Purpose

This operating Standard provides guidance for the expectations of appropriate steps for handling of soiled linen.

Applicability

This Operating Standard applies to all Covenant Health Laundry Services employees, students, volunteers, and any staff member handling soiled linens. Compliance with this protocol is required for any other persons acting on behalf of Covenant Health, including contracted service providers as applicable.

Responsibility

All Covenant Health Environmental Services employees, including Laundry Services, are required to follow the steps outlined for handling of soiled linens in order to maintain a clean and safe environment.

Principles

A standard process for handling of soiled linens helps ensure the prevention of the spread of infection and reduces the risk of contamination.

Procedures

TOOLS NEEDED

- Barrier Gowns with minimum ‘Level 2 Liquid Resistant”, full-face shield OR fluid impervious face mask and eye protection, bouffant cap, gloves, and puncture resistant utility gloves.

- Always refer to the Manufacturer’s Instructions For Use (MIFU) and Safety Data Sheet (SDS) for cleaning and disinfectant products.

SAFETY PRACTICES


2. Hand hygiene facilities shall be made available in all areas where soiled linen is present as well as common areas.

3. It is recommended that individuals involved in the handling, disposal, and transportation of soiled linens be immunized against Hepatitis B.

4. Any employee involved in the handling, transportation, or disposal of soiled linens shall have completed any and all applicable training prior to performing the work (e.g. Hazard Identification, biomedical waste disposal, safe work practices, etc.)

5. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in any of the laundry areas, including the sorting soiled linen, due to the risk of contamination.
6. Staff must always follow safe work practices, including proper ergonomic practices.
7. Soiled linens must always be handled appropriately and in a safe and efficient manner that minimizes the likelihood of spills, leaks, or exposure.
   a. All employees handling soiled linen must treat those linens as potentially infectious and follow Routine Practices/Standard Precautions, including the use of appropriate Personal Protective Equipment (PPE). PPE includes:
      - Gloves (moisture and puncture resistant) – for sorting soiled linen
      - Gloves (general routine) – for general handling of soiled linen bags
      - Barrier Gown (minimum ‘Level 2 Liquid Resistant’)
      - Full-face shield OR a fluid impervious face mask and eye protection
      - Bouffant Cap
   b. Change gloves and other PPE if they are damaged, or if moving from a ‘dirty task’ to a ‘clean task’ to prevent cross contamination.
8. Sharps found in soiled linen can pose a serious risk of infection to laundry employees.
   a. Any sharps discovered shall be isolated and treated as contaminated. Sharps are to be discarded in designated sharps containers.
   b. In the event that sharps are found in the soiled linen area, Laundry Services employee shall properly dispose of them in a sharps container, using appropriate safety precautions, including PPE.
   c. Laundry Services employees will document each sharp found in a Workplace Incident Report.

### STEPS

**Collecting Soiled Linen** – Soiled linen should be stored for as short a time as possible between use and laundering, with a maximum time of 24 hours.

1. Perform hand hygiene.  
2. Don PPE. When collecting soiled linen bags, only general routine gloves are required.  
3. Using designated routes, pick up soiled linen using a soiled linen cart. Do not compress bag to remove air. Hold bag away from body to avoid risk of poke from sharp objects within. Do not overfill the cart.
4. Doff PPE.  
5. Perform hand hygiene.
6. Transport filled cart to the soiled laundry entrance or the loading dock using designated site routes.
7. Clean the cart as per the Linen Cart Cleaning Protocol.
8. Store the cart in the appropriate area.

II. Sorting Soiled Linen
1. Perform hand hygiene. Don appropriate PPE.
2. Remove soiled linen from linen bags, sorting into bins according to processing categories. When sorting soiled linen, the textile is handled as little as possible to prevent contamination of the air and surrounding area. Moisture and puncture resistant gloves are required to prevent injury.
3. If a foreign object, including sharps, is found with the soiled linen, report the incident to the manager or supervisor. An incident report needs to be completed. 
   a. Sharps found in soiled linen can pose a serious risk of infection to laundry employees. Any sharps discovered shall be isolated and treated as contaminated. Sharps are to be discarded in designated sharps containers using appropriate PPE.
4. If linens displaying signs of misuse or abuse are found, report this to the manager or supervisor.
5. In Laundry Services that process Surgical Textiles, biomedical waste remaining in/on gowns, drapes, and wrappers shall be disposed of in accordance with operating procedure Biomedical Waste – Handling and Disposal 3.1.3.7.
6. Linen on the sorting belt line (site specific) is separated and washed as necessary in compliance with all applicable safety and PPE requirements.
7. At the end of the shift, any stray linen inadvertently dropped to the floor is to be recovered and placed in the soiled sorting area for washing.

Footnotes:

Order of Cleaning: All items/areas MUST be cleaned from the cleanest item/area to the dirtiest item/area and from high to low.

Mop head and water – MUST BE CHANGED every three rooms, or before if visibly soiled.
*Exception: Mop head and water MUST BE CHANGED every room for isolation cleans.

Microfibre Mop heads – MUST BE CHANGED every room, or before if visibly soiled.

Double dipping – Soiled cloth must not be re-dipped into /disinfecting solution(s). Soiled clothes must be discarded into soiled linen bags on carts immediately after use. Cloths and rags MUST be changed frequently within each patient environment in order to prevent cross contamination.

Maintenance – report plugged or damaged toilets, urinals, sinks/fixtures, lights, walls, etc. to unit staff and to your Supervisor or submit maintenance requisition where appropriate.

Cleaning/Disinfecting Products – Never mix chemicals. Review SDS for product handling and precautions. Product(s) must be measured properly and changed after every case. Chemical must remain on surface for entire kill cycle / contact time. Refer to specific chemical directions. Ensure proper solution concentration testing Standard Operating Procedures are followed and documented. Use only hospital approved cleaning and disinfecting products. If at any time you are unsure of which tool(s) and/or product(s) to use for a task, consult your Supervisor.
**Personal Protective Equipment (PPE)** – Clothing or equipment worn by staff for protection against hazards. To “Don” is to put on, and to “Doff” is to remove.

**Additional Precautions (AP)** – Precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g. contact, droplet, airborne).

**Damp Cloth** – Cloth must be wet to ensure that the surface stays wet for the required contact time of a disinfectant to be effective.

**Cleaning** – The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

**Disinfection** – The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

**Hazard Assessment** – Health and Safety Hazard Assessments mitigate the risk of incident/injury or illness from exposure to biological, chemical, or physical contaminants. To reduce the risk of incident/injury or illness appropriate controls must be put into place. Health and Safety Hazard Assessments must be completed and reviewed before an Environmental Services employee is exposed to contaminants which may pose incident/injury or illness. This is done to protect the health and safety of Environmental Services employee, other staff and patients/residents.

**Employee Incident/Injury Reporting** – Report incidents or unsafe work to your Supervisor and/or to OHS through the incident management process as required.

**Risk Assessment** – Assessment conducted before each interaction with a patient/resident or their environment to determine the risk of exposure to infectious agents, and the appropriate interventions (additional precautions, PPE etc.) to reduce the risk of transmission.

**Two-Step Clean** – A two-step process is used to clean and then disinfect surfaces. First wipe surfaces thoroughly to clean the surfaces of visible organic material (dirt you can see) and then wipe again with a clean cloth saturated with disinfectant to remove invisible microorganisms (things you cannot see). Organic materials that are not properly removed during the first step may inactivate the disinfectant used in the second step, therefore both steps are essential.

**Cleaning Frequency** – Based on the Cleaning Frequency Standard.

**References**

- Alberta Health Services Practice Support Document LS- PROT-OPS-007
- Covenant Health Biomedical Waste – Handling and Disposal (Laundry Services 3.1.3.7)
- Environmental Services Personal Protective Equipment Standard (3.2.10)