Laundry and Linen Handling

The consistent use of Routine Practices will almost eliminate any risk of cross infection.

The following practices should be observed when handling linen.

- Soiled linen should be handled in the same way for all residents except for persons with the rare diagnosis of viral hemorrhagic fevers.

- Linen soiled with blood, body fluids, excretions or secretions should be securely contained in a laundry bag at the site of collection. If the fluids in the soiled linen soak through the laundry bag, then an additional outer bag should be used. The use of “double bagging” is not necessary.

- Bags of soiled linen should be transported in well-covered carts used exclusively for this purpose. Bags should not be “overfilled.”

- Linen should be handled with a minimum of agitation and shaking.

- All caregivers and laundry workers should be educated regarding the use/disposal of sharps when placing soiled linen in laundry bags. Workers are at risk from contaminated sharps and broken glass when sorting linen in the laundry area.

- Soiled linen should be held away from the body and uniform.

- Soiled linen should be bagged or put into carts at the location where it is used.

- If a laundry chute is used for soiled linen, it should discharge directly into a soiled linen collection area. The linen placed into the chute must be securely bagged and tightly closed. Linen chutes should be cleaned on a regular (i.e. monthly) basis with a diluted germicide compatible with the laundry process.

- After emptying them, linen bags should be washed after each use and can be washed in the same cycle as the linen contained in them.

- Laundry carts should be cleaned and disinfected with a low level disinfectant daily.

- Clean linen should be covered during storage and transport to protect it from contamination.
• Only the exact amount of clean linen required should be brought to a resident’s room.

• There should be adequate separation (at least one metre) of clean and soiled linen.

• If low temperature water is used for laundry cycles, then chemicals formulated for low temperature washing at the appropriate concentration should be used. The addition of bleach (with total available residual chlorine of 50-150 ppm) to low temperature washes will significantly reduce the residual bacteria on laundry.

• High temperature washes (>71.1°C) are necessary if cold water detergents are not used.

• To achieve a level of at least 100 ppm of residual chlorine with household bleach, 2 mL of household bleach should be added for every litre of water.

• Workers should protect themselves from potential cross infection from soiled linen by wearing appropriate protective equipment (e.g. gloves, gowns or aprons and face/eye protection) when handling soiled linen.

• A hand washing sink should be readily available in laundry areas.

• Personnel should wash their hands whenever gloves are changed or removed.

• All caregivers should receive training in procedures for handling soiled and clean linens.

• Staff working in laundry areas should receive annual education on Routine Practices and protective measures to be used when handling linen. The following areas should be stressed:
  ▪ Procedures for handling soiled linen:
  ▪ The use of protective equipment, such as gloves and gowns/aprons, when handling soiled linen.
  ▪ Hands should be washed after gloves are removed. There should be adequate handwashing facilities in the laundry area
  ▪ The importance of receiving Hepatitis B vaccine to protect the worker in the event of an accidental exposure
Additional Resources:

