Community Infection Prevention and Control Policies for Care Home settings

Safe management of linen

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SAFE MANAGEMENT OF LINEN

1. Introduction

This Policy is one of the 10 ‘Standard infection control precautions’ (SICPs) referred to by NHS England and NHS Improvement.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance recommends that healthcare organisations comply with guidance establishing ‘Essential Quality Requirements’ and demonstrate that a plan is in place for progression to ‘best practice’.

An adequate laundry service must be available in order to provide care that is both safe for staff and residents. Linen used in care homes can become soiled with blood, faeces and other body fluids containing micro-organisms, such as bacteria, viruses and fungi. Therefore, when handling used, soiled, fouled and infected linen, it is essential that care is taken to prevent the spread of infection.

All linen used should be washed appropriately ensuring the correct temperature is achieved to destroy micro-organisms. Failure to achieve this has resulted in outbreaks of infection, notably with spore-forming bacteria such as Bacillus cereus. Micro-organisms that remain after washing are usually destroyed by tumble drying and ironing.

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For COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

2. Definition of linen

For the purposes of this document, ‘linen’ means all reusable textile items requiring cleaning/disinfection via laundry processing including:

- Bed linen: blankets, counterpanes, duvets, duvet covers, pillowcases and sheets
- Bibs
- Canvases
- Curtains
- Hoist slings
• Linen throws
• Resident clothing, including gowns, nightdresses and shirts, pyjama tops and bottoms
• Slide sheets
• Staff clothing (coats, scrub suits, tabards, uniforms);
• Towels

Note: Kylie (reusable) incontinence pads should not be used, disposable incontinence pads/sheets should be used.

3. Linen classifications

It is the responsibility of the person handling linen to ensure that it is segregated appropriately.

STANDARD PROCESS (Colour code white or off white)

Soiled and fouled linen and clothing
This definition applies to all used linen and linen which may be contaminated by body fluids or blood. It does not apply to:

• Linen from residents with a known or suspected infection, e.g. varicella zoster (shingles)
• Linen from residents with diarrhoea
• Linen contaminated with blood or body fluids from residents with blood-borne viruses

Soiled and fouled items should be placed into a water-soluble bag(s), (and additionally within a white cotton sack if required) or alternatively placed directly in a white waterproof bag. Heavily soiled items should have any solids removed prior to being placed into the bag. In larger premises, residents clothing may sometimes be bagged separately to bed linen.

ENHANCED PROCESS (Colour code red)

Infected linen and clothing
This definition applies to:

• Linen from a resident with a known or suspected infection, e.g. varicella zoster (shingles)
• Linen from residents with diarrhoea
• Linen contaminated with blood or body fluids from residents with blood-borne viruses

A red water soluble (alginate) bag for infected linen. The alginate bag should then be placed in a white waterproof or fabric/nylon/polyester bag. Additionally,
the outer bag must be labelled as ‘infectious linen’. If a fabric bag is used, it should be laundered after each use. If a lidded solid plastic laundry bin designated for transportation of the red water soluble bag to the laundry is used, it should be cleaned and disinfected inside and out after removing the red bag.

4. Handling of linen (used, soiled, fouled and infected)

All dirty linen should be handled with care and attention paid to the potential spread of infection. Residents and staff must not be put at risk during the handling, disposal and transportation of dirty linen.

- Staff should ensure cuts and grazes are covered with a waterproof plaster when handling all linen.
- Disposable apron and gloves should be worn when handling used, soiled, fouled or infected linen.
- Linen should be removed from a resident’s bed with care and placed in the appropriate bag, not placed on the floor.
- Care should be taken to prevent unnecessary shaking of linen as this will increase the number of bacteria in the air. The exposure of susceptible wounds should be avoided within 30 minutes of bed making.
- Linen must be segregated correctly (see section 3 above) and placed in the correct bag before transport to the laundry area.
- Laundry bags should be sealed/tied securely and be no more than 3/4 full before transportation to the laundry.
- Laundry staff should not open water soluble bags, the bag should be placed directly in the washing machine.
- After handling used, soiled, fouled or infected linen and removing gloves, hands must be washed thoroughly.
- Where possible, a laundry skip should be used for the segregation of linen and transportation to the laundry area.
- If fabric laundry bags are used rather than waterproof bags, they should be laundered with the contents of the bag.
- If waterproof bags are used, they should be disposed of as offensive waste if no known or suspected infection, or infectious waste if a known or suspected infection.
- Duvets should be washed whenever visibly soiled, at least every three months and between use on different residents.
- Duvets with a PVC cover should be cleaned whenever visibly soiled, at least every three months and between residents, with pH neutral detergent and warm water or machine washed as per manufacturer’s instructions.
• Remove and dispose of personal protective equipment (PPE), and clean hands after removing each item of PPE, e.g. pair of gloves, apron.

5. Laundering resident’s own clothing

• Heavily soiled items should have a pre-wash/sluice cycle selected.
• Resident’s own clothes should be laundered on the highest temperature possible for the item or as recommended by the manufacturer.

6. Uniforms and workwear

• Uniforms and workwear worn by staff when carrying out their duties should be clean and fit for purpose.
• Uniforms and workwear should specifically support good hand hygiene.
• Always use PPE to prevent contamination of uniforms.
• Soiled uniforms and workwear should be taken home in a plastic bag and laundered separately from other clothing on a hot wash cycle at the highest temperature that the fabric will tolerate.
• Garments should be dried thoroughly. Tumble drying or ironing will further reduce the small number of micro-organisms present after washing.
• Use a clean plastic bag to transport laundered uniforms to work.
• Footwear must be well maintained, visibly clean, non-slip and support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps.

7. Clean linen

• Hands must be clean when handling clean linen.
• Linen should be fit for purpose, look clean and should not be damaged or discoloured.
• Clean linen and clothing should not be stored in the laundry room.
• Clean linen should be stored in a clean designated room/cupboard not used for other activities. The room/cupboard should be equipped with wipeable shelving that can be easily cleaned and allow free movement of air around the stored linen.
• Linen should be stored above floor level, away from direct sunlight and water, in a dry cool environment.
• The linen room/cupboard should have doors that are kept closed to prevent contamination of the linen.
• Clean linen must be monitored to ensure it is in a good state of repair.
• A disposable apron should be worn when making a bed.
• Gloves are not required to be worn when making a bed with clean linen, but should be worn when making a bed with used linen.

8. Frequency of laundering

- Linen and resident’s clothing should be laundered whenever visibly soiled, or at least weekly.
- Reusable hoist slings should be laundered regularly (frequency will depend on use and the resident) and whenever visibly soiled. Hoist slings should be single patient use, e.g. labelled for use by a named resident and should not be used by any other person.
- Resident’s face cloths, body scrunchies and towels, should be laundered after each use.
- A documented programme should be in place for routine cleaning of curtains, e.g. laundry or steam cleaning 6-12 monthly, and whenever visibly soiled.

9. Laundry temperatures

Standard process
The items should be washed at the highest temperature recommended by the manufacturer.

Enhanced process
Washing processes should have a disinfection cycle in which the temperature in the load is maintained at either:
- 65°C for not less than 10 minutes; or
- 71°C for not less than 3 minutes

The items should be washed at the highest temperature recommended by the manufacturer.

With both options, ‘mixing time’ must be added to ensure heat penetration and effective disinfection.

For machines of conventional domestic design and a low degree of loading, e.g. below 0.056 kg/litre, 4 minutes should be added to these times to allow for
mixing time. A sluice cycle should be available on machines used in smaller provider units for dealing with foul/infected linen.

10. Requirements for laundry facilities

A designated separate room should be used for laundering of linen and the room should not be used for any other purpose. Industrial washing machines and tumble dryers rather than household ones should be used in care home premises, to ensure correct thermal disinfection of linen and provide evidence of temperature compliance.

- The room should have a dirty to clean work flow system, so that clean and soiled/fouled linen are physically separated throughout the process.
- Washing machines should be of an industrial type and have a sluice cycle for fouled linen and hot wash cycles (see Section 9 for correct temperature requirement). They should be professionally installed and maintained.
- An industrial regularly maintained dryer should be used to dry all clothing and linen.
- Appropriate personal protective equipment and eye protection should be available for staff.
- The room should have a hand wash basin with elbow operated mixer taps, no plug or overflow, wall mounted liquid soap dispenser with disposable cartridges and paper towels in a dispenser.
- Separate lined and foot pedal operated lidded waste bins, colour coded for domestic, offensive or infectious waste, should be available for the disposal of waste including waterproof waste bags.
- Heavily soiled items should have a pre-wash/sluice cycle selected.

Under no circumstances should a manual sluice facility or sluicing sink be used or situated in the laundry room.

11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:
SAFE MANAGEMENT OF LINEN

29 IPC Policy documents for Care Home settings
‘Preventing Infection Workbook: Guidance for Care Homes’
‘IPC CQC Inspection Preparation Pack for Care Homes’
IPC audit tools, posters, leaflets and factsheets
‘IPC Bulletin for Care Homes’

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and ‘Mock IPC CQC Inspections’. Prices vary depending on your requirements and location. Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

12. References

Department of Health (2016) *Health Technical Memorandum 01-04: Decontamination of linen for health and social care – Social care*


Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*