

# Policy for the Management of Linen and Laundry Services

<b>Department / Service:</b>	Linen and Laundry Services	
<b>Originator:</b>	Caroline Newton Heather Gentry	Facilities Manager Lead Nurse Infection Prevention and Control Team
<b>Accountable Director:</b>	James Longmore	Director of Asset Management and ICT
<b>Approved by:</b>	Trust Infection Prevention & Control Committee March 2017	
<b>Date of Approval:</b>	June 2012	
<b>Review Date:</b>	30 <sup>TH</sup> October 2019	
<b>This is the most current document and should be used until a revised version is in place</b>		
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	All	
<b>Target staff categories</b>	All	

## Policy Overview:

This Policy defines the responsibility of managers and staff to ensure correct, safe handling and disposal of contaminated (used) laundry, and the correct, safe distribution and storage of clean linen to minimise infection risk throughout Worcestershire Acute Hospitals NHS Trust.

This policy provides a robust framework for the management of linen and laundry services for patients, staff and users of the Worcestershire Acute Hospitals NHS Trust.

It covers the service provider contract, contract monitoring, on site laundering of specialist items, transportation and storage of clean and soiled linen, segregation of infected linen and use of linen.

## Key amendments to this Document:

Date	Amendment	By:
18/06/2012	New Policy approved at TIPCC	Caroline Newton, Heather Gentry
March 2017	Policy reviewed minor amendments to appendices	Caroline Newton,

		Heather Gentry
April 2019	Document extended for 6 months whilst review process takes place	TIPCC

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## 1. Introduction

The provision of clean linen is a fundamental requirement for patient care. Incorrect procedures for handling or processing of linen can present an infection risk both to staff handling and laundering linen, and to patients who subsequently use it.

This policy is designed to give guidance for the total management of linen services to patients and the laundering of re-usable products. This will protect patients, staff, laundry service provider workforce and visitors, from unnecessary exposure to used or infected linen and launderable products, on all sites of the Worcestershire Acute Hospitals Trust.

This will ensure Trust compliance with the Health and Social Care Act 2008 Code of Practice (DOH 2015).

## 2. Scope of this document

This Policy applies to **all** Trust staff, both clinical and non-clinical, all visiting staff including tutors, students and agency/locum staff, who handle linen and includes the following elements of linen management.

Contract setting and monitoring

Use of linen (expectations e.g. when to provide own)

Alternatives to re-usable linen products e.g. disposable versus re-usable what to consider

Patient discharge – ambulance and patient transfers

Segregation of linen (bagging and storage at ward level)

Theatre linen

Return to sender items

Patient's personal laundry and Infested linen

Hazardous laundry

Condemned or unfit linen

General Principles

Handling of linen - PPE

Storage and transportation of clean central and departmental

Disposal and transportation of soiled - sharps

Pillows

Curtains

Local laundering – SCBU, housekeeping mop washing

Accidental spillage of used linen

Other launderable items processed via on site laundry

Micro fibre mops and cloths,

Specialist patient equipment,

Hoist slings,

## 3. Definitions

Clean / Unused Linen:

Any linen that has not been used since it was last laundered and that has not been in close proximity to a patient or stored in a contaminated environment.

Dirty / Used Linen:

All used linen other than infected linen that remains dry.

Infected/Soiled Linen:

Any linen used by a patient with a known or suspected infection (whether soiled or not) or other linen grossly contaminated with blood or body fluids that represents a hazard to those workers in the hospital or the laundry who may come into contact with it.

#### Hazardous linen:

Laundry which should not be processed due to risks to the laundry workers would remain hazardous following normal processing or for which additional precautions are required. This should be disposed of in the hazardous waste stream (yellow). These include Advisory Committee on Dangerous Pathogens category 3 organisms or above.

#### Infested Laundry:

Laundry which is potentially infested with parasites (e.g. bed or body lice, scabies).

#### Condemned or unfit linen:

Linen deemed not fit for purpose (heavily stained, torn, rough texture).

#### Theatre linen:

Dirty / Used Operating Theatre staff clothing and any other item of re-usable theatre specific linen e.g. tray wraps and drapes or gowns (needs to be lint free at point of use).

#### Return to Sender

Trust owned linen or equipment (patient laundry where there is no other mechanism for laundering) which is washed under the laundry contract and returned to the originator if marked.

#### Local Laundering:

Washing machines authorised for use in designated areas where items cannot be processed via the laundry contractor e.g. thermo labile (linen which will be damaged by the heat disinfection of an industrial washer), neonatal baby clothing, cleaning cloths and mop heads.

#### Cohort Area:

A geographically distinct area allocated to a group of patients with a disease or infection who need to be separated from patients who do not harbour the disease or infection.

#### Isolation Room / Cubicle:

A single room, with its own hand washing facilities and preferably separate toilet/bathroom facilities used to reduce the risk of transmission of infection to or from patients, visitors or staff.

## 4. Responsibility and Duties

### 4.1 The Trust Board

The Trust Board has overall responsibility for ensuring that adequate resources are provided for provision of Linen and Laundry Services.

### 4.2 Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for provision of Linen and Laundry Services.

### 4.3 Director of Asset Management and ICT

The Director of Asset Management and ICT is responsible for ensuring compliance with national standards or legislation.

## 4.4 Linen Services Managers

Linen Services Managers are responsible for ensuring that staffing and linen resources are used effectively and efficiently and that staff are appropriately trained.

## 4.5 Infection Prevention and Control Team

The Infection Prevention and Control Team work in conjunction with the Facilities Departments to ensure compliance with national standards and legislation. The team provide on-going support and training for all relevant staff. They also endorse the linen management processes and monitor contract compliance in conjunction with the Linen Services Managers through active participation in the audit process.

## 4.6 Matrons

Matrons are responsible for appropriate use of resources and monitoring standards in conjunction with other key stakeholders.

## 4.7 Individual Members of Staff

All members of staff are required to follow the Linen and Laundry Policy for the acute Trust. All staff have a responsibility for appropriate use of resources.

# 5. Policy details

## 5.1 Contract Setting and Monitoring

A contract will be awarded to a linen provider who meets the requirements as outlined in the National Framework for Laundry Services and the Health Technical Memorandum 01-04 (HTM01-04): Decontamination of linen for health and social care Guidance for linen processors implementing BS EN 14065 (2016) which has superseded the CFPP 01-04. Consideration should be given to using more than one provider where deemed appropriate. The service provider must be able to demonstrate contingency stocks are available for such events as pandemic influenza.

Key stakeholders to this process are; Head of Facilities, Facilities Manager including representation from other contractors used in the provision of these services e.g. ISS, Lead Infection Prevention and Control Nurse, Trust Decontamination Lead, Matron or other senior clinical representative, Supplies Manager and Corporate Finance Manager.

Consideration should be given to economies of scale and health economy wide contracting where appropriate in which case representatives from these organisations should be included.

Consideration should also be given to alternatives to re-usable linen products such as disposable hoist slings, theatre drapes and gowns.

## 5.2 Use of Linen and Alternative to re-usable Linen

Linen services will provide daily pre-determined quantities of clean linen for storage either in designated cupboards or on the trolley provided. Linen requirements are agreed for individual wards or departments with Matron/ward or Departmental Manager.

Additional supplies are available on request including out of hours via the helpdesk Ext.33333 at WRH, Service desk at the Alexandra site Ext. 44444. At the Kidderminster site, bleep the duty porter on bleep 3253.

Patients are expected to provide their own night wear although the Trust does provide a limited supply of male and female night wear for emergency purposes.

Linen should only be used for its intended purpose and users are expected to manage supplies to ensure stocks are not lost via external agencies such as the ambulance service and patient transfers to social care agencies. An agreement exists with local ambulance services to allow a one for one exchange of linen when patients are admitted to A&E departments.

Alternatives to re-usable linen products are available on the market if required. Prior to implementing alternative products considerations need to be given to whether or not the product is fit for purpose, maintains dignity and privacy, is not cost prohibitive and is necessary. Disposable products may negate the need to launder but will add to the Trust carbon footprint by increasing volumes of waste. Please discuss with the relevant site Linen Manager and Infection Prevention and Control Team before implementing.

Alternative items include;

- Disposable curtains
- Disposable sheets and pillowcases,
- Disposable nightwear
- Disposable scrub suits
- Disposable theatre jackets/ white coats
- Disposable sterile and non-sterile gowns

## 5.2.1 Segregation of Linen (Refer to Appendix 3 Bagging Policy)

It is the responsibility of the nurse/person in charge of a ward /department to ensure that linen is segregated appropriately at all times. All linen may be segregated into the following three categories:

- Clean / Unused Linen (reject linen bag)
- Dirty / Used Linen
- Soiled / Infected Linen (to include red alginate liner)

## 5.2.2 Clean / Unused Linen

Clean linen must be in a good state of repair, as tearing or roughness can damage the patient's skin. The condition of the linen in use should be monitored by the ward/departmental staff at the point of use and any linen that is deemed not fit for purpose is returned to the linen room via the condemned linen process (see section 5.2.9) for re-imburement by the contractor.

### Handling of Clean Linen:

Once clean linen stocks have been delivered, it is the responsibility of the ward/departmental manager to ensure the quality and cleanliness of linen is maintained. Clean linen taken to the patient bedside must not be returned to the linen cupboard / trolley.

### Delivery:

Laundry should be delivered to the wards in clean covered containers. Clean laundry should not be transported in containers used for used / soiled laundry or other purposes.

### Storage:

All clean linen **must** be:

- stored in a clean, closed cupboard (either a dedicated linen cupboard or dedicated, fully enclosed mobile linen trolley);

- stored off the floor;
- stored with the linen cupboard/trolley doors closed to prevent airborne contamination;
- stored in a clean, dust free environment;
- segregated from used / soiled linen
- No other items except clean pillows should be stored with linen (place on bottom shelf not above linen)

Clean linen **must not** be stored in unsuitable areas e.g. the sluice, bathrooms, in bed spaces or with patient equipment and food supplies.

### Local Use:

- Clean linen should not be decanted onto open trolleys unless for immediate use;
- Linen taken into an isolation room/cohort area or patient bedside and not used must be treated as used linen and laundered before use. Do NOT return to the linen cupboard/trolley.

### 5.2.3 Dirty /Used Linen (Linen which is used but dry)

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately.

Dirty / Used linen **must not have been:**

- visibly soiled with blood or bodily fluids
- used on source isolated patients
  
- Dirty / Used linen should be placed directly into a white plastic laundry bag at the point of use/bedside and removed to the linen disposal cupboard as necessary wearing a disposable apron.
- Gloves are not necessary unless the outside of the bag is visibly soiled, in which case the entire bag should be placed in a clean secondary plastic outer bag.
- Linen bags should be no more than 2/3 full and tied securely to prevent spillage.

### 5.2.4 Infected/Soiled Linen:

Any linen used by a patient with a known or suspected infection (whether soiled or not) or grossly contaminated with blood or body fluids.

This includes patients with or suspected of having:

- MRSA
- Human Immunodeficiency Virus (HIV)
- Hepatitis A, B or C
- Draining Tuberculosis (TB) lesions and open pulmonary TB
- Enteric Fever
- Dysentery (Shigella spp.)
- Salmonella
- Norovirus
- Clostridium *difficile*
- Other notifiable diseases
- Infested linen (potentially infested with parasites e.g. bed or body lice, scabies).

Infected/Soiled linen should be placed directly into a red water-soluble alginate bag at the point of use and secured, then placed into a white outer plastic bag at the door to isolation rooms or at

the point of use for grossly contaminated linen. A strip of 'Infected linen' tape should be placed on the top of bag.

- Linen bags should be no more than 2/3 full and tied securely.
- Dirty or soiled linen bags should be stored in 'dirty' linen cages and not on floors or obstructing public thoroughfares or the ward environment.

### 5.2.5 Theatre Linen:

- Dirty / Used Operating Theatre staff clothing should be placed into a white plastic laundry bag.
- Where re-usable tray wraps are used these should be placed in green plastic bag
- Infected / Soiled Operating Theatre linen and staff clothing should be placed into a red water-soluble alginate bag, then placed into a white outer bag.
- A strip of 'Infected linen' tape should be placed on the top of bag
- Care should be taken to ensure that theatre instruments and sharps are not accidentally disposed of in linen
- Under no circumstances should theatre wear be laundered locally or at home and the Trust Dress Code in relation to wearing theatre wear must be adhered to at all times.

### 5.2.6 Trust Owned Return to Sender Items:

- Return to Sender items that belong to specific wards (e.g. slings, neonatal/paediatric blankets, etc) must be placed in a blue bag and placed on top of the linen trolley or taken directly to the linen room for processing. Non infected items may be processed on site if appropriate and by prior arrangement with linen room staff.
- All items must have the hospital site and ward name clearly marked on them (this can be arranged through the linen room at the time of purchase)
- All return to sender items should be listed on a laundry receipt (supplied by Linen Rooms). The sender should keep the bottom copy of the ticket and send the top 2 copies to the laundry in the bag. The laundry will then return the item with a copy of the ticket for matching
- Linen bags should be no more than 2/3 full and securely tied.
- Infected/ Soiled return to sender items should be placed as normal directly into a red water-soluble alginate bag and secured, then placed into a red plastic outer bag.
- A strip of 'Infected linen' tape should be placed on the top of bag.

### 5.2.7 Patient's Personal Laundry and Infested Linen:

- For advice on specific Parasites refer to relevant section in WAHT-INF-010 Protocol for Management of Infections due to Parasites
- Safe return of personal laundry processed off site cannot be guaranteed
- Patients / Relatives / Carers should be encourage to wash personal laundry at home
- Many micro-organisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Any remaining micro-organisms are likely to be destroyed by tumble drying and ironing.
- Patient's personal laundry should be placed in a clear plastic bag or purpose designed laundry bag where available, **not** a water-soluble alginate bag (as private laundry facilities will not reach the required temperature to melt the bag, which may lead to damage or blocking of the domestic washing machine). The clear plastic bag should then be placed into a patient's property bag to protect the patient's dignity
- Laundry should be taken home and placed directly into a washing machine
- Clothes should be processed at the hottest wash recommended by the manufacturers instructions

- Persons handling the laundry must be advised to wash their hands after handling the pre-washed laundry
- Relatives / carers must be advised before they take home personal laundry if it is heavily contaminated

## 5.2.8 Laundry which would remain hazardous following normal processing or for which additional precautions are required:

Laundry thought to be contaminated with any of the following micro-organisms must be placed in the hazardous waste stream and incinerated and **not** sent to the laundry service. Advice should be requested from the Infection Prevention and Control Team and includes;

- Bacillus anthracis (Anthrax)
- Viral Haemorrhagic Fevers (e.g. Lassa fever, Marburg disease, Ebola fever)
- Rabies
- Tropical pyrexia of unknown origin
- Lepromatous Leprosy
- Bioterrorism agents e.g. Smallpox
- CJD where CSF has leaked onto laundry items

### For Further Guidance Refer to;

WAHT-INF-012 Creutzfeldt–Jakob Disease (CJD) and variant CJD (VCJD) – minimising the risk of transmission

WAHT-INF-022 Viral Haemorrhagic Fever and Rabies Protocol

WAHT-INF-015 Isolation Policy

WAHT-INF-010 Protocol for the Management of Infection Due to Parasites

## 5.2.9 Condemned or Unfit Linen:

Clean unused linen deemed not fit for purpose (heavily stained, torn, or rough in texture) should be placed in a separate green plastic reject bag and returned to the hospital linen room. Linen deemed not fit for purpose should **not** be placed in the same bag as used linen for laundry as it will remain in general use and the Trust will be recharged for its handling. Complaints about laundry or linen quality should be made to the linen services manager at the relevant hospital site (Facilities Manager at Alexandra and Kidderminster sites via Service Desk Ext. 44444 and ISS Manager via helpdesk at WRH Ext. 33333).

### Procedure for Use of Red Water-soluble Alginate Bags/Infected Linen Packs:

This procedure is to be used in all situations where linen is placed in water-soluble alginate bags.

1. Place the linen inside the alginate bag at the point of use,
2. Items that are soaking wet should not be placed directly against the alginate bag surface as it will dissolve the bag membrane on contact, where possible place wet linen inside drier dirty laundry by putting drier linen in the bag first.
3. Do not overfill the water-soluble alginate bag.
4. Seal the alginate bag using the neck tie.
5. Place the water-soluble alginate bag inside the white outer linen bag at the door of the room.
6. A strip of 'Infected linen' tape should be placed on the top of bag.
7. Remove sealed double bagged linen to soiled linen collection point immediately do not store in sluice or leave in room.

Procedures will be provided to support the general principles of linen and laundry management including;

Handling of linen – use of Personal Protective Equipment (PPE)

Storage and transportation of clean linen at a central and departmental level

Disposal and transportation of soiled linen including avoidance of sharps contamination

Pillows – agreed standard for use in the Trust and how to order them

Curtains re-usable and disposable – schedule of curtain change

Local laundering – Other launderable items processed in the on-site laundries – (mops, specialist patient equipment, hoist slings, SCBU baby clothing and specialist equipment)

Accidental spillage of used linen

## 6. Implementation

### 6.1 Plan for implementation

A plan for implementation is available at Appendix 1. It is intended the policy will be ratified through the Expert Forum for Infection Prevention and Control (formerly known as TIPCC) prior to dissemination.

### 6.2 Dissemination

Dissemination is outlined in the implementation plan available at Appendix 1.

### 6.3 Training and awareness

The Lead Nurse for Infection Prevention and Control (IPC) in conjunction with the Facilities Manager (including non PFI site) will oversee the effective communication of the approved policy to all relevant staff. Dissemination of the policy will be via an email alert to ward and departmental managers who will then be able to access the policy via the [Facilities Services intranet site](#) supported by Matrons and IPC Link Nurses.

## 7. Monitoring and compliance

The Lead Nurse for Infection Prevention and Control in conjunction with the Housekeeping Services Manager (non PFI site) will review the policy to reflect changes in mandatory and statutory requirements as they occur and be responsible for monitoring and reviewing the effectiveness of this policy.

### **Compliance will be checked for service providers processing linen (external laundry);**

On an annual basis through Duty of care Inspection of the provider laundry by the Infection Prevention and Control Team, Trust Decontamination Lead Manager, Facilities/Linen Services Manager or ISS Manager and/or Trust Head of Facilities.

On a quarterly basis a representative of the laundry service provider will attend the Linen User group meeting chaired by the Head of Facilities or IPC Link Practitioners to discuss compliance with service provision and future developments.

### **Compliance will be checked for Trust use and management of linen;**

On an annual basis by the Infection Prevention and Control Team through the Department of Health/Infection Prevention Society Audit of Practices,

On an annual basis by the Facilities/Linen Services Manager (including ISS Manager) undertaking a Linen Service Survey of all users (Appendix 2)

Facilities/Linen Services Manager or ISS Manager monitoring of Reject Linen Records by exception reporting.

Monitoring Team audits carried out on all wards over a 6 month period

## 8. Policy Review

The Lead Nurse for Infection Prevention and Control in conjunction with the Facilities Services Managers (including PFI) will review the policy to reflect changes in mandatory and statutory requirements as they are notified and occur. The policy will be reviewed every three years and approved by the Expert Forum for Infection Prevention and Control (formerly known as TIPCC).

## 9. References (click on link below to access)

<a href="#">DOH 2015 Health and Social Care Act Code of Practice 2008</a>
<a href="#">Health and safety at Work Act (1974)</a>
<a href="#">Management of Health and Safety at Work regulations (1999)</a>
<a href="#">Control of Substances Hazardous to Health regulations (2002)</a>
<a href="#">Health Technical Memorandum 01-04 (HTM01-04): Decontamination of linen for health and social care Guidance for linen processors implementing BS EN 14065 (2016)</a>

## 10. Background

### 10.1 Consultation

Policy requires compliance with national standards and therefore has reduced the area of consultation to the Infection Prevention and Control Team, Housekeeping Services prior to ratification by Trust Infection Prevention and Control Committee.

### Key individuals involved in developing the document

Name	Designation
Heather Gentry	Lead Nurse Infection Prevention and Control
Caroline Newton	Facilities Services Manager (non PFI)

### Circulated to the following individuals for comments

Name	Designation
Janice Stevens	Director of Nursing/ DIPC
Mary Ashcroft	Consultant Microbiologist/ ICD
Thekli Gee	Consultant Microbiologist/ ICD
Martin Long	Head of Facilities
Lisa Miruszenko	Deputy Director of Nursing
James Longmore	Direct of Asset management and ICT
Ann Digby	Matron Theatres WRH
Matt Trotman	Matron Theatres Alexandra and KTC
Stephen Steward	Decontamination Lead
Briony Mills	Facilities Manager PFI Site
Quintin Speers	ISS Facilities Manager
Helen Mills	Facilities Monitoring Officer
Members of the Expert Forum for IPC	

### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Julie Kite	Divisional Head of Nursing Medicine
Sarah King	Divisional Head of Nursing Surgery
Stephanie Beasley	Divisional Head of Nursing Specialist Clinical Services Division (SCS)
Faye Baillie	Divisional Head of Nursing Women and Childrens

### **Circulated to the chair of the following committee's / groups for comments**

Name	Committee / group
Janice Stevens	TIPCC

#### **10.2 Approval process**

A checklist for review and approval of key documents has been completed and is attached as Supporting Document 1.

#### **10.3 Equality requirements**

An Equality Impact Assessment has been completed and is available as Supporting Document 2.

#### **10.4 Financial risk assessment**

A Financial Impact Assessment has been completed and is available as Supporting Document 3.

## Appendix 1

### Implementation Plan

Action	Person responsible	Timescale
Ratify policy through Expert Forum for IPC	LNIPC	March 2017
Ratify policy at Key Documents Approval Group	LNIPC/ Facilities Manager	29 <sup>th</sup> March 2017 26 <sup>th</sup> April 2017
Agenda Policy for next available site Senior Nurses meeting to launch to Matrons	Heads of Nursing	20 <sup>th</sup> April 2017
Agenda Policy for next available PEOG	Facilities Manager	20 <sup>th</sup> April 2017
Launch to Trust IPC Link Practitioners at next scheduled study day	LNIPC	11 <sup>th</sup> May 2017
Upload document to Facilities/Estates/ PFI Services Intranet Site with link to same from IPC Intranet site and send alert email to ward and departmental managers for on going dissemination	Facilities Monitoring and Support Officer	April 2017

### Plan for dissemination

Disseminated to	Date
Matrons at Senior Nurses Forum	April 2017
IPC Link Practitioners	May 2017
All staff by departmental managers	April 2017

## Appendix 2

## ALEXANDRA HOSPITAL

## REJECTED LINEN

Week commencing

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
1100	Sheets								0
1120	Pillowcases								0
1140	Draw Sheets								0
1161	Bath Towels								0
1200	Blankets - White								0
1216	Dual Covers - Green								0
1245	Baby Sheets								0
1261	Baby Blankets								0
1300	Patient Gowns								0
1352	Nightdresses								0
1367	PJ Tops								0
1371	PJ Bottoms								0
1390	Dressing Gowns								0
<b>Comments</b>								<b>TOTAL</b>	0

Signature

Name

**Appendix 2**

**REJECT LINEN SHEET**

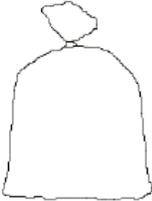
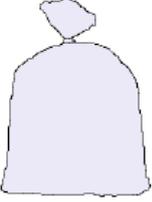
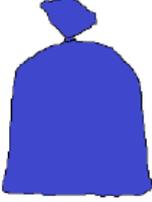
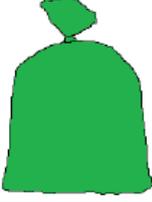
Hospital \_\_\_\_\_ Week ending \_\_\_\_\_

ITEM	STAINED	CREASED	HOLES	OTHER	TOTAL
Blanket-cell					
Blanket-crib					
Blanket-cot					
Blanket- Ivory					
Coats-white					
Curtains					
Gowns-child					
Gowns-dressing					
Gowns-patient					
Nightdress					
Nightshirt					
Pillowcases					
Scrub bottoms					
Scrub tops					
Sheet-crib					
Sheet-cot					
Sheets-draw					
Sheets-flann					
Sheets-single					
Towels					
Tops-pyjama					
Trouser-pyjama					

Signed \_\_\_\_\_

## Appendix 3

**CFPP 01-04 Soiled Linen Bagging Procedure**

	CATEGORY	DESCRIPTION	SPECIAL NOTES	COLOUR	PICTURE
A	Used and soiled linen	All used and soiled linen (including patient wear) for example nightwear, patient gowns etc.	Place into a white polythene bag; this now includes linen and patient wear that is soiled with blood, faeces, vomit and urine. <b>Do not place soiled linen in white bags if its known as infected linen.</b>	White Polythene Bags	
B	Infected linen	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>The outer bag must be tied and attach tape round the neck of the bag which indicates 'Infected linen'</b>	Red Soluble Bag Inside a White Polythene Bag	
C	Return to Sender items (RTS)	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 Return to Sender items that are infected, follow instruction B	Clear Polythene Bag	
D	Theatre linen, drapes and gowns	All theatre linen except that which is known to be infected (category B).	Use only Synergy blue provider bags	Blue polythene bag – Printed drapes and gowns	
E	Rejected clean linen (unused)	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 for returned through the specific process agreed with the Trust.	Green Polythene Bag	

**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.

## Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Policy for Management of Linen and Laundry
3	Is this a new document?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, what is the reference number _____
4	For existing documents, have you included and completed the key amendments box?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Linen Services and Infection Prevention and Control
6	Clinical lead/s	Caroline Newton Facilities Manager Heather Gentry Lead Nurse IPC Team
7	Pharmacist name (required if medication is involved)	
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	For policies and strategies, does the document have a completed Equality Impact Assessment included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Specialist policy discussed within Linen Services and Infection Prevention and Control and ratification at Expert Forum for IPC
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Linen and Laundry Policy

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

### Supporting Document 2 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

**Supporting Document 3 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

1	<b>Step 1 To be completed by Clinical Governance Department</b> Is the document in the correct format?  Has all mandatory content been included?  Date form returned ____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Name of the approving body (person or committee/s)	
	<b>Step 2 To be completed by Committee Chair/ Accountable Director</b>	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

**Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.**

Office use only	Reference Number	Date form received	Date document published	Version No.