Scalding Risk Policy

***The East London NHS Foundation Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are outlined, as required.***

|  |  |
| --- | --- |
| Version number : | 1.1 |
| Consultation Groups  | Infection Prevention and Control Committee |
| Approved by (Sponsor Group) | Water Safety Group |
| Ratified by: | Quality Committee |
| Date ratified: | 3rd May 2023 |
| Name of originator/author: | Assistant Director of Estates, Engineering and Infrastructure, Estates Compliance Manager, Authorising Engineer (Water) |
| Executive Director lead : | Director of Estates, Facilities & Capital Development |
| Implementation Date : | May 2023 |
| Last Review Date  | May 2023 |
| Next Review date: | May 2026 |

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| --- | --- |
| Services  | Applicable to |
| Trust wide | Yes |
| Mental Health and LD  | Yes |
| Community Health Services  | Yes |
| Primary care | Yes |

Version Control Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 1.0 | November 2022 | Karen Boreham – Estates Compliance Manager, Karina Jones - Authorising Engineer (Water) | Draft | Initial Policy drafted |
| 1.1 | 2nd May 2023 | Bevan Speariett - Assistant Director of Estates, Engineering and Infrastructure | Final | Draft Policy reviewed and updated |

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# Policy Gateway

Please complete the checklist and tables below to provide assurance around the policy review process.

|  |
| --- |
| [x]  I have involved everyone who should be consulted about this policy/guidance[x]  I have identified the target audience for this policy/guidance [x]  I have completed the correct template fully and properly[x]  I have identified the correct approval route for this policy/guidance [x]  I have saved a word version of this policy/guidance for future reviews and reference  |
| Please set out what makes you an appropriate person to conduct this review: |
| I am the Assistant Director or Estates, Engineering and InfrastructureI am the Estates Compliance ManagerI am the Independent Authorising Engineer (Water) |

|  |
| --- |
| Please set out the legislation, guidance and best practice you consulted for this review: |
| The Health and Safety at Work etc. Act 1974Management of Health and Safety at Work Regulations (MHSWR), regulation 3 Provision and Use of Work Equipment 1998 (PUWER) |

|  |
| --- |
| Please identify the key people you involved in reviewing this policy why, and when: |
| The Water Safety Group on 30 November 2022 |

|  |
| --- |
| Summarise the key changes you have made and why: |
| This is the first version of the Scalding Risk policy |

# Executive Summary

The Policy of East London NHS Foundation Trust (the Trust) is to provide and maintain safe and healthy working conditions, equipment, and systems of work for all staff, patients, service users and visitors, and to provide such resources, information, training and supervision as they need for this purpose. The Trust aims to do all that is reasonably practicable to prevent scalding and burning injuries, and to follow the steps laid out in the following policy to ensure staff, patients, service users and visitors are safe. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services where health hazards to patients and others are minimised, so far as is reasonably practicable.

The Chief Executive Officer (CEO) and board have overall responsibility for the effective implementation, monitoring and review of Trust Policies. The responsibility for establishing the arrangements and organisation to carry out the requirements of this Scalding Risk Policy has been delegated to the Director of Estates, Facilities & Capital Development, through onward delegated responsibility to the Assistant Director of Estates, Engineering and Infrastructure and the Estates Manager, who will ensure that all possible steps are taken to provide a safe working environment and patient care conditions. The Trust managers and staff will provide adequate resources and do all that is reasonably practicable to achieve compliance with this Policy. The Trust is committed to preventing instances of scalding and burning in line with all current guidance identified in this policy.

It is accepted that it is for management and staff to do all that is reasonably practicable to prevent the risk of scalding and burning in Healthcare Premises within the Trust. Where appropriate, training and information and any necessary control measures will be provided by the Trust. The effectiveness of the Scalding Risk Policy relies on close cooperation between the Estates department, the Health, Safety & Security Committee, the Infection Prevention and Control Team (IPCT) and all staff following the procedures established under this policy.

This Policy relates solely to scalding and burning risks. Information on Domestic Water Systems can be found in the Water Safety Policy and Water Safety Plan.

All persons working on equipment / systems (for example hot water and heating systems) that may cause a scalding and / or Burning Risk must be suitably qualified and competent.

This Policy will be made available to all staff via the Trust Intranet.

# Introduction

The Trust accepts its responsibility under the Health and Safety at Work Act 1974 (HSAWA) section 3, the Management of Health and Safety at Work Regulations 1999 (MHSW) regulation 3, Provision and Use of Work Equipment 1998 (PUWER), HSE Information Sheet HSIS6 (Managing the risks from hot water and surfaces in health and social care) and Health Technical Memorandum 04-01. The Trust has implemented a Scalding Risk Policy, which outlines the organisation and procedures required to achieve the objectives set out in those legislative and guidance documents. The aim of this policy is to provide staff and contractors with a framework for the management of scalding and burning Risks within Trust properties.

It is expected that this Policy will be adhered to by all of the Trust's Employees and by all appointed service providers, contractors, in whatsoever capacity, with or without contractual agreements.

The Trust has in place a range of policies and plans together with the appropriate physical infrastructure, to prevent so far as reasonably practicable, scalding and burning Risks to vulnerable persons.

# Objectives

The objective of this policy is to prevent the risk of scalding and burning to vulnerable patients / service users from hot water outlets, pipes or radiators.

## Vulnerable patients / service users

Those patients / service users that should be considered particularly at risk and vulnerable include.

* Babies
* Children
* The elderly
* Those with reduced mental capacity, reduced mobility and anyone with sensory impairment, or who cannot react appropriately, or quickly enough to prevent injury to themselves or find themselves unable to alert others to react on their behalf. Where there are vulnerable individuals and whole-body immersion, widely-recognised professional bathing practice will be used which involves testing of outlet temperatures using a thermometer to provide additional reassurance.

## Hot Water

Accidents in Health and Social Care involving Scalding have been fatal and have mainly occurred during bathing where particularly vulnerable patients / service users are at risk during whole body immersion. To manage and control the scalding risk, hot water temperatures must not exceed 43°C. Precautions may include the installation of TMVs / TMTs. For the purposes of the Policy, bathing includes a bath, shower and during hand washing.

## Hot Surfaces

Serious injuries and fatalities have also been caused by contact with hot pipes or radiators. Where there is a risk of a vulnerable patient / service user sustaining a burn from a hot surface, then the surface temperature should not exceed 43°C when the system is running at the maximum design output. Precautions may include insulation or providing suitable covers.

# Scope

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other Service Level Agreements (SLA’s) and Private Finance Initiatives (PFI). Where the management of buildings / areas occupied by Trust staff and / or patients is carried out by others, the requirement of this Policy remain applicable although implementation of the site specific risk management requirement is managed by local policies. It remains; therefore, the Trusts responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

The Policy applies in particular to all staff in East London NHS Foundation Trust who are involved in the care of vulnerable patients / services users. It may apply to other users who use hot water taps to wash hands and objects they wish to clean.

This policy also applies to all East London NHS Foundation Trust Estates team, Estates service providers and Third Party FM staff, who are responsible for the control, maintenance and delivery of water at safe temperatures.

Separate additional requirements are made for those working on the infrastructure, plant and equipment belonging to the Trust or otherwise for the use of employees of the Trust.

This includes but is not limited to:-

* Estates and Service Providers
* Installation Contractors
* Specialist Maintenance Contractors
* Consultants (Building Engineering Services)
* Inspection and Test Contractors

# Definitions

| Term | Definition |
| --- | --- |
| ACOP L8 | The control of Legionella bacteria in water systems |
| AE (W) | Authorising Engineer (Water) |
| CP (W) | Competent Person (Water) |
| DP | Designated Person |
| HBN | Health Building Note |
| HSAWA | Health and Safety at Work etc. Act 1974 |
| HTM | Health Technical Memorandum |
| HSE HSIS6 | Managing the risks from hot water and surfaces in health and social care |
| IPC | Infection Prevention & Control |
| MHSWR | Management of Health and Safety at Work Regulations 1999 |
| HSE | Health and Safety Executive |
| PPM | Planned Preventative Maintenance |
| PUWER | Provision and Use of Work Equipment 1998 |
| RP (W) | Responsible Person (Water) |
| TMT | A tap that controls the flow and by thermostatic means the temperature of water delivered |
| TMV | Valve with one outlet, which mixes hot and cold water and automatically controls the mixed water to a user-selected or pre-set temperature |
| SOM | Senior Operational Manager |
| WSG | Water Safety Group (Multidisciplinary group) |

# Related Trust Policies & Procedures

The following Trust polices should be read in conjunction with this policy.

* Health and Safety Policy
* Water Safety Policy
* Water Safety Plan
* Estates Operational Policy (due for release in 2023)

# Roles and Responsibilities

Under Section 7 of the Health and Safety at Work Act etc., 1974 employees have a duty to take reasonable care for their own Health and Safety and of that of others who may be affected by their acts or omissions at work. Section 7 also requires the employee’s co-operation with their employer to enable the employer to comply with statutory duties for Health and Safety.

Employees should correctly use all work items provided by their employers, in accordance with their training and the instructions they receive to enable them to use / operate the items safely.

Employers or those they appoint (e.g. under Regulation 6) to assist them with Health and Safety matters therefore need to be informed, without delay, of any work situation which might present a serious and imminent danger. The danger could be to the employee concerned or a result of the employee's work to others.

Employees must also notify to their line manager any shortcomings in the Health and Safety arrangements, even when no immediate danger exists, so that employers in pursuit of their duties under the HSAWA and other statutory provisions can take such remedial action as may be required.

The key personnel and their duties are as follows.

##  Duty Holder - The Chief Executive Officer (CEO) and Board

The Chief Executive Officer (CEO) and Board have ultimate responsibility for the safety of patients, staff, service users and all other relevant persons within the Trust. The CEO and the Board have the overall responsibility for ensuring the effective implementation of this policy. They have the ultimate managerial responsibility for the adequate allocation of resources, personnel and the organisation where equipment / systems are installed that may result in Scalding or Burning risks. HTM 00 states that aspects of that responsibility can be assigned or delegated to a senior executive but an independent audit system should be in place to assure them that the responsibilities are being discharged properly. The CEO has delegated the day to day management and control of Water and Heating Systems, through the Director of Estates, Facilities & Capital Development to the Assistant Director of Estates, Engineering and Infrastructure and the Trust’s Responsible Persons (Water).

The Trust will appoint the Responsible Person/s (Water) in writing, after being suitably trained and recommended by the Authorising Engineer (AE (Water)).

## The Designated Person (DP) – Director of Estates, Facilities & Capital Development

The Director of Estates, Facilities & Capital Development provides the essential senior management link between the organisation and professional support, which also provides independence of the audit-reporting process. The DP also provides an informed position at board level.

The DP works closely with the Assistant Director of Estates, Engineering and Infrastructure (Senior Operational Manager (SOM)) to ensure that there is adequate provision to support the prevention of scalding and burning Risks.

The Director of Estates, Facilities & Capital Development leads on Health and Safety matters relating to Estates activities by informing the Board of relevant Health and Safety management issues. This includes alerting them to the requirements of this policy and any actual or potential breaches of Health and Safety Legislation. The Director of Estates, Facilities & Capital Development also ensures that key Health and Safety information and instructions are cascaded and communicated throughout the Trust through a variety of routes, including the Trust’s Intranet.

## Senior Operational Manager (SOM) – Assistant Director of Estates, Engineering and Infrastructure

The Assistant Director of Estates, Engineering and Infrastructure has operational and professional responsibility for a wide range of specialist services. They fulfil the role of “informed client” within the Trust and are to be provided with access to robust, service-specific professional support which can promote and maintain this role. This will embrace both the maintenance and development of service-specific improvements, support the provision of the intelligent customer role and give assurance of service quality.

## The Authorising Engineer (Water) - AE (W)

The Authorising Engineer (AE (W)) is an independent appointee to the Trust, reporting directly to the Designated Person (DP). They will be a person with the appropriate experience and qualifications in line with HTM 04-01. Their role is to provide independent technical advice on all aspects of water safety. The AE (W) also assesses the suitability of and recommends the appointment of Responsible Persons. The AE (W) shall be appointed by the WSG Chair with a brief to provide services in accordance with Health Technical Memoranda guidance. This may vary in accordance with the specialist service being supported.

The Authorising Engineer shall act as auditor and assessor and make recommendations for the appointment of members of the WSG. The AE (W) shall monitor the performance of the WSG and provide an annual governance audit to the WSG. To carry out this role effectively, particularly with regard to audit, the AE (W) shall remain independent of the operational structure of the Trust.

The AE (W) will.

* Examine records, manuals and provide an executive annual summary report to the Director of Estates, Facilities and Capital Development and the Assistant Director of Estates, Engineering and Infrastructure on the efficiency of control measures, the suitability and competency of staff engaged in the water quality program and a series of random inspection quality audits within Trusts premises.
* Sanction any interpretation of HTM-04 and any other relevant professional guidance, any local house rules and any derogation that may be necessary for their application.
* Ensure that any amendments or updates to HTM-04 and associated documents, or any replacement guidance issued and any other relevant mandatory or statutory professional guidance is brought formally to the attention of the Trust and are understood by all appropriate personnel by recording / documenting the process.
* On receipt of an “operational restriction" or "Estates Alert” related to Water Safety, ensure that all WSG members are made aware and receive copies.
* Agree in writing any local deviation / derogation from HTM’s or other mandatory/statutory guidance that may be necessary for their application to a particular location.
* Provide to the members of the WSG ad-hoc general 'remote' verbal advice on matters pertaining to Water Safety management and control.
* Undertake an annual review of the practical implementation of aspects of the policy for which they are responsible.
* Liaise with their counterparts in those hospital buildings and premises which are under the control of Private Finance Initiative (PFI) partners, NHS Property Services or other landlords. This is done to ensure that these PFI partners and other stakeholders provide assurance to the Trust that they are compliant with the relevant Water Safety systems and legislation as outlined in this policy.
* Ensure that external specialist Competent Persons are appointed to specifically review, the water risk assessments for completeness, relevance, quality and their fitness for purpose for the on-going water quality regime.

The Independent Auditor will provide best practice, guidance on all technical and statutory matters relating to Water Safety and Quality Management.

## Lead Nurse for Physical Health and Deputy Director of Infection Control

The Lead Nurse for Physical Health and Deputy Director of Infection Control has overall responsibility for infection control in the Trust and for the monitoring of Water Safety. They attend the Water Safety Group which oversees this policy and the Water Safety Plan.

## Responsible Persons (Water) – RP (W)

RP (W) are the individuals possessing sufficient technical knowledge and having received appropriate training to manage water systems on a specific site or group of sites. They will have a good knowledge of the systems for which they are appointed and have a level of authority to make decisions about the system. They will be appointed in writing by the Designated Person (DP) following assessment by the AE (W). They also fulfil the role of Responsible Persons as defined in HTM 04. The RP (W) will assess and appoint Competent Persons to work on the water systems. They may be either the Trust employed staff or external contractors. They may be either the Trust employed staff or external contractors.

## Competent Persons CP (Water) – CP (W)

CP (W) are individuals assessed and appointed by the Responsible Person as having sufficient technical knowledge and experience to carry out work on a Water System. They will include maintenance personnel and water samplers. They may be either the Trust employed staff or external contractors.

## Infection Control Doctor for the Trust

The Infection Control Doctor for the Trust (or consultant microbiologist, if not the same person) is the person nominated by the management to advise on monitoring the infection control policy and microbiological performance of the Trust’s Water Systems.

## Infection Prevention & Control Team (IPCT)

The IPCT is responsible for working in conjunction with those responsible for delivering maintenance and construction projects and those ensuring the estate is fit for purpose. They will provide clinical advice, mentoring for maintenance staff on infection control and minimising HCAIs, advice on risk assessments regarding the built environment, identify the priorities for the action plan and will assist in monitoring this policy.

## Other Staff Responsibilities

The overall framework of accountability and responsibility for managers and staff on the implementation of this policy follows that laid out within the Health and Safety Policy.

More detailed responsibilities for Clinical Nurse Managers or equivalent, Nurses in charge, staff and Hard FM providers are described below.

### Clinical Nurse Manager or equivalent

The Clinical Nurse Manager or equivalent responsibilities.

* During ward inspections / walk rounds, or other similar routine checks, assessing the potential scalding and burning Risks in the context of the vulnerability of those being cared for.
* If that risk exists, and vulnerable patients / service users are being cared for, determining that there is a risk assessment in place for the ward / area. Ensuring that exposure to Hot Water and Hot Surfaces has been included in the risk assessment and, if identified, controls are in place to remove or manage the risk.
* Ensuring that pre-bathing and showering checks are in place, which are recorded each time before the vulnerable patient / service user is bathed.
* Confirming that bathing and showering temperature records are monitored by the Charge Nurse on a regular basis e.g. during any ward round.

### Nurse in Charge or equivalent

The Nurse in Charge or equivalent responsibilities.

* Using TRAK, or other systems, to determine if there are any vulnerable patient / service users being cared for within the ward / area.
* For all patients / services users identified as vulnerable, the Nurse in Charge or equivalent must ensure an assessment of the potential for scalding and burning risks, in the context of the vulnerability of those patients / service users being cared for, is undertaken. This risk assessment should also include consideration of radiators and pipework which have the potential for skin contact. Significant findings shall be recorded on the NHSL General Risk Assessment form.
* Communicating the findings of the risk assessment, and any associated procedures, to ensure that all staff, including night, bank and other staff involved in patient’s / service user’s care, are fully aware of the process / checks in place to eliminate or minimise the risk from scalding and burning.
* Ensuring that any risks associated with scalding and burning are included in the patient’s individual plan of care and are reviewed on a frequent basis.
* Where bathing or showering of babies / children takes place by their parents, guardian or others, ensure that signage is displayed in the bathing area, highlighting the need to undertake a pre-bathing water temperature check.
* As part of their ward rounds or other inspections, the Nurse in Charge or equivalent must monitor the pre-bathing and shower temperatures. Ensure recorded temperature checks have been undertaken and are recorded via the plan of care or other patient / service user care plans (Hot water must be less than 44°C at all times).
* All managers who have responsibility for an area shall log all requests to Estates / Hard FM service providers via the respective helpdesks for checks to be carried out whenever a temperature exceeds 44°C.
* If pre-bathing hot water temperature checks have been exceeded, then ensure that staff are directed to lock, close or seal off from use, the relevant hot water equipment (bath, shower etc.) and / or hot surface (radiator, pipe etc.). Notify East London NHS Foundation Trust Hard FM service or the Third Party Hard FM service provider’s helpdesks as soon as possible.
* Hot surfaces, such as radiators and pipes, must be identified via a visual check, ensuring that they are not exposed such that a vulnerable patient / service user could suffer a burn and / or scald. Hot surfaces must be less than 43°C. East London NHS Foundation Trust Hard FM service / Third Party Hard FM providers can provide the details regarding at temperature of the radiator / pipes.

### Staff

Staff responsibilities.

* Ward staff must notify those bathing or showering babies / children of the need to check the water temperature. Thermometers must be readily available and be provided, and staff must record those temperatures in the baby / child’s plan of care.
* Check hot water temperature(s) before bathing or showering and record via patient / service user’s care plan. If the recorded hot water temperature(s) exceed 44°C then staff must turn the bath or shower tap / handle off immediately. Do not bathe or shower the patient.
* Inform the Nurse-in-Charge or Equivalent without delay, who must in turn notify East London NHS Foundation Trust Hard FM or Third-Party Hard FM Provider.
* Staff must report immediately to the Nurse-in-Charge or equivalent any other issues identified with water-related issues when bathing or showering a vulnerable patient / service user.

## Monitoring Groups

### Water Safety Group

The Water Safety Group (WSG) is a multidisciplinary group formed to oversee the Water Safety Plan (WSP) and ensure the safety of all domestic Water Systems. Members of the WSG with a range of competencies can be brought together to share responsibility. It will typically comprise those who are familiar with Water Systems and equipment, those who understand which factors increase the risk of infection from waterborne pathogens and those who have knowledge of the particular vulnerabilities of the at-risk population in ELFT buildings.

### Infection Prevention & Control Committee

All major Water Safety decisions should be made through the Infection Prevention & Control Committee. The Water Safety Group will report to the Infection Prevention & Control Committee.

### Health, Safety & Security Committee

All scalding and burning related issues that affect or impact on the Health, Safety and Wellbeing of any persons should be reported at the Health, Safety & Security Committee.

# Policy Requirements & Water Safety Plan

The Water Safety Plan is to be read in conjunction with this Policy.

The Water Safety Plan contains information to assist Trust Employees and Contractors to fulfil their responsibilities and comply with all statutory requirements and current guidance. The Water Safety Plan provides information relating to:

Legal responsibilities.

* Documentation to comply with:
	+ HTM 04-01 (2016) “Safe Water in HealthCare Premises” Parts A, B, C and Supplement
	+ ACOP L8 (Fourth Edition 2013)
	+ HSG 274 Parts 1, 2 and 3
	+ HTM 01-05 Decontamination in primary care dental practices
* Major Outbreak plan for Legionnaires’ disease
* Routine maintenance tasks to be performed
* Testing for Legionella / E-coli / Pseudomonas aeruginosa (where required)
* Guidance on interpreting the results on Water Sampling
* Action to be taken if Legionella bacterium is found in the Trust’s Water Systems
* Scalding Risk from Hot Water Temperatures

# Management arrangements Water Safety Group

## The Designated Person (DP) – Director of Estates, Facilities & Capital Development

1. The Trust has established a Water Safety Group (WSG) to oversee the implementation of this policy. The WSG is be a multidisciplinary group comprising members with a wide range of competencies including those who are familiar with Water Systems and equipment, those who understand which factors increase the risk of infection from waterborne pathogens and those who have knowledge of the particular vulnerabilities of the at-risk population in ELFT buildings. The WSG will be chaired by the Director of Estates, Facilities & Capital Development (Designated Person (DP)) or their appointed Deputy Chair the Assistant Director of Estates, Engineering and Infrastructure.
2. The Trust has appointed a suitable qualified and experienced Authorising Engineer (Water) to provide specialist technical advice on aspects of water safety.
3. The Trust will appoint Responsible Persons (Water) to take day to day responsibility for the Water Systems on a particular site/s. Proposed Responsible Persons will be assessed by the Authorising Engineer who will recommend their appointment to the Designated Person (DP). The Responsible Person (RP) is required to have a thorough knowledge of the Water Systems on the site/s they are appointed for and are likely to be employed by the contractor appointed to manage the maintenance of Water Systems on the site.
4. The WSG is responsible for producing a Water Safety Plan as required by HTM 04-01 and for the monitoring of the plan.
5. The Trust will undertake Legionella Risk Assessments as required by COSHH and the HSE ASOP L8’ and develop a Written Scheme of Control where the Risk Assessment determines there is a risk of Legionella.
6. All persons working on the Water Systems, whether ELFT staff or contractors, are expected to be competent to carry out the tasks assigned. Their competence is to be assessed by the Responsible Person (RP).

# Training & Competence requirements

All staff involved in bathing and showering must receive training as part of their local induction process to ensure that they are able to complete the activity safely. This should include.

* Recording and monitoring hot water temperatures.
* The procedure to follow if there is a problem with the water temperature or if there is faulty equipment.

## Water Systems

All staff employed to manage the Water Systems are expected to be suitably trained to at least the standard set out in HTM 04-01 and HSG 274 / HSG282.

Where required the appointed staff will need to undertake refresher training and reassessment every 3 (three) years or at a different frequency where deemed necessary.

Responsible Person(s) together with the assistance of the Authorising Engineer (Water) are to ensure sufficient training, advice and assistance in all Water Safety matters is available to key stakeholders.

# Records and Drawings

It is essential that records of all works undertaken on Water and Heating Systems are kept in a way that is readily available for inspection. This includes planned maintenance and monitoring tasks, emergency works and alterations.

# Incident Reporting

Any incident which involve Scalding or Burning, must be reported on Datix and to the Estates Department, where it will be investigated by the Estates Department and Health, Safety and Security Manager. An Estates incident Report shall also be completed.

# Policy Review

Arrangements for Policy review.

This policy will be reviewed by the Water Safety Group every 3 (three) years or earlier in the following circumstances.

* Following significant changes to relevant legislation and approved codes of practice
* When newly published material / evidence demonstrates a need for a change of existing working practices.
* Following a dangerous occurrence or “never event” or significant failure of any Water System that may have placed patients, staff, service users, volunteers or visitors at risk.

# Monitoring Compliance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Minimum requirement to be monitored monitoring against standards set out in policy | Process for monitoringe.g. audit | Responsible individuals/ group/ committee | Frequency of monitoring/ audit/ reporting | Responsible individuals/ group/ committee for review of results and determining actions required |
| Scalding Risk Policy | Review | Water Safety Group (WSG) | As per the Policy Review section of this Policy | Water Safety Group (WSG) / Health, Safety & Security Committee |
| Water Safety Plan (WSP) | Review | Water Safety Group (WSG) | The WSP is a ‘living document’ and should therefore be subject to an ongoing review | Water Safety Group (WSG) / Infection Prevention & Control (IPC) Committee |
| Key Performance Indicators for Water Maintenance, Compliance and Audit | Report | Water Safety Group (WSG) | Annually or as is required by the Risk Assessment | Infection Prevention & Control (IPC) Committee |

# References

* Health and Safety at Work Act 1974 (HSAWA) section 3
* Management of Health and Safety at Work Regulations 1999 (MHSW) regulation 3
* Provision and Use of Work Equipment 1998 (PUWER)
* HSE Information Sheet HSIS6 (Managing the risks from hot water and surfaces in health and social care)
* Health Technical Memorandum 04-01
* National standards of healthcare cleanliness 2021: Health and Safety

There are several other legal requirements that NHS Organisations, supporting professionals, contractors and suppliers must comply with. These are covered in the respective Health Building Notes (HBN’s), Health Technical Memoranda (HTM’s) and the NHS Premises Assurance Model (NHS PAM).

The Trust recognises its duties and legal responsibilities under these Acts and Regulations and has compiled a Water Safety Plan that sets out the planned approach for the Trust to achieve compliance with all relevant Health & Safety Legislation and Approved Codes of Practice (ACOP) within the Trust’s owned or maintained properties.

In addition, the WSP sets out the procedural framework for the safe management of Water Systems delivery across the organisation.

#  Appendix A: Policy Equalities Impact Assessment

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

|  |  |
| --- | --- |
| **Policy Name:** | Scalding Risk Policy |
| **Author:** | Bevan Speariett Karen Boreham Karina Jones  |
| **Role:**  | Assistant Director of Estates, Engineering and InfrastructureEstates Compliance ManagerAuthorising Engineer (Water) |
| **Directorate:** | Estates, Facilities & Capital Development |
| **Date** | 02/05/2023 |

* If any of the questions are answered ‘yes’, then the proposed policy is likely to be relevant to the Trust’s responsibilities under the equalities duties. Please provide the ratifying Committee with information on why ‘yes’ answers were given and whether or not this is justifiable for clinical reasons.
* The author should consult with the Associate Director of People & Culture to develop a more detailed assessment of the Policy’s impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
* A copy of the completed form must be submitted to the relevant committee when submitting the document for ratification.
* The ratifying committee will inform you if they perceive the impact to be sufficient that a more detailed assessment is required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Equalities Impact Assessment Question** | **Yes** | **No** | **Always give further information if you answer “YES”** |
| 1. How does the attached policy/service fit into the Trusts overall aims?
 | Yes | The Policy has been created to meet the Trusts aims of providing and maintaining safe and health working conditions, equipment, and systems of work for all staff, patients and visitors, and to provide such resources, information, training and supervision as they need for this purpose. |
| 1. How will the policy/service be implemented?
 | Yes | The Policy will be displayed on the Trust’s Intranet page and will be communicated via the Trust’s Water Safety Group, Infection Prevention and Control Committee and Health, Safety & Security Committee |
| 1. What outcomes are intended by implementing the policy/delivering the service?
 | Yes | The objective of this policy is to prevent the risk of scalding and burning to vulnerable patients / service users from hot water outlets, pipes or radiators |
| 1. How will the above outcomes be measured?
 | Yes | The outcomes will be measured via Audits, monitoring of compliance activities and via the ongoing Water Safety Group and Health, Safety & Security Committee meetings |
| 1. Who are they key stakeholders in respect of this policy/service and how have they been involved?
 | Yes | The key stakeholders are the Water Safety Group (WSG), the Infection Prevention and Control (IPC) Committee and Health, Safety & Security Committee |
| 1. Does this policy/service impact on other **policies or services**?
 | Yes |  | Health and Safety PolicyWater Safety PolicyWater Safety PlanEstates Operational Policy (due for release in 2023) |
| 1. If YES is that impact understood?
 | Yes |  | No further comments |
| 1. Does this policy/service impact on other **agencies?**

 |  | No | No further comments |
| 1. If YES is that impact understood?
 | Yes |  | No further comments |
| 1. Is there any data on the policy or service that will help inform the equalities impact assessment?
 |  | No | No further comments |
| 1. Are there are information gaps, and how will they be addressed/what additional information is required?
 |  | No | No further comments |
| **Equalities Impact Assessment Questions** | **Yes** | **No** | **Comment** |
| 1. Does the policy or service development have an adverse impact on any particular group?
 |  | No | No further comments |
| 1. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?
 |  | No | No further comments |
| 1. Where an adverse impact has been identified can changes be made to minimise it?
 |  | No | No further comments |
| 1. Is the policy directly or indirectly discriminatory, and can the latter be justified?
 |  | No | No further comments |
| 1. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?
 |  | No | No further comments |

# Appendix B: Policy Submission Form / Checklist

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

|  |  |  |
| --- | --- | --- |
| **1** | **Details of policy** |  |
| 1.1 | Title of Policy: | Scalding Risk Policy |
| 1.3 | Author (job title) | Bevan Speariett - Assistant Director of Estates, Engineering and Infrastructure, Karen Boreham – Estates Compliance Manager, Karina Jones - Authorising Engineer (Water) |
| 1.4 | Lead / Sponsor Sub Committee | * David Stevens - Director of Estates, Facilities & Capital Development
 |
| 1.5 | Reason for Policy | The objective of this policy is to prevent the risk of scalding and burning to vulnerable patients / service users from hot water outlets, pipes or radiators |
| 1.6  | Who does policy affect? | * Water Safety Group
* Infection Prevention and Control Committee
* Health, Safety and Security Committee
* Clinical Nurse Manager or equivalent
* Nurse in Charge or equivalent
* Staff
 |
| 1.7 | Are national guidelines/codes of practice /best practice/ references incorporated and cited? | Yes |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 1.9 | Is this a revision of an existing policy? | Yes  |
| 1.10 | If yes have you identified the changes in the document?  | Yes |
| 1.11 | Is the policy in the correct format? | Yes |
| **2** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | Legislation, guidance and best practice as stated within this Policy |
| **3** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure if the policy is implemented? | No |
| 3.2 | If YES attach a copy to this form | Not Applicable |
| 3.3 | If NO explain why | No changes to management structure |
| **4** | **Consultation Process** |  |
| 4.1 | Was there internal/external consultation? | Yes |
| 4.2 | List groups / Persons involved | Water Safety Group |
| 4.3 | Have internal/external comments been duly considered? | Yes |
| 4.4 | Date approved by relevant Sub-committee | Water Safety Group (30th November 2022) |
| 4.5 | Signature of Subcommittee chair | David Stevens |
| **5** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | The Policy will be displayed on the Trust’s Intranet page and will be communicated via the Trust’s Water Safety Group, the Infection Prevention and Control (IPC) Committee and Health, Safety & Security Committee |
| 5.2 | If there are implementation requirements such as training, please detail? | ELFT training will be identified on the Estates training matrixHard FM Suppliers will conduct their own training to ensure competency |
| 5.3 | What is the cost of implementation and how will this be funded? | No significant costs apart from ongoing training which will be funded through the Estate budget |
| **6** | **Monitoring** |  |
| 6.1 | List the key performance indicators e.g. core standards | * Audits undertaken by Authorising Engineer (Water)
* Key Performance Indicators listed within Hard FM Supplier’s contractors
 |
| 6.2 | How will this be monitored and/or audited? | The outcomes will be measured via Audits, monitoring of compliance activities and via the Water Safety Group, the Infection Prevention and Control (IPC) Committee and Health, Safety & Security Committee |
| 6.3 | Frequency of monitoring/audit | * Policy review every 3 (three) years
* Water Safety Group (WSG) every 3 (three) months
* Water Risk Assessment completed every 2 (two years)
 |

**Completed by**

**Date policy approved by the Sponsor Committee: 30th November 2022**

**Date policy approved by the Ratifying Committee:**