

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Requesting Therapy Mattress Policy in the Acute Setting

Effective: November 2011

Review: July 2014

Definitions

Mattress: foam mattress (Mercury, Softfoam Premier) or Huntleigh Bariatric foam

Therapy mattress: a mattress that offers therapy, such as low air-loss (Visio), Active foam (AtmosAir 9000) or fluid-filled (RIK).

Bariatric Therapy beds: a bed with incorporated low-air loss mattress (BariAir)

1. Introduction

- 1.1 This document outlines the process to follow when requesting a therapy mattress product. It is of prime interest to Directorate Managers, Ward and Departmental Clinical Staff, Patient Services Co-ordinators, Matron, Portering Team and Tissue Viability and those staff responsible for their management.
- 1.2 Therapy mattresses should only be used for patients at risk of developing, or those suffering from, pressure ulcers or those who have notable skin damage.
- 1.3 Risk assessment should be completed on all inpatients within 6 hours of admission to hospital. This must be formally documented as advised in the Pressure Ulcer Management Guidelines (2011) available on the Trust's Intranet site, and appropriate interventions initiated as soon as possible thereafter. All risk assessments must be documented and regularly reviewed as and when the patients condition changes.

2. Funding for the use of therapy beds and mattress

- 2.1. A centrally managed budget is identified for the provision of Therapy Mattress products. It is shared across all specialities of the Trust and every effort must be made to ensure the appropriate use of resources.
- 2.2. Requests must be carefully managed and controlled by the Tissue Viability Team, to ensure the most cost-effective and appropriate use of resources.

3. Therapy Mattress in the Trust

The care of patients, who are at risk of developing pressure ulcers or having existing skin damage, must be planned using the "Pressure ulcer prevention and treatment plan of care (NUTH289)". This document will assist clinicians in selecting the most appropriate therapy mattress.

- 3.1 *Foam mattress:* All foam mattresses provided in the Trust are of high quality and will meet the needs of most patients if their use is accompanied by a repositioning regime (NUTH289).

- 3.2 *Fluid-filled mattress (RIK)*: Over 200 RIK mattresses are available across all sites. These mattresses have been used in the Trust for over 6 years and provide excellent therapy.
- 3.3 *Active foam (AtmosAir 9000)*: this is a new product and will slowly replace the RIK mattress, being more cost-effective and durable. AtmosAir will be allocated to wards and used like the RIK.

If a RIK or AtmosAir mattress is required and is not available on own ward, the ward staff must try to locate a RIK or AtmosAir by contacting neighbouring wards. If still no RIK or AtmosAir can be found, then the ward staff must contact their Matron who will assist with the prioritisation of patient needs.

If out-of-hours, nurse patient on foam mattress: at weekend, contact Patient Services Co-ordinator for further advice.

- 3.4 *Low air-loss mattress (Visio)*: For those patients who require a higher specification mattress, requirements for a low air-loss mattress have to be discussed with Tissue Viability. Please order Visio through Tissue Viability by completing the on-line referral (Tissue Viability Intranet site) and Tissue Viability will contact the ward to discuss further.
- 3.5 *Bariatric foam mattress and bed (Contura 1080- Huntleigh)*: For Bariatric (heavyweight) patients, please refer to the Moving and Handling of the Heavyweight Patient Policy.
- 3.6 *Bariatric low air-loss therapy bed (BariAir- KCI)*: If a BariAir (low air-loss mattress for Bariatric patients) is deemed necessary, an on-line referral through Tissue Viability will also need to be made, who will then order it from KCI.

4. Requesting Pressure Relieving Mattresses (Visio) and/or Bariatric Low air-loss bed (BariAir)

- 4.1 Any mattresses must be ordered via the Tissue Viability web-site before 16.00 in order for the Equipment Library to deliver it that day. Any order made after that time, will be processed the following day or on Monday if the request was made after 16.00 on Friday afternoon.
- 4.2 No mattresses will be delivered after hours or at the weekend unless approved by Patient Services Co-ordinator. A referral to Tissue Viability (on-line) will need to be completed by Patient Services Co-ordinator explaining the rationale for the out-of-hours delivery.
- 4.3 Patient Services Co-ordinator must contact the Porters to deliver the mattress; Porters will not accept a request from wards.
- 4.4 Ward staff must reassess all patients on therapy surfaces on a daily basis to ensure suitability of surface. Patients should be stepped up or down the care

4.5 Tissue Viability will make the ultimate decision on the appropriateness of therapy mattress requests after full consultations with all clinicians involved in the care of the patient.

5. Returning Pressure Relieving Mattresses (Visio) and/or Bariatric Low air-loss bed (BariAir)

5.1 Rental therapy surfaces (applies only to Bariatric Low air-loss bed) must be cancelled as soon as they are no longer required by the ward staff.

5.2 In-House mattresses must be decontaminated after each patient's episode. Please refer to the "[Decontamination of the Patient Environment including Terminal Cleaning Policy \(2011\) Appendix I](#)":

If a RIK mattress is grossly contaminated and cannot be effectively decontaminated at ward level, the ward staff must inform Tissue Viability and arrange for decontamination by the contracted company.

5.3 It is ward staff responsibility to inform the equipment library when a mattress requires full decontamination by the contracted company as soon as the patient no longer requires it.

5.4 Arrangements will be made by the Equipment Library for the collection and decontamination of contaminated mattresses.

6. Ensuring that in-house therapy mattresses are fit for purpose

6.1 Each ward has to nominate a "Mattress Champion" who will take the responsibility that all foam mattresses and RIK are checked between each patient episode.

6.2 Should the cover or the foam be stained or burst (in case of RIK) replacements can be requested through the Tissue Viability via the on-line Tissue Viability Intranet site.

6.3 Ward staff must inform the Equipment Libraries if any low air loss therapy mattress is not functioning properly.

6.4 The Equipment Libraries must report any faulty products to EME (Electrical Medical Equipment) who will repair in-house products. The faulty products must be accompanied by a Trust Declaration of Decontamination Status form.

7. Certifying Products used

7.1 Invoices for rental products and decontamination of in-house mattresses will be checked, coded and processed centrally by the Nurse Consultant (Tissue Viability).

8. Monitoring and Review

- 8.1 The Tissue Viability Team will ensure all rented equipment is checked as a minimum on a weekly basis to ensure product suitability, cost effectiveness and efficiency.
- 8.2 Ad hoc audits on product use and suitability will be carried out by the Tissue Viability Team.
- 8.3 All reports will be disseminated through the Senior Nursing Team.

This policy will be reviewed in July 2014. Any comments, queries or suggested amendments should be addressed to the Nursing and Patient Services Director or Nurse Consultant (Tissue Viability).

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:	Requesting Therapy Mattress Policy in the Acute Setting	Policy Author:	Fania Pagnamenta
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	n/a	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	n/a	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
4(d)	Can we reduce the impact by taking different action?	n/a	

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Fania Pagnamenta – Nurse consultant Date: 1st July 2011

Names & Designations of those involved in the impact assessment screening process: Fania Pagnamenta

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.