1 Introduction

The Newcastle upon Tyne Hospitals (NuTH) NHS Foundation Trust recognises that the correct management and disposal of used laundry is essential to prevent Health care acquired infection.

2 Scope

This policy applies to all healthcare professionals working across acute and community services within NuTH. This includes medical staff, nurses, allied health professionals, students and temporary clinical staff working in the Trust or those working in the Trust from other organisations.

3 Aim

The aim of this policy is intended to inform staff of the correct management and disposal of used laundry, in order to protect patients, health care workers and laundry staff from contamination or injury. Safe working practices will also avoid damage to laundry machinery.

4 Duties - Roles and Responsibilities

4.1 The Chief Executive has overall responsibility for implementation, monitoring and review of this policy. This responsibility is delegated to the Director of Infection Prevention and Control (DIPC).

4.2 The Infection Prevention and Control Committee (IPCC) will review the policy and any new evidence base within the time frame set out in the policy.

4.3 Ward Sisters/Charge Nurses, Community staff are responsible for ensuring implementation within their area, and for ensuring all staff working within the area, adhere to the principles at all times.

4.4 It is the responsibility of all staff to ensure that they understand and implement this policy and attend training sessions as specified in their role.

4.5 It is the responsibility of the Trust to ensure that policies, education, training and procedures are in place to minimise the risk of infection.
5 Definitions

5.1 Linen: Refers to all articles for laundering.

5.2 Soiled (used) linen: Refers to linen which has been used but which remains dry.

5.3 Fouled linen: Refers to linen which is contaminated with blood or body fluids that remains wet.

5.4 Infected linen: Refers to linen that has been used by any patients in source isolation e.g. MRSA, Chicken pox, Shingles, Clostridium difficile

6 Used Laundry Management

6.1 Soiled Linen Bagging System

The Trust uses an external provider for the supply and laundering of linen. Coloured plastic bags for laundry disposal are as follows:

- **Soiled Linen**: should be placed in a white plastic laundry bag.

- **Fouled and Infected Linen**: must be placed in an alginate bag, tied at the top and then placed in the white plastic laundry bag.

- **Soiled Theatre Linen**: (dresses ONLY): must be placed in a green plastic laundry bag

- **Fouled and Infected Theatre Linen**: (dresses ONLY): must be placed in an alginate bag, tied at the top and placed in a green plastic laundry bag.

- **NuTH Linen**: all items of linen belonging to the Trust e.g. curtains, duvets, theatre gowns and scrubs must be placed in a blue plastic linen bag for disposal (if fouled/infected place in an alginate bag first)

- **Infested Linen**: must be treated as infected linen. If laundering of patient’s infested personal items is required this must be discussed with Hotel Services.

- **Rejected Items**: must be placed in a pink plastic linen bag and kept on the ward/dept and contact Hotel Services for collection

6.2 Principles of good practice

- Take a linen skip with appropriate colour coded laundry bag to the bedside to dispose of any used linen. See Appendix 1.
- Wear an apron when dealing with used linen and an apron and gloves when dealing with fouled/infected linen, in accordance with the Trust Standard Precautions Policy.

- Always wash hands thoroughly after dealing with used linen and following removal of gloves.

- Handle linen with the minimum of disturbance in order to reduce risk of environmental contamination.

- Do not place used linen on floors, carry it against uniforms or around clinical areas.

- Always separate linen when stripping beds so any foreign objects e.g. sharps, syringes etc. can be identified and dealt with appropriately. This action will also protect healthcare workers and laundry staff from personal injury.

- Laundry bags must not be stored in wet areas.

- Never overfill the laundry bags. When 3/4 full they must be securely tied and placed in the disposal bay for collection.

 Patients requiring isolation for a known/suspected infectious disease may not always be nursed in a single room accommodation. Their linen must still be treated as infected.

See Isolation Policy or contact a member of the Infection Prevention and Control Team if further advice is required.

6.3 Mortuary linen

In accordance with the Health and Safety Executive recommendations, all laundry used in the post mortem room must be processed as fouled/infected linen.

6.4 Patient clothing

Monosol Patient Clothing Bags are available for the transport of patient clothing for home laundering. These bags can be placed directly into the washing machine without the need to handle fouled linen. The relatives/carers must be informed of the contents of the bag and informed of how to use the bags correctly. The information for use is also displayed on the clothing bag.

These can be ordered on a non-stock requisition, order number: MVS010 and are available in boxes of 100.
6.5 Ward/Department washing machines

For information on the purchase and use of ward or department washing machines please refer the guidance in Appendix 2.

7 Training

Training is via the IPC e-Learning packages, available on the Trust intranet, which are mandatory for all Trust staff on induction and annually thereafter as outlined in the Mandatory Training Policy.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9 Monitoring compliance

The organisation continually strives to achieve 100% compliance with this policy and its intended outcomes. Where this is not met an action plan will be formulated and agreed by the overseeing committee and reviewed by them until completion. Please see the table below for standards and monitoring arrangements:

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Staff wear PPE as appropriate according to the policy when dealing with used linen</td>
<td>Observational audit</td>
</tr>
<tr>
<td>Staff use the appropriate linen bag as per the policy</td>
<td></td>
</tr>
<tr>
<td>Staff handle used linen as per policy</td>
<td></td>
</tr>
<tr>
<td>Linen bags are not more than 3/4 full</td>
<td></td>
</tr>
<tr>
<td>Staff wash hands appropriately as per Trust policy, which includes after handling used linen</td>
<td>Clinical Assurance Tool – Hand Hygiene Exception Report</td>
</tr>
</tbody>
</table>

Training will be monitored as per the Mandatory Training Policy.
10 Consultation and review

This policy has been reviewed by the members of the Infection Prevention and Control Team and IPCC, it will be reviewed every three years or when significant changes make earlier review necessary.

11 Implementation

Matrons/Sisters/Charge Nurses and Clinical Leads should ensure that staff are aware of this policy. This policy is available for staff to access via NUTH intranet.

12 References

- HSG (95)18 Hospital Laundry Arrangements for Used and Infected Linen

13 Associated Documents

- Standard Precautions Policy
- Isolation Policy
# Appendix 1

## USED LINEN BAGGING SYSTEM

<table>
<thead>
<tr>
<th>CATEGORY OF LINEN</th>
<th>COLOUR of BAG</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOILED</td>
<td>WHITE</td>
<td></td>
</tr>
<tr>
<td>FOULED/ INFECTED</td>
<td>ALGINATE THEN WHITE</td>
<td></td>
</tr>
<tr>
<td>THEATRE DRAPES and STERILE GOWNS</td>
<td>GREEN</td>
<td></td>
</tr>
<tr>
<td>FOULED / INFECTED THEATRE DRAPES and STERILE GOWNS</td>
<td>ALGINATE THEN GREEN</td>
<td>Relevant paperwork will be provided and <strong>must</strong> be filled in fully with every Blue bag. Items should be labelled with hospital name/ ward / dept</td>
</tr>
<tr>
<td>NUTH ITEMS e.g. curtains, duvets, theatre gowns and scrubs</td>
<td>BLUE</td>
<td></td>
</tr>
<tr>
<td>REJECTED ITEMS</td>
<td>PINK</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Guidelines for the Use of Domestic Washing Machines in Paediatrics

1. Approval for the purchase of washing machine must be sought through the Trust Water Safety Group.

2. Ideally washing machines and tumble dryers must not be sited in the sluice. Any machine currently sited in the sluice must be moved to a dedicated room upon ward refurbishment.

3. If washing machines/tumble dryers are located in the sluice they must have a 'barrier board' between the washing machine/dryer and the macerator. The dryer must be vented to the outside if it is not a condenser dryer.

4. Each load must only consist of items from a single patient, (clothing, blankets etc). **Patients clothing must not be mixed.**

5. Soiled items must be placed in an alginate bag in the child’s locker prior to laundering as soon as possible, at the manufacturer recommended temperature. They must not be stored in the sluice.

6. Fouled clothing must not be soaked. For heavily fouled items, excreta must be disposed of into the macerator and the items placed into alginate bags for separate laundering at 60°C immediately following contamination. (Items which will not withstand high temperatures should be laundered in accordance with the manufactures recommended temperature)

7. The risks of potential damage to the garment linked with temperature attainment must be explained in advance to the parents/carers.

8. Once clothes are washed they must be tumbled dried immediately and then removed from the sluice in a disposable clear plastic bag.

9. Washing machines that have laundered soiled or infected linen must be run on an empty cycle at 90°C.

10. Clothes must not be taken to other wards/departments for laundering; in the event of a mechanical breakdown advice must be sought from Infection Prevention and Control.

11. Baby bouncers and push chairs covers must be laundered and dried separately at the highest temperature recommended by the manufacturer.

12. Wards must only purchase items that can be laundered at 60° C.
1. **Assessment Date:** 18/05/17

2. **Name of policy / strategy / service:**
   Laundry Management Policy

3. **Name and designation of Author:**
   Angela Cobb, Senior IPCN

4. **Names & designations of those involved in the impact analysis screening process:**
   Angela Cobb, Senior IPCN, Lucy Hall; Equality and Diversity Lead

5. **Is this a:**
   - Policy [x]
   - Strategy [ ]
   - Service [ ]
   **Is this:**
   - New [ ]
   - Revised [x]
   **Who is affected**
   - Employees [x]
   - Service Users [ ]
   - Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   The aim of this policy is intended to inform staff of the correct management and disposal of used laundry, in order to protect patients, health care workers and laundry staff from contamination or injury. Safe working practices will also avoid damage to laundry machinery.

7. **Does this policy, strategy, or service have any equality implications?** Yes [x] No [ ]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>E&amp;D Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Pregnant staff have a risk assessment relating to their working practice. If there are any issues relating to laundry they will be identified during the assessment.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes  No  x
11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name:
Angela Cobb

Date of completion:
18/05/17

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)