

Policy for the Management of Linen and Laundry Services

Department/ Service:	Linen and Laundry Services
Originator:	DIPC
Accountable Director:	Facilities Quality & Compliance Manager
Approved by:	Chief Nursing Officer
Approved by Medicines Safety Committee: <i>(When medicines are included in the guideline)</i>	
Date of approval:	14th August 2024
Revision due: This is the most current document and should be used until a revised version is in place	14th August 2027
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	All
Target Staff Categories:	All

Policy Overview:

This Policy defines the responsibility of managers and staff to ensure correct, safe handling and disposal of contaminated (used) laundry, and the correct, safe distribution and storage of clean linen to minimise infection risk throughout Worcestershire Acute Hospitals NHS Trust.

This policy provides a robust framework for the management of linen and laundry services for patients, staff and users of the Worcestershire Acute Hospitals NHS Trust.

It covers the service provider contract, contract monitoring, on site laundering of specialist items, transportation and storage of clean and soiled linen, segregation of infected linen and use of linen.

Key Amendments to this Document

Date	Amendment	Approved by:
18/06/2012	New Policy approved at TIPCC	Caroline Newton, Heather Gentry
March 2017	Policy reviewed minor amendments to appendices	Caroline Newton, Heather Gentry
April 2019	Document extended for 6 months whilst review process takes place	TIPCC
February 2021	Document extended as per Trust agreement 11.02.2021	
February 2021	Review of document minor amendments	Tracey Cooper & Helen Mills
June 2024	Review of document	H Mills, E King, J Booth and L Bailey

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1. Introduction

It has been shown that used linen, within healthcare settings, in particular, can harbour large numbers of potentially pathogenic microorganisms. Therefore, it is important that the appropriate precautions are taken to ensure contamination to/from linen does not occur as this might then lead to transmission of microorganisms to people or to the environment potentially causing infection. Such important precautions apply to all stages of linen management: storage, handling, bagging, transporting, and laundering.

The provision and management of laundry and linen services is an important function to enable sustainable delivery of good care. By complying with this policy staff will facilitate the continued delivery of these services, minimising risks to health and safety, complying with infection control requirements and ensuring best value for the Trust.

“The NHS has an obligation under the Health and Safety at Work Act (1974) to take steps to prevent the risk of infection to staff handling and laundering linen” Health Technical Memorandum 01-04 - Decontamination of linen for health and social care

The Trust has a legal requirement to comply with the Health and Social Care Act (D2010). This states that all health care providers are required to have in place systems to ensure effective practice when handling, segregating, and laundering linen.

Laundry and its products should preserve the patient’s dignity, promote the patient’s care, and be appropriate to the patient group, gender, clinical status, religion and beliefs. Where appropriate it should support the use of personal clothing.

2. Scope of this Document

To promote guidance for health care workers on the correct hygiene measures for the laundering of linen.

To highlight the risks of infection associated with handling dirty laundry, as well as keeping clean laundry free from the risk of contamination.

To provide staff with a broad outline of what to do, and whom to contact for more detailed advice in relation to the management of linen and laundry.

3. Definitions

Definition	Description
Clean 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.
Used linen	All used linen, irrespective of state, but on occasions contaminated by body fluids or blood. It does not apply to infectious linen as stated below.
Infected linen	Any linen used by a patient with a known or suspected infection (whether soiled or not) or other linen grossly contaminated with blood or body fluids that represents a hazard to those workers in the hospital or the laundry who may come into contact with it.

Hazardous linen	Laundry which should not be processed due to risks to the laundry workers. This would remain hazardous following normal processing or for which additional precautions are required. This should be disposed of in the hazardous waste stream (yellow). These include Advisory Committee on Dangerous Pathogens Category 3 organisms or above.
Infested linen	Laundry which is potentially infested with parasites (e.g. bed or body lice, scabies).
Condemned or unfit linen	Linen deemed not fit for purpose (heavily stained, torn, rough texture).
Theatre linen	Dirty / Used Operating Theatre staff clothing and any other item of re-usable theatre specific linen e.g. tray wraps and drapes or gowns (needs to be lint free at point of use).
Return to Sender	Trust owned linen or equipment (patient laundry where there is no other mechanism for laundering) which is washed under the laundry contract and returned to the originator if marked.
Local Laundering	Washing machines authorised for use in designated areas where items cannot be processed via the laundry contractor e.g. thermo labile (linen which will be damaged by the heat disinfection of an industrial washer), neonatal baby clothing, cleaning cloths and mop heads.

4. Responsibility and Duties

4.1. The Trust Board

The Trust Board has overall responsibility for ensuring that adequate resources are provided for provision of Linen and Laundry Services.

4.2. Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for provision of Linen and Laundry Services.

4.3. Director of Estates and Facilities

The Director of Estates & Facilities is responsible for ensuring compliance with national standards or legislation.

4.4. Director of Infection Prevention and Control

The Director of Infection Prevention & Control is responsible for:

- The preparation and implementation of infection control procedures and policies
- Giving expert advice and training related to all infection control practice

4.5. Deputy Director of Estates and Facilities (Soft FM)

The Deputy Director of E&F (Soft FM) is responsible for:

- Monitoring the performance of the contractor
- Ensuring that the level of service received is in line with the contract

- Holding regular service provider meetings with the contractor to identify and discuss any areas of non-conformance.

4.6. Facilities Managers

Facilities Managers are responsible for:

- Ensuring that staffing and linen resources are used effectively and efficiently, and that staff are appropriately trained.
- Collecting contract performance data to support the contract review meetings

4.7. PFI Management Teams

The PFI Management Team is responsible for:

- Monitoring the performance of the contractor
- Ensuring that the level of service received is in line with the contract
- Holding regular service provider meetings with the contractor to identify and discuss any areas of non-conformance

4.8. Worcestershire Hospital Special Purpose Company

WHSPC are responsible for ensuring that the soft FM service providers:

- Ensure that staffing resources are used effectively and efficiently, and that staff are appropriately trained
- Provide linen services to agreed standards
-

4.9. Infection Prevention Team

The Infection Prevention Team works in conjunction with the Facilities Departments to ensure compliance with national standards and legislation. The team provide on-going support and training for all relevant staff. They also endorse the linen management processes and monitor contract compliance in conjunction with the Facilities Managers through active participation in the audit process.

4.10. Matrons

Matrons are responsible for appropriate use of resources and monitoring standards in conjunction with other key stakeholders.

4.11. Ward and Department Managers

All Ward/Departmental Managers are responsible for ensuring that:

- All staff are aware of this Policy (and Procedures herein) and the relevant Infection Control Policies and their location.
- All staff complete Infection control eLearning as part of Trust Induction for an introduction to infection control within the Trust and that this is followed by the relevant/mandatory training that is applicable to grade/job.
- All staff complies with this Policy (and Procedures herein).
- Any discrepancy from this Policy is discussed with the Infection Control team so that any further education and training need can be identified.

4.12. All Trust Staff

All members of staff are:

- Required to follow the Linen and Laundry Policy for the Acute Trust, including the bagging policy
- All staff have a responsibility for appropriate use of resources.
- Responsible for exchange of linen
- Ensuring patients have clean linen – changing beds in line with the required frequency

- Responsible for acting in such a way as to promote and safeguard patients, staff and visitors from the potential risk of cross infection from used linen.

5. Policy details

5.1. Contract Setting and Monitoring

A contract will be awarded to a linen provider who meets the requirements as outlined in:

- The National Framework for Laundry Services
- Health Technical Memorandum 01-04 (HTM 01-04): Decontamination of linen for health and social care.
- Guidance for linen processors implementing BS EN 14065 (2016) which has superseded the CFPP 01-04.

Consideration should be given to using more than one provider where deemed appropriate. The service provider must be able to demonstrate contingency stocks are available for such events as pandemic

Key stakeholders to this process are; Deputy Director of Estates and Facilities (Soft FM), Facilities Managers (including representation from other contractors used in the provision of these services e.g. ISS), Infection Prevention Team, Trust Decontamination Lead, Matron or other senior clinical representative, Supplies Manager and Corporate Finance Manager.

Consideration should be given to economies of scale and health economy wide contracting where appropriate in which case representatives from these organisations should be included.

In the event of an adverse incident, consideration should also be given to alternatives to re-usable linen products, such as disposable hoist slings, theatre drapes and gowns.

5.2. Use of Linen and Alternative to re-useable Linen

Linen services will provide daily pre-determined quantities of clean linen for storage either in designated cupboards or on the trolley provided. Linen requirements are agreed for individual wards or departments with Matron/Ward or Departmental Manager.

Additional supplies are available on request including out of hours:

Helpdesk	Worcester Royal Hospital	Tel: 33333
Service Desk	Alexandra Site	Tel: 44444
Kidderminster site	Duty Porter	Bleep 3253

It is expected that patients will use their own night wear, however the Trust has a limited supply of male and female night wear for emergency purposes. Patients are also encourage to dress in their own clothes during the day, supporting the Trust initiative to prevent PJ Paralysis.

Linen should be used for its intended purpose and users are expected to manage supplies to ensure stocks are not lost via external agencies (such as the ambulance service and patient transfers to social care agencies). An agreement exists with local ambulance services to allow a one for one exchange of linen when patients are admitted to A&E departments.

Alternatives to re-usable linen products are available on the market. Prior consideration should be given as to whether the product is fit for purpose, maintains dignity and privacy, is not cost prohibitive and is necessary. Disposable products negate the need to launder but

these will add to the Trust carbon footprint by increasing volumes of waste. Before implementing, please discuss with the relevant site Facilities Manager, the Infection Prevention Team and the Clinical Procurement Lead.

5.2.1. Segregation of Linen (Appendix 3 – Bagging Policy)

It is the responsibility of the nurse/person in charge of a ward /department to ensure that linen is segregated appropriately at all times. All linen may be segregated into the following three categories:

- Clean / Unused Linen (reject linen bag)
- Dirty / Used Linen
- Soiled / Infected Linen (to include red alginate liner)

5.2.2. General Principles to Prevent Infection

It is the responsibility of the person handling linen to ensure that it is segregated appropriately. Basic principles of infection prevention and control procedures must be adhered to, to minimise the risk of infection. These include:

- Change bedding carefully
- Bag linen at bedside
- Place potentially contaminated linen into dissolvable red liner and secure tightly
- Wear personal protective equipment (PPE) for handling used linen
- Use the national colour coding system
- Keep clean linen separate from used linen

5.2.3 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 the Trust staff. Once laundry has been decontaminated, every effort must be made to maintain its quality and cleanliness. Laundry should be delivered to the wards in a clean covered container.

Clean laundry must not be transported in containers used for used/soiled linen. 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 within the linen cupboard/trolley doors closed to prevent airborne contamination
- Stored in a clean, dust free environment
- Segregated from used/infected linen

Linen taken into an isolation room/cohort area and not used must be treated as infected linen and laundered before use.

No other items except clean pillows should be stored with linen (place on bottom shelf not above linen).

Any linen that is deemed not fit for purpose is returned to the linen room via the condemned linen process (see section 5.2.9) for re-imburement by the contractor.

Clean linen must not be stored in unsuitable areas such as the sluice, bathrooms, toilets, bed space.

Clean linen should not be decanted onto open trolleys unless for immediate use.

5.2.4. Dirty/Used Linen (Linen which is used but dry)

Appropriate personal protective equipment (PPE) should be worn when handling/ disposing of linen. Hands must be decontaminated following handling of used linen.

Staff must not carry used linen or leave items of linen on the floor This will minimise environmental and personal contamination.

Laundry bags should always be used when clearing away used linen from bed areas and the used linen carefully removed, avoiding any unnecessary agitation, and directly placed into the appropriate bag.

Linen bags should be no more than 2/3 full and tied securely to prevent spillage.

Dirty or soiled linen bags should be stored in 'dirty' linen cages and not on floor. They should not obstruct public thoroughfares, fire doors, or hand washing sinks

Staff should ensure that the linen does not contain sharps, clinical waste and non-clinical waste as they may harm the laundry operators at the commercial laundry or cause damage to machinery.

Dirty/used linen should be placed directly into a white plastic laundry bag at the point of use/bedside and removed to the linen disposal cupboard as necessary, wearing a disposable apron.

Dirty / Used linen **must not:**

- Be visibly soiled with blood or bodily fluids
- Have been used on source isolated patients

Procedure for Use of Red Water-soluble Alginate Bags/Infected Linen Packs:

- Place the linen inside the alginate bag at the point of use
- Items that are soaking wet should not be placed directly against the alginate bag surface as it will dissolve the bag membrane on contact, where possible place wet linen inside drier dirty laundry by putting drier linen in the bag first.
- Do not overfill the water-soluble alginate bag.
- Seal the alginate bag using the neck tie.
- Place the water-soluble alginate bag inside the white outer linen bag at the door of the room.
- A strip of 'Infected linen' tape should be placed on the top of bag.
- Remove sealed double bagged linen to soiled linen collection point immediately do not store in sluice or leave in room.

5.2.6. Theatre Linen:

- Dirty / Used Operating Theatre staff clothing should be placed into a white plastic laundry bag.
- Where re-usable tray wraps are used these should be placed in green plastic bag
- Infected / Soiled Operating Theatre linen and staff clothing should be placed into a red water-soluble alginate bag, then placed into a white outer bag.
- A strip of 'Infected linen' tape should be placed on the top of bag

Care should be taken to ensure that theatre instruments and sharps are not accidentally disposed of in linen.

Under no circumstances should theatre wear be laundered locally or at home and the Trust Dress Code in relation to wearing theatre wear must be adhered to at all times.

5.2.7. Trust Owned Return to Sender Items:

- Return to Sender items that belong to specific wards (e.g. slings, neonatal/paediatric blankets, etc) must be placed in a blue bag and placed on top of the linen trolley or taken directly to the linen room for processing. Non-infected items may be processed on site if appropriate and by prior arrangement with linen room staff.
- All items must have the hospital site and ward name clearly marked on them (this can be arranged through the linen room at the time of purchase)
- All return to sender items should be listed on a laundry receipt (supplied by Linen Rooms). The sender should keep the bottom copy of the ticket and send the top 2 copies to the laundry in the bag. The laundry will then return the item with a copy of the ticket for matching
- Infected/ Soiled return to sender items should be placed as normal directly into a red water-soluble alginate bag and secured, then placed into a red plastic outer bag.
- A strip of 'Infected linen' tape should be placed on the top of bag.

5.2.8. Patient's Personal Laundry:

Patient/relatives/carers must be encouraged to wash personal laundry at home, as the safe return of personal laundry off site cannot be guaranteed. Many microorganisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Any remaining microorganisms are likely to be destroyed by tumble drying and ironing.

Relatives/carers must be advised before they home- launder the personal laundry if it is heavily contaminated. If this is the case then the linen should be washed separately from other clothes. They must also be advised of the importance of washing their hands after handling dirty laundry.

Patient's personal laundry must be placed in a clear plastic bag, which is then placed into a patient's property bag to protect the patient's dignity. The red water-soluble bags must not be used even if the laundry is infected, as domestic laundry machines will not reach the required temperature to melt the bag, which could lead to damage or blocking of the machine and/or drains.

Management of heavily soiled patient clothes - permission must be sought from the patient and/or their relatives to dispose of heavily soiled clothing by disposing into clinical waste.

5.2.9. Infested Linen

For advice on specific parasites, refer to relevant section in WAHT-INF-010 Protocol for Management of Infections due to Parasites.

5.2.10. Laundry which would remain hazardous following normal processing or for which additional precautions are required:

The use of disposable linen should always be considered when caring for a patient with a 'high possibility of' or 'confirmed' VHF infection OR any of the following organisms. Whether disposable or reusable linen has been used this MUST be disposed of as Category A waste (hazardous waste stream).

- Bacillus anthracis (Anthrax)
- Rabies
- Tropical pyrexia of unknown origin
- Lepromatous Leprosy
- Bioterrorism agents e.g. Smallpox
- CJD where CSF has leaked onto laundry items
- Any Hazard Group 4 organisms including Viral Haemorrhagic fevers.

For Further Guidance Refer to:

WAHT-INF055 Creutzfeldt–Jakob Disease (CJD) and variant CJD (VCJD)
WAHT-INF-022 Quick Guide for the Management of Viral Haemorrhagic Fevers (VHFs)
WAHT-INF-045 Isolation and Bed Management Policy
WAHT-INF-010 Protocol for the Management of Infection Due to Parasites

5.2.11. Condemned or Unfit Linen

Clean unused linen deemed not fit for purpose (heavily stained, torn, or rough in texture) should be placed in a separate green plastic reject bag and returned to the hospital linen room. Linen deemed not fit for purpose should not be placed in the same bag as used linen for laundry as it will remain in general use and the Trust will be recharged for its handling.

Complaints about laundry or linen quality should be made to:

Linen Services Manager	Alexandra	Tel 44444
Linen Services Manager	Kidderminster	Tel 44444
ISS Manager	Worcestershire Royal Hospital	Tel 33333

5.2.12. Fabric Curtains/Disposable Curtains

Where fabric curtains are used there must be a planned programme of curtain change in place, in line with the frequency detailed in the cleaning responsibility framework (Appendix 5).

- Disposable curtains must be changed in line with the planned programme, as detailed in the cleaning responsibility framework, or sooner if visibly dirty or if directed by the IPCT. If fabric curtains are changed due to infection prevention guidance they need to be doubled bagged as infected linen i.e. placed in a red water-soluble bag and then placed into a white plastic impermeable laundry bag.

5.2.13. Local Laundering

Where facilities exist for local laundering, there should be a separate procedure in place for these areas which must be followed in conjunction with this policy. This may include Neonatal Unit baby clothing and specialist neonatal items.

Many microorganisms will be physically removed from the linen, by the detergent and water, during the washing cycle of a well-made “A”-rated (for washing performance) washing machine for household use.

The items should be washed in the highest suitable temperature in accordance with the garment care label.

6. Implementation

6.1. Plan for Implementation

A plan for implementation is available in Section 10. It is intended the policy will be ratified through the Trust Infection Prevention and Control Committee prior to dissemination.

6.2. Dissemination

Dissemination is outlined in the implementation plan available at in Section 10.

6.3. Training and Awareness

The approved policy will be communicated to all relevant staff. Dissemination of the policy will be via an email alert to ward and departmental managers who will then be able to access the policy via the [Facilities Services intranet site](#) supported by Matrons and IPC Link Nurses.

7. Monitoring and Compliance

Section / page no:	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out?	Responsible for carrying out the check:	Results of the check reported to: <i>(Responsible for also ensuring actions are developed to address areas of non-compliance)</i>	Frequency of reporting:
No.	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	External Laundry	Duty of Care Inspection	Annually	IPCT Facilities Manager Facilities Quality & Compliance Manager	TIPCC Provider Laundry	
	Service Provider	Discussion of compliance & future developments	Monthly	IPCT Head of Facilities	PEOG TIPCC	Quarterly
	Use and Management of linen	IPS Audit of Practices	Annually and in response to an incident	IPCT		
	Use and Management of linen	Linen Service User Survey	Annually	Linen Services Manager		
	Reject Linen	Exception Reporting		Facilities/Linen Services Manager		
	Use and Management of linen	Monitoring Audits, in line with the Linen Responsibility Framework (appendix 4)	6 monthly	Trust Monitoring Team	Ward/ Department Managers	Quarterly

8. Policy Review

The Lead Nurse for Infection Prevention and Control in conjunction with the Facilities Services Managers (including PFI) will review the policy to reflect changes in mandatory and statutory requirements as they are notified and occur. The policy will be reviewed every three years and approved by the Expert Forum for Infection Prevention and Control (formerly known as TIPCC).

9. References

Reference
DOH 2015 Health and Social Care Act Code of Practice 2008
Health and safety at Work Act (1974)
Management of Health and Safety at Work regulations (1999)
Control of Substances Hazardous to Health regulations (2002)
Health Technical Memorandum 01-04 (HTM01-04): Decontamination of linen for health and social care - Guidance for linen processors implementing BS EN 14065 (2016)
Health Technical Memorandum 01-04 (HTM01-04) Decontamination of linen for health and social care. Management and Provision

10. Background

10.1. Equality requirements

See Supporting Document 1

10.2. Financial risk assessment

See Supporting Document 2

10.3. Consultation

Policy requires compliance with national standards and therefore has reduced the area of consultation to the Infection Prevention and Control Team, Housekeeping Services prior to ratification by Trust Infection Prevention and Control Committee.

Contribution List	
Key individuals involved in developing the document:	
Name	Designation
Helen Mills	Facilities Quality & Compliance Manager
Julie Booth	Deputy Director of Infection Prevention and Control
Lara Bailey	Senior Infection Prevention and Control Nurse
This key document has been circulated to the following individuals for consultation:	
Name	Designation
All members Trust Infection Prevention & Control Committee	
Craig Holland	Facilities Manager - Trust
Chris James	ISS Operations Manager
Emma King	Deputy Director of Estates & Facilities (Soft FM)
Julie Booth	Deputy Director of Infection Prevention and Control
Lara Bailey	Senior Infection Prevention and Control Nurse

This key document has been circulated to the chair(s) of the following committees / groups for comments:

TIPCC

10.4. Approval Process

A checklist for review and approval of key documents has been completed and is attached as Supporting Document 1.

10.5. Implementation Plan

Action	Person responsible	Timescale
Ratify policy through Expert Forum for IPC	LNIPC	
Ratify policy at Key Documents Approval Group	LNIPC/ Facilities Manager	
Agenda Policy for next available site Senior Nurses meeting to launch to Matrons	Heads of Nursing	
Agenda Policy for next available PEOG	Facilities Manager	
Launch to Trust IPC Link Practitioners at next scheduled study day	LNIPC	
Upload document to Facilities/Estates/ PFI Services Intranet Site with link to same from IPC Intranet site and send alert email to ward and departmental managers for ongoing dissemination	Facilities Quality & Compliance Manager	

10.6. Plan for Dissemination

Disseminated to	Date
Matrons at Senior Nurses Forum	
IPC Link Practitioners	
All staff by departmental managers	

11. Appendices
11.1. Appendix 1

ALEXANDRA HOSPITAL

REJECTED LINEN

Week commencing

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
1100	Sheets								0
1120	Pillowcases								0
1140	Draw Sheets								0
1161	Bath Towels								0
1200	Blankets - White								0
1216	Dual Covers - Green								0
1245	Baby Sheets								0
1261	Baby Blankets								0
1300	Patient Gowns								0
1352	Nightdresses								0
1367	PJ Tops								0
1371	PJ Bottoms								0
1390	Dressing Gowns								0

Comments	TOTAL	0

Signature	Name

11.2. Appendix 2

REJECT LINEN SHEET

Hospital _____ Week ending _____



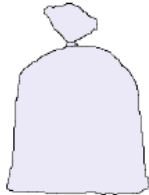


ITEM	STAINED	CREASED	HOLES	OTHER	TOTAL
Blanket-cell					
Blanket-crib					
Blanket-cot					
Blanket- Ivory					
Coats-white					
Curtains					
Gowns-child					
Gowns-dressing					
Gowns-patient					
Nightdress					
Nightshirt					
Pillowcases					
Scrub bottoms					
Scrub tops					
Sheet-crib					
Sheet-cot					
Sheets-draw					
Sheets-flann					
Sheets-single					
Towels					
Tops-pyjama					
Trouser-pyjama					

Signed _____

11.3. Appendix 3



CFPP 01-04 Soiled Linen Bagging Procedure

	CATEGORY	DESCRIPTION	SPECIAL NOTES	COLOUR	PICTURE
A	Used and soiled linen	All used and soiled linen (including patient wear) for example nightwear, patient gowns etc.	Place into a white polythene bag; this now includes linen and patient wear that is soiled with blood, faeces, vomit and urine. Do not place soiled linen in white bags if its known as infected linen.	White Polythene Bags	
B	Infected linen	All used and soiled linen including patient wear from patients with known infections or suspected infectious.	Put in to a red soluble (alginate) bag and tie, then into a WHITE polythene bag. The outer bag must be tied and attach tape round the neck of the bag which indicates 'infected linen'	Red Soluble Bag Inside a White Polythene Bag	
C	Return to Sender items (RTS)	Items owned by the Trust / Hospital / ward, for example uniforms, glide sheets, baby sleeping bags etc.	All items must be labeled, with Dept, Hospital name. Any items sent not labeled may not be returned. If you have any Return to Sender items that are infected, follow instruction B	Clear Polythene Bag	
D	Theatre linen, drapes and gowns	All theatre linen except that which is known to be infected (category B).	Use only Synergy blue provider bags	Blue polythene bag – Printed drapes and gowns	
E	Rejected clean linen (unused)	Any clean linen which is found to be unusable (i.e torn, stained, etc not fit for purpose)	All rejected linen must be placed in a green polythene bag for returned through the specific process agreed with the Trust.	Green Polythene Bag	

Important Notes

Before fastening any bag, make sure it is no more than **three quarters full**, (bags that are too heavy may not be collected and could cause manual handling issues)

Dirty linen may not be collected if any of the above procedures are breached.

Do not send any other items such as pillows, patient belongings etc within the soiled linen.

11.4. Appendix 4

Linen Responsibility Framework

Item/element	Staff group	Pass requirements
1. Linen Storage	Ward and department staff	Clean linen should be stored neatly within the designated ward linen storage area with closed doors to provide a barrier from airborne contamination, and only removed as and when it is needed. It is not to be stored in patient areas.
2. Linen Cupboard (if applicable)	Ward and department staff	Make sure the cupboard environment is clean and in a good state of repair for the storage of clean linen.
	Domestic staff	Make sure the cupboard environment is clean and in a good state of repair for the storage of clean linen.
3. Linen Trolley (if applicable)	Ward and department staff	Make sure the trolley is clean and in a good state of repair for the storage of clean linen.
	Domestic staff	Make sure the trolley is clean and in a good state of repair for the storage of clean linen.
4. Disposable Curtains	Domestic staff	Make sure disposable curtains are replaced when contaminated/damaged or every 6 months whichever comes sooner. Date panel must be filled in appropriately.
5. Dirty Linen Storage	Ward and department staff	Dirty linen should be taken to the designated dirty linen storage area immediately after use, not to be stored in patient areas.
6. Dirty Linen Trolleys	Ward and department staff	Trolleys should be stowed away safely when not in use (this would usually be in the dirty utility room). Dirty linen bags should not be overfilled.

11.5. Appendix 5

Cleaning responsibility framework

Cleaning parameters for all elements	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains, or spillages.
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Element	Responsibility group	Minimum cleaning frequency		
		FR1	FR2 & FR3	FR4, FR5 & FR6
1. Bed pan (reusable), bed pan holder, patient washbowls (non-disposable) ** must be stored inverted as patient specific and not be stacked inside each other	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
2. Bed pan washer, macerator, isolation trolleys, patients own wheelchair, portable privacy screens	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
3. Other sluice equipment including sluice sink and equipment holders, bedpans/holders, slipper pans, urine bottles, urine jugs	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
4. Commodes	Ward and department staff	One full sporicidal clean daily and between patient use	One full sporicidal clean daily and between patient use	One full sporicidal clean daily and between patient use
5. Patient hoists	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
6. Weighing scales, manual handling equipment (including neonatal, seated and standing scales)	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use

7a. Medical equipment e.g. intravenous infusion pumps, drip stands and pulse oximeters, medical gas bottles and stands, walking aids. Refer to local protocol for medical equipment connected to and not connected to a patient.	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
7b. Other medical equipment NOT connected to a patient including cardiac monitors, blood pressure cuffs, Oxygen/suction equipment, ventilator equipment, scanners, pillows, cushions, Oxygen sat probes, wall humidifiers, IV stands, IV pumps/syringe drivers, blood gas machines, portable nebulisers	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
7c. Other medical equipment connected to a patient including cardiac monitors, blood pressure cuffs, Oxygen/suction equipment, ventilator equipment, scanners, Oxygen sat probes, wall humidifiers, IV pumps/syringe drivers, blood gas machines, portable nebulisers, catheter stands	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
7d. Ward and departmental specific equipment and furnishings - investigation, treatment, laboratory, Radiology, Orthodontic and workshop equipment and work surfaces, touch surfaces of examination lamps	Ward and department staff	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use
8a. Wheelchairs used by Porters	Portering staff	Full clean including body fluids between each patient use.	Full clean including body fluids between each patient use.	Full clean including body fluids between each patient use.
8b. Wheelchairs used by Patients/Visitors – wipes will be installed available for user to clean before or after use	Portering staff	Weekly full clean or sooner if soiled	Weekly full clean or sooner if soiled	Weekly full clean or sooner if soiled
9a. Patient fans including accessible blades (routine cleaning of external surfaces as part of routine clean)	Domestic staff	One full clean daily	One full clean daily	One full clean daily

9b. Patient fans (between patient use)	Ward and department staff	Full clean of external surfaces	Full clean of external surfaces	Full clean of external surfaces
9c. Portable air conditioning units and portable air scrubbers (routine cleaning of external surfaces as part of routine clean) *internal cleaning of the units is part of the unit PPM.	Ward & department staff	One full clean daily	One full clean daily	One full clean daily
10a. Patient TV's/Hospedia including screen and hand set – inpatient daily	Domestic staff	One full clean and one check clean daily.	One full clean and one check clean daily.	One full clean daily
10b. Patient TV's/Hospedia screen and hand set – standard nurse discharge clean	Ward and department staff	Clean between patient use, change head set	Clean between patient use, change head set	Clean between patient use, change head set
11a. Ward and department storage and transportation - drugs cupboards/trolleys/fridges, medical notes trolleys, ward based gas cylinders and trolleys, clinical equipment and materials cupboards/ shelving/ storage racks, leaflet holders	Ward and department staff	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly
11b. Ward and department storage and transportation - resuscitation trolleys, dressings trolleys NB – resuscitation trolley with covers check clean and dust cover daily, full clean monthly and after use	Ward and department staff	One full clean daily and between use	One full clean daily and between use	One full clean daily and between use
11c. Materials management racking and storage – managed by PFI Hard FM Provider (Equans)	PFI Hard FM Provider (WRH)	6 monthly full clean		
12. Chairs (not examination/treatment chairs) and couches	Domestic staff	One full clean daily	One full clean daily	One full clean daily

13a. Beds, new-born cots, paediatric cots and incubators (occupied) (including bed controls and nurse call bells) **upper bed frames in general wards, complete bed frames in HDU/ITU	Ward and department staff	Between patient use	Between patient use	Between each patient
	Domestic staff**	Daily bed space clean	Daily bed space clean	N/A
13b. Beds (occupied) **lower frame, hydraulics and underneath	Domestic staff	Weekly full clean	Weekly full clean	Weekly full clean
13c. Annual deep clean of bed and bed-space trollies, to include all surfaces, hydraulics, wheels and removal of side panels. (may be picked up as part of an isolation/outbreak clean)	Domestic staff	Annually		
14. Beds, new-born cots, paediatric cots and incubators (between use) (including bed controls and nurse call bells) Complete frame, pillows, mattress including checking for damage *Cleaning of the above in isolation rooms or following an outbreak will be undertaken by Deep Clean Team*	Ward and department staff	Between patient use	Between patient use	N/A
15. Examination/treatment chairs, bed space trollies and couches – routine cleaning of lower frame and underneath	Ward and department staff	Between patient use	Between patient use	Between patient use
16. Children’s toys in clinical areas	Ward and department staff	One full clean daily and between patient use	Full clean between patient use and full clean daily when not used	Full clean between patient use and full clean daily when not used
17. Switches, sockets and data points, trunking, handrails and wall fixtures	Domestic staff	One full clean daily	One full clean daily	One full clean daily
18. Walls (including skirting boards) - accessible up to 2 metres	Domestic staff	Check clean daily. Dust weekly	Check clean daily. Dust weekly	Check clean weekly. Dust monthly

<p>19. Ceilings and walls - not accessible above 2 metres and ceiling lights - routine dust/cobweb removal from ceilings that can be cleaned using Domestic services equipment</p>	<p>Domestic staff</p>	<p>Twice weekly</p>	<p>One full clean and one check clean weekly</p>	<p>One full clean weekly</p>
<p>20. Floors - polished and non-slip</p>	<p>Domestic staff</p>	<p>Dust removal two full cleans daily. Damp mop two full cleans daily Machine clean and polish/buff as part of planned programme of work. Strip and reseal as necessary</p>	<p>Dust removal one full clean and one check clean. Damp mop one full clean and one check clean daily. Machine clean and polish/buff as part of planned programme of work. Strip and reseal as necessary</p>	<p>Dust removal daily. Damp mop daily Machine clean and polish/buff as part of planned programme of work. Strip and reseal as necessary</p>
<p>21. Soft floor</p>	<p>Domestic staff</p>	<p>N/A</p>	<p>N/A</p>	<p>One full clean daily. Shampoo yearly</p>
<p>22. Doors (including handles and ventilation grilles)</p>	<p>Domestic staff</p>	<p>One full clean daily</p>	<p>One full clean daily</p>	<p>One full clean daily</p>
<p>23. All windows including frames where possible</p>	<p>Contractor via Domestic Services</p>	<p>As per programme 4 monthly WRH Adhoc Alex/KTC</p>	<p>As per programme 4 monthly WRH Adhoc Alex/KTC</p>	<p>As per programme 4 monthly WRH Adhoc Alex/KTC</p>

24. Internal glazing including partitions (excluding mirrors and windows)	Domestic staff	One full clean daily	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly
25. Mirrors	Domestic staff	One full clean daily	One full clean daily	One full clean daily
26. Dispensers - Hand wash, toilet paper, glove and apron dispensers, wipe dispensers, waste bag dispensers and paper towels/rolls	Domestic staff	One full clean daily and one check clean. Weekly inside clean	One full clean daily and one check clean. Weekly inside clean.	One full clean daily and one check clean. Weekly inside clean.
26b. Dispensers - Alcohol hand cleaning product and other disposable items used in patient care	Ward and department staff	Regular checks and clean entire dispenser when replenishing	Regular checks and clean entire dispenser when replenishing	Regular checks and clean entire dispenser when replenishing
26c. Alcohol hand cleaning product – clean external surfaces of wall fitted dispenser and replenish stocks	Domestic staff	One full clean daily	One full clean daily	One full clean daily
27. All elements of showers	Domestic staff	One full clean and one check clean	One full clean and one check clean	One full clean daily
28. Toilets, bidets, urinals - raised toilet seats (twice) and frames (daily) (Alex/KTC as part of toilet clean)	Domestic staff	Two full cleans and one check clean daily	(Wards)Two full cleans and one check clean daily (Departments) Two full cleans daily	One full clean daily

29a. Routine cleaning of sinks/basins	Domestic staff	Two full cleans daily	(Wards)Two full cleans daily (Departments Alex/KTC) Two full cleans daily	One full clean daily
29b and 30b. Sanitary fittings - check cleaning of sanitary fittings in between each patient use – including toilets, showers, baths, raised toilet seats and frames	Ward and department staff	After each use	After each use	After each use
30a. Routine cleaning of assisted baths (external), conventional baths	Domestic staff	One full clean and one check clean daily	One full clean and one check clean daily	One full clean daily
31. Radiators (routine cleaning of external surfaces)	Domestic staff	One full clean daily	One full clean daily	One full clean daily
31b. Radiators (cleaning of internal surfaces) (this will necessitate liaising with Estates to remove covers) *IPC may request one-off cleans subject to dynamic risk assessment	Domestic staff	Quarterly	Annually	Annually
32. Low surfaces such as ledges, window sills	Domestic staff	One full clean and one check clean daily	One full clean daily	One full clean daily
33. Middle surfaces - window sills, non-patient furniture, tables, desks, shelves and ledges, work surfaces and cupboards exteriors.	Domestic staff	One full clean and one check clean daily	One full clean daily	One full clean daily
33b. Nurse station desk	Ward and department staff	One full clean daily	One full clean daily	One full clean daily

34a. High level Surfaces - routine cleaning of high surfaces which can be cleaned using domestic services equipment, including curtain rails and dust removal from ceiling edges. High surfaces include curtain rails, staff locker tops that are accessible, and high surfaces around patient bed areas.	Domestic staff	Twice weekly	Twice weekly	One full clean weekly
34b. High level cleaning where there is a requirement for a special arrangement, specialist training or specialist equipment including ceiling fans	Estates staff	Annual planned programme or more frequent if visibly dirty	Annual planned programme or more frequent if visibly dirty	Annual planned programme or more frequent if visibly dirty
35a. Lockers – bedside (Occupied) - External surfaces only	Domestic staff	Twice daily	One full clean daily (WRH) Twice daily (Alex/KTC)	N/A
35b. Lockers – bedside (Occupied) – internal and storage surfaces	Ward and department staff	Daily check clean	Daily check clean	N/A
35c. Lockers - bedside (between patients) *Cleaning of the above in isolation rooms or following an outbreak will be undertaken by Deep Clean Team (when available)*	Ward and department staff	Between patient use	Between patient use	N/A
36a. Over bed tables and dining tables	Domestic staff	One full clean daily	One full clean daily	One full clean daily
36b. Over bed tables after meals	Ward and department staff	After each meal	After each meal	After each meal

37a. Waste receptacles – ward and department	Domestic staff	One full clean and one check clean daily. Weekly deep clean	One full clean and one check clean daily. Weekly deep clean	One full clean daily. Deep clean weekly
37b. Waste collection – ward and department - (clinical staff request additional bag empty via service/help desk if become more than 2/3 full)	Domestic staff	Dispose of waste and replace bag twice daily	Dispose of waste and replace bag twice daily	Dispose of waste and replace bag once daily
38. Linen exchange trolleys (Alex/KTC only)/general purpose trollies	Domestic staff	Daily full clean	Daily full clean	N/A
39a. Replenishment of bedside alcohol hand gel and disposable items used in patient care (located in ward or department)	Ward and department staff	Regular checks	Regular checks	Regular checks
39b. Replenishment of hand wash, toilet paper and paper towels. Replenishment of alcohol hand gel in public areas	Domestic staff	Check twice daily and as required	Check twice daily and as required	Check daily and as required
40a. Wall and ceiling vents and surrounding surface (full clean)	Estates staff (WRH)	6 monthly planned programme. More frequent if visibly dirty	6 monthly planned programme. More frequent if visibly dirty	6 monthly planned programme. More frequent if visibly dirty
	Domestic staff (KTC & ALEX)	6 monthly planned programme. More frequent if visibly dirty	6 monthly planned programme. More frequent if visibly dirty	6 monthly planned programme. More frequent if visibly dirty
41a. Lighting including overhead, bedside, wall mounted examination lights both fixed and portable	Domestic staff	Dust removal one full clean daily. Full clean weekly	Dust removal one full clean daily. Full clean weekly	Dust removal one full clean daily. Full clean weekly

41b. Touch surfaces of examination lamps	Ward and department staff	Between patient use	Between patient use	Between patient use
42. Electrical items in multiuse areas - specifically computers and phones, computers on wheels, and workstations on wheels	Ward and department staff	Scheduled regular cleaning	Scheduled regular cleaning	Scheduled regular cleaning
43a. Ad hoc changing of soiled/damaged window curtains	Fast Response Team	As required	As required	As required
43b. Changing of window and screen curtains following an outbreak	Fast Response team	As required	As required	As required
43c. Routine changing of window and bed curtains	Fast Response Team/ Domestic staff	Windows – annually Bed space – monthly	Windows – annually Bed space – three monthly	Window - annually Bed space – six monthly
43d. Blinds ** must be wipeable	Domestic staff or contractor if necessary	Annually	Annually	Annually
43e. Clear cubicle curtains/screens	Domestic staff	Daily spot clean. Weekly – full clean	Daily spot clean. Weekly – full clean	Daily spot clean. Weekly – full clean
43f. Clear cubicle curtains/screens – as part of discharge clean	Ward and department staff	Full clean on patient discharge	Full clean on patient discharge	Full clean on patient discharge
44. Dishwasher	Catering Hostess Domestic staff KTC	After each use	After each use	After each use

45a. Patient food fridges	Ward and department staff	Twice daily temperature monitoring, check clean and disposal of inappropriate or out of time/date food	Twice daily temperature monitoring, check clean and disposal of inappropriate or out of time/date food	Twice daily temperature monitoring, check clean and disposal of inappropriate or out of time/date food
45b. Patient food fridges (routine cleaning)	Catering Hostess	Three check cleans and one full clean daily	Three check cleans and one full clean daily	One full clean daily
45c. Staff food fridges, freezers	Ward and department staff	Daily temperature monitoring and check clean. Weekly full clean	Daily temperature monitoring and check clean. Weekly full clean	Daily temperature monitoring and check clean. Weekly full clean
46. Fridges and freezers clinical (including but not limited to bloods fridges, medicine fridges, ice freezers for physio departments)	Ward and department staff	External weekly, internal 3 monthly or when visibly soiled	External weekly, internal 3 monthly or when visibly soiled	External weekly, internal 3 monthly or when visibly soiled
47a. Hot water boilers (external surfaces, including drip tray)	Domestic staff	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly
47b. Ice machines (external surfaces, including drip tray)	Ward and department staff	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly	One check clean daily. One full clean weekly
47c. Water dispensers (external surfaces, including drip tray) (Contact housekeeping for descaling Alex/KTC)	Ward and department staff	One check clean daily. One full clean weekly external surfaces	One check clean daily. One full clean weekly external surfaces	One check clean daily. One full clean weekly external surfaces

48a. Patient zonal kitchen cupboards (check and disposal of out of date food items)	Catering staff	Daily check clean and disposal of inappropriate or out of time/date food	Daily check clean and disposal of inappropriate or out of time/date food	Daily check clean and disposal of inappropriate or out of time/date food
48b. Patient zonal kitchen cupboards and drawers - routine cleaning	Domestic staff Catering Hostess (WRH)	One full clean weekly	One full clean weekly	One full clean weekly
48c. Staff Kitchen cupboards and drawers (if applicable)	Ward and department staff	One check clean daily. Weekly full clean.	One check clean daily. Weekly full clean.	One check clean daily. Weekly full clean.
48d. Staff crockery and cutlery based in ward or department	Ward and department staff	After each use	After each use	After each use
48e. Patient kitchen surfaces, external surfaces of toasters	Catering hostess (WRH) Domestic staff(Alex/KTC)	One full clean daily	One full clean daily	N/A
49a. Microwaves used for patient foods ** Food Safety Policy states that the use of microwaves should be actively discouraged and under no circumstances should they be used to reheat patients' food	Domestic staff (Alex/KTC) Domestic staff (Catering staff WRH)	After each use – nurse to wipe up spillages at time of use External surfaces daily	After each use – nurse to wipe up spillages at time of use External surfaces daily	After each use – nurse to wipe up spillages at time of use External surfaces daily

49b. Microwaves for staff use	Ward and department staff	After each use	After each use	After each use
50. Cleaning equipment (e.g. cleaners trolley, mops) Nurse cleaning equipment is disposable mop head, re-usable stale and bucket refer to poster re: storage.	All for own equipment	Clean after each use	Clean after each use	Clean after each use
51a. Beverage trolley – drain, clean, refill and replenish stocks. Descale tap weekly or as required. Catering Alex to deep clean cartridge system when re-stock and also carry out weekly deep clean of whole trolley. Annual internal descale by contractor.	Catering hostess (WRH) Domestic staff (Alex/KTC)	One full clean twice daily and weekly deep clean	One full clean twice daily and weekly deep clean	One full clean twice daily and weekly deep clean
51b. Beverage trolley – dispose of waste in black waste stream, clean main work surface and hot water tap, refill and replenish stocks if necessary.	Ward and department staff	After each use	After each use	After each use
52. Pest control devices	Contract managed by Domestic Services Alex/KTC and Engie WRH. Contact via service/help desk			

Item/element	Staff group	Minimum cleaning frequency		
		FR1	FR2	FR4
Miscellaneous items and tasks				
M1. De-scaling shower heads, taps, basins and sinks	Estates staff	Quarterly planned programme. More frequent if visibly stained or as indicated by risk assessment	Quarterly planned programme. More frequent if visibly stained or as indicated by risk assessment	Quarterly planned programme. More frequent if visibly stained or as indicated by risk assessment
	Domestic staff			
M2. Electrical items, high level balustrades (atrium)	Estates staff	When visibly soiled	When visibly soiled	When visibly soiled
M3. Following maintenance	Operational Estates staff	As required	As required	As required
	Domestic staff (Alex/KTC)			
M4. Refurbishment, new build or estates project	Estates development	As required	As required	As required
	Domestic staff (Alex/KTC)			
M5. Ward/department telephones used by patients	Ward and department staff	After each use	After each use	After each use
M6. Media and admin equipment and ad hoc ward items hi-fi, radio, telephones, clipboards, flower vases, computers/ keyboards/screens, printers/photocopiers, fax, accessories (stapler, hole punch etc.)	Ward and department staff	Scheduled regular cleaning	Scheduled regular cleaning	Scheduled regular cleaning
M7a. Body fluids - Spillages in clinical areas and in main corridor and public areas when Domestic Services staff not on duty	Ward and department staff	After every occurrence	After every occurrence	After every occurrence

Item/element	Staff group	Minimum cleaning frequency		
		FR1	FR2	FR4
M7b. Body fluids - Spillages in main corridor and public areas	Domestic (WRH) or Fast Response Team when on duty (Alex/KTC/WRH)	After every occurrence	After every occurrence	After every occurrence
M7c. Body fluids - Spillages in external grounds of hospitals	Estates	After every occurrence	After every occurrence	After every occurrence
M8. Wash up patients' water jugs and tumblers (routine) (Mechanical dishwasher in Catering in some premises)	Domestic staff	Twice Daily (Alex) Once daily (KTC/WRH)	Twice Daily Once daily (KTC/WRH)	Twice Daily Once daily (KTC/WRH)
	Catering hostess (WRH)			
	Ward and department staff (KTC)			
M9a. Patient transfer trolleys (between use), frame, handles, sides and mattress including checking for damage	Ward and department staff	Following each use	Following each use	Following each use
M9b. Patient transfer trolleys (routine cleaning of handles and top of frame)	A&E Portering staff	Between uses	Between uses	Between uses
M9c. Patient transfer trolleys full clean frame, handles, sides, mattress and underneath tray	Ward and department staff	Weekly full clean	Weekly full clean	Weekly full clean
M10. Portering equipment trolleys, tugs etc.	Portering staff	Daily check clean. Weekly full clean	Daily check clean. Weekly full clean	Daily check clean. Weekly full clean
M11. Other departmental equipment managed by clinical teams i.e. theatre equipment	Ward and department	Departmental protocol	Departmental protocol	Departmental protocol

	staff			
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12. Supporting Document 1 – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Emma King, Deputy Director of Estates and Facilities (Soft FM)
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Helen Mills	Facilities Quality & Compliance Manager	Helen.mills12@nhs.net
Date assessment completed	20.08.24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for the Management of Linen and Laundry Services
What is the aim, purpose and/or intended outcomes of this Activity?	<p>This Policy defines the responsibility of managers and staff to ensure correct, safe handling and disposal of contaminated (used) laundry, and the correct, safe distribution and storage of clean linen to minimise infection risk throughout Worcestershire Acute Hospitals NHS Trust.</p> <p>This policy provides a robust framework for the management of linen and laundry services for patients, staff and users of the Worcestershire Acute Hospitals NHS Trust.</p>

	It covers the service provider contract, contract monitoring, on site laundering of specialist items, transportation and storage of clean and soiled linen, segregation of infected linen and use of linen.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Communities <input type="checkbox"/> Other _____		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	<p>This policy has been written in line with:</p> <p>Health Technical Memorandum 01-04 (HTM01-04): Decontamination of linen for health and social care - Guidance for linen processors implementing BS EN 14065 (2016)</p> <p>Health Technical Memorandum 01-04 (HTM01-04) Decontamination of linen for health and social care. Management and Provision</p>			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	This policy has been peer reviewed at the Patient Environment Operational Group, and was ratified at TIPCC			
Summary of relevant findings	The policy has been deemed fit for purpose			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	<input checked="" type="checkbox"/>			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Disability	<input checked="" type="checkbox"/>			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Gender Reassignment	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Marriage & Civil Partnerships	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Pregnancy & Maternity	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Race including Traveling Communities	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Religion & Belief	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Sex	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Sexual Orientation	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	✓			Having a policy to ensure that the management and delivery of linen and laundry services at WAHT is compliant and safe is of benefit to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None			

How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At the policy review date			

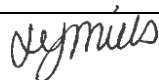

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	20.08.2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	23.08.24
Comments:	



13. Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
[Insert comments here]		

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval