

Policy Document Control Sheet

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Final approval

Chairman or Executive Sponsor's Signature	
Date Approved	21 st November 2107
Name & Job title of Chairman or Executive Sponsor	Mr Jeremy Cundall, Medical Director
Approving Committee	Integrated Quality Assurance Committee
Signed master copy held at:	Corporate Records Office, Trust Headquarters, Darlington Memorial Hospital



Previous

known

as

POL/FM/001

Version Control Table

Date Ratified	Version Number	Status
December 2014	1.0 *New document which replaced Linen Policy POL/FM/0001	Superseded
21 st November 2017	2.0	Approved

Table of Revisions

Date	Section	Revision	Author
02.08.17	All sections	Inclusion of CDDS	S Wray
02.08.17	3	Change of provider from Cofely to Engie	S Wray
02.08.17	4	Change of duties from Director of Estates & Facilities to Head of Facilities	S Wray
02.08.17	4	Change of duties from Associate Director of Facilities to Facilities Management	S Wray
10.08.17	8.1	Removed the section of cleaning of patient personal items	W Thompson
10.08.17	8.3	Inclusion of chemical disinfection standards	W Thompson
10.08.17	General	Removal of previous section 10 "Definitions" and amalgamation with section 5 "Categories" as it was a direct repeat	W Thompson
10.08.17	13	Additional reference added	W Thompson

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1 Introduction

The provision of clean linen is a fundamental requirement for good patient care. It promotes dignity and respects the human rights of patients. In addition, incorrect procedures used during the handling or processing of linen can present an infection risk both to staff handling linen and to the service users who subsequently use it.

2 Purpose

The Trust policy reflects the guidelines within Choice Framework for local Policy and Procedures 01-04 (CFPP01-04) Hospital Laundry Arrangements for Used and Infected Linen and aims to promote practices, which will ensure best practice in the use of linen within the patient environment.

2.1 Policy Objectives

- Ensure all users understand the protocols and procedures in place involved in the receipt, storage, correct use of clean linen and disposal of dirty linen;
- Advise patient carers of the procedures for laundering patient clothing;
- Identify appropriate prevention measures to reduce the risk and protect patients, staff and the wider community;
- Provide staff with a broad outline of what to do and whom to contact for more detailed advice in relation to the management of linen and laundry.

3 Scope

This Policy applies to all County Durham and Darlington NHS Foundation Trust (CDDFT) and County Durham and Darlington Services (CDDS) employees including dedicated staff involved in the provision of linen services both in-house and via external contractors, which include Robertson's FM, ISS Facilities and Engie.

The policy is underpinned by local operational procedures within relevant areas of use of linen and laundry services throughout the Trust sites.

4 Duties

The responsibilities of individuals and groups of people involved with this policy include:

Director of Infection Prevention and Control (DIPC)

Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive. They ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies including the safe handling of linen.

Head of Facilities

The Head of Facilities will ensure that arrangements are in place to manage linen services supplied to the Trust incorporating the external supplier contract. They will have overall responsibility for the award and monitoring of the external laundry service provider.

Facilities Managers

The Facilities Managers will ensure the provision and management of a comprehensive and inclusive linen service in accordance with Trust/CDDS policies, plans, regulatory and statutory requirements.

CDDS Facilities management team or designated individual/s will:

- Implement and manage protocols and procedures related to linen management;
- Give guidance as required to relevant stakeholders related to linen management;
- Ensure the availability of relevant linen stock items for use by others;
- Manage the delivery of clean linen and removal of used linen throughout Trust sites;
- Liaise with the PFI providers to ensure compliance of this policy, related protocols and linen / laundry management on the respective site;
- This is not an exhaustive list and other duties will be carried out accordingly.

Infection Control Team

The Trust's Infection Control team or designated individual/s will:

- Support CDDS Facilities management to review and update the Linen Policy and associated documentation;
- Give additional advice regarding the management of linen where required;
- Promote good practice and challenge poor practice.

Ward, Service & Department Managers / Team Leads / Infection Control Lead Nurses

Are responsible for ensuring that all staff are familiar with the policy and that safe management of linen and laundry is carried out in their areas in accordance with legislation, Trust policies and best practice.

All Clinical Staff

All clinical staff must ensure they have read and understood the policy and incorporate the guidance on the management of linen and laundry into their clinical practice.

Non-clinical Staff

All non-clinical staff that have anything to do with handling linen and laundry must ensure they are aware of their role in the prevention of healthcare associated infection and adhere to local procedures.

5 CATEGORIES / DEFINITIONS OF LINEN

It is recommended that linen (in this document "linen" refers to all articles for laundering) should be divided by staff in wards and departments into three categories.

5.1 Used (Soiled and Foul) Linen

Used (Soiled and Foul) – all used linen, irrespective of state, but on occasion contaminated by body fluids or blood, apart from linen from infectious patients, those suspected as being infectious.

5.2 Used (Infected) Linen

Infected – linen from patients with or suspected of suffering from enteric fever, salmonella, dysentery (*Shigella* spp), hepatitis A, hepatitis B, hepatitis C and carriers, open pulmonary tuberculosis, HIV infection, notifiable diseases and other infections specified by the infection control officer as hazardous to staff.

It is most important that linen likely to infect staff should be put immediately into a red water-soluble bag or bag with a water-soluble stitched seam or membrane which will release its load in the wash process and which is sealed with an appropriate soluble tie and labelled as to its origin.

5.3 Heat-Labile

Heat-Labile – fabrics damaged by the normal heat disinfection process and likely to be damaged at thermal disinfection temperatures. These items are normally purchased by the Trust and are deemed as 'return to sender' items.

6 STORAGE OF CLEAN LINEN

Clean linen should always be stored in a clean, designated area, preferably a purpose built cupboard, off the floor to prevent contamination. Care should be taken not to obstruct access or any fire prevention equipment within the area including detector heads. If a linen trolley is used for the storage of linen it should be sheaved. The storage of linen should be held in secure storage area until the point of use.

Ideally, linen should not be decanted onto different trolleys or stored in corridors when delivered as this may result in contamination. Linen transported should be sheaved at all times and sheave should only be removed prior to use.

7 USED LINEN WITHIN THE HOSPITAL ENVIRONMENT

This category accounts for the vast majority of used linen from hospitals. For transportation, such linen should be placed into white polythene laundry bags. Bags must be securely fastened before being sent to the laundry. Care should be taken to prevent linen or foul seepage (body fluids or blood) escaping from laundry bags and contaminating other items

or staff. Laundry bags should be filled no more than $\frac{2}{3}$ full and securely tied at the neck. Infected linen should also be placed in a red water-soluble bag or bag with a water-soluble stitched seam or membrane prior to placement within a white laundry bag. Laundry bagging policy is detailed in Appendix A.

Used linen should be stored in a designated sluice or purpose built storage area and secured at all times. Dirty linen should only be stored for a minimal time at point of origin and transported to a secure holding area for external collection.

8 SPECIAL ARTICLES FOR LAUNDERING

8.1 Patient's Clothing

Patient's personal items of clothing will normally be sent home with the relative/carer. Patient's personal items of clothing that are soiled or infected will be placed in a sealed bag and returned to the relative/carer. (Guidance notes for home laundering are available Appendix B)

8.2 Curtains

Curtains must be placed in a plastic linen bag following local procedures and labelled correctly. Disposable curtains, where in use, should be disposed of as clinical waste.

8.3 Mops

Mops are issued to each area of the hospital on an exchange basis, replacing each areas quantity of soiled mops with clean. The used mop heads are either laundered on site or via the linen provider and are laundered to thermal or chemical disinfection standards. The mop heads are tumble dried and then bagged up ready for distributing.

8.4 Special Items e.g. slings, specialist capes etc

Items purchased by the Trust are deemed as 'Return to Sender' and must be clearly marked with the ward / department and Trust name prior to laundering. Such items should then be placed in a blue laundry bag and appropriate documentation completed.

8.5 Staff Uniform

Staff are responsible for the laundering of their uniforms and the 'Patients Personal Clothing - Guidance Notes for Relatives' in Appendix B should be followed.

If uniform is heavily contaminated and requires commercial laundering then the offending item/s should be placed into a red water-soluble bag or red bag with a water-soluble stitched seam, secondary bagged into a blue laundry bag and laundered using the 'Return to Sender' procedure.

9 TRAINING

All staff that deal with laundry (clean or used) must adhere to the Trust's guidelines on linen and laundry.

Clean laundry should be handled in such a way that contamination is avoided including during transport and storage.

Staff should wear aprons when making beds to minimise contamination of their uniform.

Laundry bags should always be used when clearing away used linen from bed areas. Staff must not hand carry loose used linen, or leave them on the floor, in order to minimise environmental and personal contamination.

All staff must ensure that no extraneous items are disposed of with used linen, such as dentures, spectacles, sharps, incontinence pads, and tissues as they may harm the laundry operators or cause damage to machineries.

The laundry bag should not be overfilled and should be securely closed when $\frac{2}{3}$ full.

Staff should wear aprons and gloves when handling linen from infected patients or whenever handling linen contaminated with bodily fluids.

Staff should wash their hands after handling used linen, and after removing gloves and aprons.

10 DISSEMINATION ARRANGEMENTS

All users of linen are required to be aware of the Trust Linen & Laundry Management Policy which will be made available on both the Trust Intranet and Internet pages for download / reference.

11 MONITORING

11.1 Key Performance Indicators

Number of Complaints / Compliments formally responded to by a Trust/CDDS employee.

CDDS aided by the relevant PFI provider will monitor the contractor to ensure that they are demonstrating compliance to the contract specification and in particular to HSG (95) 18.

11.2 Compliance and Effectiveness Monitoring

Monitoring Criterion	Response
Who will perform the monitoring?	CDDS Facilities team and Infection Control team.
What are you monitoring?	Number of Complaints / Compliments Feedback from linen supplier relating to non-compliance Compliance whilst fulfilling Infection Control Audits. KPI
When will the monitoring be performed?	Periodically through the Infection Control Audit tool
How are you going to monitor?	The areas of concern raised through the complaints procedure will be reviewed to investigate whether any common threads of complaint.
What will happen if any shortfalls are identified?	Issues will be investigated and where appropriate the policy or procedure adapted.
Where will the results of the monitoring be reported?	Facilities Team meeting or Infection Control meeting and escalated to the Infection Control Committee where applicable.
How will the resulting action plan be progressed and monitored?	Appropriate stakeholders will progress action plan which will then reflect in a reduced number of linen related issues.
How will learning take place?	Increased awareness through complaints and similar correspondence of users will be discussed and appropriate changes of awareness will be raised with the relevant department or manager.

13 REFERENCES

- NHS Executive (1995) HSG (95) 18 Hospital Laundry Arrangements for Used and Infected Linen
- NHS PASA National Framework Agreement for Laundry and Linen Services (ISPO Document 5)
- Service Level Agreement with Berendsen (formerly Sunlight)
- Choice Framework for Local Policies and Procedures (CFPP) 01-04: Decontamination of Linen for Health & Social Care
- HSE (1999) Management of Health and Safety at Work Regulations
- HSE (2002) Control of Substances Hazardous to Health Regulations
- NPSA (2010) The National Specifications for Cleanliness in the NHS
- Health and Social Care Act 2008 Care of Practice for Prevention and control of Infection

14 ASSOCIATED DOCUMENTATION

This Trust Linen & Laundry Management Policy refers to the following CDDFT Trust policies and procedures:

- Local protocols in place which should be accessed via the on-site Facilities Team

15 APPENDICES

Appendix A. Colour Coding Bagging Policy

Appendix B. Patients Personal Clothing Guidance

Appendix C. Equality Impact Assessment

Appendix D. Procedural Document Check Sheet A

Appendix E. Procedural Document Check Sheet B

Appendix A.



CFPP01:04 - COLOUR CODING BAGGING POLICY

Bags should be filled two-thirds full (approximately 2.5 beds)

LINEN HIRE ITEMS



White Berendsen Bag

REJECTED Linen



Rejected / Return
Items Only
Pink Berendsen Bag

INFECTED LINEN HIRE ITEMS



Inner - Dissolvable Red Bag
Outer- White Berendsen Bag

CUSTOMERS' OWN
ITEMS



Blue Berendsen Bag

INFECTED CUSTOMERS'
OWN ITEMS



Inner- Dissolvable Red Bag
Outer- Blue Berendsen Bag

This bagging policy immediately supersedes all previous linen bagging policies in adherence with DoH document CFPP01:04

For more visit us at www.berendsen.co.uk

Appendix B.

Patients Personal Clothing - Guidance Notes for Relatives

Patient's personal items of clothing may only be washed through the hospital laundry system if the clean items are marked and identified to the Patient and Ward area.

The Trust cannot accept responsibility for items sent to the laundry without the appropriate ID or fabrics which may be liable to damage as a result of thermal disinfection.

Advice for patient's personal items taken home for laundering

- Dispose of plastic bag(s) used to carry items. Alginate bags must never be placed within a domestic washing machine.
- Remove items from the bag and place them directly into the washing machine, if possible, without sorting them. If you have to sort them wear rubber gloves and wash these with soap and water afterwards.
- Wash the clothing separately from your other home laundry.
- Always hold the clothing away from you to avoid spreading germs.
- Do not shake the clothing.
- Hand hygiene should be undertaken following handling of items.
- Launder items using at as high a temperature as possible as per washing instructions on the care label.
- Use normal washing powder or detergent.
- Tumble dry where possible (following manufacturers guidance).
- Iron according to manufacturers' instructions. A hot iron with steam is best if possible.
- Where hand rinsing of heavily soiled items is absolutely necessary, this should be carried out by fully submersing the items to avoid potential aeroionisation/splashes while rinsing. Ensure splashing is minimised particularly when discarding used water.

Equality Analysis/Impact Assessment

EAIA Assessment Form

v3/2013

Division/Department:

County Durham & Darlington Services

Title of policy, procedure, decision, project, function or service:

Linen & Laundry Management Policy

Lead person responsible:

Stuart Wray

People involved with completing this:

Stuart Wray – Head of Facilities
William Thompson – Facilities Manager

Type of policy, procedure, decision, project, function or service:

Existing

New/proposed

Changed

Date Completed:

August 2017



Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

To ensure that all staff and relevant stakeholders are aware of their responsibility in relation to linen and laundry management on Trust premises.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

Staff, patients, visitors and elected members

What barriers are there to achieving these outcomes?

Staff not following the policy

How will you put your policy, procedure, project, decision, function or service into practice?

SharePoint /Trust Intranet

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

None

Step 2 – Collecting your information

What existing information / data do you have?

Return to sender
Finance data

Who have you consulted with?

CDDS
Infection Control
PFI partners

What are the gaps and how do you plan to collect what is missing?

No identifiable gaps

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

None

Sex/Gender

None

Age

None

Disability

None

Religion or Belief

None

Sexual Orientation

None

Marriage and Civil Partnership (applies to workforce issues only)

None

Pregnancy and Maternity

None

Gender Reassignment

None

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

None

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

None

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes No

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

Equality Impact Assessment demonstrates no adverse impact on any community group with characteristics demonstrated under the Equality Act 2010.

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

N/A

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Bi-annually at policy review

Step 6 – Completion and central collation