

Policy for Mattress Decontamination and Storage

Department / Service:	Infection Prevention and Control Tissue Viability	
Originator:	Louise Morris	Senior Nurse for Tissue Viability
	Elaine Bethell	Lead Nurse for Tissue viability
	Heather Gentry	Lead Nurse for Infection Prevention and Control
Accountable Director:	Lindsey Webb	Chief Nursing Officer
Approved by:	Lindsey Webb on behalf of TIPCC	
Date of Approval:	8 th July 2015	
Review Date:	10 th December 2020	
	This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All patient areas	
Target staff categories	All healthcare staff involved in cleaning and storing pressure redistributing mattresses	

Purpose of this document:

This policy provides details on cleaning and storing pressure redistributing equipment, including mattresses and cushions.

References:

Lincolnshire Partnership NHS Foundation Trust Infection Control Manual guidelines for cleaning, maintenance, audit and replacement of mattresses.
Dunford C (1994) "Choosing a Mattress – Research Findings" Nursing Standard 8:20: 58-61.
Larcombe J (1998) "One good turn deserves another" Nursing Times 84: 49, 63-65.
Loomes S (1998) Is it safe to lie down in hospital? Nursing Times 84: 49, 63-65.
Nottingham University Hospital NHS Trust Medical Equipment Service Unit mattress comparison
Russell L (2001) Strikethrough: review of research on mattress cover performance – British Journal of Nursing (Supplement) Vol 10 No 11 60-65.
Viant A (1992) Cleaning of hospital mattresses, Nursing Standard 21, 36-37.

Key amendments to this Document:

Date	Amendment	By:
October 2008	Original draft in guideline format – changed to policy	Louise Morris
September 2010	Reviewed & minor amendments to 4.6.1, 5.7.1, 5.2.2, 5.4.2, 5.5.1, 5.5.2, 5.5.3, 5.5.5, 7, 12.1, 12.2, 13.1, 15.4, 15.5	Louise Morris
October 2010	5.5 amended	Louise Morris
April 2012	Inclusion of mattress collection posters	Louise Morris
May 2015	Reviewed and minor amendments to decontamination, disposal and replacement section and appendix 15.6 (mattress collection posters)	Lisa Martin Heather Gentry
August 2017	Document extended for 6 months as per TMC approval	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
March 2020	Document extended for 3 months whilst review is completed	Lisa Hill
June 2020	Document extended for 6 months during COVID period	

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1. Introduction

- 1.1 The poor state of hospital mattresses has been recognised for many years. Poor maintenance of foam mattresses and their covers may lead to staining of the foam or inner surfaces of the mattress covers. Recent research highlights that different types of trauma to the mattress cover can result in damage which is invisible to the naked eye, but which can still allow fluid to enter the mattress. (Russell 2001).
- 1.2 Studies have demonstrated that damaged mattresses can harbour micro-organisms and be a potential cause of cross infection. (Moore 1991, Ndwala 1991). Proper care, maintenance and cleaning of mattresses and covers can minimise this risk.

2. Scope of the Policy

- 2.1 The policy applies to all healthcare staff involved in cleaning and storing pressure redistributing mattresses

3. Definitions

Pressure redistributing equipment	Support surfaces designed to reduce the magnitude and / or duration of pressure and shear. They are sub-divided in to pressure reducing and pressure relieving systems. They include mattresses, bed systems and cushions.
Contamination	Presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
Condemned mattress	Mattress that is no longer fit for purpose due to strikethrough / staining of the foam, the foam being wet or bottoming out of the foam, whereby the bed base can be felt through the foam
Bed frame	A rigid support surface to be used in conjunction with a mattress, mainly used as a sleep surface and for reclining
Delamination	The material used in producing multistretch covers for pressure redistributing mattresses had a tendency to delaminate as a result of a combination of heat, moisture and inappropriate cleansing techniques causing the water barriers to fail. The stretchy cover material starts to break down from behind and allow strike through of fluid and staining of the foam within. This obviously renders the mattress as unsuitable for further use and it has to be condemned

4. Responsibility and Duties

The Trust is committed to complying and upholding the Health Act (2006) Hygiene Code, of which this policy reflects duty 3, assessment of the risks of acquiring healthcare acquired infection (HCAI) and taking action to reduce or control such risks and duty 4, ensuring that there are effective arrangements for the appropriate decontamination of instruments and other equipment.

4.1 Chief Executive

The Chief Executive will have overall responsibility for the effective organisation and arrangements of the policy, including:

- 4.1.1 Ensure that the objectives within the policy are established, implemented, reviewed, updated and achieved
- 4.1.2 Ensure that where necessary, agreed programmes of investment in achieving the prevention and minimisation of risks associated with decontamination and storage of mattresses are properly accounted for.
- 4.1.3 Ensure the appointment of competent persons to assist and advise in the measures necessary to comply with the requirements of all relevant legal duties in relation to the decontamination and storage of mattresses.

4.2 Chief Nursing Officer/ DIPC

- 4.2.1 Have overall responsibility for decontamination and storage of mattresses.
- 4.2.2 Implement, monitor and review effectiveness of systems for decontamination and storage of mattresses.
- 4.2.3 Ensure managers have a continual review of the objectives of the policy. Ensure that all employees are aware of their own legal and Trust wide responsibilities in the decontamination and storage of mattresses.
- 4.2.4 Ensure there is effective provision of information, instruction, training and supervision of staff in order to ensure effective decontamination and storage of mattresses.

4.3 The Deputy Directors of Nursing

- 4.3.1 Are responsible to ensure that the policy is implemented in a consistent manner across the Trust.

4.4 Senior Managers/Matrons/Ward Managers or equivalent

- 4.4.1 Ensure that all employees are fully aware of, understand and comply with the Trust's policy for the decontamination and storage of mattresses.
- 4.4.2 To liaise closely with relevant specialities such as Infection Prevention and Control, Risk Management, Technical Services, Manual Handling Service, Tissue Viability Service, etc and seek competent advice when necessary.
- 4.4.3 Identify employee training needs and ensure education programmes are attended, and maintain a record of attendance

4.5 Trust Board

- 4.5.1 The Trust Board are responsible for monitoring the policy. The leads for Infection Prevention and Control and Tissue Viability will provide the Trust Board with audit information to assist with this process

4.6 Relevant Staff

4.6.1 Ensure that their practice is in line with the policy detail as applicable to their work. Information regarding a failure to comply with a policy must be reported to the line manager and the incident reporting system used where appropriate.

4.7 Infection Prevention and Control and Tissue Viability Staff

4.7.1 Will co-ordinate quarterly foam mattress audits and will feedback to divisional nurses, matrons, ward managers and the Infection Prevention and Control Committee. *The Infection Prevention and Control and Tissue Viability staff will co-ordinate the purchase of replacement foam mattress covers, inserts and mattresses for the agreed foam mattress system(s) standardised across the Trust.*

5. Policy Detail - for further information refer to WAHT-INF-009

5.1 Cleaning Foam Mattresses and Cushions (Patient Areas)

5.1.1 The user must consult the manufacturer's recommendations before cleaning the mattress / cushion cover (Loomes 1988).

5.1.2 The way in which the equipment is cleaned depends upon the nature of the contamination and the susceptibility of the patient (Viant 1992).

5.1.3 Phenolic disinfectant must not be used as it causes breakdown of the waterproof cover and can be toxic to both patient and staff (Viant 1992).

5.1.4 Alcohol based solutions and sprays must not be used. These may be flammable and potentially disastrous where a foam mattress is set on fire (Larcombe 1998).

5.1.5 In the absence of gross contamination or unusual risk and the removal of dirt and spillages, Wash cover with wipes provided, e.g. Clinell Sanitising, between each patient use (Viant 1992). Allow to air dry or dry with soft blue roll if required immediately before re-use or bagging (for pressure relieving mattresses)

5.1.6 Clean all external surfaces of the equipment

5.1.7 In cases of gross contamination the cover should be cleaned first with the sanitising wipes provided then with either a Tristel solution if final clean by housekeeping staff or use a sporicidal wipe, rinse with a wet wipe and dry with soft blue roll. Ensure adequate ventilation.

5.1.8 Disposable gloves and aprons must be worn. If splashing could occur eye/face protection should also be worn. On removal of gloves, hands must be washed.

5.1.9 Ensure mattress cover is thoroughly dried before remaking the bed.

5.1.10 Apply a decontamination certificate if the equipment is not for immediate re-use or is being returned to the pressure relieving equipment store [..\FORMS & SIGNS\Mattresses\MASTER FORMS\decontamination certificate for equipment returned to manufacturer.doc](#)

5.1.11 After each patient care episode inspect the inner and outer surfaces of covers and their zip fasteners for signs of damage. If the cover is stained, soiled or torn, the foam core

must be examined. Damaged/soiled covers and mattresses must be reported to the ward/department manager and replaced. If the core of the mattress or cushion is wet or badly stained, the equipment must be withdrawn from service.

5.1.12 BED FRAMES MUST BE CLEANED IN BETWEEN EACH PATIENT USE.

5.2 Cleaning Pressure Redistribution Equipment

5.2.1 It is recommended that all specialised pressure relieving mattresses / cushions within the Trust are cleaned following manufacturers' recommendations where applicable

5.2.2 Dynamic Pressure redistribution mattresses must be returned to the equipment store for full decontamination and inspection between patients. If there are no clean systems available in the store, then decontaminate as per foam mattresses and use, providing the former patient does not have an infection. The equipment store must be informed of re-use or ward swaps.

5.2.3 Ward staff must clean the mattress / cushion using the process indicated for cleaning foam mattresses and cushions prior to collection and place in a mattress collection bag (white) and attach completed decontamination certificate.

5.2.4 A mattress collection bag (white) will be left on the ward when pressure relieving equipment is delivered.

5.3 Pressure Redistribution Equipment Stores (NB Kidderminster is serviced by WRH/Alex site)

5.3.1 The mattress decontamination process should be undertaken by 2 people to minimise risk of manual handling related injury.

5.3.2 If the mattress has not been used in an infectious environment or contaminated with blood or body fluids:

- Switch off the pump and disconnect the power source
- Always wash hands before and after cleaning equipment
- Disposable apron and non-sterile gloves must be worn. Eye/face protection should be worn if splashing of the face is going to occur
- Clean as per 5.1.5 or 5.1.7
- Where Tristel is used the solution must be applied with disposable cloths and dried using soft paper roll
- Cleaning is undertaken as follows:- pump, hanging bracket, tubing, mains lead, mattress sides, mattress cover and mattress base
- In order to prevent re-contaminating the mattress base, after the top and sides of the cover have been cleaned, fold the mattress in half and clean and dry the exposed base and the cleaning surface. Repeat on the other half.
- Open the mattress and check for strike through on cover – return to Supplier if breached
- Ensure that all surfaces are thoroughly cleaned and dried
- Place in a clear mattress bag and apply decontamination label

5.3.3 FOR MATTRESSES THAT HAVE BEEN USED IN AN INFECTIOUS ENVIRONMENT / ARE CONTAMINATED WITH BLOOD / BODY FLUIDS –

5.3.4 Return to the Rental Mattress Supplier for inspection and deep decontamination. Place in a red bag and apply declaration of contamination. Contact company and request collection.

5.4 Equipment Storage

5.4.1 Racking and shelving is available in the pressure relieving equipment store for clean mattresses and cushions.

5.4.2 Pressure redistributing equipment must not be placed on the floor for storage. There are areas in the cleaning areas of the equipment stores to place systems requiring decontamination.

5.4.3 All pressure relieving mattresses must be placed in mattress collection bags before being returned to the cleaning area of the equipment store.

5.5 Disposal and Replacement of WAHT Owned Equipment

5.5.1 In order to minimise risk, foam and repose mattresses with body fluid contamination must be removed as clinical waste i.e. incinerated.

5.5.2 To undertake this, the ward must notify the Portering department by requesting a porter to remove a mattress for disposal via the relevant site helpdesk - extension 44444 Alexandra Hospital, extension 33333 option 3 at Worcestershire Royal Hospital and extension 55555 at Kidderminster Hospital who will make the necessary arrangements to dispose of the mattress.

5.5.3 As mattresses are deemed to be clinical waste, a consignment note must be completed, including details of the ward and time.

5.5.4 At the Alexandra Hospital mattresses can only be taken to the incinerator with prior arrangement with the waste contractor and usually in the evening. At Worcestershire Royal Hospital mattresses are disposed of in the clinical waste cuboid and this then goes to incineration.

5.5.5 Foam mattresses, new covers and mattress inserts are available through the equipment stores

5.5.6 Single patient use equipment such as the Devon heel pads and Devon Pads if contaminated should be disposed of via the infected waste stream. If uncontaminated and required they can be sent home with the patient.

6. Equality requirements

The content of the policy has no adverse impact on equality and diversity. A copy of the completed checklist form is found in Appendix 1.

7. Financial Risk Assessment

The policy was reviewed to ascertain if there would be any increased financial expenditure as a result of it's implementation. There are cost impacts, but these have been ongoing and include provision of mattress bags, mattress and mattress consumable disposal, mattress

and mattress consumable replacement, cleaning materials used by the equipment store personnel.

8. Consultation

Key individuals involved in developing the document

Name	Designation
Elaine Bethell	Lead Nurse Tissue Viability
Heather Gentry	Lead Nurse Infection Prevention and Control
Lisa Martin	Tissue Viability Nurse

Circulated to the following individuals for comments

Name	Designation
Lisa Miruszenko	Deputy Director of Nursing
Anne Carey	Divisional Director of Nursing, Medicine
Sarah King	Divisional Director of Nursing, Surgery
Patti Paine	Divisional Director of Midwifery, Women and Children's
Carol Brooks	Divisional Director of Nursing, TACO
Steve Steward	Decontamination Lead, Sterile Services Manager
Mark Grimshaw	Technical Services Manager
Des Harris	Equipment Store Co-ordinator
Barry Pennycooke	Equipment Store Co-ordinator
Eddie Rivett	Equipment Store Co-ordinator
Judy Belcher	Tissue Viability Nurse
Claire Hinks	Manual Handling Co-ordinator
Claire Clayton	Wound Care Nurse
Simon Lester	Estates Manager
Caroline Newton	Portering Manager
Matrons	
Anne Dyas	Consultant Microbiologist
Briony Mills	PFI

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
	TIPCC
	Senior Nurses
	Skin Matters

9. Approval process

The policy was ratified by the matrons group and reviewed by TIPCC and ratification process has been completed and found in Appendix 2.

10. Implementation arrangements

An implementation plan has been completed and is found in Appendix 3.

11. Dissemination process

11.1 The lead for Infection Prevention and Control and Tissue Viability will oversee the effective communication of the approved policy to all relevant staff. This includes highlighting policy and its information at training sessions. See Appendix 3 for the process of dissemination. The policy is accessible via the policy link on the Trust Intranet

11.2 Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

11.3 Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

11.4 Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

12. Training and Awareness

12.1 Reference to mattress checking and caution with swapping mattresses between patients is included in the risk update.

12.2 Separate training sessions on mattress care is undertaken ad hoc or around the time of the foam mattress audit. These sessions include mattress cleaning, testing and rotating to help with longevity. A mattress care poster has been produced and disseminated

13. Monitoring and compliance

13.1 A quarterly foam mattress will be undertaken across the Trust. The data collection tool is included in the appendix.

13.2 This will be co-ordinated by the Infection Control and Prevention and Tissue Viability teams.

13.3 However, all mattresses must be inspected between each patient care episode.

14. Development of the Policy

14.1 The policy was developed in consultation with senior healthcare staff involved in mattress decontamination and storage.

14.2 It intends to provide healthcare staff with a clear framework for undertaking mattress decontamination and the process for storage

14.3 The policy will be reviewed every 2 years in order to ensure the information remains evidenced-based and up-to-date.

15. Appendices

Appendix 1

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Appendix 2

Checklist for the Review and Approval of Key Document

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Identify which people have been involved in the development including stakeholders/users?		
	Name	Job Title	
	David Shakespeare	Associate Chief Nursing Officer IPC	
	Elaine Bethell	Lead Nurse Tissue Viability	
	Lisa Martin	Tissue Viability Nurse	
	Heather Gentry	Lead Nurse Infection Prevention & Control	
...		Yes/No/Unsure	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Matrons and TIPCC
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	See appendix 3
	Does the plan include the necessary training/support to ensure compliance?	Yes	See section 12.0
8.	Document Control		
	Does the document identify where it will be held?	Yes	Trust Intranet
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	Foam mattress audit
	Is there a plan to review or audit compliance with the document?	Yes	See section 13.0
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear whom will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Appendix 3

Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Policy for mattress decontamination and storage		
Date finalised:	June 2015	Dissemination lead: Print name and contact details	Heather Gentry Lead Nurse Infection Prevention & Control & Elaine Bethell, Lead Nurse Tissue Viability Lisa Martin, Tissue Viability Nurse Ext.33177
Previous document already being used?	Yes		
If yes, in what format and where?	Intranet		
Proposed action to retrieve out-of-date copies of the document:	June 2015 Clinical Governance to remove old policy & replace with new policy		
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
Matrons	Lead Nurse for Tissue Viability after ratification of the document	Electronic	
Ward and department managers	Matrons after receipt of document from Lead Nurse for Tissue Viability	Electronic	
Ward and department healthcare workers	Ward / department managers after receipt of document from Matrons	Electronic	
Tissue Viability Link Nurses	Lead Nurse for Tissue Viability after ratification of the	Electronic	

	document		
Facilities (technical services and estates)	Lead Nurse for Tissue Viability after ratification of the document	Electronic	
Lead for allied healthcare professionals	Lead Nurse for Tissue Viability after ratification of the document	Electronic	
Infection prevention including link nurses	Lead Nurse for Infection Prevention and Control after ratification of the document	Electronic	

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		Date due to be reviewed	November 2010
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Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Appendix 4

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	See note below
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments: There are cost impacts, but these have been ongoing and include provision of mattress bags, mattress and mattress consumable disposal, mattress and mattress consumable replacement, cleaning materials used by the equipment store personnel. It is recommended the budget for mattress replacement needs review		

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval

Appendix 5**Foam Mattress Audit****WATER PENETRATION TEST**

- Undo the zip and place a sheet of absorbent tissue between the cover and the foam.
- Using the fist, indent the mattress to form a shallow well and pour tap water (about half a cup) into the well.
- Agitate the surface with the fist for one minute to increase contact and then mop up water.
- Inspect tissue for water marking.
- Repeat procedure on reverse side of the mattress.
- The cover should be replaced if it is found to fail the above test or it is damaged (Dunford 1994).

HAND COMPRESSION ASSESSMENT

- Adjust the height of bed so that it is at the same level as the tester's head of trochanter (hip).
- Link hand to form a fist and place them on the mattress.
- Keep elbows straight and lean forward, applying the full body weight to the mattress.
- Repeat the hand compression along the entire length of the mattress.
- 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 bottom out or if the foam is found to be stained, damp or odorous (Dunford 1994).

COVER & FOAM

- Check the outside of the cover for any staining, holes, tears, delamination
- Check the zip for any damage
- Unzip the cover and inspect the inside of the cover and the foam for any evidence of strike through or malodour
- Replace the cover if it has been damaged or breached
- Replace the foam insert if it is stained

From Lincolnshire Partnership NHS Foundation Trust Infection Control Manual guidelines for cleaning, maintenance, audit and replacement of mattresses.

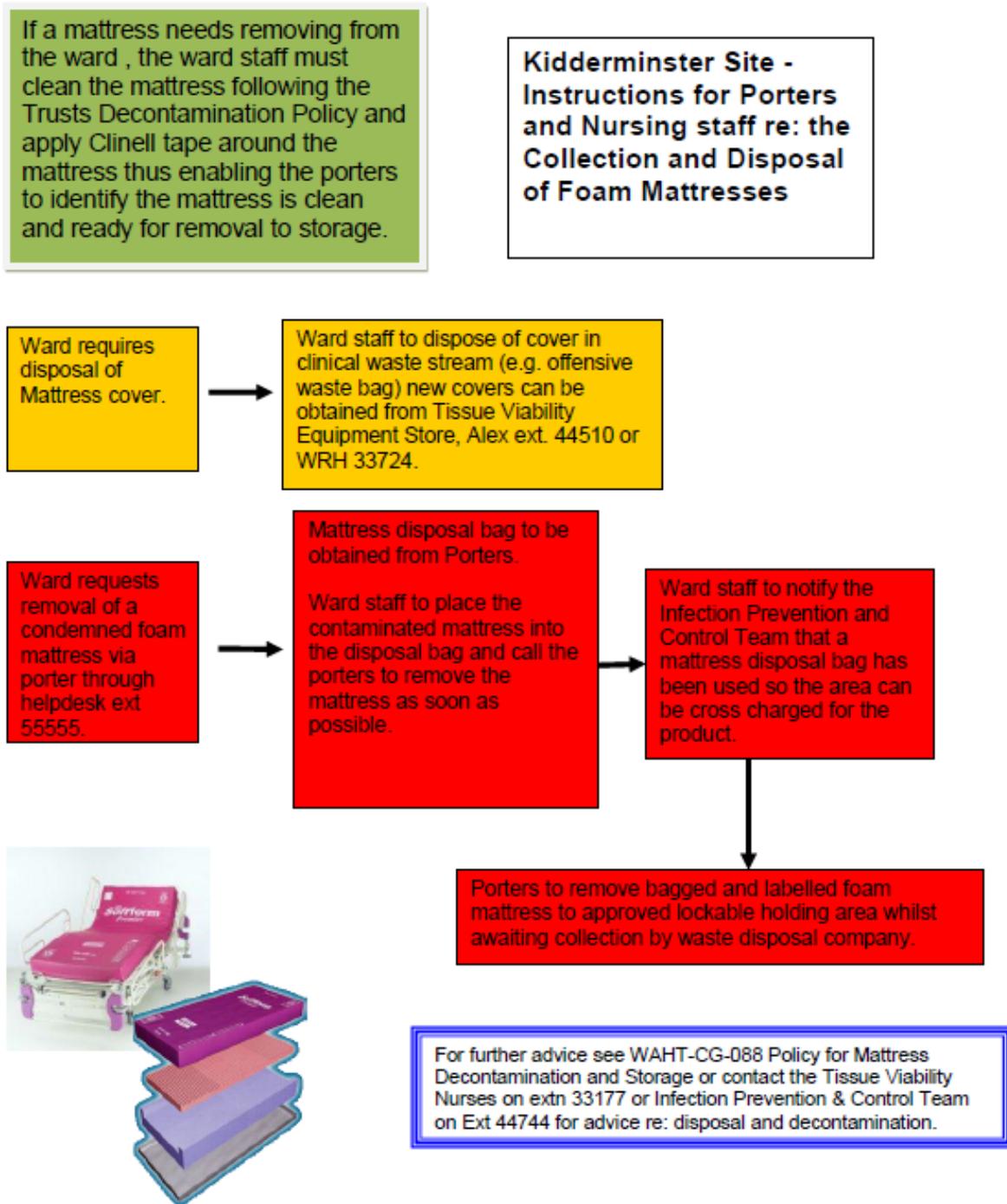
Just a brief summary about the process:

- Check the type of foam mattress and enter details on form e.g. Softform Premier, Thermocontour etc
- The depth of the mattress should be at least 5" (TV)
- Are there any tears / holes in the cover / damage to the cover? (IC)
- Is the zip broken? (IC)
- Are there any stains on the top of the cover / inside surface? (IC)
- Are there any stains on the foam? (IC) *NB Sometimes a yellow linear mark around the side of the foam and level with the cover zip – this is normal*
- Is the foam bottomed out – can you feel the base of the bed through the mattress? (TV)
- Is it malodorous? (IC)
- If any problems enter TV / IC in the fail column
- Indicate whether the cover has been replaced, the foam insert has been replaced or the whole mattress has been replaced
- Write P (pass) / F (fail) on mattress cover and date with a waterproof pen
- Spare consumables are in the Alex & Aconbury equipment stores
- Send the audit form back to Infection Prevention and Control Office, Alexandra site

15.6.1

Collection and Disposal of Foam Mattresses at the Kidderminster

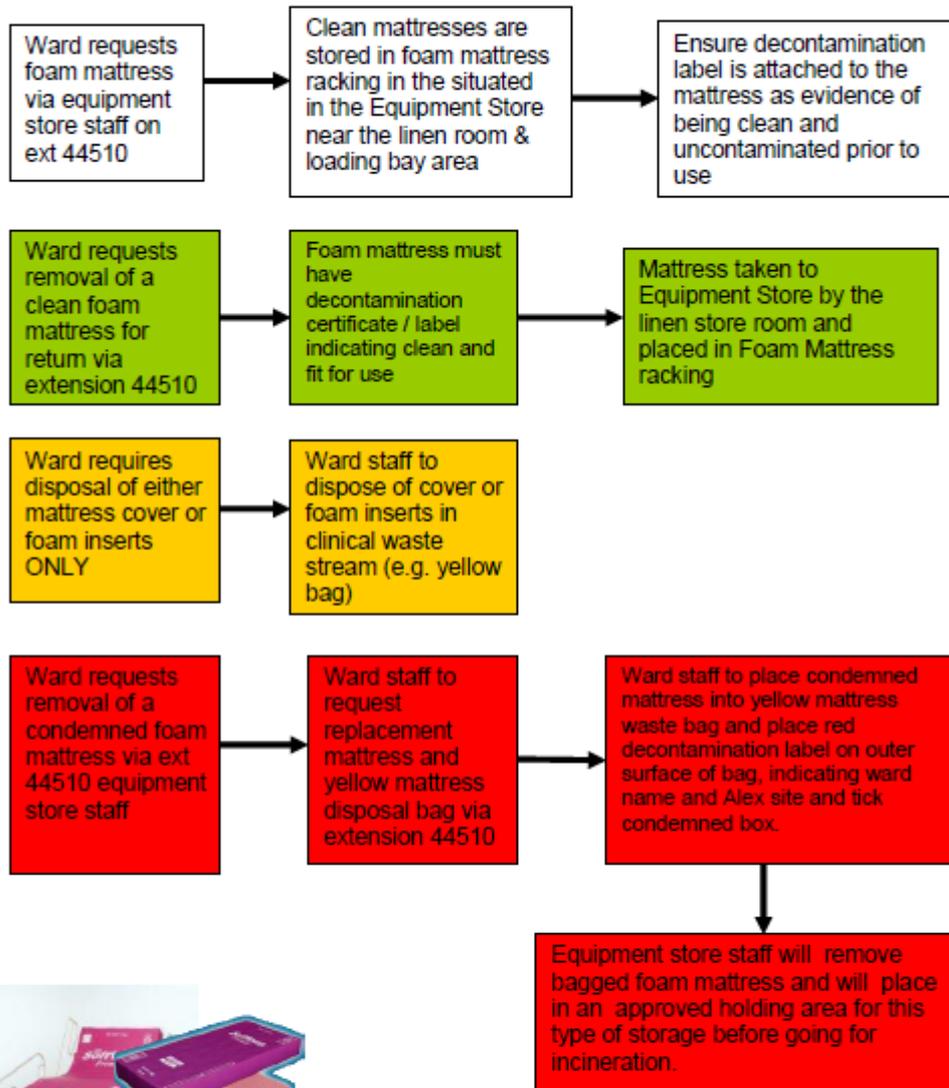
This algorithm denotes the collection process for foam mattresses transported by portering staff



15.6.2

Collection and Disposal of Foam Mattresses at The Alex Site between 8.30am - 4.30pm

This algorithm indicates the collection process for foam mattresses transported by Equipment Store Staff



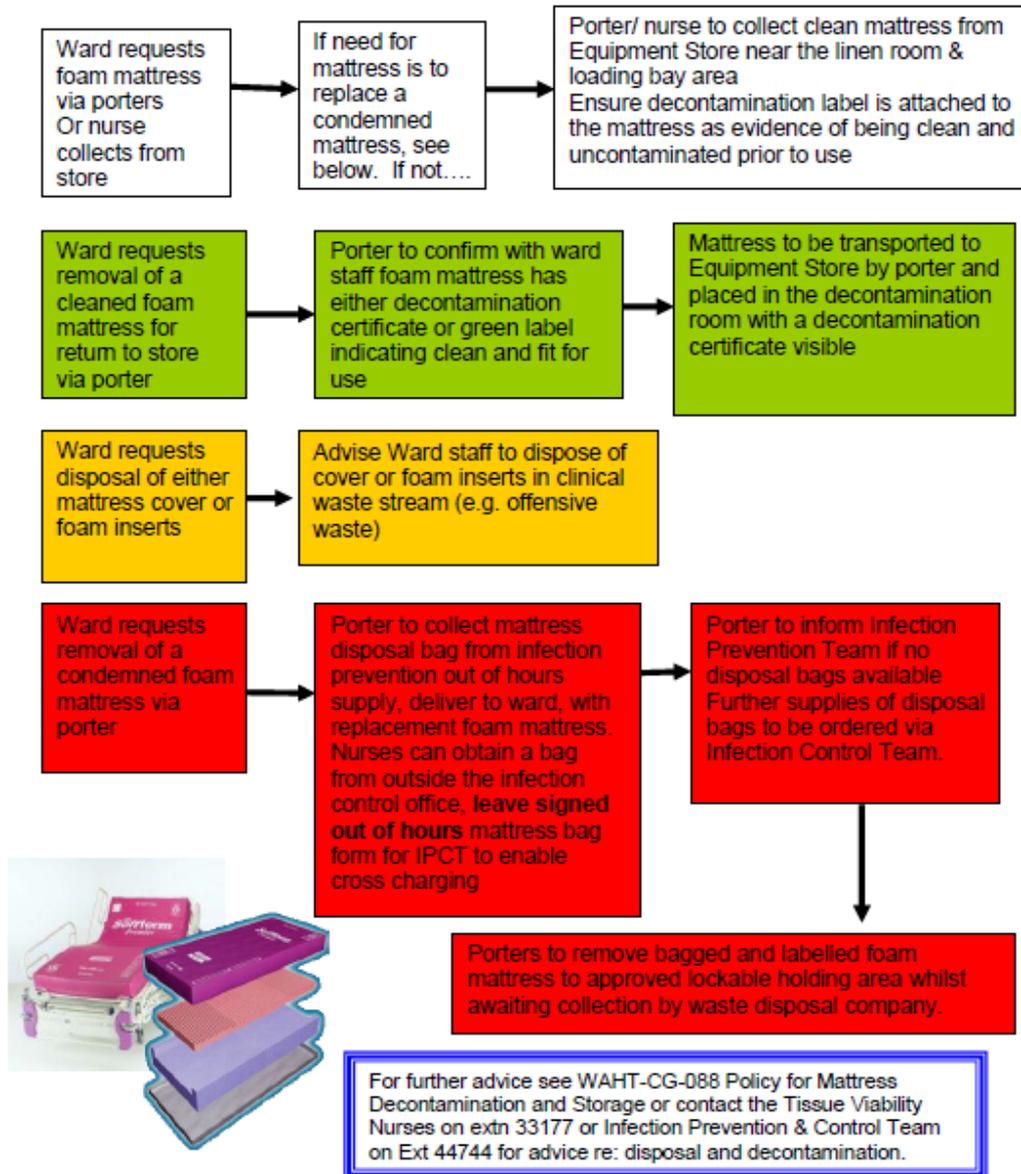
For further advice see WAHT-CG-088 Policy for Mattress Decontamination and Storage or contact the Tissue Viability Nurses on extn 33177 or Infection Prevention & Control Team on Ext 44744 for advice re: disposal and decontamination.

Collection of Foam Mattressesv2_May2015

15.6.3

Alex Site - Porters Out of Hours Instructions for Collection and Disposal of Foam Mattresses

This algorithm indicates the actions required by portering staff when wards request delivery and collection of foam mattresses.

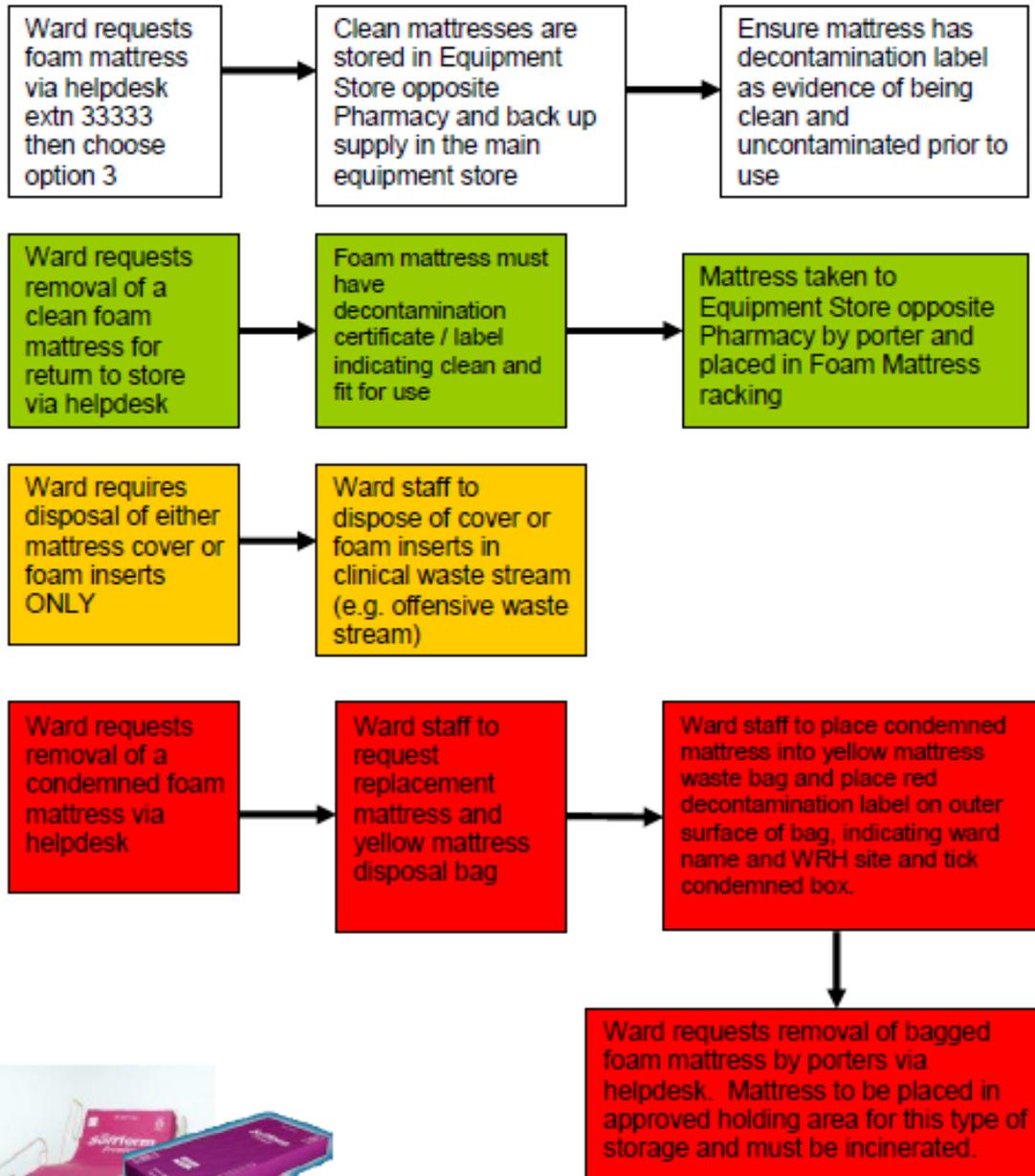


Collection of Foam Mattressesv3_May2015

15.6.4

Collection of Foam Mattresses WRH site

This algorithm indicates the collection process for foam mattresses.
Foam mattresses are to be transported by Porters



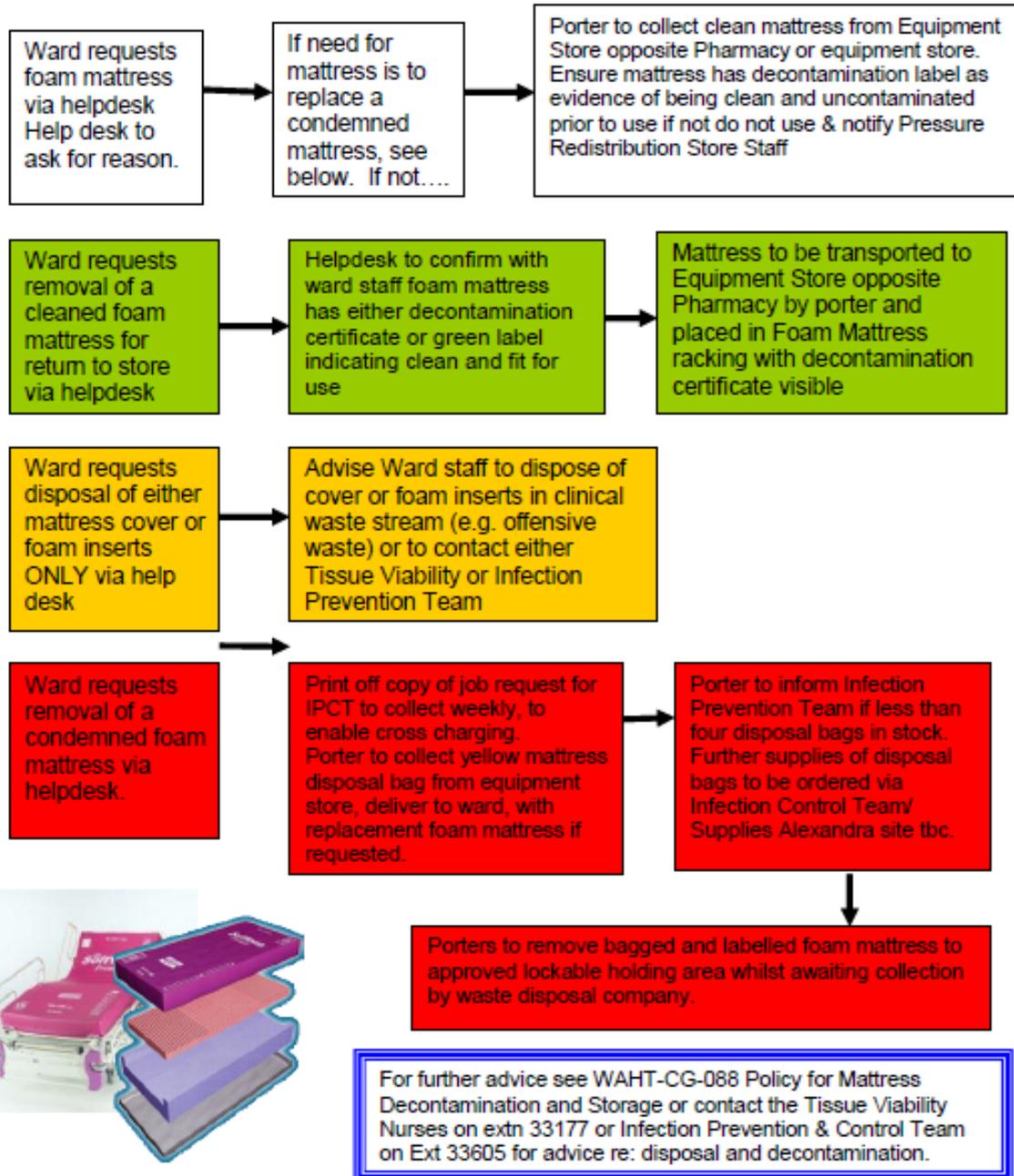
For further advice see WAHT-CG-088 Policy for Mattress Decontamination and Storage or contact the Tissue Viability Nurses on extn 33177 or Infection Prevention & Control Team on Ext 33605 for advice re: disposal and decontamination.

Collection of Foam Mattressesv3_May2015

15.6.5

Help Desk and Porters Instructions for Collection and Disposal of Foam Mattresses WRH site

This algorithm indicates the actions required by helpdesk and portering staff when wards request delivery and collection of foam mattresses.



Collection of Foam Mattressesv3_May2015