

MATTRESS DECONTAMINATION POLICY

		POLICY	
Reference	CPG-TW-MDP		
Approving Body	Decontamination Committee and Infection prevention and Control Committee		
Date Approved	12/08/2022		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
Issue Date	21 st September 2022		
Version	v2.0		
Summary of Changes from Previous Version	Scheduled review and update undertaken, no changes in process/ management.		
Supersedes	v1.0, Issued 27 th March 2019 to Review Date June 2022 (ext ¹)		
Document Category	<ul style="list-style-type: none">Clinical		
Consultation Undertaken	<ul style="list-style-type: none">Sally Palmer Infection control Lead NurseHeidi McMillan Tissue Viability Matron		
Date of Completion of Equality Impact Assessment	March 2022		
Date of Environmental Impact Assessment (if applicable)	Not Applicable		
Legal and/or Accreditation Implications	N/A		
Target Audience	Trust Wide		
Review Date	August 2025		
Sponsor (Position)	Surgery Divisional General Manager		
Author (Position & Name)	Head of Decontamination, Kay Theaker		
Lead Division/ Directorate	Surgery		
Lead Specialty/ Service/ Department	Sterile Services/ Decontamination		
Position of Person able to provide Further Guidance/Information	Nurse Consultant – Infection Control Nurse Consultant – Tissue Viability		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
Not Applicable		Not Applicable	
Template control		June 2020	

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	3
4.0	ROLES AND RESPONSIBILITIES	3
5.0	APPROVAL	3
6.0	DOCUMENT REQUIREMENTS	3-5
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	6
8.0	TRAINING AND IMPLEMENTATION	7
9.0	IMPACT ASSESSMENTS	7
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	7
11.0	KEYWORDS	7
12.0	APPENDICES (list)	
Appendix A	Equality Impact Assessment	8-9

1.0 INTRODUCTION

In line with the Health and Social Care Act 2016, the Trust requires a coordinated approach to mattress decontamination processes to ensure all staff are working to the same quality standards and for compliance with decontamination regulations.

2.0 POLICY STATEMENT

This procedural document outlines the trust's policy and procedures for the Mattress Decontamination Department and staff outside of the department involved in the processes.

3.0 DEFINITIONS/ ABBREVIATIONS

MDT	Mattress Decontamination Team
DU	Decontamination Unit
TVT	Tissue Viability Team
ICT	Infection Control Team
PS	Portering Service

4.0 ROLES AND RESPONSIBILITIES

- It is the responsibility of all staff involved in the processes and procedures for mattress decontamination to follow this policy for their respective roles.
- Staff working in the mattress decontamination department must also adhere to related locally held departmental standard operating procedures (see section 10).

5.0 APPROVAL

- Following consultation, this policy (v2.0) has been approved by the Infection Prevention and Control Committee.

6.0 DOCUMENT REQUIREMENTS

- 6.1 All mattresses (foam and dynamic) will be collected by the Mattress Decontamination Team (MDT) after each patient use. Out of hours, the Portering Service (PS) will undertake the collection and delivery service in accordance with locally held departmental Standard Operating Procedures.
- 6.2 An incident will be raised on Datix in the event of any equipment returned to the Decontamination Unit (DU) without the decontamination certificate, or where there is evidence the mattress is not socially clean.

- 6.3 Mattresses will be decontaminated and processed by the MDT as per locally held standard operating procedures and as stipulated on Page 25 of the [Policy for Management of Decontamination and Disinfection of Healthcare Equipment within Healthcare Settings](#). Hard copies of the policy are available within the Department and electronic copies can be accessed via the trust's intranet.
- 6.4 The MDT will affix a decontamination label to the dynamic equipment once this has been processed.
- 6.5 Mattresses will be packed and stored by the MDT in accordance with locally held departmental standard operating procedures.
- 6.6 Wards can request delivery or collection via telephone Ext 4686 or Vocera (Mattress Team) during the working hours for the department.

The MDT working hours are:-

Monday – Friday	07:00 - 18:00 (last call taken 17:30)
Weekends and bank holiday	08:00 - 16:00 (last call taken at 15:30)

Outside of these hours, requests are taken by the Medirest Helpdesk on Ext 3005

- 6.7 All requests received by the Mattress Decontamination Team will be logged in accordance with locally held departmental standard operating procedures.

Dynamic Mattresses

- 6.7.1 At the time of decontamination, the MDT will inspect the mattresses for breach of infection control regulations, and where necessary a repair patch will be affixed as per the standard operating procedure. Any mattresses whose outer cover has >5 patches will be condemned and replaced with a new cover.
- 6.7.2 Any faulty mattresses will be decontaminated and a referral will be sent to MEMD to collect for repair. Details of the fault will be logged by the MDT.
- 6.7.3 Where Dynamic mattresses are found to be unable to repair and need to be condemned, MEMD will complete a Condemned Notice and forward this to the MDT. Details are then entered by the MDT onto the Dynamic Mattress Spreadsheet.

Foam Mattresses

- 6.7.4 Foam Mattresses will be inspected for breach of infection control and for suitability for ongoing use. As per locally held departmental standard operating procedures parts will be replaced, mattresses will be patched or condemned.
- 6.7.5 All mattresses after repair and/or servicing are returned to MDT who will undertake a further decontamination before returning this mattress into circulation.

- 6.7.6 Requests to MDT will not be taken 30 minutes before closing. The MDT will ensure delivery of decontaminated Dynamic mattresses to key areas (EAU/Mattress Satellite Room/Surgical Assessment Unit and Stroke Assessment Units). They will also ensure the DU is clear and clean as per locally held departmental standard operating procedure.
- 6.7.7 The MDT will provide details of available mattresses within the Trust, for use overnight. Each evening the Silver On-Call, Patient Flow Co-ordinator, Decontamination Lead, and Deputy, Medirest Helpdesk and Medirest Supervisors will be contacted via email.
- 6.7.8 Any operational issues are escalated to the Decontamination Service Manager. Any clinical issues are escalated to the TVT.
- 6.7.9 The MDT will follow the dress code for the DU as per locally held departmental standard operating procedures.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Adherence to this policy and locally held standard operating procedures for decontamination of all mattresses.	Head of–Decontamination and Deputy	<ul style="list-style-type: none"> Regular meetings and monthly audit of service provision. Internal Trust complaints and concerns. 	<ul style="list-style-type: none"> Weekly Monthly 	<ul style="list-style-type: none"> Head of Decontamination IPCC Tissue Viability

8.0 TRAINING AND IMPLEMENTATION

Various tools of communication are in place for training i.e. Department leader forums/Trust Intranet/ IPCC ,TVT and Suppliers of the Devices (IFU) and localised discussions.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix A](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS Health and Social Care Act 2016

NICE Guidance – QS61 Infection Prevention and Control
Health and Social Care Act 2016

Related SFHFT Documents:

- Decontamination and Disinfection of Healthcare Equipment within Healthcare Settings Policy
- Medical Device Management Policy

Mattress Decontamination Department locally held departmental SOPs:

- Cleaning procedure for Dynamic Mattresses
- Delivery of Foam and Dynamic Mattresses
- Laundry of Mattress Covers
- Mattress Patching
- Use of Mattress Processing and Cleaning Area
- Foam Mattress Decontamination
- PPE Procedure for Mattress Processing Area
- Dress Code for Mattress Decontamination Area
- Daily Duties of the Mattress Team
- Condemned Mattress Covers – Foam and Dynamic Mattresses
- Storage of Foam and Dynamic Mattresses
- Use of Electronic Tracking System (Health Edge)

11.0 KEYWORDS

- MDT; mattresses; decontaminate; clean; cleaning;

12.0 APPENDICES

[Appendix A](#) – Equality Impact Assessment

APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Mattress Decontamination Policy			
New or existing service/policy/procedure: New			
Date of Assessment: March 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Not Applicable	Not Applicable
Gender	None	Not Applicable	Not Applicable
Age	None	Not Applicable	Not Applicable
Religion	None	Not Applicable	Not Applicable
Disability	Individuals with mobility and muscular-skeletal conditions	Referral to Occupational Health on muscular-skeletal pathway	Risk assessment at time of appointment to position
Sexuality	None	None	None
Pregnancy and Maternity	Many prohibit female employees due to physical nature of duties	Impact on well-being, undertake light duties within team	None
Gender Reassignment	None	Not Applicable	Not Applicable
Marriage and Civil Partnership	None	Not Applicable	Not Applicable

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not Applicable	Not Applicable
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> None 			
What data or information did you use in support of this EqIA? The following national documents have been used as a basis for the analysis: <ul style="list-style-type: none"> Job Description including Roles and Responsibilities for the role. Health and Safety Risk Assessments Trust Policies for safe working environment NICE Guidance 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> NONE Known 			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: K M Theaker			
Signature: <i>K M Theaker</i>			
Date: March 2022			