**Bed Cleaning Procedure**

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**Target audience:**

Nursing and Midwifery Staff

**Sources of advice in relation to this document:**

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N/A

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**NHSCT Mission Statement**

To provide for all the quality of services we would expect for our families and ourselves
BED CLEANING PROCEDURE

29 April 2010
BED CLEANING PROCEDURE

RATIONALE

“Clear guidelines should be formulated for bed cleaning and systems established, such as labelling to indicate when a bed has undergone decontamination” (Creamer and Humphreys 2008). This statement is endorsed by O’Connor (2000) when she states that high standards of cleaning and disinfection are thought to reduce the incidence of HCAI’s. To make such reductions a realistic target, nurses need clear and simple guidelines on how and when to decontaminate equipment.

The hospital bed is comprised of different components which pose a potential risk of infection for the patient if not adequately decontaminated (Creamer and Humphries 2008). Clear guidelines should be formulated, specifying the decontamination procedure for each component of the bed.

The hospital bed is the most frequently used piece of equipment in the clinical area. The constant high turnover of patients often leaves little time to clean equipment effectively (O’Connor 2000).

Bed components, including bed frames and mattresses may become contaminated by micro-organisms through direct contact with skin scales and body fluids, thus becoming a source of infection.

Given that 9% of all patients in hospitals at any one time have a healthcare acquired infection (National Prevalence Survey 2008), the cleaning and decontamination of the bed and its components is vital to prevent cross infection.

DEFINITION OF TERMS

- **Decontamination**
  The process used to make an object safe for its intended use. A decontamination process will consist of cleaning and disinfection or sterilisation (Ayliff et al 1993).

- **Cleaning**
  A process that removes micro-organisms and the organic material on which they thrive. It is a prerequisite for effective disinfection or sterilisation (O’Connor 2000).
• **Disinfection**
A process used to reduce the number of micro-organisms but not usually removal of bacterial spores. It does not necessarily kill all micro-organisms but reduces them to a level that is not harmful to health (O’Connor 2000).

• **Sterilisation**
A process used to render an object free of viable and bacterial spores (Lewis and Meese 1997). Also refer to the Northern Health and Social Care Trust (NHSCT) Disinfectant Policy - Infection Control Policy Manual.

**DEFINITION OF A BED**

The hospital bed consists of a bed frame, mattress, pillows and bed clothes (Krankenhaus 2005). The bed frame includes the undercarriage, hydraulics, wheels, elevation levers and accessories attached such as bed rails and monkey poles. These are usually made of metal or steel. Newer beds usually have an open mesh base to allow air to circulate between the base and the mattress and therefore prevent the build up of moisture, although solid base beds are still in use.

Mattresses are made of foam with a cover which should be impermeable to fluids but permeable to vapour.

Pillows consist of an inner foam, encased in PVC, plastic or vinyl cover. Pillows are encased in a pillow cover when in use.

Bed linen consists of sheets, blankets and counterpane or duvet. Cotton is the preferred fabric to use. Duvets are usually made of a fibre filling encased in a washable or impermeable cover.

**FREQUENCY OF CLEANING**

It is recommended that the bed, including the frame, undercarriage, mattress and base, should be decontaminated between each patient and once per week if bed is occupied by same patient (Patel 2005). This aims to prevent dust collecting and helps to prevent the harbouring of micro-organisms (O’Connor 2000).

On discharge or transfer of patient, the locker, bed table, nurse call systems, bed controls, patient chair, oxygen and suction canister and tubing system also need to be included in this decontamination process.
TESTING OF MATTRESS PERMEABILITY

A visual inspection of the mattress and mattress cover should be undertaken weekly or following discharge of a patient.

The cover should be checked to detect any signs of wear, rips, staining or loss of permeability (Wilson 2001). Both sides of the mattress need to be examined. A full monthly audit needs to be carried out on each static mattress and documentation of the procedure completed.

Audit results to be sent to Directorate Lead Nurse on completion.

Process

- Remove bed clothes.
- Carry out visual inspection as above.
- Unzip mattress and place a paper towel under the surface of the mattress, close to where the patient’s buttocks would be positioned.
- Pour small amount of water (20-30mls) over the outside cover and press mattress firmly. Leave for 30 seconds and inspect for leakage through to paper towel.
- If the water test fails and there is staining, remove mattress as it is not fit for purpose.
- If pass, re-zip mattress cover and dry surface where water test had been carried out.
- Remake bed.
- Mattress should be turned monthly to reduce excessive wear in any one area.


PROCEDURE FOR DISCHARGE CLEAN CARRIED OUT BY NURSING

This is a procedure for environmental cleaning of a room / bed space following discharge or transfer of a patient with no indication of colonisation or infection requiring isolation precautions.

Process

- Cleaning must not be commenced until the bed space has been vacated.
- Decontaminate hands before and after carrying out procedure.
- Put on aprons and disposable gloves.
- All linen should be placed in the appropriate colour coded bag as specified in The Northern Linen Services Laundry Policy.
- Using the appropriate Trust approved disinfectant solution, clean all surfaces, fixtures and fittings in the patient’s immediate environment.
- All items of nursing or medical equipment should also be thoroughly cleaned with the solution.
- Clean bed, bed frame, undercarriage and both sides of the mattress.
- The mattress should be turned as per cycle.
- Always use disposable cloth. Do not return cloth to solution. Replace cloth frequently (minimum of 3 per bed).
- Attach and date green assurance label on bed when procedure completed.
- Domestic Duties – Request to spot check walls, clean ensuite facilities if appropriate, empty waste bin, replenish towels and soap if necessary and check toilet brush and replace if necessary.

**TERMINAL CLEANS LEVEL 2 (INFECTED BUT NON CLOSTRIDIUM DIFFICILE)**

*Carried out by Domestic Services*
- Decontaminate hands prior to and after procedure.
- Put on aprons and disposable gloves and discard after use.
- Using the appropriate Trust approved solution, clean and disinfect all surfaces, fixtures and fittings in the patient’s immediate environment. Rinse solution off after a minimum of 5 minutes contact time.
- Use disposable cloth – do not return cloth to solution.
- Replace cloth frequently (minimum of 3 per bed).
- Wash floor with neutral detergent and water.
- Use clean mop for each area and treat as infected laundry after use.
- Change toilet brush if ensuite facilities.
- Attach and date green assurance label on bed when procedure completed.

**TERMINAL CLEANS LEVEL 3 (NON CLOSTRIDIUM DIFFICILE)**

*Carried out by Domestic Services*
- Decontaminate hands prior to and after procedure.
- Put on aprons and disposable gloves and discard after use.
- Clean and disinfect all surfaces including bed, bed frame and mattress using the appropriate Trust approved solution. Rinse solution off after a minimum of 5 minutes contact time.
- Use disposable cloth – do not return cloth to solution.
- Replace cloth frequently (minimum of 3 per bed).
- Change screens and curtains.
- Spot clean walls.
- Wash floor with neutral detergent and water.
- Use clean mop for every area, treat as infected linen on completion.
- Change toilet brush if ensuite facilities.
- Attach and date green assurance label of bed following completion of procedure.

**LEVEL 3 TERMINAL CLEAN FOLLOWING DISCHARGE OF CLOSTRIDIUM DIFFICILE PATIENT**

Carried out by Domestic Staff

- Decontaminate hands before and after procedure.
- Aprons and gloves should be worn and discarded after clean.
- Pre clean all surfaces, fixtures and fittings, including mattress, pillows, duvet and total bed frame, including undercarriage with detergent and water.
- Repeat process using Trust approved disinfectant solution.
- Do not rinse.
- Use disposable cloths. Do not return cloth to solution.
- Replace cloth frequently – minimum of 3 cloths per bed.
- Remove and replace screens and curtains.
- Wash floor with neutral detergent and water.
- Use a clean mop for each area.
- Launder mop after use.
- Dispose of toilet brush and holder.
- Attach and date green assurance label to bed following completion of procedure.

**NURSES WEEKLY CLEANING PROCEDURE OF A BED WHERE A PATIENT HAS OCCUPIED A BED FOR MORE THAN 7 DAYS**

Nurse

- Decontaminate hands prior to and following procedure.
- Put on aprons and disposable gloves
- Strip bed
- Using the appropriate detergent / disinfectant to decontaminate bed frame, mattress and base.
- Check integrity of mattress
- Decontaminate pillows and duvet (refer to page 56 of Disinfectant Policy NHSCT).
- Remake bed with fresh laundry.
- Attach and date green assurance label to bed when procedure has been completed.
FOR ISOLATED PATIENTS DAILY

NURSE must decontaminate mattress daily using the appropriate disinfectant and allow to dry. Bed linen and night wear to be changed also (only for patients who are able to sit out of bed for bed making).

For patients who are bed bound – wash mattress daily with neutral detergent and water and thoroughly dried – bed linen and night wear to be changed daily.

REFERENCES


