

# IP 05 Linen Policy

## Contents

Sections	Page
1. Policy Statement	2
2. Definitions	2
3. Accountabilities	2
4. Policy Detail	3
5. Financial Risk Assessment	6
6. Equality Impact Assessment	6
7. Maintenance	6
8. Communication & Training	6
9. Audit Process	7
10. References	7

## Attachments:

### Appendices

[Appendix 1 Conditions Requiring Disposal of Linen as INFECTED](#)

[Appendix 2 Bagging Procedure for Linen](#)

[Appendix 3 Housekeeping Department](#)

[Appendix 4 Neonatal Unit Laundry Process](#)

## 1.0 Policy Statement

The purpose of this policy is to ensure the appropriate management of hospital linen, staff uniforms and clothing/linen belonging to patients. This will minimise contamination of patients, staff and the hospital environment and will enable compliance with the Health & Social Care Act (2012): Code of Practice for the Prevention and Control of Infection (2012 updated 2022) and Department of Health Guidance.

## 2.0 Definitions

- 2.1 Clean linen - Unused linen, clean and safe for use.
- 2.2 Foul Linen - Linen contaminated with excreta, blood, or other bodily fluids.
- 2.3 Heat-labile linen - Fabrics which are damaged by the normal heat disinfection process.
- 2.4 Infected Linen - Contaminated linen from a patient who is known, or suspected to be, suffering from an infectious condition ([Appendix 1](#)).
- 2.5 Neonatal (NNU) laundry process has been implemented to ensure that all staff are aware of the laundry process within the NNU.
- 2.6 Rejected Linen - Clean linen supplied by the Contractor which is either damaged or deemed to be below the quality standard required.
- 2.7 Return to Sender (RTS) - Linen owned by the Trust and laundered by the Contractor.
- 2.8 Used Linen - This term refers to all used linen other than grossly fouled linen and / or infected linen.

## 3.0 Accountabilities

3.1 **The Linen Services Contractor** is responsible for:

- 3.1.1 Providing the agreed amount of clean linen to each location around the Hospital in a suitable condition to the correct destination and at the agreed time.
- 3.1.2 Ensuring that all reported damaged linen is repaired or replaced in accordance with contractual arrangements.
- 3.1.3 Alerting the Trust to any deviations from the contractual agreement planned and unexpected circumstances, e.g. major equipment failure, replacement etc.
- 3.1.4 To have in place suitable contingency arrangements to ensure there is no loss in service in the event of major disruptions at their laundering facilities.
- 3.1.5 Compliance with all other aspects of the Trust's contractual agreement and Department of Health Guidance.
- 3.1.6 Removing dirty linen as required and in accordance with safe handling procedures from the local storage areas around the hospital.

3.2 **The Manager for Estates & Facilities** is responsible for:

- 3.2.1 The quality monitoring of the operational aspects of the Linen Services contract.

3.3 **The Infection Prevention Team** are responsible for:

- 3.3.1 Updating this policy as per the review dates and in line with new guidance.
- 3.3.2 Providing training on the main elements of the policy through existing training methods.
- 3.3.3 Providing support on the implementation of this policy.
- 3.3.4 Auditing compliance with this policy 2 yearly.
- 3.3.5 Reviewing any intended purchases of hospital linen for suitability of laundering, including medical devices with fabric components, according to Department of Health guidelines.

3.4 **Senior Sisters/Charge Nurses and Department Managers** are responsible for:

- 3.4.1 Bringing this policy to the attention of their staff.
- 3.4.2 Ensuring that all staff employed in the area are trained in the correct storage, handling and disposal of linen.
- 3.4.3 Notifying the Infection Prevention Team **prior** to the purchase of any linen, or linen containing products.

3.5 **Ward and Department Staff** are responsible for:

- 3.5.1 Ensuring that they comply with the Trust's policy on the management of linen.
- 3.5.2 Ensuring that clean and dirty linen are segregated and the appropriate bag is used to separate the different types of dirty linen in accordance with procedure set out in [appendix 2](#). This is the responsibility of the user.
- 3.5.3 Ensuring that any non-compliance with the policy is reported as appropriate to the Senior Sister / Charge Nurse / Department Manager.
- 3.5.4 Ensuring that any pillows or duvets in their area are cleaned between patients and disposed of when damaged (see Section 4.5).
- 3.5.5 Reporting damaged or lost items directly to the Linen Services contractor.
- 3.5.6 Reporting clean linen that is considered below the required quality standard to the Linen Services contractor.
- 3.5.7 Ensuring that all Trust owned linen, bespoke to that ward or department, is fully marked (indelibly) before being laundered by the Contractor. This excludes bedside curtains as they are labelled as Trust property centrally.
- 3.5.8 Ensuring that any clean linen supplied, identified as being damaged or below the required standard, is separated and placed in the appropriate coloured bag for the contractor's attention (see rejected linen).

#### 4.0 **Policy Detail**

##### 4.1 **The Laundering Process - COVID 19 positive or suspected cases Linen**

***Normal infectious linen procedures apply***

- 4.1.1 Linen is to go into a red dissolvable alginate linen bag then into a clear sack and taken to the linen cupboard.
- 4.1.2 Linen is supplied and laundered by the Contractor.
- 4.1.3 Trust owned linen will be laundered by the Contractor on a return to sender (RTS) basis.
- 4.1.4 The contractor will comply with all DH Guidelines for the Laundering of Hospital Linen and all other industry standards for the laundering, delivery and collection of Hospital linen.

##### 4.2 **Linen Storage**

- 4.2.1 Linen must not be routinely stockpiled (unless with prior agreement of the Infection Prevention Team – e.g. in the case of emergency planning).

- 4.2.2 Clean linen must be stored in a clean designated area, covered over and above floor level. This will be on either the transport trolley or kept in the identified linen storage room (preferred option).
- 4.2.3 Clean linen storage cupboards must not be used for storing other items.
- 4.2.4 Linen must not be stored in ward bays or in bathrooms or toilets.
- 4.2.5 Clean Linen must not be stored on trolleys other than the approved transport trolley.
- 4.2.6 Bagged used/dirty linen must be stored in designated cupboards prior to disposal.
- 4.2.7 New builds and refurbishments must have a linen storage room included in their plans.

### 4.3 Linen Handling

- 4.3.1 Hands must be decontaminated following handling used linen and after removal of gloves as necessary.
- 4.3.2 A disposable plastic apron must be worn when handling all used linen. Gloves are not necessary for handling used linen.
- 4.3.3. A disposable plastic apron **and gloves** must be worn when handling infected or foul linen.
- 4.3.4 Carrying used, soiled or infected linen must be kept to a minimum and the linen skip brought to where the linen is. Staff must not carry dirty linen through the ward.
- 4.3.5 Used, soiled, and infected linen must be handled in a way that minimises the dispersal of skin scales into the environment during bed making.
- 4.3.6 Used, soiled, and infected linen **must not be** placed directly onto the floor, bedtable or locker but in the appropriate linen skip.
- 4.3.7 A linen skip must always be taken to the bedside and the used linen carefully removed and placed into the appropriate bag ([Appendix 2](#)).
- 4.3.8 Used linen must be removed from beds prior to being taken to PECC for decontamination or CERL for repair.

### 4.4 Frequency of Linen Change

- 4.4.1 Clean hospital bed linen and any patient gowns/nightwear supplied by the Trust must be provided for each new patient.
- 4.4.2 Isolated patients will have their linen changed at least daily, including any nightwear supplied by the Trust.
- 4.4.3 Fouled linen must be changed as soon as it is discovered.
- 4.4.4 Linen must not be routinely changed when transferring patients from one clinical area to another. Wherever possible the bed will be exchanged with the clean one.

### 4.5 Pillows

- 4.5.1 All pillows used in hospitals must be made of a polyurethane coated fabric and have welded seams. Monitoring the integrity of this outer coating is an essential aspect of linen management. Every bed must have a minimum of one pillow. Extra pillows can be obtained by contacting the Sewing Room (New Cross site), Monday-Friday, 08.00–11.30am, extension 85110.
- 4.5.2 Pillows must be routinely wiped clean between patients using a detergent wipe. If surface contamination with blood and body fluids occurs, clean with a combined detergent and hypochlorite product (e.g. antichlor plus or hypochlorite wipe)
- 4.5.3 Pillows are not laundered by the Linen Services Contractor but must be managed by the ward or department. If the outer cover becomes damaged the item must be disposed of in accordance with the [Trust's HS10, Waste Management Policy](#) for healthcare waste.
- 4.5.4 Blue pillowcases are provided by the Trust for the pillow placed directly under a

patient's head. This is to ensure the pillow under the head is not used to support any other part of the body.

#### 4.6 **Transportation of Linen**

- 4.6.1 Clean and used or dirty linen must be transported separately in vehicles designated for the purpose.
- 4.6.2 The interior of the vehicles used to transport dirty linen must be routinely cleaned with a suitable detergent and water.
- 4.6.3 Trolleys used for clean linen transit must be covered with a washable or disposable cover.
- 4.6.4 Trolleys will be subject to a scheduled cleaning and maintenance programme carried out by the Linen Services contractor.

#### 4.7 **Patients' own clothes**

- 4.7.1 Patients' own clothes that become contaminated whilst in hospital **must not be hand sluiced or soaked on the ward.**
- 4.7.2 For fouled items of patients' own linen/clothing that carers/relatives can take away for laundering the following procedure must be followed.
  - Ensure that the appropriate personal protective equipment is used.
  - Remove overt biological matter using a gloved hand directly into the toilet, sluice hopper or macerator.
  - Place the item(s) into a secure bag with a water-soluble liner. These water-soluble bags can be ordered with NHS Supply Chain code MVF 010.
  - Staff must make relatives aware that if using one of these bags that they cannot be used in washer, drier or tumble drier.
  - Give the relative / friend of the patient the laundry and advice on the soiled status of the laundry, with the Trust leaflet entitled 'Advice for the Management of Patients' Personal Laundry' (WCA 1490) for home laundering at the earliest opportunity.
- 4.7.3 For fouled items of patients' own linen/clothing where there is no option of them being taken away by carers/relatives for laundering (as 4.7.2).
  - Any fouled items of patients' own linen/clothing if indelibly marked with patient's name, hospital and ward can be laundered, on a return to sender basis, by the Linen Services Contractor. It must be noted that the garment will be processed to achieve thermal disinfection and neither the Trust nor Linen Services Contractor are responsible for the condition of the garment following this process.
- 4.7.4 Where there is a case of fouled items of patients' own linen/clothing and actions stated in 4.7.2 and 4.7.3 are not achievable then the fouled item can be discarded with verbal consent of patient (or carers/relatives where appropriate) and a property disclaimer form must be completed.

#### 4.8 **Staff Uniforms**

- 4.8.1 Staff must launder their uniforms using the following points as guidelines:
  - Uniforms will be transported in a plastic bag.
  - Uniforms must be washed separately from other laundry items and on the hottest setting the fabric will tolerate.
  - Clean uniforms will be transported in a clean plastic bag, if not worn.

#### 4.9 **Miscellaneous Items**

- 4.9.1 Mops are disposable, they should not be washed before discarding.
- 4.9.2 Specialist cleaning equipment requiring washing should be changed daily or after

each use, placing it in a white bag prior to being transferred to the in-house laundry facility ([Appendix 3](#)).

4.9.4 Anti-embolic stockings are single patient use or laundered according to the manufacturer's instructions if patients are required to take them into the community. They are no longer laundered by the Trust.

4.9.5 There must be a regularly reviewed operational procedure for the running of the in-house laundering facility ([Appendix 3](#)).

## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments There are no additional financial requirements for the implementation of this policy.	

## 6.0 Equality Impact Assessment

6.1 The initial screening of this policy has not identified any adverse/negative impact and therefore a full equality impact assessment is not required.

## 7.0 Maintenance

7.1 The Infection Prevention Team will be responsible for reviewing and updating this policy.

## 8.0 Communication and Training

8.1 The approved policy can be found on the Trust Intranet system.

8.2 Managers and Matrons will be informed of the launch and any revisions to the policy.

8.3 Basic Training will be provided on induction through the local induction process.

8.4 Further training will be arranged in response to audit findings.

## 9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee / Group
Implementation	Lead Nurse Infection Prevention	Trust-wide Audit	Annually	Infection Prevention and Control Group
Monitoring	Lead Nurse Infection prevention	Quarterly contractor meetings	Quarterly	Linen Group

## 10.0 References - Legal, professional or national guidelines

- Department of Health (2016) Health Technical Memorandum (HTM) 01-04: guidance about decontaminating linen used in health and social care: Decontamination of linen for health and social care: Management and provision, Department of Health
- Department of Health (2016) Health Technical Memorandum (HTM) 01-04: guidance about decontaminating linen used in health and social care: Decontamination of linen for health and social care: Practical Implementation, Department of Health
- Department of Health (2016) Health Technical Memorandum (HTM) 01-04: guidance about decontaminating linen used in health and social care: Decontamination of linen for health and social care: Engineering, equipment and validation, Department of Health
- Department of Health 2012; (Updated 2022) The Health and Social Care Act Code of practice for adult health and social care on the prevention and control of infections and related guidance; DH London [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61222/Health_and_Social_Care_Act_2008_code_of_practice_on_the_prevention_and_control_of_infections_-_GOV.UK.pdf)
- NHS England (2023) National infection prevention and control manual for England. NHS England

Royal Wolverhampton NHS Trust Hand Hygiene Policy IP01

Royal Wolverhampton NHS Trust Standard Precautions IP12

Royal Wolverhampton NHS Trust Staff Dress Code Policy HR22

Royal Wolverhampton NHS Trust HS10 Waste Management Policy

Royal Wolverhampton NHS Trust COVID 19 Useful links/documents.



**Part A - Document Control**

<b>Policy number and Policy version:</b>  IP05 Version 7.0	<b>Policy Title:</b>  Linen Policy	<b>Status:</b>  Final		<b>Author:</b> IP Lead Nurse  <b>Director Sponsor:</b> Chief Nursing Officer
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	7.0	March 2024	IP Lead Nurse	Routine review Removal of Cannock Chase guidelines Updated poster addition Change in references
	6.0	February 2021	IP Lead Nurse	Routine review
	5.0	February 2018	IP lead Nurse	Routine review
	4.0	January 2015	IP lead Nurse	Full review and addition of Cannock Chase Hospital Guidelines
	3.1	June 2013	IP Lead Nurse	New Linen guidelines CFPP 01-04
	3.0	June 2012	IP Lead Nurse	Reached stated review date
	2.0	Oct 2008	IP Lead Nurse	Routine review
	1.0	June 2006	IP Lead Nurse	Routine review
<b>Intended Recipients: Trust-wide</b>				
<b>Consultation Group / Role Titles and Date:</b>				
<b>Name and date of Trust level group where reviewed</b>		IPCG Trust Policy Group – March 2024		
<b>Name and date of final approval committee</b>		Trust Management Committee – March 2024		
<b>Date of Policy issue</b>		March 2024		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)		March 2027 - 3 yearly		



<p><b>Training and Dissemination:</b></p> <p>The approved policy can be found on the Trust Intranet system</p> <p>Managers and Matrons will be informed of the launch and any revisions to the policy. Basic Training will be provided on induction through the local induction process.</p> <p>Further training will be arranged in response to audit findings.</p>	
<p><b>To be read in conjunction with:</b></p> <p><a href="#">Hand Hygiene Policy IP01</a>  <a href="#">Staff Dress Code HR22</a>  <a href="#">Standard precautions IP12</a></p>	
<p><b>Initial Equality Impact Assessment (all policies): Completed Yes / No</b> <del>Full Equality Impact assessment (as required): Completed Yes / No / NA</del> If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p><b>Monitoring arrangements and Committee</b></p>	<p>Trust wide annual audit; feedback to IPCG</p>
<p><b>Document summary/key issues covered.</b></p> <p>Discusses appropriate management of hospital linen, staff uniforms and clothing/linen belonging to patients to minimise contamination of patients, staff and the hospital environment and comply with the Health Act (2012): Code of Practice for the Prevention and Control of Infection (2012) and Department of Health Guidance.</p>	
<p><b>Key words for intranet searching purposes:</b></p> <p><b>Linen, laundry</b></p>	
<p><b>High Risk Policy?</b></p> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	<p><b>Yes / No (delete as appropriate)</b></p> <p>If Yes include the following sentence and relevant information in the Intended Recipients section above –</p> <p>In the event that this is policy is made available to the public the following information should be redacted:</p>

## IP 05 Appendix 1

### Conditions requiring bagging of linen as INFECTED

This list is intended as a guide but is not exhaustive. If you are unsure then please seek guidance from the local manager or the Infection Prevention Team.

Campylobacter enteritis	Chickenpox
CPE	Cryptosporidium
	COVID 19
Cholera	Clostridium.difficile
Cytomegalovirus	Diarrhoea with no known cause
Diphtheria	Dysentery – Shigellosis
Escherichia.coli 0157	Gastroenteritis
Giardiasis	Glycopeptide resistant enterococci [including VRE]
Hepatitis B and C and HIV if linen is soiled	Hepatitis A
Influenza	ESBL producing organisms
Leprosy – newly diagnosed	Measles
Norovirus	MRSA
Parvovirus	Mumps
Plague	Ophthalmia neonatorum
Ringworm – only if extensive infection	Pertussis
Salmonella	Poliomyelitis
Syphilis	Rubella
Tuberculosis	Scabies
Typhus fever	Streptococcus pyogenes [Group A]
Meningitis – viral / meningococcal	Threadworm
Yersinia	Typhoid and Paratyphoid
Monkey Pox	Vomiting presumed infectious

#### **NB**

**For high risk infections, e.g. Anthrax, Rabies, Viral Haemorrhagic Fevers, linen must be disposed of, and treated, as clinical waste. Contact the Infection Prevention Team and consult HS10 Waste Management Policy.**

# TEXTILE BAGGING POLICY

This bagging policy ensures compliance to Department of Health HTM 01-04 Decontamination of linen and social care.



## HTM 01-04 - COLOUR CODING TEXTILE BAGGING POLICY

### USED LINEN HIRE ITEMS

E.g. Sheets, Pillowcases,  
Towels, Night Wear etc



White Elis Bag

### REJECTED LINEN



Rejected / Return  
Items Only  
Pink Elis Bag

### INFECTED LINEN HIRE ITEMS



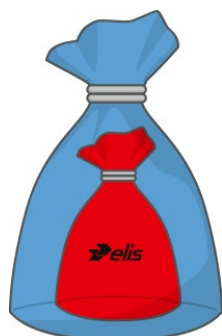
Dissolvable Red Bag  
Inside White Elis Bag

### HOSPITAL OWNED ITEMS



Blue Elis Bag

### INFECTED HOSPITAL OWNED ITEMS



Dissolvable Red Bag Inside  
Blue Elis Bag

### SURGEONS' GOWNS, THEATRE DRAPES



Green Elis Reusable  
Surgical Bag

### INFECTED SURGEONS' GOWNS, THEATRE DRAPES



Inner Dissolvable Red Bag  
Outer Green Elis  
Reusable Bag

**This supersedes all previous linen bagging policies, in adherence to Department of Health guidelines HTM 01-04**

## IP05 Appendix 3

### Housekeeping Department

Mops are disposable, they should not be washed before discarding.

### Procedure to launder specialist cleaning equipment

1. Appropriate personal protective equipment (PPE) must be available for all staff.
2. Equipment should be transported in a clean plastic bag and taken to their allocated laundry room.
3. Items are laundered at the hottest temperature allowed for that item. Staff must ensure that the washing machines are not overloaded.
4. Items then undergo a tumble dry process to ensure that they are ready for use.
5. Clean laundered items are removed from dryer and placed into clear bags which are tied and marked as clean.

### Specifications

An industrial/commercial type washing machine is required. A hot wash cycle is recommended (71°C for at least three minutes or 65°C for at least ten minutes). This must be professionally installed and maintained.

The washing machine's disinfection stage must be validated at least annually to prove it meets the requirements above.

## IP05 Appendix 4

### Neonatal Unit Laundry Process

In order to ensure that there is never a chance that used linen is re-used without first being laundered the following process must be followed.

1. Used cot sheets and baby clothes are to be collected in the white laundry bag attached to a skip in the decontamination room.
2. Apply gloves and apron and sort the laundry into bed linen and baby clothes in the two separate laundry baskets provided.
3. Take the laundry in the baskets on a trolley to the laundry room in the basement.
4. The baby clothes and the cot sheets must be washed in two separate loads.
5. The laundry baskets are then wiped with a detergent wipe before returning back to the decontamination room on the Unit.
6. When the laundry has been washed and dried in the tumble drier it is then returned to the unit in a different coloured bag e.g. clear.
7. The clean laundry must be put in the clean laundry cupboards for storage until used.
8. Parents must not be allowed to remove the clean laundry from the cupboard.
9. Hands must be decontaminated prior to removing the clean linen from the laundry cupboard.

#### Specifications

An industrial/commercial type washing machine is required. A hot wash cycle is recommended (71°C for at least three minutes or 65°C for at least ten minutes). This must be professionally installed and maintained.

The washing machine's disinfection stage must be validated at least annually to prove it meets the requirements above.