

## **Laundry Guidelines for Safe Storage, Handling and Disposal of Used and Infected Laundry**

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## Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & Location	Details of Significant Changes
5	Sep 15	Jane Balderson	Infection Prevention Nurse (IPN)	Change of management of soiled linen
6	Oct 15	Jane Balderson	IPN	Rewording of definitions Addition of the use of linen tape monitoring
7	Sep 18	Jane Balderson	IPN	Rewording of management of patients' own soiled linen section

## Contents

Section	Heading	Page
1	<a href="#"><u>Introduction</u></a>	
2	<a href="#"><u>Scope</u></a>	
3	<a href="#"><u>Detail</u></a>	
4	<a href="#"><u>Accountability</u></a>	
5	<a href="#"><u>Dissemination and Implementation</u></a>	
6	<a href="#"><u>Monitoring and Auditing</u></a>	
7	<a href="#"><u>Consultation</u></a>	
8	<a href="#"><u>Supportive Evidence</u></a>	
9	<a href="#"><u>Appendices</u></a>	
Appendix 1 Appendix 2		

## 1) Introduction

These guidelines outline the procedures and Infection Prevention practices for the safe handling and disposal of used and infected linen. It is to be used and referenced by all staff involved in handling and disposal of linen.

## 2) Scope

These guidelines apply to all staff handling linen

## 3) Detail

### 3.1) Definitions

**Linen:** all reusable textiles including bed linen, towels, curtains, hoist slings

**Used linen:** linen which has been used but remains dry and uncontaminated.

**Soiled linen:** linen which is contaminated with blood or body fluids but the patient is not known to be, or suspected of being infectious

**Infected:** Includes linen -

- Where patient has diarrhoea
- Where the patient is known to be or suspected of being infectious
- Contaminated with blood or body fluids from patients with blood-borne viruses

### 3.2) Storage of clean linen

Contact the Assistant Facilities Manager for enquiries regarding distribution and collection of linen.

Clean linen **must** be:

- Stored in a designated, clean, dust-free, closed cupboard to prevent airborne contamination, or on a dedicated fully enclosed mobile linen trolley.
- Stored off the floor.
- Segregated from used / soiled linen.
- If there is exposure of clean linen to any infectious agent then it must be disposed of as infected linen

Clean linen **must not** be:

- Stored in areas such as the sluice or in bathrooms.
- Decanted onto open trolleys unless for immediate use.

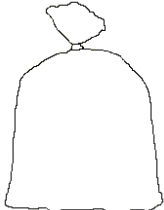
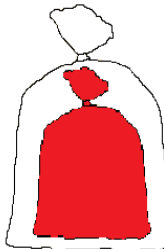
Effective management of bed linen should ensure that there is minimal or no excess linen left on the ward each day.

When the bed linen is restocked daily, any unused linen should be placed where it can be used first, to ensure stock rotation.

Do not take excessive amounts of linen into an isolation room/cohort area as any unused linen must be treated as contaminated and disposed of accordingly.

Any linen in the emergency linen cupboard must come direct from the laundry and must not be topped up with unused linen from other wards.

### 3.3) Linen disposal to laundry

Type of linen	Description/identification	Type of laundry bag	
Used and soiled linen	Soiled linen can be contaminated with blood or body fluids where the patient is not known to be, or suspected of being infectious	White plastic (non-soluble and non-permeable) bag Tie securely	
Infected linen	Infected linen that is used or soiled from <ul style="list-style-type: none"> <li>• patients known to be or suspected of being infectious</li> <li>• patients with diarrhoea</li> <li>• patients known to have a blood borne virus</li> </ul>	Red hot water soluble plastic bag and then into a white outer plastic (non-soluble and non-permeable) Tie and secure the neck of the bag with tape which indicates 'Infected linen'	

*Adapted from the Synergy bagging policy flyer*

All pillows must be covered with an impervious waterproof cover. If the pillow itself becomes soiled it must be discarded.

Bed linen should be changed when soiled and as a minimum weekly. In cases of infection such as *Clostridium difficile*/MRSA /TB etc. linen must be changed when soiled and as a minimum daily.

Handle contaminated linen as little as possible with minimal agitation to prevent cross contamination.

When handling used or soiled linen, Health Care Workers (HCW) must wear aprons; gloves must be used if there is a risk of exposure to body fluids. Hands should be cleaned with disinfectant gel before handling clean linen, and soap and water and disinfectant gel after disposal of used linen.

Linen bags must not be overfilled to facilitate secure closure.

Remove used linen off the ward as soon as possible.

### 3.4) Curtains

Curtain changing is undertaken in line with the national specifications for cleanliness at the following frequencies.

In addition they must be changed when soiled, or when contaminated following contact with an infected patient.

	Cubicle Curtain Change frequency	Window Curtain Change frequency
Disposable curtains	3 monthly	
Very High Risk Area Critical Care, Renal Units, Emergency Department, Endoscopy, labour ward	3 monthly	Yearly
High Risk Area Wards	6 monthly	Yearly
Significant Risk Area Outpatients	12 monthly	Yearly
Low Risk Area Office areas		2 yearly

### 3.1) Procedure for sending patients' contaminated linen to laundry where there are no relatives or visitors able to take or deal with it

- Contact the Assistant Facilities Manager (York) or Facilities Supervisor (Scarborough and Bridlington) with patient details, ward, and list of personal property that needs to be laundered. Specify any specialist treatment required for laundering the items.
- Place the items into a red soluble laundry bag and secure in a white outer plastic bag (non-soluble and non-permeable).
- Arrange collection of the property from the ward with the Assistant Facilities Manager/ Facilities Supervisor.
- Clean laundry will be returned to the ward. This will take a few days and will depend on the workload of the facilities staff.

The Trust recognises that on certain occasions patients may have no-one willing to take and deal with their laundry. In this instance the soiled personal clothing which could potentially be infectious cannot be left on the ward. On such occasions this procedure will be instigated at the patient's own risk as the Trust cannot accept any liability for missing or damaged items of clothing as a result of the cleaning process.

#### **4) Accountability**

All healthcare professionals and volunteers are responsible and accountable to the Chief Executive for the correct implementation of these guidelines.

Professional staff are accountable according to their professional code of conduct.

#### **5) Dissemination and Implementation**

These guidelines will be disseminated through the Consultants; Clinical Directors; Directorate Manager; Matrons; and Ward Managers via emails and meetings.

## 6) Monitoring and Auditing

Minimum Requirements	Monitoring	Responsibility for monitoring	Frequency	Reported to
a. Safe management of clean and used linen	Ward Accreditation Visits	WAT lead with Infection Prevention Nurses	Annual	Wards where issues raised
b. Appropriate use of infected linen tape	Spot check audits	Infection Prevention Nurse	Bi-annual	Wards where issues raised
c. Curtain changes	Domestic records	Domestic management	Annual	Facilities management

## 7) Consultation

The Stakeholders include Trust Waste Manager, domestic services and the Infection Prevention Team

## 8) Supportive Evidence

Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Management and provision (Department of Health) 2013 - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/148536/CFPP\\_01-04\\_Mgmt\\_and\\_provision\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148536/CFPP_01-04_Mgmt_and_provision_Final.pdf)

Soiled Linen Bagging Procedure (Synergy health) 2013