

Linen and Laundry Policy

V4.0

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Summary

The Trust and all staff are responsible for:

- Ensuring that clean, well-maintained linen enhances aesthetic appeal, providing confidence and reassurance to all service users.
- Ensuring that the systems in place prevent and minimise the risk of healthcare associated infections.
- Ensuring that they maintain, use and process linen in accordance with the scope of this policy.
- Ensure that standards are in place for infection prevention and control to enable patient well-being.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. The supply of clean linen for patients, staff and visitors is an integral part of safe, effective, and efficient healthcare.
- 1.2. Clean, well maintained bed linen enhances aesthetic appeal, providing confidence and reassurance to all service users.
- 1.3. The Trust must ensure that it has effective systems in place to prevent and minimise the risk of healthcare associated infections. Linen used by patients and staff, if classed as dirty and can pose a potential infection risk to staff handling it within any healthcare environment and during transport. Although acquiring an infection from linen is low risk even when contaminated with blood and body fluid, high standards of the management of linen must be maintained.
- 1.4. Royal Cornwall Hospitals NHS Trust (RCHT) has a duty of care to ensure the safety of all staff, patients and visitors when processing linen and laundry items.
- 1.5. The majority of linen at the Trust is processed by an external linen supplier with some items laundered by the Trust owned and managed washing machine service, through the Domestic Services department. All laundry services are managed by the Trust's Facilities Team.
- 1.6. The Trust must ensure that standards are in place for infection prevention and control to enable patient well-being.
- 1.7. This policy should be read in conjunction with the [Health and Safety General Policy](#), and the [Infection Prevention and Control Roles and Responsibilities Policy](#).
- 1.8. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy will ensure that:

- 2.1. There are clear and well-defined roles and responsibilities across the entire spectrum of employees, wards and departments across Royal Cornwall Hospitals NHS Trust in relation to Linen and Laundry.
- 2.2. The Trust allocates the necessary resources to achieve consistently high-quality standards of linen across the Trust.
- 2.3. Responsibility for the safe and prudent use of linen is embedded at all levels of the organisation.
- 2.4. Linen and Laundry performance and processes are closely monitored to ensure compliance with national guidance and with a view to further improve the service.
- 2.5. Any persistent failings with regards to hospital linen are addressed at the most appropriate level and rectified at the earliest opportunity.

3. Scope

- 3.1. This policy applies to all staff and contractors who use, manage or are in contact with Linen and Laundry.
- 3.2. The policy covers both the linen provided by off-site and on-site laundry facilities.

4. Definitions/Glossary

- 4.1. For the purposes of this policy the following terms are used:
 - 4.1.1. The Trust is The Royal Cornwall Hospitals NHS Trust
 - 4.1.2. Linen is any reusable cloth/material items such as:
 - Sheets.
 - Pillowcases.
 - Towels.
 - Gowns.
 - Slide Sheets.
 - Mops.
 - Slings.
 - Scrubs.
- 4.2. Clean linen is linen that has been decontaminated through the process of thermal disinfection or ozone cleaning, such as Otex; is visibly clean; free from infection, dirt or staining; is not damaged, ripped or missing fastenings; has been folded, delivered and stored in a designated linen cupboard.
- 4.3. Infected Linen is linen that has been used for, or meet, patients with or suspected to have specific infections, or is contaminated with blood or other bodily fluids. Infections can include enteric infections, open pulmonary tuberculosis, Hepatitis A, and other infections as defined by the Trust's [Isolation Unit Operational Policy](#).
- 4.4. Used (soiled and fouled) is used linen irrespective of state, but on occasions contaminated by body fluids or blood. It does not apply to items already covered by those in infected linen (above).
- 4.5. Condemned linen is linen that has been rejected as no longer fit for purpose.
- 4.6. Heat liable linen is linen that could be damaged by the normal heat disinfection processes and therefore likely to be damaged at thermal disinfection temperature.
- 4.7. Unused linen: Any linen that has not been used since it was last laundered and that has not been near a patient or stored in a contaminated environment.

5. Ownership and Responsibilities

5.1. Chief Executive Officer (CEO)

The CEO has overall responsibility on behalf of the Trust to ensure that the linen and laundry services are managed in line with legislation and relevant guidance. The CEO delegates their responsibility to the Director of Infection Prevention and Control who in turn delegates it to the Director of Infection Prevention and Control.

5.2. Chief Nursing Officer

The Chief Nursing Office is responsible for ensuring that infection prevention and control is maintained in relation to linen provision for the Trust.

5.3. Director Infection Prevention and Control (DIPC)

Has responsibility for ensuring that the policies and procedures in relation to infection prevention and control are followed and suitably managed. They are also the lead person responsible for the preparation and implementation of infection control policies and guidelines and are responsible for giving expert advice and training related to all infection control practice.

5.4. Director of Estates and Facilities

The Director has the overall responsibility for the management, implementation and monitoring of this policy and delegates the delivery of the service through their Facilities Department. They ensure that adequate resources are available within the Trust for the implementation of this policy. Additionally, they ensure that fit for purpose contracts are in place so Trust premises can provide appropriate linen and laundry services.

5.5. Authorised Person (Decontamination)

The Authorised Person (decontamination) does not have direct input into the decontamination of linen but should be consulted where advice on the standards required for the on-site laundry and general advice on decontamination. Additionally, the Authorised Person will undertake annual audits of the on-site laundry facilities.

5.6. Nursing and Matrons

5.6.1. The Heads of Nursing and Matrons are responsible for ensuring:

- 5.6.1.1. This policy forms the basis of good practice and for leading and driving a culture for the safe and prudent use of linen all levels of the organisation.
- 5.6.1.2. The appropriate resources are allocated to adequately control risks associated with soiled and infected linen that are identified through the risk assessment process, including the provision of suitable information, instruction, training and supervision of staff.

- 5.6.1.3. Members of staff attend the Infection Prevention and Control training.

5.7. Managers

- 5.7.1. Ward Sisters/Charge Nurses and Department Managers are responsible for the correct and prudent use of linen within their area; this includes rejecting linen correctly and managing its use.
- 5.7.2. All Managers are responsible for ensuring that all staff familiarise themselves with the policy and that safe management of linen and laundry services are carried out in their areas in accordance with legislation, Trust policies, and best practice.

5.8. Infection Prevention and Control

Infection Prevention and Control (IPAC) team are responsible for offering support, advice and guidance on specific / specialist linen requirements and training staff on hygiene and best practice in relation to linen.

5.9. Facilities Management and Designated Person

- 5.9.1. The Senior Facilities Manager offers representation at the Infection Prevention and Control Committee (IPC) and offer strategic direction regarding Government initiatives.
- 5.9.2. The designated Facilities Manager manages the Linen Contract to ensure there is always sufficient clean linen and that dirty and infected linen is collected, removed, laundered and returned according to the contract specification.

5.10. Linen Services Staff

Linen Services staff are responsible for providing clean linen to all wards and relevant departments, undertaking the first quality checks on deliveries and liaising with suppliers as required.

5.11. Linen Porters

Linen Porters are responsible for collecting used linen from all areas, if it has been bagged and closed correctly.

5.12. Individual Staff

- 5.12.1. All employees have a general duty to take reasonable care of their own safety and that of others who may be affected by their actions, which includes the prevention of risk of the transmission of infections to patients and other staff. All employees must further ensure that they will:
- 5.12.2. Ensure that all linen to be used meets the definition of Clean Linen.
- 5.12.3. Ensure that all soiled or infected linen is securely and correctly stored for decontamination or incineration.

- 5.12.4. Notify the Facilities Helpdesk of any items of linen that do not meet the definition of Clean Linen. Telephone: 01872 25 (3400) or email: Rch-tr.RCHTEstatesHelpdesk@nhs.net
- 5.12.5. Report any potential risk of infection using the Trust incident management system (Datix).
- 5.12.6. Use all linen in a professional and prudent manner to avoid excessive use increasing the costs to the Trust.

6. Standards and Practice

6.1. Scope of Linen and Laundry Service

The Trust manages the Linen and Laundry services. This includes the provision of clean linen, collection of dirty/soiled and infected linen, the management of the laundry contracts, and on-site laundry services.

6.2. Setting Stock Levels

The stock levels are set, both in operational areas and across the whole Trust by the requirements of the wards and departments. The stock levels are set at departmental levels and approved by the Ward Sisters/Charge Nurses and Department Managers. Stock levels can be reviewed at any time if more or less linen is required. Revised stock levels are escalated to the Linen Supervisor for implementation.

6.3. Stock Count

The linen stock count is undertaken daily. The objective of this count is to ensure the right amount of linen is ordered daily and enough linen is kept in stock for out of hours top up. The stock count includes both the Central Linen Room and the Operational Linen Rooms.

6.4. Transportation of Linen

- 6.4.1. The contractor delivers the linen Monday to Saturday directly to the Central Linen Room.
- 6.4.2. Any trolley used to transport linen must be clean and free of dust and dirt, covered with a washable or disposable cover. If trolleys are enclosed with lockable doors, covers are not required.
- 6.4.3. There must be a physical barrier between clean and used or infectious linen when carried on a vehicle at the same time. No bag of linen that is not securely fastened should be placed in a vehicle.
- 6.4.4. All reusable transport containers, cages and the inside hold area of transport vehicles must be decontaminated daily or immediately after use if used to transport infectious linen by the Linen contractor.

6.5. Central Linen Room Management

- 6.5.1. The linen stock levels, in the Central Linen Room, are counted daily to ensure there is the correct amount to meet the clinical needs of the hospital.
- 6.5.2. The Central Linen Room is under the management of the Trust's Facilities Department and is open from 0600 - 1800 seven days a week.
- 6.5.3. Out of hours, if it is found that linen stocks are running low the department should ring 2468 stating items needed, they will arrange a linen top up of required items.
- 6.5.4. Linen should not be taken directly from the central linen room, without authorisation from the Ward Sisters/Charge Nurses and Department Managers.
- 6.5.5. The Linen Team will ensure that all items of linen are clean, pressed and free of stains, marks and evidence of body fluids. The items should be in sound condition and free of tears, frayed edges and holes as all items must be of suitable quality and fit for purpose.

6.6. Internal Linen Delivery

- 6.6.1. Linen is delivered to the wards and departments' Operational Linen Rooms daily.
- 6.6.2. The linen is delivered from the Central Linen Room to the Operational Linen Rooms on wards and departments by the linen staff in covered trollies.

6.7. Operational Linen Rooms

- 6.7.1. Operational Linen Rooms are restocked daily by the Facilities Linen Porters. The restocking, where possible, will take place in the morning.
- 6.7.2. The restocking of the Operational Linen Rooms will be undertaken to bring the linen stock levels back to the operational standard.

6.8. Linen Storage and Segregation

- 6.8.1. It is essential that linen is segregated to ensure the health and safety of patients and that IPAC standards are maintained:
- 6.8.2. It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately.
- 6.8.3. Clean linen:
 - Clean linen must be in a state of good repair, as tearing or roughness can damage the patient's skin and should also be free from stains and excessive creasing and should be acceptable to both patients and staff.

- In wards or departments clean linen should be stored in a covered trolley or in a designated Operational Linen Room.
- Clean linen must not be stored in a sluice room, bathroom, laundry room or staff changing room.
- The designated storage area should be kept clean and free from infestation by insects and rodents.
- Clean linen should be stored above floor level – never on the floor.
- Clean linen should be kept tidy to avoid recontamination.
- Clean linen should not be kept in areas freely accessible to patients.
- No other items should be stored in the Operational Linen Rooms.
- Clean linen that has been taken into a room where a patient has been under isolation precautions must be removed and sent to the laundry for washing. This linen must not be used for another patient and should be considered as infected linen.

6.8.4. Used linen.

- Used linen should not be stored next to clean linen.
- Used linen must always be bagged at the bedside never carried through the ward to the sluice.
- Staff must ensure they wear personal protective equipment when dealing with used linen.
- Staff must always wash their hands after dealing with used linen and after removing personal protective equipment.
- Used linen should be placed in a white impermeable bag. Swan neck and seal with identification tape which indicates the ward or department originating the soiled item and store in the appropriate storage facility for removal by the Linen Porter.
- No dirty linen cages should be kept on the hospital corridors.
- All used/dirty linen is to be stored in the Waste Compound for collection by the Laundry Contractor and should be contained within the cages provided and not stacked on the floor.

6.8.5. Infected linen

- Infected linen must be placed in a red dissolvable liner and filled no more than two thirds full and securely tied at the neck, and then placed into a white plastic linen bag with a label attached identifying the ward or department.

- Infected linen should be placed directly into a **RED** water-soluble alginate bag and secured, then placed into a **WHITE** (hire items), **BLUE** (hospital owned items), **GREEN** (Surgical gowns/drapes) or **BROWN** (curtains) outer bag.
 - Infected linen should not be stored next to clean linen.
 - Infected linen must always be bagged at the bedside never carried through the ward to the sluice.
 - Staff must ensure they wear personal protective equipment when dealing with Infected linen.
 - Staff must always wash their hands after dealing with Infected linen and after removing personal protective equipment.
- 6.8.6. Any infected linen that is soiled with blood or any other body fluid or any linen used by a patient with a known infection (whether soiled or not). This includes patients with or suspected:
- 6.8.7. MRSA
- Extended Spectrum beta-lactamase (ESBL) or Carbapenemase producing organisms (CPO/CPE).
 - Hepatitis A.
 - Draining Tuberculosis (TB) lesions.
 - Enteric Fever.
 - Dysentery (Shigella spp).
 - Salmonella.
 - Norovirus.
 - Clostridium difficile.
 - Chickenpox.
 - Head or body lice, scabies.
 - Other notifiable diseases.
- 6.8.8. Linen thought to be contaminated with any of the following micro-organisms must be placed in a Wiva bin and not sent to the laundry service. Contact the IPC team for further advice.
- Bacillus anthracis (Anthrax).
 - Viral Haemorrhagic Fevers (e.g. Lassa fever, Marburg disease, Ebola fever).

- Tropical pyrexia of unknown origin.
- Lepromatous Leprosy.
- Bioterrorism agents e.g. Smallpox.
- CJD where CSF or other body fluids have leaked onto linen items.

6.9. Linen Collections

- 6.9.1. Soiled, used and infected linen is collected from wards and departments at least daily, or more often depending on need. Additional collections of linen can be arranged through the Facilities Helpdesk.
- 6.9.2. The external contractor collects soiled, used and infected linen on a regular basis from the designed collection point.

6.10. Linen Misuse

- 6.10.1. The stock of linen is limited, and items should not be misused or purposely wasted.
- 6.10.2. Linen items should not be used other than for the intended purpose i.e. not used to mop up spills.
- 6.10.3. The Ward Manager and Matron are responsible for ensuring that linen, used in wards and departments is not mis-used and/or waste.

6.11. Rejecting or Condemning Linen

- 6.11.1. There may be times when items of clean linen are not appropriate and will be rejected if deemed unsuitable to use, due to marks, a tear, holes or any other type of soiling mark.
- 6.11.2. Pink reject linen bags are available to every ward/department and reject linen should be placed in these bags and left in the dirty linen cupboard or cage for collection by Linen Porter. Rejected linen will be returned to the Laundry Contractor by the Linen Supervisor, for either repair, relaundering or to be wasted.

6.12. Handling of Linen

- 6.12.1. Clean linen should be handled with 'Clean Hands' so that contamination is avoided including during transport and storage.
- 6.12.2. Plastic linen bags should always be used when clearing away used linen from bed areas. Staff must not hand carry loose used linen, or leave items on the floor, to minimize environmental and personal contamination.
- 6.12.3. All staff must ensure that no extraneous items are disposed of with used linen.

- 6.12.4. The linen bags should never be overfilled and should be securely closed when two thirds full and labelled where required.
- 6.12.5. Plastic aprons and gloves must be worn whilst handling fouled or infected linen. Hands must be washed after handling linen and after removing aprons and gloves.
- 6.12.6. Linen contaminated with chemotherapy waste where a spillage has penetrated the bed linen should be placed in a yellow bag and disposed of as cytotoxic waste.

Hospital linen that is potentially contaminated with cytotoxic drugs should never be returned to the laundry.

6.13. Return to Sender (RTS)

- 6.13.1. All RTS items are owned by the Trust and are not part of the general linen hire pool. Therefore, failure to identify these items before use may result in a delay or loss of items to wards or departments.
- 6.13.2. All Trust owned items to be sent to the external contractor for laundering must be labelled prior to use (with the name of the Trust, the Hospital and ward/dept).
- Normal/used items, except curtains, will be placed in a blue bag and secured.
 - Fouled/infected items will be placed in a water-soluble bag, tied and placed inside a blue linen bag and secured. The bag should not be filled to more than two thirds full.
 - Complete a RTS docket detailing information of items in the bag together with the amount, retain two copies and place the rest of the docket inside the document wallet.
 - Remove all the backing from the document wallet and stick to bag. Non disposable curtains must be placed in a brown linen bag and secured.
 - Non-disposable curtains that are fouled/infected must be placed in a water-soluble bag, tied and placed inside a brown linen bag and secured.
 - A docket must also be completed for curtains detailing information of items in bag together with the amount, retain one copy and place the rest of the docket inside the document wallet. Remove all the backing from the document wallet and stick to the bag.
 - All RTS items are owned by the Trust and are not part of the general linen hire pool. Failure to identify these items before use may result in a delay or loss of items to your ward or department.

- All Trust-owned items to be sent to the external contractor for laundering must be labelled prior to use.
- Used items must be placed in a BLUE bag and secured. The bag must not be more than two-thirds full.
- Infected items must be placed in a RED water-soluble bag, tied and placed inside a BLUE linen bag and secured. The bag should not be more than two-thirds full.
- For RTS items, a docket detailing information on and the number of items in the bag must be completed. The sender should keep the bottom copy of the ticket and put the top two copies in the document wallet, and then into the bag to be sent to the laundry. The backing from the document wallet should be removed, and it should then be stuck to the bag. The laundry will then return the item with a copy of the ticket for matching.

6.14. On-site laundry

6.14.1. The on-site laundry is available at Royal Cornwall Hospital and is used for laundering the following items:

- Slide sheets.
- Slings.
- Mermaid Capes.
- Mops.
- Cloths.
- Neo-natal items.

6.14.2. Items for the on-site laundry will need to be placed in a green bag and left in a green on-site laundry container, found in the following locations:

- PAMW – Waste cupboard first floor.
- Tower – General Theatre Lobby.
- Tower – Basement.
- Trelawney – Waste cupboard second floor.
- Trelawney – 1st floor.
- Trelawney – Ground floor.

6.14.3. The on-site laundry including equipment must meet or exceed the minimum appropriate standards (Essential Quality Standards) as detailed in HTM 01-04 Decontamination of linen for health and social care, Engineering, equipment and validation. Department of Health and

Social Care. The responsibility for maintaining the standards sits with the Senior Facilities Manager who has responsibility for the provision of the service.

6.15. Training

- 6.15.1. Education of staff should ensure there is no inappropriate segregation of used linen, and for laundry not to contain inappropriate objects. The presence of inappropriate objects, particularly sharps, aerosols etc. represents major hazard not only to the laundry staff but could result in irreversible damage to the machine.
- 6.15.2. It is important to remember all bags must be secured and not be filled to more than three quarters full.
- 6.15.3. All staff who deal with linen (clean or used) should be aware of the Trust's guidelines on linen and laundry.
- 6.15.4. Clean linen should be handled in such a way that contamination is avoided including during transport and storage.
- 6.15.5. Care should be practiced when stripping bed as shaking may cause an increase in airborne bacteria.
- 6.15.6. All staff must ensure that no extraneous items are disposed of with used linen, such as dentures, spectacles, sharps, incontinence pads, and tissues, as they may harm the laundry operators or cause damage to machineries.
- 6.15.7. When using soluble alginate bags or alginate-strip bags, it is imperative that no ties are used except alginate type ties, which dissolve in the wash. Any others are likely to cause machines to block.
- 6.15.8. Managers must ensure that all new staff (regardless of their employment status) are appropriately trained in relation to linen and laundry procedures, as part of their induction.
- 6.15.9. All staff that deal with linen (clean or used) must adhere to the Trust's Policy for the Management of Linen and Laundry.

6.16. Water soluble alginate bags

To ensure that linen placed in water soluble alginate bags can be laundered to the appropriate standard, the following procedure should be followed:

- Infected items are placed in the soluble bags.
- Place the linen inside the alginate bag.
- Wrap items that are soaking wet inside drier used linen.
- Do not overfill the water-soluble alginate bag.
- Seal the alginate bag using the swan necktie; do not knot the bag.

- Place the water-soluble alginate bag inside the appropriate coloured outer linen bag for collection.

6.17. Failure of Normal Service

- 6.17.1. Contingency plans should be in place in the event of a failure of the normal Linen and Laundry Service. BCPs should be in place for all elements of the service, regardless who provides the element of service.
- 6.17.2. The Senior Facilities Manager is the key representation for the management of the outsourced Linen and Laundry contractor.
- 6.17.3. All operational issues, relating to Linen should be directed to the Facilities Helpdesk.

6.18. General Principles of Linen Use:

6.18.1. Bed Linen

- 6.18.1.1. Clean linen will be used for the making of beds. Beds will be made with two sheets, sufficient pillowcases for the number of pillows and where necessary a blanket.
- 6.18.1.2. Pillows and sheets must be changed a minimum of every three days unless soiled, and between patients if patient stay is less than three days. Blankets must be changed between patients, unless soiled.
- 6.18.1.3. If practicable, sheets can be top and tailed, rather than changed. Ward staff to assess bed and decide if changing bed sheets is necessary.
- 6.18.1.4. When staff are changing bed linen, the number of beds to be changed must be counted, and the correct quantity of linen removed from the cupboard to avoid wastage.
- 6.18.1.5. Bed linen must always be changed when a patient has been discharged and in preparation for a new patient to be admitted or when the linen is soiled and/or wet.
- 6.18.1.6. Matrons and Ward Sisters will be responsible for reducing consumption to the expected level (stated above), and this will be monitored.
- 6.18.1.7. It is the responsibility of the person disposing of the linen to ensure that it is segregated into the three correct categories: used, infected, or damaged.

6.18.2. Pillows

- 6.18.2.1. Pillows are made with a washable cover and should be wiped clean with a disposable detergent wipe between each patient use and/or if soiled within in-patient areas.

- 6.18.2.2. For out-patient areas the plastic pillowcase should be covered by paper roll between patients and the pillow should be cleaned at the beginning and end of the session.
- 6.18.2.3. Pillows that are contaminated or damaged by body fluids cannot be washed and should be disposed of in either clinical waste (if contaminated by infected body fluids) or as domestic waste if damaged through wear and tear.
- 6.18.2.4. All pillows used in clinical areas must have sealed intact impermeable covers.
- 6.18.2.5. All pillows used in clinical areas can be cleaned with Chlorine based disinfectant and re-used providing there is no tear, split or staining.
- 6.18.2.6. Any torn, split or stained pillow must be discarded into the general waste stream, or if infected/ contaminated with blood or body fluid, into the infected (orange) waste stream. Discarded pillows should never be placed with dirty linen items.
- 6.18.2.7. New pillows can be ordered by the wards or departments.
- 6.18.2.8. Spare pillows must store in the appropriate linen cupboard in each ward/department.

6.18.3. Mattresses

- 6.18.3.1. Mattresses are made with a washable cover and should be wiped clean with a disposable detergent wipe between each patient use and/or if soiled within in-patient areas.
- 6.18.3.2. All mattresses used in clinical areas must have sealed intact impermeable covers.
- 6.18.3.3. All mattresses used in clinical areas can be cleaned with Chlorine based disinfectant and re-used providing there is no tear, split or staining.
- 6.18.3.4. Any torn, split or stained mattresses must be removed from use.

6.18.4. Towels

Towels must always be changed daily if used or when they are soiled and/or wet.

6.18.5. Patient gowns

- 6.18.5.1. Where patient gowns are worn, they must be changed after each patient or if soiled and/or wet.
- 6.18.5.2. Patient gowns should be changed at least every two days, but more frequently dependent on clinical need.

6.18.6. Slide sheets.

Slide sheets should be changed between new patients and if soiled and/or wet.

6.18.7. Curtains

- 6.18.7.1. Window curtains should be changed every six months as a minimum to co-inside with the Planned Preventative Maintenance (PPM) cleaning schedule for these areas.
- 6.18.7.2. All discharge cleans will require bed curtains to be changed prior to new admissions.
- 6.18.7.3. Curtains must be changed whenever they are visibly soiled, during terminal cleaning after the discharge of an infected patient or following episodes of an outbreak of infection.
- 6.18.7.4. Shower curtains must be changed at least every six months and where necessary shower curtains must be changed whenever they are visibly soiled, during terminal cleaning after the discharge of an infected patient or following episodes of an outbreak of infection.
- 6.18.7.5. New curtains should be dated, with the date of change clearly showing.

6.18.8. Theatre Scrubs

- 6.18.8.1. Theatre Scrubs will be supplied and laundered by the Trust's approved Laundry Contractor. Theatre Scrubs are delivered to departments daily.
- 6.18.8.2. Theatre Scrubs can also be collected from main linen room.
- 6.18.8.3. Theatre Scrubs are put into skips on the wards departments then collected by the linen staff to go for laundering.
- 6.18.8.4. Staff must not wear Theatre scrub to and from work as detailed in the [Uniform and Dress Code Policy](#).

6.18.9. Clean Room Gowns

- 6.18.9.1. Clean room gowns are provided as sterile direct from the Central Linen room.
- 6.18.9.2. Soiled gowns should be placed in a white plastic linen bag and filled no more than two thirds full and securely tied at the neck. The white bags will be collected with the normal soiled linen and then segregated by placing them into a cage in the Waste Compound for collection by the Laundry Contractor.

6.18.10. Mops

- 6.18.10.1. The Facilities Team provides fresh mop heads daily to all wards or departments.
- 6.18.10.2. Mops are issued to each area of the hospital on an exchange basis, replacing each area's quantity of soiled mops with clean.
- 6.18.10.3. The used mop heads are laundered on-site to thermal disinfection standards (as recommended by HTM 01-04) at 65 degrees centigrade for 10 minutes, or at 71 degrees centigrade for 3 minutes. The mop heads are then tumble dried and bagged up for distribution to the wards by the Facilities Team.

6.18.11. Slings

- 6.18.11.1. Each item must have a permanent Trust label.
- 6.18.11.2. After use slings should be placed in a green bag and sent to mini laundry.
- 6.18.11.3. The sling will be returned laundered to the departments.

6.19. Patients Taking Home Linen

- 6.19.1. Patients should not be given Trust linen to take home.
- 6.19.2. Patient's used clothing should be taken home by relatives for laundering. The used clothing should be placed into a patient property bag.
- 6.19.3. Permission should be sought from the patients or relatives to dispose of patient's heavily soiled linen by disposing into the most appropriate waste stream.

6.20. Patients' Personal Laundry

- 6.20.1. The Trust does not offer a laundry service for patients' personal clothing. All staff responsible for admitting patients must emphasise this, including to patients admitted from residential homes.
- 6.20.2. Where relatives, friends or carers are laundering soiled items of patient clothing, the items should be placed in a water-soluble bag, tied and placed into another bag. It is very important that relatives are advised that the water-soluble bag and clothing should be placed in the washing machine intact. The clear plastic bag should then be placed into a patient's property bag to protect the patient's dignity.
- 6.20.3. Patients, relatives and carers should be encouraged to wash personal clothing items at home.
- 6.20.4. Clothing items should be taken home and placed directly into a washing machine.

6.20.5. Clothes should be processed at the hottest wash recommended by the manufacturer's instructions.

6.21. Laundry Nightwear

Any patient that has been provided with nightdresses or pyjamas to wear during their stay in hospital, must not be discharged home or to a Nursing Home with them, as these items do not belong to the Trust and must be returned (as used linen) to the laundry provider.

6.22. Health and Safety

6.22.1. It is everybody's responsibility to ensure that all items are not concealed within any dirty linen e.g. sheets, blankets, towels, scrubs as they may not be recovered, or more importantly sharps items concealed can cause serious harm to laundry staff handling the garments at the Laundry and damage to laundry equipment.

6.22.2. The Trust could be prosecuted for endangering the life of a member of the Linen and Laundry team, through their negligence or intentional poor practices.

6.22.3. The Trust can be fined for any serious damage to the laundry equipment, and any enforced closure to the Laundry whilst repairs are carried out, should this be proven that the Trust was liable.

6.23. Trust Owned Washing Machines

6.23.1. Washing machines owned by the Trust are available in residencies (for use by people using the residencies).

6.23.2. The washing machines in these areas must not be used for washing patient clothing or contractor linen.

6.23.3. There will be no other Trust owned washing machines available or purchased for use.

7. Dissemination and Implementation

This document will be available through the Documents Library.

8. Monitoring Compliance and Effectiveness

8.1. Monitoring, Audit, and Review Procedures

8.1.1. The Facilities Department will monitor the contract to ensure that the Linen and Laundry Contractor is demonstrating compliance to the contract specification and to HSG (95).

8.1.2. The Facilities Department will monitor the quality, storage and stock levels in both the Central Linen Room and Operational Linen Rooms on a quarterly basis, adapting deliveries etc, in order to match demand.

- 8.1.3. Any breach of compliance should be reported to the clinical area in the first instance and then to the Facilities Helpdesk.
- 8.1.4. The Facilities Department will monitor compliance with the Policy and undertake audits to ensure linen is segregated appropriately and managed appropriately.
- 8.1.5. The Facilities Manager will monitor the recording of clean, returned linen not fit.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Delivery of Linen Contract
Lead	Linen Supervisor
Tool	Daily checks on the timing and stock levels of linen delivered.
Frequency	Daily reports will be received by the Linen Supervisor, and this will be supported by audits and reviews of the service provision undertaken by the Senior Facilities Manager.
Reporting arrangements	The reports will form part of the Facilities Department monthly performance report.
Acting on recommendations and Lead(s)	Head of Facilities
Change in practice and lessons to be shared	Through the Estates and Facilities Performance and Governance Group reporting and meetings

9. Updating and Review

- 9.1. This policy will be reviewed where there are changes to legislation and guidance or every three years.
- 9.2. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Linen and Laundry Policy V4.0
This document replaces (exact title of previous version):	Linen and Laundry Policy V3.0
Date Issued / Approved:	June 2024
Date Valid From:	July 2024
Date Valid To:	July 2027
Author / Owner:	Julie Rapson – Facilities Manager
Contact details:	01872 255024
Brief summary of contents:	NHS organisations must ensure that they have effective systems in place to prevent and minimise the risk of healthcare associated infections. Linen used by patients and staff can pose a potential infection risk to staff handling it within any healthcare environment and during transport. Although acquiring an infection from laundry is low risk even when contaminated with blood and body fluid, high standards of the management of linen must be maintained.
Suggested Keywords:	Linen, Laundry, Health and Safety, Infection Prevention and Control.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Estates and Facilities Performance and Governance Group
Manager confirming approval processes:	Brian Johnson, Director of Estates and Facilities
Name of Governance Lead confirming consultation and ratification:	Philip Bond, Performance Improvement, Governance and Compliance Manager

Information Category	Detailed Information
Links to key external standards:	HASAWA 1974. Heath Technical Memorandum 01-04 Decontamination of linen for health and social care: Management and provision (Department of Health), Updated June 2016. Health and Safety at Work etc. Act 1974. HTM 01-04.
Related Documents:	Health and Safety General Policy. Infection Prevention and Control Policy.
Training Need Identified:	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Facilities

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
1 July 2009	V1.0	Initial Issue	Not Known
25 October 2012	V2.0	Complete review and rewrite of all content.	Nathan Harrow Hotel Services Manager
30 November 2012	V2.1	Reviewed again following comments from IPAC	Nathan Harrow Hotel Services Manager
01 February 2017	V3.0	Full review in line with contracting out of Soft Facilities Management	Phil Bond, Governance Lead Estates
June 2024	V4.0	Complete review and rewrite of all content. Transposed to latest Trust template.	Higino (Nino) Da Palma Lopes, Estates and Facilities Compliance Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Linen and Laundry Policy V4.0
Department and Service Area:	Estates
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Julie Rapson – Facilities Manager
Contact details:	01872 255024

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff responsible for linen, and the contractors.
2. Policy Objectives	To ensure that linen is clean and free from contamination.
3. Policy Intended Outcomes	Patient, staff and visitor safety.
4. How will you measure each outcome?	Through Hospital Infection Control Committee ensuring that there have been no infections due to soiled, dirty or infected linen.
5. Who is intended to benefit from the policy?	Patients.
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No

Information Category	Detailed Information
	- External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Estates and Facilities Performance and Governance Group.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	

Protected Characteristic	(Yes or No)	Rationale
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Julie Rapson – Facilities Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)