


HOT WATER and SURFACES




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Policy Statement

In the interests of health, safety and the wellbeing of residents 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 residents who may be exposed to risk from 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 following legislation applies:









-  *Health and Safety at Work etc. Act 1974 (HSWA), section 3;*
-  *Management of Health and Safety at Work Regulations (MHSWR), regulation 3;*
-  *Provision and Use of Work Equipment Regulations 1998 (PUWER).*

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 individuals' care assessments. The resident's assessment will detail any specific controls that are necessary to protect them.

1. Hot water

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

- a) **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.
- b) **Control measures for hot water: Engineering controls are provided to ensure that water hotter than 44 °C is not discharged from outlets that may be accessible to vulnerable people and where there is the potential for whole-body immersion. Similar controls that are installed at other outlets where people are especially vulnerable (e.g. basins where people have skin sensitivity impairment). Engineering controls include:**
-  Thermostatic mixing valves (TMVs)

- ❗ Temperature-restricted, instant water heaters. TMVs are located as close as possible to the outlet, where they are necessary. Type 3 is the standard required by the Department of Health's Health technical Memorandum 04-01 The control of legionella, hygiene, „safe“ hot water, cold water be installed when TMVs are replaced or where there are new installations.
- ❗ Further Guidance is obtained from the Thermostatic Mixing Valve Association (TMVA) or at www.beame.org.uk. TMVs ensure only safe water temperatures are available. Healthcare standard controls (e.g. Type 3 TMV or healthcare standard electric showers) and regular safety testing should ensure that the equipment remains safe at all times.
- ❗ Where TMVs are not fitted to baths or shower other equally effective controls should be in place.
- ❌ Locking bathroom doors or removing the hot tap head is not advisable where this will prevent water being flushed out regularly to control the risk from legionella. These measures may only be acceptable in the short term until thermostatic controls are fitted.
- ❌ 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 “healthcare standard” shower which are designed to prevent unsafe hot water temperatures under all conditions. NHS standards require these to be fitted in healthcare settings.
- ❌ Particular care needs to be taken to manage these risks where water temperatures are circulated above 50 °C to control legionella. Further information on managing can be found on HSE's website (www.hse.gov.uk/healthservices/legionella.htm)

2. 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.

- a) **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.

- b) **Control Measures Hot surfaces: Many radiators and associated pipework are likely to operate at temperatures which may present a burn risk. Where 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 risk from legionella.

3. Maintenance and monitoring

- 👉 Controls to manage the risk from hot water or surfaces are adequately maintained
- 👉 A Maintenance schedule take into account local conditions (for examples hard water or limescale) and the risk of valve failure.
- 👉 Staff are instructed to report any obvious defects immediately and to take the facility out of use necessary. This is then immediately reported to the Maintenance person
- 👉 Prior to 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). This is recorded in the residents care plan
- 👉 Prior to 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 residents care plan

Training Statement

Adequate training and supervision is provided to ensure that staff are aware of the dangers of hot water and surfaces, understand risk and precautions and complete temperature records as required.

Related policies
Accident and Incident Reporting (RIDDOR)
Adult Safeguarding
Health and Safety
Legionella