp-content/uploads/2020/11/2018-Never-Events-List-updated-February-2021.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/11/2018-Never-Events-List-<u>updated</u>-February-2021.pdf)

- Scalding of patients
- Patient scalded by water used for washing/bathing.

Excludes:

- Scalds from water being used for purposes other than washing/bathing (eg from kettles).
- Setting: All settings providing NHS-funded care.

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).
- Health and Safety Executive – Scalding and burning (2012).

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 <https://www.gov.uk/government/publications/hot-and-cold-water-supply-storage-and-distribution-systems-for-healthcare-premises>
- Health and Social Care Act 2008, 2012
- Health and Safety at Work etc. Act 1974
- And other legislation as required.

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

Background – technical Hot Water Temperatures

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

Thermostatic Mixing Valves (TMV)

Thermostatic Mixing Valves 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 patients are 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 and operation checked yearly.

All ‘full immersion’ equipment used by patients and visitors (baths and showers) has been fitted with TMV3.

‘Safe’ hot water temperatures

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

The severity of scalding depends upon the 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 patients, residents, visitors, and staff in healthcare premises are (Figure 1).

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

Type	Temperature / °C
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Bidet	38°C
Shower- (community/ patient's own home)	41°C
Washbasin (running water)	41°C
Bath (unassisted)	43°C
Bath (assisted)	43°C

Reducing the risk of Scalding

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).

Where there are not 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 by team leads/ matrons and available for inspection within the Estates Department and overseen by Estates and Facilities.

Although thermostatic valves are in place in hospital settings (not patient's home), it remains the 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 not exceed 43°C in both the hospital setting and patient's home.

If hot water tap is found to be above 43°C in inpatient areas, this must be reported immediately to the Estates Department and all nurses in that area must be informed. The bath must not be used and a warning notice to this effect must be displayed prominently on the bath.

Showering Temperature

Although thermostatic valves are in place inpatient health care settings (not patient's home), it is a nursing responsibility to ensure that the water is at a safe temperature before patient showers. This must be done with the elbow or forearm and the temperature must not exceed 41°C.

All staff members are responsible for:

- Ensuring that this policy and all related Trust Policies are followed (IPC, Moving and Handling, Slips, Trips and Falls), 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/ showering 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.
- All registered staff 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.

Standards and Practice

Whilst in the bathroom or shower (home and hospital), patients are at risk from:

- Scalding
- Slips, trips and falls
- Drowning

High risk category patients include the following:

- Older people
- Those living with epilepsy, seizures and peripheral neuropathy
- Patients with confusion
- Other medical conditions including hypotension, syncope and certain medications
- Integrity of the patient's skin and the temperature feeling hotter to those with delicate skin
- Post-operative patients
- Patients living with mental health illness
- Patients living with learning disabilities
- 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.

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

A patient's level of risk in relation to bathing and showering needs to be assessed on admission in their nursing admission documentation. 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.

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

In line with Trust's Policy on Slips, Trips and Falls prevention and Moving and Handling Policy patient risks assessments must be fully documented on admission,

weekly or when their condition changes.

4.0. 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 as long as 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

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).

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.

5.0 Process

Patient's dignity and privacy should be always maintained.

Refer to personalised care plan and risk assessment for all patients and review 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
- To communicate with other members of the Multi-Disciplinary Team (MDT) or team 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 head, the second to cover and protect dignity of patient.
 - All bath and shower facilities must, where possible, have non-slip surfaces. The Trust does not use bath mats due to the inherent infection control risks.

- Where available use of vacant/engaged signage on the door determined by individual risk assessment and inpatient environment in place of locks.
- Ensure the floor space around the bath/ shower remains clear and dry.

Assisted Bathing:

- If a bath is chosen (or if there is no shower):
- For patients with a current history of epilepsy or seizures staff must be always present. For MHSOP, DMH, LD inpatients, supervision must be always given under level 4 therapeutic observations. (See separate guidance/policy for supporting these patients)
- Adequate supervision and assistance must be always provided in adherence to patient's risk assessment and care plan.
- Run a shallow bath - **turning the cold water on first** before adding the hot and before the person enters the bath.
- Ensure the checking water temperature process is followed
- Always **CHECK WITH A BATH THERMOMETER** 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. Gloves are **NOT TO BE WORN** when checking water
- Ensure that the **BATHING WATER DOES NOT EXCEED THE MAXIMUM TEMPERATURES** 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
- 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 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; ensure the bath is fitted with a non-slip mat if appropriate.
- Carers **MUST NEVER LEAVE** vulnerable adult 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.
- Where possible allow the patient to test the water themselves prior to entering the bath.
- 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. 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 should be positioned outside the bathroom door listening and/or talking to the individual whilst bathing/showering.
- 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 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

Showering:

Having a shower can be safer than having a bath. However, it does not totally eliminate all risk of injury and possible fatality. 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 like 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.
- Have everything to hand for patient's personal care before shower
- 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.
- **CARERS MUST NEVER LEAVE VULNERABLE ADULT UNATTENDED**, even to get a towel.
- 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

Infection Control

After each use, if bath mats are used within the home environment these will need to be thoroughly cleaned with detergent and hot water; and dried using disposable paper towels or clean towel. The bath mat should be stored in a dry place and regularly inspected. If damage or mould develops, advise that this needs to be disposed off and replaced.

After each use, if bath cushions are used, they must be cleaned with detergent and hot water. After cleaning, they must be dried using disposable paper towels or a clean towel and stored in a dry place. Advise patient/carer that bath pillows (if used) will need to be disposed of and replaced if damaged or mould develops.

Staff are recommended to wear appropriate personal protective equipment (PPE) when cleaning bath mats and cushions, such as apron and gloves and adhere to LPT Infection Prevention and Control guidance. Double gloves are not to be worn.

All staff undertaking this procedure to 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 – Covid-19) must be reviewed to identify any new risks that may occur due to this change.

6.0 Duties, roles and responsibilities within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies

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.

Executive Director of Nursing/AHP's & Quality

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 through local directorate quality & safety groups and the Trust-wide Falls Steering Group.

Director for Estates and Facilities

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. Ownership and oversight of the Water Safety policy. Ensure 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). Ensure compliance within the requirements of the Water Management Plan & HTM.

Managers and Team leaders are responsible for:

- 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 (Ulysses) 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 with their area (Please refer to Water Safety Policy)
- Oversight of signage 'Caution very hot water' and displaying signage
- Any hazards/ concerns will be identified through the H&S Inspection and advice given to rectify.

Responsibility of Staff

Water Safety Group –hospital based

is responsible for:

- Ensuring that the safe water policy is reviewed, updated, and approved.
- Assuring the Trust that an appropriate policy is in place.

Seeking assurance from members of the group representatives that the policy has been implemented.**Role of DiPAC & IPC Committee**

The Executive Director of Infection Prevention and Control (DiPaC) provides assurance through the Trusts'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.

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 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.

- To undertake competencies and training as required and maintain that competency. Comply with guidance outlined in this document.
- Not to deviate from this guidance without prior discussion with Team Leader and recording in patients' records Nursing staff **MUST** respond immediately to any alarm during bathing/showering and treat it as a potential emergency.

7.0 Training

All nursing 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.

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.

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 patients 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).
- Ensure all staff undertakes Moving and Handling training Level 2 as part of LPT mandatory training.
- Staff will receive 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.

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

Dissemination and Implementation

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.

8.0 Monitoring compliance and effectiveness

Element to be monitored	Training of staff and any incidents
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Lead	IPC group & Water Management Group and feed into the Patient Safety Group.
Tool	<ul style="list-style-type: none"> • Incident Reporting System • Estates temperature monitoring data • Local induction checklist
Frequency	Twice yearly
Reporting arrangements	The IPC Committee will receive reports on Safe Bathing as part of the Directorate six monthly reports to the committee
Acting on recommendations and Lead(s)	Recommendations from IPC, Patient Safety Group and Water Management Group will be fed back to the Directorates through their representatives attending the meetings.
Change in practice and lessons to be shared	This should be made through the Management Boards and then cascaded to wards and departments to be details the weekly Safety Briefings.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
5.0	Measuring safe temperature recording of bath/shower water	LCAT assessments completed	Regular checks made to ensure all training requirements up to date for staff	Nurse/ AHP Lead Clinical and Operational Team Leaders.	quarterly
5.0	Moving and Handling training Level 2	U Learn reminders	Training status from U Learn monitored and flagged monthly in service	Nurse/ AHP Lead. Operational Team Leaders	monthly
5.0	Consultation 'handover' has taken place with team members/carers	Checks made in service	Regular checks made during monthly caseload reviews and during observation visits by	Registered Nurses/AHP, monitored by Clinical and Operational Team Leaders	quarterly

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
			Registered Nurses/ AHP		

9.0. 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

Mental Capacity Act Code of Practice

The Care Act 2014

LPT Hand Hygiene Policy, including bare below the elbows. 18/06/2019.

<https://www.leicspart.nhs.uk/wp-content/uploads/2020/04/Hand-Hygiene-Policy-inc-bare-below-the-elbows-exp-Mar-22.pdf> (accessed July 2021)

LPT Personal Protective Equipment (PPE) for use in health Care.

<https://www.leicspart.nhs.uk/wp-content/uploads/2021/05/Personal-Protective-Equipment-for-Use-in-Healthcare-Policy-exp-Aug-21.pdf> (accessed July 2021)

LPT Water Management policy, 2019. <https://www.leicspart.nhs.uk/wp-content/uploads/2020/04/Water-Management-Policy-exp-Mar-22.pdf> (accessed July 2021)

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.

Scalding of patients

Patient scalded by water used for washing/bathing.

Excludes:

- scalds from water being used for purposes other than washing/bathing (eg from kettles).

UKHCA guidance Controlling scalding risks from bathing and showering

www.ukhca.co.uk/downloads.aspx?id=286

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

www.hse.gov.uk/pubns/hsis1.pdf

Appendix 1: LCAT Assessment

Appendix 1

The Leicester Clinical procedure Assessment Tool: Gold Standard Assessors

Recording Form.

Candidate's Name:	Date:
Skill assessed - Bathing or showering using a water thermometer. (HCW and NA).	
Date:	

Competence Category	Gold Standard	Positive Features	Opportunities For Improvement (Omissions)	Performance level or score
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<p>Communication and working with the patient and/or carer</p>	<p>Introduction to Adult (and carer).</p> <p>Consent gained.</p> <p>Explain reason for visit, what is happening and why.</p> <p>Communication demonstrated throughout complete procedure.</p> <p>Give reassurance.</p> <p>Follow on planning</p>			
<p>Safety</p>	<p>Identification of adult.</p> <p>Read evaluation of previous visits (care plans S1)</p> <p>Risk assessments completed to comply with local policy.</p> <p>Moving and handling guidance is followed according to patients plan of care.</p> <p>Leaves area safe.</p>			
<p>Infection prevention</p>	<p>Adhere to Hand Hygiene Policy</p> <p>Adhere to Personal Protective Equipment for Use In Healthcare Policy.</p>			

	Adhere to Waste Management Policy.			
Procedural competence	<p>Assess adult for procedure.</p> <p>Aware of guideline/ policy for procedure.</p> <p>Correct equipment is gathered prior to starting the task.</p> <p>All adults should be bathed in the following way:</p> <ul style="list-style-type: none"> • 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 vulnerable adults 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 			

	<p>person is immersed.</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p style="text-align: center;">Maximum water temperature for bathing</p> <p style="text-align: center;">adult: 43°c</p> <p style="text-align: center;">Maximum water temperature for showering</p> <p style="text-align: center;">adult: 41°c</p>			
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	<p>All LPT staff shall adhere to the following water temperature check process for assisted baths:</p> <p>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.</p> <ol style="list-style-type: none"> 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 			
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	<p>10. single pair of gloves should be donned at this point.</p> <p>11. assist the adult into the bath and begin bathing.</p> <p>12. confirm with the adult throughout that the temperature is comfortably warm.</p> <p>13. record the temperature of the bath in the patient record ()</p> <p>14. discard the DPEK Health Care Floating Thermometer C-111 as they are single use only!</p> <p>All LPT staff shall adhere to the following water temperature check process for assisted showers:</p> <p>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.</p> <ol style="list-style-type: none"> 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 			
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	<p>continue.</p> <ol style="list-style-type: none"> 5. immediately prior to adult 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 adult into the shower 9. confirm with the adult throughout that the temperature is still comfortably warm but not hot by observing the adult and/or asking for any discomfort add additional cold water if the adult 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 record (Systmone) 12. discard the DPEK Health Care Floating Thermometer C-111 as they are single use only! <p>Documentation</p>			
Team working	<p>Demonstrates ability to problem solve/trouble shoot.</p> <p>Demonstrates communication channels as needed i.e., with co-ordinator or for further care needed as required.</p> <p>Demonstrates ability to communicate with MDT and</p>			

	experts. Demonstrates knowledge sharing.			
Notes on overall performance (e.g. 2 or 3 strengths/weaknesses)				Overall score
Specific strategies for improvement				

Assessors name	Assessors signature	Date

Training Needs Analysis

Training topic:	Bathing, showering and washing adults
Type of training: (see study leave policy)	Mandatory (must be on mandatory training register) Role specific Personal development
Directorate (s) to which the training is applicable:	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	All staff providing bathing or showering to adults in Leicestershire Partnership Trust
Regularity of Update requirement:	3 yearly
Who is responsible for delivery of this training?	Registered Nurses within the Service alongside Team Leads.
Have resources been identified?	LCAT assessments and Thermometers.
Has a training plan been agreed?	LCAT assessments approved as part of Policy. All aspects of LCAT need to be included in any training.
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn- held on personal training file
How is this training going to be monitored?	Team Leaders as part of ongoing monitoring of training compliance.

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

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Louise Evans	Deputy Head of Nursing and Quality FYPC/LD
Sarah Latham	Deputy Head of Nursing and Quality CHS
Jane Martin	Deputy Head of Nursing and Quality DMH
Katie Willetts	Modern Matron Diana Team
Emma Wallis	Associate Director of Nursing and Professional Practice

Circulated to the following individuals for comment

Name	Designation
Tracy Ward & Patient Safety Improvement Group	Head of Patient Safety LPT
Bernadette Keavney	Head of Trust Health & Safety Compliance
Amanda Hemsley	Head of Infection Prevention and Control
Kerry Palmer	Medical Devices Asset Manager
Clare Pope	Matron for Adult Learning Disabilities Inpatients
Steph O'Connell	CHS Lead Therapist
Deanne Rennie	Interim Deputy Director for Nursing, AHPs and Quality
Michelle Churchard Smith	Head of Nursing DMH
Zayad Saumtally	Head of Nursing FYPC/LD

Due Regard Screening Template

Section 1	
Name of activity/proposal	Safe Bathing Policy: New policy for bathing and showering adult inpatients and community patients
Date Screening commenced	16/06/21
Directorate / Service carrying out the assessment	Trust Wide
Name and role of person undertaking this Due Regard (Equality Analysis)	Louise Evans- Deputy Head of Nursing and Quality FYPC/LD
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The purpose of this policy is to provide a safe procedure for bathing and showering adult inpatients and community patients, therefore reducing the risk of injury or significant harm to patients.	
OBJECTIVES: This policy is to provide clear guidance to all staff working in clinical environments to support the safe bathing/ showering of all community and inpatients in the care of LPT.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No Service user: 18 years and over Staff: Staff are employed who are of working age. A key component of the guidelines is the communication between child/young person, parent/carer and professional. The guideline actively promotes equality of opportunity as it seeks to improve decision making and communication to improve outcomes and ensure all children and young people have their needs met.
Disability	Yes - Positive impact on protecting those with a disability from harm. LPT will respond appropriately to all requests for information in alternative formats and ensure that all attempts are made to ensure it is understood. Alternative methods of communication such as signs and symbols or Makaton may be required in order to ensure understanding where there is a disability. All children and young people are treated with sensitivity to meet their needs in accordance with local and national policy. Staff: Physical ability required to fulfil the role.
Gender reassignment	No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service – individual risk assessment would be required. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – persons can be employed in line with Trust Policy.
Marriage & Civil Partnership	No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed

	<p>suitable for the Service. Staff: No negative impact: - persons employed in line with Trust Policy.</p>
Pregnancy & Maternity	<p>No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service – individual risk assessment would be required. Where young people under 18 years are pregnant they will receive care from UHL community midwifery with communication and involvement from LPT Health Visiting services. No pregnant young person will be discharged Staff: No negative impact – Risk assessments completed for pregnant staff in line with Trust Policy.</p>
Race	<p>No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All service users are treated with cultural sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – persons can be employed in line with Trust Policy.</p>
Religion and Belief	<p>No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – All religious beliefs can be accommodated. Dress must be in line with Trust Uniform and Infection Control Policy.</p>
Sex	<p>No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. Staff: No negative impact – male and female staff are employed</p>
Sexual Orientation	<p>No: Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact. Persons employed in line with Trust Policy.</p>
Other equality groups?	No: No concerns identified.

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.

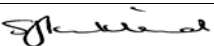
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4

If this proposal is low risk please give evidence or justification for how you

reached this decision:			
Signed by reviewer/assessor		Date	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	<i>T. Ward</i>	Date	17/08/2021

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>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.</p> <p>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.</p>		
Name of Document:	New policy: SAFE BATHING and SHOWERING POLICY	
Completed by:	Louise Evans	
Job title	Deputy Head of Nursing and Quality FYPC/LD	Date: 27.06.21
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 in excess of 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 in excess of 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	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	 Head of Data Privacy	

Date of approval	08/07/21
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Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust