

Mattress Maintenance and Cleaning Policy	Type: Policy Register No: 10003 Status: Public
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Consulted With	Post/Committee/Group	Date
Infection Prevention Group	Infection Prevention Group	November 2017
	Decontamination Group	November 2017
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Policy to be followed by (target staff)	All Clinical staff
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Related Trust Policies (to be read in conjunction with)	04070 Decontamination Policy 04088 Waste Management Policy 09033 Cleaning Policy

Document Review History

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1.0		28th January 2010
1.1 Changes to auditing process and record keeping	S. Jordan	March 2010
2.0	Jo Mitchell	28 th January 2010
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5.0 Formal review following changes to cleaning check-sheet and return process.	IPT	28 August 2018

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1. Purpose

- 1.1 The purpose of this policy is to advise on methods of effective decontamination and replacement of mattresses to ensure patient safety by reducing the risk to all patients ensuring that mattresses are fit for purpose.

2. Scope

- 2.1 This policy relates to all Trust mattresses including bed, trolley and specialist mattresses. There are no excluded mattresses.
- 2.2 All employees of Mid Essex Hospital Services NHS Trust (MEHT) and all those visiting MEHT premises, such as contractors, agency/bank/locum staff, students and volunteers must adhere to this policy

3. Equality and Diversity

Mid Essex is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

4. Responsibilities

4.1 Matrons

In accordance with Criterion 2 of the Hygiene Code, Matrons are responsible and accountable for effective arrangements of appropriate decontamination of instruments and other equipment including mattresses.

4.2 Sisters/Charge Nurses

- Sisters/Charge Nurses have overall responsibility to ensure that their team are aware of this policy and complete cleaning and checking between patients.
- They have a responsibility to ensure staffs maintain the audit trail of checks of each individual mattress.

4.3 Ward Staff

- All nursing staff at all grades are responsible for the appropriate cleaning, inspection and completing audit tool of mattresses.
- All ward staff are responsible for ensuring that mattresses are washed and decontaminated in the appropriate manner in between patients.
- All ward staff are responsible for ensuring that mattress covers are unzipped and the internal core foam examined after patient discharge.
- All ward staff are responsible for rejecting any mattresses in their clinical area if the mattress cover is stained/torn/soiled or the mattress is no longer fit for purpose.
- All ward staff are responsible for ensuring that patients are not placed on a mattress not fit for purpose.
- All ward staff who reject a mattress are responsible for organising collection

- Should a patient have a length of stay greater than 14 days then the mattress must be checked, this will ensure all trusts mattress are checked at a maximum period of 14 days.

4.3 Infection Prevention and Tissue Viability Teams

- Responsible for advising on decontamination issues, condemnation of mattresses and coordinating training of staff.

4.4 Porters

- Responsible for removal and safe disposal of rejected mattresses and delivery of replacement mattresses.

4.5 Procurement

- Responsible for procurement and maintaining of static foam mattresses stock levels (20 mattresses) on hospital premises for timely replacement purposes.

4.6 Medical Equipment Library

- Responsible for storage and issuing of Specialist mattresses
- Responsible for arranging appropriate/decontamination of specialist mattresses not fit for purpose
- Responsible for providing wards and departments with clear mattress bags for storing and transporting out of use mattresses.

5. Static Foam Based Mattresses

5.1 Definition

5.1.1 For the purpose of this policy, a static foam mattress is defined as a “Static Foam Pressure Reducing Mattress” (SFPRM). The SFPRM closely follows the contours of parts of the body where there is direct contact with the supporting surface and thereby redistributes pressure over a large surface area.

5.2 Stock Levels

5.2.1 A stock of static foam based mattresses are held centrally on hospital premises for ease of replacement. This is maintained by the BME department.

5.2.2 When requesting a rejected mattress to be replaced it must not be removed until a replacement has been provided.

5.3 Cleaning Static Foam Mattresses

5.3.1 Following discharge and after each patient use (and if soiled) all mattresses should be cleaned in accordance with the Cleaning Policy using the following methods (see Appendices 1 and 3).

- Disposable gloves and aprons must be worn. If splashing could occur, eye/face protection should be worn
- Clinell universal wipes should be used to clean all external surfaces of the mattress and pillows and allowed to dry.
- A space requiring a terminal clean should be cleaned using Tristel fuse and the same method as above.
- If a room is to be terminally cleaned, leave the mattress without bed linen so that it can be cleaned as part of the terminal clean by the Domestic staff
- Prior to remaking the bed inspect the exterior surface of the mattress cover for signs of damage, such as holes or cuts. Then unzip the mattress cover and inspect the inside surface of the cover and the foam core for staining or contamination. If the mattress cover or core mattress is stained or contaminated, the mattress should be withdrawn from service
- Complete the mattress checking log which is kept within the mattress cover
- Ensure mattress cover is thoroughly dried before remaking the bed
- If the mattress is to be rejected place into the mattress bag provided and ensure the rejection label is completed and the porters are called to collect
- When cleaning is complete, remove apron and gloves and dispose of as clinical waste. On removal of gloves, hands should be washed using soap and water.

5.4 **Bed Frames**

5.4.1 Bed Frames must be cleaned between each patient using Clinell universal wipes unless the bed is an isolation space then Tristel fuse is to be used.

6. **Specialist Mattresses**

6.1 **Definition**

The term specialist mattress refers to all support surfaces which are operated mechanically by electricity or battery. These include all alternating pressure mattress, or low air loss systems, specialist and trolleys.

6.2 **Stock Levels**

6.2.1 Specialist mattresses are available via the Medical Equipment Library.

6.2.2 Other specialised mattresses for wards and departments must be ordered individually via the Procurement department and must be funded by the ward/department.

6.3 **Cleaning Specialist Mattresses**

- 6.3.1 Following discharge and after each patient use (and if soiled) all mattresses should be checked and cleaned in accordance with the Cleaning Policy using the following methods (see Appendix 1 - Procedure for Cleaning, Rejecting and Replacing Mattresses).
- 6.3.2 Prior to returning the mattress inspect the exterior surface of the cover for signs of damage, such as holes or cuts. Unzip the mattress cover and inspect its inside surface and the mattress core for staining or contamination. If the mattress cover or core is stained or contaminated, the mattress should be withdrawn from service and rejected.
- 6.3.3 Clean using Clinell universal wipes unless the mattress is being used in an isolation bed space, then Tristel fuse is to be used. Ensure it is allowed to air dry thoroughly before remaking bed or returning the mattress.
- 6.3.4 Place in a mattress clear bag supplied by Medical Equipment Library to prepare for returning to the Medical Equipment Library. The bag must be clearly labelled as contaminated if appropriate.

7. Cots and Resuscitaires

- 7.1 These should be washed with Tristel Fuse following the above procedure. Tristel can be used on Perspex.

8. Trolley Mattresses

- 8.1 Specific type mattresses are required for different types of trolleys and should be purchased by individual departments.
- 8.2 Trolley mattresses should be cleaned following manufacturers guidelines.
- 8.3 Mattresses should be checked between patient use.

9. Rejecting, Replacement and Condemning Mattresses

9.1 Rejecting

- 9.1.1 Nursing staff are responsible for checking mattress condition when cleaning beds.
- 9.1.2 If a mattress cover is found to be damaged or torn or the foam core is stained or contaminated or heavily indented then the mattress must be deemed unfit for purpose and rejected.
- 9.1.3 Nurses are responsible for placing the mattress in the retained bag for collection from porters or BME.

9.2 Replacement

- 9.2.1 The Porters will replace static foam mattresses when the condemned mattress is removed. MEHT have a dedicated clean mattress store and Procurement are responsible for ensuring there is a minimal supply on site via a central fund.
- 9.2.2 Replacement of specialised mattresses must be managed by the individual ward/department in conjunction with either the Medical Equipment Library.
- 9.2.3 Porters or BME should then be contacted for collection and/or replacement.
- 9.2.4 Mattresses should not be left in waste disposal store rooms or abandoned in corridors. They should be left bagged with the rejection label completed on the bedframe waiting replacement mattress.
- 9.2.5 The procedure to rejecting and replace a mattress can be seen in Appendix 1 and should be displayed in the Dirty Utility Room and used for training purposes.

9.3 **Condemning**

- 9.3.1 All mattresses rejected are returned to the Mattress Decontamination Room or BME dependant on type of mattress.
- 9.3.2 Mattresses are then checked and where necessary, fully condemned or mattress cover or mattress replaced accordingly.
- 9.2.3 Condemned mattresses must be disposed of as clinical waste in case of contamination and disposed of via a Mattress Clinical Waste Bag. Clinical Waste Bags are stocked by the Waste Manager.

10. **Training**

- 10.1 Training is provided via Infection Prevention Link Nurses.

11. **Audit**

- 11.1 The Mattress Policy will be audited as part of the Infection Prevention Team's audit programme (Appendix 2 Audit Tool) which is presented to the Infection Prevention and Control Group (IPCG).
- 11.2 All mattresses are checked following patient discharge.

References

British Healthcare Trades Association (2010) Protect Rinse and Dry. BHTA guidance on the care, cleaning and inspection of healthcare mattresses.

Medical Device Alert (reference: MDA/2010/002), MRHA (05/01/2010)

Department of Health (2008) The Health Act. Code of Practice for the Prevention and control of Healthcare Acquired Infections. Department of Health, London.

Dunford C. (1998) Choosing a mattress: research findings. *Nursing Standard* 8(20): 58-61

HSG (95) Guidelines. Hospital Laundry Arrangements for Used and Infected Linen.

Pratt R.J., Pellowe C.M., Wilson J.A., Loveday H.P. et al. (2007) National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection* 65: S1-64.

Care Quality Commission Practice Alert – September 2009: Mattresses

Appendix 1



Mattress Cleaning
Procedure- Draft 4- J

Mattress Audit Tool

This audit tool should be used in conjunction with the Mid Essex Hospitals NHS Trust Mattress Maintenance and Cleaning policy. It aims to identify mattresses and mattress covers in poor condition. Mattresses and covers in poor condition are known to be a source of healthcare associated infections.

Each mattress and cover should be reviewed every time a patient is discharged or as per Trust Maintenance and Cleaning policy and in accordance with manufacturer's instructions.

When completed, the "Mattress Audit Tool" should be retained for evidence purposes in the ward Cleaning Folder.

This "Mattress Audit Tool" has been adapted in response to the Care Quality Commission *Practice Alert – September 2009: Mattresses*.

If a mattress fails any part of 1 - 6 (Criteria for mattress checking), the hand compression test below is not required

Hand Compression Test (Bottoming out test)

1. Adjust the height of the bed so that it is at the same level as the tester's head of trochanter (hip).
2. Link hands to form a fist and place them on the mattress.
3. Keep elbows straight and lean forward, applying the full body weight to the mattress.
4. Repeat the hand compression along the entire length of the mattress.
5. Note any variation in the density of the foam, including whether the base of the bed can be felt through the foam. The mattress should be condemned if it is found to have "bottomed out". (Dunford 1994).

Ward			
Mattress location (bed space)		Mattress number	
Form completed by			
Job role		Date	

Criteria for mattress checking	Yes	No
1. Is there a breach in the integrity of the mattress cover, e.g. torn or damaged?		
2. Is the mattress cover seal compromised, e.g. are the zip fasteners or any other cover fastening devices broken?		
3. Does the mattress cover have any soiling that cleaning cannot remove?		
4. Is the mattress soiled or stained?		
5. Does the mattress have an offensive odour?		
6. Did the mattress fail the "Hand Compression Test" see explanation page		
If the answer to any of the above questions is yes, the mattress has failed and must be replaced using the process described in the policy.	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>

Mattress and Mattress Cover Labelling	Yes	No	N/A
Are the mattress and mattress cover labelled with an identification number and dated when the mattress was put into use?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the mattress cover numbered to facilitate the mattress turning procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

