Policy Objective
To provide Healthcare Workers (HCWs) with information regarding the correct procedure for using, storing and segregating laundry for the safety of patients and HCWs.

This policy applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY
- None

Document Control Summary

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<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 6 October 2014</th>
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<tbody>
<tr>
<td>Date of Publication</td>
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<td>Infection Prevention and Control Policy Sub-Group 0141 211 2526</td>
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<tr>
<td>Related Documents</td>
<td>Standard Infection Control Precautions (SICPs) (HPS National IPC Policy) NHSGGC Hand Hygiene Policy NHSGGC Transmission Based Precautions Policy NHSGGC SOP Terminal Clean of Isolation Rooms</td>
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<tr>
<td>Implications of Race Equality and other diversity duties for this document</td>
<td>This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, disability, sexual orientation or religion.</td>
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<tr>
<td>Lead Manager</td>
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<td>Responsible Director</td>
<td>Board Medical Director</td>
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1. Responsibilities

Healthcare Workers (HCWs) must:
- Follow this policy.
- Report to Line Manager if they are unable to do so.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this policy cannot be followed.
- Offer advice and information (Laundry Leaflet) to patients/ clients/ carers/ visitors of any infection control requirements. [http://www.nhsggc.org.uk/content/default.asp?page=s946](http://www.nhsggc.org.uk/content/default.asp?page=s946)
- Report all incidents and near miss incidents on Datix (Clinical Incident Reporting System for NHSGGC).

Managers must:
- Ensure that staff are aware of the contents of this policy.
- Support HCWs and IPCTs in following this policy.
- Ensure that HCWs have had instruction / education on this policy.
- Ensure HCWs have the resources to follow this policy.
- Ensure that an investigation is undertaken into all non-compliance / near miss incidents.

Infection Prevention and Control Teams (IPCTs) must:
- Keep this policy up-to-date.
- Provide education opportunities on this policy.
- Provide advice on individual risk assessments for patients / clients.
2. Introduction

Most laundry within NHSGGC is sent to central laundry. Personal clothing, re-usable mop heads and support mattresses are laundered in accordance with local arrangements. All laundry undergoes disinfection by heat, with exception of items which may be damaged by heat disinfection processes. The minimum holding temperatures used are 65°C (150°F) for 10 minutes, or at least 71°C (160°F) for three minutes. These temperatures along with the dilution effect of the process should render the laundry safe. **All laundry from patients, who present an infection risk and are isolated, should be placed into red water soluble bags and then placed in a secondary clear plastic bag then a laundry bag.** All laundry fouled with blood or body fluids is potentially infectious and will also be **placed into red water soluble bags and then placed in a secondary clear plastic bag then a laundry bag.**

**NB** Blood and body fluids mean all body fluids including urine.
### 3. Definitions

The following definitions are used in this policy:

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<tr>
<th><strong>Linen</strong></th>
<th>All items for laundering or dry cleaning. This includes common use bed linen, towels, theatre drapes, patients clothing, re-usable protective clothing, and miscellaneous items such as curtains, fleeces, support mattresses, mop heads, etc.</th>
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<tr>
<td><strong>Used Linen</strong></td>
<td>Linen that has been used and which requires laundering but which is not fouled, infected, infested or high-risk.</td>
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<td><strong>Fouled Linen</strong></td>
<td>Contaminated linen that has been used and is contaminated with any body fluid, substance, secretion or excretion, e.g. urine, faeces, sputum, vomitus, blood, bile or pus.</td>
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<td><strong>Infected / Infested Linen</strong></td>
<td>Linen from patients suffering from or suspected as suffering from infections / infestations as specified in the Prevention &amp; Control of Infection Manual including patients who are being cared for using source isolation. See <a href="#">Transmission Based Precautions</a>.</td>
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<tr>
<td><strong>NB</strong></td>
<td>Fouled / infected / infested linen within Mental Health Services (MHS) in-patient wards will be placed into a water soluble bag and then into a brown plastic bag.</td>
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<td><strong>High-Risk</strong></td>
<td>Laundry which would remain hazardous following normal processing or for which additional precautions are required. Please refer to <a href="#">Transmission Based Precautions Policy</a>. Advice should be requested from the IPCT.</td>
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<tr>
<td>*** Radioactive Laundry**</td>
<td>Any laundry which is contaminated with radiation, e.g. used by a patient undergoing radiotherapy or other ionizing radiation treatment. * Please refer to local policy.</td>
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* The management of radioactive laundry is outwith the scope of this policy. Please refer to local policy or contact health physics technicians for further advice.
4. **Clean Linen**

Linen is used in close contact with vulnerable patients within the healthcare setting. Therefore clean linen must be transported, stored and handled in a manner that protects it from contamination.

Clean linen must be protected from dirt, dust and water splashing and should be stored in a dedicated area or storeroom. No other extraneous items should be stored alongside clean linen. It must not be stockpiled on open shelves in bathrooms, treatment rooms or any other area where contamination is likely to occur.

Staff must handle clean linen with clean hands. Plastic aprons should be worn to prevent contamination.

5. **Used Linen**

Used linen can be contaminated with human skin scales, blood or other body fluids and substances that may be contain large numbers of pathogenic micro-organisms. Therefore, all used linen must be handled in a manner that protects patients, staff and others from cross-infection.

Used linen must be placed directly into the appropriate bag. Staff who carry large bundles of used linen will contaminate themselves and the environment. Linen buggies should be taken to the area where used linen is generated, rather than the linen being taken to the buggies.

Appropriate protective clothing must be worn when handling used linen, e.g. a disposable plastic apron. Hands must also be decontaminated immediately after touching used linen.

6. **Fouled, Infected and Infested Linen**

Red water soluble bags are required for fouled, infected or infested linen. The purpose of these bags is to prevent the direct handling by laundry personnel, of potentially hazardous linen.

Red water soluble bags containing hospital linen must be placed in a clear plastic bag to contain leakage should the bags dissolve before reaching the laundry. The clear plastic bag should then be placed inside a laundry bag.

The most up-to-date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/infectionpreventionandcontrol
7. **High-Risk Linen**

   Linen from patients with confirmed or suspected infections caused by extremely hazardous organisms as specified in the Prevention & Control of Infection Manual (see Transmission Based Precautions Policy) should not be sent to the laundry. Please contact Facilities or IPC for further advice. This linen must be securely stored until uplifted from the area.

   **PLEASE NOTE**
   - Bags for used linen must adequately fit the laundry trolley ensuring laundry bags are not touching the floor.
   - ALL used linen including empty sleepknit bags must be returned to central laundry within a traditional laundry bag.
   - Hospital linen should **only** be disposed of via hospital waste stream in specific circumstances and on the advice of IPC. The IPCT will discuss the most appropriate method to facilitate this with the Waste Management Officer prior to disposal (see Transmission Based Precautions Policy).

8. **Relatives taking home used / fouled / infected / infested laundry**

   If relatives or carers wish to take personal clothing home, staff must place soiled clothing into a domestic *red water soluble bag* and then into a patient laundry bag, and staff must ensure that a Home Laundry Information Leaflet is issued.

   Nursing staff should also refer to the following document: Patients Clothing Bags for Contaminated Laundry – Information for Clinical Staff.

   **NB**  It should be recorded in the nursing notes that both the advice and information leaflet has been issued.

   *PLEASE NOTE* domestic red water soluble bags are specifically for laundry being taken home and are different from those used for hospital laundry.

9. **Laundry Awaiting Collection**

   - It is the responsibility of staff to ensure that laundry is segregated appropriately.
   - **When bags are 2/3 full they should be securely tied and dated.**
   - The sealed bags of laundry should be left in an approved position prior to collection.
   - There should be no public access through the storage area and laundry carts / cages should be kept in a designated safe lockable area.
   - The area should be dry.
   - Laundry should be uplifted from clinical areas at suitable intervals according to the needs of the area so that excess linen does not remain in the ward or in corridors.

   The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectionpreventionandcontrol](http://www.nhsggc.org.uk/infectionpreventionandcontrol)
LAUNDRY POLICY
(PART OF STANDARD PRECAUTIONS)

10. Transportation
Only remove bags which have been appropriately tied and dated. The handlers should place the laundry bags into CLEAN approved containers for transportation to the laundry. Clean laundry should not be transported in the same vehicle at the same time as used / fouled / infected / infested laundry.

11. Clean Laundry
Every effort must be made to maintain the quality and cleanliness of clean linen as outlined in the following statements:

- **Delivery** - Laundry should be delivered to the wards in clean containers.
- **Storage** - Clean laundry should be stored in an appropriate dedicated area. Laundry should not be placed / stored on the floor.
- **Local Use** - Within the ward area laundry should only be stored on to a dedicated trolley with cover. Linen trolleys should not be stored in unsuitable areas, e.g. such as the sluice, bathroom or taken behind patient screens.

12. Extraneous Items
Extraneous items such as needles, syringes, and drainage bags containing human body fluid, have all been found in linen bags returned to the laundry. These, on occasion, have resulted in injury to laundry workers and can damage machinery. **It is the responsibility of all those handling the laundry to ensure that linen bags for return are free from such items.**

13. Central Laundry
- Laundry staff must wear personal protective equipment (PPE), e.g. gloves, apron, face protection, appropriate to area of work.
- Linen received in water soluble bags must never be sorted or opened by laundry staff. Laundry staff must ensure that any cuts or abrasions are covered.
- Any extraneous items found must be removed and source and description of item reported in Datix.
- Any sharps injury sustained by a laundry worker must be managed in accordance with NHSGGC Management of Occupational / Non occupational exposure to Blood Borne Viruses Policy and Incident Management Policies (Public Health).

14. Washing Machines
Washing machines must only be purchased if specifically approved by the IPCT, Estates and Procurement. Any machines purchased must have appropriate programmer and temperature monitoring/recording capability. Staff must be able to access this information from the washing machine to provide assurance that items have been washed at the correct temperature for the correct amount of time i.e. not less than 65°C for ten minutes or 71°C for three minutes.

The most up-to-date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/infectionpreventionandcontrol
15. Evidence Base & References


Health and Safety at Work etc Act 1974
http://www.hse.gov.uk/legislation/hswa.htm

Control of Substances Hazardous to Health (COSHH) Regulations 2002
http://www.hse.gov.uk/coshh/