

ICPG1 INFECTION PREVENTION AND CONTROL SECTION 11: GUIDELINES FOR THE CARE AND DECONTAMINATION OF MATTRESSES AND COVERS

PROCEDURE REFERENCE NUMBER:	ICPG1 Section 11
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AUTHOR:	Infection prevention and Control team
CONSULTATION GROUPS:	IPC Group Members
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PROCEDURE SUMMARY
<p>The purpose of these guidelines is to provide recommended methods of decontamination and maintenance of mattresses / alternate pressure mattresses to enable a safe environment in which to care for our patients</p>
<p>The Trust monitors the implementation of and compliance with this procedure in the following ways;</p>
<p>The responsibility for monitoring and reviewing this Policy lies with the Director responsible for Infection Prevention and Control. Compliance with this procedure will be audited annually. Audit results will be presented to the Infection Prevention and Control Group.</p>

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this procedure is
Director for Infection Prevention and Control**

**SECTION 11: GUIDELINES FOR THE CARE AND DECONTAMINATION OF
MATTRESSES AND COVERS**

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SECTION 11: GUIDELINES FOR THE CARE AND DECONTAMINATION OF MATTRESSES AND COVERS

1.0 INTRODUCTION

- 1.1 This document applies to all employees of the Essex Partnership University NHS Foundation Trust (EPUT) and all those visiting EPUT premises such as contractors, agency/bank/locum staff, students and volunteers where patients are cared for.
- 1.2 The purpose of these guidelines is to provide recommended methods of decontamination and maintenance of mattresses / alternate pressure mattresses to enable a safe environment in which to care for our patients.
- 1.3 Poor decontamination and maintenance may lead to:
- Staining of the foam or inner surfaces – damage to the mattress cover may allow microorganisms to enter and potentially cause of cross infection
 - Mattress core fatigue - has a detrimental effect on skin integrity.
- 1.4 These guidelines refer to ICP1 - Infection Control Policy.

2.0 MATTRESS CARE AND MAINTENANCE

- 2.1 **Ordering new equipment**
Always contact the purchasing department, medical equipment group or seek advice before ordering new equipment to ensure that appropriate standards are met and procedures followed.
- 2.2 **Stock control and rotation**
Each inpatient unit is to log the room position, purchase date and disposal date of each mattress in the unit. **See Appendix 1 for log sheet format.** To facilitate this, each mattress should be marked neatly and discreetly, in a standard format, using a permanent marker pen e.g. Cedar ward, mattress no 23 - **C23**
- 2.3 **Cleaning**
Mattresses are medical equipment items and should be cleaned by nursing staff. Dynamic/pressure relieving mattresses should be wiped clean with detergent wipes whilst in use. When the mattress is no longer required it should be returned to Apex Medical Limited or Huntleigh for professional decontamination
- 2.4 The user/staff should consult the manufacturer's recommendations before cleaning.
- 2.5 Effective cleaning requires the use of water and detergents mixtures (mixed according to the detergent manufacturer's dilution and temperature recommendations) accompanied by physical action (energy to dislodge soil). The detergent breaks up grease and dirt and improves the ability of water to remove soil.

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- 2.6 Single use detergent wipes may be appropriate to use when light soiling is evident.
- 2.7 Alcohol based solutions and sprays should not be used. These may be flammable and potentially disastrous where a foam mattress is set on fire (Larcombe 1998).
- 2.8 **Method for Cleaning**
Dynamic/specialist Mattresses i.e. Pressure relieving mattress can be cleaned whilst in use with a detergent wipe. For complete decontamination they need to be cleaned by e.g. Apex Medical/Huntleigh. If these are hired then the outer covers need to be cleaned and placed within a returns bag, sealed with the decontamination certificate attached.
- 2.9 Disposable gloves and aprons should be worn. If splashing could occur eye/face protection should also be worn. Before donning and after removal of gloves, hands should be washed.
- 2.10 In the absence of gross contamination or unusual risk, the removal of dirt and spillages with clean, warm water, neutral detergent or single use detergent wipes is sufficient.
- 2.11 Disinfection is only required for mattresses which have had contact with patients with Clostridium difficile, MRSA or patient bodily fluids. The mattress cover should be cleaned first with detergent and water as above then with a 1000 ppm sodium hypochlorite solution, NaDCC (e.g. Haztab, Precept), or disinfectant wipes. Ensure adequate ventilation by opening doors and windows.
- 2.12 Ensure mattress cover and/or bed base is thoroughly dry before remaking the bed.
- 2.13 Inspect the inner and outer surfaces of covers and their zip fasteners (if present) **monthly** for signs of damage. If the cover is stained, soiled or torn, the foam core should be examined by removing the cover (if zip present).
- 2.14 A thorough inspection will require turning of the mattress, which is also required for good mattress maintenance. Consult the manufacturer's recommendations before turning as not all mattresses require turning.
- 2.15 For mattresses without removable covers, if the damage or soiling is such that it cannot be repaired or cleaned, then the mattress should be condemned.
- 2.16 Damaged/soiled covers and mattresses should be reported to the ward/department manager immediately for disposal.
- 2.17 Bed frames and mattresses should be thoroughly cleaned as above, in between patient use, as part of the room deep clean process.

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2.18 Frequency of cleaning

All mattresses are to be cleaned (and inspected):

- when identified as visibly soiled
- following completion of patient use as part of the room deep clean process.

Routine care of mattresses

Inspect the inner and outer surfaces of covers and their zip fasteners (if present) **monthly** for signs of damage. If the cover is stained, soiled or torn, the foam core should be examined by removing the cover (if zip present).

- 2.19 A thorough inspection will require turning of the mattress, which is also required for good mattress maintenance. Consult the manufacturer's recommendations before turning as not all mattresses require turning.
- 2.20 For mattresses without removable covers, if the damage or soiling is such that it cannot be repaired or cleaned, then the mattress should be condemned.
- 2.21 Damaged/soiled covers and mattresses should be reported to the ward/department manager immediately for disposal.
- 2.22 Bed frames and mattresses should be thoroughly cleaned as above, in between patient use, as part of the room deep clean process.

3.0 AUDIT

- 3.1 It is recommended that a regular audit should be arranged by the Ward Sister on all mattresses and documented as evidence - **(See Appendix 2 for audit tool)**.
- 3.2 Audit frequency:
- Mental health – Annual
 - Community Services - Quarterly
- 3.3 The following criteria are to be audited:
- Covers must be visibly clean, not perished, torn or damaged and remaining non porous.
 - Remove cover (if possible) and check mattress is clean and free from stains or mould.
 - Ensure stitching is intact.
 - Check for signs of dips, wrinkles, odour or damage.

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4.0 DISPOSAL AND REPLACEMENT

- 4.1 Defective mattresses should be cleaned using soapy water, placed in a mattress bag, tagged and have the decontamination note fastened to the outside of the mattress bag prior to arranging disposal via the Facilities Department.
- 4.2 In the case of gross obvious body fluid contamination / known infection, advice will be given by Facilities as to which procedure to follow.

5.0 REFERENCES

The Health and Social Care Act 2008. Code of Practice for the Prevention and Control of Healthcare Acquired Infections. *Department of Health.*

MDA/2010/002 – All types of bed mattresses – issued 5 January 2010. *MHRA*

Healthcare Technical Memorandum - HTM 01-04: Decontamination of Laundry and Infected Linen"

O'Connor H (2000) Decontamination of beds and mattresses. *Nursing Times November 16 vol 96 No 46*

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Pratt, R. J., Pellowe, C. M., Wilson, J. A., Loveday, H. P., Harper, P. J., Jones, S. R., McDougall, C. and Wilcox, M. H. (2007) epic2: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England, *Journal of Hospital Infection*, 65, S1-64.

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