

Policy for Mattress Decontamination and Storage

Department / Service:	Tissue Viability
Originator:	Claire Hughes, Tissue Viability Lead Nurse
Accountable Director:	Chief Nurse
Approved by:	TIPCC
Date of approval:	6 th May 2021
Review Date:	1 st September 2025
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	
Target staff categories	

Policy Overview:

This policy provides guidance for the appropriate actions and responsibilities with regard to 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	Document extended for 3 months as approved by	TLG

Trust Policy



**Worcestershire
Acute Hospitals**
NHS Trust

2018	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

Contents page:

Quick Reference Guide

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Dissemination
 - 6.3 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Appendices

- Appendix 1 Trust Mattress process Aide Memoire
- Appendix 2 Mattress Decontamination poster
- Appendix 3 Dyna-Form Mercury Brochure
- Appendix 4 Mattress Selection chart
- Appendix 5 Mattress Selection chart
- Appendix 6 Bed space checklist
- Appendix 7 Resource File
- Appendix 8 Foam/Atmos Air Inspection Failure Poster
- Appendix 9 Fit / Hand Compression Assessment

Supporting Documents

Supporting Document 1
Supporting Document 2

Equality Impact Assessment
Financial Risk Assessment

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 must be replaced immediately.

In order to maintain the safety and integrity of mattresses and to prevent transmission of infection all mattresses/cushions must be appropriately decontaminated prior to being returned to the central equipment 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 mattresses 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-009
- Infection Control Policy WAHT-CG-043

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, or replacement mattress which is not fit for use.

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 multi-stretch covers for pressure redistributing mattresses has 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

Phenol Yellowing: The foam within the mattresses incorporates aromatic amines and phenolic compounds as anti-oxidants and stabilizers. 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. (Appendix 8).

Sublimation:

The process of transition of a substance from solid to a gas, without passing through a liquid phase. Sublimation may occur during cleaning if the mattress and cover is not adequately rinsed and dried. Chlorine based particles can be deposited on the cover. The increase in both temperature and pressure from a patient laying on the surface may lead to sublimation. Chlorine gas can pass through the mattress cover, condenses on foam surface causing discolouration. Typically, the sacral area of the bed, but the uniqueness there is no ingress on the back of the mattress cover. (Appendix 8).

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

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 in order 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

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 foam / hybrid mattress audits in conjunction with Trust Mattress Contract Provider and disseminate audit findings to the Clinical Governance Group.

Tissue Viability, Procurement and Finance Teams 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.

5. Policy

Poor maintenance of foam 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

A replacement programme should be established to replace condemned mattresses. On delivery to the hospital the mattress should be marked with the date of purchase and mattress number or a written record is to be kept by Tissue Viability/ Mattress Store Team and the Trust Contract Provider so that on-going monitoring can take place. This will permit the life of the mattress to be audited.

Care of the mattress (Appendix 7).

Cleaning

- Ensure appropriate personal protective equipment is available to use (PPE) gloves, aprons, face masks and visors should be worn and the room ensure room is well ventilated.
- Ensure The Control of Substances Hazardous to Health (COSHH) data sheets are available and appropriate first aid eye wash kit is available.
- All mattresses should be cleaned between patients. The way in which the mattress is cleaned depends upon the nature of the contamination and the susceptibility of the patient (Viant 1992). However, the user should also consult the manufacturer's recommendations before cleaning the mattress cover (Loomes 1988).
- Ensure mattress cover is thoroughly dried before making the bed or placed into a clean bag.
- Audit the mattress for holes, tears, covers and zip fasteners. If there is evidence of damage, the foam core should be examined.
- N.B Alcohol wipes/solutions/sprays and chlorhexidine **should NOT** be used as it causes breakdown of the waterproof cover (Delamination)

Foam /Hybrid Atmos Air Mattresses: (Appendix 3, 4, 5)

- In absence of visible contamination of the mattress cover, the dirt and or spillage should be cleaned with **Clinell™ Universal Wipes**, and manual dexterity should be sufficient (Viant 1992). Allow to air dry.
- Where there is visible contamination, the mattress cover should be cleaned first with water and detergent then with a 1000parts per million sodium hypochlorite solution

such as Haztabs, Precept and Chlorclean.(As per manufacturer's instructions). The Mattress should be dried with soft towel and then allowed to air dry.

- In cases of gross contamination the cover should be cleaned with **Tristel Fuse™** solution, as per manufacturer's recommendation and in line with Trust Policy.
- Damaged/soiled **FOAM/HYBRID** covers and mattresses should be reported to the on-site mattress store staff, the mattress should be bagged in a **yellow mattress bag**, cable tied, application of **RED** de-contamination label applied to the outer bag identifying ward, and reason for return to mattress store. (Appendix 1)
- Covers must be checked after each patient discharge, the mattress must be unzipped to ensure no stains to the integrity of the mattress within. Hand compression and water test should be performed too.
- Mattresses for disposal must be reported to Mattress Stores team and porters 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.

Replacement Dynamic Pressure Relieving Mattresses (Appendix 4, 5).

- Dynamic Pressure relieving mattresses must be returned to the equipment store for full decontamination and inspection in between patients.
- These 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.
- The mattress should be cleaned with Clinell™ Universal wipes, allow to dry, place the used mattress into a **SOILED** labelled bag. Cable tied, RED de-contamination label to be completed and attach to the outer bag and send to dirty utility/ dirty Mattress store.
- Clean as above and then place the mattress in an **INFECTED** labelled bag. Cable tied, RED de-contamination label completed, attached to outer bag and sent to dirty utility/ dirty Mattress store for full decontamination as per manufacturers recommendations. (Appendix 1).

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

- Ensure correct PPE is used: Disposable apron, non-sterile gloves, Eye/facemask and visor protection should be worn to avoid splashing of the face. Ensure adequate ventilation.
- 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.
- If the mattress has not been used in an infectious environment or contaminated with blood, then this can be cleaned on Trust site.
- Switch off the pump and disconnect the power source

- Cleaning and decontamination is in line with Mattress Manufacturer's recommendations. (Appendix 7).
- Where Tristel Fuse TM is used the solution must be applied with disposable cloths and dried using soft paper roll
- Open the mattress and check for strike through on cover – return to Supplier if breached
- 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.
- Ensure that all surfaces are thoroughly cleaned and dried
- Place in a clear mattress bag and apply **GREEN** decontamination label

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

- Return to the Rental Mattress Supplier for inspection and deep decontamination. Place in an **INFECTED** labelled bag, cable tie and apply **RED** de-contamination label. Contact company and request collection.
- Weekly visual inspection
- Ward Based Mattress Audits are to be completed monthly and 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. (Appendix 2)
- During Prolonged inpatient stay :ward staff check and clean mattresses daily when changing bed sheets , monthly they will unzip cover and inspect inside cover and foam for ingress/ staining .If found to contact mattress store to replace mattress . Following process outlined in decontamination policy .
- In areas with outbreaks of infection all mattresses (hybrid or Dynamic replacements) will be cleaned at ward level with green clinell wipe, bagged as per decontamination policy, collected by mattress store and sent externally for decontamination by company.

To extend the life and efficacy of the mattress the following tests should be undertaken:

Water Penetration Test:

Remove bed linen and unzip the mattress cover.

Visually inspect both sides of the inner foam for any evidence of moisture or staining, which indicates loss of impermeability.

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.

Do up the zip/fastening, 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.

Agitate the surface with the fist for one minute and then mop up the water.

Undo zip and inspect tissue for water spots.

Any evidence of wetness on the disposable paper towels indicates that the mattress cover is not impervious to fluids.

Rezip the mattress cover.

Dry the area and remake the bed UNLESS the mattress/cover needs to be replaced.

Fit Test /Hand compression assessment:

- 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 can be tested
- The mattress must be fully examined for staining, splitting odour or dampness. (Appendix 9)
- 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.

Equipment Storage:

- Racking and shelving is available in designated mattress/equipment store for clean mattresses.
- Pressure redistributing equipment must not be placed on the floor for storage. There are areas in the cleaning areas of the mattress/ equipment stores to place systems requiring decontamination.
- 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:

- In order to minimise risk, foam/ hybrid and repose mattresses with body fluid contamination must be removed as clinical waste i.e. incinerated.
- To undertake this, the ward must notify the Mattress/ Equipment store team. Out of hours the porters will be asked to take the removed mattress to the designated dirty Utility/Dirty Mattress storage area, in the appropriate bag, is cable tied and labelled appropriately.
- The Mattress Store Team will then ensure the mattress is removed for incineration as necessary.

- **Contacts for Mattress store room : WRH Ext 33724 (Bleep 155)
Alex site Ext 44510 (No Bleep)**

6. Implementation

Plan for implementation. The 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: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Visible inspection of mattress	When mattress cleaned using checklist	In-between each patient episode	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	Tissue Viability / ward manager	At time of checking
	Mattress audit	During annual Planned Audit	Annually	Trust Mattress Provider	Ward managers Tissue Viability	At time of checking

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

9. 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.

10. Background

10.1 Equality requirements

10.2 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.

10.3 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

10.4 Approval Process

This policy is approved via the Clinical Governance Group.

10.5 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 Trust Mattress process Aide Memoire



Appendix 1.pdf

Appendix 2 Mattress Decontamination poster



Appendix 2.pdf

Appendix 3 Dyna-Form Mercury Brochure



Appendix 3.pdf

Appendix 4 Mattress Selection chart



Appendix 4.pdf

Appendix 5 Mattress Selection chart



Appendix 5.pdf

Appendix 6. Bed space checklist



Appendix 6.docx.pdf

Appendix 7 Arjo Resource File



Appendix 7.pdf

Appendix 8 Foam/Atmos Air Inspection Failure Poster



Appendix 8.pdf

Appendix 9 Fit / Hand Compression Assessment



Appendix 9.pdf

Supporting Document 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.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA 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 <input type="checkbox"/> <input type="checkbox"/>	Service User Patient Carers Visitors	x <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____

Trust Policy

Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> 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 <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> 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		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
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	<i>.Education Process available to all staff on TV intranet</i>	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

Trust Policy

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: <ul style="list-style-type: none"> • 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