

Supplemental Material:
Infection Control Assessment of Laundry Facility Preparedness to Keep Healthcare Textiles Clean

Laundry facility name: _____
 Address: _____
 Laundry representative: _____
 Assessment conducted by: _____ Date of assessment: _____

Risk assessment and quality assurance

| Criteria | Assessment | Notes |
|-----------------|-------------------|--------------|
|-----------------|-------------------|--------------|

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| Does the healthcare facility serve high-risk patients?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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Laundry personnel qualifications

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| Have the laundry facility supervisors completed training and education in management of healthcare laundry? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Are any of the frontline supervisors certified in laundry management? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Have washroom personnel completed education and training in handling of healthcare laundry? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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Laundry facility-built environment

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| Are the external horizontal surfaces (e.g., roof line) free from obvious lint? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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Heating Ventilation and Air Conditioning (HVAC)

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| The facility has an HVAC system | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Has the facility provided a ventilation statement from an HVAC professional or Industrial Hygienist verifying: | | |
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| Negative air pressure relationship on soiled side in relation to the clean side? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Minimum 10 air changes per hour on the soiled side? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Minimum 2 air changes per hour on the clean side? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Positive air pressure relationship on the clean side in relation to the soiled side? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| Minimum one filter bed (in series) with MERV 8 on the clean side? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| HVAC preventive maintenance is current? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| In which of the following ways is the soiled side separated from the clean side? (select one) | | |
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| <input type="checkbox"/> A physical wall | | |
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| <input type="checkbox"/> An air curtain (e.g., plastic sheets separate space) | | |
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| <input type="checkbox"/> Separation maintained only by space and timing of tasks | | |
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| <input type="checkbox"/> No separation is present | | |
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| Are surfaces throughout the facility constructed from materials that withstand wet cleaning and high humidity? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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| General Infection Prevention | | |
|---|------------------------------|-----------------------------|
| Personal Protective Equipment (PPE) | | |
| Is PPE (e.g., gowns, gloves, face mask) readily available for personnel working on the soiled side to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are personnel working on the soiled side wearing PPE when actively handling soiled linens? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do personnel doff and discard PPE and perform hand hygiene before entering the clean work area of the laundry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is all regulated medical waste contained and managed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hand Hygiene | | |
| Is alcohol-based hand rub (with 60–95% alcohol) available within the workflow of employees throughout the facility for use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are handwashing sinks functional? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are handwashing sinks supplied with soap and equipment to dry hands (e.g., towels or air)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laundry facility clean textile work area | | |
| Are laundry carts cleaned and disinfected each time they come to the laundry facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is an EPA-registered healthcare disinfectant used to clean and disinfect laundry carts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is the EPA registration number? | | |
| On which EPA list is this chemical included? | | |
| Are surfaces throughout the facility visibly clean and free from obvious lint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are surfaces in the clean textile work area routine cleaned with an EPA registered healthcare disinfectant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are cleaned textiles maintained at positive pressure relative to the soiled side? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are louvers, windows, or dock doors maintained closed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transport of clean linen | | |
| Is textile packaging sufficient to be maintained throughout transport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are clean textiles maintained separate from soiled textiles during transport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Examples of high-risk patient areas include, but are not limited to, neonatal intensive care, adult and pediatric trauma or burn intensive care, solid organ transplant, bone marrow transplant, and oncology units.

This checklist was developed based on a review of existing literature and CDC experience investigating outbreaks associated with contaminated healthcare linens.