



Linen and Laundry Management Policy

This Policy identifies the key processes and protocols for the management of linen and laundry.

Key words: Linen and Laundry

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Approved by: Infection Prevention and Control assurance Group.

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Policy On a Page

SUMMARY & AIM

The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps they need to undertake to ensure the safety of all patients and colleagues in accordance with the health and social care act (2015).

This policy has been developed to give clear guidance to staff in relation to the procedure for the management of laundry and linen used within LPT services. It describes the process for ensuring the delivery of effective infection prevention and control management of laundry and linen within all LPT settings. It also forms part of the organisation's compliance with the health and social care Act (2015).

KEY REQUIREMENTS

The linen and laundry policy applies to all staff employed by LPT in a wide range of teams and services operating from a number of properties over a large geographical area making up the overall estate.

The provision of healthcare carries with it inherent risks to the healthcare worker.

This document ensures that all staff are aware of their responsibilities in regard to safe practice and to promote effective evidence-based patient care which is in accordance with revised national and local guidelines when handling linen or laundry.

TARGET AUDIENCE:

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on bank, agency, or honorary contract.

TRAINING

There are no specific training requirements that apply to this policy.

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1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1	August 2009	Policy review-Amalgamation of Infection Control guidelines for the management of laundry and linen. Reviewed to meet NHSLA requirements. Reviewed to meet the health and social care Act (2008).
Version 2	April 2012	Circulated for consultation to all members of the Infection Control committee.
Version 3	January 2014	Reviewed to ensure continuing compliance with the Health and Social care Act (2008) and NHSLA requirements.
Version 4	May 2017	Policy reviews as above
Version 5	December 2019	Policy Reviewed and no significant changes References Updated.
Version 6	February 2020	Policy updates as policy expiring
Version 7	January 2023	Policy Reviewed and updated in line with current guidance.
Version 8	January 2025	Policy reviewed and updated in line with current guidance.

For Further Information Contact:

Infection Prevention and Control Team on 01162951608

1.2 Key individuals involved in developing and consulting on the document.

- Accountable director: James Mullins Interim Director of Nursing, AHPS & Quality.
Emma Wallis- Deputy Director of Nursing & quality
- Implementation lead-Amanda Hemsley Head of Infection Prevention and Control.

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- Author (s)- Reviewed by Claire King Infection Prevention and Control Nurse.
- Core policy Reviewer Group- Infection Prevention & Control Assurance Group.
- Trust Policy experts – see checklist for list of current contact details.
 - Corporate Governance leads with a responsibility for policies.
 - Head of quality Governance & Quality Improvement
 - Deputy head of nursing
 - Equality and diversity lead
 - Patient safety lead
 - Patient experience and Engagement lead
 - HR representatives
 - Health & Safety Representatives
 - Clinical safety officer
 - Infection Control representative
 - Trust secretary
 - Head of training and Development

1.3 Governance

Level 2 or 3 approving delivery group – Infection Prevention & Control Assurance Group.

Level 1 Committee to ratify policy – Quality & Safety Group

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

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1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies, procedures, and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Personal Protective Equipment (PPE)	Specialised clothing or equipment worn by employees for protection against health and safety hazards and includes gloves, aprons, gowns, masks, and eye protection.
Standard Precautions	Precautions designed preventing the transmission of blood-Borne diseases such as Human Immunodeficiency virus, Hepatitis B and other blood Borne pathogens when first aid or health care is provided. The precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection.
Linen	Linen includes all textiles used in hospitals and community settings, including blankets, pillowcases, mattress covers, Bed sheets, Towels, and curtains.

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Laundry services	Laundry and Linen services provided by the trust laundry contract.
Clean Laundry	Items of linen that are new or have not been used
Soiled/Foul/infected Laundry	Soiled/Foul/infected Linen is linen which has been soiled with blood, faeces, or any other body fluid from any patient. All laundry used by a patient with a known infection (Whether soiled or not).

2.0 Purpose and Introduction/Why we need this policy.

2.1 Aim and Purpose of this policy.

The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps they need to undertake to ensure the safety of all patients and colleagues in accordance with the Health and Social care Act (2015).

This policy has been developed to give clear guidance to staff in relation to the procedure for the management of laundry and linen used within LPT services. It describes the process for ensuring the delivery of effective infection Prevention and Control management of laundry and linen within all LPT settings. It forms part of the organisation's compliance with the Health and Social Care Act (2015).

Contaminated laundry may present a Health and Safety hazard to portering staff during transportation and to laundry staff that are handling unprocessed laundry. Therefore, within hospitals responsibility rests with all staff in wards and departments to ensure that linen is presented for collection in the safest possible manner and potential infection resulting from contamination is avoided as far as possible. However, management must adopt procedures to ensure that patients, visitors, and staff are not put at risk from used and infected linen and that soiled linen is collected from wards/departments in an effective and timely manner.

2.2 Introduction

The linen and laundry policy applies to all staff employed by LPT in a wide range of teams and services operating from a number of properties over a large geographical area making up the overall estate.

The provision of healthcare therefore carries with it inherent risks to the healthcare worker.

This document ensures that all staff are aware of their responsibilities in regard to safe practice and to promote effective evidence-based patient care which is in

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accordance with revised national and local guidelines when handling linen or laundry.

3.0 Policy Requirements

3.1 Safe Management of Linen

Healthcare Laundry must be managed and segregated in accordance with HTM 01-04 which categorises linen as follows:

Used Linen (Previously known as soiled/fouled linen)

- Ensure a dedicated laundry receptacle is available as close as possible to the point of use for immediate linen deposit.
- Must be placed in an impermeable bag immediately on removal from the bed or before leaving a clinical department.

Infectious linen (This applies to healthcare linen)

Infectious linen includes linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids e.g., faeces:

- Infectious linen must not be sorted but should be sealed in a water-soluble bag which is then placed in an impermeable bag immediately on removal from the bed/chair etc and secured before it is transported to the waste disposal room.
- Infectious linen bags/receptacles must be tagged (e.g., Hospital ward/care area) and dated.
- Used linen must be stored in a designate safe, lockable area whilst waiting for collection.
- All linen that is deemed unfit for re-use e.g., torn or heavily contaminated should be categorised at the point of use and returned to the laundry for disposal.

3.2 Handling of linen

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

All linen must be handled with care to minimise transmission of micro-organisms.

Plastic disposable aprons must therefore be worn when there is potential risk of contamination of the uniform/clothing i.e., when making and changing beds.

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Gloves do not need to be worn when handling linen unless soiled with blood or other body fluids.

Linen should be placed directly into the appropriate laundry bag on removal from the bed/patient.

Linen should not be placed on the floor or transported around a ward/area unless within an appropriately colour coded linen bag.

Hands must be washed immediately following the handling of any linen and after removal of disposable gloves and apron that has been used when handling soiled/infected linen.

Extreme care must be taken to separate all extraneous items (i.e., needles, dressings, or personal items etc) from linen before it is placed in laundry bags. Such items are potentially dangerous to staff when in transport and during the laundry process and may also damage laundry equipment.

To avoid possibility of spillage of used linen, bags must never be more than two thirds full and must be securely tied. These principles are to be applied to handling of linen within all healthcare settings.

3.3 Frequency of linen change

Bed linen or clothing must be changed and laundered between patients. The frequency of changing will depend upon the individual case i.e., daily for patients nursed in isolation, immediately if fouled/soiled.

All linen that falls within the soiled/infected category must be placed within a red soluble alginate bag, inside a white plastic laundry bag, The soluble bag must be placed directly into the washing machine to prevent any cross-infection to staff or the environment, see appendix 1.

3.4 Dirty linen (All used linen other than that listed above)

All linen that falls into this category must be placed within a white plastic laundry bag.

The above categorisation applies when either item is laundered by the trust's laundry service provider or by care staff in home/ward areas.

3.5 Bed linen/heat resistant items

These items must, where possible be processed through a cycle of 71 degrees C (For not less than 3 minutes) or 65 degrees C (For not less than 10 minutes). For washing machines of conventional or domestic design (Not an industrial type) at least 4 minutes mixing time must be added to these cycle times. Care should also be given to not overfill the washing machine drum. Select the nearest cycle available on a domestic washing machine to match the above.

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3.6 Personal items

All personal laundry should be given to relatives, if possible, in appropriate bags to launder (See appendix 1). If the laundry is from **a patient with a suspected or known infection**, then staff are required to give relatives correct advice regarding handling and washing these items (**Refer to appendix 3 & 4 for further guidance**)

All personal items of clothing not able to be taken home by visitors or relatives should be laundered on site if possible.

Such items must be bagged before being transported to the laundry area. If there is no onsite laundry facilities available patient clothing may be sent to the trust laundry service provider. All items must be clearly marked with the patient's name and location. If any garments have detachable belts this should also be clearly labelled.

Manual sluicing, soaking or hand washing of soiled items must never be carried out.

A sluice cycle or cold wash pre-wash must be used for all soiled items, any solid matter, i.e., faeces must be removed prior to this.

Any wash detergents/Powders that are being stored in clinical areas where patients have access to designated onsite laundry facilities then this must be stored and used in Line with Control of Substances hazardous to Health (COSHH) policy.

- All wash detergents/powders must be stored safely and securely to reduce risk to vulnerable patient groups who may have access to these items.
- Any wash detergents/powders must not be left unattended or in an unlocked/unsecured area or cupboard where vulnerable patients may access them.
- The guidance on decanting and dilution of any wash detergents/powders must be followed for example **only** using a labelled secondary container that is expressly used for that purpose and **not** using drinking or other vessels that are intended for patient or staff use.
- All wash detergents/powders must be used in line with COSHH and manufacturer guidance/instructions for use.

Please see appendix 2 for further guidance on using onsite laundry facilities within inpatient areas to launder personal items of clothing.

3.7 Heat labile items.

Should be washed on the hottest cycle possible for that item, each patients heat labile items must be washed separately and this includes hoist slings. Alternatively disposable items such as hoist slings may be used.

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3.8 Uniforms and workwear

Uniforms must be changed daily if a uniform is heavily contaminated it must be changed as soon as possible.

Uniforms must be laundered at the highest temperature the fabric allows and at a minimum of 40 degrees centigrade, dried quickly or tumble dried and ironed with a hot iron.

If a laundry service is available, it should include items such as uniforms scrubs and all items to be laundered by this method must be clearly marked with the trust name and labelled with the ward/area and site. The laundry will not take responsibility for items sent which are unmarked.

4.0 Curtains and soft Furnishings

Curtains in clinical areas must be laundered as a minimum six monthly and immediately if soiled, and when removed during a deep terminal/clean. Any curtains purchased for clinical areas must not be dry clean only and should be able to withstand thermal disinfection temperatures as a minimum.

The infection prevention and control team must approve all curtains and soft furnishings. Purchasing of such items must be through the procurement process. This includes items purchased for therapeutic use or from charitable funds to ensure that they meet minimum safety standards for use in healthcare.

Alternatively disposable curtains should be considered, if curtains are being sent to the trust's laundry service these should be placed in a brown Ellis bag and labelled (see appendix 1).

Curtains should always be change following a post infection clean whether visibly soiled or not, they should then be placed in a red alginate bag before being placed in a brown Ellis bag and labelled.

Within clinical areas soft furnishings such as chairs etc must be purchased with water repellent upholstery. Any stained, soiled, or ripped chairs which cannot be effectively cleaned should be discarded as soon as possible and replaced with appropriately covered chairs. Disposal of these items must meet the trusts requirements as identified in the waste policy.

Pillows and duvets must be covered with a plastic waterproof material and be heat sealed to form a protective covering with no openings. If the integrity of the waterproof cover is compromised, soiled, or stained it must be discarded immediately.

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5.0 On site laundry facilities (non-inpatient areas)

Whilst the preferred option is for all linen and laundry to be managed through a dedicated registered laundry provider for healthcare, there may be times when this is not possible and onsite laundering may need to take place. Any on site laundry must be situated within a designated room that is used for laundry purposes only. All onsite facilities must have the following available:

- Separate washing machine and dryer (Commercial WRAS approved) with a planned maintenance package.
- Handwash basin with liquid soap and paper towel dispenser
- Disposable gloves and aprons
- Segregated area for dirty linen and linen skips
- Segregated area for temporary clean linen storage
- Waterproof dressings available to cover any cuts and sores on the hands.
- A separate ironing area must be available away from used linen.

The design of the laundry facility must allow for a flow of items from the dirty to clean areas.

All washing machines and dryers must be subjected to a planned program of service and maintenance at least annually.

5.1 on site laundry Facilities (Inpatient areas)

Monitoring, compliance, and auditing of onsite Inpatient laundry facilities

The **inpatient** laundry facilities audit tool is now a requirement of this policy to ensure that good operating practice and Infection prevention and control compliance is maintained. The audit tool was created with consideration of the below guidance:

- The Health & Social Care Act (2015)
- The National IPC Manual for England (2024)
- LPT Waste Management Policy
- LPT Cleaning and Decontamination of Equipment, Medical Devices, and the Environment (including the management of blood and body fluid spillages)

All inpatient ward areas that have a designated onsite laundry facility that is accessed by staff and patients are required to complete the audit tool monthly within

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the area, the completion of the audit will be the responsibility of the matron or other designated staff member within the ward area.

If the ward area shares a laundry room with other ward areas, then the expectation is that the responsibility for completion of the audit will remain with each of the areas sharing the laundry-For example if two wards share a laundry room, both wards will audit the room each month.

To align with our NHS greener plan by being more sustainable and reducing paper usage, we have decided to launch the laundry room audit onto AMaT. The link to log in to AMaT: <https://leicspart.amat.co.uk/login.php>

5.1 Laundry sent to off-site premises.

The transportation of laundry and the laundry process must be monitored, including site visits (annually) to ensure compliance with good practice and HTM 01-04-2013. Contractors must comply with all elements of HTM 01-04-2013 and BS EN 14065:2002 and it is important that potential contractor's premises, processes, and procedures are audited prior to decisions being made.

6.0 Storage of linen

6.1 Clean and unused linen

- Personal patient clothing awaiting collection should not be stored in the same room as clean/unused linen.
- All clean linen must be stored off the floor in an allocated clean environment namely a cupboard away from used/soiled linen, dust, and pests.
- Linen cupboard doors must be kept closed to prevent contamination.
- If taken into an isolation room and not used, the linen must be considered to be used and therefore laundered as infected linen before reuse.
- Clean linen must be in a good state of repair free from stains, holes, and any tears.
- Any shelving in the linen store must be capable of being wiped down and cleaned.
- Piles of clean linen must not be stored/located in open areas i.e., wards, lockers at any time. This prevents cross contamination of linen and inappropriate re-laundering of linen.

6.2 Used linen.

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> All linen bags must be stored in a secure area away from the public access whilst awaiting collection.

>Linen trolleys when used must be cleaned daily in line with the cleaning and decontamination policy to prevent build-up of dirt and dust and to prevent potential cross contamination.

6.3 Used linen outpatients/clinics.

Fabric sheets should **NOT** be used in outpatients/clinic areas where disposable alternatives should be used i.e., couch roll which must be changed between patients.

7.0 Items of linen that must not be sent to laundry.

Items of linen used by patients with the following confirmed or suspected infectious must **not** be sent to the laundry:

- Anthrax
- Lassa fever/other viral haemorrhagic fever
- Plague
- Rabies

All items of linen used in the above categories must be dealt with whilst wearing gloves and aprons, double bagged and in sealed hazardous waste bags with 'for incineration only' clearly marked on the bag and staff should arrange for immediate disposal from the ward/area.

If further advice is needed in regard to the above, please contact the consultant Microbiologist at Leicester Royal Infirmary on 03003031573 or the Leicestershire Partnership Trust Infection Prevention and Control team on 01162952320.

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8.0 References and Bibliography

Department of Health: The health and social care Act, code of practice for health and social care on the prevention and control of infections and related guidance (2015).

NHS National infection prevention and control manual for England (2024)

Department of health (2013) Choice framework for local policy and procedures 01-04
Decontamination of linen for health and social care: Social care (2013).

Department of Health (2016) Health Technical Memorandum 01-04:
Decontamination of linen for health and social care management and provision.

Leicestershire Partnership Trust Personal Protective Equipment for Use in
Healthcare policy (2023)

Leicestershire Partnership Trust Cleaning and decontamination of equipment,
medical devices, and the environment (Including the management of blood and body
fluid spillages) policy (2022).

Leicestershire Partnership Trust Waste Management policy (2024)

Leicestershire Partnership Trust Hand Hygiene Policy (2024)

NHS England National Infection Prevention and Control Manual for England (2024)

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9.0 Duties within the Organisation

Duties regarding this policy can be located in the LPT infection prevention and control assurance policy.

10.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

11.0 Monitoring Compliance and Effectiveness

Compliance within this policy can be located in the LPT infection prevention and control policy.

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12.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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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.

Using onsite laundry facility staff guidance

Before using any onsite laundry facilities (Individual or communal facilities) please ensure the following guidance is followed:

Guidance	Action
<p>Washers & Driers are assessed before use to check if they are in good working order.</p>	<p>If any machine is found to not be in good working area this, please report this to the estate teams. lpt.fm@nhs.net</p>
<p>Washers & Driers are assessed before use to check if they are free from dirt/debris.</p> <p>Washers</p> <ul style="list-style-type: none"> • Is the inside of the machines clean and free from dirt/debris. • Are seals on the machine intact, clean, and free from dirt/debris. • Are the powder/detergent draws clean and free from build-up of powder/detergent/mould. • Are driers. <p>Driers</p> <ul style="list-style-type: none"> • Is the inside of the machines clean and free from dirt/debris. • Are seals on the machine intact, clean, and free from dirt/debris. • Is the machine free from residual dust/fluff from fabrics. • Are the machine filters free from dust/fluff from fabrics. 	<p>If any of the machines are found not to be clean, then staff will need to ensure that the machine is thoroughly cleaned as per cleaning regime.</p> <p>Any damage to dispenser draws or seals will need to be reported to the estate teams for repair. lpt.fm@nhs.net</p> <p>Action as mentioned above</p>

<p>Please ensure that worktops/shelves remain visibly clean and free from dust, dirt, and clutter.</p>	<p>Any visible clutter will need to be removed to reduce the risk of contamination and fire.</p>
<p>Please ensure that all items to be washed are transported to the laundry room in accordance with the LPT linen and laundry policy.</p>	<p>Please refer to the LPT linen and laundry policy for further guidance.</p>
<p>Please ensure that all items to be laundered are placed directly into the washing machines and are not sorted/left on worktops/shelves etc.</p>	<p>Any linen that is seen to be stored on shelving etc will need to be re-washed and appropriately stored.</p>
<p>All items that have been washed must be directly placed into the drier to dry and must not be air dried or placed onto worksurfaces. Shelves.</p>	<p>Any clothing that is seen to be air drying must be removed.</p>
<p>No items to be laundered should be rinsed or manually sluiced if visibly soiled.</p>	<p>Any soiled linen must be laundered in accordance with the LPT linen and laundry policy.</p>
<p>Patients when accessing the laundry areas should be supervised at all times.</p> <p>*Laundry areas that are managed by the facilities services are not accessible to any patients*</p>	<p>Please refer to patients care plans</p>
<p>Laundry floor should be kept clutter free to enable cleaning to take place. No items should be stored on the floor such as laundry baskets, boxes etc.</p>	<p>Any clutter or items found stored on the floor must be removed immediately.</p>

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	Once removed this will need to be reported to the facilities teams to arrange for the area to be cleaned.
Dirty or clean laundry must not be stored in the laundry room.	Any Laundry stored in the laundry room must be correctly sorted and placed in the appropriate place.
All detergents/soaps and chemicals must be appropriately stored in a locked cupboard in accordance with COSHH regulations. No chemicals/detergents or soaps must be left on worksurfaces etc where patients may be able to access them.	Any items found not stored should be immediately removed to the correct storage areas.
Hand wash sinks must be accessible and have elbow/wrist operated taps, hand wash soap and paper towels available. Hand wash sink must be in good clean working order and only be used for handwashing.	
An appropriate foot operated lidded waste bin must be available and accessible for waste.	

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Appendix 3

Guidance for patient/carer or relative for washing patients own clothing.

During a patient's admission within our community hospital inpatient wards the overall responsibility for the laundering of personal clothing will remain the responsibility of the patient their carer or relative wherever possible.

If a patients clothing requires to be laundered, then ward staff will need to place any items of clothing that require sending home for laundering into appropriate bags for patient own clothing. Ward staff will then need to ensure that the patient, their carer or relative is informed that items of personal clothing require collection for laundering.

Some of our inpatient mental health areas do have onsite laundry facilities available where patients may (under the close supervision of ward staff) undertake laundering of their own clothing. However, any linen that is infected or potentially infected cannot be washed in our onsite laundry facilities and will need to be taken home to be washed by the patient their carer or relative.

If any items of clothing are thought to be infected, then the procedure outlined in appendix 5 below for infected clothing requiring laundering should be followed carefully.

If the potentially infected clothing items cannot be washed by the patient their carer or relative, then it must be sent to the trusts contracted laundry provider in the appropriate bags as outlined in section 3.6 of this policy.

If you wish for your clothing to be taken home to be laundered, then the clothes should remain within the bag they were placed in by ward staff until they are collected.

Once the patients clothing has been laundered, dried, and ironed then this can be returned to the patient.

Appendix 4

Guidance for patient/carer or relative for washing patients own clothing that is suspected/known to be infected.

During a patient's admission within our community hospital inpatient wards the overall responsibility for the laundering of personal clothing will remain the responsibility of the patient their carer or relative wherever possible.

If a patients clothing requires to be laundered, then ward staff will need to place any items of clothing that require sending home for laundering into appropriate bags for patient own clothing. Ward staff will then need to ensure that the patient, their carer or relative is informed that items of personal clothing require collection.

The trust acknowledges however that at times there may be items of clothing that are contaminated from patients that have a known or suspected infection such as Clostridium difficile or MRSA or soiled items that may require laundering.

Staff will not be able to sluice or wash safely any items of personal clothing that have become soiled/contaminated.

The purpose of this guidance is to assist patients their carers or relatives in the safe handling and laundering of personal items of clothing that may be soiled/contaminated.

Any items of patients clothing that are from a patient with a known or suspected infection or that have been contaminated will need to be placed a water-soluble bag inside a patient property bag. The bag will then need to be named and dated if it contains items of clothing that has been soiled.

The bag will then need to be stored within the patient locker or kept in the sluice if heavily soiled until it can be collected. Ward staff will need to inform the patient their carer or relative that the clothing requires collection as soon as possible.

Patients or their carer/relative will also need to be notified that the water-soluble bag has a strip that will dissolves in domestic washers at normal temperatures allowing the bag to then open and release the clothing therefore the bag containing the clothing can be placed straight into the washer and will not require opening to remove clothing, Once the wash cycle has finished the items of clothing can then be removed from the machine.

Although soiled/infected clothing has been identified as a source of infection, the risk of spread of disease remains low if this is handled correctly: The patient their carer or relative will need to be instructed on the following when handling the clothing items:

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- The water-soluble bag that contains the soiled/contaminated clothing should be handled as little as possible and be placed directly into the washing machine.
- These items of clothing should be washed separately from other household clothing items.
- Where possible a pre-wash cycle should be used in the first instance followed by a full wash cycle using detergent at the hottest temperature that the items of clothing will be able to withstand.
- Hands should then be washed thoroughly with soap and water after handling of the soiled/infected clothing bag to reduce any contamination risk.
- Clothing once washed should then be thoroughly dried ideally in a tumble drier where possible and then ironed.
- Hands should then again be washed thoroughly with soap and water after the handling of the linen.

If the patient their carer or relative do not wish to take their clothing home to wash, then it can be sent to the trusts contracted laundry provider for washing. The patient, carer or relative will need to be informed however that the contracted laundry providers wash at very high temperatures any items of clothing that may be delicate may be damaged during the washing/drying process.

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Appendix 5 Training Needs Analysis

Training topic:	Management of Linen and Laundry	
Type of training: (See study leave policy)	Not Required^	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	NA	
Regularity of Update requirement:	NA	
Who is responsible for delivery of this training?	NA	
Have resources been identified?	NA	
Has a training plan been agreed?	NA	
Where will completion of this training be recorded?	ULearn * Other (please specify) *	
How is this training going to be monitored?	NA	
Signed by Learning and Development Approval name and date		Date:

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Appendix 6 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes.

Respond to different needs of different sectors of the population yes.

Work continuously to improve quality services and to minimise errors yes.

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes.

Help keep people healthy and work to reduce health inequalities yes/

Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance yes

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Appendix 7 Due Regard Screening Template

Section 1	
Name of activity/proposal	The Management of Linen and Laundry
Date Screening commenced	10-01-2025
Directorate / Service carrying out the assessment	Enabling Infection Prevention and Control team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection Prevention and Control Nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
<p>AIMS:</p> <p>The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps they need to undertake to ensure the safety of all patients and colleagues in accordance with the health and social care act (2015).</p>	
<p>OBJECTIVES:</p> <p>This objective of this policy is to give clear guidance to staff in relation to the procedure for the management of laundry and linen used within LPT services. It describes the process for ensuring the delivery of effective infection prevention and control management of laundry and linen within all LPT settings. It also as mentioned above forms part of the organisation's compliance with the health and social care Act (2015).</p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	Non-Identified
Disability	Non-Identified
Gender reassignment	Non-Identified
Marriage & Civil Partnership	Non-Identified
Pregnancy & Maternity	Non-Identified
Race	Non-Identified
Religion and Belief	Non-Identified
Sex	Non-Identified
Sexual Orientation	Non-Identified
Other equality groups?	Non-Identified
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely	

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to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	A Hemsley	Date	16 March 2025
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	A Hemsley	Date	16 March 2025

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Appendix 8 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Linen and Laundry Management Policy	
Completed by:	Claire King	
Job title	Infection Prevention and Control Nurse	Date: 10-01-2025
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	

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7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is ‘Yes,’ please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	N/A	
Date of approval	16 March 2025	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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