PURPOSE (003.1): The purpose of the Bathing Safety Policy is to provide a framework for review, planning, training, and implementation of protocols designed to ensure the safety of individuals while bathing.

APPLICABILITY (003.2) All services that involve bathing that are delivered by a paid caregiver, and are funded by the Developmental Disabilities Program require a bathing protocol which must be reviewed at least annually by the Plan of Care teams for adults and children (including individuals in foster homes). Results of the annual review will be documented in the Plan of Care. The term “bathing” also includes showering and sponge bathing in addition to traditional tub bathing. The term “attended bathing” includes the following levels:
1. The attending person is within arms’ length and in sight of the person throughout the duration of the bathing; or
2. The attending person is within the bathing/showering room and is able to hear the individual (shower curtain is drawn, privacy screen is used).

RISK FACTORS (003.3) All risk factors relating to bathing safety are to be considered. They include, but are not limited to: history of seizures, medications adjustments and developmental and physical changes that may impair judgement or mobility. The individual’s right to privacy must be weighed along with safety factors and the level of supervision provided. Procedures must be in place to ensure that the water temperature is maintained at no less than 110 or no more than 120°F at the hot water tap in facilities owned or managed by qualified Developmental Disabilities providers.

WRITTEN PLAN (003.4): Because of the very high risk associated with active seizure disorders and bathing, Plan of Care teams must consider the need for attended bathing when meeting the health and safety needs of an individual. A determination regarding the need for attended bathing is required for all individuals living in licensed community homes for persons with Developmental Disabilities who have a diagnosis and a history of seizure disorder, who are taking medications to control seizures. This determination must be documented in the Plan of Care. Where it is determined by the planning team that safety factors need to be addressed, an action and outcome
must be written indicating that a bathing protocol will be implemented to address bathing safety.
   A. The bathing action and outcome must clearly state the risk factors being addressed.
   B. The individual’s personal physician and/or occupational or physical therapist may be involved in the development of the bathing protocol.
   C. Staff charged with implementing the bathing protocol will receive training. Written instructions and a signed training log are required to ensure staff training requirements are met.
   D. The written bathing protocol must be readily accessible to staff who monitor or assist an individual while bathing. “Readily accessible” means that the protocol is posted in the bathing area and/or is contained in a binder or notebook that the staff may take into the bathing area for reference.
   E. The attending person, where applicable, (individual has the capacity to make desires known and there is more than one person to choose from) may be selected by the individual in Developmental Disabilities Services.

Director, Developmental Disabilities Program

Web Manager, Developmental Disabilities Program