Mattress and Pillow Audit tool – V2.0

The purpose of this tool is to monitor and record the condition of mattress/pressure relieving cushion/pillow covers, pressure relieving cushions and fall mats. Mattresses and covers in a poor condition are known to be a source of healthcare associated infections.

Key Points

- Each mattress, pressure relieving cushion/pillow 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.
- Equipment should be enclosed in a waterproof cover to facilitate inspections of the surfaces (Carried out on both zip/non-zip covers).
- Equipment without covers should be checked monthly for damage that could affect the internal foam. A water test may also be conducted.
- In the event of equipment or equipment 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 equipment covers should be numbered for identification, rather than identifying the Equipment 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.

Water penetration test (Only for sealed mattresses covers without a zip; DO NOT UNDERTAKE ON AIRFLOW MATTRESSES)

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.

PLEASE CONSIDER CONDUCTING TISSUE VIABILITY CHECKS AT THIS TIME!





(1) Criteria for Mattress/Pillow Covers

Auditor:		Unit/Location:			Date:		
Room Number/Location	Mattress/Pillow Covers Number/Identifier	Is there a breach in the integrity of the mattress/pillow cover e.g., Torn, or damaged?	Does the mattress/pillow cover have any staining outside or inside that cleaning cannot remove?	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).	If the answers to any of the mattress / pillow cover questions are yes, the item 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	
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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	





(2) Criteria for Mattresses

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?	If the answers to any of the questions are yes, the mattress has failed and must be replaced.	Notes/Action
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	





(3) Criteria for Pressure Relieving Cushions

Room Number/Location	Pressure Relieving Cushion Number/Identifier	Undo the removable cover. Is the cushion wet, soiled or stained on either side?	Does the cushion have an offensive odour?	If the answers to any of the questions are yes, the cushion has failed and must be replaced.	Notes/Action
		☐ Yes ☐ No	\square Yes \square No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	





(4) Criteria for Fall Mats

Room Number/Location	Fall mat Number/Identifier	Undo the removable cover. Is the fall mat wet, soiled, stained, torn on either side?	Does the fall mat have an offensive odour?	If the answers to any of the questions are yes, the fall mat has failed and must be replaced.	Notes/Action
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Pass ☐ Fail	





Appendix - Examples













(5.b) Appendix – References

Regulation 15: Premises and equipment - Care Quality Commission (cqc.org.uk)

Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK (www.gov.uk)

All types of bed mattresses - contamination through damaged mattresses or covers - GOV.UK (www.gov.uk)





(5.c) Appendix – Version Control Information

Title	
Version number	2.0
Document author(s) name and role title	IPC Team
Document owner name and role title	Tanya Shaw (IPC Service Lead/Lead Nurse)
Document approver name and role title	Tanya Shaw (IPC Service Lead/Lead Nurse)

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Last review	10/10/2024	Next review date	10/10/2026

Version	Date	Section/Reference	Amendment
1.0	05/07/2023		
2.0	10/10/2024		Incorporated pressure relief mattress/fall mat sections and changed document language to reflect changes; Clarity on water penetration testing; Added references section; Version control information added.



