



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Management of Linen Policy

This procedural document supersedes: CORP/FAC 12 v.2 – Laundry Policy Bagging Procedure for Linen



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Executive Sponsor(s):	Sam Wilde – Chief Finance Officer
Author/reviewer: (this version)	Suzy Macfarlane – Facilities Manager
Date written/revised:	August 2026
Approved by:	Infection Prevention & Control Group Trust Health & Safety Group
Date of approval:	10 September 2026
Date issued:	September 2029
Next review date:	March 2029 (Policy Valid Until September 2029)
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 3	September 2029	Policy renamed and revised - This policy rewrite continues to hold the 'Bagging Procedure for Linen' information, also now includes much further detail around the correct handling and segregation of linen.	Suzy Macfarlane
Version 2	October 2025	- 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
Version 1	May 2022	- Previously PAT/IC 21 v.6 recategorized to CORP/FAC 12 v.1 - Added Data Protection Paragraph - Changed to new Policy Template - 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

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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' (updated 2015), 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 current Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care.

2 PURPOSE

The provision of adequate laundry services through appropriate bagging, segregation, movement and storage of linen is a fundamental requirement for patient care; however, incorrect procedures for the processing and handling of linen can present an infection risk to both staff and patients.

The Trust has an obligation to take steps to minimise this risk of infection to the staff handling and laundering linen and the patients subsequently using it.

This policy outlines the standards, responsibilities, and procedures for the safe management and decontamination of linen within the Trust. Its purpose is to ensure that all linen is handled, transported, and processed in a manner that prevents environmental contamination and reduces the risk of infection to patients and staff.

Every employee will be expected to co-operate with the Trust to implement this policy.

3 DUTIES AND RESPONSIBILITIES

Trust 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.

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.

Head of Facilities/Management is accountable for overseeing the management and monitoring of the Facilities Services & Contracts, which includes the provision of linen.

Facilities Manager – Laundry is responsible for overseeing the operational management of the laundry team & service, along with monitoring the external Laundry Contract, which includes the provision of linen & decontamination. In line with this they are supported by both the Laundry Supervisor and the Laundry Administrator.

Laundry Supervisor – Is responsible for daily operational supervision of the laundry team & service.

Linen Assistant/Driver is a member of the linen team responsible for the supply, movement, delivery and collection of soiled linen.

All Staff working on Trust premises, outreach clinics and community settings, including (but not limited to) Trust employed staff, contractors, students, volunteers, visiting clinicians and 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.

4 PROCEDURE

4.1 Safe Management of Linen

Clean Linen

Storage & Handling of Clean linen awaiting use.

- Hand hygiene should be performed prior to handling clean linen.
- Clean linen should be removed from plastic bags before storage to prevent the growth of *Bacillus cereus*.
- Clean linen should be stored above floor level in a designated area, preferably an enclosed cupboard that is clean, dry and cool.
- If clean linen is not stored in a cupboard, then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering/or door that is able to withstand decontamination.
- Any item trailing or falling on the floor is returned to the laundry for re-laundering.
- Clean linen storage areas should be dedicated for the purpose and appropriately designed to prevent damage to linen and to allow for the rotation of stocks.
- Clean linen should be physically separated from used/infectious linen when in storage and during transport.

Used linen (previously known as soiled/fouled linen)

Linen that has been used: -

- Ensure a laundry skip/receptacle is available as close as possible to the point of use for immediate linen deposit.
- Linen should be placed in an impermeable bag immediately on removal from the bed or before leaving a clinical department.
- Do not: -
 - Rinse, shake or sort linen on removal from beds/trolley.
 - Place used linen on the floor or any other surfaces e.g. a locker/tabletop.
 - Re-handle used linen once bagged.
 - Overfill laundry receptacles (not more than two thirds full).
 - Place inappropriate items in the laundry receptacle e.g. used equipment/needles.

Infectious linen

Linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids from a patient who is known or suspected to be infectious.

- Linen in this category must not be sorted but should be sealed in a water- soluble bag (entirely water soluble 'alginate' bag or impermeable bag with soluble seams), which is then placed in an impermeable bag immediately on removal from the bed and secured before leaving a clinical area.
- Store all used/infectious linen in a designated, safe, lockable area while awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles.

Linen used during patient transfer, e.g. blankets, should be categorised at the point of destination. Linen from patients infected with, or at high risk of having, a suspected or confirmed high consequence infectious disease (HCID) must not be returned for reprocessing. Used linen must be disposed of immediately as per the appropriate clinical waste category or quarantined in Category A-compliant conditions pending the results of HCID diagnostic testing.

Appendix 2 'Isolation bagging procedure for linen' provides further detail for when categorising Linen from an infectious patient.

4.2 Handling of Used/Infectious Linen

- It is the responsibility of the person disposing of the linen to ensure that it is segregated properly see **Appendix 1** for guidance
- Staff must wear the appropriate Personal Protective Equipment (PPE) when handling used linen.
- Used linen should be held away from the body to avoid contamination of clothing
- All used/infectious linen should be handled with care to prevent environmental contamination.
- To reduce the risk of cross infection, a linen bag skip/receptacle must be taken to the patient's bedside and the used/infectious linen carefully rolled together and removed from

the bed, avoiding any unnecessary agitation and directly placed into the appropriate bag/skip/receptacle.

- Dirty linen must not be carried from the bedside.
- Used linen must not be placed on the floor or handled excessively by staff.
- Staff must take the correct coloured bag into an isolation room without using a linen skip to prevent cross contamination. Appropriate PPE should be worn when handling/disposing of infectious linen.
- The linen bags should be no more than $\frac{2}{3}$ full and appropriately sealed.
- Staff handling and moving linen bags should be trained in safe manual handling principles.
- The person moving the linen has a responsibility to assess the activity and tell someone (their employer, supervisor, or health and safety representative) if they think moving and handling of linen is putting anyone's health and safety at serious risk.
- Sealed bags must be placed in the designated area for collection and must always be kept separate from clean linen.
- After handling linen, staff should ensure that they dispose of any personal protective equipment appropriately.
- Hands must be washed thoroughly with soap and water after handling any used/infectious linen.

4.3 Bagging Procedure for Linen

Used linen may be contaminated with potential pathogens and 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.

4.4 Types of linen

Below are the linen items laundered by our linen processor.

Sheets	Pillowcases	Draw Sheets	Blankets/Counterpanes	Patient Gowns
X-Ray Gowns	Nightwear	Dressing Gowns	Towels	Scrubs
Curtains	Maternity Belts	White Coats	Baby Linen	Other RTS items

4.5 Frequency of Changing Hospital Linen

Appendix 4 displays best practice guidelines for the frequency of changing hospital linen.

4.6 Linen Storage on Wards & Departments

At ward/department level, linen is generally stored within linen cupboards or on/in trollies easily accessible for bed making: -

- Trollies used for linen storage at ward/department level should be in good condition.
- The trolley should always be visibly clean (no dust on ledges or wheels etc).
- Trolleys should be cleaned with detergent and water and thoroughly dried at least weekly by clinical teams.
- Linen on the trolley should be covered.
- Stocks of linen held on trolley should be sufficient for one 24-hour period only.
- The trolley holding the clean linen should be kept in a clean, locked room suitable for this purpose.
- Linen cupboards should be kept clean and dust free.
- Linen cupboards should only be used for the storage of linen and no other items.
- Linen should be stored in a way that supports easy rotation of the linen items.

4.7 Internal Transit of Clean/Used Linen

Dedicated vehicles, trollies & cages shall be used for the transportation of clean and used linen from collection points to the dedicated storage areas. Clean linen in transit must be protected with a washable or disposable cover.

Laundry bags containing used linen should be stored in a designated location, which is secure, cool, dry and free from pests whilst awaiting collection by the laundry department/external laundry processor. The designated storage area should be separated from the areas for storage of clean linen, food preparation areas and away from public access.

The linen bags should be filled and sealed in accordance with '4.2 Handling of Used/Infectious Linen'.

4.8 Pillow Usage & Cleaning

Pillows must be kept clean and decontaminated following patient use/before storing in the linen cupboard. Pillows can be wiped clean between uses. Pillows must have an intact, impermeable cover and be capable of effective decontamination between patient use. Should the impermeable cover be faulty, cut, or damaged, the pillow should be condemned and disposed of in the domestic waste stream unless it is infectious in which case it should be disposed of in the infectious healthcare waste stream.

4.9 Heat Liable Items

This category includes fabrics damaged by the normal heat disinfection process and those likely to be damaged at thermal disinfection temperatures. These fabrics should be washed at the highest temperature possible for the item as agreed with IPC. These items must be clearly marked and placed in a BLUE 'return to sender' bag.

4.10 Patient Clothing

Patients and their relatives/carers must be informed that the Doncaster & Bassetlaw Teaching Hospitals do not routinely provide patient personal clothing laundry service: -

- Soiled clothing must be placed in an appropriate white bag - do not use red soluble (alginate) bags.
- Tie the bag and apply an adhesive label stating, 'Soiled Clothing'.
- Inform the patient's relative/carer that the patient has soiled clothing which requires laundering at home.
- Advise the relative/carer to empty the bag directly into the washing machine as soon as possible and to avoid handling the contents.
- The garments should be washed at the highest temperature permitted for the garment.
- Also, advise not to wash with other non-soiled items and to avoid over-filling the drum.

NB: Staff must not launder items for patients in their own homes.

4.11 Mortuary Linen

Linen used during the transfer of a deceased patient, should be segregated upon reaching the mortuary, and bagged accordingly based on the patient's categorisation i.e. infectious/non-infectious.

4.12 Individual Department Washing Machines & Dryers

An authorised linen processor should be used wherever possible for the decontamination of linen and other healthcare associated items, which require decontamination e.g. patients' slings. No washing machines/dryers must be purchased, installed, or operated without authorisation from IPC and Facilities Management.

On-site laundry facilities must comply with the following minimum requirements: -

- A full options appraisal and risk evaluation should be undertaken.
- Washing machines and dryers must be of industrial specification with a sluice cycle, capable of achieving 'thermal disinfection' or equivalent.
- Water Supply (Water Fittings) Regulations 1999 approved.

- Suitable mechanism for the recording and validation of temperature/thermal disinfection for each wash cycle.
- Appropriate planned preventative maintenance & inspection each twelve months as a minimum along with call out contracts.
- A service/repair logbook.
- Appropriate hand-washing facilities.
- Appropriate segregation for clean/dirty linen.
- Provision of appropriate PPE.
- Standard operating procedures and appropriate management structure
- Staff training.

For further advice, contact IPC or Facilities Management.

5 LEARNING/SUPPORT

Learning requirements for colleagues will be determined by their role and the competencies required to work safely and effectively. These requirements include national, local and role-specific mandatory learning and are set in line with Trust and professional standards.

Role-specific learning will be defined by the relevant subject matter expert or topic lead and coordinated through the Trust's agreed governance arrangements.

All mandatory and role-specific learning requirements, completion status and competency records will be held in the colleague's personal Electronic Staff Record (ESR).

For further guidance, please see: **CORP/EMP 66 – Mandatory Learning Policy and DBTH Mandatory Learning Framework**

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 to the DBTH laundry staff and the contractor staff coming into contact with it.

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 intranet sites.

6 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 Group.

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 for patients who are infectious.
Audits in ward	Matron	Weekly	Deficits identified will be addressed via agreed 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 the Decontamination Group meeting quarterly and the TWIG meeting by exception; any actions needed are discussed and agreed.
Incident Reporting via Datix	All Staff	When incident occurs	Incidents are reviewed via divisional governance processes. Facilities team should update TWIG members accordingly.

7 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 Patient Gown Pillowcase 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.

Used Linen (previously known as soiled/fouled linen)

All used linen (including rental night wear) except that which is defined as infectious.

Infectious Linen

All linen (including rental night wear) from known or suspected infectious/isolation patients, patients with diarrhoea or blood or body fluids from patients with blood-borne viruses.

Return to Sender Linen (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 etc.

Rejected Linen

Items of fresh, unused linen that are 'rejected for use' due to condition, cleanliness or quality. (Appendix 3).

'Impermeable bags' – (White, Clear, Blue or Green Polythene Bags)

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

Soluble Alginate bags 'Water-soluble bags' (Red)

- (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.

8 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 5).**

9 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: -

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

10 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).

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/>

11 REFERENCES

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

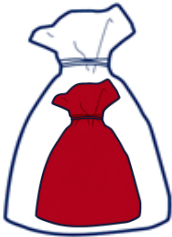
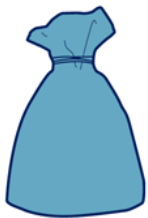
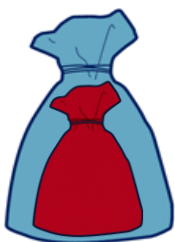
The Health and Social Care Act 2008. (2015) Department of Health.

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 – LINEN BAGGING PROCEDURE

Soiled & Rejected Linen Bagging Procedure – Following CFPP-0104

Used & soiled linen hired items	Place the item(s) into a White Polythene Bag and tie the bag securely at the top. Take care not to over fill the bag	
INFECTIOUS or SUSPECTED INFECTED linen hired items All linen from 'Yellow Risk areas' must be treated as INFECTIOUS .	Place item(s) into a red water-soluble bag before placing into the White Polythene Bag . Tie BOTH bags securely and take care not to overfill the 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 Polythene Bag and tie the bag securely at the top. Take care not to over fill the bag.	
INFECTIOUS or SUSPECTED INFECTIOUS return to sender linen items All linen from 'Yellow Risk areas' must be treated as INFECTIOUS .	Place into a red water-soluble bag before placing into the Blue Polythene Bag . Tie BOTH bags securely and take care not to overfill the bag.	
Unused rejected linen items	Place into a green Polythene bag .	

Important Notes

- Before fastening any bag, make sure it is no more than $\frac{3}{4}$ 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 infectious	Treat as infectious, only if soiled	Always treat as NOT infectious
Acquired Immune Deficiency Syndrome (AIDS) or HIV infection		X	
Campylobacter		X	
Chickenpox	X		
CJD and vCJD			X
Clostridioides difficile	X		
Coronavirus 19	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

N.B the above is for guidance. Pathogen specific guidance should be obtained from current UKHSA resources rather than relying solely on fixed lists.

APPENDIX 3 – PROCEDURE FOR REJECTED LINEN

Guidelines for Linen Rejection

All laundered linen items arrive at the Trust via the linen department and should be checked by Linen staff to ensure that the standards of cleaning and finishing 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.

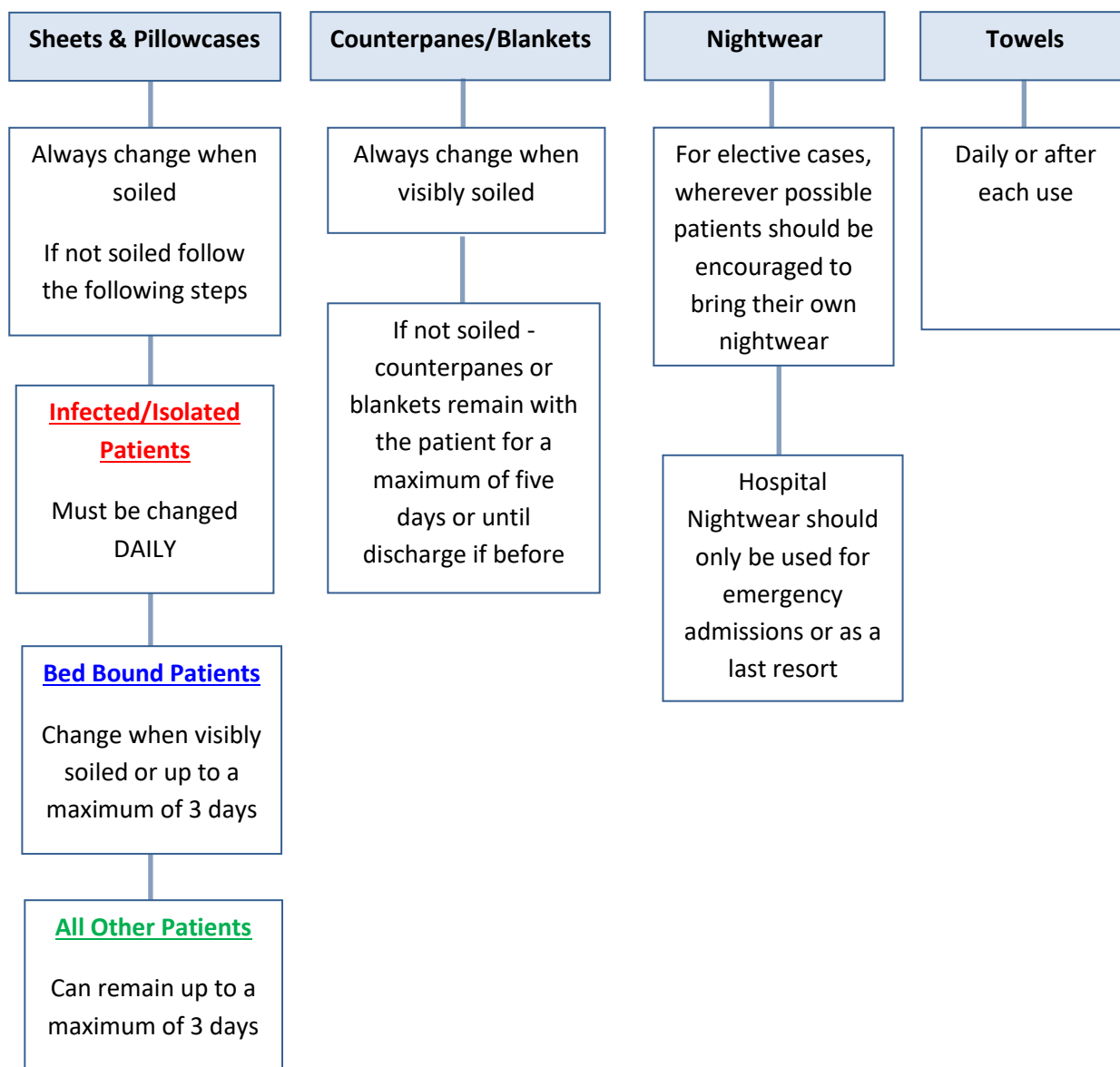
All rejected linen bags should then be placed with the soiled linen bags, ready for collection by the Linen Team.

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 – LOCAL BEST PRACTICE GUIDELINES FOR THE FREQUENCY OF CHANGING HOSPITAL LINEN



Should a patient or patient relative request a linen change, this must be undertaken by staff as requested

Please Note: The above is issued as a guideline in support of a reduced carbon footprint however patient comfort and experience must remain the priority. The frequency of linen changes within DBTH is based on local best practice, patient comfort, clinical need and infection prevention considerations.

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing policy?	Date of Assessment
Management of Linen Policy	Estates & Facilities	Suzy Macfarlane	Existing	August 2026
1) Who is responsible for this policy? Name of Division/Directorate: Estates & Facilities				
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: To ensure all linen is managed safely and effectively, reducing the risk of infection, protecting patients and staff, and maintaining compliance with HTM 01-04, the Health and Social Care Act 2008 Code of Practice, and national infection prevention and control standards.				
4) What factors contribute or detract from achieving intended outcomes? – NA				
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? No				
If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – NA				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] NA				
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	
<i>*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.</i>				
Date for next review:	March 2029 (Policy Valid Until September 2029)			
Checked by:	Paul Bird - Head of Facilities			
Date:	August 2026			