

# **Clean and Infected Linen Handling and Laundry Policy**

**Version 6: June 2026**

**First Issued: June 2016**

**Review date: June 2028**

## Contents

*(For quick access to a specific heading - press CTRL and click your mouse to follow the link for the below options)*

|     |                                                |                                     |
|-----|------------------------------------------------|-------------------------------------|
| 1.  | INTRODUCTION .....                             | <b>Error! Bookmark not defined.</b> |
| 2.  | PURPOSE AND SCOPE.....                         | <b>Error! Bookmark not defined.</b> |
| 3.  | DEFINITIONS <i>(if relevant)</i> .....         | <b>Error! Bookmark not defined.</b> |
| 4.  | RESPONSIBILITIES .....                         | <b>Error! Bookmark not defined.</b> |
| 5.  | POLICY STATEMENT .....                         | 3                                   |
| 6.  | PROCEDURE.....                                 | <b>Error! Bookmark not defined.</b> |
| 7.  | MONITORING AND REVIEW .....                    | 7                                   |
| 8.  | REFERENCES .....                               | 7                                   |
| 9.  | AUTHOR .....                                   | 7                                   |
| 10. | EQUALITY AND DIVERSITY IMPACT ASSESSMENT ..... | 7                                   |
| 11. | DOCUMENT CONTROL .....                         | 8                                   |

## 1. INTRODUCTION

This policy applies to all staff. Every NHS body under The Health Act 2006 must ensure ‘*so far as is reasonably practicable, patients staff and other persons are protected against risks of acquiring Health Care Associated Infections (HCAIs)...*’

The provision of clean linen is a fundamental requirement for patient care. Incorrect procedures for handling or processing of linen can present an infection risk both to staff handling and laundering linen, and to patients who subsequently use it.

## 2. PURPOSE AND SCOPE

This Policy applies to all staff, both clinical and non-clinical, employed by East Coast Community Healthcare (ECCH) who handle linen and also to all visiting staff including tutors, students and agency/locum staff, who handle linen.

*‘In the event of an infection outbreak, flu pandemic or major incident, ECCH recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager, and all possible action must be taken to maintain ongoing patient and staff safety’*

## 3. DEFINITIONS

### **Clean / Unused Linen:**

Any linen that has not been used since it was last laundered and that has not been in close proximity to a patient or stored in a contaminated environment.

### **Dirty / Used Linen:**

All used linen other than infected linen that remains dry.

### **Soiled / Infected linen:**

Any used linen that is soiled with blood or any other bodily fluid or any linen used by a patient with a known infection (whether soiled or not).

### **Cohort Area:**

A geographically distinct area allocated to a group of patients with a disease or infection who need to be separated from patients who do not harbour the disease or infection.

### **Isolation Room / Cubicle:**

A single room, with its own hand- washing facilities and preferably separate toilet facilities used to reduce the risk of transmission of infection to or from patients, visitors or staff.

## 4. RESPONSIBILITIES

It is the responsibility of all staff to ensure that they adhere to best practice.

## 5. POLICY STATEMENT

This policy will be implemented to ensure adherence to safe practice and to conform with national statute.

## 6. PROCEDURE

All clean linen must be:

- stored in a clean, closed cupboard (either a dedicated linen cupboard or dedicated, fully enclosed mobile linen trolley)
- stored off the floor
- stored with the linen cupboard/trolley doors closed to prevent airborne contamination
- stored in a clean, dust free environment
- segregated from used / soiled linen
- At ward level no more than 24 hours supply of linen should be stored

Clean linen must not be stored in unsuitable areas e.g. the sluice, bathrooms, in bed spaces.

Local Use:

- Clean linen must not be decanted onto open trolleys unless for immediate use
- Linen taken into an isolation room/cohort area and not used, must be treated as soiled/infected linen and laundered before use

Dirty / Used Linen:

Segregation of Linen:

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately. All linen may be segregated into the following three categories:

- Clean / Unused Linen
- Dirty / Used Linen
- Soiled / Infected Linen

Storage:

Linen which is used but dry: Dirty / Used linen must not have been:

- Visibly soiled with blood or bodily fluids
- Used on source isolated patients

Clean / Unused Linen:

Clean linen must be in a state of good repair, as tearing or roughness can damage the patient's skin. The condition of the linen in use should be monitored by the laundry contractor and by ECCH staff. Linen should also be free from stains and excessive creasing and should be usually acceptable to both patients and staff.

Handling of Clean Linen:

Once laundry has been decontaminated, every effort must be made to maintain its quality and cleanliness.

Delivery:

Laundry should be delivered to the wards in clean covered containers. Clean laundry must not be transported in containers used for used / soiled laundry.

Dirty/used linen:

Dirty/used linen but not contaminated by blood or body fluids is to be placed in a white linen bag for laundry.

### Soiled / Infected Linen:

Soiled / Infected linen is to be placed in a red soluble bag within a white plastic bag.

- Linen bags must not be more than 2/3 full

Any used linen that is soiled with blood or any other bodily fluid or any linen used by a patient with a known infection (whether soiled or not).

This includes patients with or suspected:

- MRSA, gram positives or gram negative infections.
- Human Immunodeficiency Virus (HIV)
- Hepatitis A, B or C
- Draining Tuberculosis (TB) lesions and open pulmonary TB
- Enteric Fever
- Dysentery (*Shigella* spp)
- Salmonella
- Norovirus
- *Clostridioides difficile*
- Chickenpox
- Head or body lice, scabies
- Other notifiable diseases

### General Principles:

These general principles should be adhered to when handling all linen and laundry.

#### *Handling Linen:*

All dirty linen must be handled with care, to minimise transmission of micro-organisms via dust and skin scales.

- All dirty linen must be placed carefully and directly into the appropriate laundry bag on removal from the bed or patient
- The used linen skip should be at the bedside. Used linen should not be carried to avoid contamination of uniforms
- Dirty linen must never be transported around the care environment unless within an appropriately colour coded linen bag
- Vigorous, enthusiastic bed stripping and changing of curtains is microbiologically hazardous as large numbers of organisms (mainly skin flora) are dispersed. Care should be taken to minimise contamination of equipment and the near patient environment
- When beds or curtains are changed all open wounds/drains etc. need to be temporarily covered during linen changes
- Do not shake linen into the environment
- Do not change linen during wound dressings in the same area
- Use PPE, apron and gloves when handling dirty linen
- Gloves and aprons should be removed and hands decontaminated before collecting clean laundry from the linen trolley.

Care must be taken to ensure that no sharps or non-laundry items are included with dirty linen before it is placed ready for laundering. Such items are potentially dangerous to staff handling the laundry.

#### *Hand Hygiene:*

Hand hygiene is a term that incorporates the decontamination of the hands by methods including routine hand washing and the use of sanitising hand gels.

- Hands must be decontaminated before handling clean linen and after handling used laundry

#### *Personal Protective Equipment:*

- Plastic aprons should be worn by all Health Care Workers (HCWs) when removing soiled linen. Remove PPE prior to applying fresh linen. – this includes beds where the patient has been discharged and patient occupied beds. Plastic aprons must be changed between beds
- Gloves must be worn when handling laundry from an infected patient or laundry contaminated with blood and body fluids
- Face protection / eye protection must be worn where there is significant contamination with blood and body fluids likely to cause a splash injury

#### *Accidental Spillage from Used Linen:*

- Gloves and apron must be worn
- Re-bag into the appropriate bag. If the appropriate bag is not obvious then the linen should be treated as infected and placed in a red alginate bag.
- Clean area with appropriate disinfectant (Actichlor Plus) if necessary
- If advice is required contact the Infection Prevention & Control Team

#### *Local Cleaning:*

- All hospital linen must be laundered by an external laundry contractor
- Manual soaking / washing of soiled items **must never** be carried out in the clinical areas by staff. This is a contamination and splash injury risk. Solid contaminants should be disposed of in the appropriate clinical waste stream and laundry bagged as per policy
- Patient's personal clothing should be bagged and sent home for cleaning

#### *Storage and Removal:*

- All dirty/used linen should be removed from clinical areas as frequently as circumstances demand
- Soiled linen must be kept away from public areas
- Storage areas must remain closed and kept secure from unauthorised persons

#### *Curtains should be disposable:*

- Curtains require changing when visibly dirty, or at least every six months.
- Curtains must be routinely changed when discharging or transferring a patient with MRSA/ Clostridioides difficile or Acute Respiratory Infection (ARI) from the area or post outbreaks
- Removal and changing of curtains result in aerosolisation of ingrained organisms which may be harmful to patients and contaminate the near patient environment. For this reason, curtains should not be changed at key times e.g. during wound dressing changes etc.

#### *Pillows:*

- All pillows used in clinical areas must have sealed intact impermeable covers, these must be tested by a hug test if air escapes the cover is not intact and the pillow must be disposed of
- Any pillow torn, split or stained must be discarded

## **7. MONITORING AND REVIEW**

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy. This policy will be reviewed by the Infection Prevention and Control Team.

## **8. REFERENCES**

Barrie, D (1994) Infection Control in Practice: How hospital linen and laundry services are provided. Journal of Hospital Infection

Department of Health (2008) The Health and Social Care Act. DoH London.

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance> (Accessed 09/02/2026)

Department of Health (2013) Choice Framework for local Policy and Procedures 01-04 – Decontamination of linen for health and social care: Management and provision

[Health Technical Memorandum 01-04: Decontamination of linen for health and social care – Management and provision \(england.nhs.uk\)](https://www.nhs.uk/health-technical-memorandum/01-04-decontamination-of-linen-for-health-and-social-care-management-and-provision) (Accessed 09/02/2026) Updated 01/2024

(no longer accessible)

(archived)

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

<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/> (Accessed 09/02/2026)

## **9. AUTHOR**

Infection Prevention and Control Team

## **10. EQUALITY & DIVERSITY IMPACT ASSESSMENT**

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- ☐ Are the aims of this policy clear?
- ☐ Are responsibilities clearly identified?
- ☐ Has the policy been reviewed to ascertain any potential discrimination?
- ☐ Are there any specific groups impacted upon?
- ☐ Is this impact positive or negative?
- ☐ Could any impact constitute unlawful discrimination?
- ☐ Are communication proposals adequate?
- ☐ Does training need to be given? If so, is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

[http://eccho/Home/FormsGuidance.aspx?udt\\_575\\_param\\_index=E&udt\\_575\\_param\\_page=2](http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2)

## 11. DOCUMENT CONTROL

| Version Date | Version No. | Author/ Reviewer | Comments                             |
|--------------|-------------|------------------|--------------------------------------|
| June 2016    | 2           | Teresa Lewis     | No substantive changes               |
| May 2018     | 3           | IPC              | Clarity issues                       |
| July 2020    | 4           | IPC              | No substantive changes               |
| June 2022    | 5           | IPC              | No substantive changes               |
| June 2024    | 6           | IPC              | No substantive changes               |
| June 2026    | 7           | IPC              | Use of PPE/ ARI / Updated references |

### DOCUMENT CONTROL SHEET

|                                                                                                                              |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>Name of Document:</b>                                                                                                     | Linen Handling and Laundry Policy                                                                  |
| <b>Version:</b>                                                                                                              | 7                                                                                                  |
| <b>File Location / Document Name:</b>                                                                                        | ECCHO                                                                                              |
| <b>Date Of This Version:</b>                                                                                                 | June 2026                                                                                          |
| <b>Produced By (Designation):</b>                                                                                            | Infection Prevention & Control Team                                                                |
| <b>Reviewed By:</b>                                                                                                          | IPACC                                                                                              |
| <b>Synopsis And Outcomes of Consultation Undertaken:</b>                                                                     | Changes relating to relevant committees/groups involved in ratification processes.                 |
| <b>Synopsis And Outcomes of Equality and Diversity Impact Assessment:</b>                                                    |                                                                                                    |
| <b>Ratified By (Committee):-</b>                                                                                             | IPACC                                                                                              |
| <b>Date Ratified:</b>                                                                                                        | June 2026                                                                                          |
| <b>Distribute To:</b>                                                                                                        | ECCHO                                                                                              |
| <b>Date Due for Review:</b>                                                                                                  | June 2028                                                                                          |
| <b>Enquiries To:</b>                                                                                                         | <a href="mailto:infectionprevention@ecchcic.nhs.uk">infectionprevention@ecchcic.nhs.uk</a>         |
| <b>Approved by Appropriate Group/Committee</b><br><b>Approved by Policy Group</b><br><b>Presented to IGC for information</b> | <input type="checkbox"/> Date:<br><input type="checkbox"/> Date:<br><input type="checkbox"/> Date: |