Trust Policy		NHS Worcestershire Acute Hospitals NHS Trust

Policy for Mattress Decontamination and Storage

Department / Service:	Infection Prevention and Control Team and Tissue Viability
Originator:	*Emma Fulloway IPC Nurse Manager*
Accountable Director:	Chief Nurse
Approved by:	TIPCC
Date of approval:	6th November 2025
Review Date: **This is the most current document and should be used until a revised version is in place**	6th November 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	
Target staff categories	

Policy Overview:
This policy provides guidance for the appropriate actions and responsibilities regarding decontamination of mattresses, pressure-relieving mattresses, beds and cushions.

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	
January 2021	Document reviewed	Lisa Hill
February 2021	Document extended as per Trust agreement 11.02.2021	
May 2021	Document reviewed and approved for 3 years	TIPCC
June 2024	Document extended for 6 months whilst review takes place	Lara Bailey
May 2025	Document extended until September whilst discussed at TIPCC in August	Liz Watkins
August 2025	Document reviewed and reorganised	Emma Fulloway

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1. Introduction

The Health Act & Social Care Act 2008 - Code of Practice for the Prevention and Control of Health Care Associated Infections sets out the criteria by which NHS organisations must ensure that the risk of Health Care Associated Infection is kept as low as possible and patients are cared for in a clean environment.

Mattress covers can become damaged at any time during use or storage, for example from: damage from sharp objects; abrasion during handling, transport or movement; inappropriate cleaning and decontamination procedures. Care must be taken to avoid mattress damage e.g. from penetration by needles.

Studies have demonstrated that damaged mattresses can harbour micro-organisms and be a potential cause of cross infection. Maintenance and cleaning of mattresses and covers can minimise this risk. Invisible trauma to the mattress cover can result in seepage of blood/body fluids/excreta into the mattress foam with transmission of infection to the next patient to use the mattress. In accordance with the Medical Device Alert (MDA/2010/002), there must be a weekly program of inspection of all ward mattresses.

Damaged mattresses and mattresses with fluid ingress must be replaced immediately.
To maintain the safety and integrity of mattresses and to prevent transmission of infection all mattresses must be appropriately decontaminated prior to being returned to the mattress store or being used for another patient.

Key points:

Patients spend a lot of time in bed so it is important for them to have clean mattresses
Mattresses should be audited regularly
Mattresses should be included on cleaning schedules
Standard cleaning procedures of mattresses should be adopted
Failed (damaged/fluid ingress) mattresses/covers should be condemned.

2. Scope of this document

The policy applies to all healthcare staff to ensure appropriate decontamination of mattresses and pressure relieving equipment

To be read in conjunction of the following Trust Policies:

- Cleaning Policy WAHT-CG-494
- Decontamination Policy WAHT-INF-053
- Infection Control Policy WAHT-CG-043
- National Infection prevention and Control manual for England

3. Definitions

Bed frame: A rigid support surface to be used in conjunction with a mattress, mainly used as a sleep surface and for reclining

Bottoming out: Mattress "bottoming out" occurs when a mattress loses its ability to adequately support weight and the sleeper feels the bed frame or a compressed layer beneath the mattress. This can happen due to a variety of factors, including a weak or damaged foundation, excessive wear and tear, or improper mattress selection. Bottoming out can lead to discomfort, pressure points, and even potential health issues related to inadequate support.

Contamination: Presence or the reasonably anticipated presence of blood/body fluids 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, or replacement mattress which is not fit for use. This includes mattresses which have been damaged.

Delamination: The material used in producing multi-stretch covers for pressure redistributing mattresses tends to delaminate because 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 must be condemned

Phenol Yellowing: When the foam is exposed to the atmosphere the phenolic compounds react with nitrogen oxides to form yellowish tinge. This is usually seen around the zip area, as this is the main area for of air intake.

Pressure redistributing equipment: Support surfaces designed to reduce the magnitude and / or duration of pressure and shear. They are sub-divided into pressure reducing and pressure relieving systems. They include mattresses, bed systems and cushions.

Strike Through: the penetration of bodily fluids or contaminants through the mattress cover, compromising its barrier function and potentially leading to cross-infection. This is a serious concern because once the cover is breached, the underlying foam core can become contaminated, increasing the risk of infection and making the mattress unsuitable for use.

4. Responsibility and Duties

4.1 Chief Executive

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

Ensure that the objectives within the policy are established, implemented, reviewed, updated and achieved.

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.

4.2 Chief Nurse / DIPC

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.

4.3 Divisional Directors of Nursing/ Matrons/Ward Managers/Department Managers

Are responsible to ensure that the policy is implemented in a consistent manner across the Trust.
4.3.1 Ensure there is effective provision of information, instruction, training and supervision of staff to ensure effective decontamination and storage of mattresses.
4.3.2 Identify employee training needs and ensure education programmes are attended, and maintain a record of attendance.
4.3.3 Mattresses are included on clinical cleaning schedules and are cleaned daily using a clinell universal wipe.
4.3.4 Mattresses are checked inside for body fluid ingress, at patient discharge. For long length of stay patients the mattress must be checked inside on a weekly basis when the patient is being weighed.
Ensure mattresses are cleaned before being returned to the mattress store

Staff
It is the responsibility of all clinical staff to:

- Be aware of the current guidelines.
- Put these guidelines into practice.
- Bring to the attention of the Unit Manager or Infection Prevention and Control Team any problems in applying these guidelines

4.4 Tissue Viability Team

Will co-ordinate yearly hybrid and dynamic mattress audits in conjunction with Trust Mattress Contract Provider and disseminate audit findings to the Fundamentals of Care Committee.

Tissue Viability, Procurement, Finance and any relevant stakeholders will co-ordinate the tendering process at least 12months prior to termination of current Trust contract. The Tendering process will ensure the Infection Control Team are consulted on any new contract for hiring / purchasing replacement foam mattresses and replacement dynamic mattress systems and that there is consistency throughout the organisation.

Mattress Store
Mattress store staff are responsible for ensuring there is adequate supply of clean mattress, covers and associated pumps available for patient use. They are to escalate mattress stock concerns to Tissue Viability as they are responsible for the mattress contract. They are also to escalate any cleaning concerns/infection control risks to Infection Prevention and Control Team. Mattress Store Team are to comply to this policy and associated policies.

The mattress stores are open Monday to Friday 08:00-16:00 **Contacts numbers for Mattress storeroom: WRH Ext 33724 Alex site Ext 44510.**

5. Policy

Poor maintenance of foam hybrid mattresses and their covers may lead to staining of the foam or inner surfaces of the mattress covers. Damaged patient mattresses cannot be properly cleaned and present a risk to patients. When the integrity of the mattress cover is compromised, bodily fluids may penetrate the inner core and pose a risk of cross contamination (Marks,B and Abboud,T 2016).

The close contact between the patient and the mattress means that transmission of microorganisms between the patient and the mattress and vice versa is facilitated. Bed components such as bed frames, bed controls, mattresses and side rails may become contaminated with micro-organisms through direct contact with the skin scales and body fluids, thereby become the source of infections and or cross infection (Creamer 2008).

MATTRESS CARE AND PROVISION

Portering staff when removing used mattresses from ward areas to the used mattress store, must ensure the mattresses have been cleaned by the ward staff before handling. Failure to do so places the portering and mattress store staff at risk of contact with bodily fluids such as blood, faeces. Mattresses must have a completed purple label inside stating they have been cleaned by department staff. The portering team have the right to refuse to handle mattresses which are not clean.

Care of the mattress

Ward/Department, Cleaning Health and Safety:
Ensure appropriate personal protective equipment (PPE) gloves, aprons, is worn for standard cleaning using clinell wipes. If gross body fluid contamination is present then gloves, apron and full-face visor would be required due to the splash risk from the body fluid and cleaning chemicals used. Ensure The Control of Substances Hazardous to Health (COSSH) data sheets are available for cleaning products used and first aid eye wash kit is available. Please ensure hands are washed with soap and water after PPE is removed.

All mattresses must be cleaned and checked inside for strike through/body fluid ingress between patients, as part of the bed space check list procedure (following which a green I am clean sticker is completed and placed inside the mattress). Long stay patients must have the inside of their mattress checked weekly, to coincide with their weekly weight. If damage or ingress is found the department must contact mattress store to replace cover/ mattress

Ward Based Mattress checks will ensure that every patient has a clean and intact mattress to prevent the spread of infection and minimise the risk of cross infection. This is in line with MRHA Medical Device Alert 2010.

In areas with outbreaks of infection mattresses can be decontaminated on the ward by the ward team using PDI Chlorine wipes, hybrid mattresses can be kept in room which are undergoing Amber, Red (Hydrogen Peroxide Vapour) and Violet cleans. Associated pumps must not be RED cleaned they must be cleaned with clinell wipes and returned to the mattress store.

If there is major body fluid ingress inside the mattress cover affecting the foam which cannot be cleaned by clinical team mattresses should be reported to the mattress store staff, the mattress outside cover must be cleaned, bagged in a **yellow mattress bag,** cable tied, application of **RED** label applied to the outer bag identifying ward, and reason for return to mattress store for disposal.

N.B Alcohol wipes/solutions/sprays and chlorhexidine **should NOT** be used as it causes breakdown of the waterproof cover (Delamination). For assistance regarding mattress selection please see appendix 1 mattress selection guidance or contact mattress store or tissue viability team. See appendix 2 and 3 for guidance on how to use the pumps.

Ward Cleaning Guidance for Hybrid Mattresses:

The ward must clean the mattress cover daily, in absence of visible contamination of the mattress cover, the mattress should be cleaned with Clinell™ Universal Wipes and allowed to air dry.

Where there is visible contamination of urine, faeces, vomit or sputum: soak up gross contamination with paper towels, then Decontaminate area with either a PDI Sani Cloth

600ppm or *make a solution of 1,000 parts per million available chlorine (ppm av cl) solution, using Chlorine Releasing Tablets using a disposable cloth clean away the body fluids, then wash with detergent, hot water using a disposable cloth and dry with paper towel.

Where there is visible blood spillage: soak up gross contamination with paper towels *make a solution of 10,000 per million available chlorine (ppm av cl) solution, using Chlorine Releasing Tablets, using a disposable cloth clean away the body fluids, then wash with detergent, hot water, disposable cloth and dry with paper towel.

*When making up Chlorine Releasing Tablets solutions please follow the manufacturers instruction, wear PPE gloves, apron, full face visor, make the solution using cold water in a well-ventilated area.

Cleaning order:

- If using pump: Switch off the pump and disconnect the power source
- Open the mattress and check for strike through on cover inside– return to Mattress Store if breached.
- Cleaning is undertaken in the following order: - pump, hanging bracket, tubing, mains lead, mattress sides (once pump is dry return to mattress store), mattress cover and mattress base.
- 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 bed's mattress board surface. Repeat on the other half. For more detailed bed cleaning guidance please see bed cleaning video on ESR.
- Ensure mattress cover is drybefore making the bed.

Trust owned spinal and repose are checked and cleaned using the same process as for the hybrid mattresses.

Cot and patient Trolly mattresses

Cot and patient trolly mattresses are cleaned and maintained by the clinical departments. Departments must have standard operating procedures to ensure the mattresses are in good condition: checked outside and in (at least weekly)-unzipped and checked inside for body fluid ingress (any covers/mattresses with strike through must be condemned and replaced), foam in good condition and clean for use. Clinical teams must have clear cleaning schedules. Mattresses must be cleaned using products as stated for the Hybrid mattress guidance above. The mattress stores do not handle cot or patient trolley mattresses.

Mattress checks by ward team

After patient discharge and on a weekly basis if patient is long term, clinical staff must: Check the mattress: zip fastener, cover inside and out looking for holes, tears, body fluid ingress.

If there is evidence of damage to cover, minor fluid ingress on the underside of mattress cover not affecting the foam inside; after cleaning the mattress cover place completed GREEN label inside and return to the mattress store team.

If there is major body fluid ingress inside the mattress cover affecting the foam which cannot be cleaned by clinical team mattresses should be reported to the mattress store staff, the mattress should be cleaned as possible, bagged in a **yellow mattress bag,** cable tied, application of **RED** label applied to the outer bag identifying ward, and reason for return to mattress store for disposal.

Covers must be checked after each patient discharge and weekly for long stay patients; the mattress must be unzipped to ensure no strike through stains to the integrity of the mattress within. Hand compression and water test should be performed.

Mattresses for disposal must be reported to Mattress Stores team and porters Out Of Hours (OOH). It must not be sent for disposal on Trust site, as these mattresses are to be returned to Contract Provider for disposal as the current mattress contract is a rented agreement.

Ward Cleaning Guidance for Dynamic Pressure Relieving Mattresses:

The ward must clean the cover daily, in absence of visible contamination of the mattress cover, the dirt and or spillage should be cleaned with **Clinell™ Universal Wipes** and allowed to air dry.

Where there is visible contamination of urine, faces, vomit or sputum: soak up gross contamination with paper towels, then Decontaminate area with either a PDI Sani Cloth 600ppm or *make a solution of 1,000 parts per million available chlorine (ppm av cl) solution, using Chlorine Releasing Tablets using a disposable cloth clean away the body fluids, then wash with detergent, hot water using a disposable cloth and dry with paper towel.

Where there is visible blood spillage: soak up gross contamination with paper towels *make a solution of 10,000 per million available chlorine (ppm av cl) solution, using Chlorine Releasing Tablets, using a disposable cloth clean away the body fluids, then wash with detergent, hot water, disposable cloth and dry with paper towel.

***When making up Chlorine Releasing Tablet solutions please follow the manufacturers instruction, wear PPE gloves, apron, full face visor, make the solution using cold water.**

Cleaning order:

- Switch off the pump and disconnect the power source
- Open the mattress and check for strike through on cover – return to Mattress Store if breached.
- Cleaning is undertaken in the following order: - pump, hanging bracket, tubing, mains lead, mattress sides, mattress cover and mattress base.
- 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 the bed's mattress board surface. Repeat on the other half. For more detailed bed cleaning guidance please see bed cleaning video on ESR.
- Ensure that all surfaces are thoroughly cleaned and dried

- Place in a clear mattress bag and apply **GREEN** decontamination label

When a patient using a Dynamic Pressure relieving mattresses is discharged the mattress and pump must be cleaned, placed in return red bag, cable tied and have a GREEN sticker applied and returned to the used mattress store.

If the discharged patient had an infection for example: MRSA, ESBL, CPE, C.diff, Norovirus infection Clean as above and then place the mattress in red bag supplied. Cable tied, GREEN de-contamination label completed, attached to outer bag and sent to Used dirty utility/ dirty Mattress store for full decontamination as per manufacturers recommendations.

- Dynamic mattresses are ordered via the Mattress Store Team on Alex and WRH site. Kidderminster Site will contact the Alex site for supply. OOH porters have access to these systems on both Alex and WRH sites.

Mattress & Equipment Stores Alex and WRH Sites Mattress Decontamination Processes: (NB Kidderminster is serviced by Alex site)

Ensure correct PPE is used: Disposable apron, gloves, visor and facemask face protection should be worn to avoid splashing of the face with chemical cleaning product. Ensure the room is adequately ventilated. Make up Tristel Fuse ™ solution as stated in manufactures instructions. Use disposable cloths to decontaminate the mattress covers. Do not double dip the cloths as doing so will contaminate the solution.

- Always wash hands before and after cleaning equipment.
- The mattress decontamination process should be undertaken by 2 people to minimise risk of manual handling related injury.

Dynamic mattresses decontamination process

Used Mattress and pump is returned to the store by ward team. The mattress store then returns the mattress and pump to the supplier.

If the mattress has been returned to the store not cleaned, bagged or tagged by a unknown ward: Mattress store then:

- Clean the mattress with green clinell wipes
- Cleaning is undertaken as follows: - pump, hanging bracket, tubing, mains lead, mattress sides, mattress cover and mattress base.
- 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.

- Ensure that all surfaces are thoroughly cleaned and dried
- Place in a RED mattress bag and apply **GREEN** decontamination label
- Send to supplier

Hybrid mattress decontamination process

- If the mattress has not been used in an infectious environment or contaminated with blood, then this can be cleaned on Trust site.
- Decontamination is in line with Mattress Manufacturer's recommendations.
- Use Tristel Fuse ™ solution (made up as stated in manufactures instructions.) with disposable cloths and dried using soft paper roll.
- Open the mattress and check for strike through on cover – if strike through is present change cover. The old cover is disposed of.
- The cells are then wiped down.
- Mattress sides, mattress top cover and mattress base.
- 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.
- Ensure that all surfaces are thoroughly cleaned and dried
- Send to clean mattress store.

Trust owned spinal and repose are checked and cleaned using the same process as for the hybrid mattresses.

Mattresses returned to used mattress store in yellow bags without labels attached

The mattress store operatives are to move the bagged mattress into the mattress department, Datix the incident. Mattress store operatives are to put-on PPE: long-sleeved gown, face mask, visor, apron and gloves to inspect and assess the contents. Once assessment completed to either dispose or clean. Staff must remove Gloves, Apron and Gown wash hands then remove visor and face mask and wash hands and dispose of in clinical waste stream.

To ensure the mattresses are fit for patient use the following tests should be undertaken by Mattress store and Department Teams :

Water Penetration Test:

1) Remove bed linen and unzip the mattress cover.
2) Visually inspect both sides of the inner foam for any evidence of moisture or staining, which indicates loss of impermeability.
3) Visually inspect inside the cover for any evidence of strike through.
4) Place a sheet of absorbent tissue (paper roll approximately 46cm x 46cm or 18inches x 18inches) between the top surface of the mattress and the cover.
5) Zip the cover back up, using the fist, indent the mattress over the area where the tissue is located to form a shallow well and pour tap water (about half a cup) into the well.

6) Agitate the surface with the fist for one minute and then mop up the water.
7) Undo zip and inspect tissue for water spots.
8) Any evidence of wetness on the disposable paper towels indicates that the mattress cover is not impervious to fluids- the mattress must be cleaned, have GREEN sticker attached and returned to the mattress store-as the cover can be changed
9) If there are no water ingress, zip the mattress cover up.
10) Dry the area and remake the bed (UNLESS the mattress/cover needs to be replaced).

Bottoming Out Test /Hand compression assessment:

1) If a patient has been lying on the mattress prior to the test, at least three minutes of recovery time is required before the torso section of the mattress can be tested.
2) The mattress must be fully examined for staining, splitting odour or dampness.
3) Adjust the height of bed so that it is at the same level as the tester's hip height
4) Link hands to form a fist and place them on the mattress.
5) Keep elbows straight and lean forward, applying the full body weight to the mattress
6) Repeat the hand compression along the entire length of the mattress.
7) Note any variation in the density of the foam including whether the base of the bed can be felt through the foam, if the base of the bed can be felt then the mattress has bottomed out and is not fit for purpose and must be cleaned, have RED sticker applied and returned to mattress store for replacement.

Equipment Storage:

- Racking and shelving is available in designated mattress/equipment stores for clean mattresses.
- Pressure redistributing equipment must not be placed on the floor for storage.
- All pressure relieving mattresses must be placed in designated mattress collection bags before being returned to the cleaning area of the equipment store.

Disposal and Replacement of WAHT Owned Equipment:

- To minimise risk, mattresses with body fluid ingress contamination must be removed as clinical waste i.e. incinerated. Staff must clean the outside cover of the mattress, place the mattress into a yellow mattress bag, cable tie and RED sticker applied.
- The ward must notify the Mattress/ Equipment store team. Out of hours the porters will be asked to take the mattress to the designated /used/Dirty Mattress storage area
- The Mattress Store Team will then ensure the mattress is removed for incineration as necessary.

Contacts for Mattress store room: WRH Ext 33724 Alex site Ext 44510

6. Implementation

Plan for implementation. The IPC Team and Lead Tissue Viability Nurse will oversee the effective communication of the approved policy to all relevant staff. This includes highlighting policy and its information at training sessions.

Dissemination The policy is accessible via the policy link on the Trust Intranet

Training and awareness

- Training will be included within Pressure Ulcer Prevention Training.
- The process will be included in Train the Trainer: mattress sessions and within Trust medical device training.

7. Monitoring and compliance

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Visible inspection of mattress	When mattress cleaned using checklist	In-between each patient episode Weekly for long stay patients	Ward staff	Ward Manager	At time of checking
	Inspection of mattress	Monthly Every episode a mattress is returned to mattress decontamination store rom	Monthly Every episode a mattress is returned to mattress store rom	Ward staff Mattress store Staff	Ward manager	At time of checking
	Mattress audit	During annual Planned Audit	Annually	Trust Mattress Provider	Ward managers Tissue Viability	At time of checking

7. **Policy Review**: This Policy will be reviewed each time a new Mattress Contract is implemented within the organisation. (Every 5 years or sooner).

8. References:

Ayliffe GAJ, Fraise AP, Geddes AM, Mitchell K, Control of hospital infection: a practical handbook, 4th Ed. (London: Arnold) 2000.

Aziz Ann-Marie. Mattress cleanliness: the role of monitoring and maintenance. British Journal of Nursing, 2012 Vol 2 p152-155. https://doi.org/10.12968/bjon.2012.21.3.152

Creamer E, Humphreys H, 'the contribution of beds to healthcare-associated infection: the Importance of adequate decontamination', Journal of Hospital Infection, (ScienceDirect.com) 2008.

Department of Health (2003) Winning Ways - working together to reduce Healthcare Associated Infections in England.

Department of Health, the NHS Healthcare Cleaning Manual (March 2004), Section 6 Patient Equipment

Department of Health (2008) The Health Act & Social Care Act 2008 - Code of Practice for the Prevention and Control of Health Care Associated Infections and related guidance.

Flannagan, M. (undated) Pressure Care Prevention: Management and selection of Equipment. Wound Care Society.

Guy, Heidi Preventing pressure ulcers: choosing a mattress Professional nurse (London, England), 12/2004, Volume 20, Issue 4

Loomes,S(1998)Is It safe to lie down in hospital . Nursing Times 84: 49,63,65

Mitchell, JC. Jones, JAR. McNair,B. and McClenahan.J (1998) Better Beds for HealthCare. Report of the King's Fund Centenary Bed Project . London King's Fund quoted in https://www.hse.gov.uk/healthservices/epb-health-care.pdf Electric profiling beds in Healthcare. Jan 2021.

Marks,B and Abboud,T (2016) Uncovering the rate of damaged mattress covers in acute care . American Journal of infection control. Vol 44,Issue 6,(Supplement.S79.)

Nice Guidelines Infection prevention and control Quality standard [QS61] Published date: 17 April 2014

NICE Clinical Guidelines, No. 179. The Prevention and Management of Pressure Ulcers in Primary and Secondary Care. National Clinical Guideline Centre (UK). London: National Institute for Health and Care Excellence (UK); 2014 Apr.

O'Connor, H, 'Decontaminating beds and mattresses', Nursing Times, 2000; 96: 4-5.

NTplus: 2.

Patel, S, 'Minimising cross-infection risks associated with beds and mattresses, Nursing Times, 2005;101 (Suppl): 52-53.

Philpott-Howard J. and M Casewell. (1994). Hospital Infection Control. Policies and Practical Procedures Saunders. London

Russell L (2001) Strikethough: review of research on mattress cover performance – British Journal of Nursing (Supplement) Vol 10 Issue No 11 60-65.

Viant A (1992) Cleaning of hospital mattresses, Nursing Standard 21, 36-37.

9. Background

9.1 Equality requirements
9.2 Financial risk assessment

The policy was reviewed to ascertain if there would be any increased financial expenditure as a result of its implementation. There are cost impacts, but these have been ongoing since the Trust implementation of contract 2017. See assessment.

9.3 Consultation

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

9.4 Approval Process

This policy is approved via the Clinical Governance Group.

9.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Appendices

Appendix 1 Mattress Selection Guide

DRIVE NEW MATTRESS SELECTIC

Appendix 2 Artemis instruction

ARTEMIS INSTRUCTION GUIDI

Appendix 3 Theia instruction

THEIA INSTRUCTION GUIDI

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Claire Hughes : Acting Tissue Viability lead nurse**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Policy for Mattress Decontamination and Storage			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure decontamination and storage of mattresses is followed			
Who will be affected by the development & implementation of this activity?	x x ❑ ❑	Service User Patient Carers Visitors	x ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help				

inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		
Disability		x		
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief		x		
Sex		x		
Sexual Orientation		x		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Mattresses not stored / decontaminated appropriately	*.Education Process available to all staff on TV intranet*	**TV Lead**	**ongoing**
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Claire Hughes
Date signed	08.06.21
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact 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	YES
2.	Does the implementation of this document require additional revenue	YES
3.	Does the implementation of this document require additional manpower	YES Backfill of Mattress/equipment Store Personnel during Annual Leave and Sickness
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: Current Trust Mattress Contract: Arjo 5 year Rental contract does not consider: • Cost of Mattress Bags : Soiled pump and mattress bags from company • Yellow Mattress Bag cost for decontamination of INFECTED Foam/Hybrid Mattress off site. • The additional Decontamination off site for infected mattresses and non-warranty repairs • The replacement of non-warranty Atmos Air Hybris Mattresses.	

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 by the Accountable Director before progressing to the relevant committee for approval