

Title of Procedure/Guidelines Number

Standard Operating Procedure (SOP) for Mattress and Cushion care

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

This SOP is intended for all Royal Wolverhampton NHS Trust (RWT) staff who provide clinical care for patients or have responsibility for storage, movement, disposal and care of Trust mattresses and cushions. The term mattress applies to bed and trolley mattresses.

The control and prevention of Healthcare Associated Infections (HCAIs) is a priority at RWT and the NHS. Mattresses and covers can become contaminated with microorganisms that can cause HCAIs. Once damaged, the cover may allow fluid to ingress into the mattress material which will then render the mattress no longer fit for purpose. The outer integrity must be checked during audit.

2.0 Accountabilities

Tissue Viability Team

- Reinforce details in the SOP during clinical updates
- Provide guidance for clinical use of the mattresses

Infection Prevention Team

- Provide specialist advice for cleaning and decontamination
- Reinforce details in the SOP during clinical updates

Operational Management Team (MPCE)

- Reinforce details in the SOP during clinical updates

CERL Staff

- Check mattresses are labelled appropriately when returned from wards and report via Datix if not
- Ensure mattresses are checked for strikethrough prior to repair/storage

Bed Cleaning Team

- Ensure all team staff follow the detail in the SOP and are aware how to check mattresses

Portering Manager

- Ensure mattresses are stored correctly
- Facilitate requests for delivery and collection of mattresses
- Facilitate disposal of condemned mattresses

Matrons, Senior Sisters, Charge Nurses, Department Managers

- Facilitate and check mattress audits monthly

- Ensure all staff are aware how to check mattresses
- To discuss the mattress audit results at least monthly and escalate any concerns

Ward/Department staff

- Complete mattress and cushion checks in between patients
- Ensure that any mattress cushion being transferred to CERL is decontaminated and labelled appropriately as per Trust policy HS11.

3.0 Procedure/Guidelines Detail / Actions

3.1 Mattress/Cushion inspection

All mattresses and cushions must be inspected on the agreed date every week using the following criteria and recorded on Health Assure

Check the outer cover for signs of damage, including:

- Any discontinuity which would allow spillages to seep through to the foam e.g., needle stick punctures, tears at the corners etc.
- Excessive staining
- Damage to zips
- Splits to seams
- Check the cover is the right size for the mattress/cushion

Open/Remove the outer cover to check if the foam is:

- Wet or stained
- Malodorous
- Deformed or collapsed

The results of this assessment will determine the action of the staff. It may be possible to replace just the cover if the foam is unaffected. The whole mattress/cushion will need to be condemned if there is any evidence of staining on the inner foam.

3.2 Condemned mattresses/cushions

All mattresses/cushions that are not considered good during the audit must be checked prior to replacement by the nurse in charge. Once checked, the mattress must be decontaminated and a completed condemned sticker (HS11 Appendix 15) and completed decontamination sticker (HS11 Appendix 9) must be added to the mattress/cushion.

Devices for condemnation should be sent to CERL and jobs raised on the Medical Devices Helpdesk

3.3 Ordering/Storage

If a ward/department requires a mattress they should contact the porters via the Teletracking system to request a delivery or collection.

When requiring a mattress to be collected by the porters, the mattress needs to

be cleaned with universal wipes and a completed decontamination sticker applied (HS11 Appendix 9). The porter will not take the mattress if this sticker is not in place.

Cushions should be stored on the ward, bagged and in the linen cupboard.

3.4 Cleaning of mattresses/cushions

Mattresses/cushions must be decontaminated as per Trust as per HS11 Management of Medical Devices Policy and cleaning standards.

3.5 Audit

All mattresses/cushions must be audited weekly on a designated day and information added to Health Assure.

Compliance data is reported to the Environment Group and IPCG monthly. Spot check audits will be completed by the Infection Prevention team following outbreaks.

In addition, each bed must be checked between each patient, this also includes the cushion.

A question is also included in the Environment audit tool on MyAssure which is completed monthly in all areas

4.0 Equipment required

None

5.0 Training

All staff will be shown how to clean a mattress and cushion using a universal wipe. Company representatives visit the Trust to train the trainers periodically. The Infection Prevention Team are also available for advice.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
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 programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The document will be updated by the Infection Prevention Team in collaboration with Hotel Services and Medical Devices Group Chair and presented at Environment Group and Medical Devices Group.

9.0 Communication and Training

This SOP will be communicated through Trust Brief. The company who supplies the wipes will visit the Trust at least annually to update staff on how to clean mattresses and cushions.

10.0 Audit Process

Each inpatient area will complete a mattress/cushion audit on a weekly basis.

Criterion	Lead	Monitoring method	Frequency	Evaluation
Audit compliance scores of condemned mattresses and cushions	Matron	All accessible mattresses/cushions are reviewed	Wards complete weekly Report is monthly	Environment Group
Monitoring incidents raised regarding mattresses	Matron	A dashboard will be generated	Monthly	Environment Group

11.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

All references to appendices and attachments within the body of the must be highlighted in blue to enable hyperlinks to be incorporated.

Part A - Document Control

Procedure/ Guidelines number and version: 1.0	Title of Procedure/Guidelines Mattress and Cushion Care SOP	Status: Final		Author: Senior Matron Infection Prevention For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Head of Nursing Corporate Support Services / Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1.0	Sept 2021	Senior Matron Infection Prevention	New SOP
Intended Recipients: All RWT clinical staff				
Consultation Group / Role Titles and Date: Environment Group, IPCG.				
Name and date of group where reviewed		Environment Group Trust Policy Group – December 2021		
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)		IPCG Trust Management Committee – January 2022		
Date of Procedure/Guidelines issue		February 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		3 Yearly – December 2024		

<p>Training and Dissemination: This document will be sent out in Trust Brief and discussed at Senior Nurses and Matrons Group</p>	
<p>Publishing Requirements: Can this document be published on the Trust's public page:</p> <p>Yes If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.</p>	
<p>To be read in conjunction with: HS11, Management of Medical Devices Policy</p>	
<p>Initial Equality Impact Assessment: Completed Yes assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 85887 for Trust-wide documents or your line manager or Divisional Management office for Local documents.</p>	
<p>Contact for Review</p>	<p>Senior Matron Infection Prevention</p>
<p>Monitoring arrangements</p>	<p>Mattress audit results will be presented at Environment Group and Infection Prevention and Control Group</p>
<p>Document summary/key issues covered. This SOP is intended for all Royal Wolverhampton NHS Trust (RWT) staff who provide clinical care for patients or have responsibility for storage, movement, disposal and care of Trust mattresses and cushions. The term mattress applies to bed and trolley mattresses.</p>	
<p>Key words for intranet searching purposes</p>	<p>Mattress/ Cushion</p>

(Part B) Ratification Assurance Statement

Name of document: Mattress and Cushion Care SOP

Name of author: Kim Corbett Job Title: Senior Matron Infection Prevention

I, _____ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: K Corbett

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to:
The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version 1	Title of Procedure/Guidelines Mattress and Cushion SOP	
Reviewing Group	Environment Group Infection Prevention and Control Group	Date reviewed: September 2021
Implementation lead: Print name and contact details Kim Corbett Senior Matron Infection Prevention		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	n/a	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	n/a	
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	n/a	
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	All staff	October 2021
Financial cost implementation Consider Business case development	None	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		