

DOCUMENT CONTROL	
Title:	Management of Linen and Laundry Policy
Version:	3
Reference Number:	CO096
Scope:	
This policy applies to all staff who process laundry at a ward level and any outside providers of the laundry service	
Purpose:	
The purpose of this policy is to clearly set out the procedures to be followed and the responsibilities of managers and staff for the correct storage, handling, transporting and laundering of linen and include the processing of contaminated linen, to minimise infection risk throughout Pennine Care NHS Foundation Trust (PCFT).	
Requirement for Policy	
<ul style="list-style-type: none"> • Health and Safety at Work Act (1974) and Management of Health and Safety at Work Regulations (1999) • Control of Substances Hazardous to Health Regulations (COSHH) (2002) • The Health and Social Care Act (2008): Code of Practice on the prevention and control of infections and related guidance. Revised 2015. • Health Technical Memorandum 01-04: Decontamination of linen for health and social care. (DoH, 2016) 	
Keywords:	
Linen, laundry, curtains, washing	
Supersedes:	
Version 2	
Description of Amendment(s):	
<ul style="list-style-type: none"> • An additional section for Microfibre added • Defects to be reported to the helpdesk • Use of own bed linen • References reviewed 	
Owner:	
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This document has been developed in collaboration with the following interested parties:	
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Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> Infection Prevention and Control Committee Meeting 	
Equality Impact Analysis:	
Date approved:	16 th November 2018
Reference:	CO096-EIA096
Freedom of Information Exemption Assessment:	
Date approved:	8 th November 2018
Reference:	POL2018-80
Information Governance Assessment:	
Date approved:	8 th November 2018
Reference:	POL2018-80
Policy Panel:	
Date Presented to Panel:	9 th November 2018
Presented by:	Martin Eastwood
Date Approved by Panel:	9 th November 2018
Policy Management Team tasks:	
Date Executive Directors informed:	20 th November 2018
Date uploaded to Trust's intranet:	16 th November 2018
Date uploaded to Trust's internet site:	16 th November 2018
Review:	
Next review date:	November 2021
Responsibility of:	Head of Facilities
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CO042	Fire Safety Policy
CL069	Hand Hygiene Policy
CL076	Personal Protection Equipment Policy
CO032	Trust COSHH Policy

Policy Associated Documents:	
TAD_CO096_01	Colour Coding for Laundry Bags
TAD_CO096_02	Audit Tool for Linen/Laundry
Other external documentation/resources to which this policy relates:	
	<ul style="list-style-type: none"> • Health and Safety at Work Act (1974) and Management of Health and Safety at Work Regulations (1999) • Control of Substances Hazardous to Health Regulations (COSHH) (2002) • The Health and Social Care Act (2008): Code of Practice on the prevention and control of infections and related guidance. Revised 2015. • Health Technical Memorandum 01-04: Decontamination of linen for health and social care. (DoH, 2016)
CQC Regulations	
This policy supports the following CQC regulations:	
Regulation 12	Safe Care and Treatment
Regulation 15	Premises and Equipment

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1. INTRODUCTION

Rationale

The provision of clean linen that is in good condition is a fundamental requirement for patient care. Incorrect procedures for the handling or processing of linen can present an infection risk both to the staff handling and laundering linen, and to the patients that subsequently use it. This policy describes the steps which must be taken to minimise the risk

2. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Chief Executive

The Chief Executive has ultimate responsibility to ensure that the control of hospital infection is addressed according to Department of Health directives and specifically to:

- Ensure that infection prevention and control (IP&C) is a core part of quality and patient safety programmes
- Raise awareness of the legal and professional responsibilities to identify, assess and control risk of infection.

Director of Capital Investment and Estate Services

The Director of Capital Investment and Estates (CIES) has overall responsibility for the implementation of this policy.

The Head of Facilities will support the Director of CIES and provide advice on linen services matters, with the aim of ensuring that the Trust provides services to a high standard that are patient focused and are delivered cost effectively.

The Head of Operational Estates will ensure that all laundry machinery, including washing machines and tumble dryers, are subject to a planned programme of service and maintenance and that appropriate records are maintained. Specific maintenance requirements are detailed in the On-Site Laundry Facilities of this policy.

The Infection Prevention and Control (IP&C) Team

The IP&C Team will advise on any infection risk related to laundry. They are also responsible for:

- Promoting compliance with all IP&C policies.
- Providing educational opportunities on this policy.
- Auditing the IP&C elements of the Policy.

Service Directors/Service Managers/Ward Departmental Managers

Service Directors, Service Managers and Ward/Department Managers are responsible for ensuring that their staff are familiar with this policy and that safe management of linen and laundry is carried out in their areas in accordance with legislation, Trust policies, and best practice. Senior Managers should also ensure that their staff have sufficient resources, products and Personal Protective Equipment (PPE) etc. to comply with this policy and safe methods of working.

All Appropriate Trust Staff

All appropriate clinical staff must ensure they have read and understood the policy, and incorporate the guidance on the management of linen and laundry into their clinical practice. For the purpose of this policy all appropriate clinical staff is defined as all clinical staff that handle linen and laundry.

Individual staff are responsible for being familiar with and complying with the policy and take immediate actions where necessary. Individual staff should also:

- Obtain appropriate advice from the IP&C Team as required.
- All clinical staff are accountable for their own practice and should always act in such a way as to promote and safeguard patients/staff and visitors from the potential risk of cross infection from used linen.
- Maintain safe methods of working including the wearing of PPE where appropriate, in line with the PPE Policy CL076
- Maintain adherence to COSHH procedures including the correct procurement, storage and use of any chemicals, powders or solutions.

3. CATEGORISATION AND SEGREGATION OF LINEN

It is the responsibility of the person that is processing or disposing of any item of linen to ensure that it is segregated appropriately. All linen can be categorised into the following three groups:

Clean Linen

Clean linen is defined as linen that has not been used and is visibly clean. Clean linen must have been stored in a clean area and protected from dirt and dust. See Storage of Clean Linen.

Used Linen

Used linen is defined as all linen that has been used but is not contaminated by body fluids or blood. The term Used Linen does not apply to:

- Linen from infectious patients.
- Linen from those patients suspected of being infectious

Infectious Linen

Infectious Linen is defined as any used linen that is soiled with blood or any other body fluid, and includes all linen used by a patient with a known infections (whether soiled or not). This definition also applies to:

- Linen from patients with diarrhoea;
- Linen contaminated with blood or body fluids;
- Linen from patients with other conditions as specified by local policy (for example, varicella zoster and measles).

See TAD_CO096_01, Colour Coding for Laundry Bags

4. HANDLING LINEN

All used linen must be handled with care, to minimise the transmission of micro-organisms via dust and skin scales. PPE, such as a disposable apron, must be worn when changing beds.

Used linen must not be transported around the clinical environment unless it is within an appropriate and correctly colour coded linen bag as described in TAD_CO096_01. The use of a wheeled linen skip will protect the bags from damage and keep them off the floor.

Hands must be washed immediately following the handling of any item of used linen and staff should follow CL069 Hand Hygiene Policy. If linen is soiled with blood or body fluids, or from an infected patient, PPE i.e. disposable aprons and gloves must be worn.

Staff need to discard and replace PPE between work tasks and especially when moving from dirty to clean areas.

All exposed lesions should be covered with a waterproof dressing.

Care must be taken to remove any extraneous items (i.e. sharps) from soiled linen before it is placed in laundry bags. Such items are potentially dangerous to staff handling the laundry, and may also damage laundry equipment.

To avoid spillage of soiled linen, linen bags should not be filled more than two thirds full, and must be securely tied prior to transport to the laundry.

Used linen should be placed in linen skips and these skips should be stored in the dirty utility room. Linen skips should not be stored on the corridors on Inpatient wards.

5. CORRECT STORAGE OF CLEAN LINEN

Clean linen should always be stored in a clean, designated holding area with minimal handling until required for use.

Linen should be stored above floor level on shelving, to prevent contamination from dust, pests and/or aerosols.

Clean linen should only be handled by clean hands.

Clean linen must not be stored in a sluice or bathroom.

Clean and used linen **must not** be stored together. Linen cupboards should solely be used for clean linen not patient clothing or any other storage equipment.

Linen cupboard doors must be kept closed to prevent airborne contamination.

If taken into an isolation room and not used, linen must then be laundered before use.

Clean linen must be in a good state of repair, as tearing or roughness can damage the patient's skin. The condition of linen in use should be monitored by the laundry contractor and by staff.

6. TRANSPORTATION OF LINEN

Vehicles or trolleys that are used for the transportation of used linen must be easy to clean and must always be cleaned after transportation of used linen. Where vehicles are used to transport both clean and used linen then this must be achieved through separate compartmentation or the vehicle must always be decontaminated prior to the transportation of clean laundry. There must be no contact between clean and soiled linen at any time. Records of the cleaning of vehicles used for the transportation of linen should be maintained.

7. THE LAUNDERING PROCESS

Many micro-organisms will be physically removed from linen by detergent and water, and most are destroyed by a high temperature wash. Any remaining micro-organisms are likely to be destroyed by tumble drying and ironing.

Provided by the Trust

- **Bed Linen**

All hospital bed linen is to be laundered by a laundry contractor and in line with Department of Health (2016) guidance. The IP&C Team should be consulted on the negotiation of any contract and/or specification for linen and laundry services.

- **Personal Items**

In mental health settings all personal items of clothing which cannot be taken home by visitors / relatives should be laundered on-site. Care should be taken to ensure that they are not sent to the off-site contractor.

Personal items must be handled and bagged in accordance with Handling Linen, before being transported to the laundry room. Identifiers of patient items should be provided. Each patient's items must be bagged and washed separately on the appropriate cycle.

Within independent accommodation settings an individual and flame retardant compliant linen container should be in each bedroom (note: Fire Safety have identified that plastic linen baskets are a fire safety risk and shouldn't be used). Staff should ensure that washing takes place at least weekly and more frequently if linen / personal items are soiled.

Manual soaking / washing of soiled items must never be carried out. A sluice cycle or cold pre-wash must be used for all soiled items. Care should always be taken not to overfill the washing machine.

Heat resistant items must be processed in a cycle which reaches 71°C for at least three minutes or 65°C for at least ten minutes.

Heat labile items are fabrics damaged by the normal heat disinfection process and likely to be damaged at thermal disinfection temperatures i.e. curtains and personal items.

If soiled items are taken home by relatives for laundering, no pre-washing or soaking of the item must take place in the clinical area. Staff should give the relatives appropriate advice on how to handle the clothing e.g. to be washed on a separate wash from the family clothing, at the hottest temperature as far as is practicably possible for that particular fabric as per the manufacturer's washing instructions.

If alginate bags are provided for use in domestic machines, they must be the type with a dissolvable seam, as fully soluble bags may cause blockage. Soiled items should not be left for more than 24 hours.

- **Curtains / Soft Furnishings**

Curtains in clinical areas must be laundered as a minimum six monthly, and immediately if soiled.

Consider purchasing disposable curtains as an alternative to fabric curtains in a clinical setting without a laundry service contract.

Disposable curtains must be replaced every 6 months and display the date for replacement.

Curtains must be included on the premises' cleaning schedule.

Curtains must be flame retardant. Further detail on the flame retardant requirements is contained in the fire safety.

Curtains should be changed when discharging or transferring a patient with a known infection from the area or during outbreaks.

A spare set of curtains is required in the event of soiling.

Shower curtains should be washable and laundered when soiled or as agreed locally.

They must be able to withstand washing at disinfection temperatures.

The washing process should have a disinfection cycle in which the temperature in the load is either maintained at 65°C for at least ten minutes or 71°C for at least 3 minutes. With both of these options, 'mixing time' must be added to ensure heat penetration and assured disinfection. For machines of conventional design and a low degree of loading, four minutes should be added to these times to allow for adequate 'mixing time'. For machines with a heavy degree of loading, it is necessary to add up to eight minutes.

Only staff that have been trained in the correct procedures for changing curtains, with up to date ladder training, are permitted to change curtains.

When ordering new Bed and window curtains they must be clearly labelled with the name of the ward, the building and the site e.g. Arden Ward, Oasis Building, Stepping Hill Hospital. Stitched in labels should be requested when new curtains are ordered from the supplier. This is because adhesive labels or ward names written in so-called permanent marker will be lost due to the high wash temperatures that are required by this policy and healthcare laundry requirements.

To ensure that curtains meet Trust requirements and are labelled correctly wards and departments should contact the Trust Capital Investment and Estates department to order new curtains.

Pillows and Duvets

The appropriate pillow for each environment must be decided by risk assessment but there are two types of pillow that can be used.

1. Pillows, without a cover, may be used in environments where there is a high risk of self-harm. In such cases the pillow must be disposed of between patients i.e. it must not be used by more than one patient.
2. In all other cases pillows must be covered with a mesh wipe-down impervious waterproof cover. If the pillow itself becomes damaged or soiled, it must be discarded as soon as possible.

Pillows should not be sent to the hospital laundry department for processing.

Duvets must be covered with a wipe-down impervious waterproof cover. If the duvet becomes damaged or soiled, it must be discarded and replaced.

Traditional bedding i.e. sheets and blankets can be used as an alternative to duvets but must be laundered after use in line with requirements set out in this policy.

Personal Use

Uniforms

Uniforms of clinical staff must be changed daily.

Uniforms should be washed at home, separately from other items, and must be washed at 60°C for more than 10 minutes, as this is sufficient to remove almost all micro-organisms.

If a uniform becomes contaminated with blood or body fluid, it must be changed for a clean one as soon as possible. It may therefore be necessary to keep a few spare uniforms in the workplace.

If alginate bags are provided for use in domestic machines, they must be the type with a dissolvable seam, as fully soluble bags may cause blockage.

Manual Handling Equipment

Patients should be allocated either their own hoist sling or a disposable sling until discharged. This then should be laundered or disposed of, as appropriate. Patients should be allocated their own sliding sheet if required, which should be laundered or disposed of on discharge. Where there is any soiling of fabric items, they must be laundered immediately and must not be washed by hand in the department/ward.

Mop Heads

Mop heads should be disposable or if re-useable they must be machine washed daily or before unless visibly contaminated on a separate load from other items. Clean mop heads should be stored covered in a clean domestic storage area and dirty mop heads awaiting transfer from ward/building should be stored covered in the domestic room.

Microfibre

The Domestic Service Team will thermal wash and supply daily all microfibre cleaning products used in the ward and clinic areas. They will be laundered to thermal disinfection standards and will also be tumble dried and bagged up for distribution to all clinical areas in the early morning before commencing shift.

Control of Substances Hazardous to Health (COSHH)

The laundering of items on-site will involve ward staff using washing machine liquid and conditioner. Ward and Department Managers need to ensure that the use of such items has been properly assessed in line with the Trust Control of Substances hazardous to Health (COSHH) Policy CO032

8. ON-SITE LAUNDRY FACILITIES

An on-site laundry must be situated within a designated room that is used for laundry purposes only. Access to this room should be limited to staff involved in the laundry process or to clients who are performing their own laundry.

Patient clothing should be stored appropriately in the laundry room i.e. in the patient's own basket, before and after washing.

The room should be well lit and well ventilated. The floors, walls, splash-backs and work surfaced must be impervious and easy to clean. Cleaning of the room should take place on a daily basis. No eating, drinking or smoking is permitted in the laundry room.

The design of the laundry room should facilitate the creation of clean and dirty areas, i.e. dirty linen can be brought into the laundry, processed and come out as clean linen, without becoming contaminated by soiled linen.

Infected linen (which should be placed into the machine in a red alginate bag) (TAD_CO096_01) should be washed separately, after all other laundry, using the hottest wash possible for the fabric. Clinical staff should try to avoid excessive red bag usage and segregate contaminated linen and non-contaminated linen into separate bags. Over-use of red bags can involve increased costs, increased energy and a shortage of linen as it is washed at the end of the day. The washing machine must not be overloaded. Hands should be washed after any contact with dirty linen, and gloves and disposable apron worn for any contact with blood or body fluids.

Laundry containers should be disinfected at least weekly. Washing machines should be disinfected weekly by running a hot programme without a load.

On-site laundry facilities must have the following facilities and equipment:

- Washing machines should be of an industrial/commercial type and meet disinfection requirements (Department of Health, 2016)
- Washing machines must have a hot wash cycle that reaches 71°C for at least three minutes or 65°C for at least ten minutes.

- Washing machines should be installed on the top of plinths so that appropriate cleaning of the surrounding floor and area can be undertaken.
- For environmental reasons when washing machines are replaced they should ideally be replaced with a machine that achieves an EU Ecolabel wash performance rating of A when measured in accordance with BS EN 60456.
- Documentary evidence of any service and repair visits for washing machines and tumble dryers must be maintained by the Maintenance Department.
- Washing machines and dryers will receive regular electrical safety checks in line with maintenance department procedures.
- Regular checks of the soap dispenser draw should be undertaken and cleaned as scheduled.
- Where tumble dryer/s are provided, regular checks of the filter should be undertaken and cleaned as scheduled.
- Washing machines and dryers will receive regular electrical safety checks in line with maintenance department procedures.
- Regular checks of the soap dispenser draw should be undertaken and cleaned as scheduled.
- Where tumble dryer/s are provided regular checks of the filter should be undertaken and cleaned as scheduled.
- There should be a hand washing basic with level-operated mixer taps, liquid soap and paper hand towels and a laminated hand wash technique poster on display.
- There should be a pedal operated waste bin for paper towels etc.
- PPE, disposable gloves and disposable plastic aprons, should be available and stored in a appropriate dispenser.
- Waterproof plasters should be available so that staff can cover cuts or abrasions.
- Patients should have access to an ironing area.

All staff that carry out laundry duties must be trained and immunised against hepatitis B. They should be aware of the risk of sharps in laundry and the actions to take in the event of a sharps injury or other exposure to blood or body fluids. All staff receives IP&C information on induction and IP&C training annually via E-Learning and this includes the management of linen and laundry.

All washing machines and dryers must be subjected to a planned programme of service and maintenance via the Estates Department who must keep records of all service and maintenance history on each site.

9. FIRE SAFETY

Linen Storage

Items of linen and Laundry should always be stored in rooms which have a minimum of 30 minutes fire resistance and the room should have the door locked shut when not in use. No items of linen and laundry either clean or dirty should be left unattended in any escape routes, these include corridors or staircases. The management of laundry should not contravene any of the requirements of the Fire Safety Policy, CO042.

Flame Retardant Requirements, Textiles and Furniture

All textiles and furniture that is purchased and used within premises that are occupied by Trust services and/or Trust staff should comply with Health Technical Memorandum 05-03: Operational Provisions Part C: Textiles and Furnishings. This HTM identifies the flame retardant requirements for textile products of furniture.

There should be a label on items of linen and laundry indicating a relevant standard that the item has been manufactured to and the required standards are:

- Bedding/pillow case **EN 14533 or BS 7175-2**
- Curtains **BS 5438 or 5867 or EN 1101**

10. USE OF LINEN WITHIN COMMUNITY SETTINGS, E.G. HEALTH CENTRES

Fabric sheets and blankets should be discouraged and must only be used within community health care settings if a laundry service is available. Laundry should be changed between each patient, and if soiled. Alternatively, disposable sheets and pillow cases may be purchased. Paper couch roll should be used as a covering for examination couches.

Examination couches and pillows must have intact impervious coverings, so they are not contaminated in the event of a spillage of blood or body fluids.

11. DRYING

When the drying of linen and laundry is carried out at ward and department level inside the building it should always be carried out by using a tumble dryer. Linen and laundry should not be dried on lines inside or outside the building.

12. TRAINING

Standards for managing Linen & Laundry are included in the Infection Prevention & Control ELearning training module for all staff at PCFT.

13. AUDITS & MONITORING COMPLIANCE

Compliance with the IP&C elements of this policy will be monitored by the IP&C Team in their audit cycle which has been agreed by the IP&C Committee.

The IP&C Team produce an annual audit plan as part of the Annual Work plan to ensure audits are carried out and any deficits highlighted to the ward manager or the designated manager at the time of the audit.

All in-patient Unit/Ward Managers, Matrons will be sent a report of the IP&C audits and requested to submit an action plan if the audit has not achieved 100%.

The IP&C Team will use the IP&C Audit Tool for auditing Linen/Laundry Handling and Disposal (TAD_CO096_02). The in-patient audits are undertaken bi-annually and ensure

that Linen will be stored, handled and disposed of correctly to reduce the risk of cross-infection.

14. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

15. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

16. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

17. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

18. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

19. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

20. REFERENCES

Department of Health. 2016 Health Technical Memorandum 01-04: Decontamination of linen for health and social care. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/527542/Mgmt_and_provision.pdf [accessed 7 November 2018]

Department of Health. 2008 The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Revised July 2015, available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf [accessed 7 November 2018]

Health Protection Scotland. 2008. Safe Management of Linen in the Hospital Setting National Infection Prevention and Control Manual. Available at:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/ic-manual/sicp-lr-linen-v1.0.pdf> [accessed 7 November 2018]

National Patient Safety Agency. (2009). The Revised Healthcare Cleaning Manual. . Available at https://www.hygiene.com/fr/doc_download/166-the-revised-healthcare-cleaning-manual. [accessed 7 November 2018]

Department of Health. 2007. Firecode–fire safety in the NHS: Health Technical Memorandum 05-03: Operational provisions: Part C: Textiles and furnishings. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148478/HTM_05-03_Part_C.pdf [accessed 7 November 2018]

Control of Substances Hazardous to Health Regulations 2002

Equality Act 2010

Freedom of Information Act 2000

Management of Health and Safety at Work Regulations 1999