

HANDLING OF LAUNDRY POLICY

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| Version: | 6 |
| Ratified by: | Senior Managers Operational Group |
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| Title of originator/author: | Facilities Manager |
| Title of responsible committee/group: | Estates & Facilities Governance Group |
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| Relevant Staff Groups: | All Trust managers and staff (including bank and contractors staff) |

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DOCUMENT CONTROL

| | | | |
|--|--|------------------------|-------------------------------------|
| Reference Number DD/Mar/13/HOLP | Version 6 | Status Final | Author Facilities Manager |
| Amendments | CQC outcomes have been updated. 5.14 altered to demonstrate that Mental Health patient using the Trust Laundry facilities do not have to comply with HSG(95)18 Appendix C & D added. 5.1.5 Wording changed. 8.1 removed. 8.5 altered to revised publication | | |
| Document objectives: To ensure safe and hygienic systems and processes for the laundering of linen, clothing and cleaning equipment. | | | |
| Intended recipients: All staff whatever their grade, role or status, permanent, temporary, full time, part time staff including locums, bank staff, volunteers, trainees and students. This Policy will be available to the general public on the Trust Internet. | | | |
| Committee/Group Consulted: Infection Prevention and Control Group; Hotel Services Implementation Group and Facilities Management Governance Group | | | |
| Monitoring arrangements and indicators: The purchasing consortium contract LTC Laundry Technology consultants to carry out a quarterly audit of the contractors laundry facilities and produce an Annual Report reviewed by the Purchasing consortium. | | | |
| Training/resource implications: Induction Training by Infection Prevention and Control Team. General awareness. Community Health Housekeeping staff undertake competency assessments surrounding laundry procedures. Teams needing support and advice regarding the reporting of any event relating to the handling of laundry should contact Estates & Facilities. | | | |
| Approving body and date | Regulation Governance Group | Date: November 2015 | |
| Formal Impact Assessment | Impact Part 1 | Date: October 2015 | |
| Clinical Audit Standards | NO | Date: Not applicable | |
| Ratification Body and date | Senior Managers Operational Group | Date: November 2015 | |
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| Review date | October 2018 | | |
| Contact for review | Facilities Manager | | |
| Lead Director | Director of Finance and Business Development | | |

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1. INTRODUCTION

- 1.1 A pre-requisite of healthcare is a timely and plentiful supply of clean linen in order to ensure the comfort and safety of patients.
- 1.2 This document sets out the Trust's system for the management of Laundry and Linen. It provides a robust framework to ensure a consistent approach across the whole organisation and covers the general principles of the handling and usage of linen.

2. PURPOSE & SCOPE

- 2.1 The purpose of this document is to ensure the linen and laundry service operates efficiently and effectively to reduce the risk of hospital acquired infections, to maintain patient and staff comfort and to manage the service within limited resources.
- 2.2 The fundamental requirement of this policy is for the supply of a linen and laundry service fully compliant with Choice Framework for local Policy and Procedures 01-01 – Management and decontamination of surgical instruments (medical devices) used in acute care. Part A: The formulation of local policy and choices. This incorporates an earlier version of laundry guidance including HSG(95) 18 and parts of building note 25 Laundry.
- 2.3 The document applies to all Trust staff and managers plus agency, bank, temporary and contractors staff.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Trust Board via the Chief Executive** has overall responsibility and will delegate such responsibilities to the management team.
- 3.2 **Service Managers, Matrons and Team Leaders** are responsible for the day-to-day management of their sites(s). They will ensure the correct procedures are followed and that all staff are appropriately trained.
- 3.3 **The Facilities Manager and Facilities Leads** will ensure that a contract is in place for the provision of a linen service to all in-patient wards.
- 3.4 **Estates & Facilities** are responsible for monitoring and managing the laundry contract and contractor. Delegated representatives will attend regular contract monitoring meetings with the laundry contract or highlighting performance issues and ensuring contractual compliance.
- 3.5 **All staff** are responsible for following the correct practices and procedures. They are responsible for ensuring their training is up to date and they are accountable for their actions.

4. EXPLANATIONS OF TERMS USED

- 4.1 **Linen** – all items sent for laundering.
- 4.2 **Soiled linen** – all used items.

- 4.3 **Foul linen** – linen which has been contaminated with faeces, vomit or other body fluids.
- 4.4 **Infected linen** – items from a patient suffering from or suspected of having an infectious disease.
- 4.5 **Return to Sender Items (RTS)** – Trust owned linen not belonging to the linen pool.
- 4.6 **Linen Pool** – items of linen in circulation between hospitals and the laundry. Such linen is owned, replaced and maintained by the contractor.
- 4.7 HSG 95 (18) Health Service Guidance document relating to the laundering standards of hospital linen. The document sets the standards required for the hospital laundries – wash temperatures, rinse temperatures to ensure thermal disinfection, requirements for segregating soiled and clean linen etc.
- 4.8 Choice Framework for local Policy and Procedures (CFPP) 01-01 Part A Choice Framework for local Policy and Protocols. This incorporates earlier version of laundry guidance including HSG(95) 18 and parts of building note 25 Laundry.

5. GENERAL PRINCIPLES

Pooled Linen

- 5.1 The Trust will ensure that a contract is in place for the provision of a linen service to all in-patient wards. As a minimum standard the linen service will provide all bed linen and towels.
- 5.2 The laundry contractor will also have systems in place for the processing of Trust owned items (Return to Sender or RTS items). Such items will include curtains.
- 5.3 The contract specification will set out the requirements of the service; quantities, delivery frequencies, arrangements for storage, collection and handling of soiled linen – including the separation of clean/soiled throughout the distribution process.
- 5.4 The contractor will operate the service in full compliance of HSG (95)18 or subsequent guidance. Regular monitoring of the laundering process will take place to ensure compliance.
- 5.5 There will be systems and procedures in place to ensure the correct handling of fouled and/or infected linen. The general principle is that such linen will be bagged into a water soluble bag which in turn is placed in another bag of suitable colour to identify the linen as foul/infected. Such a procedure obviates the need for further direct handling of the linen until disinfected.
- 5.6 Staff will wear appropriate PPE (Personal Protective Equipment) when handling soiled, foul and infected linen, as a minimum this will comprise gloves and apron. Hands should be washed with soap and water afterwards.

- 5.7 Soiled linen will be bagged as per Appendix A and stored awaiting collection in a suitable storage area – usually external, well ventilated and protected from rain.
- 5.8 Used linen should be placed into the appropriate coloured bag at the point of use and not carried throughout the ward.
- 5.9 Systems should be in place to ensure that used and unused linen are separated at all times.
- Linen skips should be stored away from patient areas, in sluices or laundries for example
 - Clean linen should be stored in a designated cupboard
- 5.10 Care should be taken not to overfill laundry bags, therefore making them difficult to lift and a manual handling hazard. They should be filled to no more than 2/3rds full.
- 5.11 Linen that is not suitable for patient use, i.e. damaged, torn or stained, must be placed in clear bags and secured as per the requirements of the Reject Laundry system.

Trust Owned Linen – Return to Sender Items (RTS)

- 5.12 All non-pool items sent for laundering must be sent strictly in accordance with the procedures set down by the contractor. Typically this will entail bagging the linen in an appropriately coloured bag according to the contractor's bagging policy together with an fully completed accompanying docket with all required details of the item, the ward name, address details, and trust name in Appendix C.
- 5.13 All Trust owned linen must be labelled with the name of the Trust and the name of the site as a minimum. The label must be securely sewn into the item, must be large enough to be clearly legible and must be such as to withstand wash processes without fading.

Mental Health Services Sites – Patients Personal Clothing

- 5.14 Where patient's personal clothing is laundered then this is undertaken by patients using Trust facilities there is **no** requirement to comply with HSG(95)18 with regard to the thermal disinfection requirements.
- 5.15 Where higher levels of incontinence are expected the laundry equipment should be suitable; for example have a sluice cycle and the correct drainage facilities to deal with foul items.

Community Health Services Sites – Patients Personal Clothing

- 5.16 In **exceptional circumstances** when an inpatient has nil relatives or friends to undertake this task, personal clothing may be laundered in-house using Trust facilities. The requirements of HSG(95)18 surrounding thermal disinfection requirements are unsuitable for patient personal clothing as modern fabric will be ruined under these conditions. A Patient Personal Clothing cycle has been created to achieve a suitable wash temperature of 40°C. In these exceptional

circumstances, inpatient staff will ensure the patient signs a disclaimer form (see Appendix B) held locally supporting the onsite process.

Manual Handling Equipment (Patient Hoist Slings)

- 5.17 All patient hoist slings are to be disposable, single patient use items and used as per manufacturer's instructions.
- 5.18 Amputee hoist slings are not available as a disposable item. These are to be laundered via the Return to Sender (RTS) system (as detailed below) and NOT laundered in house. Items sent via RTS must be fully labelled following the RTS procedure and complete the appropriate documentation.

6 TRAINING REQUIREMENTS

- 6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8 MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 Process for Monitoring Compliance

- site staff to complete weekly "Complaint Log Sheet" to be collated and raised at the monthly contract monitoring meeting
- Incident reporting and monitoring
- The Purchasing Consortium contract the service of consultants Laundry Technology Consultants (LTC) of the contractors laundry facilities and produce an Annual Report reviewed by the Purchasing consortium.

8.2 Monitoring arrangements for compliance and effectiveness

Overall monitoring will be by the Clinical Governance Group.

8.3 Responsibilities for conducting the monitoring

The Facilities Management Governance Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

8.4 **Frequency of monitoring**

The Facilities Management Governance Group will receive a quarterly report surrounding governance and assurance for onward receipt by the Estates & Facilities Governance Group.

8.5 **Process for reviewing results and ensuring improvements in performance occur.**

Assurance will be given to both the Facilities Management and Estates & Facilities Governance Group and the Infection control Group, identifying good practice, any shortfalls, action points and lessons learnt. The Facilities Governance Group will be responsible for ensuring improvements, where necessary, have been implemented.

Lessons Learnt will be published in Somerset Partnership What's On.

9 **COUNTER FRAUD**

9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. **RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

| | |
|-----------------|---|
| Regulation 10: | Dignity and respect |
| Regulation 12: | Safe care and treatment |
| Regulation 16: | Receiving and acting on complaints |
| Regulation 17: | Good governance |
| Regulation 18: | Staffing |
| Regulation 20: | Duty of candour |
| Regulation 20A: | Requirement as to display of performance assessments. |

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

| | |
|----------------|---------------------------------|
| Regulation 18: | Notification of other incidents |
|----------------|---------------------------------|

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Choice Framework for local Policy and Procedures 01-01 – Management and decontamination of surgical instruments (medical devices) used in acute care. Part A: The formulation of local policy and choices

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

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 Cross reference to other procedural documents

Development & Management of Procedural Documents

Hand Hygiene Policy

Health & Safety Policy

Infection Control Standard Precautions Policy

Infection Prevention and Control Policy

Learning Development and Mandatory Training Policy

Moving and Handling Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and Procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

12 APPENDICES

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Soiled Linen Bagging Policy

Appendix B Laundry Disclaimer form

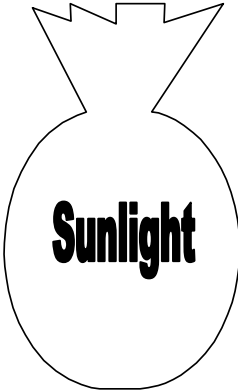
Appendix C Return to Sender Collection Sheet and bagging procedure

BERENDSEN

Soiled Linen Bagging Policy

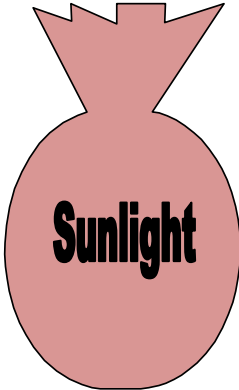
Soiled Linen

White Soiled Bag



Rejected Linen Only

Pink Bag



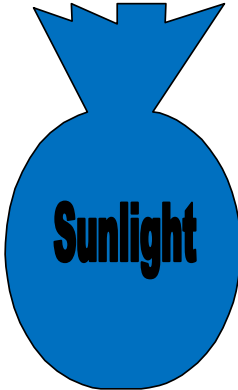
Curtains

Brown Bag



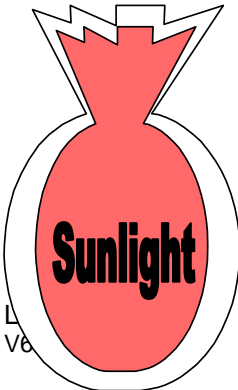
RTS

Blue Bag



Infected Soiled Linen

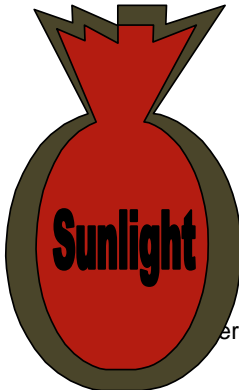
White Bag & Soluble Inner



This bagging policy immediately supersedes all previous linen bagging policies in adherence with DoH document CFPP01:04

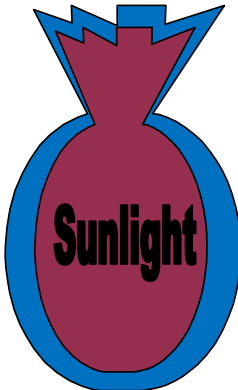
Infected Curtains

Brown Bag & Soluble Inner



Infected RTS

Blue Bag & Soluble Inner



Appendix B

Personal Clothing Laundry Disclaimer

The Trust cannot accept responsibility for damage to personal clothing laundered on site.

Please sign below to state that this is understood prior to laundering of your personal clothing.

.....
Patient or Patient Advocate's Signature

Date.....

To be held in the patients notes.

David Dodd, Facilities Manager

RTS BAGS - Collection Sheet

Site Name :-

| Date of Collection | Drivers signature (Sunlight) | Date Stated on Docket | Docket Number | Comments | Date Docket/ Items Returned | Signed |
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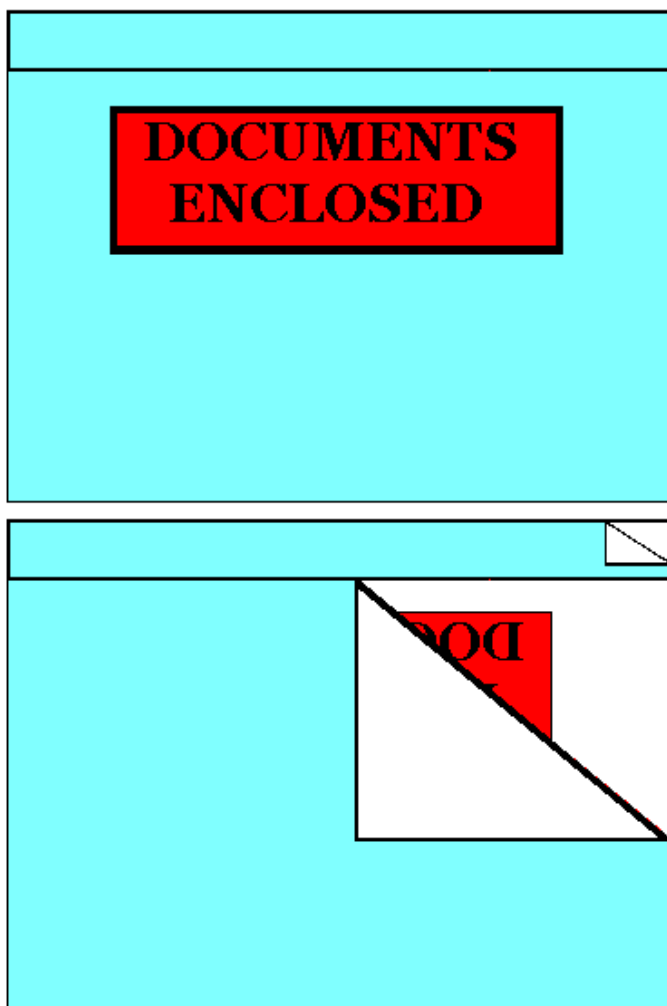
PLEASE LEAVE SHEET ON SITE.

Aug 15

Berendsen Return To Sender Bagging Procedure

Please use the following procedure when bagging up items for laundry.
The Berendsen Return to Sender System.

- For all normal RTS items please use a **Blue** bag. If items infected use an inner red hot water soluble bag.
- For all Curtains use a **Brown** bag. If items infected use an inner red hot water soluble bag.
- Complete the three page docket and keep the Blue Docket for your own records.
- Tear odd the White copy and place inside the sticky document wallet and stick to the outside of the Blue or Brown bag. Please remember the entire back of the document wallet is sticky not just the top strip, these items have a long journey to survive so please stick firmly.
- Put the remaining Pink copy inside the blue or brown bag with your RTS items.
- Please try and put your blue and brown bags together in the cage with your soiled linen so we do not have to hunt for them.



Seal Down Sticky Strip

Document
Wallet

**Sunlight
Healthcare
Services**

123456

PERSONAL LAUNDRY PARCEL SERVICE

Date _____

Hospital _____

Name _____

Department _____

| Articles | No. Sent | CHECK IN | CHECK OUT | Office Use Only |
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