The most up to date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/infectioncontrol

Policy Objective
To provide 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.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY
- All used laundry must now be labelled with the name of the ward and hospital it originated from.

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 11 May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Publication</td>
<td>11 May 2009</td>
</tr>
<tr>
<td>Developed by</td>
<td>Infection Control Policy Sub-Group - 0141 211 2677</td>
</tr>
<tr>
<td>Related Documents</td>
<td>NHSGGC Standard Precautions Policy</td>
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<td></td>
<td>NHSGGC Hand Hygiene Policy</td>
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<td></td>
<td>NHSGGC Transmission Based Precautions</td>
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<tr>
<td>Distribution/Availability</td>
<td>NHSGGC Infection Prevention and Control Policy Manual and the Internet <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a></td>
</tr>
<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, sexual orientation or religion.</td>
</tr>
<tr>
<td>Equality &amp; Diversity Impact Assessment Completed</td>
<td>November 2008</td>
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<tr>
<td>Lead</td>
<td>Nurse Consultant Infection Control</td>
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<tr>
<td>Responsible Director/Manager</td>
<td>Board Infection Control Manager</td>
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1. **Responsibilities**

**HCWs:**
- Follow this policy.
- Report to Line Manager if they are unable to do so.

**Managers:**
- Ensure HCWs follow this policy.
- Ensure that HCWs have had instruction/education on this policy.
- Ensure HCWs have the resources to follow this policy.
- Ensure used laundry is kept in a secure place prior to uplift.

**ICT:**
- Keep this policy up to date.
- Provide educational 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. Apart from heat labile laundry, all laundry undergoes disinfection by heat. The minimum holding temperatures used are 65°C (150°F) for 10 minutes, or at least 71°C (160°F) for 3 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 source 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:

**Linen**
All items for laundering or dry cleaning. This includes common use bed linen; towels; theatre drapes; patients’ clothing; reusable protective clothing; and miscellaneous items such as curtains, fleeces, support mattresses, mop heads, etc.

**Used**
Linen that has been used and which requires laundering, but which is not fouled, infected, infested or high risk.

**Fouled**
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.

**Infected / Infested**
Linen from patients suffering from or suspected as suffering from infections / infestations as specified in the Prevention & Control of Infection Manual, including patients who are being cared for using source isolation. See Transmission Based Precautions.


**High Risk**
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 incinerated. Some examples would be anthrax, viral hemorrhagic fever, rabies, leprosy, smallpox, CJD where CSF has leaked onto laundry items. Advice should be requested from the ICT.

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.

The most up to date version of this policy can be viewed at the following website: www.nhsggc.org.uk/infectioncontrol
Clean linen must be protected from dirt, dust and water splashing and should be stored in a dedicated area or storeroom. It must not be stockpiled on open shelves in bathrooms, treatment rooms or other 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 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 should not carry large bundles of used linen as they may 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.
7. **HIGH RISK LINEN**
Linen from patients suffering from or suspected as suffering from 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. This linen must be sent for incineration in a **yellow** (not orange) clinical waste sack.

8. **RELATIVES TAKING HOME USED / FOULED / INFECTED / INFESTED LAUNDRY**
Staff should place fouled or infected laundry into a domestic water soluble bag and then into a clear plastic bag. Relatives should be informed if clothing is fouled and the HPS Washing Clothes at Home leaflet issued. Copies can be downloaded from: [http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/washing-clothes-home.pdf](http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/washing-clothes-home.pdf)

9. **LAUNDRY Awaiting Collection**
- It is the responsibility of the staff to ensure that laundry is segregated appropriately and that bags are no more than two-thirds full and tied securely.
- **When 2/3 full bags should be securely tied and labelled with luggage label clearly stating source ward and hospital/department.**
- The tied bags of laundry should be left in an approved position prior to collection.
- There should be no public access through the storage area.
- The area should be dry.
- Laundry should be uplifted from clinical areas frequently so that excess linen is not allowed to accumulate.

10. **TRANSPORTATION**
Only remove bags which have been appropriately tied and labelled with source ward and hospital/department. 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 with used / fouled / infected / infested laundry.

The most up to date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
11. **Clean Laundry**

Once the laundry has been decontaminated and returned, every effort must be made to maintain its quality and cleanliness 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 not be decanted on to trolleys and contaminated by placing into unsuitable areas, e.g. the sluice, bathroom or taken behind patient screens – unless for immediate use.

12. **Extraneous Items**

Extraneous items such as needles, syringes, and drainage bags containing body fluids, have all been found in linen bags returned to the laundry. These, on occasion, have resulted in injury to laundry workers. **It is the responsibility of all those using the laundry to ensure that extraneous items are not sent to this department.**

13. **Central Laundry**

Laundry staff must wear personal protective equipment (PPE) 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 as per local procedure.
- Any sharps injury sustained by a laundry worker must be managed in accordance with MANAGEMENT OF OCCUPATIONAL EXPOSURES TO BLOODBORNE VIRUSES POLICY.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes / No / N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used but not fouled/infected linen is discarded into laundry bags.</td>
<td></td>
</tr>
<tr>
<td>Fouled/Infected linen is discarded into red water soluble bags and then a secondary clear bag before being placed in white laundry bag.</td>
<td></td>
</tr>
<tr>
<td>Linen buggies, with used linen are not overfilled (No more than 2/3 full)</td>
<td></td>
</tr>
<tr>
<td>Used linen is discarded close to point of use.</td>
<td></td>
</tr>
<tr>
<td>Hand hygiene is performed following discarding of used linen (observe two HCWs).</td>
<td></td>
</tr>
<tr>
<td>HCWs discarding used linen wear disposable plastic aprons.</td>
<td></td>
</tr>
<tr>
<td>Filled bags are securely tied and labelled with source ward, Hospital/Dept</td>
<td></td>
</tr>
<tr>
<td>Used linen awaiting uplift is kept in a place away from the general public.</td>
<td></td>
</tr>
<tr>
<td>Clean laundry is delivered to the clinical area on a clean trolley</td>
<td></td>
</tr>
<tr>
<td>Clean laundry is not be decanted on to trolleys and contaminated by placing into unsuitable areas, e.g. the sluice, or taken behind patient screens – unless for immediate use.</td>
<td></td>
</tr>
<tr>
<td>Clean laundry is stored in a dedicated closed cupboard or suitable protected facility and never on the floor.</td>
<td></td>
</tr>
</tbody>
</table>

Score (Number correct): ____________________________________________

Action plan: _____________________________________________________

Date: __________________________________________________________

Audit performed by: ______________________________________________

Discussed with: _________________________________________________

*This audit may be undertaken by a member of the ward staff,*

*or as part of the annual infection control audit programme*
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www.nhsggc.org.uk/infectioncontrol

**EVIDENCE BASE & REFERENCES**


Scottish Executive Health Department (2003). The code of practice for the management of hygiene and healthcare associated infection.
http://www.scotland.gov.uk/Publications/2004/05/19315/36624


http://www.hps.scot.nhs.uk/haiic/ie/guidelinedetail.aspx?id=31230

Ayrshire & Arran Infection Control Guideline for the Storage and handling of Clean and Used Linen. (2006)