



LINEN POLICY

Compiled by: The Infection Control Team
In consultation with: Control of Infection Committee

Status: Approval date: November 2007
Ratified by: Clinical Governance Committee
Review date: April 2020

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History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Nov 2007	New policy	Clinical Governance Committee
2	Feb 2010	Updated in line with trust's Policy Writing and Ratification Policy.	Caroline Becher, Chief Nurse

For more information on the status of this document, please contact:	Ann Birler, Nurse Consultant/Deputy Director of Infection Prevention and Control
Date of issue	November 2007
Review due	April 2020
Ratified by	Clinical Governance Committee
Audience	All Trust Staff

LINEN POLICY

1. INTRODUCTION

Used linen may be heavily contaminated with a wide range of organisms and therefore should always be handled with care to prevent their dispersal or transfer.

2. PURPOSE

The purpose of the policy is to outline the measures to be taken to prevent the spread of infection during handling of the linen and to ensure that linen is separated to enable adequate disinfection during the laundering process.

3. GUIDELINES FOR SAFE PRACTICE WHEN HANDLING LINEN

It is advisable to wear a plastic apron during bedmaking and discard afterwards. Wash/sanitise hands after discarding apron.

Do not carry dirty linen to the sluice or place on the floor, use a linen skip at the point of care.

Decontaminate hands in between making each patient's bed.

Wash hands after contact with soiled linen.

Securely fasten linen bags when 2/3rds full. DO NOT OVERFILL.

Ensure that no sharps are placed in plastic linen bags.

4. STORAGE

All clean linen/pillows must be stored in a designated clean area/cupboard on shelves and not at floor level, thus preventing contamination with dust.

5. CATEGORIES OF HOSPITAL LINEN HSG (95) 18

Category	Bag colour	Description
Used	White	Used / soiled
Infected	Red alginate/stitched bag into an outer white bag	Fouled / Infected

It is the responsibility of wards and departments to ensure that the correct bagging system is used.

DO NOT ROUTINELY BAG ALL LINEN AS BEING INFECTIOUS

6. DISPOSAL

Linen bags after being secure, must be stored in a designated area, not in a patient area, prior to removal.

7. PILLOWS

Pillows may burst in washing machines, and must NOT be sent to the laundry. Pillows must either have an integral wipeable cover or protected with a plastic cover. Fouled or split pillows should be incinerated.

8. CURTAINS

These are changed six monthly in clinical areas or when visibly contaminated with blood and body fluids or a terminal clean is required and are mainly disposable, very few areas have fabric curtains. There must be an audit replacement trail.

9. DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy will be available on TrustNet.

All staff will be informed of the Trust's Linen Policy on induction and during mandatory updates.

10. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Monitoring of compliance to the policy is included in the annual Infection Control Environment & Clinical Audit.

Adherence to the policy to ensure correct bagging of the linen is undertaken by the Porterage Department. Any failings are reported to the ward/department concerned.

11. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

12. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

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13. REFERENCE

Department of Health. 2012. Choice Framework for local Policy and Procedures (CFPP) 01-04. Decontamination of Linen for Health & Social Care. Management and provision Manual. 102 19: 1.1 England.

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