 **Promise Care Services Ltd**

# HOT WATER AND SURFACES

Scope

* **Policy Statement**
* **The Policy**
* Assessment
* Hot Water
* Hot Surfaces
* Control Measures Hot Surfaces
* Maintenance and Monitoring
* **Related Policies**
* **Related Guidance**
* **Training Statement**

Policy Statement

In the interests of health, safety and the wellbeing of service users and staff hot water and hot surfaces are appropriately monitored to avoid injury or in the worst-case scenario, a fatality.

This organisation provides care for service users in their own home who may be exposed to risk from the hot water of hot surfaces. Those at risk include people with reduced mental capacity or temperature sensitivity and people who cannot react appropriately, or quickly enough to prevent injury.

The Policy

Appropriate assessment of potential scalding and burning risks in the context of the vulnerability of those receiving care and general assessment of the premises should identify what controls are necessary overall, and how the systems should be managed and maintained. This is then supplemented by the inclusion of hot water and hot surface considerations in service users care assessments. The assessment will detail any specific controls that are necessary to protect them. These controls can only be put into place however with the service user or relevant person’s consent.

Assessment

The results of the general risk assessment should be taken into account when completing an individual’s care assessment. An individual’s assessment needs to consider whether:

* The person is likely to try to run a bath or shower or add water when unattended. This is a particular issue for people whose mental capacity is impaired.
* The person’s lack of mobility means they are unable to respond safely to hot water or surfaces (e.g. safety get in/out of the bath or shower or move away from a radiator).
* The person’s sensitivity to temperature is impaired.
* The person’s mental state means they cannot recognise or react to hot water or a surface that is too hot.
* The person can summon assistance.
* Any lifting or other aids limit mobility in the bath or elsewhere.
* Any furniture, fixtures, and fittings restrict movement away from the source of heat.

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 showerhead 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.

Health and Safety Executive (HSE) Information Sheet HSIS6 makes clear however that, where social care is provided in a private, domestic household, “the requirement to fit devices (e.g. thermostatic mixer valves or radiator covers) would not necessarily apply.”

As home care providers we need to be alert to the risks of using showers that are not fitted with a thermostatic mixing valve (TMV) limiting temperature to 41°C and have the responsibility to suggest to service users, family carers and local authority commissioners that these should be fitted. A council was fined by the HSE in 2012 for not having a TMV fitted on a shower at a respite care facility, leading to a service user who was showering unaccompanied being scalded. The HSE inspector stressed it was essential that adequate control measures are in place when there was a risk of scalding for vulnerable people. Although as homecare providers we are not in control of premises, we have a vital role in identifying risks and alerting others to the need for suitable control measures.

Hot Water

If hot water used for showering or bathing is above 44°C there is an increased risk of injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and have led to fatalities.

Where electric showers are fitted, these should be designed so that water cannot be delivered at a temperature that may cause scalding. Domestic electric showers are likely to have temperature regulation features but water temperatures above 44 °C may still occur if there are fluctuations in flow or pressure.

If this is the case, and people are at risk, additional, measures will be required. This may include installing a healthcare standard shower which is designed to prevent unsafe hot water temperatures under all conditions. NHS standards require these to be fitted in healthcare settings.

This should all be discussed with the service user, family and commissioners at assessment.

Hot Surfaces

Contact with surfaces above 43°C can lead to serious injury. Prolonged contact often occurs because people have fallen and are unable to move or are trapped by furniture. Incidents often occur in areas where there are low levels of supervision, for example, bedrooms, bathrooms and some communal areas.

Control Measures Hot Surfaces

Many radiators and associated pipework are likely to operate at temperatures that may present a burn risk. Where the assessment identifies that vulnerable people may come into prolonged contact, such equipment should be designed or covered so that the maximum accessible surface temperature does not exceed 43°C.

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

* Providing low surface temperature heat emitters.
* Locating sources of heat out of reach.
* Guarding the heated areas (e.g. providing radiator covers, covering exposed pipework).
* Reducing the flow temperatures, although this should not reduce their effectiveness or increase the risk from legionella.

Again these options should be discussed with the service user, family or commissioners.

Maintenance and Monitoring

* The service user, family, or those responsible for installation should adequately maintain any temperature controls.
* Staff are instructed to report any obvious defects immediately to the service user and the office,
* Where identified in the care plan before whole-body immersion staff carry out testing of outlet temperatures using a thermometer to provide additional reassurance. (Maximum 44°C for a bath using a non-glass thermometer). This is recorded in the service users care plan,
* Where identified in the care plan, before a shower staff carry out testing of outlet temperatures using an integral or a scoop thermometer (Maximum 41°C for a shower). This is recorded in the service user care plan.

Related Policies

Accidents, Incidents and Emergencies Reporting (RIDDOR)

Adult Safeguarding

Health and Safety

Risk Assessments

Related Guidance

Managing the Risk from Hot Water and Surfaces in Health and Social Care:http://www.hse.gov.uk

Training Statement

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024