

Livewell Southwest

Linen and Laundry Policy

Version No.2

Review: March 2020

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Asset Number: 201

Reader Information

Title	Linen and Laundry Policy V.2
Asset number	201
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose and description	The purpose of the policy is to inform staff regarding safe handling and management of linen.
Author	Deborah Pudner, Infection Prevention and Control Manager
Ratification date and group	1 st March 2017. Policy Ratification Group
Publication date	1 st March 2017.
Review date	Three years after publication, or earlier if there is a change in evidence.
Disposal date	The Policy Ratification Group will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule, all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Deborah Pudner, Infection Prevention and Control Manager
Target Audience	All staff who work in Livewell Southwest in clinical areas
Circulation List	Electronic: Plymouth Intranet and LSW website Written: Upon request to the Policy Ratification Secretary on ☎ 01752 435104. Please note if this document is needed in other formats or languages please ask the document author to arrange this.
Stakeholders	LSW staff
Consultation process	LSW Infection prevention & Control Committee
Equality analysis checklist completed	Yes
Is the Equality and Diversity Policy referenced	No
Is the Equality Act 2010 referenced	No
References/Source	NHS Executive. Hospital Laundry Arrangement for used and Infected Linen-NHS Executive HSG (95) 18 (April 1995) Policy for the Management of the Infected Patient in Hospital Disinfection and Cleaning Policy
Associated documentation	NHSLA1.2.8&2.2.8 Standards for Better Health C4(a) Hygiene Code
Supersedes document	Linen policy v 1.4
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New document	June 2010	Infection Control Nurse	New document
1	Ratified	July 2010	Policy Ratification Group	Minor amendments.
1:1	Reviewed	June 2012	PRG	Review date extended, no other changes made.
1:2	Reviewed	December 2012	Director of Infection Prevention & Control	No changes, only updated to LSW.
1:3	Reviewed	January 2014	Acting Manager Infection Prevention & Control Team	Logo and organizational details
1.4	Extended	May 2016	Information Governance , Records, Policies & Data Protection Lead.	Formatted to LSW and Extended
2	Reviewed	December 2016	Infection Prevention and Control Manager	Elaborated on laundries and changed the name of the policy. Have kept most of the contents the same but moved them around to make the policy flow better.

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Linen and Laundry Policy

1 Introduction

- 1.1 This policy provides guidance in correct linen and laundry handling and management so that the risk of transmission of infection is minimised.

2 Purpose

This policy details a linen and laundry handling system designed to:

1. Reduce the risk of hospital-acquired infections due to the handling of contaminated laundry.
2. Reduce the risk of inoculation injuries associated with the handling of used linen.
3. Comply with current recommendations for the handling of hospital linen and laundry (1).
4. Provide guidance on the handling of patients personal laundry in circumstances where:
 - a. There is no family/carer support network available.
 - b. The patient's family/carer is unable to assist with personal laundry requirements.
 - c. Service users manage their own laundry.

3 Duties and Responsibilities

- 3.1 The **Chief Executive** is ultimately responsible for infection prevention and control and the content of all Policies and their implementation. The Chief Executive delegates the day to day responsibility of implementation of the policies to the **Director of Infection Prevention and Control (DIPC)** and the Infection Prevention and Control Team (IPCT).
- 3.2 The **Directors** are responsible for identifying, producing and implementing Livewell Southwest Policies relevant to their area.
- 3.3 The **Locality Managers** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.
- 3.4 The **Modern Matron/Clinical Lead** is responsible for ensuring that the development of local procedures / documentation doesn't duplicate work and that implementation is achievable.
- 3.5 **All staff, both clinical and non clinical** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.
- 3.6 **Infection Prevention and Control Team** are responsible for ensuring that latest guidance is available and included in training programmes/audits.

- 3.7 **Ward managers/team leaders** are responsible for ensuring that good practice is embedded into their clinical areas and all linen and laundry training is provided to all clinical staff on induction to the ward.
- 3.8 Hotel Service Manager is responsible for organising training for all Hotel Services staff involved in laundry and to support ward areas with laundry facilities. All staff using the laundry are responsible for reporting and coordinating outstanding repairs of machinery with estates.
- 3.9 Estates Manager is responsible for ensuring all washing machines and dryers are subject to a planned programme of service and maintenance at least annually.

4 Handling of linen and laundry

4.1 Transporting of linen around Livewell Southwest sites

- 4.2 Clean linen must be transported in linen bags and cages. The transport vehicle must be fit for purpose i.e. clean. The inside of the van must be cleaned with detergent and water at least weekly and immediately if there is any spillage. Designated transport for dirty and clean linen around the site must be upheld by the Site Assistant manager.

When clean linen is delivered to clinical area's it must be put directly into a designated linen store. The door to the store must be kept closed to prevent dust and contaminants entering the clean storage space.

The linen store should only house clean linen.

Staff taking linen from the linen store must do so with clean hands and remove personal protective equipment PPE (gloves and aprons) before going to collect it.

Linen skip bags containing clean linen **must not be** stored on the floor. Clean linen must be unpacked and stored on shelves in a dedicated clean linen cupboard. Housekeepers are responsible for ensuring that the linen trolley/cupboard is kept clean and tidy.

Clean empty linen skip bags must be stored with the clean linen: **not in the sluice.**

Linen should be loaded onto trolleys for use in peak bed-making times. Stacks of linen should not be carried around the clinical area.

Trolleys used to hold linen during peak bed making activity in the clinical area should:

- a. Be cleaned on all surfaces and undersides with detergent before and after use.
- b. Ensure the clean linen is covered to avoid airborne contamination.
- c. Be stocked to ensure non-linen consumables (e.g. patient personal hygiene items are not in direct contact with the clean linen).
- d. Should have as much linen as actually required to avoid clean linen becoming contaminated. Any unused linen must be treated as contaminated and not returned to the clean linen store.

Linen storage in both clean and dirty facilities must be cleaned at least weekly, or more frequently if any spillages occur. Linen must be stored in cages and **NOT** on the floor. Site assistance staff have access to hand washing facilities in the basement following handling of linen bags.

4.3 General Guidance for handling used linen

Take the linen bag secured to a skip/trolley (and water soluble bag when relevant) to the immediate point of use. This will enable linen which is in need of laundering to be placed directly into it. Used linen in need of laundering **MUST NOT** be placed on the floor, other surfaces or carried through clinical areas to a centralised skip point. Double skip trolleys should **NEVER** have soiled and clean laundry side-by-side.

Appropriate personal protective equipment (e.g. gloves and plastic apron) must be worn when handling linen which is infected, infested and/or contaminated with any form of bodily fluid: e.g. blood, urine, faeces, vomit, sweat, pus, and wound exudates. Hands must be washed with soap and water after removal of gloves.

Following a patients discharge, clean linen should only be taken to the bed space once the used linen has been removed and the bed space has received the appropriate deep clean.

Bed linen should be stripped one item at a time. Use a layered folding technique with minimal agitation, this will reduce airborne transmission of micro-organisms and minimise the risk of contaminating adjacent bed spaces and other items temporarily in the area; open drug trolleys and patients' food items. If other equipment is used to 'hold' the linen when stripping the bed (e.g. chairs), then care must be taken that this equipment is clean before use.

A complete bed change of linen on a daily basis is recommended if a patient has:

- Diarrhoea and/or vomiting.
- Has been identified as either infected, colonised or at risk of incubating, or shedding, a micro-organism with a resistance to a wide range of antibiotics.

Hot-water soluble bags should be stored in original packaging, not loose, as this will affect their efficiency.

Care must be taken not to soil the outside of the hot water soluble bag or the linen bag, as these are surfaces that will come into contact with staff that further process the laundry.

Bags or any linen that are damaged or have tears must not be used; they should be sent back to the laundry at Exeter.

The hot water soluble bag is the universal protection for staff handling infected, infested and high risk linen. Water soluble bags are also colour coded with a pink stripe running through the bag. If a red laundry bag is unavailable the laundry will accept the linen in an alternative colour bag provided the linen can be identified as a potential risk. Staff should initially aim to request RED laundry bags when ordering linen

Excessively wet laundry items should be wrapped in dry linen, such as a blanket, to absorb the moisture prior to placing in a hot water soluble bag as the bags dissolve.

Grossly contaminated linen should be sent to the laundry as above. Laundry staff will determine if it needs to be destroyed

Once **two thirds full**, laundry bags must be taken directly to the designated cage, stored in the designated collection point: not stored in the ward/department or sluice or in corridors. Skip bags should **never** be carried or dragged to the collection point, but wheeled on the skip trolley. Used linen must not, at any time be stored or placed on the floor within the ward area. In areas that do not have laundry cages. Dirty laundry skips can be stored in the outer 'porch' of the sluice awaiting collection.

Although fouled, infected and infested linen is transported in sealed bags, and those transporting the bags should minimise handling of the bags, i.e. handle only when loading and unloading onto transporting vehicles. Site assistances should ensure hands are washed after handling/transporting dirty linen bags.

Green plastic bags are available for patient's laundry for relatives to transport used items home for laundering.

It is the responsibility of all staff to comply with the colour code system and ensure that all bags are tied and safe to handle. Care should be taken to prevent sharp instruments (needles, safety pins, etc.) or any non-linen items being sent to the laundry. Failure to do so will put others at risk.

Bed making and curtain changes must avoid coinciding with meal times and wound care activities, where these cannot be performed in a dedicated treatment area.

4.4 Colour Code Classification for Laundry

WHITE	Used Linen
RED	Infected, Soiled or Fouled
GREEN	Theatre Linen in some settings
BLUE	Curtains
GREY	Estates Department

Laundry bags should be **NO MORE THAN TWO THIRDS FULL** before closing for manual handling and occupational health reasons.

4.5 LAUNDRY

a) Used (non-fouled)

Linen used but not fouled with bodily fluids. This linen must be placed into a WHITE linen bag.

b) Used (Soiled and Foul)

Linen soiled by vomit, faeces, urine, blood, pus and other bodily fluids must be placed into a hot water soluble bag and then into a RED linen bag. If insufficient red bags are available soiled and foul linen should be placed in a hot water soluble bag and then in a white linen bag.

c) Used (Theatres)

Linen should all be disposed of according to Operating Theatre Procedures, placed into a hot water soluble bag and then into a GREEN bag. If insufficient green bags are available soiled and foul linen should be placed in a hot water soluble bag and then in a white linen bag.

d) High Risk (Infected)

Linen used by patients already subject to infectious precautions (strict and standard isolation), must be placed into a hot water soluble bag and then into a RED linen bag.

Linen contaminated with cytotoxic waste must be placed into a hot water soluble bag and then into a RED linen bag.

e) Infested (e.g. Scabies)

Linen must be placed into a hot water soluble bag and then into a RED linen bag clearly marked "Infested Linen".

f) Patients Own Laundry

When dealing with a patient's own "soiled" clothing, i.e. covered in urine, vomit, faeces, blood or other bodily fluid, EITHER:

- a) Place clothing in a water-soluble bag and then in a green patient laundry bag. Hand the bag of clothing to the relatives with instructions to place the inner water soluble bag and contents in their domestic washing machine. Relatives/carers should be advised to set the washing machine at the temperature required to dissolve the bag (60 degrees) and that failure to do so may result in clogging of the machine.
- b) Consider disposal as clinical waste of soiled, foul or infected linen after discussion and documentation of said conversation with:
 - The patient, if he/she is capable of giving informed verbal consent.
 - The patient's next of kin, carer or power of attorney whichever is the most appropriate, if it is not possible to gain informed consent directly from the patient.
 - In the absence of both of the above, disposal on clinical risk grounds must be recorded in the patient's clinical record.

OR

- If the patient DOES NOT HAVE ANY RELATIVES or carers then used clothes/and in exceptional circumstances patient's own bed linen may be put in a green patient's laundry bag and sent to the Hospital Laundrette on those sites that have commercial style washing and drying facilities.
- For heavily soiled, foul or infected linen ward staff should consider disposing of the item as clinical waste because if the item is laundered at a high temperature to achieve disinfection the garment may be damaged and if laundered at a low temperature disinfection may not be achieved.

OR for units without commercial style laundry facilities

- If the patient does not have any relatives, then used clothes may be washed in domestic machines if available on the wards, providing that there is access to a tumble drier and the machine is regularly serviced through a maintenance contract with the Estates Department. This also applies to delicate items of clothing that belong to the ward. Soiled, foul or infected linen should not be washed in ward washing machines, but should be disposed of as clinical waste. No other items of linen should be washed in ward washing machines. Washing soiled clothes using normal domestic cycles (~40°C) may leave residual organic matter and washing at higher temperatures will damage most items of clothing.

Clinical areas wishing to purchase a washing machine should seek advice from the Hotel Services and the Infection Prevention and Control Team and be purchased through the Procurement and Logistics Department.

4.6 Curtains/Blinds and soft furnishings Clean, change, or replace

- 4.6.1 They must be decontaminated on a scheduled basis that is agreed in each area with the Matrons/team leads and Hotel Services and the schedule documented.

Curtains in clinical areas must be laundered as a minimum six monthly. In between times curtains/screens should be changed/decontaminated when visibly soiled or potentially contaminated. Contamination may have occurred if a patient has diarrhoea/ and or vomiting, or has been identified as either infected, colonised or at risk of incubating, or shedding, a micro-organism with a resistance to a wide range of antibiotics.

Any curtains purchased for clinical areas must not be dry clean only. All purchasing of curtains and soft furnishings must be carried out via the procurement process. Alternatively disposable curtains should be considered. Curtains should always be changed following a deep 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 plastic waterproof material and be heat sealed to form a protective covering with no openings. If the pillow or duvet becomes soiled, it must be discarded immediately.

Service User Handling Aids – e.g. Slings, Slide Sheets

All handling aids must be individualised for each patient. This may be achieved by use of single patient disposable products, or washable fabric aids. These must be washed in between patients or when visible soiled

Mops

Must be washed using a disinfection process in which the temperature of the load is either maintained at 65°C for not less than ten minutes or 71°C for not less than three minutes when thermal disinfection is used. Alternative time– temperature relationships may be used as long as the efficacy of the process chosen is equal to or exceeds that of the 65° or 71°C processes. For conventionally-designed machines and those with a low degree of loading (less than 0.056 kg/L), four minutes should be added to these times to allow for adequate mixing time. For a heavy degree of loading (that is, above 0.056 kg/L), it is necessary to add eight minutes. After every mop wash, the machine must be run on a full wash cycle without a load.

4.7 Mental Health Units/CAHMS

- 4.7.1 In some units patients manage their own laundry as part of their rehabilitation programme, or units have purchased their own bed linen. The policy regarding infected/foul linen must be followed and where deviations occur they must be made in agreement with Hotel Services.

4.7.2 Laundry Environment

Any on site laundry must be situated within a designated room that is used for laundry purposes only. All on site facilities must have the following available:

- Walls & floors must be washable, sealed and the internal decoration must meet an acceptable standard.
- The design of the laundry facility must allow for a flow of items from the dirty to clean area.
- Clean laundry items should be stored in clean laundry storage areas/cupboards.
- Hand wash basin with liquid soap and paper towel dispenser and foot operated bin. The hand wash basin should be dedicated for hand hygiene only.
- A hand hygiene poster should be on display at all times.
- There should be a deep sink for the washing of delicate clothes, where patients are encouraged to carry out their own laundry.
- Food or drink must not be allowed in the laundry areas.
- Washing machines designated for patient laundry should only be used for patient laundry.
- The laundry area should be kept clean, tidy and uncluttered.
- Machines must not be overloaded.
- All wash cycles should be completed. If the cycle is interrupted, the wash must be started from the beginning.

4.7.3 Washing Machines/Tumble Dryers

- Ward based washing machines are permitted with the agreement of the Infection Control Team.
- Washing machines must be appropriately situated in a designated area so as to reduce risk of cross contamination.
- All washing machines and tumble dryers must be purchased & installed through the relevant Estates Department to ensure compliance with infection control & engineering requirements.
- All washing machines and driers are managed for repairs and maintenance via the appropriate Estates Department.
- An industrial washing machine should be used, which is complete with a sluice facility, disinfection cycle and temperature indicator. The machines should be checked at regular intervals and any maintenance or repairs to be reported to the appropriate Estate Services.
- Care of washing machines & tumble dryers – follow manufacturer's instructions. Instructions for use should be visible and on display at all times.
- Faulty Washing Machines / Tumble Dryers must be taken out of operation and reported to the estates department immediately. Under no circumstances should Laundry/patient equipment be taken home by a member of staff, to be washed.
- Items must be washed at the highest temperature the fabric can withstand.

- All items must be dried as quickly as possible, using a tumble drier, and not left hanging for long periods of time.
- Clean items must not come into contact with contaminated items or surfaces. Clean items must be stored in suitable areas to prevent contamination prior to use. Storage areas must be off the floor and away from dirty laundry.
- Staff must wear single use gloves and plastic aprons, when handling soiled items and wash hands after removal of gloves and apron.
- Laundry products – Control of substances Hazardous to Health (COSHH) sheets and product data sheets must be referred to in order to ensure the safe management of solutions being used for laundering, manufacturer's instructions should also be adhered to.

5 Monitoring Compliance and Effectiveness

Compliance with this policy will be monitored by the IPCT in their audit cycle which has been agreed by the Infection Control Committee for Livewell Southwest.

- The infection prevention and control team produce an annual audit plan for the provider services at Livewell Southwest.
- It is the responsibility of the IPCT to ensure audits are carried out professionally and any deficits highlighted to the ward manager or the designated manager at the time of the audit. All managers, matrons will be sent a report within 48 hours and have a two week period to respond.
- The IPCT will use an audit tool for safe handling of linen.
- The frequency of audit for the linen service policy will be annually unless an area fails to meet the standard and requires additional support.
- If the standard fails to be met then the manager will be required to produce an action plan, a subsequent audit will be carried out at a later date.
- The routine validation of laundry equipment is the responsibility of the Estates team.

6. Bibliography

Health Technical Memorandum 01-04: Decontamination of linen for health and social care (2016),

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/527542/Mgmt_and_provision.pdf

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Clinical Practice and Development

Date: 1st March 2017