

Infection Prevention & Control: Mattress Checking Procedure



Associated materials/references:

Mattress Contamination: Risk assessment form

Ward:		Bed space:	
Issue	Action	Action completed (date)	
Cover damaged (no replacement available)	<ul style="list-style-type: none"> Mattress to be used to maintain delivery of safe care and patient flow Escalate to site coordinator Replace as soon as cover becomes available 	•	•
Mattress integrity damaged (no replacement available)	<ul style="list-style-type: none"> Mattress to be used to maintain delivery of safe care and patient flow Escalate to site coordinator Replace as soon as cover becomes available 	•	•
Staining of mattress core is localised to zip line and/or minor ingress <8cm	<ul style="list-style-type: none"> Retain mattress and reassess at patient discharge/within 1 week (whichever falls first) 	•	
Mattress core condemned (no replacement available)	<ul style="list-style-type: none"> Mattress to be used to maintain delivery of safe care and patient flow Escalate to site coordinator Replace as soon as cover becomes available 	•	•
Replacement mattress available from store: (Yes/No)			
Signature:			
Date:			