HealthCap
RISK MANAGEMENT SERVICES

HOT LIQUIDS

Policy and Procedure

Policy:
It is the policy of this facility to maintain protocols to assist in preventing injuries related to hot liquids and develop an individualized plan of care to address resident risk.

Procedure:
1. A "Hot Beverage Use Assessment" will be performed upon admission, quarterly and with a significant change in condition.

2. Resident 's with a "yes" response in section #1 of the "Hot Beverage Use Assessment" will be referred to Occupational Therapy for a thorough assessment of physical abilities and recommended safety interventions.

3. Occupational therapist performing risk assessment shall communicate assessment findings and safety recommendations to the interdisciplinary team.

4. Residents identified through the assessment process as at risk for injury related to exposure to hot liquids shall not be left unsupervised during meal service.

5. Adaptive equipment recommended by the Occupational Therapist post-assessment process will be provided for each resident.

6. Residents identified as at risk will be served each meal utilizing a red napkin to alert each member of the team that the resident is at high risk for burn injury.

7. The individual resident care plan will reflect resident specific risk factors and appropriate interventions to assist in preventing burn injuries.

8. The dietary department will monitor hot food/beverage temperatures at the point of service on a daily basis to ensure appropriate temperatures are maintained.

9. Any deviation or fluctuation in hot liquid temperatures will be documented and immediately reported to the dietary manager.

10. Hot beverages will be served to residents pursuant to the safety recommendations from the Occupational Therapy department.

11. Electrical equipment utilized to heat and maintain hot liquids will be monitored on a scheduled basis to ensure appropriate temperatures are maintained and documented on the temperature log.

12. Any equipment identified as not maintaining appropriate temperatures will be removed from service until a thorough inspection and corrective action are taken.

13. The Quality Assurance Committee will collect any reports of deficient practice and corrective actions from the Administrator quarterly.

SAMPLE

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nd/4.0/

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____

SAMPLE

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nd/4.0/

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.