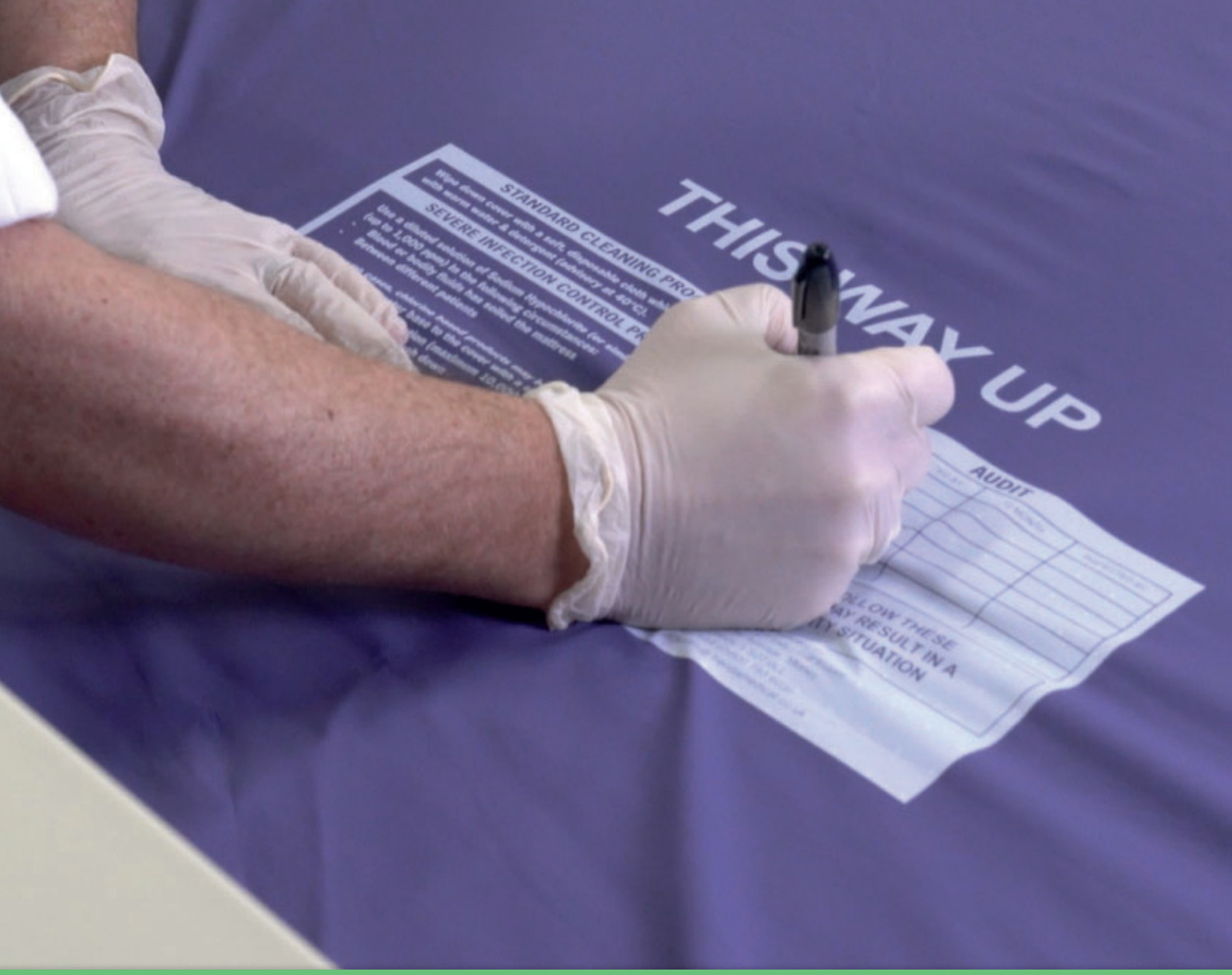
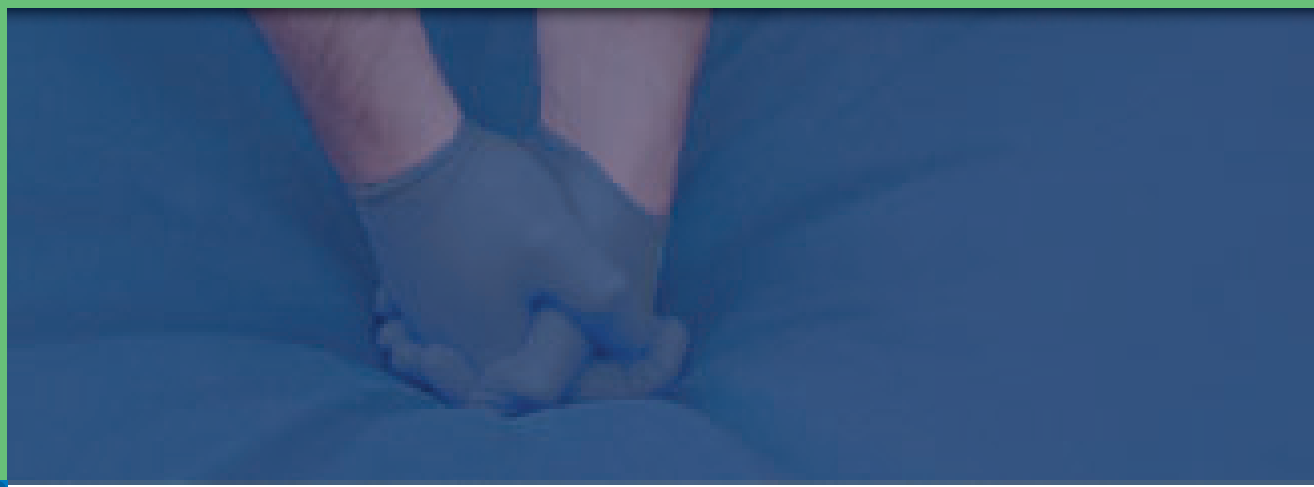



# SUPPORT SURFACE AUDIT SERVICES & GUIDELINES



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Audits play a crucial role in protecting patients against hospital acquired infections (HAI) and provide assurance that local and national policies for infection control are adhered to.

Staff should carry out a surface audit between every patient to ensure the surface is safe to use.

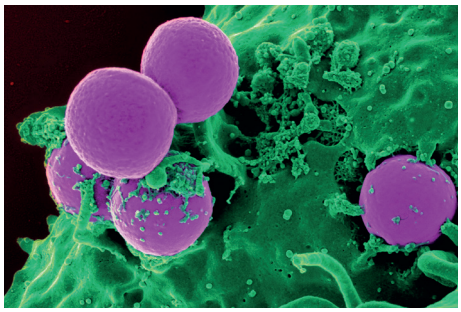
A full audit of all surfaces in use should take place every 12 months and this is where our team can provide support. Our free audit service offers full management of the audit including digital and hard copy supporting documentation to ensure your equipment meets the high standards required to protect patients and staff, not only from the risk of HAI, but also the risk of pressure damage.

**Substandard pressure area care devices can put patients at higher risk of developing a hospital acquired pressure ulcer.**

## Why is it important to audit pressure area care support surfaces?

Routine inspection, early identification and replacement of damaged surfaces are effective steps in controlling mattress-associated infections.

Recent studies suggest that damage is the main cause of the majority of infection outbreaks linked to mattresses[1], with 44-71% of surfaces testing positive for MRSA[2].



*Above: MRSA was found in up to 71% of mattresses with surface damage[2]*

*Above: when foam loses its pressure releaving properties patients are at risk of developing presuure ulcers.*

Over time and with high use, some foam surfaces lose their pressure relieving properties, especially in areas where weight has been applied and is commonly termed as 'bottoming out'. This can impact skin integrity and places patients at higher risk of developing a pressure ulcer.

Regular surface audits will identify foam and other surfaces that may not be performing to the standard required for safe and effective pressure redistribution and help towards reducing the risk of patients developing hospital acquired pressure damage.

1. Xiaobao L et al (2021) Infection Risks Associated with Damaged Mattresses and Management Strategy Using Repair Patches - InfectionControl.tips. Accessed 28.10.22

2. Sexton, T., Creamer, E., Turley, M., Smyth, E., & Humphreys, E. (2002). Persistent environmental reservoirs for Vancomycin-resistant enterococci requiring repeated decontamination to achieve eradication. British Journal of Infection Control, 3(3), 10–13. https://doi.org/10.1177/175717740200300303

**Nursing & Residential/Care Homes guidelines:**

According to the Department of Health[3]:

*The steps taken in care homes to protect residents and staff from infection represent an important element in the quality of care, particularly as some infections have the capacity to spread within environments where susceptible people share eating and living accommodation.*

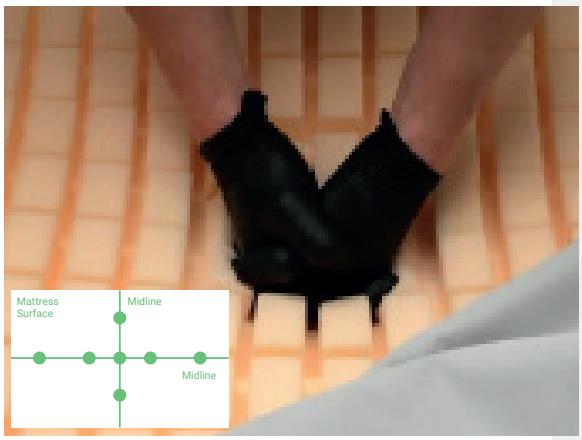
*It is also important to be aware of the possibility of infection in residents and for care workers to identify these promptly.*

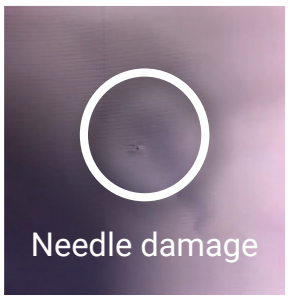
*Infections acquired in care homes may be serious and, in some cases, life-threatening. These may worsen underlying medical conditions and adversely affect recovery. Infections may be caused by organisms resistant to antibiotics and the high media profile they generate may alarm residents, their relatives and carers.*

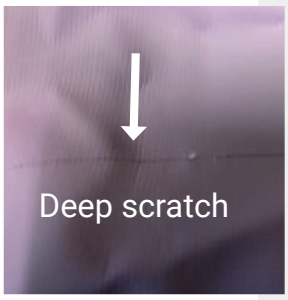
*It is therefore important that clear information on the standards of infection prevention and control in care homes is available to allow informed choice and promote confidence in the quality of care provided. Families and carers will want to be assured that the care their relatives and dependants receive is provided in a clean and safe environment.*

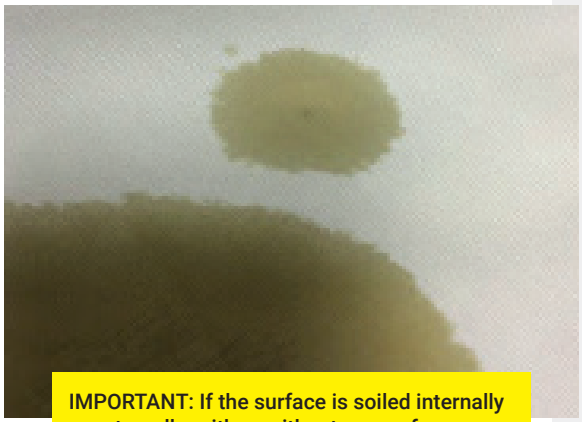
*This resource aims to provide care home mangers, Care Quality Commission inspectors and Health Protection Units a common source of information on the prevention and control of infection in care homes. Not all information in the resource will be relevant to all care homes.*

3. Department of Health (2013) Prevention and control of infection in care homes - an information resource. Available via https://assets.publishing.service.gov.uk/media/5a7b9a14e5274a7202e183b0/Care-home-resource-18-February-2013.pdf. Accessed 17/01/2024



IMPORTANT: If the surface is soiled internally or externally, with or without proper foam recoil, it must be immediately removed from patient services.

1. Decontaminate hands and don PPE.
2. Remove linen and place in the appropriate linen bags as per local policy.
3. Check the foam has not bottomed out. This is where the base of the bed can be felt through the surface.

- The top of the surface should be level with your hips; link your hands to form a fist and keep elbows straight.
- Lean forward with your body weight and push your fists into the mattress.
- This should be done where the sacrum would sit and at various points across the surface.
- If the base of the bed is felt, the surface should be withdrawn. Inspect the surface of the cover for any signs of damage, such as holes or cuts. Check the zip is working correctly.

4. Unzip the cover and inspect the underside of the cover and the foam mattress for any signs of strikethrough or contamination.

**Remember to fully close the zip after inspection.**

5. For any trolley support surfaces where the cover is not removable, complete a comprehensive external inspection, ensuring to check that any seals and joints are intact.
6. **Gloves must be worn if any mattress that is visibly soiled or contaminated with blood or other bodily fluids.** Clean the surface with detergent and water as per local cleaning and decontamination policy.
7. Remove PPE and decontaminate hands.
8. Clearly mark all condemned mattresses.
9. Move to the next mattress to be tested and re-decontaminate hands and don fresh PPE.
10. Complete audit documentation, ensuring the date of the audit is recorded.
11. Remove all condemned mattresses from the clinical area and contact the relevant person to remove these and supply a replacement.

**Odour Issues:**

It is important to also take into account any odour present on the surface and/or the cover as this may highlight a breach that is difficult to identify.

**PLEASE REMEMBER THIS CHECK SHOULD TAKE PLACE BETWEEN EVERY PATIENT, NOT JUST ON AUDIT DAY.**

## Dynamic Surfaces

The following inspection of dynamic surface components is recommended.  Covers should be inspected as per the process for static surfaces (refer to manufacturers guidelines for further information).

## Control Unit

- Ensure the control unit settings are functioning correctly.
- For manual dials, ensure the dial can be turned freely.
- Test each setting by selecting the appropriate functions on the control unit, ensure the operating cycle is responding throughout the surface.
- Inspect the control unit case for cracks or general wear and tear.
- Do not expose to liquids when connected to the mains power.  Do not immerse the control unit in liquid at any time.
- Always use the control unit provided by the manufacturer with the surface.
- If any errors arise, contact an engineer immediately and do not use.


Read the instruction manual
(a manual control unit casing design)

Ensure the surface connectors (male) are fully fitted to the control unit and that no leakage is evident.

When inspecting the air tubing throughout the surface inner, please make sure there is no leakage on any feed to the cells. It is prudent to ensure that the cells are tied with small tie wraps during service periods, thus providing extra security.

Inspect the cells for punctures, tears or rips. There should be no leakage from any cells as this will result in the surface not operating correctly and the control unit will alarm.

Ensure that the cells sit adequately within the cell retainers and that the stitching or welding is not damaged.

Ensure that the fixation straps on the bottom of the surface are operating correctly and are only ever attached to non-moving parts of the bed frame.

**Equipment Audit Guidelines – Acute & Community/Homecare settings:**

Pressure area care support surfaces and cushions should be inspected regularly and as per local infection control policy, as a guide:

**Acute Setting**

Weekly, monthly or upon patient discharge if shorter than these periods. This should be conducted by the ward staff, guided by local infection control policy, usually implemented by the Tissue Viability and/or Infection Control Nurses, alongside that of the manufacturer's guidelines. Please note that a single annual or bi-annual audit must also take place to comply with infection control guidelines.

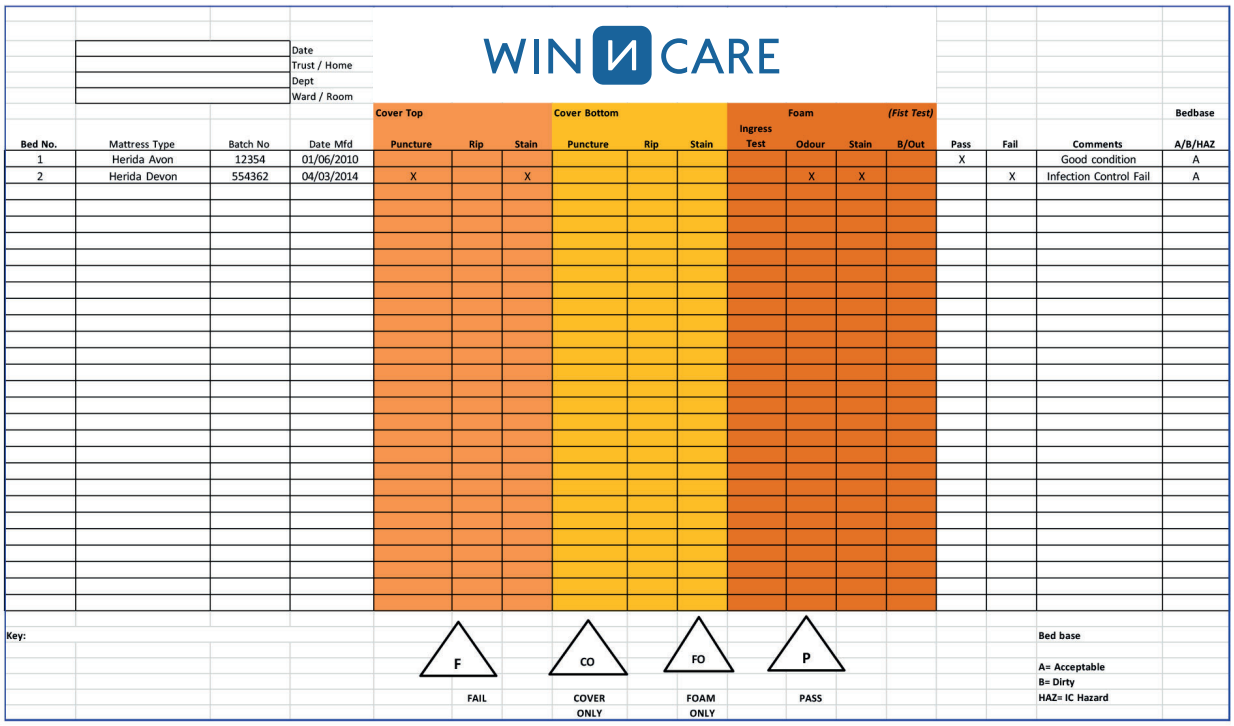
**Community Setting**

All equipment is returned, audited and decontaminated/re-cycled in readiness for re-use.

When the surface is in use in a patients home, it is advised that an audit be carried out weekly/monthly, by care givers/district nurses.

**Nursing & Residential Setting (Homes)** - Weekly, monthly or upon patient discharge if shorter than these periods. This should be conducted by the care assistant/nurse in charge, guided by local infection control policy usually implemented by the Care Home Manager or Director of Nursing if in a structured group, alongside manufacturer's guidelines. Please note than a single annual or bi- annual audit must also take place to comply with infection control guidelines.

## Audit form example



| | |
|---|---|
| Date | |
| Trust / Home | |
| Dept | |
| Ward / Room | |

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| | | | | Cover Top | | | Cover Bottom | | | Foam | | | (Fist Test) | | | | Bedbase |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bed No. | Mattress Type | Batch No | Date Mfd | Puncture | Rip | Stain | Puncture | Rip | Stain | Ingress Test | Odour | Stain | B/Out | Pass | Fail | Comments | A/B/HAZ |
| 1 | Herida Avon | 12354 | 01/06/2010 | | | | | | | | | | | X | | Good condition | A |
| 2 | Herida Devon | 554362 | 04/03/2014 | X | | X | | | | | X | X | | | X | Infection Control Fail | A |

Key:

F — FAIL

CO — COVER ONLY

FO — FOAM ONLY

P — PASS

Bed base

A= Acceptable
B= Dirty
HAZ= IC Hazard

### Need help with audits?

Increased admissions and patients requiring more involved care can make it difficult for staff to prioritise audits on equipment.

Our team will closely inspect all components and materials for damage, strike-through and any wear and tear.

Once the audit is completed by our team, a full report will be provided during and a follow up meeting scheduled, where we will walk you through the audit findings so that corrective action can be prioritised.

If you would like to explore our audit service, please get in touch with your local business development manager or contact our customer services department on our freephone number: 0800 193 6030



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WINNCARE
Unit 2, Interchange Way, Oakenshaw, Bradford BD12 7AZ
**Tel: 0800 193 6030**
www.winncare.uk