

# **Good practice guidance:** prevention and management of scalding episodes in daycare of children and childminding services

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## This guidance includes:

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## Who this guidance is for

We have produced this guidance to raise awareness of preventing and managing scalding episodes for those caring for young children. We have produced this in response to a small number of incidents involving children being scalded in settings. Most of these relate to children spilling or having soup spilt on them by others. The guidance is applicable to all early learning and childcare settings, school-aged childcare and childminding services.

Scalding accidents can happen quickly, and the effects can be devastating.

**The Child Accident Prevention Trust (UK) states that almost half of all serious burns are to children under two and 70% are to children under five.**

All staff need to know how to take preventive measures against these risks and what to do in an emergency. It is important that staff know how to apply first aid to children who have been scalded. This guidance cannot cover all situations but is designed to signpost people to support that is available and ensure that staff recognise and can mitigate against possible risks. This guidance should be used in conjunction with the service's risk management processes and procedures to support staff development. It is not designed to be used in an emergency or as an alternative to appropriate training.

## Definition of burns/scalding

Burns and scalds are damage to the skin usually caused by heat.

A burn is caused by dry heat – by an iron or fire, for example.

A scald is caused by something wet, such as hot water or steam.

Further information can be found on the NHS website:

<https://www.nhs.uk/conditions/burns-and-scalds/>

Hot liquids such as cups of tea or coffee can continue to present a risk up to 30 minutes after being made. The best way to reduce this risk is to avoid hot drinks in any areas where children have access.

## Specific Risks for young children

The Child Accident Prevention Trust highlights the following:

### Why are young children at greater risk?

Let's start with an obvious one – they're small! For burns and scalds, this is a risk factor in its own right. A burn from hair straighteners (maybe up to 10cm in length) or a scald from a spilled hot drink will cover a larger surface area of a child's skin in proportion to its body than it will with an adult.

Babies and toddlers have thinner skin – up to 15 times thinner than that of an adult. This means that the injury is more severe. A small contact burn or scald can be a minor irritant to an adult, but it can be a serious injury for a young child.

They're inquisitive and developing fine motor skills – they're learning to reach and grab, and they don't discriminate! It could be a favourite toy, a cup of tea, pan handle or hair straighteners. Which brings us on to ...

Reflexes. We assume they're automatic but they're not! If we, as adults, touch something hot, we move away from the heat source almost immediately and the contact lasts for just a split second. But young children have yet to learn to pull away and won't know that touching something hot will harm them.

Finally, you can tell a young child not to touch something and why, and the chances are they won't do it in that particular instance. However, they are still developing reliable memory and don't really understand the consequences (even if they say they do!), so what you've told them may not register.

[Burns and scalds | Child Accident Prevention Trust \(capt.org.uk\)](https://www.capt.org.uk/)

## Food Safety

We are seeing a small number of accidents where children have been scalded by hot soup. In group settings, mealtimes should be well managed, taking a developmentally responsive approach to the provision of food and fluid. One that considers the age, stage of development and unique personalities of each child. Young children and babies should always be supervised when eating and drinking.

It is important that staff breaks are managed to make sure children have suitable support while eating and drinking. Any risks should be identified and minimised and staff should be suitably trained to promote positive, safe, mealtime experiences. Managers must make sure that staff are putting any learning and training into practice to promote safe, happy, and healthy mealtimes. More guidance about the management of mealtimes can be found in our Mealtimes keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC) practice note [mealtimes practice note](#). You can also find guidance about food safety and hygiene in the NHS nutritional guidance document [Setting the Table](#).

It is important when you serve hot food that you follow the guidance from the food standards agency to ensure that food is heated to the correct temperature before serving. This is to avoid food poisoning. **However, food should not be served to children at this temperature.** Food should be left to cool in a safe area, away from children and should be tested by tasting, before serving. Remember that young children's mouths are more sensitive than an adult's and they cannot tolerate the same temperature. Where meals are prepared by catering staff, childcare staff should test the food or drink to confirm the temperature is safe for the children before serving. Whilst we want to promote children's independence at mealtimes, when serving hot liquids such as soup, this should be brought to the children rather than children collecting and carrying them. They should always be cooled before bringing to the table.

The following guidance from Food Standards Scotland provides additional information on food safety:

<https://www.foodstandards.gov.scot/business-and-industry/safety-and-regulation>

<https://www.foodstandards.gov.scot/business-and-industry/industry-specific-advice/childminders>

## Kitchen/food preparation areas

As part of your service risk assessment, you must consider the risks associated with children accessing kitchen or food preparation areas. Take time to consider these areas from a child's perspective and put in place measures to keep children safe.

The Child Accident Prevention Trust has a range of fact sheets to help keep children safe:

<https://capt.org.uk/wp-content/uploads/2023/04/Safe-from-burns-fact-sheet.pdf>

The Royal Society for the Prevention of Accidents also has resources, including a virtual kitchen to help you consider risks:

<https://www.rosipa.com/resources/information-hubs/keeping-kids-safe>

## Cleaning

We know that there will be certain cleaning activities that happen throughout the course of the day such as cleaning up spills or preparing tables for lunch or snack times. There should be a risk assessment in place to ensure children do not have access to any cleaning products or materials.

A risk assessment should be undertaken to ensure routine cleaning does not place children at any risk. Deep cleaning should take place when the service is closed. The Health and Safety Executive advises that all employees must be informed, trained and supervised in using cleaning products. It is not enough to issue safety data sheets; you must make sure your employees understand the hazards and the control measures needed to control any risks.

Quality assurance and monitoring of staff practice will help measure how well staff put this knowledge into practice. This will identify any additional support staff may need to ensure a culture of safe, effective cleaning practices in your setting.

**Boiling water should never be used or brought into any area when children are present.**

For more guidance on cleaning and infection prevention:

<https://www.hse.gov.uk/pubns/cais22.htm>

[National Infection Prevention and Control Manuals](#)

[Health protection in children and young people settings, including education](#)

[Control of Substances Hazardous to Health \(COSHH\) - HSE](#)

## First Aid

If an accident does happen in your service, it is vital that you respond quickly and safely to prevent further damage. This guidance only supplements first aid training and does not replace it. It is the provider's responsibility to ensure all staff have the right knowledge and skills to ensure the safety and wellbeing of children. It is good practice for staff to receive paediatric first aid training on a regular basis.

For group settings it is important to consider who is the appointed first aider, where in the building they are situated and how easily and quickly they can be sought in an emergency. There must always be a trained paediatric first aider on the premises when the service is operating.

Burns and scalds are damage to the skin usually caused by heat. Both are treated in the same way:

- Remove anything from near the burned/scalded area, this includes wet clothing or babies' nappies. Do not try to remove anything that is stuck to the burned/scalded skin as this could cause more damage.
- Cool the burn/scald with cold running water for a minimum of 20 minutes as soon as possible after the injury. **Never use ice, very cold or iced water** or apply any creams or greasy substances like butter.
- If running water **is not** available a wet towel or compress can be used.
- Initial cooling is important. Although cold water will cool the area down more quickly, a child may be unable to tolerate this. Tepid or cool water may be used if this can be tolerated for longer.
- Any burn or scald larger than a 50 pence coin will require medical care. Young children are particularly at risk, and children under 10 should be seen by a medical professional.
- **After cooling the burn, cover the burn by placing a layer of cling film over it. Cling film should be applied loosely – a clean plastic bag could also be used for burns on your hand.**
- After initial first aid has been provided, contact NHS 24 on 111 to seek advice or in an emergency dial 999.
- Parents should also be contacted and advised of the situation; however, you should not delay accessing medical treatment to wait for the parents' arrival.

While the injured child is being attended to it is important to reassure the other children and ensure they are safe and protected. If it is possible to do so safely, move children to another area where they can be cared for, away from the incident.

As part of Child Safety Week 2022 the Child Accident Prevention Trust teamed up with The Children's Burns Trust to deliver an Instagram Live on burns prevention and first aid.

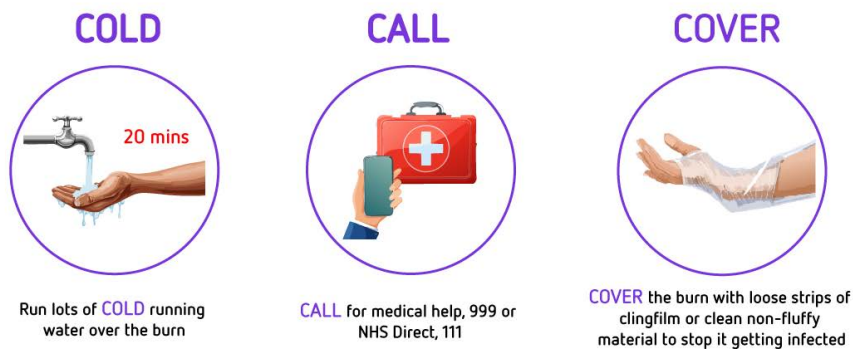
They discussed:

- Why burn injuries are so common in children
- Common causes of burn injuries
- Steps you can take to prevent burns
- What you should do if an accident occurs

You can access the recording [here](#)

The Red Cross also has a helpful first aid video about [the treatment of burns for babies and children](#)

## What to do in an emergency



### Health and Safety at Work: First Aid provision

Under the Health and Safety (First Aid) Regulations 1981, workplaces should have first aid provision. The minimum requirement for any workplace is that when people are at work (including nightshifts), there should be at least one appointed person who will take charge in an emergency. This includes being responsible for calling an ambulance and looking after the first aid equipment, for example, restocking the first aid box.

An appointed person should always be available while people are working on site. This may mean appointing more than one. It is recommended that an appointed person should have received emergency first aid training. Although the Health and Safety Regulations only refer to facilities for employees, it is recommended that you extend these to cover people experiencing care and visitors.

More detailed guidance can be accessed from the Health and Safety Executive: <https://www.hse.gov.uk/firstaid/legislation.htm>

## Relevant Legislation

### Related Scottish Statutory Instruments

The Scottish Statutory Instruments Requirements for Care Services: SSI 2011 No.210 (the regulations) outlines the requirements that the Care Inspectorate would inspect against; relating to emergency situations and general provision of a service.

#### Principles

**3.** A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users and affords them choice in the way in which the service is provided to them.

#### Welfare of users

**4.—(1)** A provider must—

- (a) make proper provision for the health, welfare and safety of service users;
- (d) where necessary, have appropriate procedures for the prevention and control of infection.

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002

#### Records

**19.—(1)** A provider shall keep a record of the following matters in respect of each service user:—

- (a) the service user's name, address and date of birth;
- (b) the name, address and telephone number of the service user's next of kin or of any person authorised to act on behalf of the service user;
- (c) the name, address and telephone number of the service user's general practitioner; and
- (d) the date on which the service was first provided to the service user.

**(3)** A provider shall keep a record of—

- (d) any incident which is detrimental to the health or welfare of a service user;

**Providers are required to notify us within 24 hours of any accident or incident within their service.** In the case of accidents this includes unforeseen events resulting in harm or injury to a person using the service which results in:

- a GP visit
- a visit or referral to hospital
- an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

An incident is a serious, unplanned event that has the potential to cause harm or loss, physical, financial or material.

You can find more information about record keeping and notification requirements at the links below:

[Records & notifications all services except childminding](#)

[Childminding records & notifications guidance](#)



## Personal plans

**5.—(1)** Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan (“the personal plan”) which sets out how the service user’s health, welfare and safety needs are to be met.

(2) Subject to paragraph (3) a provider of a care service must—

(a) make the personal plan available to the service user and to any representative consulted under paragraph (1);

(b) review the personal plan—

(i) when requested to do so by the service user or any representative;

(ii) when there is a significant change in a service user’s health, welfare or safety needs; and

(iii) at least once in every six-month period whilst the service user is in receipt of the service;

(c) where appropriate, after any review mentioned in sub-paragraph (b), and after consultation with the service user and, where it appears to the provider to be appropriate, any representative, revise the personal plan; and

Health and Care (Staffing) (Scotland) Act 2019, sometimes referred to as The Safe Staffing Act places a responsibility of providers in relation to staffing numbers and the skills and experience of staff.

Section 7 of the Act states:

“Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for-

(a) the health, wellbeing and safety of service users,

(b) the provision of safe and high-quality care, and

(c) in so far as it affects either of those matters, the wellbeing of staff.”

You can find more information about the Care Inspectorate Safe staffing programme here: [safe-staffing-programme](#)

## Health and Social Care Standards

1.19 My care and support meets my needs and is right for me.

1.20 I am in the right place to experience the care and support I need and want.

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

1.24 Any treatment or intervention that I experience is safe and effective.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

1.35 I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

3.16 People have time to support and care for me and to speak with me.

3.17 I am confident that people respond promptly, including when I ask for help.

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

4.16 I am supported and cared for by people I know so that I experience consistency and continuity.

4.27 I experience high quality care and support because people have the necessary information and resources.

## **For more information, advice and guidance**

Child Accident Prevention Trust <https://capt.org.uk/>

NHS: Burns and Scalds

[nhs.uk/conditions/burns-and-scalds](https://nhs.uk/conditions/burns-and-scalds)

Resuscitation Council (UK)

[www.resus.org.uk](https://www.resus.org.uk)

St Andrews First Aid – Scottish First Aid Organisation

[www.firstaid.org.uk](https://www.firstaid.org.uk)

The British Red Cross

[www.redcross.org.uk](https://www.redcross.org.uk)

St Johns Ambulance

[www.sja.org.uk](https://www.sja.org.uk)

The Good Egg Guide to In-home Child Safety,

[www.inhomechildsafety.co.uk](https://www.inhomechildsafety.co.uk)

The Health and Safety Executive (Scotland) HSE

[www.hse.gov.uk/scotland/index.htm](https://www.hse.gov.uk/scotland/index.htm)

The HSE Health and Social Care page

[www.hse.gov.uk/healthservices/index.htm](https://www.hse.gov.uk/healthservices/index.htm)

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