

Procedure No. 5-8-4
Replaces Procedure No. 5-8-4

Revised: 06-01-11
Issued: 04-22-98

SUBJECT: Safety In The Use Of Hot Water

PURPOSE: To establish a system to insure that water temperatures are maintained at levels consistent with individuals' served ability to deal safely with those temperatures and to carry out the mandate of Rights, Safety and Health Policy No. 5.

Staff are responsible for maintaining hot water temperatures consistent with the skills and ability levels of the individuals they support and minimum requirements established in this Procedure.

All individuals served shall be assessed in regard to their ability and skill to deal with hot water. The results of this assessment shall be clearly documented in the individual plan. Any individual determined not to be fully competent to deal with hot water safely shall have this noted in the Health & Safety section of the IP as well as their risk assessment document. Consideration should include:

- a. Physical ability to manipulate faucets/handles to control the mixture of hot and cold water from the source;
- b. Physical ability to remove one's self from water temperature source or to communicate the need to be removed;
- c. Cognitive ability to recognize changes in water temperatures, know what to do to change the water temperature as it comes out of the faucet, and/or communicate the need for help;
- d. Physical or health issues that result in changes in sensation or ability to feel sensations, such as diabetic or other neuropathy, peripheral vascular disease, conditions that may cause thickening of the skin, etc.; and
- e. Use of medications that may change the ability to feel sensations in or that may make skin more sensitive to changes in temperature or burning.

Individual procedures, by person, shall be established or recorded in the IP or bathing protocol existing in the home for anyone residing in the home or apartment not physically capable or mentally competent to deal safely with hot water.

MINIMUM STANDARDS - The temperature of the hot water at a faucet in the individual's living quarters shall be measured monthly and recorded on the Emergency Drill form (see attached).

Water temperatures should not exceed 120 degrees Fahrenheit. Staff need to notify supervisor immediately if water temperature exceeds 120 degrees. Lesser maximums may be established in each individual's home based on the IP team recommendation with Director of Programs approval.

All individuals who cannot safely regulate hot water shall have clearly established procedures for bathing, such as the example attached, readily available in the home and all staff shall be trained in the use of this procedure.

Since individuals vary in their sensitivity to water temperatures, it is insufficient for staff merely to feel the water and determine that it is satisfactory to the staff.

Approved by: _____
Chief Executive Officer

Date: _____

Tub/Shower Orientation Checklist attached to this Procedure.

EXAMPLE OF INDIVIDUALIZED BATHING PROCEDURE

NAME: _____

_____ prefers to take his bath in the large bathtub. Once assisted into the bathroom, he usually sits on the toilet for awhile. He will express to you that he is finished by standing up when you ask him, when he is ready to bathe.

While _____ is otherwise occupied, make sure that the rubber mat is in place on the bottom of the tub. Close drain, and begin running water. Water should be warm, but it is important to monitor the temperature of the water during the filling process, as it has a tendency to fluctuate depending on the demands of the system. **BE SURE THAT NO OTHER WATER IS RUNNING IN THE HOUSE, SUCH AS THE DISHWASHER, WASHING MACHINE, SINK WATER OR TOILET.**

Add bubble bath to the water, and stir the water with your arm to ensure that the temperature is consistent.

When _____ is finished using the toilet, he will undress independently with verbal prompts.

Before _____ gets into the tub, place your arm in the water and leave it there for 30 seconds or so. Using a thermometer does not indicate the water temperature at all levels of the tub (if it is a very deep tub). When satisfied the temperature is comfortable, monitor _____ as he gets in.

Once settled in the tub, _____ enjoys the water jets. Turn on the jets using the timer on the wall opposite the tub.

After a leisurely soak of about a half-hour or so, assist _____ with bathing areas that need special attention. _____ can wash his extremities and private parts with verbal reminders. He needs assistance with his back, face, eyes and ears. It is at this time that medicated shampoo for his seborrhea can be used as indicated.

_____ prefers to remain in the tub as it is draining. He can release the water, but he requires verbal prompts to do so.

_____ will dry his upper body, but not his lower body. This is usually not an issue as by the time his upper body is finished, his lower body is usually air-dried. For this reason, it is recommended that the air conditioner be turned down, or the vents in the bathroom be turned off.

After his bath, _____ can dress himself. He usually sits on the chair in the bathroom with his clothes laid out for him, before he begins, or after he is finished is a good time for ear, eye and other medication, including toothpaste. It is also a good time to trim his nails.

Example attached to Procedure No. 5-8-4



EMERGENCY DRILL FORM

Please Check Applicable Box:

Scheduled

Unscheduled

FIRE DRILL

TORNADO/SEVERE STORM

EARTHQUAKE

POWER OUTAGE

FLOODING

BOMB THREAT

MEDICAL EMERGENCY

SAFETY DURING VIOLENT OR

THREATENING SITUATION

Please complete this form each time an emergency drill is performed. Also, use this form when reporting a fire alarm that sounded. Fire drills need to be completed within one week of a new admission or change of living environment. Retain original in Staff Reference Book and send a copy of the completed form to the Health and Safety Committee chairperson.

Location of Drill:

Date:

Time:

AM PM

Description of Drill: (i.e. did individuals evacuate or was procedure discussed/reviewed): _____
Total Time for Evacuation: _____

Any Problems Encountered: _____

Any Recommendations for Improvement: _____

Staff Completing Form:

Title:

HOT WATER	TEMPERATURE	WHERE TAKEN
1 minute		
2 minutes		
3 minutes		
4 minutes		
5 minutes		
What temperature is Hot Water Heater set on?		

Smoke Detectors Working: Yes No

Actions taken to resolve problem, if necessary: _____

Program Manager Signature of Review: