



# Prevention of Scalds & Burns

## 1. Background

The risk to vulnerable adults of scalding from hot water and receiving burns from accidental contact with hot surfaces is well known. Both can cause serious injury and in extreme cases, death. To meet the statutory duty under Health & Safety legislation and its corporate objectives, Abbeyfield The Dales (ATD) by using this policy will minimise the risk to its residents, employees, contractors and visitors.

ATD will adopt the following **maximum** temperatures:

- **Bathing:** 43°C (temperatures in excess of 44 °C can scald).
- **Showering & hair dressing spray taps:** 41 °C. This is in line with United Kingdom Homecare Association, HTM 04-01 Guidance for NHS Estates & the Thermostatic Mixing Valve Manufacturers' Association.
- **Hot surfaces** from heaters and pipes in service user/resident areas **must not exceed 43°C** when on full.

## 2. Objectives

Abbeyfield The Dales Ltd. (ATD) is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

The objectives of the policy and associated procedures are not only to raise awareness of the risks of scalding and burning, but to also ensure that bathing and showering in all care settings is carried out in a manner that ensures the safety and well-being of residents and staff.

## 3. Scope

All staff (including bank staff), agency staff and volunteers working within the service.

This policy and associated procedures apply whenever vulnerable adults might be bathed, showered or washed by any staff (including bank staff), agency staff and volunteers working within the service.

It also applies to those responsible for ensuring the equipment and fittings installed in ATD premises meets the required standard and are maintained in good condition, wherever reasonably practicable.

## 4. Policy

### 4.1. Risks

Those at particular risk from scalding and burning include babies, infants, young children, the elderly, those individuals with reduced mental capacity, reduced mobility and anyone with sensory impairment or those who cannot react appropriately or quickly enough to prevent injury.

Considerations should also be given to those who may visit the premises or use hand wash basins in disabled toilets or facilities. Persons who are partially sighted, for example, may not be able to read hot water warning signs.

## **4.2. Safe Systems**

To prevent scalding and contact burns, ATD will ensure that in its managed properties, the following measures are implemented:

- A survey will be undertaken to identify outlets that pose a risk and require safety control;
- Hot water supplied in non-resident/visitor areas which exceeds the safe maximum temperature has a warning label displayed stating “Caution very hot water”;
- Specialist baths will be maintained in safe condition;
- Temperature monitoring will be undertaken at all outlets with Thermostatic mixing valves (TMVs) and Thermostatic mixing taps (TMTs) on a monthly basis to ensure temperatures are within safe limits;
- A survey will be undertaken to identify all risks from hot surfaces to ensure suitable controls; and
- Insulating or guarding hot water pipes, radiators or other hot surfaces will be completed, where they present a risk to vulnerable persons.

Person-centred risk assessments will be undertaken by care staff to identify Service users who may be at risk, to enable appropriate support to be put in place.

This may include:

- Where possible, staff assistance with bathing whilst encouraging independence;
- Restricting access to sources of hot water and any hot surfaces that cannot be protected;
- Installing safety showers with temperature restrictions; and
- Robust monitoring systems to manage risks.

## **4.3. Risk Assessment**

Risk assessments will be undertaken to identify any scalding hazards to Service users associated with baths and showers and burn hazards from hot water pipes, radiators etc.

A general buildings risk assessment will be undertaken to identify the potential hazards within the building and person-centred risk assessments will be linked to the hazards identified.

The risk assessments will detail control measures such as:

- TMVs and TMTs;
- Appropriate thermometers for secondary safety monitoring in case of valve failure;
- Bathing protocols;
- Guards;
- Pipe insulation; and
- Any other controls which are required.

All care home residents will be assessed as part of their care plans.

Risk assessments should be reviewed when:

- There are defects to systems, or changes to the building that could affect the temperature of water delivered at outlets e.g. TMV failure at an outlet is identified.
- Deterioration in the resident’s condition that means their ability to manage the risk may be altered.
- At least annually for buildings.

## **4.4. Roles & Responsibilities**

### **4.4.1. Chief Executive Officer (CEO)**

The CEO is responsible for all strategic aspects relating to ATD properties, including consideration and overall control of risks from hot water and hot surfaces.

Duties include:

- Having in place appropriate and up to date policies and procedures;
- Ensuring services have adequate resources to enable them to fulfil their responsibilities;
- Ensuring suitable management systems are in place to manage risks within the organisation;
- Auditing and monitoring of this policy and its procedures to ensure compliance and best practice; and
- Ensuring appropriate insurances are in place for the protection of employees and non-employees.

### **4.4.2. Head of Care Services (HOC)**

The HOC will be responsible for:

- Ensuring effective systems are in place within their divisions to support appropriate risk assessment and care planning to manage those residents at risk, as far as is reasonably practicable;
- Monitoring application of the policy within their area of responsibility via delegation to Business & Service/ House Managers. Ensuring that all incidents in relation to bathing and showering are fully investigated, and appropriate measures are taken to prevent recurrence;
- Ensuring that action plans developed after serious incidents and root cause analyses are implemented in a timely manner and will have systems in place for reducing the risk;
- Adequate resources are available to services under their responsibility, to ensure compliance with this policy;
- Employees have appropriate instruction, supervision and training to manage risk;
- Policies and procedures are being adhered to at service level;
- All documentation is completed in a timely and accurate fashion; and
- Accidents and incidents are appropriately reported and investigated, and risk assessments reviewed.

Pre-allocation risk assessments are undertaken to establish the precautions needed to protect new Service users from harm before any room vacancy is filled.

### **4.4.3. Director of Operational & Shared Services (DOSS)**

The DOSS will ensure:

- Where it is within ATD's control, suitable engineering controls are in place to ensure water is discharged within safe limits from accessible outlets where there is a potential for whole body immersion; and
- TMVs or TMTs are fitted as required by risk assessment and adjusted to the appropriate temperature.

All TMV/TMT controlled hot water outlet temperatures are monitored on a monthly basis to ensure they remain within safe limits.

### **4.4.4. Quality Manager**

The Quality Manager will ensure:

- Quality management systems are in place to deliver the requirements of this policy and associated procedures;
- Any complaint relating to burns or scalds to residents is handled effectively;
- Notifications to regulators are monitored to ensure compliance; and
- Duty of Candour procedures are in place and are followed where required.

#### **4.4.5. Health & Safety Manager**

The Health & Safety Manager will ensure:

- Management and monitoring systems are in place to prevent burns and scalds;
- Accidents and incidents are recorded, and lessons learnt acted upon;
- Documentation is suitable and sufficient in relation to monitoring;
- Develop and write online legionella training;
- The policy is updated in line with legislation and guidance; and
- Appropriate advice and support is provided to relevant stakeholders.

#### **4.4.6. Housing & Care Services Managers & House Managers**

Housing & Care Services Managers/House Managers will ensure:

- All properties under their area of control are surveyed and where risks are identified, appropriate TMV/TMTs, non-slip surfaces and aids for mobility are fitted;
- The provisions of this policy are implemented in their areas; and
- That individuals are assessed and care plans or “my life plans- social care/occupational therapy team” (as deemed appropriate to the type of home e.g. care, supported, sheltered etc.) maintained so that necessary precautions are taken to prevent injury/harm.

#### **4.4.7. All Managers & Supervisors**

All managers and supervisors who have responsibility for line managing staff involved in bathing/showering are responsible for ensuring these guidelines/procedures are followed.

They are also responsible for informing SMT of any problems associated with implementing these procedures.

#### **4.4.8. All Staff**

- All staff involved in bathing and showering residents will follow any specific instructions outlined in individual care plans.
- Complete any monitoring documentation as required; and
- They will also follow the guidelines set by CQC.

### **4.5. Controls**

#### **4.5.1. Water**

Suitable engineering controls are necessary to ensure that water is prevented from being discharged at greater than safe temperatures from accessible outlets where there is a potential for whole body immersion.

To prevent water temperature from occurring above safe limits due to fluctuations in flow or pressure, installation of TMV Type 3 could provide a suitable control. However, safety testing must ensure that the equipment remains safe at all times.

Where a TMV is not fitted, the bath or shower must be started by turning on the cold water first before adding in hot water.

Secondary monitoring with an appropriate thermometer will always take place as a back-up safety measure prior to full body emersion in a bath or shower used by

persons who are vulnerable. Any new TMV's fitted will have anti-back flow device in them as standard.

#### **4.5.2. Hot Surfaces**

Where radiators, associated pipe work and radiant electric heaters' temperatures present a burn risk e.g. over 43°C, there should be suitable controls in place.

The risk of burns from hot surfaces may be controlled by:

- Providing heat emitters with low surface temperature;
- Locating sources of heat out of reach; and/or
- Guarding the heated areas with covers.

Beds and seating should not be positioned up against hot surfaces.

#### **4.6. Maintenance and Monitoring**

Hot surface and water temperature controls must be adequately maintained to ensure they remain effective.

Patient handling equipment such as slings may be adversely affected by repeated exposure to bath water. Staff using the equipment must check its condition and suitability before each use.

Maintenance schedules must take into account the local water conditions (e.g. hard water, lime scale), manufacturers' instructions and the risk of valve failure.

In the event of recording high temperatures at any outlet indicating a possible TMV failure, this must be recorded in the temperature log and escalated to the line manager and relevant divisional property department for corrective action to be taken.

Employees must be instructed to report any obvious defects and to take facility out of use if deemed necessary, with warning signs displayed.

### **5. Finance, Value for Money & Social Value**

N/A

### **6. Supported Appendices**

APPENDIX 1: Person Centred Risk Assessment Bathing & Showering & Additional Guidance on Risk Assessment of Hot Surfaces

APPENDIX 2 - A Guide to Managing the Risk from Hot Surfaces & Hot Water in Specialised Housing

APPENDIX 3 - Bath & shower water temperature individual records

APPENDIX 4 - ATD Bathing/Shower Assessment Template

APPENDIX 5 - Guidance on carrying out temperature monitoring of bath and shower prior to use

APPENDIX 6 - First Aid for scalds and burns

APPENDIX 7- Hot Surface Risk Assessment

APPENDIX 8 - Abbeyfield The Dales Building Specific SOP for Temperatures

### **7. Linked Policies**

Health & Safety (HSF007)

Legionella Prevention & Control (YH010P)

### **8. Legislation/Regulation**

Health and Safety at Work etc Act 1974 - Section 3

Management of Health and Safety at Work Regulations 1999 – Regulations 3 & 4

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008  
The Health and Social Care Act (Regulated Activities) Regulations 2014  
Water Supply and Water Fittings Regulations 1999

**9. Review**

Every 3 years, subject to any regulatory or legislative updates.

**10. Procedure/Guidance**

N/A

## Appendix 1 - Care Homes: Person Centred Risk Assessment Bathing & Showering & Additional guidance on Risk Assessment of Hot Surfaces

All residents in care homes must be assessed and regularly reassessed as part of their care plan to determine whether they are vulnerable in terms of their ability to manage the risk from hot water and to determine the level of supervision needed to support them.

Staff should consider:

- Is the individual's sensitivity to temperature impaired (would they realise the water was too hot)?
- Can the person read and understand spoken English when given support advice?
- Does any sight deficit mean they will not be able to read warning signs?
- Is the individual capable of summoning assistance if needed?
- Is the person likely to run a bath or shower or add water unattended? This is particularly important for people whose mental capacity is impaired.
- Does the person's mobility mean they are unable to respond safely to hot water or surfaces e.g. can the individual get in/out of the bath/shower or move away from a radiator?
- Can they sit up and wash themselves unaided and are able to make decisions regarding acceptable water temperature?
- Will any lifting aids or medical equipment limit the individual's mobility in the bath or elsewhere?

The results of the bathing and showering assessment must be recorded in the individual's care plan and specify whether the individual requires support to assist them to shower or bathe safely (see **Appendix 4**).

All staff involved in the assistance or supervision of bathing or showering of vulnerable adults must sign the risk assessment to say they have read and understood the instructions.

Once the bath has been drawn, the carer must take the temperature of the water before the Service user gets in, using a thermometer to ensure that this is within safe limits to prevent scalding. This must be carried out even where the hot water has a temperature control system as these are not completely failsafe.

In all care homes the temperature must be recorded using **Appendix 3 – Bath & Shower Water Temperature Individual Record Form**.

Service users who are physically frail or confused **MUST NEVER** be left unattended in the bath or shower. If a service user (with mental capacity to make a decision) expresses a wish for privacy, a risk assessment must be completed and appropriate decisions and actions taken to ensure safety. **Please refer to the Manager of the Service for guidance on the Mental Capacity Act.**

All care plans must contain a completed risk assessment relating to bathing/showering where this is provided and care plans and risk assessments should be reviewed when there are any changes to the Service user's condition.

All equipment to be used must be maintained in good working order and must be checked by staff prior to use.

In addition to these procedures, all carers must comply with ATD's Safeguarding Adults Policy & Procedures and other Good Practices/guidelines i.e.

- Temperature of the room
- Non slip bath mats
- Chairs, hoists etc.
- Suitable bins, bags
- Number of staff required in getting resident in/out of bath
- Preparation of toiletries, towels and suitable clothes to promote dignity and choice during bathing and showering
- Helping dressing/undressing the resident
- When the bathing is finished, empty water from bath before assisting the service user to get out.
- Cleaning the room afterwards
- Recording and reporting any concerns e.g. rashes, bruising & wounds to the manager on duty.

A risk assessment must also be undertaken to determine whether there are potential risks from hot surfaces and how any potential risks will be suitably managed (see **Appendix 7**).

The risk assessment should consider not only the risks within the building but risks to individuals, for example:

- Do furniture fixtures or fittings restrict movement away from a source of heat?
- Does the person have a history of falls which could accidentally bring them in contact with hot surfaces?
- Are there risks associated with the resident's ability to recognise and respond to danger?

## **Appendix 2- A Guide to Managing the Risk from Hot Surfaces & Hot Water in Specialised Housing**

Individuals living in specialised housing may live independently and have the mental capacity to make decisions regarding their bathing/showering temperature needs. However, over time, people's ability to manage risks can change due to increasing age and therefore risk assessments need to remain dynamic.

ATD as the property owner has both legal and moral responsibilities to its residents to prevent burns and scalds. This is done through its design and builds processes and its planned maintenance programme.

### **Heating**

One of the major considerations when specifying radiators for sheltered or social housing is the vulnerability of residents to burning themselves on hot surfaces such as radiators and associated pipe work.

ATD has a Duty of Care to ensure that such risks are identified by a risk assessment and that suitable measures are taken to reduce or negate the risk. The surface temperature of a conventional radiator would typically be around 75°C, which can cause serious burns from just a few seconds contact.

People who are particularly vulnerable to such burns include elderly people and the very young, people with mental illness, people with reduced sensitivity to temperature and those who cannot react quickly enough to prevent injury when they touch a hot surface.

Burns can also be caused when an individual falls against a hot surface and is physically unable to move because of a disability or because they have been trapped by the furniture arrangement. Service users may have brought furniture into the home with them to make them feel more connected to their past. Some older furniture can be quite heavy and therefore difficult to move.

The severity of the injury will increase with the time that the victim is in contact with the hot surface. For this reason, areas where someone may be lying against a radiator for some time before being discovered, such as in self-contained accommodation, pose a higher risk of serious injury.

The susceptibility of older people and young children to losing their balance and falling over also dictates that attention is paid to the design of radiators, ensuring there are no sharp corners that can cause serious injury.

### **Avoiding hot surfaces**

Where a radiator system is in use, by far the most practical solution is to guard the heated areas to ensure residents cannot come into contact with hot surfaces. Such guarding measures need to be part of the design of the system, rather than ad hoc measures that may not provide complete protection. This is achieved by the use of low surface temperature radiators, specially designed for this sort of application.

### **Low surface temperature radiators (LSTs)**

Low surface temperature radiators incorporate a casing that covers all hot surfaces, providing a safe, cool-touch solution. The casing of a cool-touch LST covers the pipe work as well as the radiator, so that all hot surfaces are concealed and exposed surfaces remain at a safe temperature of no more than 43°C.

Residents of sheltered housing will vary greatly in their mobility, so care must be taken to ensure ease of access for people using wheelchairs and walking frames.

### **Hot Water**

In newer housing stock the water temperature controls should have been added at the design stage of the building to match its use.

In older buildings showers may be standard electric showers that can heat up very quickly and are not safety showers. Baths may be standard baths. Although TMVs and TMTs may have been fitted, they should be regularly monitored and residents should be advised to check temperatures due to the possibility of valve failure that may not be picked up in between monthly checks on outlet temperatures.

In supported or extra care housing staff should be aware of any person-centred risks and follow risk assessments and guidance.



**Appendix 4 - ATD Bathing/Shower Assessment**

RESIDENT'S DETAILS				
Surname				
First name				
D.O.B.				
Sex	Male		Female	
Completed by				
Date Completed				

Staff must record bathing temperature within the resident's Care Plan notes and weekly on the Water Temperature Record for all communal bathing/shower facilities.

Tick the relevant box below and complete the Action Plan when boxes marked with an \* are selected

No.	Assessment of Resident's Ability	Yes	No	Specify assistance if required
1.	Get in/out of the bath/shower unaided?		*	
2.	Sit up & wash unaided?		*	
3.	Any sensation impairment which may affect their ability to identify if water is too hot?	*		
4.	Does the resident's mental capacity permit them to recognise if a bath is too hot and respond accordingly?		*	
5.	Is the resident capable of summoning assistance if needed?		*	
6.	Is a hoist required to bath /shower which may impair their mobility whilst in the bath?	*		
7.	Is the resident likely to try to run a bath unaided (particular issue for confused Service users or those with dementia)?	*		

**Action Plan for boxes marked with \***

No.	Risks Identified	Action to be implemented & by whom
1.		
2.		
3.		

**Discussed and agreed with the named resident**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Review Date:-----

## Appendix 5 - Guidance on carrying out temperature monitoring of bath and shower prior to use.

### Bathing

1. Check the resident's care plan and bathing risk assessment.
2. Ascertain the level of support and supervision needed for the resident, including whether they can be safely left and how to deal with interruptions while bathing.
3. Check the agreed safe water temperature for the Service user (although it should never exceed 43°C).
4. Prepare everything needed for the bath so you do not have to leave the person to find toiletries towels or clothing.
5. Run cold water into the bath before adding hot water where there are no controls. When there are specialist baths or valves where the temperature is restricted, be aware of the risk of failure of safety measures and always do additional temperature checks.
6. If the resident likes toiletries added to the bath consider slip risks and read the label. (Update the person-centred risk assessment with any additional information).
7. Mix the water thoroughly to equalise the temperature in the bath to prevent hot spots and check the temperature at **both ends** of the bath using a suitable non-glass thermometer (maximum 43°C for a bath).
8. Help the resident into the bath using the approved method and equipment for the person.
9. Assist with bathing promoting independence, dignity and choice within the limits of safety and care plans.
10. **Never add hot water to an occupied bath.**

### Showering

1. Check the resident's risk assessment and care plan for showering support needs. Ascertain what level of support and supervision is needed for the resident, including whether they can be safely left and how to deal with interruptions while showering.
2. Also check the agreed safe water temperature for the resident (although it should never exceed 41°C).
3. Check that the shower is in good working order and handrails for support are secure and in position if residents require support whilst standing.
4. Prepare everything needed for the shower so you do not have to leave the person to find toiletries, towels or clothing.
5. Run the shower to establish a constant temperature. Remember, not all showers may be safety showers and some electric showers can become very hot quite quickly.
6. Check the temperature using an integral or a scoop thermometer. It is important to note that a scoop will only provide an estimate of actual spray temperature from the shower head. Also be aware some probe type thermometers can have an error margin or up to 2 degrees.
7. Help the resident into the shower, ensuring, where needed, chairs etc are safely positioned to prevent falls.
8. Be aware of the potential for sudden water flow and temperature fluctuations even on modern showers. For vulnerable residents, constant supervision will be required to ensure a rapid response in the event of any sudden changes.

## Appendix 6 - First Aid in the Event of Scalding and Burns

### What to look for:

#### Superficial

The outer layer of the skin is burnt causing:

- Redness
- Tenderness and inflammation
- But the skin is not blistered or broken

#### Partial thickness

The outer layer of the skin is burnt and broken causing:

- Blistering
- Swelling
- Pain & rawness

#### Full thickness

All layers of the skin have been damaged causing the skin to look:

- Pale
- Charred & waxy
- with fatty deposits

#### Basic first aid

- Move the casualty away from the source of heat
- Summon first aider or assistance if another person is available
- Start cooling by running the injured area under cold water for a minimum of ten minutes or continue after this period until pain feels better
- **IMPORTANT**, the water flow **MUST NOT** be full on i.e. gentle/moderate flow to prevent further injury
- **Do not touch the burnt area. Wash your hands and put on gloves**
- Gently remove any jewellery or watches ( Only if possible )
- **Clothing should only be removed if it is safe to do so. Do not remove anything that is stuck to the person's skin**
- **Do not apply lotions, ointments or fats**
- **Do not break blisters**
- **Do not apply adhesive dressings**
- Cover the area with a sterile non fluffy dressing/ cling film lightly applied NOT tight
- If necessary, treat for shock
- Assess how bad the burn is. If it is larger than the size of the casualty's hand (1% of body surface), is on the face/hands/feet or a deep burn, seek medical attention.
- If you are unsure then seek further medical advice. It may well be that the resident has other medical issues which could be a contributory factor in the burn/scald.
- How the scald/burn was received will be investigated and an accident report completed.

## Appendix 7 - Hot Surface Risk Assessment Example

Space heating devices include thermal storage heaters, oil-filled radiators, as well as conventional radiators, towel rails and other heating devices can pose a risk to vulnerable people. Wherever, residents and visitors have access, the maximum surface temperature of space heating devices should not exceed 43°C when the system is running at the maximum design output.

Where guards are used to prevent contact with hot surfaces, the size of the mesh should be carefully selected to prevent small hands penetrating and contacting the heat emitter. Guards should be cleaned regularly to prevent the build-up of debris.

The heat emitters should be designed so that:

- There are no surface hot spots;
- there are no access “holes” which may allow small hands to enter, that is, they should be totally enclosed;
- They are capable of being easily cleaned as a routine for infection prevention and control.

Hazards	Risks	Existing controls (examples only)	Additional controls	Action by whom?	Action by when?	Done
Heaters which have a surface heater greater than 43 °C	Contact burns to residents, visitors and staff.	<ul style="list-style-type: none"> <li>• Low surface temperature heat emitters should put in place;</li> <li>• Guards fitted</li> <li>• Flow temperature reduction (temperature controls to fail to a safe position).</li> </ul>	<ul style="list-style-type: none"> <li>• Areas that are unprotected are restricted to staff only.</li> <li>• Seating is safely positioned.</li> <li>• Warning signs are in place for staff.</li> </ul>			
Surface-mounted pipework which is exposed at low level, within 2m of the floor presents an additional risk where it is carrying water above 43 °C	Contact burns to residents, visitors and staff.	<ul style="list-style-type: none"> <li>• Securely insulated or “boxed” in, to include vertical and horizontal pipe runs.</li> </ul>				

**Residential Care Services** – All temperatures to be limited to 41° degrees . This relates to the 30 room residential care suite at Fern House, and the 16 room residential care suite at Grove House; also including all bathrooms etc within those services.

**Independent Living Services** – All temperatures to be set at 52° degrees . This relates to all flats and other ancillary water supplies at Kirkview, Woodview, Leylands Lane, Pudsey, Charles Edward Sugden, Pawson Cottage Homes, Abbeyfield Court and Abbeyfield Lodge. Please note; if a concern is raised by either a resident, or through social services there is a risk of scalding and a request is made to limit temperatures, then the temperature will be adjusted during the time the resident remains in the flat.

**Independent living with extra care & supported living services** – All temperatures to be set at 52° degrees . This relates to all flats and resident communal facilities at Grove House Domiciliary care service, Fern House Domiciliary Care Service, The Beeches, Ing Royde, Woodlands, Settle and Barnoldswick. The manager is required to provide a proactive risk assessment for each resident, and the temperatures can be limited (following a multidisciplinary discussion and agreement) to 41° degrees whilst the resident remains in the flat. In addition, the manager is required to ensure an assessment is made when a new resident moves into a property so that the temperature is correctly set when the resident moves in.

Community Hub & communal washing facilities – All temperatures to be set at 50° degrees with a hot water warning sticker placed above each hot tap.