



Torbay and South Devon
NHS Foundation Trust

Linen & Laundry Policy

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1 INTRODUCTION

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

This linen and laundry policy is designed to reduce unnecessary consumption of linen across the wards, in line with other Trusts who change linen either between patients, or a minimum of every three days unless soiled. It is also designed to release nursing capacity, by freeing up time spent on excessive bed changing. There is no evidence to suggest that daily linen changing prevents the spread of infection or speeds up patient recovery.

Consumption of linen will now be monitored, and Matrons/Ward Sisters will be responsible for ensuring that consumption on their wards is reduced to the minimum threshold of once every three days for general linen.

The provision and management of laundry and linen services is an important function to enable sustainable delivery of patient care. This is aligned with guidelines set by HTM 01-04 published in May 2021 amalgamated with earlier versions of laundry guidance and supersedes CFPP April 2014. Staff will facilitate the continued delivery of these services, minimising risks to health and safety, complying with infection control requirements and ensuring best value for the Trust.

The points below are a summary of actions required from the Trust employees to be aware of and follow the detail of this policy.

1. Pillowcases 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.
2. 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.
3. Where possible, staff must change beds after doctors have done their morning review, to avoid duplicate changing if a patient is discharged that day.
4. Matrons and Ward Sisters will be responsible for reducing consumption to the expected level (stated above), and this will be monitored.
5. 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. It is the responsibility of both the laundry contractor (Elis) and Trust staff to ensure linen is clean and in a good state of repair.
7. Linen must be stored in a dedicated closed cupboard or fully enclosed mobile linen trolley secured from unauthorised persons.
8. It is staff responsibility to ensure instruments, sharps, and non-laundry items such as pillows, disposable curtains and patient belongings are not disposed of with linen.
9. Patient's relatives and carers should be encouraged to wash all personal laundry at home following washing instructions provided on items.

10. Infection Prevention and Control policy must be adhered to when handling both unused and used linen.
11. Linen items should not be used other than for the intended purpose i.e. not used to mop up spills.

2 PURPOSE

This Policy defines the responsibility of managers and staff to ensure correct, safe handling and disposal of contaminated laundry; and the correct, safe distribution and storage of clean linen to minimise infection risk throughout Torbay & South Devon NHS Foundation Trust.

The purpose of this policy is to:

- 2.1 Promote guidance for healthcare workers on the correct hygiene measures for the laundering of linen.
- 2.2 Highlight the risks of infection associated with handling dirty laundry, as well as keeping clean laundry free from the risk of recontamination in a closed or covered storage area.
- 2.3 Identify appropriate prevention measures to reduce the risk and protect patients, staff, and the wider community.
- 2.4 Provide staff with a broad outline of what to do, and who to contact for more detailed advice in relation to the management of linen and laundry.
- 2.5 Where Trust linen is provided in the Community, the Policy must also be observed and adhered to.

3 EQUALITY IMPACT ASSESSMENT

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No employee will receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership.

4 RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive is responsible for ensuring that there are effective arrangements for infection control throughout the Trust. A Director of Infection Prevention and Control has been appointed by the Trust to ensure that infection control in the Trust meet the required standards.

4.2 Workplace Director

The Workplace Director has the delegated authority for facilities management across the Trust.

4.3 Matrons, Ward Managers and Heads of Departments

Ensuring that ward staff adhere to this Trust Policy in terms of the use of laundry and linen items, storage and return arrangements, including using correct colour coded bags for various types of linen and rejecting items via correct procedures.

- Responsible for ensuring that on their wards, sheets and pillowcases are changed a minimum of every three days unless soiled, used for infected/colonized patients and between patients if patient stay is less than three days.
- Must ensure that blankets are changed between patients unless soiled.
- Must establish a cleanliness culture across their units, and promote compliance with infection prevention guidelines, including linen handling and laundry.
- Must promote good practice and challenge poor practice, including excessive use.

4.4 Head of Facilities Operations

Acts as Trust lead for Linen and Laundry services, representing/or leading the Trust in its selection and appointment of linen and laundry providers.

4.5 Facilities Operations Manager

Is responsible for ensuring:

- The guidelines within this Policy are implemented.
- All guidelines produced by a member of staff in their department are met in this document.
- Responsible for monitoring the laundry and linen contract and ensuring that the Trust's Facilities staff are adequately trained in the expectations of this policy.
- Procedures are put in place for a Major Incident.

4.6 Deputy Facilities Operation Manager

To attend monthly/quarterly meetings with contractors and highlight any performance issues monitor compliance against this policy.

4.7 Role of Trust Staff

All staff are responsible for using, 'bagging' and storing linen in the correct manner in line with this policy.

- Must change beds a minimum of every three days unless soiled, used for infected/colonized patients and between patients if patient stay is less than three days.
- Must count the number of beds to be changed and remove the correct quantity of linen from the cupboard to avoid wastage. If there is an excess stock of linen that has been removed from the cupboard it must not be returned to the cupboard, it must be discarded as used linen.
- Where possible, must change beds after doctors have done their morning review, to avoid duplicate changing if a patient is discharged that day.
- Must be familiar with and adhere to the relevant infection prevention policies to reduce the risk of cross-infection of patients.
- Must adhere to the full terms and conditions of the linen handling and laundry policy.
- Must promote good practice and challenge poor practice.

- Must ensure correct and safe transportation and storage of clean/dirty linen is consistently followed.

4.8 Linen Services Staff

Linen Services staff are responsible for:

- Receiving deliveries from the laundry provider
- Undertaking first quality check of stock delivered
- Liaising with supplier regarding delivery quantities required
- Stocking up mobile linen cabinets and trolleys.
- Providing a top-up delivery services to departments with a linen room.

4.9 Porters

Porters are responsible for:

- The delivery of fully stocked mobile linen cabinets to wards and departments.
- The return of used mobile linen cabinets to the linen room for cleaning and restocking.
- Ad-hoc top-up linen deliveries to wards and departments who require additional linen outside of their normal delivery schedule.

4.10 Waste Operatives

The Waste Operatives are responsible for collecting used linen from all areas, as long as it has been bagged and closed correctly.

4.11 Community Sites

Community buildings will generally have staff who pick up individual tasks detailed above as more of a generic role than individually listed above.

5 GENERAL PRINCIPLES

5.1 Definition of Linen

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

Used linen: All linen used in the ward/department setting that is not contaminated with either blood or body fluids.

Infected linen: Any used 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).

Damaged linen: Any linen that is torn, or heavily stained.

For the purpose of this Policy, “linen” shall mean all reusable textile items requiring cleaning/disinfection via laundry processing including:

- Bed linen: blankets, counterpanes, cot sheets and blankets, duvet covers, pillowcases and sheets (woven, knitted, half sheets, draw and slide sheets);
- Blankets.
- Canvases.

- Non-disposable Curtains.
- Hoist slings.
- Patient clothing (gowns, nightdresses and shirts, pajama tops and bottoms);
- Staff clothing (coats, scrub suits, tabards, etc.)
- Towels

5.2 Segregation of Laundry

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately (used, infected or damaged). All linen can be segregated into the following four categories:

- Unused
- Used
- Infected
- Damaged

5.3 Storage of Clean Linen

Clean linen should always be decanted and stored in a clean, designated area, preferably within a purpose-built cupboard, off the floor to prevent contamination with dust and/or aerosols etc. and should be smooth and impervious easy to clean as stated in the HTM 01-04. Any linen trolley/cupboard that is used for the storage of linen should be enclosed.

All unused linen **must** be:

- stored in a clean, closed cupboard (either a dedicated linen cupboard or dedicated, fully enclosed mobile linen trolley; **not** on top of a trolley as it is a potential contamination and fire risk)
- stored off the floor.
- stored with the linen cupboard/trolley doors closed to prevent airborne contamination.
- stored in a clean, dust free environment.
- separated from used and infected linen.
- separated from consumables and equipment.

Unused linen **must not** be stored in unsuitable areas e.g. the sluice, bathrooms, in bed spaces or in corridors.

5.4 Clean/Used Linen within the Hospital Environment

The following sections describe the various colour coded bags that should be used in accordance with the type of linen being returned to the laundry. A summary chart is attached at Appendix 2, for information.

Clean linen must be in a state of good repair, as tearing or roughness can damage the patient's skin. The condition of the linen in use will be monitored by the laundry contractor (Elis) and by Trust staff. Linen should also be free from stains and excessive creasing and should be acceptable to both patients and staff.

Once laundry has been decontaminated, every effort must be made to maintain its quality and cleanliness.

5.5 Clean Linen in an unsuitable condition (Reject linen)

Clean linen that has been rejected due to marks, a tear, holes or any other type of soiling mark, must be placed into a **pink plastic linen bag** and returned with the mobile linen cabinet/left in dept linen storage to be returned to the Hospital Linen Room for counting and reporting to the supplier. Credit notes will then be issued to the trust for this unused linen and the supplier will dispose of and replace the linen item.

5.6 Used Linen

Used linen must be placed into a **white plastic linen bag**, on mobile bag trolley, and filled no more than $\frac{2}{3}$ full and securely tied at the neck.

- 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.
- No other items should be contained within the bag being returned (foreign bodies etc.) as this may cause serious damage to the machinery at the laundry or result in a serious accident.
- Dirty linen bags must be taken to the nearest Disposal Room for collection by the Waste Operative.

No dirty linen cages should be kept on the hospital corridors and must be returned to the Waste Compound for re-use.

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.

5.7 Infected Linen within the Hospital Environment

Infected linen is defined as any used linen that is soiled with any other bodily fluids or any linen used by a patient with a known infection (whether soiled or not).

This includes patients with or suspected:

- MRSA
- Extended Spectrum beta-lactamase (ESBL) or Carbapenem's 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

Infected linen must be placed in a red water-soluble alginate bag and filled no more than $\frac{2}{3}$ full and securely tied at the neck, and then placed into a **white plastic linen bag**.

Supplies of both red water-soluble alginate bags and white bags will be available in all areas where linen is used.

Plastic aprons and gloves must be worn whilst handling fouled/infected linen. Hands must be washed after handling linen and after removing aprons and gloves.

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.

All infected linen is removed from each ward/department's designated Disposal Room by the Waste Operatives and stored within cages in the Waste Compound for collection by the laundry contractor.

Infected laundry must never be rinsed or sluiced.

5.5.1 Pharmaceutically contaminated Linen

Linen contaminated with chemotherapy waste where a spillage has penetrated the bed linen should be placed in a purple waste bag and disposed of as cytotoxic waste. Hospital linen that is potentially contaminated with cytotoxic drugs should never be returned to the laundry.

5.5.2 Linen infected with unusual/infrequently seen micro-organisms.

(e.g. Anthrax, Ebola, Leprosy, Smallpox)

Please seek current guidance from the Infection Prevention and Control Department and/or Public Health England.

5.8 Special Articles

5.8.1 Patients' Personal Laundry

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.

Aprons must be worn whilst handling used patients' clothing and apron and gloves must be worn whilst handling fouled/infected patients' clothing.

Hands must be washed after handling patients' clothing and after removing aprons and gloves.

- Safe return of personal laundry processed off-site cannot be guaranteed.
- Patients, relatives and carers should be encouraged to wash personal laundry

at home.

- Many micro-organisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Any remaining micro-organisms are likely to be destroyed by tumble drying and ironing.
- Patients' personal laundry should be placed in a clear plastic bag, not a water-soluble alginate bag (as private laundry facilities will not reach the required temperature to melt the bag, which may lead to damage or blocking of the domestic washing machine). The clear plastic bag should then be placed into a patient's property bag to protect the patient's dignity.
- Laundry should be taken home and placed directly into a washing machine.
- Clothes should be processed at the hottest wash recommended by the manufacturer's instructions.
- Persons handling the laundry must be advised to wash their hands after handling the pre-washed laundry.
- Relatives/carers must be advised before they take home personal laundry if it is heavily contaminated.

5.8.2 Patients Wearing 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.

5.8.3 Uniforms

There is a limited laundry service for staff uniforms; the Trust Uniform and Dress Code Policy recommends staff launder their uniform at home and states:

"The following guidance should be followed when handling and decontaminating socially soiled uniforms:

- *Wash separately from other items, in a washing machine. National guidance recommends washing at 60 degrees centigrade for ten minutes.*
- *Wash in laundry detergent in the quantities recommended by the manufacturer.*
- *Dry quickly or tumble dry and iron (should be crease free)*
- *Hand washing uniforms is ineffective and therefore not acceptable (RCN2005)*
- *Theatre Scrubs will be supplied and laundered by the Trust's approved laundry contractor.*

Clean and dirty uniforms should not be stored or transported together. Staff who have been working in a contaminated area should change as soon as possible placing the uniform in a plastic bag and seeking advice from Infection Prevention team as to how to decontaminate their uniform."

If Staff uniforms are to be sent to the external contractor for laundering, the uniforms must be labelled in the first instance. Any unmarked/poorly marked uniforms are unlikely to be returned by the laundry contractor.

Normal/used uniforms must be placed in a blue bag and secured. Fouled/infected uniforms will be placed in a water-soluble bag, tied and placed inside a blue linen bag and secured. Bags should not be filled to more than 2/3 full.

Complete a docket detailing information of items in bag together with the amount, retain 1 copy and place the rest of the docket inside the document wallet. Remove all of the backing from the document wallet and stick to the bag.

Users of pooled scrub suits provided by the laundry contractor should follow the sections above.

Uniforms, other than scrub suits provided by the laundry contractor, which have been visibly contaminated with any amount of blood or other body fluids, must be changed immediately. Procedure for fouled/infected uniforms (above) must be followed.

5.8.4 Theatre Linen

Hired Theatre drapes and gowns must be placed in a **green** skip bag and filled no more than 2/3 full and securely tied at the neck.

Pillowcases, sheets, blankets, canvasses, and scrub suits must be placed in white plastic bags as detail above.

Supplies of water soluble, green, red, and white bags will be available in all Theatres.

Plastic aprons and gloves must be worn whilst handling theatre linen.

Hands must be washed after handling linen and after removing gloves and aprons.

5.8.5 Clean Room Gowns

Hired Clean room gowns can be provided to the HSDU Department. The gowns are delivered sterile direct from the laundry contractor. Soiled gowns should be placed in a **green plastic linen bag** and filled no more than $\frac{2}{3}$ full and securely tied at the neck. The green 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.

5.8.6 Curtains

Fabric curtains must have the **Trust identifiable label** and must be placed in a **Brown plastic linen bag** with docket containing itemized content as detailed in the Return to sender section (section 7) of this policy.

5.8.7 Mops

The Cleaning Operations Team provides fresh mop heads daily to all wards or departments. Mops are issued to each area of the hospital on an exchange basis, replacing each area's quantity of soiled mops with clean. The used mop heads are laundered on-site to thermal disinfection standards (as recommended by CFPP 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 Cleaning Operations Team.

5.8.8 Pillows

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. 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.

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.

- All pillows used in clinical areas must have sealed intact impermeable covers.
- All pillows used in clinical areas can be cleaned with Chlorine based disinfectant and re-used providing there is no tear, split or staining.
- 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 laundry items.
- New pillows can be ordered from the Linen Room
- Spare pillows must return to the Linen Room or stored in the appropriate linen cupboard in each ward/department.

6 GENERAL PRINCIPLES

The following section provides guidance for staff and indicates when linen should be sent for washing.

Item	Frequency of Change:
Sheets, pillowcases, and blankets	Prior to a new patient being admitted to a bed. When linen is soiled and/or wet. During stay, sheets, and pillowcase to be changed every 3 days.
Towels	Daily if used. If soiled/wet
Patient gowns	After each patient If soiled/wet
Slide sheets	Between new patients When soiled/wet
Patient hoist slings	Between new patients When soiled/wet
Canvasses	After each patient
Scrub suits	Daily When soiled/wet

7 RETURNS TO SENDER (RTS) – Trust Owned Items (Slings etc)

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 possible loss of items to wards or departments.

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.

A brown bag should be used for washable curtains.

The bag should not be filled to more than 2/3 full.

Complete an RTS docket detailing information on the type of items in the bag together with the quantities, retain 1 copy and place the rest of the docket inside the document wallet. Remove all of the backing from the document wallet and stick to bag.

For areas who regularly use the RTS service, green boxes may have been implemented. The blue bag procedure above is to be followed with the added stage then placing the blue bag within the RTS box which helps the linen contractor identify it for an express service. Docket information should be placed in the holder on the outside of the box. (Appendix

8 REJECTED LINEN

Clean linen that has been rejected due to marks, a tear, holes, or any other type of soiling mark, must be placed into a **pink plastic linen bag** and returned to the central linen room with your linen cabinet or via the porters. It must NOT be placed in your regular soiled linen collection point. The linen room team will itemize the content and sent back to the laundry provider for the Trust to receive a credit for the linen unable to be used (not fit for purpose).

9 PROCEDURES FOR WATER-SOLUBLE ALGINATE BAGS

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

1. Place the linen inside the alginate bag.
2. Wrap items that are soaking wet inside drier used laundry.
3. Do not overfill the water-soluble alginate bag.
4. Seal the alginate bag using the swan necktie; do not knot the bag.
5. Place the water-soluble alginate bag inside the appropriate coloured outer linen bag.

10 TRANSPORTATIONS OF LINEN

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.

Bags should not be overfilled, be of an acceptable weight and must be securely fastened before being sent to the laundry. Care should be taken to prevent linen or foul seepage (body fluids or blood) escaping from laundry bags and causing contamination.

All reusable transport containers, cages and the inside hold area of transport vehicles must be decontaminated on a daily basis or immediately after use if used to transport infectious linen.

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.

Cages for clean linen in transit from the laundry contractor should be covered with washable or disposable covers.

10 FAILURES OF NORMAL SERVICE

Contingency plans should be in place in the event of a failure of the normal laundry/linen service and are described in Appendix 1. Who to contact to escalate concerns about linen and laundry are shown in Appendix 3.

11 TRAINING

Managers must ensure that all new staff (including agency staff) are appropriately trained in relation to linen and laundry procedures, as part of their clinical induction.

All staff that deal with laundry (clean or used) must adhere to the Trust's Policy for the Management of Linen & Laundry.

Clean linen should be handled with 'Clean Hands' so that contamination is avoided including during transport and storage.

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 them on the floor, in order to minimize environmental and personal contamination.

All staff must ensure that no extraneous items are disposed of with used linen, such as equipment, dentures, spectacles, sharps, incontinence pads, stethoscopes, and tissues etc. as they may harm the laundry staff or cause serious damage to the machinery which, if proved, would be at a cost to the Trust.

The linen bags should never be overfilled and should be securely closed when $\frac{2}{3}$ full and labelled where required.

Staff should wear aprons and gloves whenever handling linen from infected patients or linen contaminated with bodily fluids.

Staff should wash their hands after handling used linen, and after removing gloves and aprons.

All staff who wear scrubs suits specific to their job role and area must ensure that they wear a clean set which is the color required in the specific area of work, as per the Dress Code Policy. Staff should ensure that they remove all items from pockets when placing used linen into the laundry bag for washing.

12 HEALTH AND SAFETY

It is everybody's responsibility to ensure that all dangerous items are not concealed

within any dirty linen e.g. sheets, blankets, towels, scrubs etc.

All scrubs or white coats should not be returned to the laundry contractor containing any valuable items. They may not be recovered, or more importantly sharps items concealed within the pockets, can cause serious harm for laundry staff handling the garments at the Laundry.

By Law, the Trust could be prosecuted for seriously endangering the life of a member of staff, when working within the contractor's Laundry.

Also, 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.

13 MONITORING, AUDIT AND REVIEW PROCEDURES

The Trust will monitor the contract to ensure that the laundry contractor is demonstrating compliance to the contract specification and in particular to HSG (95) 18.

The Trust will monitor the quality, storage, and stock levels in both the Linen Room and on the wards on a quarterly basis, adapting deliveries etc., in order to match demand.

Any breach of compliance should be reported to the clinical area in the first instance and then to the Deputy Facilities Operations Manager. A Datix Incident Report should also be completed.

The Deputy Facilities Operations Manager will monitor compliance with the Policy and undertake audits to ensure linen is segregated appropriately and managed appropriately.

The Deputy Facilities Operations Manager will monitor the recording of clean, returned linen not fit for purpose, to ensure that the Trust receives the appropriate credit. Returns are to be less than 5% of the total pieces washed each month.

14 REFERENCES

HTM 01-04

Hospital Laundry Arrangements for Used and Infected Linen Health Service Guidelines (1995)

Infection Control in Practice: "How hospital linen and laundry services are provided"
Journal of Hospital Infection

Department of Health (2015) The Health & Social Care Act 2008. Code of Practice on prevention and control of infections and related guidance. London

Service Level Agreement with Elis for Laundry Provision

Elis Colour Coding Bagging Policy (Appendix 2)

Associated Trust Documents for Reference

Uniform and Dress Code Policy

Infection Prevention & Control - Hand Hygiene Policy

Infection Prevention & Control - Standard Precautions Policy

Cleaning Policy

Health and Safety Policy

APPENDIX 1: PROCEDURE FOR THE STORAGE OF LINEN OUT-OF-HOURS / MAJOR INCIDENT

Out of Hours

All wards are issued with extra linen on a daily basis. If, however, there are shortages of linen outside of normal business hours, the Bed Managers via Switchboard (dial 0) can allow access to the Linen Room to obtain additional stock which is located on the shelves inside the first set of doors. A note of stock taken should be left in the Linen Room to inform the Linen Manager so stock can be replaced.

Major incident

The following a Major Incident the silver resource will allocate a manager to look at linen stock and to establish an emergency stock from the linen supplier if required. The Facilities team will follow their-own internal procedures to establish extra stock from the Linen Supplier. Other numbers to contact in an incident are below.

First Contact:

Facilities Helpdesk 01803 655331 (ext. 55331).

Second Contact.

Portering Supervisor: 01803 655330 (ext. 55330) / 07388 950 281

Third Contact

Deputy Facilities Operations Manager: 01803 6 54980 / 07855 539 685

Fourth Contact/Out of Hours

On-Call Facilities Manager 07827 369 550

APPENDIX 2. COLOUR CODING FOR LINEN RETURNS.



HTM 01 - 04 - COLOUR CODING TEXTILE BAGGING POLICY

Linen Hire Items



White Elis Bag

Rejected Linen



Rejected/Returned
Items Only
Pink Elis Bag

Infected Linen
Hire Items



Dissolvable Red Bag
Inside White Elis Bag

Infected Hospital
Owned Items



Dissolvable Red Bag
Inside Blue Elis Bag

Customer Owned
Items (RTS)



Blue Elis Bag

Surgeons Gowns,
Theatre Drapes



Green Elis Bag

Infected Surgeons
Gowns, Theatre
Drapes



Dissolvable Red Bag
Inside Green Elis Bag

Curtains



Brown Elis Bag

Infected Curtains



Dissolvable Red Bag
Inside Brown Elis Bag

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

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APPENDIX 3: INTERNAL ESCALATION PROCEDURE

Operational Issues

- 1 Any linen and laundry issues on the wards e.g. shortages should be reported to the Facilities Helpdesk for resolution: 01803 655331 (ext. 55331) 24/7.
- 2 Where issues continue and the Facilities Supervisor has not been able to resolve, contact Deputy Facilities Operations Manager: 01803 654980 (ext. 54890).
- 3 For changes to the Linen & Laundry contract e.g. additional service requirements contact:
Facilities Operations Manager 01803 654350 (ext. 54350)
or
Head of Facilities 01803 655422 (ext. 55422)

Elis (provider) contact details



Newton Abbot Escalation Procedure

1

Newton Abbot Customer Service Centre - Factory

T: 01626 882 992

E: UK-HC-NewtonAbbot@elis.com

Reasons for contact = Order amendments, FAQ's, delivery updates, lost property, reject figures, shelf level assessments.



2

Josh Pearson – Customer Relationship Manager

T: 01626 882 992

M: 07458 074 836

E: Joshua.pearson@elis.com

Reasons for contact = Service failures, KPI information, invoice queries, monthly meetings, reports, new product enquiries.



3

Craig Jamieson - General Manager

T: 01626 882 992

M: 07458 052 500

E: Craig.Jamieson@elis.com

Reasons for contact = Major service failures, senior complaints past CRM escalation, business continuity/disaster recovery.



4

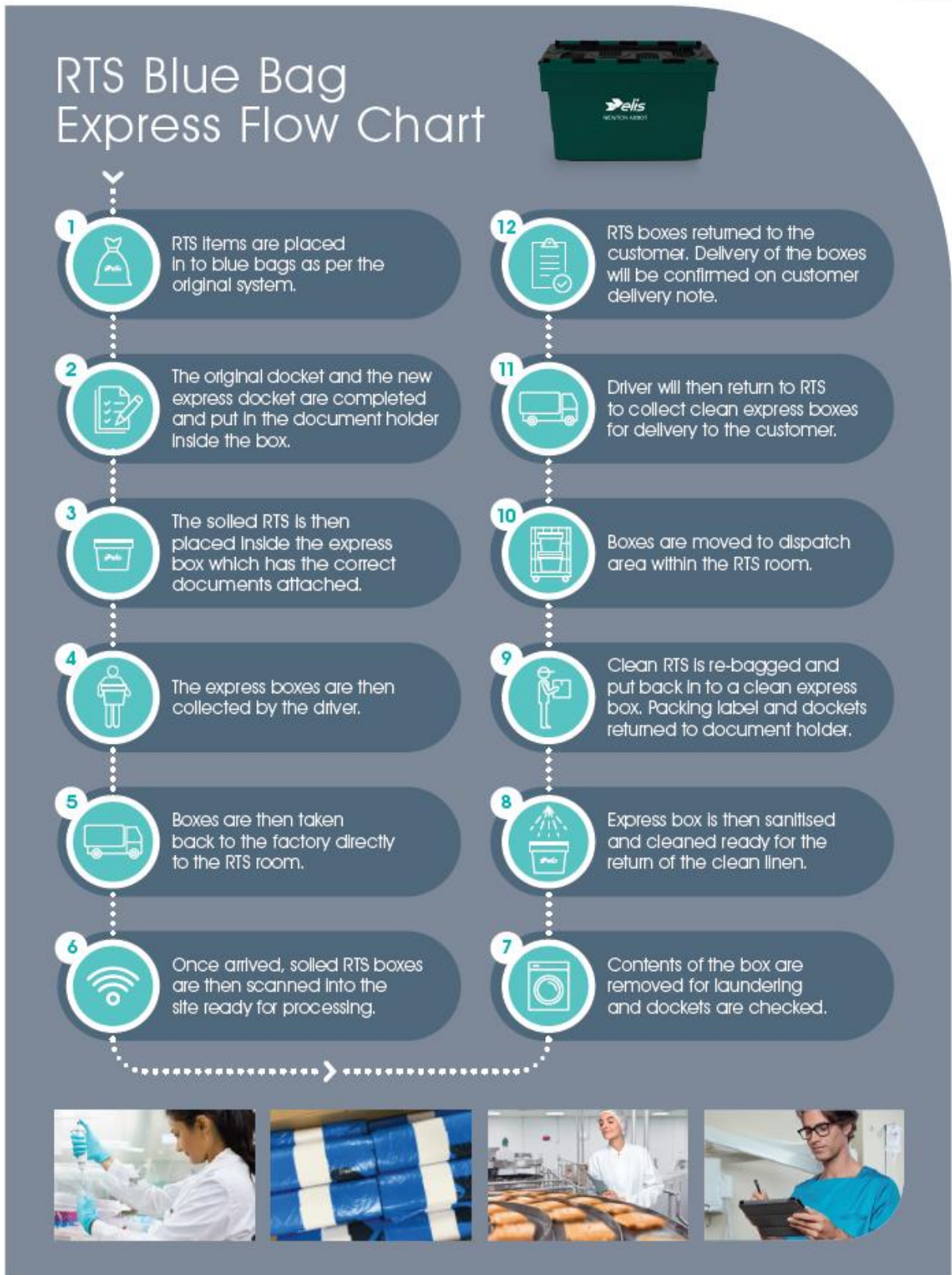
Paul Pearson – Healthcare Account Director

T: 01626 882 992

M: 07734 539 078

E: Paul.Pearson@elis.com

Reasons for contact = Major incident, critical condition issues, commercial discussions, business continuity/disaster recovery.



APPENDIX 5. RAPID EQUALITY IMPACT ASSESSMENT *(For Use When Writing Policies)*

Policy Title (and number)	<i>Linen and Laundry Policy</i>		Version	and	<i>V1.1 31st October 2023</i>
Policy Author	<i>Tony Hopkins</i>				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
The Linen and Laundry policy is required as part of regulations concerning dirty linen that is removed from site. This policy specifies what the Trust needs to do to maintain national compliance.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Tony Hopkins		Signature		
Validated by (line manager)	Karen Robertson		Signature		

Any issues Please contact Diversity & Inclusion Lead

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy.