

## SAFE LINEN MANAGEMENT POLICY

		POLICY
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<b>Approving Body</b>	Infection Prevention and Control Committee	
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	X	
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## 1.0 INTRODUCTION

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2015) sets out a criteria by which NHS organisations must ensure that the risk Healthcare Associated Infections (HCAI's) are kept to a minimum and that patients are cared for in a clean environment. Compliance with this code is a statutory requirement including the duty to adhere to policies and protocols applicable to infection prevention and control.

The provision of an adequate laundry service is a fundamental requirement of direct patient care. Although soiled linen may be contaminated with microorganisms the risk of disease transmission is negligible if it is handled, transported and laundered in a manner that avoids dispersal (Damani 2003, Ayliffe et al 2001).

Laundry and its products should preserve the patient's dignity, promote the patient's care, and be appropriate to the patient group, gender, clinical status, religion and beliefs. Where appropriate, it should support the use of personal clothing (HTM 01-04 2013).

## 2.0 POLICY STATEMENT

This policy describes the accountability framework for implementation of the protocols that are recommended within Sherwood Forest Hospitals NHS Foundation Trust (Trust) for the management and control of infection and for ensuring the safe care and management of all infections and any associated risks. It defines the responsibility of managers and staff to ensure correct, safe handling and disposal of contaminated laundry and the correct, safe distribution and storage of clean linen to minimise infection risk throughout the Trust (DH 2012).

This clinical policy applies to:

### **Staff group(s):**

- All clinical staff
- All non-clinical staff within a clinical area
- All Soft Services staff

### **Clinical areas(s):**

- All clinical areas at all hospital sites

### **Patient group(s):**

- All patients groups – adult, maternity and paediatrics

### **Exclusions**

- None

### 3.0 DEFINITIONS/ ABBREVIATIONS

#### 3.1 Definitions

National guidance relating to the management of linen uses specific terms to categorise linen.

<b>Clean linen:</b>	any linen that has not been used since it was last laundered and that has not been in close proximity to a patient or patient environment, or stored in a contaminated environment
<b>Used (soiled and fouled) linen:</b>	this definition applies to all used linen, irrespective of state, but on occasions contaminated by body fluids or blood, It does <b>not</b> apply to infectious linen as stated below.
<b>Infectious linen:</b>	any linen that has been used by a patient who is known or suspected to be infectious.
<b>Heat labile linen:</b>	this category includes fabrics damaged by the normal heat disinfection process and those likely to be damaged at thermal disinfection temperatures. These fabrics should be washed at the highest temperature possible for the item; disinfection may be achieved by chemical disinfection if required.
<b>Items contaminated with radiation:</b>	for any item that are, or have been, contaminated with radiation (such as items contaminated with vomit following ingestion of radioactive iodine) discuss with the Infection Prevention and Control Team

#### 3.2 Abbreviations

<b>Trust:</b>	Sherwood Forest Hospitals NHS Foundation Trust
<b>Staff:</b>	All employees of the Trust including those managed by a third party on behalf of the Trust
<b>HCAI</b>	Healthcare Associated Infection
<b>IPCT</b>	Infection Prevention and Control Team
<b>DIPC</b>	Director of Infection Prevention and Control
<b>ICD</b>	Infection Control Doctor
<b>IPCN</b>	Infection Prevention and Control Nurse
<b>PPE</b>	Personal Protective Equipment
<b>RABC</b>	Risk analysis Bio-contamination Control
<b>CJD</b>	Creutzfeldt Jakob Disease
<b>vCJD</b>	Variant Creutzfeldt Jakob Disease
<b>CSF</b>	Cerebrospinal fluid
<b>MRSA</b>	Meticillin resistant <i>staphylococcus aureus</i>
<b>TB</b>	Tuberculosis
<b>CTW</b>	Continuous tunnel washer
<b>PEP</b>	Post-Exposure Prophylaxis

## 4.0 ROLES AND RESPONSIBILITIES

Contaminated laundry may present a health and safety hazard to portering staff during transport and to laundry staff handling unprocessed laundry. Therefore within hospitals responsibility rests with nursing staff in wards and departments to ensure that used linen is presented for collection in the safest possible manner, and potential infection resulting from contamination is avoided as far as possible. However, management must adopt procedures to ensure that patients, visitors and staff are not put at risk from used and infected linen and that soiled linen is collected from wards/departments in an effective and timely manner.

Adherence to this policy is the responsibility of all staff employed by the Trust; in addition, it is the employee's responsibility to:

- Undertake a risk assessment when handling linen and use personal protective equipment and appropriate protective clothing
- Secure hepatitis B vaccinations
- Handle linen in a responsible manner and in accordance with this policy
- Ensure re-usable linen items are laundered between patient uses
- Observe standard precautions of infection prevention and control
- Report any breach of this policy to their Ward Sister/Charge Nurse/Department Sister in accordance with the Trust incident reporting procedure

### 4.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring that there are effective arrangements for infection prevention and control.

### 4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) has Trust wide responsibility for the development of strategies and policies for the management of infection prevention and control.

### 4.3 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT) will ensure that this policy is maintained and revised according to national guidance. They will also provide advice to ward and department staff on management of used linen and appropriate storage of clean linen.

### 4.4 Chief Operating Officer and General Managers

Chief Operating Officer and General Managers will ensure their necessary management arrangements and structures are in place to support all fulfilling their obligation in their role of infection prevention and control practices.

### 4.5 Heads of Nursing/Matrons/Department Manager/Service Line Manager

Matrons are responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement. They will actively promote and support all current infection prevention and control measures.

### 4.6 Ward Sister/Charge Nurse/Departmental Sister

Ward Sister/Charge Nurse/Departmental Sister will act as excellent role models and are responsible and accountable for infection prevention and control within their sphere of responsibility. They will ensure that all staff are aware of all relevant infection prevention and control measures.

#### **4.7 Infection Prevention and Control Link Representatives**

Infection Prevention and Control Link Representatives will disseminate all relevant infection prevention and control information to staff within their own work environment.

#### **4.8 All staff who handle linen**

All staff who handles linen has a duty to follow this policy. This is for the safety of all staff, patients and visitors as well as external laundry staff.

#### **4.9 Soft Services**

Soft Services will be responsible for the delivery of clean linen to the ward and/or department and for the collection of used linen from designated holding areas; they will also have responsibility for issues surrounding hospital linen and linen management.

### **5.0 APPROVAL**

Approved at the Infection Prevention and Control Committee after being sent out to members in advance for review.

## 6.0 DOCUMENT REQUIREMENTS (POLICY DETAILS)

Laundry to be provided and used by care providers must be fit for purpose, it:

- Must look visibly clean
- Must be the right material
- Must not be damaged or discoloured

The prime task of linen processing is to kill or remove microbial contamination derived from the previous user. If used in clinical areas where surgical procedures are performed, it must have the required amount of impermeability from body fluids (containment) and in some cases be sterile and offer a degree of personal protections (HTM 01 -04 2013).

### 6.1 General principles to prevent infection

It is the responsibility of the person handling linen to ensure that it is segregated appropriately (HTM 01-04 2013). Basic principles of infection prevention and control procedures must be adhered to, to minimise the risk of infection. Key elements for the provision of safe linen:

- Change bedding carefully
- Bag linen at bedside
- Place potentially contaminated linen into dissolvable red liner and secure tightly
- Wear personal protective equipment (PPE) for handling used linen
- Use the national colour coding system
- Keep clean linen separate from used linen

### 6.2 Reducing the risks (summary)

These precautions will reduce the risk:

- When dealing with linen, staff must wear appropriate PPE, this includes bed making
- Staff must remove sheets carefully and slowly, not tugging, unnecessary agitation of fabric can markedly increase the number of microorganisms and skin scales in the air and environment
- As linen may contain microorganisms, the laundry bag/container must be brought to where the linen is being generated, rather than the other way round
- Staff must not hug linen to themselves
- The used linen must be placed immediately into the designated coloured bag
- Linen identified as 'infectious' must be placed into a **red** water-soluble bag immediately at the point of generation, and then placed into the laundry bag/container
- Linen must never be placed/dropped onto the floor or onto other surfaces which may be touched frequently i.e. bedside table
- Linen bags must not be overfilled and should be appropriately tagged for identification
- At times when linen is so heavily soiled that it is unlikely to be fit for reuse following laundering, it should be placed into a red water-soluble bag and then a white outer bag and return to the linen room and the area must inform the linen stock manager it is on its way
- Hands must be decontaminated following handling of used linen
- If a build-up of used linen bags is noted and no pick up is made, a call to the Help desk on extension 3005 must be made to arrange a pick-up as soon as possible

### 6.3 Hand hygiene

Hand hygiene is a term that incorporates the decontamination of the hands by methods including routine hand washing and the use of alcohol based hand rubs. Hands must be decontaminated before handling clean linen and after handling used laundry.

### 6.4 Frequency of linen change

Inpatient: linen or clothing must be changed and laundered between patients:

- Sheets and pillow cases: not to be used for more than two consecutive days
- Linen to be changed daily for patients nursed in isolation, infected patients
- Linen to be changed immediately when soiled or contaminated with blood and/or body fluids

Outpatients: a disposable single-use paper sheet/towel should be used on the bed/couch and disposed of after each patient. Any blanket/sheets used for maintaining patient's dignity must be changed after each patient use, handled and disposed of in the same manner as linen used for inpatient areas.

### 6.5 Handling and transportation of linen in clinical areas

It is the responsibility of the person disposing of the linen to ensure that it is segregated correctly:

- Never sort laundry on the floor
- Always wear appropriate PPE
- Do not bring dirty laundry into contact with clean linen
- Dirty laundry collection system i.e. laundry skip, linen trolley must be regularly cleaned
- Mixed trolleys i.e. clean and dirty, must never be used

Care must be taken to ensure that **no sharps** or non-laundry items are included with dirty linen before it is placed ready for laundering. Such items are potentially dangerous to staff handling the laundry.

### 6.6 Segregation of linen

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately. All linen may be segregated into the following three categories:

- Clean / Unused Linen
- Used (Soiled and Foul) Linen
- Infectious Linen

The category of linen inside a laundry container should be clearly indicated on the outside. The following colour coding should be in place (HTM 01-04:2013):

- **Clear:** used linen
- **Red alginate/inside a clear:** soiled / infectious
- **Blue:** returned to sender (Trust owned property)
- **Green:** rejected linen



Single bags of sufficient tensile strength are adequate for containing laundry. Heavily soiled and infectious linen must be placed into a **red** water-soluble bag at the point of generation, prior to placing the bag into a white plastic bag. Contaminated linen or linen used by a patient with specific infections must be segregated to protect staff involved in the transportation and handling of the linen (HTM 01-04:2013).

## 6.7 Clean linen

Clean linen must be in a state of good repair, as tearing or roughness can damage the patient's skin. The condition of the linen in use should be monitored by the laundry contractor and by the Trust staff. Once laundry has been decontaminated, every effort must be made to maintain its quality and cleanliness. Laundry should be delivered to the wards in a clean covered container.

Clean laundry **must** not be transported in containers used for used/soiled linen. All clean linen **must** be:

- Stored in a clean, closed cupboard, either a dedicated linen cupboard or dedicated fully enclosed mobile linen trolley
- If linen is decanted onto a smaller trolley, it must be kept to a minimum amount and not returned to the linen cupboard
- Stored off the floor
- Stored with the linen cupboard/trolley doors closed to prevent airborne contamination
- Stored in a clean, dust free environment
- Segregated from used/infected linen
- Linen taken into an isolation room/cohort area and not used **must** be treated as infected linen and laundered before use
- Clean linen **must** not be stored in unsuitable areas such as the sluice, bathrooms, toilets, bed space.

## 6.8 Management of used linen/soiled linen

Linen which is not from a patient under isolation precautions:

- Disposable gloves and a plastic disposable apron must be worn to handle the linen
- The linen is placed directly into a white plastic impermeable laundry bag, securely fastened by knotting the bag to prevent spillage before leaving the ward
- Linen bags must not be no more than 2/3<sup>rd</sup> full
- Take the bag directly to the appropriate holding area
- Ensure that the linen does not contain sharps, clinical waste and non-clinical waste
- Dirty linen must not go into the ward linen cupboard

**Under no circumstances must linen be disposed of as clinical waste unless authorised by the Soft Services Site Co-ordinator.**

## 6.9 Management of infectious linen:

- Disposable gloves and a plastic disposable apron must be worn when handling heavily soiled/infected linen
- Linen in this category must be placed into a red water-soluble bag which is securely tied

- This must then be placed into a white plastic impermeable laundry bag avoiding contamination to the outer bag, securely fastened by knotting the bag to prevent spillage before leaving the ward
- If removing linen from source isolation, then the outer bag should be held open by another member of staff (wearing gloves and apron) outside the room or isolation area
- The bag is taken directly to the appropriate holding area, **do not leave bags inside rooms with soiled linen in them, on floors or forming an obstruction on public thoroughfares or the ward environment, entrance**
- Linen bags must not be more than 2/3<sup>rd</sup> full
- Ensure that the linen does not contain sharps, clinical waste and non-clinical waste

**Under no circumstances must linen be disposed of as clinical waste unless authorised by the Soft Services Site Co-ordinator.**

### **6.10 Highly immunosuppressed or compromised patients**

In the case of highly immunosuppressed or compromised patients', the advice of the Infection Prevention and Control Team and/or Consultant Microbiologist must be sought. It may be appropriate to consider the use of disposable single use products (HTM 01-04:2013).

### **6.11 Linen which would remain hazardous following normal processing or for which additional precautions are required**

Linen thought to be contaminated with any of the following microorganisms must be placed in the hazardous waste stream and incinerated and **not** sent to the laundry service. Advice can be requested from the Infection Prevention and Control Team:

- Bacillus anthracis (anthrax)
- Viral haemorrhagic fevers (Lassa fever, Marburg disease, Ebola virus)
- Rabies
- Tropical pyrexia of unknown origin
- Lepromatous leprosy
- Bioterrorism agents i.e. smallpox
- Creutzfeldt Jakob Disease (CJD)/ Variant Creutzfeldt Jakob Disease (vCJD) where cerebrospinal fluid (CSF) has leaked onto laundry items
- Any Hazard Group 4 organisms

### **6.12 Transporting linen once away from the patient's bed space**

- PPE must be worn appropriately to protect those transporting linen
- Measures should be in place to ensure that linen for use arrives clean
- Inspections should be carried out of those transporting linen e.g. auditing of trolleys to ensure these are clean and that cages are used for storage of linen in these settings with clear separation of clean and dirty linen
- Bags containing used linen that have not been properly secured should not be uplifted
- Those personnel transporting used linen should not open linen bags/cages nor should they handle the linen
- Any sharp injury sustained from extraneous items found during transport of linen must be reported to Occupational Health in line with Trust policies and a datix form completed.

### 6.13 Condemned or unfit linen

Linen deemed not fit for purpose (heavily stained, torn, rough) must be placed in a separate green plastic bag, labelled as 'rejected linen' and returned to the Trust laundry contractor. Linen deemed not fit for purpose **must not** be placed in the same bag as other linen for laundry as it will remain in the general use and the Trust will be recharged for its handling. Complaints about

laundry or linen quality should be made to the Helpdesk 3005 stating that you wish to make a complaint.

### 6.14 Theatre scrubs

- Used operating theatre staff clothing must be placed into a **blue** plastic impermeable laundry bag
- Soiled/infected operating theatre staff clothing must be placed into a red water-soluble bag, then placed into a blue outer bag

### 6.15 Trust owned 'return to sender' items

Disposable single patient use equipment **must** be considered for use with patients requiring source isolation. If this is not available equipment **must** be patient allocated and sent for thermal/chemical decontamination (laundry) between patients.

'Return to sender items' that belong to specific wards for instance hoist slings, slide sheets must have the hospital and ward name on them. Used 'return to sender items' are placed in a blue plastic bag, which must not be more than 2/3<sup>rd</sup> full. All items of soiled/infected return to sender items must be placed directly into a red-water soluble bag and secured, then placed into a blue plastic impermeable laundry bag. Soiled/infected return to sender items **MUST** not be placed into a clinical waste bag.

### 6.16 Disposable Curtains/Fabric Curtains

Where fabric curtains are used i.e. mobile bed screens, there must be a planned programme of curtain change in place. Disposable curtains must be changed in line with the planned programme or sooner if visibly dirty or if directed by the IPCT. If fabric curtains are changed due to infection prevention guidance they need to be doubled bagged as infected linen i.e. placed in a red water soluble bag and then placed into a **blue** plastic impermeable laundry bag.

### 6.17 Pillows and duvet

All pillows and duvets (where used) must have a sealed intact impermeable cover. Any pillow that is torn, split or stained must be and returned to the linen room in a green bag for disposal and a replacement requested.

## 6.18 Mops

All domestic services mops are laundered daily in an industrial washing machine, which achieves HTM 01-04:2013 defined levels of disinfection. Ward/Department mop heads must be changed between use and placed in a plastic bag in the sluice

## 6.19 Microfibre cleaning tools

The removal of harmful microorganisms by using microfibre cleaning tools without the use of harmful chemicals is proven, they are made from synthetic fibre, most commonly polyester/polyamide and viscose blends, usually less than one denier, providing a complete and

effective system (mops and cloths for different tasks). However, if laundered incorrectly the tiny delicate fibres could be irretrievably damaged and the capillary action destroyed and loss of static properties, leading to ineffective cleaning of surfaces and an increased risk of spreading bacteria from surface to surface. Respect for the fibres with good laundering practice can be supported by suitable chemicals, properly dosed. The manufacturers' laundering instructions must be followed and mops and cloths should be washed separately. Detergents with a pH above 4 and below 10.5 are suitable. Avoid using bleach and bleaching agents as the tensile strength of the polyamide fibres is sensitive to oxidation.

## 6.20 Quality control

Quality control is maintained by adhering to the disinfection procedures and through quality checks. Microbiological testing of linen is not usually of any value, except perhaps in the event of an outbreak if there is reason to suspect the linen as possible source of infection (Ayliffe et al 2001).

A number of design features must be built into the laundry and washing machines to prevent aerosol contamination of the environment and of the clean linen, and to ensure disinfection, these include (HTM 01-04:2013):

- Calibration and testing of the machine on a routine basis
- Retention and analysis of records of the temperature and holding times for thermal disinfection processes and temperature, holding times, disinfectant dose and microbiological tests for chemical disinfection processes.
- Rinse sections should be disinfected before production starts on each working day  
Emergency procedures should be in place to manage breakdowns
- For machines processing infectious linen:
  - Open drains and sumps must be covered
  - Pipe work must be vented to the outside of the building
- Machines and other surfaces must be kept clean and free from algae, mould and lint
- Planned preventive maintenance program must be in place
- All conveyor belting and surfaces used to transfer clean processed work from the press/extraction device to tumblers should be regularly cleaned and disinfected
- The apparatus used to disinfect rinse sections of the continuous tunnel washer (CTW) should be interlocked with the normal running control of the machine. This is to prevent the machine being set to work before the disinfection of these stages has been satisfactorily completed

- For washing machines without thermal interlocks, all linen should be run out at the end of the day to avoid recontamination, should normal machine disinfection processes not be enough to prevent this
- The flow of the laundry must be from dirty to clean

### 6.21 Laundry sent to off-site premises

The transportation of laundry and the laundry process must be monitored, including site visits (annually) to ensure compliance with good practice and HTM 01-04:2013. Contractors must comply with all elements of HTM 01-04:2013 and BS EN 14065:2002 and it is important that potential contractor's premises, processes and procedures are audited prior to decisions being made.

### 6.22 Patient's personal laundry

Patient/relatives/carers must be encouraged to wash personal laundry at home. Many microorganisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Any remaining microorganisms are likely to be destroyed by tumble drying and ironing. Relatives/carers must be advised before they home-laundry the personal laundry if it is heavily contaminated. If this is the case then the linen should be washed separately from other clothes. They must also be advised of the importance of washing their hands after handling dirty laundry.

Patient's personal laundry must be placed in a clear plastic bag, which is then placed into a patient's property bag to protect the patient's dignity. The red water-soluble bags **must** not be used even if the laundry is infected, as domestic laundry machines will not reach the required temperature to melt the bag, which could lead to damage or blocking of the machine and/or drains.

Management of heavily soiled patient clothes, permission must be sought from the patient and/or their relatives to dispose of heavily soiled clothing by disposing into clinical waste.

### 6.23 Laundry facilities on Trust premises

Commercial, purpose designed solutions are preferable to domestic solutions. Before any local processing laundry facilities are designed and installed, a full options appraisal and risk evaluation must be undertaken to demonstrate why existing centralised options are not suitable.

Where washing machines are available on site, the laundry layout should keep all the items strictly separate and clearly identified to prevent any cross contamination in accordance with BS EN 14065 (Risk Analysis Bio-contamination Control (RABC)). In addition the following must be adhered to:

- Ward based washing machines may only be purchased following approval by the Infection Prevention and Control Team and Corporate Facilities Management
- Health and Safety/Fire Officer have been involved in the risk assessment
- Hospital linen that is not included in the commercial hire contract can be laundered in a ward based washing machine using the following criteria. The Infection Prevention and Control Team **must** be consulted prior commencing laundering such items
- There must be dedicated space to allow for clean and dirty clothing to be segregated

- There must be identified staff that are aware of the procedure for laundering clothing and laminated instructions displayed
- Laundry must never be sorted on the floor
- **Nothing is stored on top of the machines**
- The machines are not under-load or overload the machine, and use a good quality and correct amount of detergent (observer COSHH regulations)
- The washing machine door is left open between loads, to prolong the life of the rubber seal and to air the drum. Clean the soap dispenser and rubber seal regularly
- Disposable gloves and plastic apron are worn at all times when handling laundry. Hands are washed after handling used laundry, after removing gloves and before handling clean laundry
- Clothes must be tumbled dried. A dedicated clean container must be used to transport laundry from washing machine to dryer, and to a clean area for folding and storage
- Clean the lint/fluff filter regularly during the day, do not leave hot laundry in the dryer (serious fire hazard)
- Reduce the number of times the clean linen is handled for the time it is taken out of the washer until it leaves the laundry room (maximum of four handlings)

The following areas provide a specific laundry service on site, there is a specific procedure in place for these areas which must be followed in conjunction with this policy.

- NICU: Baby clothing
- Soft Services: Microfibers cloths and mops
- Maternity Ward
- Decontamination area on old ward 2

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

In accordance with the Health and Social Care Act 2008: Code of practices on the prevention and control of infections and related guidance, the Trust (as the commissioning organisation) should assure themselves that the services that they commission are meeting expected requirements, this complements the rights for patients under the NHS constitution.

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Ward linen room/linen checks	Infection Prevention and Control Team	Audit	Monthly	IPCC
Linen checks	Strategic Planning and Commercial Development	Audit	Six Monthly	Soft FM group

## 8.0 TRAINING AND IMPLEMENTATION

Training and education in the process of pathogen control, disinfection and hygiene (including hand hygiene, exposure to blood borne viruses, and health and safety, and infection risk reduction (including waste disposal) will be part of staff induction/mandatory programmes and attendance will be recorded in staff training records.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix A](#)
- This document has been subject to an Environmental Impact Assessment, see completed form at [Appendix B](#)

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Ayliffe G. Babb. J. Taylor. L. (2001). *Hospital acquired infection. Principles and prevention*. Arnold. London
- BS EN 14065: 2002. *Laundry processed textiles: Bio-contamination control system*
- Damani. N. (2003). *Manual of infection control procedures*. Greenwich Medical Meida Limited. London
- Department of Health. 2013. Health Technical Memorandum 01-04 decontamination of linen for health and social care. (Revised 2016)
- Wilson. J. (2002). *Infection control in clinical practice*. Baillière Tindall. China
- Department of Health. 2010. *Health and Social Care Act 2008*.

### Related SFHFT Documents:

This document should be used in conjunction with other relevant Trust Infection Prevention and Control and Trust policies such as:

- Infection prevention and control operating policy (ICP 01)
- Isolation precautions for patients with confirmed or suspected infectious illness policy (ICP31)
- Decontamination and Disinfectant Management of Healthcare Equipment within Healthcare Settings Policy (ICP 40)
- Personal Protective Equipment (PPE) policy (ICP 09)
- Hand hygiene policy (ICP 17)
- Schedule 14 method statement: Linen and laundry service method statement. Stead State Service
- Trust waste policy
- Sharps and Needlestick Policy – (including disposal and bodily fluid exposures or inoculation injury)
- HIV post exposure prophylaxis (PEP) policy following occupational exposure to HIV in the healthcare setting



This document should also be used in conjunction with other relevant documentation:

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Control of Substances Hazardous to Health Regulations (1999)
- Choice Framework for local policy and procedures (CfPP) 01-04 Decontamination of linen for health and social care (2012)

## 11.0 KEYWORDS

- Laundry; washing; disposal,

## 12.0 APPENDICES

- [Appendix A](#) – Equality Impact Assessment
- [Appendix B](#) – Environment Impact Assessment

## APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed: Safe Linen Management Policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 04/04/2022</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None	N/A	None
<b>Gender</b>	None	N/A	None
<b>Age</b>	None	N/A	None
<b>Religion</b>	None	N/A	None
<b>Disability</b>	None	N/A	None
<b>Sexuality</b>	None	N/A	None
<b>Pregnancy and Maternity</b>	None	N/A	None
<b>Gender Reassignment</b>	None	N/A	None
<b>Marriage and Civil Partnership</b>	None	N/A	None

<b>Socio-Economic Factors</b> (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>• Sent to all members of IPCC</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>• National Guidance</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>• No</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  <b>Low Level of Impact</b>  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Sally Palmer</b>			
<b>Signature:</b> S Palmer			
<b>Date:</b> 04/04/2022			

## **APPENDIX B – ENVIRONMENTAL IMPACT ASSESSMENT**

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

<b>Area of impact</b>	<b>Environmental Risk/Impacts to consider</b>	<b>Yes/No</b>	<b>Action Taken (where necessary)</b>
<b>Waste and materials</b>	<ul style="list-style-type: none"> <li>Is the policy encouraging using more materials/supplies?</li> <li>Is the policy likely to increase the waste produced?</li> <li>Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?</li> </ul>	Yes	Advice given on reducing the level of linen used.
<b>Soil/Land</b>	<ul style="list-style-type: none"> <li>Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals)</li> <li>Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)</li> </ul>	Yes	Review of outside contractors service to monitor process
<b>Water</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in an increase of water usage? (estimate quantities)</li> <li>Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)</li> <li>Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)</li> </ul>	Yes	Advice given on reducing the level of linen used.
<b>Air</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)</li> <li>Does the policy fail to include a procedure to mitigate the effects?</li> <li>Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?</li> </ul>	Yes	Review of outside contractors service to monitor process
<b>Energy</b>	<ul style="list-style-type: none"> <li>Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)</li> </ul>	No	Outside service used
<b>Nuisances</b>	<ul style="list-style-type: none"> <li>Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?</li> </ul>	No	