

Document Details		
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Local Ref (optional)		
Main points the document covers	This policy details guidance for staff on the actions and precautions required when dealing with linen/laundry; to minimise the risk of transmission of infection between patients, staff and visitors.	
Who is the document aimed at?	All staff who handle and dispose of used linen and distribute and store clean linen throughout Shropshire Community Healthcare NHS Trust.	
Author	Head of infection Prevention and Control	
Approval process		
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, Locality Clinical Managers, Specialist Nurses, Medicine Management and Public Health England	
Approved by (Committee/Director)	Infection Prevention and Control Governance Meeting	
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3		

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1 Introduction

The provision of clean linen is a fundamental requirement for patient care. Incorrect procedures for handling, processing and storage of linen can present an infection risk both to staff handling and laundering linen, and to patients who subsequently use it. Many reusable fabrics in healthcare have close, prolonged contact with patients. They become contaminated with pathogens, and unless thoroughly decontaminated before reuse, transmit them to susceptible patients subsequently in contact with those fabrics. The decontamination of fabrics is probably the largest scale decontamination in healthcare.

2 Purpose

The policy is intended to provide guidance on the management of linen/laundry within Shropshire Community Health NHS Trust (SCHT). It aims to provide guidance for staff on the actions and precautions required when dealing with linen/laundry; to minimise the risk of transmission of infection between patients, staff and visitors.

3 Definitions

Term / Abbreviation	Explanation / Definition
COSHH	Control of Substances Hazardous to Health
DIPC	Director of Infection Prevention and Control
HCAI	Healthcare Associated Infection
Heavily soiled	Heavily soiled linen is linen which is very stained/contaminated with blood, faeces or any other body fluid from any patient, dirt and/or other impurities or very wet
Infected linen	All laundry used by a patient with a known infection, whether soiled or not.
Infested Linen	Linen which is potentially contaminated with lice, scabies and/or other parasites
IPC	Infection Prevention and Control
Linen	Linen includes all textiles used in hospitals and community settings, including blankets, pillowcases, mattress covers, bed sheets, towels and curtains.
Manual Sluicing	Rinsing or soaking soiled linen or clothing by hand
MPFT	Midlands Partnership NHS Foundation Trust
NPSA	National Patient Safety Agency
PIR	Post Infection Review
PPE	Personal Protective Equipment
RCA	Root Cause Analysis
SCHT	Shropshire Community Health NHS Trust
SIP	Service Improvement Plan
Soiled linen	Soiled linen is linen which is stained with blood, faeces or any other body fluid from any patient, dirt and/or other impurities
The Laundry	A commercial establishment for laundering clothes or linens
The Provider	Mid Cheshire Hospital Trust Laundry
Used Linen	Linen that has been in contact with patients, is dirty or has been used but not categorised as infected or infested

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

4.4 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and they have a responsibility to ensure that their staff attend the relevant IPC training.

4.5 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

4.6 Committees and Groups

4.6.1 Board

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.6.2 Quality and Safety Committee

Is responsible for:

- Reviewing individual serious incidents/near misses and trends/patterns of all incidents, claims and complaints and share outcomes and lessons learnt
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Trust Board

4.6.3 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

5 Laundry

Laundry facilities should be clearly separate from clinical treatment and publicly accessible areas. This implies the use of a separate facility/room or rooms for the accommodation of laundering facilities. In these facilities the room(s) should be used for this purpose only and access should accordingly be restricted to those staff performing laundering duties.

The Provider, Mid Cheshire Hospital Trust Laundry, an external laundry contractor, should launder all hospital linen for SCHAT. Mid Cheshire Hospital Trust Laundry will be audited annually by Midlands Partnership NHS Foundation Trust (MPFT) and the results shared with SCHAT.

Frequency of collection will be dependent on the volume of laundry and in accordance with the agreed schedule between the SCHAT and the Provider.

The Provider is responsible for cleaning and disinfection of the container/vehicle at least weekly in order to prevent contamination of clean linen:

- After any spillage
- After transportation of dirty laundry
- Prior to transporting clean laundry

There must be no contact between clean and soiled linen at any time. If clean linen and soiled/infected linen are to be carried in the vehicle at the same time, there must be a waterproof barrier present or a rigid container for the used linen.

The Provider must comply with all aspects of Department of Transport (2013) The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

The majority of laundry consignments are not classified as dangerous for transport. However, there may be occasions when soiled linen will need to be classed as infectious.

Laundered linen should be transported and stored in such a way as to avoid microbiological recontamination as far as is reasonably practicable.

The IPC team should have input when a contract for linen supply is set up or renewed and have access to documentation on the laundry's quality assurance procedures, external quality evaluations and health and safety policies.

6 Linen

Labelling

All linen and items sent to the Provider for laundering should be labelled with a waterproof mark as SCHAT Property.

6.1 Linen Classification

Linen should be segregated at the point of generation – (please refer to appendix 1).

6.1.1 Clean/Unused Linen

Any linen that has not been used since it was last laundered and that has not been in close proximity to a patient or stored in a contaminated environment.

6.1.2 Used/Soiled Linen

Used linen is processed in tunnel washers whenever possible; the economics of the laundry process relies on the vast majority of linen being processed in this way. The laundry workers who unpack and sort bags of used linen should be trained in safe working practices and adopt standard precautions.

6.1.3 Heavily Soiled/Infected/Infested Linen

Heavily soiled/Infected/Infested linen is linen which is soiled with blood, faeces or any other body fluid or parasites from any patients. All laundry used by a patient with a known

infection (whether soiled or not) should also be treated as soiled linen. Infected linen represents a substantial hazard to healthcare workers who may come into contact with it. There should be as little handling of infected linen as possible.

6.2 Linen Handling

6.2.1 Handling Used/Infected/Infested Linen

All used linen must be handled with care, to minimise transmission of micro-organisms via dust and skin scales.

- All used/infected/infested linen must be placed carefully and directly into the appropriate laundry bag secured to the linen skip on removal from the bed or patient.
- The used linen skip should be at the bedside. Used linen should not be carried to avoid contamination of uniforms.
- Used/infected/infested linen must not be placed on the floor.
- Used linen must not be placed on the bin, patient's locker or draped over pieces of equipment.
- Where there are no pull-out rail on beds for bed linen during bed-making, alternatives such as a trolley or visitors' type chairs should be used and cleaned after each use with wipes as per current guidance or Tristel if diarrhoeal infection present.
- Bags must be no more than two thirds full and securely fastened.
- Used/infected/infested linen must never be transported around the care environment unless within an appropriately colour coded linen bag.
- Ward linen skips should be cleaned with hot water detergent at least weekly in accordance with the cleaning schedule, during outbreaks they should be cleaned with a disinfectant such as Tristel fuse or disinfectant wipes daily.
- Vigorous, enthusiastic bed stripping is microbiologically hazardous as large numbers of organisms (mainly skin flora) are dispersed.
- Do not shake linen into the environment.
- Do not change linen during wound dressing activity in the same area.
- Personal Protective Equipment (PPE) including gloves and aprons must be worn when handling used linen.
- Hands must be decontaminated after handling used linen as per SCHAT Hand Hygiene Policy.

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

6.2.2 Used/Infected/Infested Linen Handling within Patient's Own Home

Patients, relatives and carers are responsible for laundering their own linen within their homes.

- Infected linen includes all linen from patients with a known or suspected infection.
- In the patient's home the washing machine may be in the kitchen. If infected/infested linen needs to be washed, this should not be done at the same time as food is being prepared.
- Used linen should not be left stored uncovered on the floor in the patient's kitchen waiting laundering.

- Linen and clothing should be washed at the highest possible temperature according to the manufacturer's instructions.
- The pre-wash/sluice cycle in the washing machine should be used after removing any solids from foul linen (used linen contaminated by blood, faeces, urine, saliva or other body fluids).
- Manual soaking/sluicing **MUST NEVER** be carried out.
- Consider providing a supply of appropriate PPE.
- Consider the use of washing powders containing an oxygen-releasing or bleaching agent when laundering infected/soiled items or heat liable fabrics.
- The use of a tumble drier is advisable for the drying process.
- Decontaminate hands after handling all used linen.

6.3 Personal Protective Equipment (PPE)

- Disposable plastic aprons should be worn by all health care workers when handling used bed linen – this includes beds where the patient has been discharged and patient occupied beds.
- Disposable plastic aprons must be changed between infected patients' beds.
- Gloves must be worn when handling laundry from an infected patient or laundry contaminated with blood and/or body fluids.
- Face protection/eye protection must be worn where there is significant contamination with blood and/or body fluids likely to cause a splash injury.

Please refer to SCHAT Standard Precautions Policy.

6.4 Procedure for Water-Soluble Alginate Bags

This procedure is to be used in all situations where linen is placed in water-soluble alginate bags.

- Place the linen inside the alginate bag.
- Items that are soaking wet should be wrapped inside drier dirty laundry, to prevent the bag dissolving prior to transport to the laundry.
- Do not overfill the water-soluble alginate bag.
- Seal the alginate bag using the neck tie – do not knot the bag.
- Place the water-soluble alginate bag inside the appropriate coloured linen bag.

6.5 Accidental Spillage of Used/Infected/Infested Linen

- Disposable gloves and apron must be worn.
- Re-bag into the appropriate bag. If the appropriate bag is not obvious then the linen should be treated as infectious and placed into an alginate bag, then into a red outer bag and tied securely.
- Clean area with appropriate detergent and disinfectant (see SCHAT Cleaning and Disinfection Policy).
- Wash hands with soap and water after removal of PPE.

6.6 Transfer of Used/Infected/Infested Linen from the Ward to the Pick-up Point

- The frequency of collection will depend upon the volume of laundry.
- Used/infected/infested linen should be placed in the designated pick up point, which must be dry, secure and away from the clean linen area.

- The classification of linen sent to an off-site laundry should be clearly identifiable with use of the correct linen segregation bags, transportation and handling.

6.7 Transport of Used/Infected/Infested Linen

- Used/infected/infested linen should not be transported from one area to another for collection by SCHAT staff.
- Used/infected/infested linen should not be transported in SCHAT staff's own transport.
- Collection should be arranged to remove the used/infected/infested linen from the site that it was generated.

6.8 Transport and Distribution of Clean Linen

- Trolleys for clean linen in transit should be covered with a washable or disposable cover.
- Trolleys for transportation of clean linen should be dedicated for that purpose and be of a material easily cleaned between uses.
- Fully enclosed and sealed containers with a lockable door may be used in preference, in which case these covers are not required.

6.9 Preventing Contamination of Clean Linen

- Ensure roll cages are adequately covered and cleaned on a regular basis.
- Store in a clean, dry area with doors closed.
- Transport in a clean, dry container / vehicle which is cleaned and disinfected prior to loading with clean linen.
- Linen which is (or thought to be) contaminated or damaged must be returned to the laundry for re-processing – please see appendix 1.

The frequency of deliveries of clean linen to the wards/departments will be determined by usage requirements.

Linen will be provided on a "top up" basis to ensure effective utilisation and circulation of stock.

6.10 Clean Linen Storage and Prevention of Re-Contamination

Storage areas should be dedicated for the purpose and not used for other activities, for example linen should not be stored in patient treatment areas. The storage area should be appropriately designed to prevent damage to linen and to allow for the rotation of stock. Laundry Rooms, Central Linen Rooms, Linen Rooms, Linen Cupboards and Mobile Storage Units should be equipped with shelving that can be easily cleaned and allow the free movement of air around the stored linen.

- Linen must be stored above floor level away from direct sunlight and water in a secure, dry and cool environment.
- Cleaning frequencies should be agreed locally but should be at least quarterly and be evident on the cleaning schedule.
- Linen stocks should be removed temporarily to facilitate thorough cleaning of the storage area and shelving.
- Clean linen should be transported around wards on a clean trolley and handled with clean hands.
- Stocks of linen held on trolley should be kept to a minimum and only have an amount that is sufficient for one 24-hour period.
- Clean linen must not be left uncovered at Ward/Department level it must be either placed in a linen cupboard or kept covered within a designated linen trolley.

- If there are adequate storage facilities, linen trolleys must be dismantled after each use. Alternatively if there are inadequate storage facilities, after 24 hours unused linen should be treated as used linen and returned to the laundry in a white linen bag.
- Linen trolleys should not be used for permanent storage of additional items e.g. toiletries, catheter bags.
- All clean linen that is taken from the linen cupboard and decanted onto a designated trolley is not to be returned to the ward stock.

7 Patients' Personal Laundry

SCHT does not offer a laundry service for patients' personal clothing. All staff responsible for admitting patients must emphasise this, including to patients admitted from care homes.

- Safe return of personal laundry processed off site cannot be guaranteed.
- Patients/Relatives/Carers should be encouraged to wash patients' personal laundry at home.
- Instructions should be given that clothes should be processed at the hottest wash as recommended by the manufacturer's instructions.
- Patients' contaminated personal laundry should be placed in a patient laundry clothing bag, i.e. Dissolvo Sack following the instructions printed on the bag. A pink water-soluble alginate bag should not be used as domestic washing machines will not reach the required temperature to melt the bag, which may lead to damage or blockage of the machine.
- Patients' soiled items should not be left in patients' lockers awaiting collection but should be stored in named bag in the sluice in a dedicated cupboard for patients' belongings.
- Persons handling the patients' laundry clothing bag must be advised to wash their hands with soap and water after handling.
- For patients who do not have any means of laundering their soiled items, these should be labelled and sent to the laundry or as discussed with the IPC Team.

For heavily soiled/infected/infested 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 low temperatures disinfection may not be achieved.

8 Staff Uniforms

Each member of staff issued with a uniform will be responsible for the laundering of the uniform. It is acceptable for staff uniforms to be laundered at home.

- It is advisable that these items are laundered separately to other personal items of clothing and the household wash. They should be laundered at the maximum temperature possible indicated on the items washing instructions (preferably a minimum of 60°C). They should then be steam ironed and/or tumble dried to further reduce the levels of micro-organisms and stored in a manner that reduces the risk of contamination.
- Staff should be aware that hand washing uniforms is ineffective and unacceptable and should not be undertaken.
- Soiled uniforms should receive a machine 'sluice (rinse) cycle' first, prior to the main wash.
- Staff should transport their uniform in a separate bag where changing facilities are available e.g. community hospitals

Please refer to SCHT Uniform Policy and Dress Code.

8.1 Theatre Wear provided by SCHAT for use in the Day Surgery Unit at Bridgnorth Hospital.

Clothing worn to the place of work should be changed out of and SCHAT provided theatre wear worn. All staff working within clinical areas where changing facilities are provided must change into and out of their uniforms on these premises.

These items should be removed and placed in the clear plastic bag in the green laundry skip in the changing room when the shift is over or before if required.

The items should then be sent to the Provider for laundering.

Theatre wear must not be worn outside the hospital.

9 Textiles in Clinical Areas

9.1 Fire Safety

Textiles and furnishings provided within all SCHAT buildings must be purchased and maintained in compliance with Firecode – HTM 05 – 03 Part C “Textiles and Furniture” including:

Section 4 Furniture

Section 5 Furnishings

Section 6 Bed assemblies

Section 7 Apparel

Section 8 Disposables

Section 9 Marking and labelling

Section 10 Cleansing

Section 11 The use of a chemical flame-retardant

9.2 Curtains

- All curtains used in the Community Hospitals should be disposable curtains. Curtains should be dated and changed six monthly as per the Cleaning Schedule or sooner if soiled, following a terminal clean, outbreak or on the advice of the IPC Team.
- Curtains used in Community Environments, depending on clinical activity, for the purpose of privacy and dignity should be risk assessed and changed annually or before, if required.

9.3 Pillows

- All pillows used in clinical areas must have sealed, intact, impermeable covers.
- Any pillow torn, split, or stained must be discarded as clinical waste.
- Pillows in use in clinics must be covered with either a disposal pillow case or disposable paper towel roll.
- Fabric pillowcases can be used in in-patient areas and areas with a laundry service.
- Pillows in existence that are contaminated with body fluids cannot be washed and must be disposed of immediately as clinical waste.
- The disposable paper towel, paper or fabric pillowcase must be changed between patients and the pillow decontaminated appropriately.

Please refer to SCHAT Cleaning and Disinfection policy -

<https://www.shropscommunityhealth.nhs.uk/content/doclib/10286.pdf>

9.4 Shower Curtains

- All shower curtains used in Community Hospitals should be disposable. These should be dated when put up and changed 3 monthly as per Cleaning Schedule or sooner if soiled.

9.5 Couches

- Where couches are used in clinic areas without a laundry service contract, disposable paper towel roll is to be used instead of linen and blankets (including dignity covers for the patient, where appropriate).

9.6 Manual Handling Equipment

- All patients who require hoisting should have their own reusable or disposable hoist sling and or sliding sheet. These should then be sent to the Provider for laundering when soiled or on discharge at the maximum temperature that the material will allow within an industrial washing machine.
- Disposable slings and sliding sheets must be disposed of in the appropriate waste stream.

9.7 Procurement of Medical Device Textiles and Reprocessing Instructions

When considering the purchase of textiles and specifically those that are medical devices, the following issues should be taken into account:

- Does the textile have a limited life? Is this specified by the manufacturer?
- Are the item/items purchased and maintained in compliance with Firecode HTM 05-03 Part C?
- What method of laundering does the manufacturer recommend and is this process available within the organisation?
- Is the textile heat liable and is an alternative available that will withstand higher wash temperatures?
- What laundering agents are recommended and does this comply with local infection prevention and control policies, Control of Substances Hazardous to Health (COSHH) and health and safety requirements?
- Has a risk assessment been undertaken to determine whether a single-use or a reusable product is more appropriate for the circumstances?

Manufacturers of re-usable medical devices are required to supply information on the appropriate decontamination process to allow reuse, including washing and disinfection.

10 Consultation

This policy has been developed by the IPC team in consultation with appropriate Locality Clinical Managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), PHE and IPC Governance Meeting members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

11 Approval Process

The IPC Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

12 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate

- Staff – via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

12.1 Advice

Individual Services' IPC Link Staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

12.2 Training

Managers and Service Leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with SCHAT's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes standard precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC Team as appropriate. The systems for planning, advertising and ensuring staff attend are detailed in the Mandatory Training Policy and procedure. Staff who fail to attend training will be followed up according to the policy.

Further training needs may be identified through other management routes, including root Cause Analysis (RCA) and Post Infection Review (PIR) following an incident/infection outbreak or audit findings. By agreement additional ad hoc targeted training sessions will be provided by the IPC team.

13 Monitoring Compliance

The policy will be monitored locally by the IPC team as part of their audit programme. They will also monitor related incidents reported on the SCHAT Incident Reporting System and liaise with the Risk Advisor to put appropriate remedial actions in place. IPC related RCA, PIR and IPC audits will be carried out across all services and monitored by the DIPC, the IPC Team and the IPC Meeting. Service improvement plans (SIPs) will be developed and implemented.

Knowledge gained from RCA, PIR and IPC and audits will be shared with relevant staff groups using a variety of methods such as reports, posters, IPC meetings, training and individual feedback.

The IPC team will monitor related incidents reported on the Trust Incident Reporting System and, in liaison with the Risk Manager, advises on appropriate remedial actions to be taken.

Attendance at IPC training, which includes Standard Precautions will be monitored by and reported to the Organisational Development Department and the IPC meeting.

As appropriate, the IPC team will support Services Leads to undertake IPC RCA. Managers and Services Leads will monitor subsequent SIPs and report to the IPC Meeting.

14 References

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Health and Safety Commission (2013) Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) Approved Code of Practice and guidance. HSE books, Sudbury.

National Patient Safety Agency (2009) The Revised Healthcare Cleaning Manual NPSA, London

NHS Executive. Health Service Guidelines HSG (95)18 Hospital Laundry Arrangements for Used and Infected Linen 1995









15 Associated Documents

This policy should be read in conjunction with SCHT:

- Cleaning and Disinfection Policy
- Hand Hygiene Policy
- Isolation Policy
- Prevention and Management of Needlestick Injuries: including Inoculation Incidents and Exposures to Blood Borne Viruses (BBV) Policy
- Standard Precautions Policy
- Uniform Policy and dress code
- Waste Management Policy

16 Appendices

Appendix 1 – Linen Segregation Colour Chart

White linen bag		Used linen/towels
Clear plastic bag inside white linen bag		Soiled linen defined as: <ul style="list-style-type: none"> • Minimal body fluid/blood spots
Red water soluble bag inside red linen bag		Heavily Soiled/Infected/Infested linen: <ul style="list-style-type: none"> • Very wet soiled linen - should be wrapped in drier linen • Heavy blood stained
Green linen bag		Theatre linen and clothing
Clear plastic bag inside green linen bag		Theatre linen and clothing that is blood stained
Blue linen bag		Onsite laundry <ul style="list-style-type: none"> • Hoist slings/ sliding sheets etc.
Plastic patient laundry i.e. Dissolvo Sack		Patient laundry clothing bag <ul style="list-style-type: none"> • Patient's contaminated personal laundry that is taken home for washing by relatives
Maroon plastic bag		<ul style="list-style-type: none"> • For returning damaged or stained linen to Mid Cheshire Laundry