

Why do you need to test your mattresses?

It has been established that foam, like body tissue, does not respond well when exposed to long term compression and moisture. The connection between damaged, contaminated mattresses and outbreak of bacteria infections has been documented in several reports.

To ensure mattresses remain 'fit for purpose' and clinically effective, it is recommended that their condition should be checked on a regular basis - ideally every six months, or at the very least every 12 months. The results of these regular audits should be recorded on mattress audit forms (available from Invacare).

The audit should focus on the quality of the surface on which the patient is placed, ensuring it is free from infection and that it retains its pressure reducing properties. Ideally, a Tissue Viability Nurse (TVN) or Infection Control Nurse (ICN) should be involved in the test.

The following information is meant as a guide only to mattress auditors and while it is hoped that this information will prove useful in helping mattress auditors decide whether or not to condemn a mattress, the auditors cannot accept responsibility for such decisions.

How to check your mattresses

1. Mattress Type

Identify the mattress type and check if the mattress has specific or peculiar features that could affect the outcome of the audit

2. Mattress Depth

Measure the mattress depth using a ruler. The foam mattresses (not including any overlay) should be at least 5"/13cm in depth

3. Cover Condition

The auditor should scrutinise the mattress cover both internally and externally, looking for visible evidence of wear and tear. This might include:

- Damage e.g. splits, tears, punctures
- Broken seams
- Staining along zip lines
- Staining of the interior cover or foam
- Staining of the exterior cover*
- Note if the cover is appropriate for the type of mattress

* Remember to take extra care when looking for stains on dark or patterned covers

If the foam is contaminated, the mattress should be withdrawn from service immediately and the cover replaced. If the foam and cover are contaminated, the whole mattress should be replaced. Failure to do so poses a significant risk of infection to both the patient and care staff.

In the event the cover fails the audit, only the cover needs to be replaced. To avoid significant risk of pressure damage or friction to the patient, it is imperative that the new mattress cover fits correctly. If there is any doubt about the size of the cover, contact Invacare.

Points to remember

Every new mattress should be allocated a number and a note made of the day it was put into service

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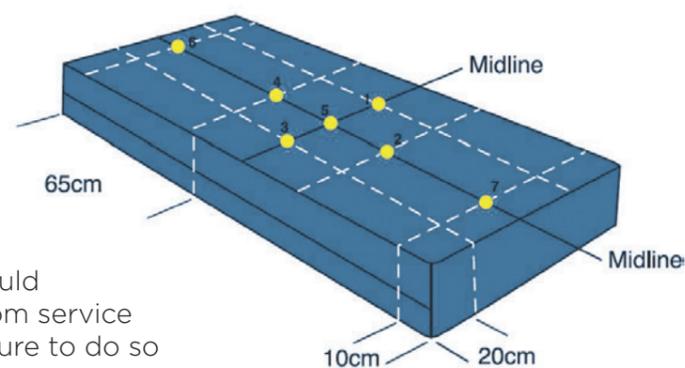
4. Foam Condition

a) Bottoming Out

It is important to check if the foam has bottomed out. This is **where the base of the bed can be felt through the mattress during testing**. The recommended methods of determining whether bottoming out is taking place is the 'Fist Test'.

To undertake the 'Fist Test':

- 1) Make sure the top of the mattress is level with the auditors greater trochanter (hip bone)
- 2) Ensure the mattress cover is in place
- 3) Stand at the side of the bed
- 4) Link hands to form a fist, keep elbows straight
- 5) Lean forward with body weight and push the fist into the mattress along the seven points indicated below



In the event of bottoming out, the mattress should be withdrawn from service immediately. Failure to do so may expose the patient to a high risk of pressure damage.

b) Inner foam core

Unzip the mattress cover and examine the inner foam core for evidence of the following:

- Dampness with staining of the interior of the cover
- Staining
- Malodour

If any of these problems are found, it is recommended the mattress is withdrawn from service immediately. It may pose a significant risk of infection to both patient and staff.