Laundry Policy

This policy is applicable to all staff and managers of staff who in the course of their work will be involved in the handling, transportation, labelling, washing and processing linen and, where applicable, patients’ clothing.
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1. **INTRODUCTION**

The provision of clean linen is a fundamental requirement for service user care. Incorrect handling or processing of linen can present an infection risk to all staff who process and handle laundry items and to the service users who subsequently use them.

Although linen may become contaminated with body fluids, which carry the risk of infection, there is in fact a minimal risk to others if correct procedures are followed.

The contents of this policy are based on the “Choice Framework for Local Policies and Procedures 01-04: Decontamination of Linen for Health and Social Care: Management and Provision Manual, Version 1” (CFPP01-04) This policy should also be read in conjunction with other Trust Infection Control Policies, including but not limited to:

- Hand Hygiene Policy
- Decontamination Policy
- Isolation Policy

2. **PURPOSE**

The purpose of this policy is to set out the procedures which must be taken to minimise the risk of infection by making staff aware of the correct procedures for categorisation, segregation, transportation and handling of linen so that the risk of potential cross-infection is minimised.

2.1 **Definitions/Explanation of Terms Used**

The definition of linen for the purposes of this policy includes sheets, pillow cases, towels, duvet covers, blankets, counterpanes and patient clothing.

**Categories of hospital linen**

1. **Clean and unused linen:**
   Linen that has not been used since it was last laundered.

2. **Used linen:**
   All used linen not classified as contaminated.

3. **Contaminated linen:**
   a) Soiled with body fluids including urine / blood / vomit / faeces
   b) Known infected linen

This system of categorisation applies when either the items are being laundered at the Trust’s Tickhill Road Site laundry or by Laundry Contractors (where applicable).
3. **SCOPE**

This policy is applicable to all staff and managers / supervisors of staff who in the course of their work will be involved in the handling, transportation, labelling, washing and processing of linen and, where applicable, patients clothing.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

4.1 **Care Group Directors/ Associate Nurse Directors/ Heads of Service/ Service Managers/ Supervisors**

It is the responsibility of Managers and Supervisors to make their staff aware of this policy in order to promote good practice and therefore reduce the risk of infection from the handling, transporting and laundering of linen.

4.2 **All staff involved in the handling, transportation, labelling, washing and processing of linen.**

It is the responsibility of staff involved in the handling, transportation, labelling, washing and processing of linen to:

- Follow the procedures set out in this policy.
- Be aware of and follow the relevant local procedures for their specific locations/geographical areas of work.
- Categorise, segregate and dispose of linen as per this policy.
- Be accountable for their own practice and always act to promote and safeguard patients, staff and visitors from the potential risk of cross-infection from used linen.
- Ensure all patient clothing, hoist slings and slide sheets are clearly labelled before putting in to the laundry system

4.3 **Laundry staff**

It is the responsibility of laundry staff to:

- Take personal responsibility for wearing personal protective clothing when handling all used, soiled and contaminated linen. Refer to the Personal Protective Equipment Policy
- Ensure that red water soluble bags are placed unopened into the washing machine.

Record wash temperatures on a regular basis and retain completed temperature logs for 6 months. Any abnormal readings must be reported to the Estates department immediately. The machine will be taken out of service pending appropriate investigation by the Estates Department or relevant Supplier.
5. PROCEDURE/IMPLEMENTATION

5.1 Inpatient Areas

5.1.1 The Storage of Clean Linen

When not in use, clean linen must be stored above floor level, in a designated linen cupboard with the door closed or an appropriate identified covered trolley to minimise the risk of contamination from dust.

5.1.2 Clean linen must never be stored within the bathroom or sluice.

5.1.3 If clean linen is taken into an isolation area and not used the linen must be laundered again before storage/use.

5.1.4 Any torn, damaged or stained linen should be placed in a clear plastic bag and returned to the laundry. The bag should be labelled showing the place of origin.

5.1.5 Linen storage facilities must be kept clean, this includes cupboard shelves and wheels of the linen cages.

5.1.6 Linen storage facilities are to be used for the storage of clean linen items only and not used for storage of any other equipment (i.e. Christmas decorations).

5.1.7 Holding and Storage of Used Linen (including contaminated linen)

All used linen must be handled with care to minimise the transmission of micro-organisms via dust and skin scales. Appropriately coloured plastic disposable aprons must be worn when there is a risk of contamination to staff clothing when making or changing bed linen.

5.1.8 Contaminated linen may contain potential pathogens and therefore should be removed from the bed with care and placed immediately into a red water soluble bag at the bedside and then directly into the designated green wheelie bin. It must not be placed on the floor or carried through the ward/department.

5.1.9 Care must be taken to remove any extraneous items from used linen before it is placed ready for laundering. Such items are potentially dangerous for staff handling the linen and may also damage laundry equipment.

5.1.10 Used linen awaiting collection must be stored in a secure area away from public access and in the appropriately labelled wheelie bin. Care should be taken to ensure the wheelie bin is not over filled and that the lid can be fully closed.

5.1.11 Green wheelie bins must be secured with a ward identifiable tie wrap in accordance with the protocol outlined in Appendix A.
5.2 **Transportation of Linen**

- Clean and dirty linen must not be transported together unless impervious barriers are in place.
- Used laundry items must not be decanted from one wheelie bin to another for the purposes of transportation. Such practice will present a significant risk to staff breaching the policy.
- Logistics staff must follow their departmental 'Standard Operating Procedures for Cleaning/decontamination of Vehicles' for any vehicle which is used for transporting used/contaminated linen.

5.3 **Advice to staff on the laundering of uniforms**

- Clinical uniforms must be changed daily.
- Where the service is available it is recommended that staff send their uniforms to the laundry.
- If uniforms are washed at the individuals home they must be washed separately from other items and on a machine cycle that reaches 71°C (for not less than 3 minutes) or 65°C (for not less than 10 minutes). Therefore, it is important that when uniforms are being purchased they can withstand laundring at 65°C.
- If a uniform becomes contaminated with blood or body fluids, it must be changed for a clean one as soon as possible. The contaminated item must be placed in a red soluble bag. Ideally it should be sent to the laundry (if this service is applicable) rather than taken home.
- The above principles also apply to the laundering of healthcare workers own clothing if worn for clinical work. Therefore clothing should be worn that can withstand the above laundring temperatures.

5.4 **Advice to staff on the laundering of patients clothing on ward areas**

- All personal items of clothing that cannot be taken home by visitors/relatives should be laundered by the Trust’s Laundry. For patients on a rehabilitation ward, the laundering of clothing can be undertken in the appropriate designated area within the clinical area.
- All patient clothing which is to be sent for laundring must be labelled with the patient name and ward location. It is the responsibility of ward staff to ensure all patient clothing is clearly labelled with the patient’s name and ward.
- Delicate garments, hand wash only, dry clean only or any other personal items that may need special wash treatments should be discouraged as these items cannot be safely decontaminated without the risk of damage. These items should not be sent to the Trust’s laundry as they may be damaged in the washing process. Where possible, check the garments label for any special instructions.
- Red water soluble bags for use in domestic machines must be the type with a dissolvable seam, as fully soluble bags may cause machine blockage.
- Manual sluicing and soaking of soiled laundry **must never** be carried out, even if the item is to be taken home by the visitors/relatives. A machine sluice cycle or cold pre wash must be used for all soiled items. Care should always be taken not to overfill the washing machine drum.
• Heat resistant items must be processed in a cycle which reaches 71° C (for not less than 3 minutes) or 65 ° C (for not less than 10 minutes).
• Heat labile items should be washed on the hottest cycle possible for that item.
• Inpatient areas who are considering procuring a new/replacement washing machine or drier, must contact the Estates department for advice on machine type/capability.

5.5 Advice for relatives/carers who take patients clothing home to wash

• Used/dirty clothing may be stored in the patient's locker / wardrobe or sluice area for a short period only. If clothing is soiled with body fluids and has an odour it may be more appropriate to store these items in an appropriate bag in the sluice areas. The bag, in turn, should be labelled with the patients name and placed in a cleanable, lidded receptacle. Ideally relatives should be taking used clothing home daily.
• Soiled/contaminated/infected clothing should never be manually sluiced. Relatives/carers should be informed of the type of soiling (if appropriate) and advised regarding the safe handling of contaminated linen.
• For soiled/contaminated/infected clothing - protective gloves should be worn (i.e.; household rubber gloves) to handle the clothing. Items must be placed directly into the washing machine. The gloves should be washed and dried and used for that task only. Hands should then be washed thoroughly.
• Solids must be removed from any garments and disposed of appropriately. The clothing should then be placed in a patient specific water soluble bag and secured according to manufacturer’s instructions. Red water soluble bags used in clinical areas must not be used to store clothing that is being laundered by relatives/carers as they cannot be placed in domestic washing machines. If used in a domestic machine they may cause damage and render the machine faulty.
• If soiled with body fluids, a pre-wash or sluice wash prior to the main wash is strongly advised. Clothing should be washed at the hottest possible temperature the fabric will withstand. The clothing should not be washed with other household members clothing.
• If clothing is grossly contaminated/soiled it should be discussed with relatives/carers that the safest means of decontaminating the clothing would be to send it to the hospital laundry. It must be emphasised that there is a risk that the items may be damaged during the washing process due to the high temperatures required to render the item of clothing safe. The laundry will not be held liable for any damage to such items. If the clothing is not labelled with the patients name the laundry staff will need informing prior to the clothing being sent.
• For used clothing – no soiling – place the items into the washing machine and wash at the hottest temperature the fabric will withstand. Relatives should wash hands thoroughly after handling items.

5.6 Manual handling equipment

Patients should have their own hoist sling /slide sheet (where required) whilst receiving inpatient care. Once the patient has been discharged the sling or slide sheet is to be laundered in the Trust’s laundry. Where there is any
soiling of fabric items, they must be laundered immediately and are not to be washed by hand in the ward area.

All hoist slings / slide sheets should be clearly marked with the ward name.

5.7 **Waterproof pillows and duvets**

Waterproof pillows and duvets must not be sent to the laundry for laundering. All pillows and duvets must be covered by an impervious waterproof cover with welded not stitched seams. If the pillow or duvet becomes soiled or damaged, it must be discarded and recorded as condemned.

All pillows and duvets must be marked with the ward or area name in permanent marker pen.

All pillows and duvets are to be cleaned by hand at ward level using the appropriate disposable cleaning wipe, in line with manufacturer instructions.

5.8 **Curtains and soft furnishings**

Curtains in clinical areas must be laundered routinely on a six monthly basis and when incidentally soiled or potentially contaminated through contact with an infectious patient. Any curtains purchased for clinical areas must be machine washable or be of the disposable type. Curtains must be labelled indicating when the next six monthly routine clean should take place.

Within clinical areas soft furnishings, such as chairs, must be purchased with wipe clean, fluid repellent upholstery, advice should be sought from the Infection Prevention and Control Team. Any chairs that become stained/soiled must be steam cleaned or discarded as soon as possible.

5.9 **Mop heads**

Reusable mop heads must be machine washed on a daily basis, separately from other items, by the Trust’s Laundry. Used mop heads should be placed in a red soluble bag and placed in to a wheelie bin identified for the collection of other infected items contained within red soluble bags.

5.10 **Containment of soiled, infected or contaminated laundry items**

The use of red soluble bags to contain soiled, infected and contaminated laundry items is vital to minimise the risk of infection. **These are easily available from the Laundry which may be contacted on 01302 796014.**

If such items are not contained securely on arrival at the Laundry the originating area will be contacted and asked to attend the laundry department to deal with and render safe any items. An incident form will be completed by the Laundry following any such occurrence.

6. **TRAINING IMPLICATIONS**

Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:-
**Laundry Policy**

<table>
<thead>
<tr>
<th>Staff groups requiring training</th>
<th>How often should this be undertaken</th>
<th>Length of training</th>
<th>Delivery method</th>
<th>Training delivered by whom</th>
<th>Where are the records of attendance held?</th>
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<tr>
<td>All staff and managers of staff who in the course of their work will be involved in the handling, transportation, labelling, washing and processing linen and, where applicable, patients clothing.</td>
<td>Once</td>
<td>1-2 hours</td>
<td>Local Induction</td>
<td>Employee/Manager</td>
<td>Local Induction Training Records</td>
</tr>
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As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through:

- Trust policies and procedures available on the intranet
- Ward / department line managers
- Trust Infection Prevention and Control Teams

### 7. MONITORING ARRANGEMENTS - model format

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<tr>
<td>Storage of clean linen</td>
<td>Facilities Monitoring Audit Exercise</td>
<td>Facilities Monitoring Officer</td>
<td>Head of Facilities / Matrons / Sisters / IPC</td>
<td>Varies dependant on risk category of area (between 1 and 3 months)</td>
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### 8. EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on this Policy’s webpage on the Trust Policy website.
8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

<table>
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<th>Indicate how this will be met</th>
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<tr>
<td>No issues have been identified in relation to this policy.</td>
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8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

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<th>Indicate How This Will Be Achieved.</th>
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<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
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9. LINKS TO ANY ASSOCIATED DOCUMENTS

- Health and Safety at Work act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Control of Substances Hazardous to Health Regulations (2002)
- Decontamination Policy

10 REFERENCES

for Used and Infecte Linen, HSG(95)18-21st April, 1995.

2. Choices Framework for Local Policy and Procedures 01-04 Version 1


11. APPENDICES
TWO BIN LAUNDRY SYSTEM

Ideally patient clothing should not be laundered on the wards unless it is part of a patient’s rehabilitation plan. It should either be taken home by relatives/carers or sent to the main laundry at Tickhill Road Site following the flow chart below.

**NB.** Patients’ clothing must be labelled with their name and the ward/area before sending to the Trust laundry so that it can be returned to the individual.

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**Hospital Linen and Patient Clothing**

**USED**

- Place in green wheelie bin identified with a white **USED** linen label

**CONTAMINATED**

- a) Soiled e.g. with body fluids
- b) Infected

- Place in red alginate bag and **KNOT THE BAG**

  **NB:** Do not put patient clothing in same red bag as hospital linen

- Place in green wheelie bin identified with a red **CONTAMINATED** linen label

When wheelie bin is full remove label and use a plastic tie wrap to secure the bin lid. Bin is now ready for collection by porters.

Put labels onto empty green wheelie bins ready for future use.