



## LINEN AND LAUNDRY POLICY

Policy Type	Non Clinical
Directorate	Corporate
Policy Owner	Director of Finance, Estates and IM&T
Policy Author	Head of Facilities
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Policy Valid to date:	31 <sup>st</sup> March 2022

**‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’**

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
2017	0.1		Director for Strategy & Panning	New Policy	
12 Sep 2017	1.0	12/09/2017	Director for Strategy & Panning	Approved at	Corporate Governance & Risk Sub-Committee
2 Dec 2020	1.0	12/09/2017	Director for Strategy & Panning	Extension to review date approved by current policy Lead Director until end of March 2021	Director of Finance, Estates and IM&T
29 Jan 2021	1.0	12/09/2017	Director of Finance, Estates and IM&T	12 month blanket policy extension due to Covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
17 May 2021	1.0	12/09/2017	Director of Finance, Estates and IM&T	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## 1 Executive Summary

The Health & Social Care Act (Department of Health DoH 2008) stipulates that there should be a policy to address arrangements for used and infected linen (Criterion 2).

This policy has been developed to give clear guidance to staff in relation to the procedure for the management of laundry and linen set by the Isle of Wight NHS Trust. It describes the process for ensuring the delivery of effective infection prevention and control management of laundry and linen within all Isle of Wight NHS Trust settings.

## 2 Introduction

This policy provides staff employed by the Isle of Wight NHS Trust with a clear and robust policy for the safe management of laundry and linen. The document ensures that all staff are aware of their responsibilities in regard to the handling of laundry and linen.

## 3 Definitions

<b>Heat labile</b>	Those fabrics would be damaged by thermal disinfection i.e. wool/synthetic materials.
<b>Infected or soiled linen</b>	Includes from patients with diagnosed and confirmed colonisation or infections which have the potential to infect other patients and/or healthy staff.
<b>Used Linen</b>	Can include all used linen regardless of state.

## 4 Scope

This policy applies to all Trust staff and to all NHS healthcare settings.

## 5 Purpose

The purpose of this policy is to provide guidance to Trust staff that promotes safe handling of linen and laundry in accordance with the Health & Social Care Act (2008).

## 6 Roles and Responsibilities

### 6.1 Chief Executive

The Chief Executive of The Isle of Wight NHS Trust has ultimate responsibility for all policies within the organisation.

## **6.2 The Director for Strategy and Planning**

The Director for Strategy and Planning oversees this policy.

## **6.3 Clinical Directors**

Clinical Directors are accountable for the practices and standards within their Clinical Business Unit. Clinical Business Unit ownership is an essential component of clinical governance.

## **6.4 Managers and Team leaders (to include Matrons and Ward Sisters) will be responsible for:**

- Ensuring this policy is followed and understood as appropriate to each staff member's role and function and that expectations around compliance with policy is included in job descriptions
- Ensuring that their staff know how and where to access current policies and procedures via the intranet.

## **6.5 The Hotel Services Manager will be responsible for:**

- The management, development and delivery of laundry services in line with current directives
- For ensuring laundry specifications and services are provided and delivered to agreed specifications
- For monitoring laundry standards to an agreed programme, identifying and acting on shortfalls.
- For holding regular bi monthly meetings with the service provider in respect of the above
- In conjunction with the Infection Prevention and Control Team for providing expert and technical advice on laundry methods.

## **6.6 Individual responsibility**

All Trust staff have a duty to comply with this policy to protect the health and safety of themselves and others. They should understand their personal responsibility to comply with key policies and to promote good practice and challenge poor compliance

Healthcare staff are responsible for:

- The changing of patient linen to an agreed timescale, ensuring safe storage and arranging for collection of dirty/soiled linen as agreed.
- Checking that linen to be sent to the laundry for washing does not contain any sharps or any other personal or non-linen items.
- For reporting any defects found in clean linen making the linen not fit for purpose i.e. staining, holes by placing these in the laundry reject bags ready for collection and return, as supplied (Appendix E).

## **6.7 Infection Prevention & Control Team will be responsible for:**

Providing advice as required on the management of infected or soiled linen.

## **7 Policy detail/Course of Action**

### **7.1 Infection Prevention and Control Policy for the Management of Linen and Laundry in Community Health Services, Inpatient Facilities and Primary Care**

Current United Kingdom guidance (NHS Executive 1995) HSG (95) 18 details three categorisations of laundry:

- Used
- Infected or soiled
- Heat labile

#### **7.2 Used linen**

Can include all used linen regardless of state.

#### **7.3 Infected or soiled linen**

Includes – linen from patients with diagnosed and confirmed colonisation or infections which have the potential to infect other patients and/or healthy staff. Linen that is contaminated with body fluids and/or blood would be included in this category. This type of linen must be contained in a water soluble bag prior to being placed in a red plastic bag (see appendices C and D). Please refer to 7.17 for patients at increased risk isolation categories e.g. Viral Haemorrhagic Fever (including Ebola) where linen should not be sent for laundering.

#### **7.4 Heat labile**

Those fabrics would be damaged by thermal disinfection i.e. wool/synthetic materials.

#### **7.5 Handling/segregation of Linen**

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately. All soiled/infected linen must be handled with care to minimise transmission of micro-organisms. Personal Protective Equipment (PPE) appropriate to the assessed risk must therefore be worn when there is potential risk of contamination of the uniform/clothing i.e. when making and changing beds. Dirty linen should be placed directly into the appropriate laundry bag on removal from the bed/patient. Dirty linen should not be placed on the floor or transported around a ward/area unless within an appropriately colour coded linen bag. Hands must be

washed immediately following the handling of any dirty linen. In addition, disposable gloves must be worn when handling soiled/infected linen.

**Extreme care must be taken to separate all extraneous items (i.e. needles, dressings or personal items etc) from dirty linen before it is placed in laundry bags. Such items are potentially dangerous to staff during the laundry process, and may also damage laundry equipment. To avoid possibility of spillage of dirty linen, linen bags must never be more than two thirds full, and must be securely tied. These principles are to be applied to handling of linen within all healthcare settings.**

## **7.6 Frequency of linen change**

Bed linen or clothing should be changed daily as a minimum. The frequency of changing will depend on the individual case and should be changed immediately if soiled. Bed linen should always be changed between patients.

## **7.7 The laundering process**

Many micro-organisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Remaining organisms are likely to be destroyed by tumble drying and ironing.

## **7.8 Bed linen/Heat resistant items**

Must, be where possible processed through a cycle of 71 degrees C (for not less than 3 minutes) or 65 degrees C (for not less than 10 minutes). For washing machines of conventional or domestic design (not an industrial type) at least 4 minutes mixing time must be added to these cycle times. Care should also be given to not overfill the washing machine drum.

## **7.9 Inpatient Laundry**

Any inpatient laundry facility must be approved by the Infection Prevention and Control Team and be situated within a designated room that is used for laundry of patient own clothing purposes only. All on site facilities must have the following available:

- Separate washing machine and dryer (commercial WRAS approved)
- Hand wash basin with liquid soap and paper towel dispenser
- Disposable gloves and aprons
- Segregated area for dirty and clean linen
- Segregated area for temporary clean linen storage
- Waterproof dressings available to cover any cuts and sores on the hands
- A separate ironing area must be available away from used linen
- Bedding and soft furnishings are not to be laundered in inpatient laundry facilities

The design of the laundry facility must allow for a flow of items from the dirty to clean area. All washing machines and dryers must be subjected to a planned programme of service and maintenance at least annually.

### **7.10 Personal items**

Wherever possible, all personal items of clothing should be taken home to launder by visitors or relatives.

If personal items have to be sent to the main off site laundry they must be clearly marked with the patients name and location and appropriately bagged.

If any garments have a detachable belt this should also be clearly labelled. Ensure that the marking will withstand numerous washes.

Soiled items must be placed into a water soluble bag before being placed in a red bag. Patients name and location must be clearly identified.

Manual sluicing, soaking or hand washing of soiled items must **never** be carried out in the healthcare setting.

### **7.11 Heat labile items**

Heat labile items should be washed on the hottest cycle possible for that item. Each patient's heat labile items must be washed separately and this includes hoist slings. Alternatively disposable items such as hoist slings may be used.

### **7.12 Uniforms**

The Trust laundering facilities will be used where possible. In the absence of access to these facilities, uniforms washed at home should be laundered separately from other household items (refer to The Isle of Wight NHS Dress Code and Uniform policy, Appendix D).

If a uniform becomes contaminated with blood or other body fluids, it must be changed for a clean one as soon as possible (refer to The Isle of Wight NHS Dress Code and Uniform policy).

### **7.13 Curtains and soft furnishings**

All purchasing of curtains and soft furnishings must be carried out via the procurement process. Disposable curtains should be used. Curtains should always be changed following a post terminal clean whether visibly soiled or not.

Within clinical areas soft furnishings such as chairs etc, must be purchased with water repellent upholstery. Any stained or soiled chairs which cannot be effectively cleaned should be discarded as soon as possible and replaced with appropriately covered chairs.



Pillows and duvets must be covered with a 'cleanable' water impermeable material and be heat sealed to form a protective covering with no openings. Damaged covers must be replaced immediately. If the inner pillow or duvet becomes soiled or damaged, it must be discarded immediately.

#### 7.14 Manual handling/back care equipment

EQUIPMENT	MAX WASHING TEMP	TUMBLE DRY	OTHER
Slide sheets	74 degrees C	Yes -Low/Medium	Can be autoclaved Do not Iron Do not use chlorine bleach
Slings	72 degrees C	Yes - Cool	
Stand Aid Belts	80 degrees C	NO	Autoclave for 30 minutes Max

The above is manual handling equipment that can be laundered, the information above adheres to the manufacturers recommended guidelines for laundering.

Please be aware that Hover Jack and HoverMatt **MUST NOT** be sent to the laundry due to the nature of its specialised cleaning requirements (see photo). This equipment must be given a general wipe clean and sent for deep cleaning if soiled.



#### 7.15 Storage and transportation

##### Clean linen and laundry

- All clean linen must be stored off the floor in a clean environment, in a cupboard away from used/soiled linen, dust and pests
- It must not be stored within a sluice or bathroom
- Linen cupboard doors must be kept closed to prevent contamination and trolley covers must be in place
- If taken into an isolation room and not used, the linen must be considered to be used and therefore laundered before reuse.

### **Used linen and laundry**

- All linen bags must be stored in a secure area away from the public access whilst awaiting collection
- Linen trolleys, where used (for used linen and clean laundry), must be cleaned on a regular basis to prevent build up of dirt and dust. This includes ward linen trolleys

**Dirty and clean linen must not be transported/stored together.**

### **7.16 Use of linen outpatient/clinics**

Fabric sheets should not be used in outpatient/clinic areas. Disposable alternatives should be used i.e. couch roll which should be changed between patients.

### **7.17 Items of linen that must not be sent to laundry**

Items of linen used for patients in some isolation categories e.g. Viral Haemorrhagic Fever (including Ebola) should not be sent for laundering.

Reference to this can be found in the Viral Haemorrhagic Fevers Policy, Infection Control Measures:

'Where re-useable linen has been used for patients with a 'high possibility of' or 'confirmed' VHF infection, the linen should not be returned to the laundry and must be treated and disposed of as category A infectious waste'.

In this instance staff must contact the Waste and Recycling Officer to arrange for disposal. If further advice is needed in regard to the above, please contact the Infection Prevention & Control Team or Hotel Services Manager.

## **8 Consultation**

Consultation has been undertaken through the Infection Prevention Control Committee.

Staffing groups have been consulted within the update of this policy:-

- Allied Healthcare Professionals Senior Leaders
- Heads of Operation
- Modern Matrons

- Ward Sisters

## **9 Training**

This Policy for the Management of Linen and Laundry in Inpatient Services and Primary care has a mandatory training requirement which is detailed in the Trust's mandatory training matrix and is reviewed on a yearly basis.

The management of infected or soiled linen is included in Infection Prevention and Control mandatory training for clinical staff.

Line managers must ensure staff have attended required teaching sessions and refresher/updates as appropriate and must keep attendance records. Line managers must follow up those staff who have failed to attend required teaching sessions and must take appropriate remedial action.

## **10 Monitoring Compliance and Effectiveness**

The annual infection prevention and control audit programme ensures that a range of infection prevention and control practices are audited within the Isle of Wight NHS Trust. A policy review occurs every three years unless national guidance changes. Incidents where non-compliance with this policy is noted and are considered to be an actual or potential risk to safe patient care should be documented on an incident report form by the person witnessing the incident.

The Hotel Services Manager holds Minuted bi-monthly meetings with the service provider. The meetings will review the following:-

- Invoice Reconciliation
- Returns
- Customer Report
- Customer Feedback
- Delivery to Site

The Service provider supplies monthly customer reports on microbiology testing, water testing and a pest control report. The report also advises of any items being sent to the laundry in error, e.g. sharps or personal items such as name badges.

## **11 Links to other Organisational Documents**

IPC Standard (Universal) Precautions Policy  
IPC Use of Personal Protective Equipment Policy  
IPC Isolation Policy  
IPC Viral Haemorrhagic Fevers Policy  
Dress Code and Uniform Policy

## 12 References

Department of Health: The Health and Social Care Act, Code of Practice for health and social care on the prevention and control of infections and related guidance (2008)

NHS Executive (1995) Hospital Laundry Arrangements for used and infected linen – HSG (95) 18 London: NHSE

## 13 Appendices

Appendix A	Financial and Resourcing Impact Assessment on Policy Implementation
Appendix B	Equality Impact Assessment (EIA) Screening Tool
Appendix C	Segregation of laundry/linen
Appendix D	Managing Soiled/Infected Linen
Appendix E	Reject Bags

## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	<b>Policy for the Management of Linen and Laundry in Inpatient Services and Primary care</b>
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<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non Recurring £</b>
Manpower Costs	N/A	N/A	N/A
Training Staff	N/A	N/A	N/A
Equipment & Provision of resources	N/A	N/A	N/A

**Summary of Impact: N/A**

**Risk Management Issues: N/A**

**Benefits / Savings to the organisation: N/A**

### Equality Impact Assessment

- Has this been appropriately carried out? NO
- Are there any reported equality issues? NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Operational running costs	N/A	N/A	N/A
<b>Totals:</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>	<b>N/A</b>	<b>N/A</b>

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed	N/A	N/A
Building alterations (extensions/new)	N/A	N/A
IT Hardware / software / licences	N/A	N/A
Medical equipment	N/A	N/A
Stationery / publicity	N/A	N/A
Travel costs	N/A	N/A
Utilities e.g. telephones	N/A	N/A
Process change	N/A	N/A
Rolling replacement of equipment	N/A	N/A
Equipment maintenance	N/A	N/A
Marketing – booklets/posters/handouts, etc	N/A	N/A
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	N/A
Signature & date of financial accountant:	N/A
Funding / costs have been agreed and are in place:	N/A
Signature of appropriate Executive or Associate Director:	N/A



### Equality Impact Assessment (EIA) Screening Tool

Document Title	Policy for the Management of Linen and Laundry in Inpatient Services and Primary care
Purpose of document	The purpose of this policy is to provide guidance to Trust staff that promotes safe handling of linen and laundry in accordance with the Health & Social Care Act (2008).
Target Audience	Staff and Patients / Service Users
Person or Committee undertaken the Equality Impact Assessment	N/A

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? No

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Women	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Race</b>	Asian or Asian British People	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Black or Black British People	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Chinese people	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	People of Mixed Race	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	White people (including Irish people)	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Sexual Orientation</b>	Transgender	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Lesbian, Gay men and bisexual	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Age</b>	Children	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Older People (60+)	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
	Younger People (17 to 25 yrs)	Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Faith Group</b>		Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Pregnancy &amp; Maternity</b>		Yes	No	<b>Provision of safe clean linen for all patients and service users</b>
<b>Equal Opportunities and/or improved relations</b>		Yes	No	<b>Provision of safe clean linen for all patients and service users</b>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		<b>YES</b>	<b>NO</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)			N/A
<b>Intended</b>			N/A

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
N/A
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:



N/A	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
N/A	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

Uncontrolled when printed

## SEGREGATION OF LAUNDRY/LINEN

	<p><b>CLEAR PLASTIC BAG</b></p>	<p><b>Used/Unsoiled laundry/linen</b></p> <p>Laundry which is not visibly soiled with blood or body fluids</p> <p><b>NO SOILED ITEMS</b></p>	<ul style="list-style-type: none"> <li>- No more than 2/3 full</li> <li>- Securely tie</li> <li>- Label with ward or department identifier</li> <li>- Stored in designated area</li> </ul>
	<p><b>WHITE PLASTIC BAG</b></p>	<p><b>Patients own clothing</b></p> <p>Must be clearly labelled if going to main laundry</p> <p>If sending patient items home make sure appropriately bagged and ensure person taking home is aware of contents</p>	<ul style="list-style-type: none"> <li>- No more than 2/3 full</li> <li>- Securely tie</li> <li>- Label with ward or department identifier</li> <li>- Stored in designated area</li> </ul>
	<p><b>RED PLASTIC BAG</b></p>	<p><b>Soiled or infected laundry/linen</b> (including patients own clothing if soiled, before sending to main laundry)</p> <p><b>Must</b> go into a water soluble liner before being sealed in red bag.</p>	<ul style="list-style-type: none"> <li>- No more than 2/3 full</li> <li>- Securely tie</li> <li>- Label with ward or department identifier</li> <li>- Stored in designated area</li> </ul>
	<p><b>ALGINATE (SOLUBLE) LINER</b></p>	<p><b>Infected or soiled laundry/linen</b></p> <p>All soiled or infected laundry <b>must</b> be contained in a water soluble liner before being sealed in red bag</p>	<ul style="list-style-type: none"> <li>- No more than 2/3 full</li> <li>- Securely tie water soluble liner</li> <li>- Placed inside red bag which is securely tied</li> </ul>

## MANAGING SOILED/INFECTED LINEN

Wearing appropriate PPE, place soiled/infected linen in a water soluble liner.



Tie the water soluble liner securely with the tape provided or by knotting it securely



Place the sealed water soluble liner into a red bag



Tie the red bag securely. Remove PPE and clean hands



Label the red bag with the ward or department name, using printed tape or an indelible marker



**NEVER** tie the soluble liner and red bag together with one knot

**REJECT BAGS**

