# Protocol for the Safe Bathing and Showering of People with Epilepsy

## Version: 3

### Summary:
The risk of drowning during a seizure whilst bathing in people with epilepsy is well documented. This protocol details the recommendations which must be followed when people with epilepsy in SHFT inpatient services or residential services shower or bath. It should also be used as a reference when providing advice and making recommendations to community patients with epilepsy by any healthcare professional.

### Keywords:
- Epilepsy
- Drowning
- Health and social care
- Bathing
- Showering
- Risk assessment
- Capacity
- Evidence based practice

### Target Audience:
All health professionals and social care staff working in Southern Health NHS Foundation Trust for information and reference. All inpatient units and social care residential accommodation for implementation in all patients with epilepsy.

### Next Review Date:
January 2020

### Approved & Ratified by:
Patient Safety Group  
Date: 18 January 2018

### Date issued:
May 2018

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Version Control

Change record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
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<tbody>
<tr>
<td>12/5/17</td>
<td>Carol Bailey</td>
<td>1</td>
<td></td>
<td>Addition of appendix 3 - Infection Prevention and Control and Bath Aids</td>
</tr>
<tr>
<td>04/01/2018</td>
<td>Carol Bailey</td>
<td>2</td>
<td></td>
<td>Reference to TQtwentyone services has been removed as these are no longer a part of the Trust. Some minor changes to text and links made to aid clarity and currency.</td>
</tr>
<tr>
<td>2.5.2018</td>
<td>John Stagg</td>
<td>3</td>
<td>8</td>
<td>The addition of paragraph 4.5.3 which references the appropriate Health &amp; Safety workplace risk assessment. Approved by DoN and Deputy DoN Change of accountable director</td>
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Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
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</thead>
<tbody>
<tr>
<td>Carol Bailey</td>
<td>Consultant Nurse, Learning Disabilities</td>
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</tr>
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<tr>
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<td>Version 2</td>
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</tbody>
</table>
Summary of Recommendations

- It is important that people with epilepsy take extra care in a bath, because there is a risk of drowning during a seizure.

- At all times work to what is in the best interests of the person with epilepsy, taking account of their personal wishes and preferences, clinical needs and capacity.

- Use the shower instead of a bath because the water runs away.

- If the person wishes to have a bath, assess their capacity to understand the risks.

- If the person does not have capacity, involve family and other relevant people in a best interest decision.

- Document all discussions in the person’s notes and ensure there is an up to date care plan and risk assessment regarding bathing and/or showering.

- Have somebody in the bathroom with the person with epilepsy or waiting outside the door talking to the person at all times.

- Do not lock the bathroom door. Ensure the bathroom can be accessed from outside at all times, including if the person were to fall against the door.

- Keep the water depth as minimal as possible and turn off the taps before the person enters; or, don’t put the plug in, but sit in the bath with the water running from the taps or a shower attachment.

- Ensure there is a working emergency call button or phone in the bathroom for the person and/or staff member to summon help.
Protocol for the Safe Bathing and Showering of People with Epilepsy

1.0 Background

1.1 Epilepsy is the most common serious neurological condition in adults, affecting around 600,000 people in the United Kingdom. Prevalence of epilepsy in the UK is 4-8 per 1000 (Shorvon, 2009). In the general population, risk of a second seizure occurring within two years of the first event is about 50% (Rugg-Gunn and Sander, 2012) but increases to nearly 100% if there is a predisposing neurological condition.

1.2 According to Bell et al. (2008) people with epilepsy have an increased risk of drowning, as high as 15 to 19 fold compared to the general population. It is therefore important that risk assessments must include bathing and showering and environments are as safe as possible (Neligan and Bell, 2015, and NICE, 2012).

1.3 Further information on epilepsy can be found in SHFT Epilepsy Map and Toolkit: SHFT, ‘What to do when an inpatient has a seizure;’ and National Websites such as Epilepsy Action, and The National Society for Epilepsy

2.0 Purpose of Protocol

2.1 This protocol provides recommendations to assess the safety of bathing and showering for people who have epilepsy and are using Southern Health NHS Foundation Trust (SHFT) services.

2.2 The mandatory use of this protocol for all inpatients will ensure that the risk of drowning as a result of an epileptic seizure in people known to have epilepsy is fully assessed and documented to provide the best care for all our patients and clients.

2.3 Therefore, on admission to inpatient services all individuals with epilepsy must have an assessment of risk to include bathing and showering and a care plan/support plan implemented with immediate effect.

2.4 This protocol should be transparent to all involved in the person with epilepsy’s assessment and management in the bath or shower including the person, inpatient staff, support staff and their family where appropriate.

3.0 Scope

3.1 This protocol applies to all inpatient units for immediate implementation in all individuals with epilepsy.

3.2 For community healthcare professionals and social care staff not providing 24 hour support and care it should be used as a reference in order to inform their assessments and recommendations for the person, family and care providers.

3.3 The information included on environmental safety and examples of ways to minimise risk in the bathroom is not an exhaustive list.
4.0 Specific Principles

4.1 The relevant general risk assessment tool for the Service must be completed on admission. In order to assess the risks to enable a person-centred care plan to be written regarding bathing and/or showering in a person with epilepsy the following factors must be considered.

<table>
<thead>
<tr>
<th>The person with epilepsy</th>
<th>The Epilepsy</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>General including staff factors</td>
<td>The Environment</td>
<td>Bathing</td>
</tr>
</tbody>
</table>

4.2 The individual person with epilepsy

4.2.1 We know epilepsy is more than having seizures and therefore the aim of this protocol is not just about preventing drowning as a result of an epileptic seizure in the bath or shower but to ensure the person with epilepsy has an increased quality of life because of the assessments and interventions they receive through SHFT’s services. It is important that the person feels in control of decisions made about their care and management whilst in SHFT services. Taking a person centred approach to both assessment and management ensures the person’s needs and preferences are taken into account. People with epilepsy should have the opportunity to make informed decisions about their management, in partnership with health and social care professionals. Good communication between health and social care professionals and people with epilepsy, and where appropriate families and carers, is essential.

4.2.2 Patients with epilepsy are recommended to take showers in place of baths, however all assessments and care plans must evidence that consideration has been given to personal choice and the capacity to make that choice. There may be occasions when bathing is identified as a therapeutic need, or a personal choice.

4.3 The Epilepsy

4.3.1 With just under 40 different seizure types and over 30 different epileptic syndromes, epilepsy is not a single condition. It is therefore not possible to list all the epilepsy factors related to bathing and showering. For some people their epilepsy may not present them at risk in the bath or shower, but this must never be supposed unless it has been confirmed by an epilepsy specialist (consultant neurologist; consultant neuropsychiatrist, consultant in learning disabilities with training in epilepsy).

4.3.2 The key principle is that all staff supporting individuals with epilepsy must have an awareness of the individual’s epilepsy. This would include triggers, auras, seizure warnings, seizure presentation, seizure pattern and frequency of seizures.

4.3.3 If there are triggers to seizure activity these should be avoided if possible before bathing and showering. If seizures occur at a certain time of day, the bathing routine should be adapted to maintain and increase safety. For example, if seizures occur on waking, then allowing time with the morning routine will increase safety.

4.3.4 There must be a care plan in place to state what actions staff are to take when the person has a seizure, irrespective of whether or not this is in the bath or shower.
4.4 Capacity of the person with epilepsy

4.4.1 English Law assumes that if you’re an adult you are able to make your own decisions, unless it’s proved otherwise. In order to make a decision it is important that the individual is provided with the information they need by the health or social care professional, in a format they can understand, and they weigh the information up to come to a decision. Finally, this information must be communicated by the individual to health and social care professionals.

4.4.2 If people do not have the capacity to make decisions, professionals should follow the Department of Health’s advice on consent (available from https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition and the code of practice that accompanies the Mental Capacity Act (summary available from www.publicguardian.gov.uk). Staff should bear in mind that even where a patient is assessed as lacking capacity to make a decision, they should be involved as fully as possible in the decision. It is important that a best interests decision is made which provides minimal restriction to the individual and allows them to fulfil their wishes as far as possible. It is important that if the reason for the person’s lack of capacity is temporary this is revisited at the appropriate time.

4.4.3 Capacity should be clearly documented within the individual's notes and care plan.

4.4.4 If the individual does not have capacity to understand and make an informed decision regarding the risks associated with bathing, a best interest decision should be made. If a best interest decision is required, the appropriate people should be involved and the decision documented. Care plans should be implemented to ensure safety at all times.

4.4.5 The individual should never be left alone whilst bathing and a clear discussion regarding showering held, documented and enacted.

4.4.6 If the individual has been assessed as having capacity and chooses to be supported to bath and shower staff must ensure that they remain with the individual at all times.

4.4.7 If the individual has capacity and chooses NOT to be directly supported whilst bathing and/or showering they are entitled to make what healthcare professionals would deem as an unwise decision. However, it needs to be clearly documented that all steps have been taken to ensure the individual’s capacity. Staff should have discussions with the individual on a regular basis with regards to the risk and their views. Discussions and outcomes should be documented in notes, care plans and capacity assessments.

4.5 General Environmental Principles

4.5.1 All SHFT staff supporting a person with epilepsy with bathing or showering must have completed the SHFT epilepsy awareness training; be up to date with moving & handling and basic life support training.

4.5.2 Whilst the next 3 sections focus on ensuring the environmental issues, which if managed optimally, will provide as safe an environment as is reasonably practicable for all individuals, the importance of robust individual clinical risk assessment and observation processes for people with epilepsy cannot be over-emphasised.

4.5.3 The Health & Safety Risk Assessment Workplace – “Bathrooms and Bathing” must be completed in line with the Health & Safety policies and procedures to ensure that there is
safe use of bathrooms and bathing risk assessments. The use of this protocol is specifically included within the workplace risk assessment “Bathrooms and Bathing”.

4.5.4 The occupational therapy Bathing and Showering Assessment Tool can be found in appendix I and a bathroom environmental tool in appendix 2 and used when appropriate.

4.5.5 Good practice:

- Inform a second staff member of the plans to bath. Planning the routine will help if first aid response is required and will support staff confidence in the event of a seizure.
- If a second member of staff is not available. Ensure a charged phone is safely available in the bathroom to access 999.
- Ensure you have everything to hand before entering the bathroom. Have 2 extra towels to support the individual in the event of a seizure- 1st to support head, 2nd to cover and protect dignity of patient.
- Use Vacant/Engaged Sign on the door in place of locks.
- Ensure the floor space around the bath remains clear and dry.

4.6 Bathing

If a bath is chosen, or if there is no shower:

- Staff must be present at all times with the person with epilepsy in their line of sight unless there is a clear documented and risk assessed reason otherwise. If staff are not in the bathroom, they should be positioned outside the bathroom door and talking to the individual whilst bathing.
- Run a shallow bath and put the water in before the person enters the bath.
- Ensure risk assessments are in place for all equipment, for example, hoists, bath seats.
- Provide a non-slip mat within the bath to avoid slipping underwater.
- Have accessible plugs attached to a secure chain or a floating plug.
- Ensure the bath drains are clean and clear of debris so they can drain quickly.
- Consider using bath pillows and side cushions to offer protection from the sides of the bath. These should be provided as part of a full assessment by an occupational therapist with a clear care plan in place for their use.
- Adjust any environmental factors such as lighting, noise and heat that may trigger a seizure.
- Ensure any mechanical baths have been serviced in line with manufacturers/ SHFT recommendations.

4.7 Showering

4.7.1 Having a shower can be safer than having a bath. However it does not totally eliminate all risk of injury and possible fatality. Consider the following:

- Keep drainage free from debris and running freely.
- Level access showers provide easier access, reduce the number of hard surfaces to fall against, such as the side of a bath, and does not allow the water to build up unlike a shower tray.
- A shower curtain, rather than a screen or door, makes it easier to reach someone quickly if they have a seizure in the shower, and prevents the risk of injury during a seizure.
- A fitted seat with protective covering or a padded shower chair may help reduce injury as the distance to fall is reduced.
5.0 What to do in the event of a seizure

- Shout loudly and clearly for help and keep shouting until it arrives.
- Activate the call button/emergency alarm or if in a residential care setting and alone consider dialling 999. 999 should be called immediately if there is concern of injury or staff feel unable to manage the seizure.
- Remain calm and reassure the individual by talking quietly and calmly.
- If a hoist and sling is being used, follow the individual’s risk intervention plan.
- Support the individual’s head above the water.
- Check the time if possible.
- Remove the plug and allow the water to drain. Place a towel under the person’s head if required to avoid any injury.
- Use a second towel to cover the person and continue to call for help.
- Allow the person to continue with the seizure.
- DO NOT MOVE THE INDIVIDUAL OUT OF THE BATH/SHOWER UNTIL THE SEIZURE ENDS.
- Check the time when the seizure ends.
- Administer Emergency Medication in line with prescribed protocol if required.
- Call 999 if the seizure becomes prolonged, if an injury has occurred or other concerns are raised (NICE guidelines state to call 999 after five minutes).
- If emergency services are needed, allow the second member, if present, to alert 999 and respond whilst the first staff member continues to support the person and offers reassurance.
- Once the water has been drained, cover with towels, blankets or clothing to maintain body temperature, which will be lost quickly following a seizure.
- Place in the recovery position out of the bath after the seizure has finished. Continue to keep the individual warm with covers.
- Follow the person’s epilepsy care plan.

5.1 If resuscitation becomes necessary, as the person has stopped breathing, the National Resuscitation Council (UK) guidelines (2015) should be followed. These guidelines state that the person, “who is unresponsive and not breathing normally is in cardiac arrest and requires CPR. Immediately following cardiac arrest blood flow to the brain is reduced to virtually zero, which may cause seizure-like episodes that may be confused with epilepsy. Bystanders and emergency medical dispatchers should be suspicious of cardiac arrest in any patient presenting with seizures and carefully assess whether the victim is breathing normally”. 
6.0 Recording and post seizure

6.1 When writing care plans, as a result of the risk assessment, clinical discussion, discussion with the patient, family and relevant parties, capacity decision etc. the following MUST be included:

- Choice and capacity.
- The level of staff support that the individual requires to keep them safe whilst bathing or showering.
- Any factors that may impact (increase or decrease) risk.

6.2 Following the individual suffering a seizure:

- Complete all recording charts and documentation in line with SHFT policy.
- Complete a Ulysses entry when a seizure occurs in the bath or shower.
- Report seizures in a bath to the Senior in Charge and discuss whether there needs to be a change in bathing or showing care plan. In addition, this must also be discussed at the next MDT meeting within a week if the person with epilepsy is an inpatient.
- Ensure information is provided within shift handover.
- Consider referring the person for review of their epilepsy to the GP, consultant psychiatrist or consultant neurologist if the seizure is unusual or there are concerns from staff.

6.3 This is not an exhaustive list of actions and individual health and social care professionals should use their professional knowledge, skills and training to ensure any other appropriate actions are taken. If an individual is not confident with supporting a person with epilepsy it is their responsibility to ensure their line manager is aware of their concerns.

7.0 References


Neligan A and Bell G (2015) in Rugg-Gunn F and Smalls JE. From channels to commissioning - a practical guide to epilepsy, International League against epilepsy


8.0 Acknowledgements

Epilepsy Society Keeping Safe at Home http://www.epilepsysociety.org.uk/keeping-safe-home
<table>
<thead>
<tr>
<th><strong>OCCUPATIONAL THERAPY</strong></th>
<th><strong>BATH / SHOWER ASSESSMENT TOOL</strong></th>
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<tr>
<td>Name:</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address:</td>
<td>Telephone number:</td>
</tr>
<tr>
<td>GP’s Name/Address/Telephone No:</td>
<td>NHS Number:</td>
</tr>
<tr>
<td><strong>CONSENT:</strong></td>
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</tr>
<tr>
<td>Has the reason for the bathing assessment been explained?</td>
<td>Yes / No*</td>
</tr>
<tr>
<td>Has the client given informed consent?</td>
<td>Yes / No*</td>
</tr>
<tr>
<td>Is a best interest decision necessary?</td>
<td>Yes / No*</td>
</tr>
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<td><strong>HEALTH</strong></td>
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</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td></td>
</tr>
<tr>
<td>Medication / reported side effects:</td>
<td></td>
</tr>
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<td>Epilepsy:</td>
<td></td>
</tr>
<tr>
<td><em>If yes, state type, frequency, pattern, warnings, past injuries sustained</em></td>
<td>Yes / No *</td>
</tr>
<tr>
<td>Sensory Impairment:</td>
<td></td>
</tr>
<tr>
<td><em>For example, visual impairment</em></td>
<td>Yes / No *</td>
</tr>
<tr>
<td>Energy Levels</td>
<td></td>
</tr>
<tr>
<td><em>For example, fatigue, hyperactive</em></td>
<td>Yes / No *</td>
</tr>
<tr>
<td>Continent</td>
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</tr>
<tr>
<td><em>If no, detail, including skin integrity, bathing medical needs, wounds</em></td>
<td>Yes / No *</td>
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<tr>
<td>ENVIRONMENT</td>
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<td>Ward/ Own home/ Residential care/Supportive living etc.</td>
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<td>If community – who does the patient live with and support available:</td>
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<tr>
<td>Location of, access to and description of Bathroom and shower room</td>
<td>For example, size, flooring, shower/bath, location of bathing suite, hazards, clutter</td>
</tr>
<tr>
<td>Aids used at time of assessment:</td>
<td>For example, shower chair, bath seat, hoist, bath lift, grab rails</td>
</tr>
<tr>
<td>VOLITION</td>
<td></td>
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<tr>
<td>For example, is this a valued activity, is the client motivated, client's preference for bath/shower, ability to make choices.</td>
<td></td>
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<tr>
<td>ROUTINE - BATHING/SHOWERING</td>
<td></td>
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<tr>
<td>For example, frequency, time of day, is there a specific routine</td>
<td></td>
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<tr>
<td>OCCUPATIONAL PERFORMANCE - BATHING/SHOWERING</td>
<td></td>
</tr>
<tr>
<td>Independent / Requires minimal or moderate support / Dependent*</td>
<td></td>
</tr>
<tr>
<td>Gross motor skills affecting bathing/showering</td>
<td>For example, mobility, transfers</td>
</tr>
<tr>
<td>Fine Motor Skills affecting bathing/showering</td>
<td>For example, holding soap, flannel</td>
</tr>
<tr>
<td>Sensory Skills affecting bathing/showering</td>
<td></td>
</tr>
</tbody>
</table>
**For example, vision, tactile, vision, lighting**

Cognitive and Perception Skills  
*For example, logical sequencing, depth awareness*

**COMMUNICATION**  
*For example, how does the client communicate, does the client understand what is being asked.*

**RISKS IDENTIFIED AT TIME OF ASSESSMENT**

**RECOMMENDATIONS**  
*Such as, personal care assessment / skills teaching, adaptations, compensation techniques*

**OT PLAN**

<table>
<thead>
<tr>
<th>Occupational Therapist:</th>
<th>Cc:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Client</td>
</tr>
<tr>
<td></td>
<td>GP</td>
</tr>
<tr>
<td></td>
<td>Primary Nurse</td>
</tr>
<tr>
<td></td>
<td>Client’s notes</td>
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### Appendix 2 Bathroom environmental checklist

<table>
<thead>
<tr>
<th>HOME SAFETY</th>
<th>OT Advice</th>
<th>Comments</th>
<th>Points to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathroom</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flooring</td>
<td></td>
<td>Risk of impact damage from falls on to ceramic and quarry tiles. Cushioned, non-slip flooring is preferable. Any loose edged tiles.</td>
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</tr>
<tr>
<td>Radiators</td>
<td></td>
<td>To be covered. Helps avoid risk of injury from • Sharp corners / contact burns / impact with rigid surface</td>
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<tr>
<td>Shower</td>
<td></td>
<td>For people with active seizures, a level access shower is the safest option. Where client prefers a bath, he/she must be informed of risks and a risk assessment completed.</td>
<td></td>
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<tr>
<td>Shower seat</td>
<td></td>
<td>Reduces risk of injury from falling when standing. Shower chair should be padded, protection cover is needed for wall fitted shower seats.</td>
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</tr>
<tr>
<td>Thermostatic control of hot water flow</td>
<td></td>
<td>A thermostat can be fitted to prevent the hot water from raising above a certain temperature, to reduce the risk of scalds</td>
<td></td>
</tr>
<tr>
<td>Taps with safe profile</td>
<td></td>
<td>Rounded taps are preferable. Cross headed and level taps are not recommended because they can cause gouging injuries in falls. Taps can be covered with a towel to soften the surface.</td>
<td></td>
</tr>
<tr>
<td>Bath</td>
<td></td>
<td>Bath lift or padded bathing cushions may be needed. Refer to OT for a full assessment.</td>
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</tr>
<tr>
<td>Exposed pipes to be lagged or boxed in</td>
<td></td>
<td>Lessens the risk of burns from exposed hot pipes.</td>
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<tr>
<td>Hand rails / grab bars</td>
<td></td>
<td>May be needed and if so, padded grab rails are recommended, in a colour that contrasts against the wall. Refer to OT.</td>
<td></td>
</tr>
<tr>
<td>Access to the bathroom - Doors</td>
<td></td>
<td>Outward opening, sliding or concertina door gives full access in an emergency.</td>
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<tr>
<td>Socket covers, e.g. for shaver socket</td>
<td>These protect against risk of electrocution; important where there is risk of random automatic behaviour in complex partial seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locks</td>
<td>Good window locks and external door locks reduce risk of lack of security during seizure activity. To increase safe access, engaged signs to be used instead of locks or locks that are double accessed.</td>
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</tr>
<tr>
<td>Other, for example, mirrors, windows</td>
<td>Consider the glass in the environment – are mirrors Perspex, are windows double glazed. Containers, fixed objects protruding from the walls, such as soap dishes, sharp edges, washbasin shape, clutter.</td>
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Appendix 3:

Infection Prevention and Control and Bath Aids

BATH MATS

- In line with the latest guidance, patients with epilepsy must have a bath mat in place when bathing
- These should be single-patient use
- Bath mats are hard to clean as they have lots of nooks and crannies
- After each use, please ensure they are cleaned with detergent and hot water
- After cleaning the bath mat must be dried – using disposable paper towels or a clean towel
- The bath mat must be stored dry
- Regularly inspect the bath mat and if any mould develops please dispose and replace

BATH PILLOWS / SIDE CUSHIONS

- After each use, please ensure any bath pillows or side cushions are cleaned with detergent and hot water
- After cleaning they must be dried – using disposable paper towels or a clean towel
- Bath pillows and side cushions must be stored dry

General IPC Advice

Please ensure staff wear appropriate personal protective equipment when cleaning mats, pillows and cushions (apron as a minimum, and gloves if there is visible soiling)

As part of ward refurbishment please consider replacing the bath with an ‘anti-slip’-bath