

# Foam Mattress Check Protocol IPC-0001-022-v1

This document should be read alongside the Decontamination of Equipment Procedure and the Assessment, Prevention and Management of Pressure Ulcers Procedure

## WHY →

When exposed to long term pressure foam can become damaged, **increasing risk of pressure damage.**

Damaged mattresses and covers can lead to the growth of micro-organisms, which are a **potential cause of cross infection.**

Inspection of mattresses and covers is essential.

**Weekly** if the patient has urinary or faecal incontinence  
**Monthly** and on discharge/transfer for all others

## ← WHEN

## HOW ↓

### 1) Cover condition

Mattress cover should be examined both **internally and externally** for visible evidence of wear and tear which may include:

- **Visible damage e.g. tears, splits, punctures**
- **Broken seams**
- **Staining of zip lines, interior cover or exterior cover**

### 2) Foam condition

Fully unzip mattress cover and inspect the inner foam on **both sides** for any evidence of the following:

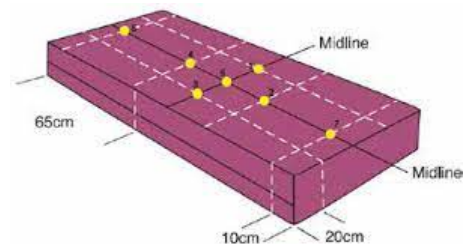
- **Dampness or moisture**
- **Staining**
- **Visible damage**

Please note mattresses that do not have removable covers should be checked monthly for tears/holes or damage that could affect the internal foam.

### 3) Bottoming out

This refers to the base of the bed being felt through the mattress. This is **checked via the 'fist test'**:

- 1) Keep top of mattress level with hip bone of auditor
- 2) Ensure mattress cover is in place
- 3) Stand at the side of the bed
- 4) Link both hands to form a fist, keeping elbows straight
- 5) Lean forward with body weight over multiple points as displayed below



**If the base of the base of the bed can be felt through the mattress at ANY point then the mattress is bottomed out.**

DOCUMENT ON MATTRESS CHECKLIST (SEE DECONTAMINATION OF EQUIPMENT PROCEDURE)

STORE DOCUMENTATION WITHIN WARD FOR HOTEL SUPVISOR, IPC AND TISSUE VIABILITY AUDITS

Failed cover check

Replace cover  
Continue monthly/weekly checks

Bottomed out

Withdraw from service and  
replace

Failed foam check

Can remain in service  
Continue monthly/weekly checks

Passed all checks

Title	Foam Mattress Check Protocol		
Approved by	Virtual meeting of the IPC/Physical Health group	Date of Approval	05/10/2021
Protocol Number	IPC-0001-022-v1	Date of Review	05/10/2024

## Equality Analysis Screening Form

<b>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc</b>	Nursing and Governance/Physical Healthcare			
<b>Name of working party, to include any other individuals, agencies or groups involved in this analysis</b>	Virtual meeting of the IPC/Physical Health group			
<b>Title</b>	Foam Mattress Check Protocol			
<b>Is the area being assessed a</b>	<b>Policy/Strategy</b>	<input type="checkbox"/>	<b>Service/Business plan</b>	<input type="checkbox"/>
	<b>Procedure/Guidance</b>	<input type="checkbox"/>	<b>Code of practice</b>	<input type="checkbox"/>
	<b>Other – Please state Protocol</b>			
<b>Geographical area</b>	Trust wide			
<b>Aims and objectives</b>	To support staff who check foam mattresses.			
<b>Start date of Equality Analysis Screening</b>	28/09/2021			
<b>End date of Equality Analysis Screening</b>	28/09/2021			

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## Please read the Equality Analysis Procedure for further information

You must contact the E&D team if you identify a negative impact. If you require further advice and support please contact the EDHR Team.

<b>1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b>					
Trust staff and patients.					
<b>2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?</b>					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical and mental impairment)	No	<b>Sex</b> (Men and women)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and some other non religious beliefs)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite sex and same sex couples who are either married or civil partners)	No

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**No – This protocol will not negatively impact upon any of the protected characteristic groups. The positive impacts of this policy are that staff will be aware how to ensure mattresses are safely used within the trust from an IPC and tissue viability perspective.**

**3. Have you considered any codes of practice, guidance, project or business plan benefit?  
If 'No', why not?**

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**Sources of Information may include:**

- Feedback on social media from service users
- Emails from service users
- Complaints/ investigations
- Trust Strategic Direction
- Staff feedback prior to consultation
- Internal Consultation

**4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership**

**Yes – This protocol has been discussed with the Infection, Prevention and Control team as well as within the Tissue Viability Team.**

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**No – Please describe future plans that you may have to engage and involve people from different groups**

**5. As part of this equality analysis have any training needs/service needs been identified?**

No

**A training need has been identified for**

Trust staff - e-learning needs updating Psychological professions have specific need re formulation	No	Service users	No	Contractors or other outside agencies	No
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**Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so**

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<p>The completed EA has been signed off by:</p> <p>You the Policy owner/manager: <span style="margin-left: 250px;">Laura Cummings</span></p>	<p>Date: 28/09/2021</p>
<p>Your reporting manager:</p> <p style="margin-left: 150px;">Type name: Caroline Renwick</p>	<p>Date: 28/09/2021</p>
<p>Please forward this form by email.</p>	

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