

Whittington Hospital NHS Trust

Bed and Mattress Cleaning Policy

Version:	2.0
Ratified by:	Executive Committee & Clinical Governance Committee
Date ratified:	February 2010
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Name of Responsible Committee/Individual:	Facilities Directorate
Date of Issued:	January 2009
Updated	February 2010
Review date:	January 2012
Target Audience:	All Staff

Bed and Mattress Cleaning Policy

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1. Introduction

Ensuring hospital beds and mattresses, including pressure relieving mattresses are in a clean and safe condition is an essential component in the provision of effective healthcare.

A clean and tidy environment is an outward manifestation of the health of the Whittington Hospital and provides the right setting for good patient care practices.

Effective mattress decontamination is fundamental in the prevention and/or control of the spread of hospital associated infections.

2. Policy Objectives

This policies aim is to:

- Provide clear roles and responsibilities for the mattress decontamination process.
- Provide a safe working method to achieve effective mattress decontamination.
- Provide an audit and validation process for mattress decontamination.

3. Bed and mattress cleaning-quick reference guide.

ALL Beds and mattresses are to be cleaned using Actichlor Plus 1 tablet in 1000 mls of water

3.1 Preparation

Gather all equipment together: Gloves – (non sterile examination gloves or Marigolds), apron, blue bucket containing Actichlor plus 1:1000mls, material disposable cloths. Linen and clinical waste bags.

Do not use paper towels,

3.2 Cleaning solution - Actichlor plus 1:1000 placed in the blue bucket

3.3 Procedure

3.31 Remove the static (Pink) mattress from the bed – 2 people are required to do this safely

If a dynamic (air mattress) is used- wipe down with actichlor plus, deflate and place in correct bag – refer to poster (page 6)

3.32 Bed frame

Clean the bed frame from top to bottom.

Remove the head and foot boards and clean

Remove each section of the bed base and clean

Pull the safety side rail up and click into place. Clean each bar separately

Clean the bed undercarriage and wheels

Dry all areas with a new clean disposable cloth (If required)

3.32 Mattress

Clean all sides using Actichlor plus.

Observe the cover and zip for any damage e.g. stains, holes and split.

If any damage observed, inform the ward manager or shift co-ordinator.

Take the mattress out of service and get a replacement from the bed store Ext 5167.

Dry the mattress using a new clean cloth.

Cleaning poster

CLEANING BEDS

The Whittington Hospital **NHS**
NHS Trust

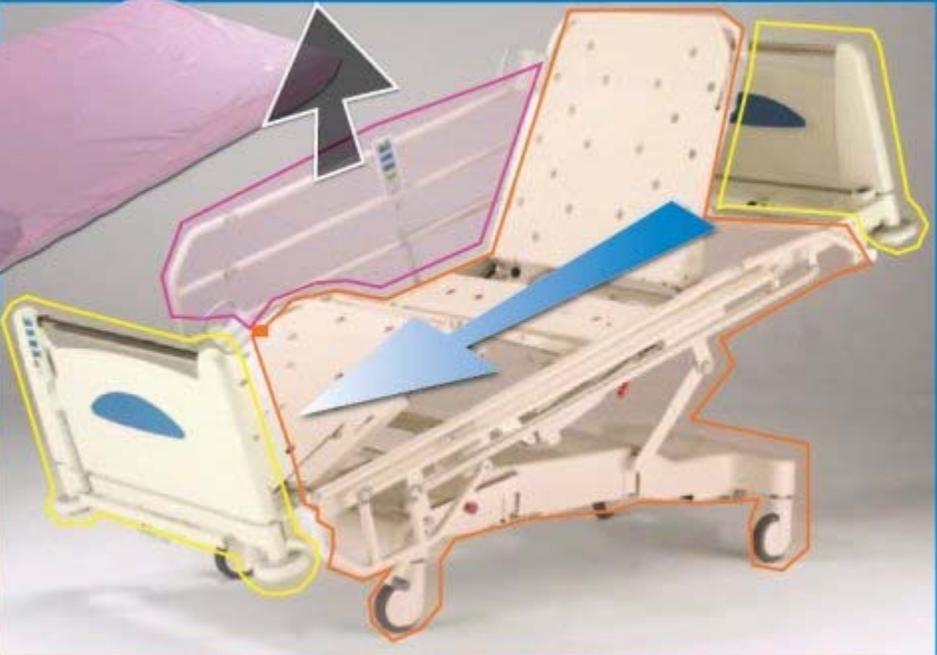
Start with the mattress, all sides
Observe the mattress cover for holes or stains, if any defect identified report and replace

Clean the frame head and foot plates

Pull the cot side up and click into position, clean each bar from top to bottom

Clean the mechanics, base of bed and wheels

Clean the bed from top down and from the head to foot.
Cleaning should always be with disposable cloths and **Actichlor Plus**



PRESSURE RELIEVING MATTRESSES



Are single patient use.

When you have finished with the mattress

1. Wipe down with Actichlor Plus
2. Deflate and roll up
3. Place in correct bag

**NON – INFECTED
WHITE BAG**

**INFECTED
RED BAG**

**Place the pump separately in correct
colour bag, as above.**

Bags supplied by Huntleigh Healthcare ext 5167

A copy of the full procedure is available on the Trust Intranet site,
located under Trust Policies, Decontamination,
Huntleigh & The Whittington Mattress/bed operational policy

3. Roles and Responsibilities

The Chief Executive

Is the officer responsible for overall hospital decontamination services, and providing decontamination assurance to the Trust Board.

Facilities Director

Has overall responsibility for ensuring the implementation of the hospital bed and mattress decontamination policy.

Senior Facilities Managers

The Housekeeping Services Department is led by an Assistant Director of Facilities with a deputy Housekeeping Patient Services Manager, who have direct responsibility for the bed and mattress decontamination process and the decontamination service area (Bed Store).

Tissue Viability Nurse Specialist

Is responsible for the patient assessment requirements of pressure relieving equipment and the education of all nursing staff in the correct use of such equipment and decontamination procedures at ward level. Responsible for the monitoring of the Trace system (Decontamination and availability of equipment log)

Huntleigh Healthcare

Provide a managed service on site to maintain, service and decontaminate beds and mattresses to the agreed service level agreement.

Huntleigh Healthcare Technician

Is responsible for providing the effective decontamination of beds and mattresses on site in line with the equipment decontamination procedures, attached as appendix 1. Along with delivering and collecting beds and mattresses to and from wards. The technician is also responsible for providing a certificate of decontamination and recording the procedure in a local tracking log (Trace) for pressure relieving mattresses.

The Huntleigh Healthcare technician is responsible for maintaining the bed store in a clean and tidy manner, attached as appendix 2.

Matrons

In line with the Matrons Charter (An Action Plan For Cleaner Hospitals) matrons ensure that their wards environments and equipment are organised in such a way as to facilitate effective cleaning.

Ward Managers

Have day to day responsibility for their ward equipment cleaning. The ward manager has the authority to instruct/direct the ward based staff to carry out cleaning duties. As well as ensuring ward based staff follow the Whittington/Huntleigh pressure relieving equipment beds procedure

Ward Based Staff - Staff Nurses, Healthcare Assistants, Ward Housekeepers and Facilities Service Assistants (FSA's)

Responsible for the general up keep and ward based cleaning as directed by the ward manager and in conjunction with ward cleaning policy, the Whittington/Huntleigh pressure relieving equipment beds procedure and the bagging of used pressure relieving mattresses, attached as appendix 3

Deep Clean Team

Are responsible for carrying out an annual deep clean as per the deep clean programme. As well as carrying out any remedial deep cleans as instructed.

Infection Control Department

Provide technical advice on cleaning agents, equipment and methodology of cleaning and decontamination. Provide appropriate infection control training and assist in monitoring of standards.

4. Monitoring and Validation

- A documented weekly environmental audit of the bed store will be carried out by senior facilities managers and a report submitted to the decontamination committee twice a year.
- A certificate of decontamination is provided following each decontamination process for pressure relieving mattresses, the ward receive this certificate on receipt of the mattress.
- The tissue viability nurse monitors the Trace system and reports to the decontamination committee any failures twice a year.
- Application of this policy will be monitored through the decontamination committee.

5. Related Policies and procedures

- Whittington/Huntleigh pressure relieving equipment beds procedure
- Hospital Environmental Cleaning Policy
- Infection Control Manual
- Policy and Procedures for the Management of Contractors
- Huntleigh Healthcare Equipment decontamination procedures for Huntleigh personnel

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Impact (= relevance)	Evidence for impact assessment (monitoring, statistics, consultation, research, etc)	Evidential gaps (what info do you need but don't have)	Action to take to fill evidential gap	Other issues
1 Low 2 Medium 3 High				
Race	1	None		
Disability	1	None		
Gender	1	None		
Age	1	None		
Sexual Orientation	1	None		
Religion and belief	1	None		

Once the initial screening has been completed, a full assessment is only required if:

- The impact is potentially discriminatory under equality or anti-discrimination legislation
- Any of the key equality groups are identified as being potentially disadvantaged or negatively impacted by the policy or service
- The impact is assessed to be of high significance.

If you have identified a potential discriminatory impact of this procedural document, please refer it to relevant Head of Department, together with any suggestions as to the action required to avoid/reduce this impact.



HUNTLEIGH

Equipment Decontamination Procedure for Huntleigh Personnel

1 Staff Protection

Staff Protection

As the infection status of all patients are not known to healthcare workers, technicians and any other person who may come in contact with body fluids “Standard Precautions” are recommended.

Standard Precautions

Those precautions which apply to the handling of all material and equipment considered to be potentially infectious with the purpose of preventing accidental transmission to healthcare workers and other patients.

Reasons for using Standard Precautions

- They protect health care workers and patient from the risk of infection.
- They provide consistent guidelines for the management and handling of contaminated materials and equipment.
- They apply to all members of staff therefore reducing the chance of misunderstanding.

Standard Infection Control Precautions relate to;

- Hand-washing
- Disposal of sharps and instruments
- Protection of broken skin
- Disposal of waste.

Protective Clothing

Protective clothing is used to reduce the risk of acquiring and transmitting micro-organisms on the hands and clothing of staff. It is also to protect staff from splashes to their clothing from cleaning agents.

The use of protective clothing is advised under the Health & Safety Act 1974, COSSH and to comply with Standard Precautions.

Protective clothing consists of;

Disposable plastic aprons

Disposable plastic aprons are water repellent and impervious to micro-organisms.

Plastic aprons should be worn when;

- Cleaning all equipment
- To protect against splashes from cleaning agents
- When handling clinical waste.

Disposable Non-Sterile powder free gloves

Gloves reduce the risk of hands becoming contaminated. They offer additional protection, but they are not an alternative to hand-washing; hands must be washed immediately after gloves are removed.

Gloves should be worn when;

- Handling any used equipment prior to cleaning
- When cleaning all equipment

Gauntlets

- Gauntlets should be worn when decontaminating the Oasis bead bed.

Eye Protection

Goggles should be worn when;

- Any risk of splashing from cleaning agent is judged to be present
- The use of brushes for cleaning in particular.

Total Body Protection Suits

Total body protection suits should be worn when;

- Decontaminating Oasis bead beds.

Hand washing

Hand washing is the single most important factor in preventing cross infection. Studies have shown that hand washing is poorly performed. The parts missed the most include the webs between the digits, the thumbs and finger tips. Studies have also shown that bacteria survive well in the inner surface of rings and in the cuticles (particularly of those people who bite their finger nails).

Good Practice

- Wear plain wedding bands only
- Keep nails short
- Keep nails well manicured and in good condition to reduce the likelihood of harboring bacteria.

Hand washing techniques

Wet both hands before application of soap (liquid is preferable). Follow the technique below for 15 – 30 seconds ensuring that each step consists of at least three backwards and forwards.

Step 1
Rub palm to palm



Step 2
Right palm over the left hand and left palm over back and right hand



Step 3
Palm to palm, with bent and spread out fingers



Step 4
Backs of fingers to opposing palms with fingers interlocked



Step 5
Circular rubbing of left thumb in closed right hand and vice versa



Step 6
Circular rubbing, backwards and forwards with closed right hand fingertips in left palm and vice versa



Finally, rinse and dry hands thoroughly

Special attention should be paid to fingertips, thumbs and other areas of the hands likely to contact contaminated sites. Hands should be rinsed in clean water and dried with paper towels.

2 Managing the Depot Environment

Clinical Waste

What is Clinical Waste?

Clinical waste is;

All human tissue, including blood (whether infected or not), animal carcasses and tissue from hospital or laboratories and all related swabs and dressings. Waste materials, where the assessment indicates a risk of staff handling them, for example from infectious disease cases.

Managing Clinical Waste

The environment Protection Act Duty of Care sets out policies and guidelines for the management of clinical waste. It is essential that these guideline are followed.

- All clinical waste should be handed using standard precautions, and deposited in either yellow clinical waste bags or rigid containers as per European Union Directives UN3291.
- Clinical waste bags should be held within lidded bins operated by foot pedals. This is to reduce the risk of cross-contamination when depositing waste.
- Clinical waste should be kept segregated from household/office waste at all times.
- Clinical waste bags or bins should be sealed when two thirds full.
- All clinical waste containers must be labeled with details of source i.e. name of depot and company. This can be written on with a permanent marker.
- All clinical waste must be stored securely away from visitor and the general public.
- Carriers of clinical waste must be registered with a Controlled Waste Authority. It is the responsibility of the producer to ensure this.
- A transfer note is required to the waste carriers for each consignment stating the nature of the consignment.
- The note should be signed by both parties, both take a copy for three years.
- When clinical waste is being collected on a regular basis by the same waste disposal company an Annual Transfer note can be used provided the nature of the waste remains the same.

Segregation & Labeling of Equipment

All soiled and infected equipment should be segregated at all times. This involves mattress systems and pumps.

Soiled equipment

Placed into white bags and sealed with a plastic tie, labeled with a soiled asset barcode label.

Infected equipment

Place into red bags and sealed with a plastic tie, labeled with an infected barcode label.

When storing equipment on shelving, infected equipment should always be stored on the lowest shelves. When a piece of equipment has been bagged, the outside of the bag should not be contaminated with micro-organisms from the contaminated piece of equipment inside. Micro-organisms on the outside of a bag will drop off and land on lower surfaces. Infected equipment put on the top shelf may shed micro-organisms to non infected equipment stored below.

It is important that all equipment is bagged, to identify its level of risk, allow segregation in compliance with government guidelines (HSG (95) 18).

Management of Waste

Domestic Waste	e.g. depot rubbish, packaging, white bags <ul style="list-style-type: none">• PLACE IN BLACK PLASTIC BAGS• LANDFILL SITE DISPOSAL
Clinical Waste	e.g. aprons, gloves, disposable wash cloths, red bags <ul style="list-style-type: none">• PLACE IN YELLOW PLASTIC BAGS• LABEL BAGS WITH DEPOT AND COMPANY NAME• STORE SEALED BAGS IN A SECURE, DESIGNATED AREA• CLINICAL WASTE MUST BE DESTROYED BY INCINERATION
Sharp Waste	e.g. Oasis beads <ul style="list-style-type: none">• PLACE DIRECTLY INTO AN APPROVED SHARP CONTAINER• LABEL CONTAINER WITH SOURCE• STORE IN LOCKED, SECURE AREA PRIOR TO COLLECTION

5 Cleaning of Equipment

The importance of cleaning

Equipment used in the health setting may transmit infection to an individual or from one person to another as we learnt in chapter two. The choice of method used or cleaning method used is determined by the risk it poses. Risk is governed by the procedure or use the item is intended for, and the degree of contact with a patient. Cleaning must take place before disinfection can occur. Disinfectants are rendered useless in the presence of organic matter (all body fluids).

User of medical equipment are obliged to complete a Declaration of contamination status form, in accordance with HSG (93)26 document.

This form should accompany any piece of equipment returned to a depot. The purpose of this form is to indicate the risk status of the patient the equipment was used on, but also to demonstrate that it has been decontaminated prior to return.

Cleaning Processes

What is cleaning?

Removal of accumulated deposits by washing with a cleaning solution. Use Actichlor Plus is recommended for items which make contact with intact skin, e.g. examination couches, mattress covers, and hoists. Equipment should be cleaned and stored dry.

What is Disinfection?

Disinfection achieves the destruction of micro-organisms, but not usually bacterial spores; the process does not necessarily kill all micro-organism, but reduces them to a level which is not harmful to health. Heat is the most effective and recommended method. Equipment that may achieve heat disinfection includes washing machines. The effect of chemicals on different organisms varies.

Examples of temperature: time cycles.

The 'centre of the load' must reach a temperature of 71°C for 3 minutes or, alternatively, 65°C for 10 minutes.

Chemical used must be made up fresh and at the correct dilution.

What is sterilization?

The sterilization process is intended to destroy or remove all living organisms. The process is required for items of equipment that must be sterile at all times of use and therefore does not apply to any equipment currently produced by Huntleigh Healthcare UK.

Cleaning materials

The cleaning materials required are Actichlor plus.

Actichlor plus is a hypochlorite (bleach) solution governed by COSHH regulations. This solution is corrosive and should be stored in a locked cupboard.

Protective clothing is recommended for its use.

Commonly used solution strengths are listed below.

1,000 parts per million (ppm) (available chlorine) – referred to as NORMAL STRENGTH

For low risk activities such as environmental cleaning or cleaning of products used in low risk situations i.e. not overtly soiled and not in direct contact with clients known to have infectious diseases.

10,000 ppm (available chlorine) – referred to as HIGH STRENGTH

For high risk activities such as cleaning an environmental spillage of blood or other body fluids or cleaning of products used in high risk situations i.e. in direct contact with clients known to have infectious diseases

Full decontamination, including laundry of mattress/cover components

This is the most thorough process and includes the breakdown of mattress/cushion products into component parts, whereby the soft goods are laundered in an industrial machine that provides a calibrated load temperature and holds the temperature for a fixed period of time. This provides both thermal and/or chemical disinfection with minimal handling and is ideal where a high throughput of equipment occurs. The service facility must be equipped to deal with a high throughput of parts, have space for disassembly-reassembly, room for drying and storage, in addition to being able to house major laundry equipment.

An alternative, but equally effective process, is to have a full laundry process but using chemical disinfection rather than thermal disinfection by means of introducing a disinfectant during the rinsing phase. This is particularly suited to delicate fabrics that may not tolerate repeated thermal disinfection.

Wash down with partial laundry

This is operated in some areas whereby some high contact items, e.g. covers or components known to be in contact with an infected patient are collected and sent to a central laundry, while the remaining equipment is decontaminated by hand.

Wash down without laundry (also known as wipe down)

This involves a thorough decontamination process which, though effective, involves a higher level of manual input. This is suited to smaller service facilities where throughput is lower and dedicated personnel are available to undertake the cleaning process.

Key points

- Equipment can be successfully decontaminated using a number of methods from simple wash down to full breakdown and laundry.

Electrical and Non-Immersible Equipment

- All electrical items must be unplugged from the mains before cleaning commences.
- Check User Guides to ensure electrical equipment is suitable for wipe-down.
As it can be anticipated that the patient contact surface will be the most contaminated area, it should be cleaned last: clean the power unit first.

Step One – Cleaning and Decontamination

- Prepare fresh cleaning solutions, don new protective gloves and aprons.
- Ideally have two benches and rotate between the two; in smaller depots you will need to divide the bench in half for smaller items and clean the bench between procedures (see mattress section).
- Clean the surface of the wash-down bench(es) with Actichlor plus, dry using disposable absorbent cloths.
- Take the equipment out of the bags and place on the clean bench. Dispose of bags into clinical waste bin. Avoid any strapping/cables dragging on the floor.
- Wipe over the power unit with a cloth dampened with Actichlor plus solution. Any persistent marks can be removed using a disposable scourer.

Step Two –

- Place the cleaned items on the second bench, or the part of the bench as yet unused.
- Clean and disinfect all parts carefully, particularly control pads that will have been handled by clinical staff; dry thoroughly or place on a drying rack.
- Dispose of all cleaning materials.
- The cleaned unit can now be passed to the 'clean' storage area to await testing.
- Clean the bench with Actichlor plus and prepare for the next item.

Manual Decontamination of Mattresses/Cushions for all soiled/ used and non infected mattresses

As it can be anticipated that the surface most likely to be soiled by the patient will be the most heavily contaminated area, aim to clean it last: Start with the base and work toward the top cover.

Step One – Cleaning and decontamination

- Prepare fresh cleaning solutions, don new protective gloves and aprons.
- Ideally have two benches and rotate between the two; in smaller depots you will need to divide the bench in half for smaller items or clean between processes.
- Clean the surface of the wash-down bench(es) with Actichlor plus solution.
- Take the equipment out of the bags and place on the clean bench. Dispose of bags into clinical waste bin. Avoid any strapping/cables dragging on the floor.
- Fold the mattress in half lengthways and clean the base with Actichlor plus solution, taking special care of the straps; wipe the exposed tabletop and lay mattress down on the cleaned surface.
- Fold the mattress in half the other way and repeat the cleaning process taking care to clean straps and CPR devices.

If you have two benches then simply clean the base in one go then flip the mattress onto the second (clean) bench and work on the top cover – the aim is to avoid recontamination of a surface that has just been cleaned.

- Thoroughly clean the top cover. Open zips and inspect the interior of the mattress. If the cover is intact and the cells clean and dry, then clean each cell in situ with a actichlor plus solution.
- If the cover has been breached and the interior of the mattress is visibly soiled, then the mattress should be dismantled, laundered and repaired.
- If the foam or any non-cleanable parts are soiled, wet or have an offensive smell, then the mattress needs to be dismantled and the affected parts disposed of.
- Dry thoroughly with disposable cloths.

Step Two –

- The cleaned unit is hand dried,
- Move directly to the ‘clean’ storage area, packed in a clear bag and racked in the ‘clean’ racking area.
- It is now ready for testing and dispatch.
- Dispose of all cleaning materials safely, provide a certificate of decontamination for the product and record the procedure in the local tracking log.

All infected mattresses (red bags) are returned to Huntleigh Healthcare off site head service centre for decontamination.

Wheeled or Bulky Items

The procedures covered in this section can be adapted to cater for all non- launderable, wheeled or solid framed equipment, including those that are constructed using both soft and hard furnishings.

It is not practical to outline every device you will encounter but the principles apply to the decontamination of a range of equipment including; shower trolleys, hoists (lifters), bed frames, bariatric transfer chair and ward chairs.

With bulky or wheeled items, there are several areas likely to be more contaminated than others; principally the areas in direct contact with nurses or patients (remote controls, head and foot boards, side rails, slings and cushions), and the area closest to the floor. So, for cleaning these products it is suggested that you work from the top down.

Step One – Cleaning

- Prepare fresh cleaning solutions, don new protective gloves and aprons.

- Remove protective covering and dispose of into waste bin (or send cover to laundry). Avoid any strapping/cables dragging on the floor.

- Disassemble the item in preparation for cleaning (disassembly will depend on the individual product). Components that can be laundered (e.g. slings, slide sheets etc) are placed in the appropriate receptacle and all other manually cleaned items e.g. shower trolley hose/drain, base boards, cable covers, cushion pads etc. are placed upon a prepared work bench ready for manual decontamination.

- Starting at the top and working down – clean all exposed surfaces with Actichlor plus paying particular attention to the following areas;
 - o Head and foot boards on beds

 - o Underneath of side rails

 - o Remote control units

 - o Shower trolley drainage system

 - o Seat cushions

 - o Wheels and braking system

- Dry all areas thoroughly with disposable cloths and dispose of safely.

Bed Store Cleaning Schedule

Appendix 2

FREQUENCY OF TASKS	<ul style="list-style-type: none"> • Wear protective clothing, including gloves. • Follow the correct colour coding for the areas to be cleaned. • For all cleaning tasks use a solution of Actichlor Plus ensuring the safe use of Actichlor guidelines are followed 		
ITEM	DAILY HUNTLEIGH	WEEKLY HUNTLEIGH	PERIODIC
BED STORE			Deep Clean entire Bed Store 2 x Annually - FSA Team
FLOORS	Sweep and remove all debris from floor Mop clean.		Scrub & polish – 2 x Annually - FSA Team
WALLS/LEDGES & FRAMES, DOORS, HANDLES, CUPBOARDS, TABLES & BENCH SURFACES	Damp wipe all surfaces		Thorough Clean, remove all marks. Damp wipe inner and outer doors and shelf surfaces. 4 x Annually - Huntleigh
DOUBLE SINK UNIT	Thoroughly wash in and out including taps, plughole & plug.		De-scale taps / sinks/plughole 2 x Annually - FSA Team
WASTE BINS – CLINICAL & GENERAL	Empty & wash inner & outer surfaces of bins. Replace Bags / Liners		Scrub Bins – 1 x Monthly - Huntleigh
LOW & HIGH LEVEL PIPING		Dust and Damp wipe.	
PARTITION SCREEN	Damp Wipe	Wash down to remove all stains.	
HAND WASH BASIN	Thoroughly wash in and out including taps, plughole & plug. Replenish hand towels as required		De-scale taps / sinks 2 x Annually - FSA Team
CEILING LIGHTS			Outer & inner Case cleaned – Annually - Estates
MOPS / BUCKETS & CLEANING EQUIPMENTS	Change dirty mops for clean. Thoroughly clean all equipments used		

