

## LINEN AND LAUNDRY POLICY

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Services	Applicable to
Trust wide	√
Mental Health and LD	
Community Health Services	

## Version Control Summary

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## 1. Executive Summary

To reduce the risk to health care workers, laundry staff and patients that may be associated with the use and handling of laundry that is potentially or actually contaminated with an infectious agent.

Ensure that standards are in place for infection control to enable patient well being.

Help minimise risk of infection control issues.

This policy takes into account Health and Safety at Work Legislation and Regulations as well as Control of Substances Hazardous to Health Regulations.

## 2. Aims & Related Policies

The aim of this policy is to ensure all linen is correctly categorised, segregated, transported in such a way that risk of potential cross-infection is minimal and that ensures timely regular supplies of a consistent high quality as included within the `Patients Charter`.

This policy is based on the Health Services Guidelines HSG (95) 18, Hospital laundry arrangements for Used and Infected Linen, and sets out to ensure the disinfection of all linen (used and infected). The policy should be read in conjunction with other Infection Control Policies particularly Hand Hygiene Policy and Procedure, Isolation Policy and Universal Precautions and the Disinfection Policy. These can be found on the Trusts Intranet, Clinical Policies.

## 3. Introduction

The Trust has two routes for laundry of linen across the estate. There are onsite laundry facilities at each location for personal items, and external contracts are in place for offsite laundry for all flat pieces. This policy explains how each route work.

Hospital bed linen should be laundered once a week, in between if visibly soiled, and between patients. When not in use, clean linen should be stored in a linen cupboard with the door closed or an appropriate identified covered trolley to minimise the risk of contamination from dust.

Used linen may be contaminated with potential pathogens therefore should be removed from the bed with care and placed immediately into the appropriate bag at the bedside and not on the floor or carried through the ward/department.

Although linen may be contaminated with body fluids which many cause disease, there is little risk if the correct procedure is followed.

In accordance with the Health and Safety Act 1974, all staff are inducted to the requirements to ensure that correct procedures are adopted in order to ensure that staff and patients are not at risk from used or infected linen.

All Linen (linen refers to all articles for laundering) will be assessed by staff on the ward and divided in to three categories: Used (Soiled and Fouled), Infected and Heat Liable.

- **Used (Soiled and Foul) -**

Linen which has been used irrespective of state, which may be contaminated by bodily fluids (not by suspected infectious patients) are included within this category. This category accounts for the majority of linen treated within the Trust.

- **Infected -**

Linen from patients with or suspected of suffering with – Enteric fever, and other salmonella infections including MRSA, dysentery (*Shingella* spp), hepatitis A, B and C including carriers, open pulmonary tuberculosis, HIV infection, notifiable diseases and other infections in hazard group 3. This list is subject to revision on advice from Infection Control team.

- **Heat Liabile –**

Fabric which could be damaged by the normal heat disinfection process and therefore likely to be damaged at thermal disinfection temperature

#### **4. Accountability and Responsibility**

##### **4.1 Chief Executive**

The Chief Executive has ultimate responsibility to ensure that the control of hospital infection is addressed according to department of health directives. This responsibility is delegated to the Director of Infection Prevention and Control who in turn delegates it to the Infection Control Lead. The Trust board is responsible for ensuring that a robust system is in place and there is a clear line of accountability.

##### **4.2 Director of Estates Facilities and Capital Development**

Responsible persons for the management and adoption of this policy.

##### **4.3 Infection Control Lead**

Is the lead person responsible for the preparation and implementation of infection control policies and guidelines and is responsible for giving expert advice and training related to all infection control practice. Is responsible for ensuring that the policy is raised and reviewed at the Infection Control Committee to ensure that evidence based guidelines are available for all staff.

##### **4.4 Heads of Wards, Services, Departments / Team Leads / Service Managers/ Lead Nurses**

Are responsible for ensuring that all staff familiarise themselves with the policy and that safe management of linen and laundry is carried out in their areas in accordance with legislation, Trust policies, and best practice.

##### **4.5 All Clinical Staff**

All clinical staff must ensure they have read and understood the policy, and incorporate the guidance on the management of linen and laundry into their clinical practice.

##### **4.6 Non-clinical Staff**

All non-clinical staff that has anything to do with handling linen and laundry must ensure they are aware of their role in the prevention of healthcare associated infection

##### **4.7 All Staff**

All Health Care Workers are accountable for their own practise and should always act in such a way as to promote and safeguard patients/staff and visitors from the potential risk of cross infection from used linen.

#### **5. Laundering – on site**

The laundry facilities on the Units are for the use of patients to wash their personal items of clothing. However, it is the Unit staff's responsibility to ensure that the room and the equipment within the area is maintained to a required standard.

- Ward laundry room should be away from clinical or food preparation areas
- The washing machines should be in good working order and kept clean

- The work tops should be kept clean and free from visible contamination by the use of detergent and water
- Dirty laundry should be placed directly into the machine and not sorted out on the worktops
- Hands should be washed after dealing with dirty laundry
- No manual rinsing of soiled laundry by staff is allowed. Faecal solid bulk may be disposed of in the toilet and the laundry put on pre-wash to remove stains
- Laundry from patients with an infection should not be washed in ward laundry rooms as there is no assurance that pathogenic organisms would be removed
- For items soiled with body fluids it is possible to collect the used laundry items from the patient's bedside, place in a soluble alginate bag and place the bag into a ward washing machine as long as a minimum temperature of 60C is achieved during the wash cycle .
- Staff should ensure that patients who are allowed to use the laundry room abide by good practice recommended in this policy.
- Laundry rooms should operate under strict IPC guidelines.

## **6. Procedure for use of Industrial Washing Machines and Dryers**

- Domestic machines must not be used in health care areas. Industrial machines may be used as long as they are maintained and serviced according to the manufacturer's instructions.
- Protective clothing i.e. gloves and aprons must be used and hands washed, after removal of protective clothing in a hand wash sink in the laundry room.
- There must be clear work flow so contaminated and clean linen cannot come into contact.
- Clean gloves and apron must be used for each load, dirty and clean. The washed linen must be dried straight away in an industrial dryer, this must be vented externally and filters checked and changed as recommended.
- Clean linen must not be stored in the laundry room to avoid the risk of cross contamination.
- The room must be kept clear, clean and dust free.
- Washing processes for both used and infected linen should include a heat disinfection (thermal disinfection) cycle, where the temperature should be maintained at 60 degrees, for not less than 10 minutes or preferably 70 degrees for not less than 3 minutes.
- Washing machines must be checked on a regular basis to ensure these temperatures are maintained.
- All washing machines should be subject to a full maintenance contract when used in a patient setting.

## **7. Flat Linen Laundry Procedure**

Flat linen including curtains are laundered via external contractors managed by East London NHS Foundation Trust. It is specified within the contract that the contractor must operate in accordance

with HSG (95)18, Hospital Laundry Arrangements for using infected linen, NHS Executive (1995) guidelines which includes thermal disinfection, and are closely managed and audited on a regular basis.

## **8. Normal soiled linens (soiled and foul)**

- Place in a white marked bag and only fill to  $\frac{3}{4}$  full
- Swan neck and seal with identification tape which indicates the Ward or Department originating the soiled item.
- Linen bags awaiting collection should not block access to walkways, fire doors or hand washing facilities.
- The external contractor collects on a regular basis and returns Clean Laundry to a designated point.
- Clean Linen is delivered to the sites on a weekly basis
- Extra supplies may be obtained by contacting Service Provider via the Help desk.
- All clean Linen is transported in a washable cover on clean trolleys.

## **9. Infected items**

- Infected and potentially infected linen should be immediately placed in a red alginate (water soluble) bag no more than  $\frac{3}{4}$  full.
- These bags are swan necked and sealed with identification tape.
- Bags are notified to the Porter for collection.
- Porters collect infected linen bags and transport to the designated secure collection point for contractor to collect.

## **10. Heat Liable**

These are not applicable within East London NHS Trust, as these are dealt with within Personal Linen

## **11. Curtains**

Window curtains should be changed every six months as a minimum to co -inside with the PPM cleaning schedule for these areas.

All discharge cleans will require curtains to be changed prior to new admissions.

Domestic Supervisors must ensure that they are regularly subject to audit and inspection and where necessary the curtains must be changed whenever they are visibly soiled, during terminal cleaning after the discharge of an infected patient or following episodes of an outbreak of infection

Shower curtains must be changed regularly, and where necessary shower curtains must be changed whenever they are visibly soiled, during terminal cleaning after the discharge of an infected patient or following episodes of an outbreak of infection

## 12. Standards

- All items must be cleaned, pressed and free of stains, marks and evidence of body fluids. The items should be in sound condition and free of tears, frayed edges and holes.
- Items must be of suitable quality and fit for purpose.
- Education of staff should ensure there is no inappropriate segregation of used linen, and for laundry not to contain inappropriate objects. The presence of inappropriate objects, particularly sharps, aerosols etc. represents a major hazard not only to the laundry staff but could result in irreversible damage to the machine.
- It is important to remember all bags must be secured and not be filled to more than 3/4 full.

## 13. Linen Storage

### 13.1 Clean Laundry

- At ward level Linen should be stored on a covered trolley or in a designated storage area.
- Clean linen must not be stored in a sluice room, bathroom, laundry room or staff changing room
- The designated storage area should be kept clean and free from infestation by insects and rodents
- Clean laundry should be stored above floor level – never on the floor.
- Clean laundry should be kept tidy to avoid recontamination
- Clean laundry should not be kept in areas freely accessible to patients.
- Sheets have been previously used by vulnerable patients to self harm

### 13.2 Dirty Laundry

Bags for used linen should be securely fastened when  $\frac{3}{4}$  full

- They should be stored in a secure area whilst awaiting collection
- They should not block access to walkways, fire doors, or hand washing sinks

## 14. Laundry Workers

The use of red water-soluble bags for contaminated linen ensures this linen segregated to the thermal disinfection stage. Protective clothing should include a plastic apron and disposable latex gloves or heavy duty domestic rubber gloves. Occupational Health will advise on immunization requirements.

## 15 Training

### Staff training must include:

- All staff who deal with laundry (clean or used) should be aware of the Trust's guidelines on linen and laundry
- Clean laundry should be handled in such a way that contamination is avoided including during transport and storage
- Laundry skips should always be used when clearing away used linen from bed areas. Staffs must not hand-carry loose used linen, or leave them on the floor, in order to minimise environmental and personal contamination.
- Care should be practiced when stripping bed as shaking may cause an increase in airborne bacteria



- □ All staff must ensure that no extraneous items are disposed of with used linen, such as dentures, spectacles, sharps, incontinence pads, and tissues, as they may harm the laundry operators or cause damage to machineries.
- The laundry bag should not be overfilled and should be securely closed when  $\frac{3}{4}$  full
- When using soluble alginate bags or alginate-strip bags, it is imperative that no ties are used except alginate type ties, which dissolve in the wash. Any others are likely to cause machines to block.
- Staff should wear aprons and gloves when handling linen from infected patients or whenever handling linen contaminated with body fluids
- Staff should wash their hands after handling used linen, and after removing gloves and aprons

## 16. References

- Health Service Guideline (1995) Hospital Arrangements for Used and Infected Linen, HSG (95) 18-21<sup>ST</sup> April, 1995
- Ayliffe G.A.J, Babb J.R Taylor L.J, (2001) – (Hospital Acquired Infection Principles and Prevention) Butterworth Heinemann, third edition
- NHS Executive (1995) guidelines

## 17. Equality Impact Assessment

### Impact Assessment Tool

			<b>Comments</b>
<b>1</b>	<b>Briefly describe the policy/decision?</b>		Guideline for the Management of Linen and Laundry
1.1	<b>Briefly describe the purpose or objective of the policy/decision?</b>		Highlight the risks of infection associated with handling dirty laundry, as well as keeping clean laundry from the risk of recontamination; and identify appropriate preventative measures to reduce the risk, and protect patients, staff, and the wider community
1.2	<b>Does the policy/decision have a legitimate aim?</b>	<b>Yes</b>	Provide the East London NHS Foundation Trust's approach to the safe management of linen and laundry.  To ensure safe working practices for staff and patients.
1.3	<b>Is the policy/decision necessary, proportionate and lawful?</b>	<b>Yes</b>	
<b>2</b>	<b>Will the policy/decision affect one group or a combination of groups less or more favourably than others on the basis of:</b>  Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language  (Disability includes: learning disabilities, physical disability, sensory impairment and mental illness)	<b>No</b>	No Adverse Impact.  The policy is designed to be sensitive to the needs of all groups and takes into account  Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, and Language
2.1	<b>List or describe the evidence that some groups will be affected differently?</b>		The policy has been developed in accordance with the NHS requirements
<b>3</b>	<b>Will the policy/decision affect or restrict anyone's human rights? (see attached list)</b>	<b>No</b>	The policy has been developed in accordance with the NHS requirements
3.1	<b>If the answer to Q3 is yes, which rights will be affected or restricted?</b>		The policy will have no direct impact on Human

			<b>Comments</b>
	<p><b>a) absolute right</b> e.g. the right to protection from inhuman &amp; degrading treatment</p> <p><b>b) limited right</b> e.g. the right to liberty</p> <p><b>c) qualified right</b> e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;</p>		Rights
3.2	<b>Can the policy/decision be achieved without the infringement of human rights?</b>		The policy will have no direct impact on any of the areas listed.
4	<p><b>Will this policy/decision:</b></p> <ul style="list-style-type: none"> <li>• <b>Reduce or increase waste</b></li> <li>• <b>reduce or increase use of energy</b></li> <li>• <b>Have an impact on the use of transport</b></li> <li>• <b>Create community employment opportunities</b></li> </ul>		The policy will have no direct impact on any of the areas listed.
5	<b>What action is to be taken to minimise the impact that the policy/decision will have on equality and diversity and human rights.</b>		N/A
5.1	<b>What action is to be taken to minimise the impact that the policy/decision will have on the environment</b>		N/A
6	<p><b>Have you consulted with relevant groups around this policy/decision?</b></p> <ul style="list-style-type: none"> <li>- <b>Staff members</b></li> <li>- <b>Service Users</b></li> <li>- <b>Carers</b></li> <li>- <b>Other agencies</b></li> </ul>		This policy has been distributed to the Matrons, Infection Control Committee and Health and Safety Committee for comment and input.
6.1	<b>Do you have further plans to consult with the relevant groups</b>	<b>No</b>	
7	<b>Will the policy/decision be monitored?</b>	<b>Yes</b>	Ongoing monitoring will be

			<b>Comments</b>
			in place by Estates & Facilities.
7.1	<b>Will the policy/decision be reviewed? If yes, when?</b>	<b>Yes</b>	Annually, next review is due in October 2010.
7.2	<b>Will this policy/decision and this Impact assessment be published?  If yes, list when and where this information will be available.</b>	<b>Yes</b>	On the intranet – in the Policies section

18. Appendix

ELFT LINEN AUDIT

WARD/UNIT & DATE: _____		
<u>OBSERVATION CHECK LIST</u>		
STAFF INTERVIEWED: _____	MARK	SCORE
AUDITORS: _____		
LINEN CO-ORDINATOR FROM UNIT: _____		
<b>DELIVERY AND PERSONNAL</b>		
Contractor clearly identified by uniform. Uniform is clean and ID visible	2	
Clean linen is delivered and dirty collected on your dedicated days	2	
The quality and image of the contractor's staff/manager is high/ They are polite, helpful and friendly?	3	
Clean linen is delivered either : – directly into your linen cupboard – left covered in cages inside the building – onto new linen trolleys	2	
<b>LINEN STORE</b>		
Store is tidy, organised and nothing directly on the floor	3	
Linen is clean and not damp	2	
Linen is free from stains	1	
Quality – free from tears, holes and frayed edges	3	
Does linen quantity reflect patient numbers	Yes (1)	
<b>BAGGING PROCEDURE</b>		
Bagging procedure is displayed	1	
Colour coding chart is displayed	1	
Faxed requests for additions/reduction of linen are actioned by next scheduled delivery day	2	
There are plentiful supplies of bags (plastic or material) evident for dirty, infected and reject linen (e.g.) red, white, pale pink, blue	4	
<b>BEDROOM CHECK</b>		
Linen on bed shows no signs of shrinkage, holes or frays	1	
Linen is free from stains, clean, sheets white, bright and not frayed	5	
<b>HEALTH AND SAFETY</b>		
Correct PPE worn by drivers, gloves (for external work), uniform, enclosed shoes	3	
All soiled linen bags carried must be tied by unit staff (check in dirty utility)	1	
Cages are only moved with doors closed and not filled higher than top of cage	2	
<b>COMPLAINTS</b>		
How do you rate the speed and effectiveness at which complaints are	2	

remedied		
<b>LINEN TROLLEY</b>		
Used correctly (clean linen only) no clinical bags stored on it	2	
<b>OTHER – ASK STAFF</b>		
Are you happy with the service from Elis	Yes (1)	
Are your top up levels maintained	Yes (2)	
Have you cancelled any linen this week – <b>(NO POINTS ISSUED)</b>	Yes	No
Have you rejected any linen this week (pale pink bag) - <b>(NO POINTS ISSUED)</b>	Yes	No
Do you feel standards of hygiene, health & safety are properly managed	Yes (2)	
Does the contract manager and his team seem to care about your contract and clearly demonstrate a desire to keep it	Yes (2)	
<b>COMMENTS</b>		
<b>ACTION</b>		
	<b>TOTAL PASS MARK</b>	<b>TOTAL ACTUAL SCORE</b>
	<b>50</b>	<b>/50</b>
	<b>SCORE</b>	<b>%</b>

**PLASTIC BAG SEGREGATION**

**Red bag** = Infected

**Blue bag** = Personal

White bag = Soiled

**Pale Pink bag** = Reject

<b>Appendix 1 Equality Impact Assessment Tool Yes/No</b>		<b>Comments</b>
<b>1.</b>		<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>
	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 disabilities, physical disability, sensory impairment and mental health problems	No
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/A
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A

## **APPENDIX 2**

### **Handling Arrangements for Infected Linen (Outbreaks or isolation rooms)**

- Carefully remove dirty bed linen from bed.
- Bagging of linen should be carried out immediately on removal from the bed.
- Dirty linen should be carefully handled and not shaken prior to bagging.
- Carefully place infected linen into a red water soluble bag.
- The bag should then be sealed using the white/clear plastic bag and taken to the holding area.
- The RED colour- coded bag shall be securely fastened when it is two-thirds full.

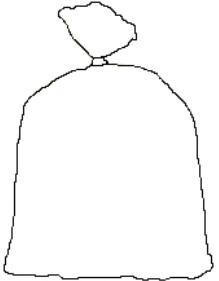
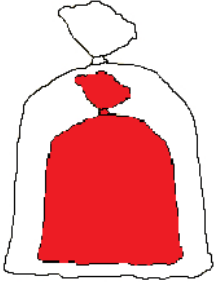
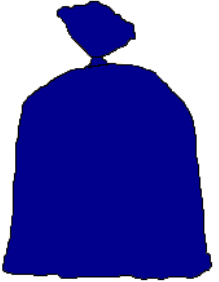
### **Infected Linen Storage Area**

- Trust will identify a dedicated infected linen storage area that has the necessary Accommodation to enable loaded trolleys to be stored awaiting collection by the laundry vehicle.
- Storage areas should be protected from the elements; vermin proof and have washable surfaces.



### APPENDIX 3

#### *Bagging Procedure for Linen*

CATEGORY	DESCRIPTION	SPECIAL NOTES	COLOUR	PICTURE
A	Used linen	All used linen including synergy patient nightwear for example nightwear, patient gowns etc.	Place into a white polythene bag; <b>Do not place linen soiled with blood or body fluids in white bags</b>	<b>White Polythene Bags</b> 
B	Soiled/ Foul/Infected linen	All used and linen <b>soiled with blood or body fluids</b> including linen from patients with known infections or suspected infectious e.g. MRSA.	Put linen that is soiled with blood, faeces, vomit and urine in to a red soluble (alginate) bag and tie, then into a <b>WHITE</b> polythene bag. <b>The outer bag must be tied</b>	Red Soluble Bag <b>Inside a White Polythene Bag</b> 
C	Return to Sender items *(RTS)	Items owned by the Trust / Hospital / Ward, for example hoist slings, glide sheets, curtains etc.	*All items must be individually labelled, with Service and Hospital/Site. Any items sent not labelled may not be returned. If you have any Return to Sender items that are infected, follow instruction in section B	<b>Navy Blue Polythene Bag</b> 
D	Rejected clean linen (UNUSED)	Any clean linen which is found to be unusable (i.e. torn, stained, etc. not fit for purpose)	All rejected linen must be placed in a green polythene bag for returned through the specific process agreed with the Trust.	<b>Green Polythene Bag</b> 