



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Laundry Policy

Bagging Procedure for Linen

This procedural document supersedes: CORP/FAC 12 v.7 – Laundry Policy - Bagging Procedure for Linen



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Executive Sponsor(s):	Sam Wilde – Chief Finance Officer
Author/reviewer: (this version)	Paul Bird – Head of Facilities
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Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	Oct 2025	<ul style="list-style-type: none"> • Change of Executive Sponsor. • Removed references to CFPP 01-04 and replaced with HTM 01-04. • Clarified Appendix 2 – Isolation Bagging Procedure for Linen. 	Paul Bird
Policy Ref change FAC 12v.1 Version 1	May 2022	<ul style="list-style-type: none"> • Added Data Protection Paragraph • Changed to new Policy Template • Re-categorised to CORP/FAC 12 V.1 • Updated Bagging Procedure (Appendix 1) • Updated definitions section • Updated Isolated Bagging Procedure (Appendix 2) • Added guidelines for rejected linen (Appendix 3) 	Nicci Penk, Facilities Lead
Version 6	October 2016	<ul style="list-style-type: none"> • Change to new Trust format • Definition of linen added • 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 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. • Change to care group & mandatory training format • Datix incident reporting added • Equality Impact Assessment added to appendix • Update of associated documents • Update of references 	Julie Hartley, Infection Prevention and Control Practitioner
Version 5	November 2013	<ul style="list-style-type: none"> • 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. • HSG (95) 18 superseded 	E McGregor Infection Prevention and Control Team

Version 4	December 2012	<ul style="list-style-type: none">• Title Change• Section added on “Equality Impact Assessment”• Paragraphs re-named and re-numbered in line with (CORP/COMM 1)• Change in segregation of linen CFPP 01-04 guidance now states “that only known infection or those suspected of being infectious should be placed in red soluble bag”.	B Bacon Lead Nurse Infection Prevention and Control
Version 3	February 2009	<ul style="list-style-type: none">• Policy amendment form added• Sections added:<ul style="list-style-type: none">- Duties- Individual and Group Responsibilities- Education and Training- Procedures for Patient Clothing Being Laundered at Home	Infection Prevention and Control Team
Version 2	August 2006	<ul style="list-style-type: none">• 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.

This policy is based on The Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care 2016.

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

- look visibly clean
- be the right material
- 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 lines are 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 Divisional 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 Healthcare 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 with care and placed immediately into the appropriate bag at source and not placed 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 and rejected linen should be sorted and categorised. The procedure is designed to reasonably ensure that laundry staff do not manually open bags containing infectious linen and are protected from infectious agents (**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 is completed, 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 directions regarding infection prevention and control practice and information from a number of sources:

- Trust Induction.
- Trust Policies and Procedures are 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 Doncaster & Bassetlaw Hospitals internet sites.

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

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.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
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	Staff’s 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

Linen

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

Linen Hire / Hired Linen

Items that the trust rent from the laundry supplier and are subsequently replaced by the supplier at the end of their life. Linen hired items will include for example;

Single White Sheet
Pillow Case

Patient Gown
X-ray Gown

Draw Sheet / Half Sheet
Towels
Thermal Counterpane
Blanket
Baby Wrap
Baby Blanket

Night Dress
Pyjama Top
Pyjama Bottom
Dressing Gown
Scrub Suit Top
Scrub Suit Bottom

Return to Sender (RTS)

Linen items that have been purchased by the Trust for their individual use and are subsequently replaced by the Trust at the end of their life. RTS items will include for example;

Fabric Curtains
Shower Curtains
Maternity Belts
Fabric Laundry Bags

Rejected Linen

Items of fresh, unused linen that are 'rejected for use' due to condition, cleanliness or quality.

(Appendix 3).

White or Clear Polythene Bags 'Impermeable bags'

Bags that a liquid does not leak out of during transport.

Red Soluble Alginate bags 'Water-soluble bags'

(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

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

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), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

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. **(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 Action 2008. In particularly:

Dress Code and Uniform Policy - CORP EMP 20

Glove Use Policy - CORP/HSFS 13

Hand Hygiene Policy - PAT/IC 5

Isolation Policy - PAT/IC 16

Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19

Privacy and Dignity Policy - PAT/PA 28

Standard Infection Prevention and Control Precautions Policy - PAT/IC 19

11 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

12 REFERENCES

The Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care 2016



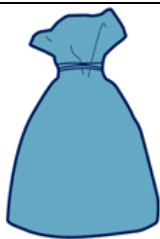
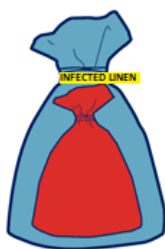

The Health and Social Care Act 2008. Department of Health.

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 – BAGGING PROCEDURE FOR LINEN

Soiled & Rejected Linen Bagging Procedure – Following HTM 01-04

Used & soiled linen hired items	Place the item(s) into a White Synergy Polythene Bag and tie the bag securely at the top. Take care not to over fill the bag	
INFECTED or SUSPECTED INFECTED linen hired items All linen from 'Yellow Risk areas' must be treated as INFECTED .	Place item(s) into a red water soluble bag before placing into the White Synergy Polythene Bag . Tie BOTH bags securely and take care not to overfill the bag. Finally, wrap 'Infected linen' tape around the neck of the outer bag.	
Used & soiled return to sender linen items	All RTS items should be clearly labelled with 'Doncaster & Bassetlaw Teaching Hospitals'. Place the item(s) into a Blue Synergy Polythene Bag and tie the bag securely at the top. Take care not to over fill the bag.	
INFECTED or SUSPECTED INFECTED return to sender linen items All linen from 'Yellow Risk areas' must be treated as INFECTED .	Place into a red water soluble bag before placing into the Blue Synergy Polythene Bag . Tie BOTH bags securely and take care not to overfill the bag. Finally, wrap 'Infected linen' tape around the neck of the outer bag.	
Unused rejected linen items	Place into a green Polythene bag along with a completed 'rejected items' form.	

Important Notes

Before fastening any bag, make sure it is no more than **2 / 3rds 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	Always treat as infected	Treat as infected, only if soiled	Always treat as NOT infected
Acquired Immune Deficiency Syndrome (AIDS) or HIV infection		X	
Campylobacter		X	
Chickenpox	X		
CJD and vCJD			X
Clostridium Difficile	X		
Coronavirus	X		
Diarrhea +/- vomiting, known or suspected food poisoning.	X		
E.Coli 0157		X	
Group A Streptococcus	X		
Hepatitis A		X	
Hepatitis B		X	
Hepatitis C		X	
Influenza	X		
Legionnaires			X
Measles	X		
Meningococcal Meningitis (bacterial)			X
Pneumococcal Meningitis			X
MRSA	X		
Mumps			X
Rotavirus		X	
Respiratory Syncytial Virus (RSV)		X	
Rubella			X
Salmonella		X	
Scabies			X
SARS/Pandemic Flu	X		
Shingles (Herpes Zoster)		X	
Tuberculosis - Pulmonary			X
Whooping Cough (pertussis)			X

APPENDIX 3 – GREEN BAGGING PROCEDURE FOR REJECTED ITEMS**Guidelines for Linen Rejection**

All laundered linen items arrive into the Trust via the linen room and should be checked by Linen staff to ensure that the standards of cleaning and finish are acceptable against HTM 01-04.

In cases where wards & departments receive fresh linen that is not of an acceptable clean & finished standard, the ward staff are requested to place these items into a green bag along with a completed rejected items form.

All rejected linen bags should then be placed with the soiled linen bags, ready for collection by the Linen Team.

Examples of rejected linen may include:

- Items which are frayed, have holes in, or are visibly tatty
- Items that are visibly soiled or stained before use
- Any item that does not belong to Synergy or Doncaster & Bassetlaw Teaching Hospitals
- Any items which have foreign bodies such as hair or fluff balls



APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Laundry Policy - Bagging Procedure for Linen	Corporate Nursing	Paul Bird	Existing	October 2025
1) Who is responsible for this policy? Infection Prevention & Control Team				
2) Describe the purpose of the service / function / policy / project/ strategy? Policy updated using latest evidence to promote the correct segregation and management of laundry. 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:				
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-				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – Nil 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
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 – see CORP/EMP 27.				
Date for next review: June 2028 (Policy valid until December 2028)				
Checked by: Sean Tyler		Date: October 2025		