

DOCUMENT CONTROL	
Title:	Mattress Cushion and Pressure Care Equipment Policy
Version:	6
Reference Number:	CL086
Scope:	
This policy applies to all staff employed by Pennine Care NHS Foundation (PCFT) Trust.	
Purpose:	
<p>The purpose of this document is:</p> <ul style="list-style-type: none"> • To ensure appropriate mattresses are purchased • To provide advice on the cleaning and maintenance of mattresses • To reduce the risk of healthcare acquired infections related to hospital mattresses • To ensure that mattresses are replaced as soon as they become damaged / contaminated 	
Requirement for Policy	
The Health & Social Care Act 2008 – Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAIs)	
Keywords:	
Mattress	
Supersedes:	
Version 5	
Description of Amendment(s):	
<ul style="list-style-type: none"> • Update on the Disposal process • Inclusion of CQC regulation 12 and 2 • Due for Update 	
Owner:	
Infection Prevention and Control Nurse – Laura Birch	
Individual(s) & group(s) involved in the Development:	
<p>This document has been developed in collaboration with the following interested parties:</p> <ul style="list-style-type: none"> • Infection Prevention & Control Team 	

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> • Infection Prevention & Control Team • Infection Control Committee • Members of all the Governance Groups 	
Equality Impact Analysis:	
Date approved:	5 th November 2018
Reference:	CL086 – EIA086
Freedom of Information Exemption Assessment:	
Date approved:	10 th January 2019
Reference:	POL2018-87
Information Governance Assessment:	
Date approved:	10 th January 2019
Reference:	POL2018-87
Policy Panel:	
Date Presented to Panel:	14 th January 2019
Presented by:	Laura Birch
Date Approved by Panel:	31 st January 2019
Policy Management Team tasks:	
Date uploaded to Trust's intranet:	31 st January 2019
Date uploaded to Trust's internet site:	31 st January 2019
Review:	
Next review date:	January 2022
Responsibility of:	Infection Prevention & Control Team
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL004	Infection Prevention & Control Policy
CL076	Personal Protection Equipment Policy
CL092	Decontamination Policy
CL122	Safeguarding Families Policy
CO016	Medical Devices Policy

Policy Associated Documents:	
TAD_CL086_01	Mattress Cushion and Pressure Care Equipment Checklist
TAD_CL086_02	Declaration of Contamination Status Form
TAD_CL086_03	Medical Device Alert
TAD_CL086_04	Staff Leaflet – Checking Mattress, Cushions and Pressure Care Equipment Care
Other external documentation/resources to which this policy relates:	
CQC Regulations	
This Policy supports the following CQC regulations:	
Regulation 12	Safe care and treatment
Regulation 15	Premises and equipment

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1. INTRODUCTION

The Health & Social Care Act 2008 – Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAIs) sets out criteria by which NHS organisations must ensure that the risk of HCAI is kept as low as possible and patients are cared for in a clean and safe environment. Compliance with this code is a statutory requirement including the duty to adhere to policies and protocols applicable to infection prevention and control (IP&C).

Poor maintenance of pressure care equipment may lead to premature failure of the protective cover which will impact on the internal mattress / cushion core as a result of ingress of body fluids. This is a significant patient safety problem. Recent research highlights that different types of trauma to the mattress cover can result in damage which is not visible to the naked eye, but which can allow fluid to enter the mattress (Russell 2001).

Longevity and safe functioning of all equipment used for the prevention and management of pressure ulceration is dependent on how the equipment is used. Many things can impact on this including the age of the equipment, its maintenance and cleaning history, the patient's body weight and distribution and contamination with body fluids.

Failure of either the equipment cover or the internal core (foam or cells) results in risk of infection or pressure ulcers for the patient. Where the support surface fails and the patient's bony prominences make contact with a hard surface such as bed or chair base it is described as 'bottoming out' of the equipment. This can result in the patient sinking through the foam and being supported by the underlying base increasing the risk of pressure ulcers.

Proper care, maintenance and cleaning of all mattresses and cushions can help reduce the risk of pressure ulcers and infection.

2. DUTIES AND RESPONSIBILITIES

The Chief Executive is responsible for ensuring that there are effective arrangements for IP&C within the Trust. These arrangements are overseen by the IP&C Committee and the Trust Designated Director of Infection Prevention and Control (DIPC) An annual IP&C programme is supported and approved by the Trust Board. The Chief Executive ensures that there are direct links from the IP&C Committee and Clinical Governance Committees, and with the Trust Board via the Quality Governance Assurance Group.

The Director of IP&C (DIPC) is the Director of Nursing and Healthcare Professionals and has delegated responsibility for the co-ordination of IP&C arrangements across the Trust. The DIPC is accountable directly to the Chief Executive as well as the Board.

Service/Network Managers/Matrons are responsible for the distribution and implementation of policies in local services and to ensure that appropriate staff are scheduled to attend Core & Essential Skills Training (CEST) sessions. It is the responsibility of managers to ensure

the appropriate equipment is in place on the ward/department. All new starters receive IP&C information when joining the Trust through the induction program.

The IP&C team is responsible for strategically leading, planning and developing an efficient and effective service across the Trust, which meets with national government targets and service frameworks in relation to IP&C. This will involve the prevention, surveillance, investigation and control of infection across all PCFT services.

The IP&CT is responsible for:

- Providing expert advice and guidance on all IP&C matters
- Take responsibility for leading and developing the strategic direction of IP&C throughout the Trust
- Act as the lead for the assurance of IP&C
- Interpret national directives and guidelines at a local level
- Formulate an IP&C Annual Work Plan that includes surveillance, audit and education.
- Prepare, review and update evidence based policies and guidelines
- Advise on IP&C training and education (and provide bespoke training as required)
- Advise on the management of individual patients with infection
- IP&C advice regarding new builds/redevelopment of the Trust estate
- Oversee and lead the IP&C Link Professionals/Champions
- Develop action plans for the management of new emerging microorganisms e.g. Ebola, Carbapenemase producing enterobacteriaceae (CPE).

All staff have a responsibility to follow trust policies, and undertake the IP&C CEST IP&C roles and responsibilities are documented in all employees' job descriptions. All staff have a responsibility to comply with Trust Health & Safety policies and procedures.

IP&C Committee – meets bi-monthly, is chaired by the DIPC and receives reports and develop appropriate responses on the following:-

- Reported incidents of infection/outbreaks
- Care Quality Commission: reports
- Relevant internal or external enquiry reports:
- Surveillance of key alert organisms e.g. Clostridium Difficile (*c.difficile*)
- Audit reports
- Operational updates
- Patient safety alerts

Estates and Facilities have responsibilities as referred to in regulation 15 premises and equipment contained in CQC guidance for providers on meeting the regulations in the Health and Social Care Act

- Cleaning services
- Buildings and refurbishment
- Waste management

- Laundry arrangements
- Planned preventative maintenance
- Pest control
- Management of drinkable and non-drinkable water
- Minimising the risk of legionella
- Management of food services

Occupational Health Service

All PCFT staff can access Occupational Health.

As per the Health and Social Care Act 2008 Occupational Health Services should include:

- Risk based screening of communicable diseases
- Relevant immunisations
- Having arrangements for identifying healthcare staff with blood borne viruses (BBV's)
- Risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids
- Management of occupational exposure of blood and body fluids
- Arrangements for provision of influenza vaccinations for healthcare workers

3. PURCHASE, PROCUREMENT AND DISPOSAL

In-patient areas

- Mattresses/cushions must be purchased by an identified and approved supplier as agreed by the Procurement Department (Product Evaluation Group) (See Medical Devices Policy CO016).
- On delivery to the in-patient areas the mattresses/cushions must be marked with a permanent marker pen. This is necessary to validate the warranty and will provide a way of indexing the mattress for audit purposes (e.g. **Hurst/02/2016/01 = Unit/ month/ year/ mattress number**). A written record must be kept and be made available at all times for inspection purposes. This will permit the life of the mattress/cushion to be audited.
- When disposing of mattresses/cushions, the ward/unit manager needs to work closely with the Estates Department via the help desk to co-ordinate collection of contaminated mattresses/cushions and the delivery of replacement ones.
- Prior to disposal **ALL** foam mattresses/cushions should be placed into a yellow mattress/cushion bag and tagged.
- One mattress/cushion for disposal can be placed in the large external clinical waste bin and the bin tagged. All external clinical waste bins are tagged to indicate the type of waste in the bin (yellow tag hazardous waste for incineration, orange tag for alternative treatment) the tag is bar coded to track where the waste came from).

- One mattress/cushion at a time should be placed in the clinical waste bin. The mattresses/cushions should remain in the waste hold prior to removal.
- If there are no external waste bins, the mattress will still have to be bagged and a call logged with Estates help desk to arrange collection from a removal company (SRCL).

Domiciliary settings:

- Bury, HMR and Oldham mattresses are hired from Rosscare
- Trafford mattresses/cushions must be ordered through the One Stop Resource Centre (OSRC).

4. CARE OF FOAM MATTRESSES / CUSHIONS

4.1 Turning of Mattresses

In-patient areas:

Some mattresses that require turning will have a Turntable guidance marked on the cover. The instructions on the mattresses should be followed. It should be turned monthly and checked when making the patient's bed. The corresponding month should be displayed in the bottom left corner.

Domiciliary settings:

- Bury, HMR and Oldham – Turning of mattresses is not applicable to domiciliary settings and all Trafford mattresses are currently non-turn.

Cleaning of Equipment

- All mattresses/cushions should be cleaned between patients and weekly as a minimum in the in-patient setting. This can be done when turning the mattress.
- All mattresses/cushions should be cleaned when contaminated with body fluids.
- The way in which the equipment is cleaned depends upon the nature of the contamination. However the user should consult the Decontamination Policy CL092 or the manufacturer's recommendations before cleaning the mattress/cushion cover.
- Alcohol wipes/solutions/sprays and chlorhexidine should **not** be used as it can cause breakdown of the waterproof cover.
- Disposable gloves and aprons must be worn and changed between cleaning each item of equipment following the Personal Protective Equipment Policy CL076.
- Ensure mattresses/cushion covers should be thoroughly dried before remaking the bed (BHTA, 2012).

- When checking the mattresses/cushions, the 'Mattress, Cushion and Pressure Care Equipment Checklist' in TAD_CL086_01 must be followed.
- The checklist tool has been developed to monitor and record the condition of mattresses & cushions used in Pennine Care Foundation Trust. When completed, this checklist should be retained for evidence purposes. The checklist can be stored electronically or with audit documentation.

4.2 Damaged/soiled mattresses/cushions should be reported to:

In-patient areas:

The ward/department manager and should be withdrawn from service.

Domiciliary settings:

- All damaged or stained equipment in the Trafford Division should be returned to loan store OSRC for disposal.

Testing Equipment

- When undertaking a **Hand Compression Assessment** (Bottoming out test) (for mattresses/cushions that are not sealed and with a zip) staff should:
 1. Wash hands, put on gloves and apron
 2. Adjust the height of the equipment so that it is at the same level as the tester's head of trochanter (hip). If unable to adjust height of bed the person may position themselves on their knees for comfort.
 3. Link hands to form a fist and place them on the equipment
 4. Keep elbows straight and lean forward, applying the full body weight to the equipment
 5. Repeat the hand compression along the entire length of the-equipment
 6. Note any variation in the density of the foam including whether the base of the equipment can be felt through the foam.
 7. Remove PPE and wash hands.
- When undertaking a **Water Penetration Test** (for mattresses/cushions that are sealed and without a zip) staff should;
 1. Wash hands, put on gloves and apron and gather equipment
 2. Using the fist, indent the mattress in the centre over the area where it would have high usage to form a shallow well and pour tap water (about half a cup/50mls) into the well
 3. Agitate the surface with the fist for one minute and then mop up the water
 4. With a clean paper towel again press firmly over the well and inspect for any evidence of strike through.
 5. If water is picked up this confirms the equipment has failed and requires replacement.
 6. Clear away equipment, remove PPE and wash hands.

5. CARE OF DYNAMIC (ELECTRIC) PRESSURE CARE EQUIPMENT

5.1 Cleaning of Equipment

In-patient areas:

It is recommended that all dynamic pressure care equipment within the inpatient areas is cleaned following manufacturer recommendations.

- Dynamic (electric) Pressure Care Equipment should be thoroughly cleaned and checked after each patient discharge. Decontamination of this equipment can be arranged via Estates. The equipment must be cleaned before leaving the wards/units and attach a *Declaration of Contamination Status Form*' (TAD_CL086_02)
- Switch off the pump and disconnect the power source. It is recommended that the cleaning is undertaken as follows: Pump, hanging bracket, tubing, mains lead, mattress/cushion sides and mattress/cushion cover.
- Disposable apron and non-sterile gloves should be worn (Personal Protective Equipment Policy CL076).
- A detergent wipe and/or a hypochlorite solution should be used on the equipment surface (See Decontamination Policy CL092) and dried thoroughly using paper towels (BHTA, 2012).
- Cleaning and documentation of equipment whilst in use will reduce the number of micro-organisms and make final cleaning of the system more effective.

Domiciliary settings:

- **Trafford Division:**
On return to OSRC the dynamic mattress and pump is stripped down and decontaminated with appropriate products. The pump then undergoes a series of tests and inspections to ensure that it is working to full capacity. If any of these fail either parts are replaced or the whole unit is disposed of.

5.2 Hired Pressure Care Equipment (Mattresses/Cushions)

- **In-patient settings:** The hired equipment needs to be checked prior to patient use. Daily checks should review operational functioning and any failings. Staff must follow manufacturer instructions. The hired equipment must be cleaned before returning it and a *Declaration of Contamination Status Form*' (TAD_CL086_02) should be attached.
- **Trafford OSRC only hires equipment in emergency situations for out-of-hours problems.** The contracted company would decontaminate all equipment on collection not the nurses in Trafford domiciliary settings. In certain social care settings staff are responsible for equipment cleaning on site and full decontamination is at the OSRC on return of the equipment.

- A representative from the hired company must provide training to staff, regarding the safe use and care of the pressure care equipment before they are used.
- When hired Dynamic (electric) Pressure Care Equipment is provided for community patients the team responsible for providing the patient's care e.g. District Nursing, should ensure the equipment is checked at each visit.
- Checks on hired foam mattresses include general wear, tear, damage, and any visible damage from fluid contamination. Effectiveness of mattress is checked using the Hand Compression Test.
- The checks on dynamic mattresses include patient weight setting (if applicable to product), positioning and secure fastening to bed frame, activated audible alarm status, correct inflation and mains supply. Check for Ingress on both the foam and internal side of sheet. Check that the pump is connected and there is a trouble- shooting guide attached to the pump that the pump and the cushion are compatible, that the alarm is not silenced or that the fault light is not illuminated and that the air sacs / Cells inflated.
- Where possible the patient's family or formal carers can be taught and advised to check that the equipment is working properly on a daily basis and any concerns reported to the District Nurse or care provider.
- All findings and advice given to the family must be documented within the patient's records.
- In the event of the hired equipment not working properly the District Nurse or care provider will investigate or escalate to the loan store or manufacturer and a replacement should be requested as soon as possible.
- When the hired equipment is no longer required by the patient it should be decontaminated and returned to the equipment provider or OSRC (In Trafford the OSRC would decontaminate the equipment).

6. EQUIPMENT INSPECTIONS

- Mattress, Cushion and Pressure Care Equipment inspections are to be completed at least every 6 months in all in-patient units. Local guidelines may exist which indicates increased frequency of checking mattresses, such as on discharge. This is to ensure that every patient has a clean and durable pressure care mattress/cushion.
- Checking of mattresses and cushions must be undertaken in Q1 (April, May and June) and Q3 (October, November and December). This is in preparation for the IP&C Environmental inpatients audit in Q2 and Q4. The IP&C auditor will request access to this checklist for inspection and monitoring purposes.

The process will adhere to the following format:

- In **Q1** (April, May, June) – staff to check mattresses/cushions.
- In **Q2** (July, August , September) IP&C staff to audit checklist
- In **Q3** (October, November, December) – staff to check mattresses/cushions.
- In **Q4** (January, February, March) IP&C staff to audit checklist

Compliance monitoring will be via the IP&C Committee.

- Mattress, Cushion and Pressure Care Equipment Checklist is available on the Trust's IP&C Intranet web page (TAD_CL086_01).
- The assessment of the mattress/cushion covers are key components to safe and effective management, this is in line with the MHRA Medical Device Alert 2010 (see TAD_CL086_03).

7. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

8. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

9. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

10. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

11. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

12. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

13. REFERENCES

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Equality Act 2010

Freedom of Information Act 2000

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