1. HISTORY: This issue publishes a revision of this publication.

2. PURPOSE: To establish policies for linen management within USAMEDDAC Fort Huachuca and prescribe external procedures for all activities receiving linen support from Linen Service.

3. SCOPE: This memorandum is applicable to all elements of Raymond W. Bliss Army Health Center (RWBAHC) and U.S. Army Dental Activity, Fort Huachuca.

4. REFERENCES:

4.1 AR 40-61, Medical Logistics Policies and Procedures.

4.2 Comprehensive Accreditation Manual for Ambulatory Care, Joint Commission for the Accreditation of Healthcare Organizations, current edition.

4.3 MEDDAC Memo 10-13, Quality Improvement Plan.


5. GENERAL: For the purpose of this memorandum, the following terms apply:

*This memorandum supersedes MEDDAC Memo 700-8, dated 1 April 01
5.1 Health Center Linen: Linen that is used within MEDDAC/DENTAC for direct patient care or in support of direct patient care.

5.2 Highly Pilferable Items: Linen is considered a highly pilferable item in the Health Center. These items require close scrutiny and security due to their desirability and potential for home use. As a minimum, the following items will be so designated:

5.2.1 Sheets
5.2.2 Pillow Cases
5.2.3 Towels
5.2.4 Surgical shirts and trousers
5.2.5 Blankets
5.2.6 Doctor coats
5.2.7 Laboratory coats

5.3 The Commander, USAMEDDAC will designate additional items as highly pilferable if inventories indicate their losses exceed standards established in AR 40-61. Re-evaluation of such items will be conducted after inventory.

6. RESPONSIBILITIES:

6.1 The Commander is responsible to ensure that all Health Center’s linen is properly accounted for and safeguarded to prevent undue loss or theft.

6.2 The Linen Management Committee is responsible for reviewing, evaluating, and formulating policies and recommendations on management and control of linen. This committee will review linen management policies at least semiannually. Composition of this committee will be the Deputy Commander for Administration, Deputy Commander for Clinical Services, Chief of Logistics, Infection Control Officer, and the Materiel Branch Chief. Committee is an OAP (Organizational Assessment Program) inspectable item, but the review has been done at the department level in the past. Key players will be included in the future.
6.3 Chief, Logistics Division will:

6.3.1 Advise the Commander on linen management procedures and policies.

6.3.2 Ensure implementation of command directives affecting linen management.

6.3.3 Ensure that linen inventories are conducted IAW AR 40-61 and that the required inventory adjustment reports are prepared.

6.3.4 Assign Logistics Division personnel to assist activity personnel conducting the inventory.

6.3.5 Ensure through coordination with the Infection Control Committee and FAAT, that Health Center linen is periodically checked as a possible source of infection.

6.4 The Chief, Materiel Branch will act as the Linen Management Officer, and will be directly responsible to the Chief, Logistics Division. He will be appointed on orders for the purpose of maintaining informal accounting records and control for health care linen. The Chief, Materiel Branch will:

6.4.1 Maintain an informal records on linen items on an excel work sheet to reflect total stocks on hand, issues, turn-ins, inventories, and other adjustment actions.

6.4.2 Conduct an inventory of all linen contingency stocks within the Health Center at least once a year.

6.4.3 Conduct spot check inventories and inspections to determine whether linen is being properly utilized and safeguarded.

6.4.4 Designate by title, person(s) authorized to classify linen as unserviceable.

6.4.5 Ensure Linen Service storage areas are properly secured at all times to prevent theft or unauthorized diversion of linen.

6.4.6 Conduct and document an infection control training program for linen service personnel.
6.4.7 Maintain a valid written agreement with non-Army linen service contractors/companies requiring the companies to meet JCAHO standards for linen and laundry service.

6.5 All personnel within this command have the responsibility to preserve, safeguard and protect all Health Center linen from pilferage, unauthorized use, or disposal. To emphasize the importance of the task, department and activity OIC's and NCOIC's will ensure their personnel adhere to the following guidelines:

6.5.1 Conduct frequent checks of linen in use. Unserviceable linen will be collected by using activities and returned to Linen Supply separate from soiled linen.

6.5.2 Keep linen storage areas locked when not in use and provide adequate measures to prevent loss through pilferage and unauthorized disposal or use.

6.5.3 Supervise trash disposal to prevent the inclusion of linen.

6.5.4 Do not utilize linen for cleaning, disinfecting or dusting.

6.5.5 Advise the linen service of recommended changes in their linen levels.

6.5.6 Report all problem areas immediately to Chief, Materiel Branch.

6.5.7 Ensure that clean and soiled linen are always kept segregated.

6.5.8 Refrain from hoarding or stockpiling linen above established linen levels. Unannounced inspections by Linen Service personnel will be conducted periodically to ensure compliance with established Stockage levels. Excess linen will be confiscated and returned to Linen Service.

7. INVENTORIES:

7.1 Annual inventories will be conducted, normally during the month of February, of government owned linen contingency stocks. Upon completion of the inventory, a review and analysis will be conducted IAW AR 40-61.
7.2 Specific procedures for conducting the inventories will be established in writing by Chief, Materiel Branch and the Linen Management Committee. These are outlined in Appendix A, Inventory Procedures.

8. MARKING OF LINEN: RWBAHC linen is provided from an Authorized linen contractor. This linen has a contractor identification tag sewed to each item. These linen items belong to the contractor.

9. UNSERVICEABLE LINEN

9.1 Linen that cannot be economically repaired or reconditioned will be classified and marked as unserviceable. Only the Linen Management Officer or whomever he appoints on a memorandum may designate linen unserviceable. The Linen Management Officer will inspect linen identified as unserviceable by clinic personnel or Linen Services personnel. Once verified as unserviceable, it will be disposed of as follows: Linen will be retained and turned over to the linen contractor.

10. PROCEDURES FOR CUSTOMER ACTIVITIES:

10.1 Departments will manage and coordinate their linen inventory and needs directly with the leased linen contractor.

10.2 Each of these departments will coordinate their linen stock levels directly through the leased linen contractor.

10.3 Departments will be issued a dirty linen cart for dirty linen disposal. Each department will place their dirty linen inside of the dirty linen cart for pick-up by the leased linen contractor (counting for turn-in purposes is not required).

10.4 Clean linen will be issued directly to the Departments. The leased linen contractor will conduct quality control inventories on a quarterly basis in order to effectively manage inventory loss.

11. Soiled Linen

11.1 Procedures for the proper and safe handling of soiled and contaminated linen are as follows:
11.2 Soiled linen will be collected in the clinics at a collection point consisting of a hamper, a cloth outer bag, a plastic inner bag and a cover provided by Linen Services for that purpose. When the bags are filled, the plastic inner bag will be removed from the hamper, tied at the top and brought to the soiled linen room, Room C-4, located in the basement of RWBAHC. Soiled linen must not be allowed to collect in the clinic after the bag is full, but must be taken to the soiled linen room at once. Adherence to this schedule will reduce the amount of time that soiled linen is kept at the health center as well as the time necessary for processing.

11.3 Curtains, drapes and other government owned non-linen items that must be laundered by a method other than the lease linen contractor. A recommended source is the service used by Medical Company to launder barracks linen. Clinics who wish to use this source should contact Facilities Branch at 533-5554 for additional information.

12. LINEN AND ENVIRONMENTAL CONTROL:

12.1 The proper handling and processing of clean and dirty linen has a tremendous impact on the patient environment and subsequent completion of the patient care mission. Procedures for handling and processing linen will be in accordance with Comprehensive Accreditation Manual for Ambulatory Care, Joint Commission for the Accreditation of Healthcare Organizations, current edition, and MEDDAC Memo 10-13.

12.2 Soiled linen has a great potential for causing infection and should be handled with care at all times. There is no clear distinction between soiled linen and contaminated linen. Following are procedures outlined in AR 40-61, which will offer the greatest protection against infection.

12.3 When removing linen from a bed, it should be done with as little agitation as possible. Careful removal reduces the chance of spreading microorganisms into the air.

12.4 All soiled linen will be handled with a minimum of agitation, placed in bags, and given to the contractor. It will not be sorted in patient care areas or close to clean linen processing areas. Bags will be closed at the top and will not be overfilled.
12.4.1 Separate carts and vehicles will be used to store and transport clean and soiled linen. Carts will be covered at all times. Under no circumstances will a clean linen cart be used to transport soiled linen.

12.5 Using activities will take every precautionary measure to ensure surgical instruments, other medical materiel, and solid waste are not mixed with dirty linen in order to prevent injuries, infectious hazards to handlers, and property loss. Periodic in-services will stress proper disposition and handling of linen. Violations of procedures herein will be reported to the Infection Control Officer. The Linen Management Officer will coordinate with the Linen Contractor to ensure violations at the facility are identified and resolved accordingly.

12.6 The following procedures will be followed by all using activities to ensure the proper handling and disposition of soiled/contaminated linen.

12.6.1 Soiled linen will be placed in laundry bags available in each using activity.

12.6.2 Laundry bags will be no heavier than one person can conveniently handle and no more than 2/3 full at a maximum. Each bag will be marked to identify the originating activity by recording the activity's name on the bag prior to turn-in.

12.6.3 Only laundry bag frames will be used to support the bags used to collect soiled, contaminated or unserviceable linen. Laundry bags will not be placed in trash receptacles to preclude the possibility of trash and linen being mixed together. Trash and other non-linen items (syringes, needles, instruments, etc.) pose a great danger to linen and laundry personnel and MUST NOT be placed in soiled linen bags.

12.6.4 All soiled/contaminated linen bag frames will remain covered when in use to reduce the dissemination of microorganisms into the open air.

12.6.5 Plastic soiled linen bags will be used for normal soiled linen. Yellow plastic infectious linen bags will be used for all soiled linen in the Operating Room, PACU, and Specialty Clinic, and will be made available in all other clinics for linen that
may become soaked with blood or other body fluids. Linen that has become soaked with blood or other body fluids will be placed in an infectious linen bag, tied securely at the top and held bag away from the body and carried immediately to the soiled linen room where it will be placed on the floor away from the other soiled linen for pickup by the linen contractor.

The proponent of this publication is the Chief, Logistics Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Logistics Division, USAMEDDAC, ATTN: MCXJ-LO, Fort Huachuca, Arizona 85613-7040.

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