



*Please Note: This policy is currently under review and is still fit for purpose.*

# Laundry Policy

## Bagging Procedure for Linen

This procedural document supersedes: PAT/IC 21 v.5 – Laundry Policy - Bagging Procedure for Linen



### Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Julie Hartley - Infection Prevention and Control Practitioner
Date written/revised:	August 2016
Approved by:	Infection Prevention and Control Committee
Date of approval:	20 October 2016
Date issued:	28 October 2016
Next review date:	August 2019 – <b>(extended to December 2019)</b>
Target audience:	Trust Wide

## Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
6	28 October 2016	<ul style="list-style-type: none"> <li>• Change to new Trust format</li> <li>• Definition of linen added</li> <li>• Change of policy guidance to The Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care 2016 which supersedes the Choice Framework for local Policy and Procedures know as (CFPP 01.04) – Decontamination of linen for health and social care: Engineering, equipment and validation Manual Version:1.0: and Maintenance and provision 1.1 England.</li> <li>• Change to care group &amp; mandatory training format</li> <li>• Datix incident reporting added</li> <li>• Equality Impact Assessment added to appendix</li> <li>• Update of associated documents</li> <li>• Update of references</li> </ul>	Julie Hartley Infection Prevention and Control Practitioner
5	13 November 2013	<ul style="list-style-type: none"> <li>• Appendix A amended and Appendix B added to update guidance that Outer bags of infected linen are secured with a yellow tape, in line with CFPP 01-04. Appendix B shows examples of linen segregation.</li> <li>• HSG (95) 18 superseded</li> </ul>	E Mcgregor Infection Prevention and Control Team.
4	December 2012	<ul style="list-style-type: none"> <li>• Title Change</li> <li>• Section added on “Equality Impact Assessment”</li> <li>• Paragraphs re-named and re-numbered in line with (CORP/COMM 1)</li> <li>• Change in segregation of linen CFPP 01-04 guidance now states “<i>that only known infection or those suspected of being infectious should be placed in red soluble bag</i>”.</li> </ul>	B. Bacon Lead Nurse Infection Prevention and Control
3	February 2009	<ul style="list-style-type: none"> <li>• Policy amendment form added</li> <li>• Sections added: <ul style="list-style-type: none"> <li>- Duties</li> <li>- Individual and Group Responsibilities</li> <li>- Education and Training</li> <li>- Procedures for Patient Clothing Being Laundered at Home</li> </ul> </li> </ul>	Infection Prevention and Control Team
2	August 2006	Paragraph removed from page 3	Infection Control Team

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## 1. INTRODUCTION

In accordance with the 'Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance', under section 2a of the NHS Constitution, patients have a right to expect care to be provided in a '*... clean and safe environment that is fit for purpose, based on national best practice*'. This includes the range of support services such as the provision of a linen and laundry service that reduces the risk of cross-infection and enhances the patient experience.

### Definition of linen

For the purposes of this document, "linen" means all reusable textile items requiring cleaning/disinfection via laundry processing including:

Bed linen: blankets, counterpanes, cot sheets and blankets, duvets, duvet covers, pillowcases and sheets (woven, knitted, half sheets, draw and slide sheets);

bibs;

blankets;

canvases;

curtains;

hoist slings;

patient clothing (gowns, nightdresses and shirts, pyjama tops and bottoms);

staff clothing (coats, scrub suits, tabards, uniforms);

towels.

This policy is based on The Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care 2016 which supersedes the Choice Framework for local Policy and Procedures known as (CFPP 01.04) – Decontamination of linen for health and social care: Engineering, equipment and validation Manual Version:1.0: and Maintenance and provision 1.1 England.

Laundry to be provided and used by the Trust should be fit for purpose. It:

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

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

## 2. PURPOSE

The purpose of this policy is to ensure all linen is correctly categorised, and segregated in such a way that risk of potential cross-infection is minimal.

### 3. DUTIES

This policy covers infection prevention and control management issues and applies to all health care workers employed by the Trust that undertake patient care, or who may come into contact with patients.

Trust staff includes:-

- Employees
- Agency/Locum/Bank Staff/Students
- Visiting/honorary consultant/clinicians
- Contractors whilst working on the Trust premises
- Volunteers

Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the Policy. They need to be aware of their personal responsibilities in preventing the spread of infection. It is the responsibility of Care Group Directors and Matrons to ensure compliance with this standard.

### 4. INDIVIDUAL AND GROUP RESPONSIBILITIES

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

#### **Trust Board**

The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the risks associated with Infection Control. Their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to Health Care Associated Infections.

**Director of Infection Prevention and Control:** Is responsible for the development of infection and prevention and control strategies throughout the Trust to ensure best practice

The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**Matrons:** are responsible for ensuring implementation within their area by undertaking regular audits in ward rounds activities. Any deficits identified will be addressed to comply with policy.

**Care Group Divisional Managers and leads:** are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times.

**Consultant Medical Staff:** are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

**On-call Managers:** are responsible for providing senior and executive leadership to ensure implementation of this policy.

## 5. BAGGING PROCEDURE FOR LINEN

Used linen may be contaminated with potential pathogens therefore should be removed from the bed with care and placed immediately into the appropriate bag at the bedside and not on the floor or carried through the ward/department.

Although linen may be contaminated with body fluids, which may carry disease, there is little risk if the correct bagging procedure is followed. Appendix 1- details the way in which used linen should be sorted and categorised. The procedure design is such as to reasonably ensure that laundry staff do not manually open bags containing infectious linen and are protected from infectious agents. See Appendix 2.

### 5.1 Procedure for Patients Clothing being Laundered at Home

Laundry and its products should preserve the patient's dignity, promote patient's care, and be appropriate to the patient group, gender, clinical status, religion and beliefs. Where appropriate, it should support the use of personal clothing including nightwear.

#### A. Contaminated Clothing

- Put contaminated clothing in a water soluble patient clothing bag (white with orange stripe available from Supplies ordering product code **MVF 010**).
- Seal bag with attached pink tie.
- Explain to relative/carer to place unopened Patient Clothing Bag into the domestic washing machine on its own without opening the bag.
- Set washing machine as per normal household routine.
- When wash cycle complete, remove clothing and bag from washing machine.
- Tumble dry/iron clothing as per normal household routine.
- Dispose of Patient Clothing Bag in household waste bin.
- NB. **DO NOT** use the large red alginate bags for this as they are not designed for domestic washing machines.

#### B. Used Unsoiled Clothing

- Relatives/carers may use Patient Clothing Bag as above if they wish.
- Advise that these clothes can be taken home in a carrier bag, laundered as per normal household routine and returned to patient in hospital in a clean carrier bag.

## 6. TRAINING AND SUPPORT

Education of staff should make it less common for inappropriate segregation of used linen and for laundry bags to contain inappropriate objects. The presence of foreign objects, particularly if metal or sharp, represents a major hazard not only to the laundry staff but could result in irreversible damage to the machine. It is important to remember all bags must not be filled to more than 2/3rds full. Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:-

- Trust Induction.
- Trust Policies and Procedures available on the intranet.

- Ward/departmental/line managers.
- As part of the mandatory infection control education update sessions delivered by e-learning.
- Infection Prevention and Control Educational displays/ posters.
- Trust Infection Prevention and Control Team.
- Infection Prevention and Control Link Practitioners will be provided with education sessions about the policy at their meetings which will facilitate local training and supervision to take place.
- Advice is also available from the Doncaster & Bassetlaw Hospitals internet sites.

## 7. MONITORING COMPLIANCE WITH THE POLICY

This policy will be reviewed routinely every three years unless, when new national or international guidance are received and when newly published evidence demonstrates need for change to current practices. The policy will be approved and ratified by the Infection Prevention and Control Committee.

Monitoring	Who	Frequency	How Reviewed
Compliance with policy to negate cross-infection	The Infection Prevention and Control Practitioners	Weekly	“Alert organism review” to monitor adherence with the policy.
Audits in ward rounds activities	Matron	Weekly	Deficits identified will be addressed via agree action plan to comply with policy.
Training needs for infection prevention and control	Ward and Department Managers Training and Education Department	Annually	Staffs Professional Development Appraisal.  Attendance will be captured via OLM system.
Compliance with policy	Laundry Staff	Daily	Information is fed back to Infection Prevention and Control Committee quarterly; any actions needed are discussed and agreed.
Incident Reporting via Datix	All Staff	When incident occurs	IPC team makes recommendations at time of incident. Incident Information is fed back to Infection Prevention and Control Committee quarterly; any actions needed are discussed and agreed.

## 8. DEFINITIONS

**White or Clear Polythene Bags ‘Impermeable bags’** are bags that a liquid does not leak during transport.

**Red Soluble Alginate bags ‘Water-soluble bags’** are (1) bags that dissolve or break apart when processed in a washing machine and/or (2) impermeable bags with a water-soluble seam.

### **Microorganism**

A microscopic entity capable of replication. It includes bacteria, viruses and the microscopic forms of algae, fungi and protozoa.

## 9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4).

## 10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols for the prevention and control of HCAI in line with the Health and Social Care Act 2008. In particular:

- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Hand Hygiene Policy - PAT/IC 5
- Glove Use Policy - CORP/HSFS 13
- Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Privacy and Dignity Policy - PAT/PA 28
- Dress Code and Uniform Policy - CORP EMP 20
- Isolation Policy - PAT/IC 16

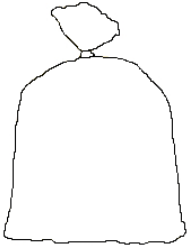
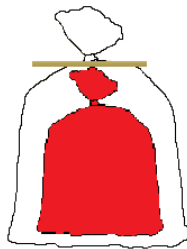
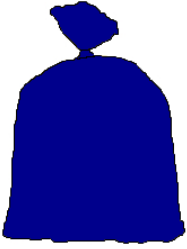
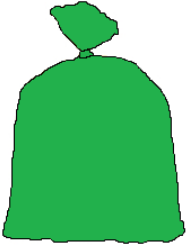
## 11. REFERENCES:

1. The Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care 2016
2. The Health and Social Care Act 2008. Department of Health.



## APPENDIX 1 - BAGGING PROCEDURE FOR LINEN

**Soiled Linen Bagging Procedure – Following CFPP-0104**

<b>A</b>	<b>Used and soiled linen</b>	All used and soiled linen (including patient wear) for example nightwear, patient gowns etc.	General soiled linen and classifications written within CFPP 0104.  <b>Do not place soiled linen in white bags if known as infected linen.</b>	<b>White Polythene Bags</b>	
<b>B</b>	<b>Infected linen</b>	All used and soiled linen including patient wear from patients with known infections or suspected infectious.	Put in to a <b>red soluble (alginate) bag</b> and tie, then into a <b>WHITE</b> polythene bag  <b>CFPP 0104 states the outer bag must be tied and secured around the neck of the bag with tape which indicates 'Infected linen'</b>	<b>Red Soluble Bag Inside a White Polythene Bag</b>	
<b>C</b>	<b>Return to Sender items (RTS)</b>	Items owned by the Trust / Hospital / ward, for example uniforms, glide sheets, baby sleeping bags etc.	All items must be labeled, with Dept, Hospital name. Any items sent not labeled may not be returned. If you have any items that are infected place inside a red alginate bag and then in a blue outer bag.	<b>Navy Blue Polythene Bag</b>	
<b>D</b>	<b>Rejected clean linen (unused)</b>	Any clean linen which is found to be unusable (i.e. torn, stained, etc not fit for purpose)	All rejected linen must be placed in a green polythene bag and returned through the specific process agreed with the Trust.	<b>Green Polythene Bag</b>	







**Important Notes**







Before fastening any bag, make sure it is no more than **three quarters full**, (bags that are too heavy may not be collected and could cause manual handling issues)

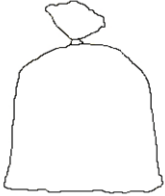

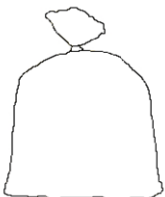


Dirty linen may not be collected if any of the above procedures are breached.

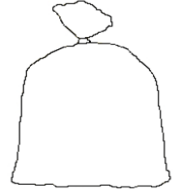
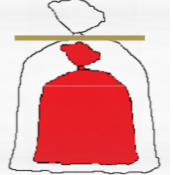

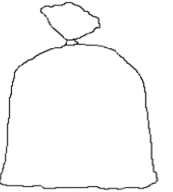
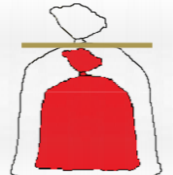
Do not send any other items such as pillows, patient belongings etc. within the soiled linen.

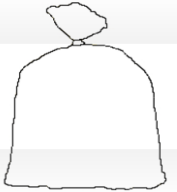

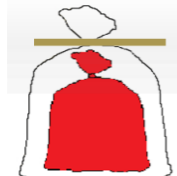
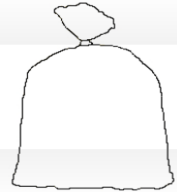

## APPENDIX 2 – ISOLATION BAGGING PROCEDURE FOR LINEN

Organism	Linen	Soiled Linen Bagging
Acquired Immune Deficiency Syndrome (AIDS) or HIV infection	As infected if contaminated with blood or body fluids	
Campylobacter	If soiled treat as infected.	
Chickenpox	As infected.	
CJD and vCJD	Treat as non-infected.	
Clostridium difficile	Treat as infected linen.	
Diarrhoea +/- vomiting, known or suspected food poisoning.	Treat as infected linen.	

Organism	Linen	Soiled Linen Bagging
E.Coli 0157	If soiled treat as infected.	
Group A Streptococcus	As infected.	
Hepatitis A	If soiled treat as infected.	
Hepatitis B	If soiled treat as infected.	
Hepatitis C	If soiled treat as infected.	
Influenza	Treat as non-infected.	

Organism	Linen	Soiled Linen Bagging
Legionnaires	Treat as non-infected	
Measles	Treat as infected.	
Meningococcal Meningitis (bacterial)	Treat as non-infected	
Pneumococcal Meningitis	Treat as non-infected.	
MRSA	Treat as infected.	

Organism	Linen	Soiled Linen Bagging
Mumps	Treat as non-infected	
Rotavirus	If soiled treat as infected.	
Respiratory Syncytial Virus (RSV)	If soiled treat as infected.	
Rubella	Treat as non-infected	
Salmonella	Treat as infected if soiled.	

Organism	Linen	Soiled Linen Bagging
Scabies	Treat as non-infected	
SARS/Pandemic Flu	As infected	
Shingles (Herpes Zoster)	If soiled treat as infected	
Tuberculosis - Pulmonary	Treat as non-infected	
Whooping Cough (pertussis)	Treat as non-infected	

**APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING**

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Laundry Policy. Bagging Procedure for Linen	Corporate Nursing, Infection Prevention & Control	Julie Hartley Infection Prevention & Control Practitioner	Existing Policy	1/9/16

- 1) Who is responsible for this policy?** Infection Prevention & Control Team
- Describe the purpose of the service / function / policy / project/ strategy?** Policy updated using latest evidence to promote the correct segregation and management of laundry.
- 2)** It demonstrates the Trust commitment to provide staff with guidance to maintain safe practice.
- 3) Are there any associated objectives?** Legislation, targets national expectation, standards- Department of Health
- 4) What factors contribute or detract from achieving intended outcomes?** – Nil
- 5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** Details: [see Equality Impact Assessment Guidance] - No
- If yes, please describe current or planned activities to address the impact** – Nil
- 6) Is there any scope for new measures which would promote equality?** N/A

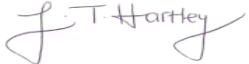
**7) Are any of the following groups adversely affected by the policy?**

Protected Characteristics	Affected?	Impact
a) Age	No	Neutral
b) Disability	No	Neutral
c) Gender	No	Neutral
d) Gender Reassignment	No	Neutral
e) Marriage/Civil Partnership	No	Neutral
f) Maternity/Pregnancy	No	Neutral
g) Race	No	Neutral
h) Religion/Belief	No	Neutral
i) Sexual Orientation	No	Neutral

- 8) Provide the Equality Rating of the service / function /policy / project / strategy** – tick (✓) outcome box
- |             |           |           |           |
|-------------|-----------|-----------|-----------|
| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 |
|-------------|-----------|-----------|-----------|

*\*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4*

**Date for next review: August 2019**

Checked by:  Date: 1/9/16