



Public – To be published on the Trust external website

Title: Laundering and Safe Handling of Linen and Clothing

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1 Introduction

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections (2015) sets out criteria by which NHS organisations must ensure that the risk of Healthcare Associated Infections (HCAI's) are kept to a minimum. An adequate laundry service must be available to provide care that is both safe for patients and staff.

NHS providers must provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. Therefore, to minimise the risk of infection the trust must ensure that:

- The storage, supply and provision of linen and laundry are appropriate for the level and type of care.
- Procedures must include laundry arrangements for the correct classification and sorting of used and infected linen

This procedure supports Our Journey to Change (OJTC) as set out in the [Infection Prevention and Control Policy](#).

2 Purpose

Following this procedure will help the Trust to:

- Ensures that all staff are aware of their responsibilities regarding 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.
- Give clear guidance to staff in relation to the procedure for the management of laundry and linen used
- Separate used linen into the correct bag(s).
- Wash at the correct temperature to minimise the risk of infection.

The provision of clean linen is a fundamental requirement of care. Incorrect handling, linen processing and storage of linen can pose an infection hazard. Infection can be transferred between contaminated and uncontaminated items of linen and the environments in which they are stored.

Laundry that is provided must be fit for purpose as follows: -

- Must look visibly clean.
- Must be the right material.
- Must not be damaged or discoloured.

3 Who this procedure applies to

This procedure applies to all staff employed by the Trust.

- The Infection Prevention and Control Team (IPCT) provide education, training and support to all trust staff to ensure trust wide engagement with all clinical teams informing of this procedure.
- This procedure aligns with Trust values as we collaborate with staff and respect their views. We ensure any staff member can discuss their needs so that standards are maintained while individual requirements can be recognised and supported to align with measures detailed in this procedure.

4 Related documents



The [Infection Prevention and Control Policy](#) provides direction to all Trust staff on IPC principles and practices which all staff must read and understand. The [Standard Infection Control Precautions procedure](#) defines the universal standards for IPC which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- [Hand hygiene](#)
- [Decontamination of equipment](#)
- [Infectious diseases](#)
- [Waste management policy](#)

5 How to handle and safely launder linen and clothing

As a Trust we have a duty of care to provide linen to our patients. Providing assurance that the linen in use is suitable for use and complies to all associated regulations within healthcare.

Patients own linen must only be used in exceptional circumstance and must be risk assessed on suitability. The risk assessment must include safety within the patient group including ligature risk and comply with Fire Regulations and this guidance.

5.1 Good practice prompts

When handling used, soiled, fouled and infected linen, it is essential that care is taken to prevent the spread of infection.

- Wear a disposable apron when dealing with all used linen.
- Always wear disposable gloves and apron when handling fouled and/or Infected linen and dispose of immediately in the appropriate bag.
- Always wash hands thoroughly after handling used laundry.
- Handle linen with minimum movement / shaking to reduce risk of environmental contamination.
- Do not place used linen on floors or carry it against uniforms.
- Staff must ensure cuts and grazes are covered with a waterproof plaster when handling all linen.
- Laundry staff must not open water-soluble bags, the bag must be placed directly in the washing machine.
- Do not overfill laundry receptacles
- Ensure segregation of clean and dirty items/areas within the laundry room, reducing the risk of cross contamination.

5.2 Security and labelling



You **must**:

- Fasten bags containing laundry securely before transporting to a laundry, or within an onsite unit
- Only fill the laundry bags $\frac{3}{4}$ (three quarters) full to comply with the manual handling policy. This will also prevent spillage from the laundry bag

5.3 On site laundry



Where laundering has been agreed and is carried out within units or wards, the following principles apply:

- Keep the laundering area separate from kitchens and other clinical rooms. Within rehabilitation/activity of daily living settings it may be necessary to have laundry facilities to emulate normal domestic surroundings
- Laundry must not be found in sluice/dirty utility areas
- The laundering area must allow proper segregation of clean and dirty laundry

- Hand washing facilities must be available
- Protective clothing must be available for staff (apron and gloves)
- Suitable receptacles/containers for clean/dirty linen must be provided and these must be cleaned each time dirty laundry is removed from them
- All sheets and towels must be sent to the external provider.
- A documented programme must be in place for routine cleaning of curtains, e.g., laundry or steam cleaning 6 monthly, and/or whenever visibly soiled.
- Tumble dryers must be industrial style
- Clothes that cannot be tumble dried must be air dried away from dirty laundry
- Clothes must not be hung over radiators to dry

5.4 Washing machines

All ward washing machines and tumble dryers must be of an industrial standard compliant with HTM 01-04: Decontamination of linen for health and social care (see [references section](#)), this requires:-

- Either hot wash cycle is recommended (71°C for at least three minutes OR 65 °C for at least ten minutes
OR
- chemical disinfection process may be adopted as long as it meets the requirements of 'Disinfection of linen'
- No domestic washing machines must be purchased, unless approved by the IPC team.
- The ward must have the ability to dry the laundry as well as wash it. A separate dryer must also be purchased
- A regular planned maintenance program must be agreed in advance with the Estates department

5.5 Patient's clothing

- All patients clothing must be washed separately from other patients clothing and additional Trust linen.
- Best practice is to ensure that patient clothing is washed at the highest temperature that the material can withstand, minimum must be 40°C however consideration regarding lower temperatures to be discussed with the nursing team.
- Temperature in tumble dryers must be limited to 60°C

- Patients clothing laundry bags ('Dissolvo Sacks' are available from supplies) these must be used for patients with infections
- Once dried, clothes must be stored in a clean area, above floor level and not kept in the laundry area
- Patient's clothing must be laundered whenever visibly soiled, or at least weekly.
- If relatives/friends/carers request to take patient clothing home, the laundry must be placed in a patient laundry bag.

6 How to handle and safely launder linen and clothing

All laundry bags will be provided by Hotel Services.



You **must**:

- Handle dirty linen with care and attention to reduce the potential spread of infection. Personal protective equipment (PPE) such as plastic disposable aprons and suitable gloves should be worn for handling dirty or contaminated clothing and linen.

6.1.1 Used Linen

Place in white linen bag fasten securely, label with ward/department of origin

6.1.2 Infected / Fouled Linen

- Apply disposable apron and gloves
- If faeces present dispose of it with toilet paper into the toilet
- Place in sealed seam soluble bag place in red linen bag fasten securely, label with ward/department of origin
- Ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit.
- Check that linen is free from inappropriate items before placing into the laundry receptacle, for example used equipment/needles, service user personal belongings
- Perform hand hygiene with soap and water
- Staff must never open any inner water-soluble bags. Instead, the bags should be transferred to the washing machine for decontamination

6.1.3 Patients clothing

If the patients clothing is wet from urine, put into an alginate bag for transfer to the ward laundry.

- Wash on the highest possible temperature; should be processed in a cycle that reaches 65°C use biological powder.
- For at least 10 minutes or 71°C for at least 3 minutes.
- Tumble dry if possible
- Clean dry clothes must be removed from the laundry area, do not store clothing on tops of benches, washing machines or tumble dryers.

If the clothing is soiled with faeces, wear disposable gloves and an apron and dispose of it with toilet paper into the toilet, the clothing item must be placed in a red water soluble bag. A prewash cycle must be selected, followed by wash cycle at the highest possible temperature. Machines must not be overloaded. Tumble dry if possible.

See [Appendix 3](#) for Trust bagging process

6.1.4 Trust owned items

These include curtains, slings should be placed in Blue plastic bag and labelled with trust, hospital, name and ward details. If the item is deemed infectious then the item should be placed in red alginate bag before placement into a blue outer bag.

Please complete a 'return to sender' form.

See [Appendix 4](#) for Trust owned bagging

7 Sharps

All staff within the clinical area must ensure that linen is free from sharps, clinical waste or any other items before placing in the linen bag.

8 Duvets and Pillows

All duvets and pillow must be PVC Coated to ensure cleaning can take place

- All duvets & pillows must be cleaned weekly and immediately if soiled, this is currently carried out by the housekeepers.

9 Clean linen

This is linen that has been processed (laundered) and is ready for use.

Hand hygiene should be performed before handling clean linen.

- Hands must be clean when handling clean linen.
- Clean linen should be removed from plastic bags before storage to prevent the growth of *Bacillus cereus*.
- Clean linen should be stored separately from used and infectious linen.
- Linen must be fit for purpose, look clean and must not be damaged or discoloured.
- Should be stored in a clean, designated area, preferably an enclosed cupboard. The room/cupboard must be equipped with wipeable slatted shelving that can be easily cleaned and allow free movement of air around the stored linen.
- Linen must be stored above floor level, away from direct sunlight and water, in a dry cool environment.
- The linen room/cupboard must have doors that are kept closed to prevent contamination of the linen.
- Clean linen must be monitored to ensure it is in a good state of repair.
- No other equipment must be stored within the clean linen cupboard.
- Weekly reconciliation to be completed by either hotel service or clinical teams where already agreed.
- If clean linen is not stored in an allocated cupboard then a trolley or pod used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand decontamination.

10 Definitions

Term	Definition
Used linen	<ul style="list-style-type: none"> • used by a non-infectious patient with no visible soiling or contamination by blood or body fluids.
Infected linen	<ul style="list-style-type: none"> • linen 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 for example faeces
Fouled linen	<ul style="list-style-type: none"> has been used linen contaminated by blood, body fluids or excreta

11 How this procedure will be implemented

- This procedure will be published on the Trust Intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

12 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

13 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Trust staff	IPC Mandatory & statutory training	1hr	Annual
Clinical staff	Support Infection Prevention Specialists (SIPS)	1hr	Rolling programme

14 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC Environmental Audit	Frequency = Quarterly Method = Report Responsible = IPCT	Infection Prevention and Control Committee (IPCC)
2	IPC surveillance	Frequency = As and when required Method = Visit to area Responsible = IPCT	IPCC / Care group governance meetings

15 References

Gov.Uk: Health and social Care Act 2008: code of practice on the prevention and control of infections and related guidance. Gov.uk (updated December 2022)

Department of Health (2023) Health Technical Memorandum 01-04 Decontamination of linen for health and social care. Management and provision. Department of Health London

NHS England (2022) *National infection prevention and control manual (NIPCM) for England*. [available from] [NHS England » National infection prevention and control manual \(NIPCM\) for England](#) (accessed 10/12/2025)

16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	14 January 2026
Next review date	14 January 2029

This document replaces	Laundering and Safe Handling of Linen and Clothing. Ref: IPC-0001-008-v4
This document was approved by	Infection Prevention & Control Committee (IPCC)
This document was approved	14 January 2026
This document was ratified by	N/A
This document was ratified	N/A
An equality analysis was completed on this policy on	10 December 2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	7 Mar 2013		Withdrawn
2	26 Jul 2016	Full revision	Withdrawn
2.1	19 Apr 2017	Minor amendments (shown in red)	Withdrawn
3	19 Apr 2019	Full revision of hyperlinks, web addresses and revision of wording	Withdrawn
3	July 2020	Review date extended 6 months	Withdrawn
4	19 Jan 2023	Reviewed with minor amendments, updated references	Withdrawn
4.1	14 Jan 2026	Transferred to new template. Full review, minor additions included to increase understanding, references updated	Published

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/Infection Prevention and Control Team
Title	Laundering and Safe Handling of Linen and Clothing
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	To set standards for Standard Infection Prevention Control Precautions
Start date of Equality Analysis Screening	10 December 2025
End date of Equality Analysis Screening	12 December 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The Trust, staff, patients & visitors
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications – NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	N/A
Describe any positive impacts / Human Rights Implications	N/A

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Best Practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	As new guidance is produced plans to involve relevant people would be considered. As per previous review.

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Clinical staff who attend Support Infection Prevention Specialists (SIPS) training receive specific session regarding SICPs.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Laundry Bagging Process

HTM 01-04 - COLOUR CODING TEXTILE BAGGING POLICY

LINEN HIRE



White Berendsen Bag

INFECTED LINEN HIRE



Disolable Red Bag
Inside White Berendsen Bag

REJECTED LINEN



Rejected / Returned item
only Pink Berendsen Bag

TRUST OWEND ITEMS



Blue Berendsen Bag

INFECTED TRUST OWEND ITEMS



Disolable Red Bag
Inside Blue Berendsen Bag

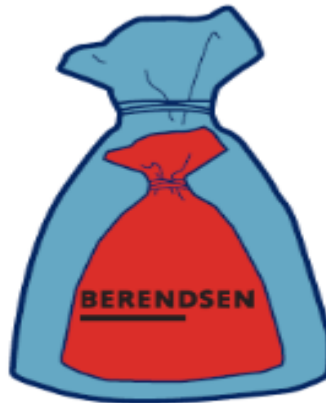
**This supersedes all previous linen bagging policies,
in adherence to Department of Health guidelines HTM 01-04**

Appendix 4 – Trust Owned Bagging Process

Trust Owned Items **BLUE BAGS**



Blue Berendsen Bag



Inner - Dissolvable Red Bag
Outer - Blue Berendsen Bag

All Trust owned items should be placed in a
Blue Plastic Bag

E.g. curtains, Duvets, slings.

All items must be labelled with

Trust, Hospital Name & Ward

Please place any infected Trust items in a

Red Alginate Bag placed in a **Blue** Outer Bag.

Please complete a 'Return to Sender' form,

Retain the bottom copy and place the remaining two copies
into the Blue bag and seal

- ENSURE ALL SHARP ITEMS & EXTRENUOUS ITEMS ARE REMOVED PRIOR TO PLACING LINEN INTO BAGS
- PLEASE ENSURE THAT ALL TRUST / HOSPITAL OWNED ITEMS ARE CLEARLY MARKED PRIOR TO PLACING IN A BLUE BAG.