



Public – To be published on the Trust external website

Laundering and Safe Handling of Linen and Clothing

IPC-0001-008-v4

Status: Approved

Document type: Procedure

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1 Introduction

1.1 Why this procedure is needed

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections (2015) sets out a criteria by which NHS organisations must ensure that the risk of Healthcare Associated Infections (HCAI's) are kept to a minimum. An adequate laundry service must be available to provide care that is both safe for patients and staff.

NHS providers must provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. Therefore, to minimise the risk of infection the trust must ensure that:

- The storage, supply and provision of linen and laundry are appropriate for the level and type of care.
- Procedures must include laundry arrangements for the correct classification and sorting of used and infected linen

This procedure supports Our Journey to Change (OJTC) as set out in the [Infection Prevention and Control Policy](#).

2 Purpose

Laundry that is provided must be fit for purpose as follows:-

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

This procedure will help the Trust to:-

- Separate used linen into the correct bag(s).
- Wash at the correct temperature to minimise the risk of infection.

3 Who this procedure applies to

This procedure applies to all trust staff.

The Infection Prevention and Control Team (IPCT) provide education, training and support to all trust staff to ensure trust wide engagement with all clinical teams informing of this procedure.

This procedure aligns with Trust values as we collaborate with staff and respect their views. We ensure any staff member can discuss their needs so that standards are maintained while individual requirements can be recognised and supported to align with measures detailed in this procedure.

4 Related documents



The [Infection Prevention and Control Policy](#) provides direction to all Trust staff on IPC principles and practices which all staff must read and understand. The [Standard Infection Control Precautions procedure](#) defines the universal standards for IPC which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

[Hand hygiene](#)

[Decontamination of equipment](#)

[Infectious diseases](#)

[Waste management policy](#)

5 How to handle and safely launder linen and clothing

As a Trust we have a duty of care to provide linen to our patients and service users. This provides assurance that the linen in use is suitable for use and complies to all associated regulations within healthcare.

Patients own linen should only be used in exceptional circumstance and must be risk assessed on suitability. The risk assessment must include safety within the patient group including ligature risk and comply with Fire Regulations and this guidance.

5.1 Good practice prompts

When handling used, soiled, fouled and infected linen, it is essential that care is taken to prevent the spread of infection.

- Wear an apron when dealing with all used linen.
- Always wear disposable gloves and apron when handling fouled and/or Infected linen and dispose of immediately in the appropriate bag.
- Always wash hands thoroughly after handling used laundry.
- Handle linen with minimum movement / shaking to reduce risk of environmental contamination.
- Do not place used linen on floors or carry it against uniforms.
- Staff must ensure cuts and grazes are covered with a waterproof plaster when handling all linen.
- Laundry staff must not open water soluble bags, the bag should be placed directly in the washing machine.

5.2 Security and labelling



You **must**:

- Fasten bags containing laundry securely before transporting to a laundry, or within an onsite unit
- Only fill the laundry bags $\frac{3}{4}$ (three quarters) full to comply with the manual handling policy. This will also prevent spillage from the laundry bag

5.3 On site laundry



Where laundering has been agreed and is carried out within units or wards, the following principles apply:

- Keep the laundering area separate from kitchens and other clinical rooms. Within rehabilitation/activity of daily living settings it may be necessary to have laundry facilities to emulate normal domestic surroundings
- Laundry facilities must not be found in sluice/dirty utility areas
- The laundering area must allow proper segregation of clean and dirty laundry
- Hand washing facilities must be available
- Protective clothing must be available for staff (apron and gloves)
- Suitable receptacles/containers for clean/dirty linen must be provided and these must be cleaned each time dirty laundry is removed from them

- All sheets and towels must be sent to the external provider.
- A documented programme must be in place for routine cleaning of curtains, e.g., laundry or steam cleaning 6 monthly, and/or whenever visibly soiled.
- Tumble dryers must be industrial style
- Clothes that cannot be tumble dried must be air dried away from dirty laundry
- Clothes must not be hung over radiators to dry

5.4 Washing machines

- All ward washing machines and tumble dryers must be of an industrial standard.
- No domestic washing machines must be purchased, unless approved by the IPC team.
- The ward must have the ability to dry the laundry as well as wash it. A separate dryer must also be purchased
- A regular planned maintenance program must be agreed in advance with the Estates department

5.5 Patient's clothing

- All patients clothing must be washed separately from other patients clothing and additional Trust linen.
- Best practice is to ensure that patient clothing is washed at the highest temperature that the material can withstand, minimum must be 40°C however consideration regarding lower temperatures to be discussed with the nursing team.
- Temperature in tumble dryers must be limited to 60°C
- Patients clothing laundry bags ('Dissolvo Sacks' are available from supplies) these must be used for patients with infections
- All patients clothing must be washed separately from other patients clothing.
- Once dried, clothes must be stored in a clean area, above floor level and not kept in the laundry area
- Patient's clothing must be laundered whenever visibly soiled, or at least weekly.
- If relatives/friends/carers request to take patient clothing home they must be placed in a patient laundry bag.

5.6 Segregation & Handling of used linen

All laundry bags will be provided by Hotel Services.

5.6.1 Used linen

- Place in white linen bag fasten securely, label with ward/department of origin

5.6.2 Fouled linen

- Place in sealed seam soluble bag place in red linen bag fasten securely, label with ward/department of origin

5.6.3 Infected linen

- Place in sealed seam soluble bag place in red linen bag fasten securely, label with ward/department of origin

5.6.4 Patients clothing

If the patients clothing is wet from urine, put into an alginate bag for transfer to the ward laundry.

- Wash on the highest possible temperature; should be processed in a cycle that reaches 65°C use biological powder.
- For at least 10 minutes or 71°C for at least 3 minutes.
- Tumble dry if possible

If the clothing is soiled with faeces, wear gloves and an apron and dispose of it with toilet paper into the toilet, the item must be placed in a red water soluble bag. A prewash cycle must be selected, followed by wash cycle at the highest possible temperature. Machines must not be over loaded. Tumble dry if possible.

See [Appendix 3](#) for Trust bagging process

5.6.5 Trust owned items

These include curtains, slings should be placed in Blue plastic bag and labelled with trust, hospital, name and ward details. If the item is deemed infectious then the item should be placed in red alginate bag before placement into a blue outer bag.

Please complete a 'return to sender' form.

See [Appendix 4](#) for Trust owned bagging

5.7 Sharps

All staff within the clinical area must ensure that linen is free from sharps, clinical waste or any other items before placing in the linen bag.

5.8 Duvets and Pillows

All duvets and pillow must be PVC Coated to ensure cleaning can take place

- All duvets & pillows must be cleaned weekly and immediately if soiled, this is currently carried out by the housekeepers.

5.9 Clean linen

- Hands must be clean when handling clean linen.
- Linen must be fit for purpose, look clean and must not be damaged or discoloured.
- Clean linen and clothing must not be stored in the laundry room.
- Clean linen must be stored in a clean designated room/cupboard not used for other activities. The room/cupboard must be equipped with wipeable slatted shelving that can be easily cleaned and allow free movement of air around the stored linen.
- Linen must be stored above floor level, away from direct sunlight and water, in a dry cool environment.
- The linen room/cupboard must have doors that are kept closed to prevent contamination of the linen.
- Clean linen must be monitored to ensure it is in a good state of repair.
- No other equipment must be stored within the clean linen cupboard.
- Weekly reconciliation to be completed by either hotel service or clinical teams where already agreed.

6 Terms and definitions

Term	Definition
Fouled	Used linen contaminated by blood, body fluids or excreta
Infected	Used linen from patient with a specified known or suspected infection which has the potential to infect patients and staff Examples of Infected linen may include - <ul style="list-style-type: none"> • Infective diarrhoea - salmonella, shigella, campylobacter, E. coli O157, C. difficile, rotavirus • Blood borne or hepatitis viruses - Human Immunodeficiency Virus (HIV), hepatitis A, B, C.
Used	Includes all used linen, irrespective of state
IPC	Infection prevention and control
IPCN	Infection prevention and control nurse

Trust owned	Some items may be Trust owned, eg curtains, slings,
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7 How this procedure will be implemented

- This policy will be published in the Trust’s intranet and external website
- Line managers will disseminate this procedure to all Trust employees through a line management briefing

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff	E learning	1 hour	Annual

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC annual audit - section 9 (TEWV IPC Team and CAET developed audit tool – owned by CAET)	Annual, in person audit of wards, by IPCNs	Infection prevention and control committee

9 References

Department of Health (2016) Health Technical Memorandum 01-04 Decontamination of linen for health and social care. Management and provision. Department of Health London

Gov.Uk: Health and social Care Act 2008: code of practice on the prevention and control of infections and related guidance. Gov.uk (updated December 2022)

NHS England: National infection prevention and control manual for England 2022

Department of Health (2016) Health Technical Memorandum 01-04 Decontamination of linen for health and social care. Management and provision. Department of Health London

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 January 2023
Next review date	19 January 2026
This document replaces	IPC-0001-008-v3 Laundering and Safe Handling of Linen and Clothing
This document was approved by	Infection prevention and control committee
This document was approved	19 January 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	08 February,2023
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	7 Mar 2013		Withdrawn
2	26 Jul 2016	Full revision	Withdrawn
2.1	19 Apr 2017	Minor amendments (shown in red)	Withdrawn
3	19 Apr 2019	Full revision of hyperlinks, web addresses and revision of wording	Withdrawn
3	July 2020	Review date extended 6 months	Withdrawn
4	19 Jan 2023	Reviewed with minor amendments, updated references	Published

Appendix 1 – Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Infection Prevention & Control
Title	Laundering and Safe Handling of Linen and Clothing
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by trust staff.
Start date of Equality Analysis Screening	12/01/2023
End date of Equality Analysis Screening	07/02/2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust staff & patients
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	N/A
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	IPC Mandatory Training
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Approved by E&D 07 Feb 2023
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	IPCC
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Laundry bagging process

**HTM 01-04 - COLOUR CODING
TEXTILE BAGGING POLICY**

LINEN HIRE



White Berendsen Bag

INFECTED LINEN HIRE



Disolable Red Bag
Inside White Berendsen Bag

REJECTED LINEN



Rejected / Returned Item
only Pink Berendsen Bag

TRUST OWEND ITEMS



Blue Berendsen Bag

INFECTED TRUST OWEND ITEMS



Disolable Red Bag
Inside Blue Berendsen Bag

**This supersedes all previous linen bagging policies,
in adherence to Department of Health guidelines HTM 01-04**

Appendix 4 – Trust owned bagging process

Trust Owned Items **BLUE BAGS**



Blue Berendsen Bag

Inner - Dissolvable Red Bag
Outer - Blue Berendsen Bag

All Trust owned items should be placed in a

Blue Plastic Bag

E.g. curtains, Duvets, slings.

All items must be labelled with

Trust, Hospital Name & Ward

Please place any infected Trust items in a

Red Alginate Bag placed in a **Blue** Outer Bag.

Please complete a 'Return to Sender' form,

Retain the bottom copy and place the remaining two copies
into the Blue bag and seal

- ENSURE ALL SHARP ITEMS & EXTRENUOUS ITEMS ARE REMOVED PRIOR TO PLACING LINEN INTO BAGS
- PLEASE ENSURE THAT ALL TRUST / HOSPITAL OWNED ITEMS ARE CLEARLY MARKED PRIOR TO PLACING IN A BLUE BAG.