



UKHCA Guidance

Controlling Scalding Risks from Bathing and Showering

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Controlling Scalding Risks from Bathing and Showering

Introduction

This guidance is produced by UKHCA for its members. It is aimed at domiciliary care providers including agencies, other than those acting solely as employment agencies, and is intended as guidance rather than instructions for those providing care.

This guidance covers both bathing and showering, and is particularly concerned with minimising the risks of scalding. Other significant risks, such as drowning or slips and falls should, of course, be identified and controlled, but are not within the scope of this guidance, nor are moving and handling issues.

At the time of writing, we understand that although the Health and Safety Executive (HSE) is aware of some scalding incidents regarding bathing, it has been notified of very few cases arising from showering, but for completeness showering is included in this guidance.

The expectation is that providers will employ the principles outlined in this guidance in their risk assessment and care planning processes. UKHCA does not seek to impose a blanket rule to be employed in all cases. The approach will vary from case to case and according to individual circumstances. For example, some service users need help with aspects of personal care but may not be vulnerable to a scalding injury.

Much of the existing guidance that is available relates to bathing and showering in care homes and hospitals¹. However, what is appropriate in these situations may not work where care is delivered in the home, where there is limited control over the environment or facilities.

¹ See Note 4

The severity of scalding depends upon the temperature of the water and the length of time the skin is exposed to it. For example, a person could be scalded within just ten seconds in water at a temperature of around 54°C; at 66°C this decreases to just one second².

Where a vulnerable person uses a bath at an unsuitable temperature it may be difficult to quickly remove them, cool the water, or drain the water from the bath, resulting in increased risk of injury.

Main Principles

The main principles to follow to control scalding risks when bathing or showering are:

- Assessment of risk on a case by case basis. This will include consideration of individual vulnerability and needs and any risk assessment already provided by the assessing or commissioning bodies.

The assessment will also need to consider the physical environment such as the type of bath taps, including mixer taps, or type of shower to be used. For example, in a gravity-fed shower there may be a danger of the cold water failing or being diverted to other parts of the residence resulting in very hot water being emitted;

- Comprehensive, documented and accessible care plans, backed up by training and instruction for care workers so they are able to understand and comply with the care plans;
- Implementation, monitoring and periodic review of assessments and care plans (see page 5 below);
- Provision of any necessary equipment and training for the workforce on how to use it according to the manufacturer's instructions. (All homecare workers involved in bathing or showering service users should receive training before they assist service users with bathing/showering, or perform checks);

² NHS Estates Health Guidance Note – 'Safe hot water and surface temperatures'

- Written policies and procedures for the care staff, especially for assessing risk and planning and delivering care; and
- Compliance with the Mental Capacity Act and its Code of Practice in relation to service users' abilities to make decisions about their social care.³

Risk Assessment

In assessing risk of injury, it is important to understand why a service user requires assistance with bathing or showering.

Ultimately assessment should identify those users who require assistance to maintain their safety as opposed to those who merely need physical assistance with normal activities of everyday living.

High water temperatures may pose a scalding risk to certain vulnerable people. Those who are most vulnerable to scalding/burning might include:

- Children
- Elderly people
- Those with reduced mental capacity, for example because of dementia, challenging behaviour, learning difficulties etc and who may lack the ability to indicate pain or recognise a dangerous situation
- Those with reduced mobility and anyone with sensory impairment, or who cannot react appropriately, or quickly enough, to prevent injury.

The HSE has issued guidance⁴ on matters to consider when assessing the specific risk to vulnerable patients, residents and other clients in health and social care premises from hot water temperatures.

³ See **Further Information and Resources** for UKHCA Guidance on the Mental Capacity Act 2005

An extract is provided below and is a useful starting point for assessing vulnerability as part of a risk assessment for homecare services:

- Can the person using the care service get in/out, sit up and/or wash themselves unaided?
- Does the service user have impaired sensitivity to temperature?
- Does the service user have a mental state such that they can recognise a bath or shower that is too hot?
- Is the person using the care service capable of summoning assistance if needed?
- Will any lifting or other aids limit the service user's mobility in the bath/shower?
- Is the service user liable to run a bath/add water when unattended? (This could be a particular issue for those who are confused or with dementia).

A further issue in assessing vulnerability concerns those users who simply elect to bathe in water at a higher temperature either through personal preference or because they are unwilling to comply with protective arrangements made on their behalf.

The risk assessment should consider and determine the appropriate water temperature for the service user taking account of their skin viability, as well as how to control and monitor it. However, the water temperature must not exceed 44°C for bathing or 41°C for showering⁵.

⁴ Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA), Local Authority Circular: Scalding risks from hot water in health and social care, para 13, 14/06/2007, download from: www.hse.gov.uk/lau/lacs/79-5.htm

⁵ See Note 4

The assessment and care package agreement should also consider what adaptive aids may be necessary for safe bathing. This might include the fitting of thermostatic mixing valves, or fitting a shower thermometer between the shower head and supply hose. These should be agreed with the service user or their representative, following suitable advice from an occupational therapist or similar professional where necessary.

Funding for adaptive aids may be available through the local authority. The supply of adaptive aids would not normally form part of a domiciliary care contract.

Care Planning

The user's care plan should clearly indicate any vulnerability of the service user in relation to scalding risks and steps which should be employed to limit them. The steps to the care planning process are broadly assess, plan, implement and evaluate.

The plan should include the service user's preferences, so far as they can be accommodated safely, and any steps to be taken if it becomes impossible to deliver care according to the plan.

A care plan is, however, only effective where care workers read the plan regularly and act accordingly. Employers should satisfy themselves that this practice is embedded within their organisation.

An alert system should also be included to ensure that any changes to the care plan are clearly identified when they are made and notified to the care workers.

The care plan should describe a safe system of work according to the user's circumstances.

The sequence of events for bathing should be described for the homecare workers to follow. For example:

1. Check the bathing risk assessment. Ascertain what level of support and supervision is needed for the service user, including whether they can be safely left and how to deal with interruptions while bathing. Also check the agreed safe water temperature for the service user (although it should never exceed 44°C).
2. Prepare everything needed for the bath;

3. Run cold water into the bath before adding hot water;
4. Mix the water thoroughly and check the temperature at both ends of the bath using a suitable non-glass thermometer (maximum 44°C for a bath);
5. Help the service user into the bath;
6. **Never add hot water to an occupied bath.**

A further sequence could be outlined for getting out of the bath.

The sequence of events for showering should be described for the homecare workers to follow. For example:

1. Check the risk assessment for showering. Ascertain what level of support and supervision is needed for the service user including whether they can be safely left and how to deal with interruptions while showering. Also check the agreed safe water temperature for the service user (although it should never exceed 41°C);
2. Prepare everything needed for the shower;
3. Run the shower to establish a constant temperature;
4. Check the temperature using an integral or a scoop thermometer (maximum 41°C for a shower). It is important to note that a scoop will only provide an estimate of actual spray temperature from the shower head;
5. Help the service user into the shower
6. Be aware of the potential for sudden water flow and temperature fluctuations even on modern showers. For vulnerable service users constant supervision will be required to ensure a rapid response in the event of any changes.

A further sequence could be outlined for getting out of the shower.

Some degree of compromise may be required with service users on the precise detail of the care plan, to take account their individual wishes, if these can be accommodated safely. The care worker should not make changes to the care plan without input and agreement from their line manager.

A reporting procedure should be in place for prompt reporting of obvious problems with the bathing or showering process, and other safety-related aspects of the facility, e.g. where a desirable temperature cannot be achieved, or where a shower temperature/water flow fluctuates significantly.

The care plan should also document any routine maintenance requirements for temperature regulation equipment and who has responsibility for carrying out the work.

Equipment

With regard to facilities and equipment, the care agency may need to liaise with council or hospital occupational therapists to ensure that a specialist assessment is carried out to determine the correct equipment for bathing and showering, its supply and funding. This would include equipment for safely getting in and out of the bath, temperature measurement and limitation, control and monitoring, etc.

Providers will need to take advice on suitable thermometers for baths and showers. The HSE has commented⁶ that the thermometer should be inherently safe for a bathing environment (not glass), easily cleaned, and able to accurately measure water temperature at different depth gradients.

We understand the immersible variety of thermometer may be more reliable for baths than the float-on type. Taking the temperature of a shower is substantially less reliable than a bath. Bath scoop thermometers may be used in showers to take the temperature of water close to the shower head. There are also shower heads that incorporate a digital thermometer.

⁶ Comments by HSE in August 2009 on earlier draft of this UKHCA bathing and showering guidance.

Whether thermometers are used depends on the vulnerability of the service user and if a risk of scalding/burns exists. Any such risk needs to be managed by ensuring the vulnerable service user is not exposed to a temperature that will cause them harm, based on the NHS research and guidance, the implication being that a thermometer or other such device will be needed to check that the water is at the appropriate temperature and does not exceed the specified limits in these cases.

Further Information and Resources

Reducing scalding risks, in residential and hospital environments

Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA), Local Authority Circular: Scalding risks from hot water in health and social care, 4/06/2007, download from:
www.hse.gov.uk/lau/lacs/79-5.htm

Adaptations in users' homes⁷

Sources of advice on adaptations, including the installation of Thermostatic Mixing Valves or other temperature limiting equipment to plumbing/CH systems:

Local authority and housing associations tenants should go to their landlord.

Those who rent privately or own their own home can take advice from their local home improvement agency, also known as Care and Repair or Staying Put, depending on the area. These have technical experts who can advise and who keep a list of reputable tradespeople. They are a good first port of call for advice on improvements that prevent scalding.

England: Foundations <http://www-foundations-uk-com/home>

Scotland: Care and Repair Forum Scotland
<http://www-careandrepairs-scotland-co-uk/>

Wales: Care and Repair Cymru <http://www-careandrepair-org-uk/>

⁷ Thank you to Foundations for their assistance with sources of advice on adaptations and funding.

Northern Ireland: Fold Group Housing Association
<http://www.foldgroup.co.uk/carestayingput.php>

Funding for adaptations

Users can approach their local authority social service department and community occupational therapy team to see what assistance they can give with home adaptations. Technical advice is essential as the most suitable adaptations will depend on the risk assessment for the individual and on the plumbing in the property. There are different sorts of devices and some are safer than others.

Mental capacity and decision-making

UKHCA Guidance Document: Homecare and the Mental Capacity Act 2005, September 2007. Available to download, with member username and password:

www.ukhca.co.uk/members/pdfs/MCAFactSheet.pdf

Legal advice

UKHCA members are entitled to a limited amount of free telephone legal advice, including health and safety and employment issues, call 020 8288 5291 for referral, with your membership number.

If you have particular needs which make it difficult for you to read this document, please contact 020 8288 5291 or accessibility@ukhca.co.uk and we will try to find a more suitable format for you.

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