Mattress and Pillow Audit tool

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| **Key Points** | * Each mattress and mattress cover should be reviewed on a regular basis, which should be based upon a local risk assessment, e.g., monthly, and whenever a room is vacated. Complete sections 1 and 2 below for each cover and mattress. * Mattresses should be enclosed in a waterproof cover, preferably with an integral zip fastener, to facilitate inspections of the surfaces. * In the event of mattress or mattress cover failure, action plans must be drawn up locally, reviewed and monitored. * Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections. * All mattress covers should be numbered for identification, rather than identifying the mattress by the room number for audit purposes, as mattresses are often moved between rooms. 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. |

The purpose of this tool is to monitor and record the condition of mattresses and mattress/pillow covers.

Mattresses and covers in a poor condition are known to be a source of healthcare associated infections.

**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 mattresses covers 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 on any areas of concern.

2. Pour a small volume of tap water (approximately half teacup/75ml) in the well and agitate the area for about a minute.

3. Visually inspect for loss of water/water penetration which includes failure of the test.

4. Mop up the water.

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| --- | --- | --- | --- | --- | --- | --- |
| Auditor: Unit/Location: Date: | | | | | | |
| Room Number/Location | **Mattress Number/Identifier** | **Is there a breach in the integrity of the mattress/pillow cover e.g., Torn, or damaged?** | **Removable mattress covers: is the mattress cover fastening compromised, e.g., is the zip or any other cover fastening device broken?** | **Non removable mattress covers e.g., no zip: did the cover fail the water penetration test? (See page 1).** | **Does the mattress/pillow cover have any staining outside or inside that cleaning cannot remove?** | **If the answers to any of the mattress cover questions are yes, the cover has failed and must be replaced.** |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |

1. **Criteria for mattress/pillow covers**

**(2) Criteria for Mattresses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Auditor: Unit/Location: Date: | | | | | | |
| Room Number/Location | **Mattress Number/Identifier** | **Undo the removable cover. Is the mattress wet, soiled or stained on either side?**  **(Not applicable to sealed mattress covers without a zip)** | **Does the mattress have an offensive odour?** | **Did the mattress fail the 'hand compression assessment?**  **(See page 1 – not applicable to air mattresses)** | **If the answers to any of the questions are yes, the mattress has failed and must be replaced.** | **Notes/Action** |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |
|  |  | Yes  No | Yes  No | Yes  No | Pass  Fail |  |



