



Safe Bathing, Showering and Washing Policy

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1 STATEMENT OF GENERAL POLICY

The purpose of this Policy is to protect vulnerable adults from injury or death by drowning and scalding due to immersion, showering or washing in hot water. Bathing, showering and washing may be everyday activities but if adequate care is not taken, they can pose very serious risks to those who rely on others for their safety. This policy applies to all situations in which a vulnerable adult might be bathed, showered or washed by 1st Homecare carers.

At all times the client will be treated in a dignified way and be given choices, and safety measures will be a priority. This policy is underpinned by health and safety legislation including the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

2 FUNDAMENTAL PRINCIPLES

At all times:

- safety measures will be a priority when assisting with bathing/showering
- clients will be treated with dignity and respect and will be given choices with regard to the assistance to be provided with bathing and showering
- carers will be made fully aware of this Policy and will be trained in its application

3 ACTIONS TO BE TAKEN

3.1 Risk Assessment

Risk assessments are carried out on a case-by-case basis and will include consideration of individual vulnerability and needs and any risk assessment provided by a commissioning body (e.g. council, CHC).

A risk assessment will be carried out at the commencement of the service, to identify risks such as drowning, scalding, chilling, anxiety, slips and falls, or seizures, and to either avoid, eliminate or reduce such risks. The assessment will be reviewed at regular intervals or as may be required by changes to the client's circumstances.

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.

It is important when assessing the risk of injury, to understand why the client requires assistance with bathing or showering. The risk assessment should then identify in what way the client needs assistance to maintain his or her safety. For example, clients with reduced mental capacity may lack the ability to recognise and indicate pain or recognise a dangerous situation. The assessment should identify if the person is likely to try and run a bath or shower or add water when unattended, or if she or he cannot recognise or react to hot water. Or for example, if the client has reduced mobility or a sensory impairment he or she may be unable to react in such a way as to prevent injury. The assessment should indicate whether the client's sensitivity to temperature is impaired, or whether his or her lack of mobility means he/she is unable to respond safely to hot water e.g. safely get in or out of the bath or shower.

The assessment should also review and determine what the appropriate water temperature is for the client taking into consideration his/her skin viability, and how to control or monitor this.

As a home care provider, the premises are not within the control of 1st Homecare, however, the risk assessment should identify risks and the client/family and/or other informal carers and any commissioning body should be made aware of risks identified and need for suitable control measures.

The client will be able to discuss the care he/she would like and will be informed how 1st Homecare can assist him or her. As part of the initial assessment of the client, the client's ability to bathe, shower or wash will be assessed, as well as his/her preferences, and the level of risk ascertained together with the control measures to avoid, eliminate or reduce the risk identified. If the client wishes to be left alone when bathing or showering, this must be assessed as part of the risk assessment. As a result of the assessment, the best way to provide personal care for the client will be determined, together with the correct aids to ensure client safety, and whether these aids are in place.

Where required, for example, if the client subsequently makes a request to be left alone when bathing/showering, and in any event at regular intervals in accordance with 1st Homecare policy, the risk assessment will be reviewed and changes will be made as required.

The assessment will also identify potential risks for carers such as back injuries caused by stooping, bending or manual handling and how to avoid, eliminate or reduce the risk.

3.2 Care Plan

The Care Plan will reflect the risk assessment. It will state how the task is to be carried out. All Care Plans will state that the water temperatures must be no hotter than 44° C for a bath, 41°C for a shower, and for washing in the washbasin, 41°C. It will also state whether the client wishes to be left unattended and whether he/she may safely be left.

3.3 Temperature control

Regardless of whether taps and showers are thermostatically controlled, a thermometer will be provided and the temperature of the water should be checked by the carer before the client immerses him/herself in the bath/shower. A client may also wish to test the water him/herself after the check by 1st Homecare has been conducted, if so this should be assessed as part of the risk assessment process or a further risk assessment carried out to make sure this can be done safely.

3.4 Aids

Where identified as necessary by the risk assessment, appropriate aids will be used to assist the task. All aids should be regularly assessed to ensure they are in good working order. Any malfunctioning aids or aids that are not used should be reported to the appropriate manager.

3.5 Preparing for the bath/shower

The carer(s) should prepare by:

- making sure the room is warm and that all items required to deliver the care have been gathered together ready, including aids, and that these are working
- putting down non-slip mats or other bath/shower mats to prevent a fall
- having appropriate containers ready for soiled garments and for incontinence pads
- assist the client as required to use the toilet (if necessary) and then to undress once the bath is ready or shower water warmed to the correct temperature, so that he/she can get in straight away.

The water temperature should be re-checked prior to the client entering the bath/shower. **HOT WATER SHOULD NEVER BE ADDED TO A BATH WHILE THE CLIENT IS IMMERSSED IN IT.**

3.6 Delivering the care

The carer(s) should assist the client with getting into and out of the bath/shower and with washing as determined by the risk assessment and Care Plan. At all times, the care should be provided so as to ensure that the privacy and dignity of the client is respected. The client should not be rushed, nor left too long so that he/she becomes chilled.

If double handed care is required, no carer should attempt to proceed without the second person being present.

3.7 Following the bath/shower

Once the client has finished in the bath/shower, he or she should be assisted with getting out of the bath/shower, and then with drying, applying any creams, with dressing, continence care and with any other tasks, as specified in the Care Plan.

The carer should then make the client comfortable in bed/a chair and offer a warm drink. Once the client is comfortable, the carer(s) should:

- deal with wet towels, soiled garments and soiled incontinence products, as required
- mop up any spilt water from the floor and other substances e.g. talc that could cause a slippery surface
- clean the bath/shower and basin and the toilet.

4. TRAINING

1st Homecare provides its care workers with appropriate training, including manual handling training and all other appropriate training so that they are able to carry out bathing/showering care safely, and will be made aware of the process to follow. They will also be aware that any changes in the client or any concerns must be reported to the Office as well as reporting any incidents that occur.

5. RECORDING AND REPORTING, INJURIES AND ACCIDENTS

Carers should document any changes in a client's skin that they observe whilst assisting with bathing/showering, such as bruises, sores, rashes, or open skin areas. The body mapping chart must be completed and the Office informed. If any injury should occur whilst the client is bathing/showering, this must be reported immediately, and an accident form completed. Appropriate notes must be made in the care records also. Advice should be sought from the Office and where appropriate, the emergency services must be contacted on 999.

If a carer is injured, the Office must be notified immediately and the appropriate records kept and where required, notifications made e.g. under RIDDOR.

6. GENERAL

This Policy may be amended at any time as may be required and shall be reissued in this case and staff will be notified of the amended Policy.

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Change History

Issue	Date	Description of Change and Reason
1	2011	First issued (Civicare document)
2	January 2017	Second issue (Civicare document)
3	January 2018	Third issue – Civicare document reformatted as 1 st Homecare policy, and document rationalised and reordered.
4	October 2018	Fourth issue – reference made to the HSE information sheet “Managing the risks from hot water and surfaces in health and social care” published September 2012 and to the UKHCA Guidance “Controlling Scalding Risks from Bathing and Showering” dated August 2016, changes made to sections on risk assessments in line with guidance.
5	January 2020	Fifth issue – inclusion of KL office address
6	December 2021	Sixth issue – no changes required

DOCUMENT CONTROL

Name of document	Safe Bathing, Showering and Washing Policy
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Owner	1HC
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File location	Shared folders/Policies and procedures/Care
Review date	December 2022