



## Community Infection Prevention and Control Guidance for Health and Social Care

# Mattresses and Covers

# MATTRESSES AND COVERS

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**This guidance document has been adopted as a policy document by:**

Organisation:	Cumbria County Council
Signed:	
Name:	Pam Duke
Job Title:	Assistant Director Provider Services
Directorate:	People
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**For further information and advice regarding infection prevention and control please contact:**

<p>Fiona McCredie Head of Health Protection Public Health People Directorate Cumbria County Council Penrith Community Fire Station Carleton Avenue Penrith Cumbria CA10 2FA</p> <p>Tel: 01768 812539 Mob: 07900 668648 Email: <a href="mailto:Fiona.McCredie@cumbria.gov.uk">Fiona.McCredie@cumbria.gov.uk</a></p>	<p>Debbie McKenna Health Protection Specialist Public Health People Directorate Cumbria County Council Cumbria House 107-117 Botchergate Carlisle Cumbria CA1 1RZ</p> <p>Mob: 07769 301904 Email: <a href="mailto:Deborah.McKenna@cumbria.gov.uk">Deborah.McKenna@cumbria.gov.uk</a></p>
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**This document has been written and produced by:**

Community Infection Prevention and Control  
Harrogate and District NHS Foundation Trust  
Gibraltar House, Thurston Road  
Northallerton, North Yorkshire. DL6 2NA  
Tel: 01423 557340  
Email: [ipccommunity@hdfn.nhs.uk](mailto:ipccommunity@hdfn.nhs.uk)  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

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**MATTRESSES AND COVERS**

## MATTRESSES AND COVERS

### 1. Introduction

Poor maintenance of foam mattresses and their covers may lead to staining of the foam or inner surfaces of the mattress covers. This damage can promote the growth of micro-organisms, which are a potential cause of transmission of infection. Proper care, maintenance and cleaning of mattresses and covers are, therefore, essential.

### 2. Ordering of new equipment

Always ensure that appropriate standards are met before ordering new equipment.

Mattresses should be of an appropriate thickness and covered with a waterproof cover, preferably with an integral zip fastener for easy inspection of the underside of the cover and the mattress.

The mattress cover should be capable of being washed with detergents and disinfectants.

### 3. Care and maintenance

All staff must be made aware of:

- the risks to service users of infection from poorly maintained mattress assemblies
- the proper care and maintenance of mattresses and covers.

The following guidance should be followed:

- a) all mattresses should be enclosed in a waterproof cover
- b) mattresses and covers should be dated and numbered when put into use and replaced to a pre-determined schedule according to manufacturers' instructions. It may not be possible to label some mattress covers, i.e., special mattresses. An appropriate system must be put in place to identify these mattresses
- c) mattress covers, zip fasteners and mattresses should be **regularly** inspected for damage. The frequency of review should be based on a local risk assessment and the completed audit tools (see Appendix 1) should be retained in a central location

- d) if the cover is stained, soiled, worn or torn, the mattress should be examined and the damaged cover should be replaced immediately
- e) if the mattress is wet or stained it should be withdrawn from service. Special mattresses, including those with hinged sections/air cells, should be maintained and cared for in accordance with manufacturers' instructions
- f) note: special mattresses and covers may have separate instructions and guarantees for covers and the mattress core. Refer to manufacturer's instructions
- g) covers should be cleaned between service users, using neutral detergent and warm water. To prevent mould growth, avoid over wetting and dry thoroughly before turning, remaking the bed or storing the mattress
- h) following cases of infection or soiling with body fluids, the cover must be cleaned and disinfected using a disinfectant solution of 1,000 parts per million available chlorine dilution (Sodium Hypochlorite 2%, e.g., Milton at a dilution of 1 in 20, i.e., 50 ml of Milton in 1 litre of water)
- i) following contamination with blood, disinfect using a disinfectant solution of 10,000 parts per million available chlorine dilution (Sodium Hypochlorite 2%, e.g., Milton at a dilution of 1 in 2, i.e., 100 ml of Milton in 200 ml of water) and then wash with warm water and detergent
- j) when a disinfectant is made up, the date and time should be recorded and the solution disposed of after 24 hours.

## 4. Mattress turning

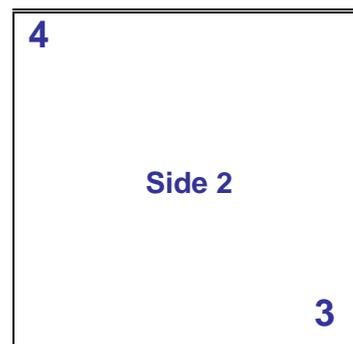
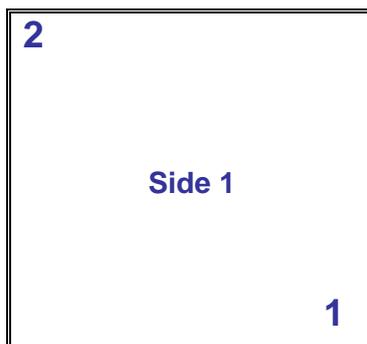
Some mattresses do not require turning, so always refer to manufacturer's instructions. Those mattresses that do require turning to extend the life and efficacy of the mattress should be turned as per the manufacturer's instructions.

### Suggested turning procedure:

Mark mattress cover on 'Side 1' as shown.

Turn over and mark 'Side 2' as shown.

Turn mattresses regularly using a pre-determined pattern from 1-4.



## 5. Disposal of used/soiled/infected mattresses

Used mattresses do not normally need to be disposed of as infectious waste. They must be socially clean, i.e., cleaned with soap and warm water and have a decontamination certificate attached (see Appendix 2), prior to being disposed of as household waste.

Any mattress that is known, thought to be infected, or heavily soiled, should be disposed of as infectious waste. The mattress must be suitably bagged, securely sealed and labelled as biohazard. Removal must be sought via an approved contractor or the local council. Prior to removal, they should be stored in a secure area as per your local Waste Management Policy.

## 6. Mattresses to be returned to Community Loans Departments or other suppliers

Once the decontamination process has been completed, and a decontamination certificate (see Appendix 2) completed and attached, the mattress should be stored in a clean area awaiting collection.

Special mattresses should be decontaminated according to manufacturer's instructions prior to return and be accompanied by a completed decontamination certificate.

The decontamination of the mattress should be recorded according to your local policy (this may be a photocopy of the completed certificate).

## 7. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources, including support for mattress and covers, e.g., Mattress Audit Tool. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

## 8. References

Department of Health (2010) *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance* [www.gov.uk/government/publications/the-health-and-social-care-act-2008-](http://www.gov.uk/government/publications/the-health-and-social-care-act-2008-)

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## 9. Appendices

Appendix 1: Mattress Audit Tool

Appendix 2: Declaration of Contamination Status



## Mattress Audit Tool

This audit tool aims to identify mattresses and mattress covers in poor condition. Mattresses and covers in a poor condition are known to be a source of healthcare associated infection.

This 'Mattress Audit Tool' has been adapted in response to the Care Quality Commission *Practice Alert September 2009: Mattresses*.

<b>Action</b>	<ul style="list-style-type: none"> <li>▪ Mattresses should be enclosed in a waterproof cover.</li> <li>▪ Mattress covers should be numbered. It may not be possible to label some mattress covers, (i.e. special mattresses). An appropriate system must be in place to identify these mattresses.</li> <li>▪ Each mattress and mattress cover should be reviewed on a regular basis, the frequency of which should be based upon a local risk assessment.</li> <li>▪ Completed audit tools should be retained in a central location.</li> </ul> <p><b>In the event of mattress or mattress cover failure, action plans must be drawn up locally, reviewed and monitored.</b></p>
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### Instructions for checking a mattress and cover

#### Hand Compression Assessment

1. Where appropriate, adjust the height of the bed so that it is at the same level as the tester's hip.
2. Link hands to form a fist and place them on the mattress.
3. Keep elbows straight and lean forward, applying the full body weight to the mattress.
4. Repeat the hand compression at intervals along the entire length of the mattress.
5. The mattress should be condemned if the base of the bed can be felt at any point.

#### Water Penetration test (only for sealed cover mattress without a zip)

Water penetration testing should only be carried out on mattresses that have a sealed cover i.e., no zip which make it impossible to inspect the core mattress. This is intended as a quick positive check to determine whether or not the mattress cover is permeable to fluids.

1. Using the fist, press the mattress cover to form a shallow well in the centre of the mattress where it would have high usage or any areas of concern.
2. Pour on a small volume of tap water (approximately ½ teacup/75 ml) in the well and agitate the area for about one minute.
3. Visually inspect for loss of water/water penetration which indicates failure of the test.
4. Mop up the water.

#### Turning Mattresses

Many new mattresses do not require turning. However, if the mattress does require turning, this should be carried out in accordance with the manufacturer's instructions.



## Mattress Audit Tool

Name of establishment			
Unit name (if applicable)			
Room number /mattress location (bed space)		Mattress number (if applicable)	
Audit completed by		Date	
Job title			

Criteria for mattress covers	Yes	No	N/A
1. Is there a breach in the integrity of the mattress cover, e.g. torn or damaged?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Removable mattress covers: is the mattress cover fastening compromised, e.g. is the zip or any other cover fastening device broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Non-removable mattress covers e.g., no zip: did the cover fail the 'Water Penetration test'? (see page 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the mattress cover have any soiling that cleaning cannot remove?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If the answers to any of the above questions are yes, the mattress cover has failed and must be replaced.</b>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	

Criteria for mattresses	Yes	No	N/A
1. Undo the removable cover. Is the mattress soiled or stained? (not applicable to sealed mattress covers without a zip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the mattress have an offensive odour?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did the mattress fail the 'hand decompression assessment' (see page 1) (Not applicable to air mattresses).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the answers to any of the above questions are yes, the mattress has failed and must be replaced.</b>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	

# 14 Appendix 2: Declaration of Contamination Status



**Infection.  
Prevention.  
Control.**  
You're in safe hands



## DECLARATION OF CONTAMINATION STATUS

From (consignor): .....	To (consignee): .....
Address: .....	Address: .....
Reference: .....	Reference: .....
Emergency tel: .....	

Type of equipment: .....	Manufacturer: .....
Description of equipment: .....	
Other identifying marks: .....	
Model No: .....	Serial No: .....
Fault: .....	

<b>Is the item contaminated?</b>	<b>Yes*</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Don't know</b> <input type="checkbox"/>
* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard .....			
<b>Has the item been decontaminated?</b>	<b>Yes(a)</b> <input type="checkbox"/>	<b>No(b)</b> <input type="checkbox"/>	<b>Don't know</b> <input type="checkbox"/>
<b>(a) What method of decontamination has been used? Please provide details:</b>			
Cleaning:	<input type="checkbox"/>	.....	
Disinfection:	<input type="checkbox"/>	.....	
Sterilisation:	<input type="checkbox"/>	.....	
<b>(b) Please explain why the item has NOT been decontaminated:</b>			
.....			
.....			

**CONTAMINATED ITEMS SHOULD NOT BE RETURNED WITHOUT PRIOR AGREEMENT OF THE RECIPIENT**

<b>This item has been prepared to ensure safe handling and transportation:</b>	
Name: .....	Position: .....
Signature: .....	
Date: .....	Tel: .....