Healthcare Laundry Accreditation Council

Accreditation Standards 2023 Edition

CHECKLIST

This document is designed as a simple checklist to assist laundry organizations preparing for inspection in order to become HLAC Accredited.

The "must " statements are bold face text and must be met with 100% compliance.

"Shall" statements appear as regular text, NOT bold face text , and must be met with a minimum of 90%

YES	NO	HLAC STANDARD: 2023 EDITION
		Part I. Basic Elements
		Part I - 1. Textile Control Procedures
		Part I - 1.1. Textile Specifications
		Part I - 1.1.1. The provider shall have written textile specifications that meet customer needs and ensure consistent performance.
		Part I - 1.1.1.2. These specifications shall be reviewed, at a minimum, annually by the service provider and the customer.
		Part I - 1.1.2. Provider/customer contracts shall include the extent of service for the contract period, signature of both entities, and the date signed.
		Part I - 1.2. Textile Maintenance
		Part I - 1.2.1. The provider shall have a documented grading system, outlining the grading standards for the healthcare textiles being processed.
		Part I - 1.2.1.1. The grading documentation shall be accessible where personnel may refer to it.
		Part I - 1.2.2. These standards shall outline which defects may be repaired, which defects require replacement, and the point at which previously repaired textiles should be discarded.
		Part I - 1.2.3. If a provider has a textile repair program, the provider shall ensure that all personnel having responsibility for making repair and replacement decisions understand and comply with the grading standards.
		Part I - 1.3. Provider Inventory Management
		Part I - 1.3.1. The provider and customer shall jointly determine the par level for the facility, whereupon the provider shall use an inventory management system that ensures an adequate supply of clean textiles to meet the customer's needs.
		Part I - 1.3.2. Methods to ensure that an adequate supply of textiles is available to the provider and customer shall include documentation of historical fill rates for rental operations and/or documentation of clean pounds shipped as a percentage of soil pounds received for customer-owned goods (COG) operations.
		Part I - 1.3.3. The provider and customer shall document in writing the provision of inventory for situations where increased need (e.g., surge capacity in response to a disaster) is anticipated and what adjustments are acceptable.
		Part I - 2. Laundry Facilities
		Part I - 2.1. Physical Design, Ventilation, Fixtures, and Signage

		Part I - 2.1.1. Based on the workflow pattern principle where processing of soiled textiles flows to clean textiles, the laundry facility's physical layout and maintenance procedures must ensure efficiency, minimize environmental contamination, and protect the material and hygienic integrity of the processed textiles. (CDC HICPAC GL EIC 2019; ANSI/AAMI ST65:2018 Std.3.2.3.1; FGI 2014: 2.1-5.2 Linen Services)
		Part I - 2.1.2. Soiled Textiles Area
		Part I - 2.1.2.1. The essential laundry facility design must have a functional separation of areas that receive, store, or process soiled textiles from areas that process, handle, or store clean textiles by one the following methods:
		Part I - 2.1.2.1.1. Physical barrier (e.g., walls or structural partitioning with a means of entry to and from the soiled textiles area), which includes negative air pressure in the soiled textiles area with venting directly to the outside (positive air flow from the clean textiles area through the soiled textiles area); or
		Part I - 2.1.2.1.2. Functional barrier by negative air pressure in the soiled textiles area and positive air flow from the clean textiles area through the soiled textiles area with venting directly to the outside. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST65:2018; Std.3.2.3.1, 3.3.4; ANSI/AAMI ST79:2017; Std. 3.2.2; FGI GL 2014: Table 7.1, ANSI/ASHRAE/ASHE Std. 170-2021 Table 7)
		Part 1 2.1.2.1.2.1. Air pressure differentials in these areas must be monitored and documented daily
		Part I - 2.1.2.2. The physical environment and layout of the soiled sorting area shall be designed to permit orderly soiled textile sorting and other manipulations and processes.
		Part I - 2.1.2.3. Warning signs about the presence of contaminated textiles and the need to follow Standard/Universal Precautions must be posted in work areas where potentially contaminated textiles are stored or sorted prior to processing. (JCHLGL Guidelines for Healthcare Linen Service, 1994; 8.E)
		Part 1 - 2.1.2.4 PPE shall be strategically located and available in work areas where potentially contaminated textiles are stored or sorted. (OSHA 29 CFR 1910.1030)
		Part I - 2.1.2.5. Handwashing facilities must be located in all areas where soiled or contaminated textiles are handled in the laundry. (OSHA 29 CFR 1910.1030; CDC HICPAC GL Hand Hygiene 2002; CDC HICPAC GL EIC, 2019; ANSI/AAMI ST65:2018; Std. 3.3.7; ANSI/AAMI ST79:2017; Std. 3.2; FGI GL 2014: 2.1-5.2 Linen Services; AHE Practice GL 3rd ed. Section. 2)
		Part I - 2.1.2.6.Emergency eyewash equipment shall be available with unobstructed access in all areas where soiled textiles are processed. (ANSI/AAMI ST65:2018; Std. 3.3.8; ANSI/AAMI ST79:2017; Std. 3.3.7; OSHA 29 CFR 1910.1030)
		Part I - 2.1.3. Clean Textile Staging and Storage Areas

		Part I - 2.1.3.1. In the provider's facility, the textile staging and storage areas for cleaned, processed textiles must be in compliance with the following specifications: free of vermin; devoid of lint; without obvious moisture contamination. (ANSI/AAMI ST65:2018; Std. 9.6.1; ANSI/AAMI ST79:2017; Std. 11.1)
		Part I - 2.1.3.2. The ventilation of the storage area
		Part I - 2.1.3.2.1. Storage area must be free of dust and lint
		Part I - 2.1.3.2.2. Storage area must be under positive air pressure relative to adjacent spaces, thereby preventing intrusion of contamination from soiled textile areas. (FGI GL 2014: Table 7.1)
		Part I - 2.1.3.3. Policies and protocols must reflect a facility-specific strategy for ensuring the hygienically clean quality of the stored, processed textiles.
		Part I - 2.1.3.4. The facility shall establish a schedule of visual inspection of the stored textiles and recording the observations.
		Part 1 - 2.1.3.5. Specifications for Clean Textiles Storage Shelves
		Part 1 - 2.1.3.5.1. Shelves must be placed approximately 2 inches from the wall to safeguard package integrity. (ANSI/AAMI ST65:2018; Std. 9.6.1;ANSI/AAMI ST79:2017; Std. 11.1)
		2.1.3.5.2. The bottom shelf must be of solid nonporous construction, free from visible soil and dirt, and at a minimum of 8 inches from the floor for accessible cleaning to prevent contamination. (ANSI/AAMI ST65:2018; Std. 9.6.1;ANSI/AAMI ST79:2017; Std. 11.1)
		2.1.3.5.3. The top of any item on the top shelf must be a minimum of 18 inches below the ceiling to prevent impairment of ventilation, sprinklers, and lighting. (ANSI/AAMI ST65:2018; Std. 9.6.1;ANSI/AAMI ST79:2017; Std. 11.1)
		2.1.3.5.4. Any porous material (e.g., cardboard, paper, etc.) must not be used as a shelf liner in the clean textiles storage area and to store clean textiles.
		Part I - 2.1.4. Other Fixtures and Signage
		Part I - Hand hygiene resources (i.e., handwashing facilities or antiseptic hand cleaner and cleaner dispensers) must be available in or around all work areas and in personnel support areas. (OSHA 29 CFR 1910.1030; CDC HICPAC GL Hand Hygiene 2002; CDC HICPAC GL EIC, 2019; ANSI/AAMI ST65:2018; Std. 3.3.7; ANSI/AAMI ST79:2017 Std. 3.3.5.7; FGI GL 2014: 2.1-5.2 Linen Services; AHE Practice GL 3rd ed. Section. 2)
		Part I - 2.1.4.2. Emergency eyewash and shower equipment shall be available with unobstructed access for immediate emergency use in all areas where chemicals are used and/or stored. (ANSI/AAMI ST65:2018; Std. 3.3.8; ANSI/AAMI ST79:2017; Std. 3.3.7; OSHA 29 CFR 1910.151 (c))

		Part I - 2.1.4.3.Safety features (e.g., emergency lighting, signage, fire alarms, door accessibility and egress, safety perimeter for robotics, equipment guards, etc.) must be evident and operational to safeguard personnel and persons. (OSHA 29 CFR 1910.1030; OSHA Instruction PUB. 8-1.3 Guidelines for Robotics Safety)
		Part I - 2.2. Physical Plant and Equipment Maintenance
		Part I - 2.2.1. Maintenance of equipment and spaces in a laundry facility processing healthcare textiles shall follow documented provider's policies and procedures.
		Part I - 2.2.2. Cleaning, Decontamination, and Disinfection
		Part I - 2.2.2.1. The physical environment (e.g., floors, walls, ceilings, vents, working surfaces, and installed equipment) must receive scheduled cleaning appropriate for the surface, the frequency dependent upon the level of contamination, and the operation performed in the area according to facility policy. (ANSI/AAMI ST65:2018; Std. 3.3.3; AHE Practice GL 3rd ed. Section. 2)
		Part I - 2.2.2.1.1. The cleaning schedule must be maintained on a current basis and available for inspection.
		Part I - 2.2.2.2. Environmental surfaces (e.g., walls, ceilings, vents, and equipment) must be subjected to periodic and as needed blow down processes from ceiling downward to minimize the buildup of dust and lint.
		Part I - 2.2.2.2.1. Blow down, vacuuming, or other suitable cleaning practice must be performed when no other processing of textiles is occurring in that area and must not be performed in pack rooms. (ANSI/AAMI ST65:2018; Std. 3.3.3)
		Part I - 2.2.2.3. Clean textile working surfaces (e.g., counters, benches, tables, etc.) must be kept clean of visible soil, dust, and lint. (OSHA: 29.CFR 1910.1030; CDC HICPAC GL EIC, 2019)
		Part I - 2.2.2.4. Working surfaces that become contaminated with blood or other potentially infectious material (OPIM) must be decontaminated, cleaned, and disinfected with hospital grade disinfectants labeled tuberculocidal or disinfectants with specific label claims for human immunodeficiency virus [HIV] or hepatitis B virus [HBV]). (OSHA: 29 CFR 1910.1030; CDC HICPAC GL EIC, 2019; AHE Practice GL 3rd ed. Section 7.1)]
		Part I - 2.2.2.5. Process monitoring shall be used to verify cleaning effectiveness of surfaces including carts. (Guh A, Carling P for the Environmental Evaluation Workgroup. Options for evaluating environmental cleaning. December 2010; ANSI/AAMI ST65:2018; Std. 6.4 ANSI/AAMI ST79:2017; Std. 13; AHE Practice GL 3rd ed. Section 17)
		Part I - 2.2.2.6. Work practices when using conventional washer extractors
		Part I - 2.2.2.6.1. Cleaning and disinfection of surfaces

		Part I - 2.2.2.6.1.1. Surfaces (i.e., surfaces exterior to conventional washer extractors) that are used to both unload and load conventional washer extractors must be non-porous and easily cleaned.
		Part I - 2.2.2.6.1.2. Routine cleaning and disinfection of surfaces, using a cleaning/disinfection strategy appropriate for the type of contamination when loading and unloading conventional washer extractors after each load, must be consistent with the principles of functional separation.(OSHA: 29 CFR 1910.1030; CDC HICPAC GL EIC 2019: ANSI/AAMI ST79:2017 Std. 6.2, 7)
		Part I - 2.2.2.6.2. Work flow and functional separation
		Part I - 2.2.2.6.2.1. Functional and physical separation of soiled and clean textiles must be followed when conventional washer extractor equipment is used.
		Part I - 2.2.2.6.2.2. For conventional washer extractor equipment that utilizes sling delivery systems for loading soiled textiles, clean textiles must not be stored under the soiled slings unless there is a mechanism present to protect the clean textiles.
		Part I - 2.2.2.6.2.3. Personnel handwashing practices and personal protective equipment (PPE) usage while using conventional washer extractor equipment must be in accordance with Part I, Subpart 5, Sections 5.3.3 Hand Hygiene and 5.4, PPE and Attire. (CDC HICPAC GL Hand Hygiene 2002; ANSI/AAMI ST65:2018; Std. 4.4; ANSI/AAMI ST79:2017; Std.4.4, 4.5.1, 4.5.2; OSHA 29 CFR 1910.1030)
		Part I - 2.2.3. Pest Control Program
		Part I - 2.2.3.1. 2.2.3.1. The provider must have documentation of a current integrated pest management (IPM) program consistent with healthcare-recommended practices and with evidence of scheduled treatments. (CDC HICPAC GL EIC, 2019; EPA Integrated Pest Management in Buildings. 2011; AHE Recommended Practice Series: Integrated Pest Management 2nd ed, 2019.)
		Part I - 2.3. Management of Hazardous Materials
		Part I - 2.3.1. The provider must have knowledge of issues and regulations concerning the management and disposal of hazardous substances/wastes to facilitate any provider-customer negotiations on this topic.
		Part I - 2.3.2. If the customer fails to adhere to proper hazardous substances/waste management practices, the provider shall reject any laundry items contaminated with these substances/wastes and return these to the customer.
		Part I - 2.3.3. Hazardous substance-related wastes must be handled separately from other customer trash/solid wastes and disposed of per facility policy developed in accordance with applicable local regulations or the AHJ for hazardous waste. (OSHA: 29 CFR 1910.1200; Integrated Pest Management in Buildings.)

		Part 1 - 2.3.4 The provider - customer Policy and Procedures shall include some indication that the issue of management of pharmaceutical contaminated textiles has been addressed (pharmaceutical definitions provided by the local regulations or the AHJ).
		Part I - 3. Contingency Planning
		Part I - 3.1 Contingency Planning
		Part I - 3.1.1. Contingency planning shall provide for uninterrupted operations and services in the event of any occurrence potentially leading to serious disruption of the provider's operations. Such disruption includes, but is not limited to, loss of utilities, medical emergencies, natural and/or man-made disasters, fire, inclement weather, work stoppage, or major accidents.
		Part I - 3.1.2. The Contingency Plan shall include the following components:
		Part I - 3.1.2.1. Plant and transportation contingency protocol,
		Part I - 3.1.2.2. Call chain,
		Part I - 3.1.2.3. A list of backup laundry facilities (ideally HLAC accredited), and
		Part I - 3.1.2.4. A backup source of textiles, if needed.
		Part I - 3.2 Plant Contingency Protocol
		Part I - 3.2.1. The provider shall provide a mechanism to inform a step-by-step procedure in the event of an emergency and shall be available to supervisors, each of whom may be responsible for execution of the protocol.
		Part I - 3.2.2. Personnel shall be familiar with the major elements of the plant contingency protocol in advance of emergencies.
		Part I - 3.3. Contingency Call Chain
		Part I - 3.3.1. The call chain shall be written, complete, current, and available to all supervisory personnel, so that timely and accurate contact can be made in case of an emergency.
		Part I - 3.3.2. The call chain shall be maintained by a designated person, who is responsible for updating it at least annually or when personnel changes occur, and distributing the list to personnel.
		Part I - 3.4. Backup Facility Contracts
		Part I - 3.4.1. The provider shall have written contracts in place with one or more alternate laundry providers (ideally HLAC-accredited) that can cover their volume, detailing when and how these providers will process textiles in an emergency.
		Part I - 3.4.1.1. These contracts shall be updated signed, and dated every three years at a minimum.
		Part I - 3.4.2. The provider shall have adequate transportation capabilities with contingency planning.

		Part I - 3.4.3. The provider shall have written contracts in place with one or more alternate textile suppliers, detailing the services and delivery times provided (does not apply to COG).
		Part I - 4. Laundry Equipment
		Part I - 4.1. Documentation
		Part I - 4.1.1. Equipment safety documentation shall consist of safety instructions, describing the potential hazards associated with the equipment use; appropriate safeguards; and complies with ANSI Z8.1-2016 regarding safe operation and maintenance of equipment. (ANSI/AAMI ST65:2018; Std. 10.2.2)
		Part I - 4.2.Water Quality
		Part I - 4.2.1. The operator shall confirm that incoming water used in the laundry process meets an acceptable range for hardness, alkalinity, pH, iron and other heavy metals so that wash operations of the laundry can achieve the result of hygienically clean and appropriate chemistry balance for patient use (ANSI/AAMI ST65:2018 Std. 10.3.2.2)
		Part I - 4.2.2. The provider should consider softening their water when the hardness is 2 grains/gallon (34.2 parts per million [ppm]) or higher. (ANSI/AAMI ST65:2018; Std. 10.4.3.3)
		Part I - 4.3. Equipment Operation
		Part I - 4.3.1. The scale for weighing load size shall be inspected and calibrated by an outside auditor on a scheduled basis, but at a minimum annually; and the results made available to the customer upon request. (ANSI/AAMI ST65:2018; Std. 6.2.2; 6.4.2)
		Part I - 4.3.2. The chemical delivery system must be calibrated according to the standards of the supplier at least monthly. (ANSI/AAMI ST65:2018; Std. 6.4.2)
		Part I - 4.3.3.The design and size of water heater equipment must be appropriate for the provider's needs at peak operating times and to maintain the specified heated water temperature per desired cycle. (ANSI/AAMI ST65:2018; Std. 10.4.3.4)
		Part I - 4.4. Preventive Maintenance
		Part I - 4.4.1. Equipment must be inspected, cleaned, and receive scheduled preventive maintenance according to the manufacturer's instructions or according to facility policy and procedures, if instructions are not available. (ANSI/AAMI ST65:2018; Std. 10.5.1-2)
		Part I - 4.4.2. Preventive maintenance shall include replacement of worn expendable parts, lubrication, and calibrations. (ANSI/AAMI ST65:2018; Std. 10.5.2-3)
		Part 1 - 4.4.3. Equipment preventive maintenance must be documented and kept on file. (ANSI/AAMI ST65:2018; Std. 10.5.5)
		Part I - 4.5. Equipment Calibrations

		Part I - 4.5.1. Equipment shall be calibrated periodically as specified in the manufacturer's instruction manual or as determined by facility policy and procedures, if a manufacturer's schedule is not available. (ANSI/AAMI ST65:2018; Std. 10.5.4)
		Part I - 4.5.2. Calibration shall be performed by personnel trained and/or certified in calibration specified by the manufacturer. (ANSI/AAMI ST65:2018; Std. 10.5.4)
		Part I - 4.6. Recordkeeping for New, Existing, and/or Used Equipment
		Part I - 4.6.1. A maintenance record shall be kept on file for each piece of equipment. (ANSI/AAMI ST65:2018; Std. 10.5.5)
		Part I - 4.6.2. The following information shall be recorded: Service details (e.g., date for request and completion, reason for service, repair); Equipment details (e.g., type, model, serial number, and location of the equipment); Parts and repair details (e.g., parts, repair descriptions); Personnel involved (e.g., provider authorization, service technician name).
		Part I - 5. Laundry Personnel
		Part I - 5.1. Personnel Qualifications
		Part I - 5.1.1. All personnel shall be qualified for their positions through education, training, or level of prior experience, and these qualifications shall be documented in employee files. (ANSI/AAMI ST65:2018; Std. 4.1; ANSI/AAMI ST79: 2017 Std. 4.2, 4.3)
		Part I - 5.1.2. New personnel shall work under the close supervision of qualified personnel until they have demonstrated competency in the given task or procedure. (ANSI/AAMI ST65:2018; Std. 4.1; ANSI/AAMI ST79:2017 Std. 4.2.1)
		Part I - 5.2. Personnel General Responsibilities
		Part I - 5.2.1. Supervisors/managers/personnel shall: (ANSI/AAMI ST65:2018; Std. 4.2.1; ANSI/AAMI ST79:2017 Std. 4.2.1)
		Part I - 5.2.1.1. Safely and correctly operate assigned equipment;
		Part I - 5.2.1.2. Safely and correctly perform assigned processing activities;
		Part I - 5.2.1.3. Correctly interpret and safely implement the Exposure Control Plan;
		Part I - 5.2.1.4. Recognize and understand potential hazards from equipment defects and improper performance of the job; and
		Part I - 5.2.1.5. Understand the risk of injury that defective or improperly operating equipment may inflict. (ANSI/AAMI ST65:2018; Std. 4.2; ANSI/AAMI ST79:2017 Std. 4.2)
		Part I - 5.3. Health and Hygiene

		Part I - 5.3.1. The provider must have policies and procedures to prevent healthcare textiles from being handled by or exposure to personnel with potential health issues (i.e., illness, open wounds or sores, and skin injuries.) (CDC HICPAC GL IC HCW, 1998; ANSI/AAMI ST65:2018; Std. 4.4; ANSI/AAMI ST79:2017 Std. 4.4)
		Part 1 - 5.3.2 Personnel must adhere to good work practices to minimize or eliminate exposures to blood, OPIM, chemical, and mechanical hazards. This includes, but is not limited to:
		Part I - 5.3.2.1. Use of personal protective equipment (PPE) when handling contaminated and soiled textiles; (CDC HICPAC GL EIC, 2019; OSHA: 29 CFR 1910.1030)
		Part I - 5.3.2.2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses must be prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens (BBP). (OSHA: 29 CFR 1910.1030)
		Part I - 5.3.3. Hand washing and hand hygiene indications:
		Part I - 5.3.3.1. Personnel must wash their hands after restroom use, before eating, and when hands become inadvertently contaminated with blood, OPIM, or other body substances. (CDC HICPAC GL Hand Hygiene 2002; ANSI/AAMI ST65:2018; Std. 4.4.; ANSI/AAMI ST79:2017 Std. 4.4; OSHA: 29 CFR 1910.1030)
		Part I - 5.3.3.2. Personnel must practice hand hygiene (handwashing or using alcohol-based hand sanitizers) before donning gloves and after removal of gloves. (CDC HICPAC GL Hand Hygiene 2002)
		Part I - 5.3.3.3. Personnel responsible for packing, wrapping, storing, or transporting clean textiles must maintain proper hand hygiene at all times. (ANSI/AAMI ST65:2018; Std. 4.4)
		Part I - 5.4. Personal Protective Equipment (PPE) and Attire
		Part I - 5.4.1. Personal protective equipment:
		Part I - 5.4.1.1. The provider must supply the PPE to personnel in the workplace. (OSHA: 29 CFR 1910.1030)
		Part I - 5.4.1.2. Reusable PPE (e.g., aprons or overalls) penetrated by blood or OPIM must be removed immediately or as soon as feasible and be laundered by the provider. (OSHA: 29 CFR 1910.1030)
		Part I - 5.4.1.3. PPE must be changed if moving from an area where soiled operations were performed into an area where clean operations are performed. (ANSI/AAMI ST79:2017 Std. 4.5.2)
		Part I - 5.4.1.4. All PPE must be removed and placed in an appropriate receptacle prior to leaving the work area. (OSHA: 29 CFR 1910.1030; ANSI/AAMI ST79:2017 Std. 4.5.1
		Part I - 5.4.2. Personnel attire and adornments:
		Part I - 5.4.2.1. All personnel must wear clean garments without visible soil or dirt in accordance with the provider's policies and procedures. (ANSI/AAMI ST65:2018;Std. 4.5; ANSI/AAMI ST79:2017 Std. 4.5)

		Part I - 5.4.2.2 Hair and beard covers must be worn in areas where clean textiles are processed. Beard covers do NOT need to be worn if facial hair is less than 0.5 inches long. If religious head coverings such as hijabs, veils, turbans or bonnets are worn, they should be clean, unadorned, constructed of tightly woven and low-linting material, and should fit securely, with loose ends tucked in the scrub top. Coverings such as kippahs and yarmulkes that cover only a portion of the hair and scalp may be worn under another head covering. (ANSI/AAMI ST65:2018; Std. 4.5; ANSI/AAMI ST79:2017 Std. 4.5; AORN 2019)
		Part I - 5.4.2.3. Artificial nails should not be worn in the laundry while processing clean textiles. Artificial nails are defined as any substance or device applied or added to the natural nails to augment or enhance the nail, including bonding, extensions, tips, wraps, gel and acrylic overlays, and tapes. (ANSI/AAMI ST65:2018; Std. 4.5; ANSI/AAMI ST79:2017 Std. 4.5; CDC HICPAC GL Hand Hygiene 2002; AORN 2020)
		Part I - 5.4.2.4. Personnel who handle clean healthcare textiles must change work garments whenever their garment becomes soiled or contaminated. (ANSI/AAMI ST65:2018; Std. 4.5.1; ANSI/AAMI ST79:2017 Std. 4.5.1)
		Part I - 5.5. Occupational Safety and Health Elements
		Part I - 5.5.1 The provider shall have a documented biohazard communication system, identifying soiled healthcare textiles using color-coding and/or labeling and adhere to Standard/Universal Precautions. (OSHA 29 CFR 1910.1030)
		Part 1 - 5.5.1.1. This documentation shall be accessible where personnel may refer to it.
		Part I - 5.5.2. The provider must implement an occupational safety and health program based on the OSHA Bloodborne Pathogen Standard and Standard/Universal Precautions to prevent personnel exposure to or contact with blood or OPIM. (OSHA: 29 CFR 1910.1030)
		Part 1 - 5.5.3. Exposure Control Plan (ECP):
		Part I - 5.5.3.1.The provider must develop an Exposure Control Plan (ECP) that contains, but is not limited to the following: (OSHA: 29 CFR 1910.1030)
		Part I - 5.5.3.1.1. Schedule for compliance (i.e., when each part of the Plan is accomplished in the facility).
		Part I - 5.5.3.1.2. Procedure for evaluating the circumstances surrounding exposure incidents.
		Part I - 5.5.3.1.3. An Exposure Determination Plan (EDP), containing: (OSHA: 29 CFR 1910.1030)
		Part I - 5.5.3.1.3.1. A list of all job classifications in which all personnel in those job classifications have occupational exposure,
		Part I - 5.5.2.1.3.2. A list of job classifications in which some personnel have occupational exposure, and
		Part I - 5.5.2.1.3.3. A list of all tasks and procedures that are performed by personnel in a job classification where exposure may exist.

		Part I - 5.5.3.1.4. The Exposure Control Plan must be accessible to all personnel.
		Part I - 5.5.3.1.5.The Exposure Control Plan must be reviewed and updated at least annually.
		Part I - 5.5.4. Develop a hepatitis B vaccination program:(OSHA: 29 CFR 1910.1030)
		Part I - 5.5.4.1. Records must reflect the offering of hepatitis B vaccine by the provider and the acceptance OR documented refusal of the personnel.
		Part I - 5.5.4.2. Hepatitis B vaccine must be offered to personnel upon hire if they are candidates for vaccination
		Part I - 5.5.5. Develop a standing process for post exposure management for blood and/or OPIM.
		Part I - 5.5.5.1. Records must reflect a standing process for post-exposure management for blood and/or OPIM
		Part I - 5.5.6.Develop a hazardous materials (e.g., non-biological, chemical, radiological, etc.) safety plan and policy:
		Part I - 5.5.6.1. Where laundry personnel may be exposed to textiles contaminated with potentially hazardous substances from the customer, a written hazardous substance safety plan must be developed. (OSHA: 29 CFR 1910.1200; The OSHA Technical Manual: Haz Drugs, Sec 6, Chap 2)
		Part I - 5.5.6.1.1. The hazardous substance safety plan must be readily available and accessible to all personnel (i.e., full-time personnel, temporary personnel, contractors, and trainees).
		Part I - 5.5.6.1.2. The hazardous substance safety plan must be reviewed and updated as appropriate at least annually.
		Part I - 5.5.6.2. Where laundry personnel may be exposed to textiles contaminated with potentially hazardous substances from the customer, the provider must develop a policy for management of hazardous substance-contaminated textiles that includes, but is not limited to:
		Part I - 5.5.6.2.1.Wash process;
		Part I - 5.5.6.2.2. PPE requirements for affected personnel;
		Part I - 5.5.6.2.3. Training records for these personnel; and
		Part I - 5.5.6.2.4. Written record of provider/customer discussion regarding proper containment for hazardous substance contaminated textiles.
		Part I - 5.5.7. All vehicle drivers must meet all requirements of the federal and state Department of Transportation (DOT). (www.dot.gov)
		Part I - 5.5.7.1. The provider must maintain documentation of this compliance and make it available for inspection.
		Part I - 5.6. Training and Educational Programs

		Part I - 5.6.1. General elements:
		Part I - 5.6.1.1.Personnel must receive standard safety training of laundry operations applicable to their respective position(s), including, but not limited to safe operations of equipment per manufacturer's instructions and notification procedures when malfunctions occur.
		Part I - 5.6.1.2. Training options shall include, but are not limited to the following:
		Part I - 5.6.1.2.1. In-plant (in-service) training sessions facilitated by a person experienced in the topic;
		Part I - 5.6.1.2.2. Formal external training programs, including classes, workshops, and seminars.
		Part I - 5.6.1.3. Personnel shall receive the provider's standard training for the correct handling of healthcare textiles. Topics shall include:
		Part I - 5.6.1.3.1. Specific types of fabrics being processed;
		Part I - 5.6.1.3.2. Appropriate surgical textiles pack processes according to each pack's use requirements;
		Part I - 5.6.1.3.3.Proper use, placement, and heat-sealing process for patching surgical textiles; (ANSI/AAMI ST65:2018; Std. 4.2.2., 4.3, 7.2.1)
		Part I - 5.6.1.3.4. A copy of the grading standards.
		Part I - 5.6.2. Bloodborne Pathogens Exposure Control Training:
		Part I - 5.6.2.1. Key topics for this training must include, but are not limited to:
		Part I - 5.6.2.1.1. Personal hygiene and proper handwashing and hand hygiene techniques; (CDC HICPAC GL Hand Hygiene 2002; CDC HICPAC GL IC HCW, 1998)
		Part I - 5.6.2.1.2. Use of PPE according to the facilities exposure control plan, including one or more of the following, but not limited to, gloves, gowns, aprons, safety goggles, and masks; [ANSI/ AAMI ST65:2018; Std 4.5.2; CDC HICPAC GL IC HCW, 1998; OSHA: 1910.1030)
		Part I - 5.6.2.1.3. How to correctly don and doff PPE
		Part I - 5.6.2.1.4. Engineering controls and work practices to minimize the risk of exposure to blood or OPIM; (OSHA: 1910.1030)
		Part I - 5.6.2.1.5. Orientation on the provider's Exposure Control Program;
		Part I - 5.6.2.1.6.Orientation to hazard communications, including labeling and color-coding; and (OSHA: 29 CFR 1910.1030)
		Part I - 5.6.2.1.7.Post-exposure procedures, including immediate action, treatment, follow-up, and record keeping. (OSHA: 29 CFR 1910.1030; CDC HICPAC GL IC HCW, 1998)
		Part I - 5.6.3. Hazardous Substance Contaminated Textiles training:
		Part I - 5.6.3.1. Key topics for this training must include, but are not limited to:

		Part I - 5.6.3.1.1.Exposure risk to textiles contaminated with hazardous substances or excreta from patients who have received hazardous substances (e.g., radioisotopes, chemotherapeutics, etc.) in the past 48 hours; (CDC HICPAC GL IC HCW, 1998)
		Part I - 5.6.3.1.2.Communications among supervisors and personnel for hazardous substance management procedures;
		Part I - 5.6.3.1.3.Identification and segregation of soiled textiles from patients exposed to hazardous substance contaminated, reusable textiles in bags designated solely for the containment of reusable hazardous substance exposed textiles;
		Part I - 5.6.3.1.4.Use of PPE including one or more of the following, but not limited to, gloves, gowns, and eye protection, if splashing is possible
		Part I - 5.6.3.1.5. Hand hygiene; and
		Part I - 5.6.3.1.6.Disposal of contaminated one time use PPE in thick, leak-proof colored or labeled plastic bags for hazardous substances-related wastes.
		Part I - 5.6.3.1.7.Proper handling of other reusable PPE. (OSHA: 29 CFR 1910.1200; The OSHA Technical Manual: Haz Drugs, Sec 6, Chap 2)
		Part I - 5.6.4. Department of Transportation (DOT) regulations (www.DOT.gov) training:
		Part I - 5.6.4.1. Key topics in this training shall include, but are not limited to:
		Part I - 5.6.4.1.1. Random drug testing;
		Part I - 5.6.4.1.2. Operator training;
		Part I - 5.6.4.1.3. Certified driver license requirements
		Part I - 5.6.4.1.4. Bloodborne pathogens exposure
		Part I - 5.6.5. Training Documentation
		Part I - 5.6.5.1. All training must be documented in writing and kept on file for 3 years from the date of training. [ANSI/AAMI ST65:2018; Std. 4.3; CDC HICPAC GL IC HCW, 1998; OSHA: 29 CFR 1910.1030)
		Part I - 5.6.5.2. The documentation must include, but is not limited to: (OSHA: 29 CFR 1910.1030)
		Part I - 5.6.5.2.1. Dates of training;
		Part I - 5.6.5.2.3. Topic;
		Part I - 5.6.5.2.4. Trainer's name, title, signature, and qualifications;
		Part I - 5.6.5.2.5. Copies of printed training materials;
		Part I - 5.6.5.2.6. Validation that the training objectives and a minimum level of competency were achieved; and
		Part I - 5.6.5.2.7. Certificates or signature proof of personnel's attendance.

		Part I - 5.6.5.3. The facility must demonstrate the presence of a validation process for all educational activities that includes tracking to ensure 100% completion of the training by all relevant staff.
		Part I - 6. Laundry Customers
		Part I - 6.1. Contact
		Part I - 6.1.1. The provider shall maintain a written list of all customer contacts for access of information exchange and service.
		Part I - 6.1.2. The provider shall have a 24/7 customer service capability to receive customer messages (e.g., voicemail, email, etc.).
		Part I - 6.2. Visitation
		Part I - 6.2.1. The provider must make their plants available to customers and prospective customers for inspection.
		Part I - 6.2.2.The provider should annually visit the customer's healthcare facility for the purpose of conducting a walk-through of all areas where healthcare textiles are used, collected, transported or stored.
		Part I - 6.3. Customer Complaints
		Part I - 6.3.1. The provider must maintain records of any written communication regarding administrative or policy issues or problems with customers, including names of personnel involved and the resolution.
		Part I - 7. Quality Assessment
		Part I - 7.1. Textile products used in healthcare facilities shall be of a quality to ensure patient and healthcare personnel comfort and textile durability.
		Part I - 7.2. Quality Control
		Part I - 7.2.1. Textile quality shall be defined and documented between the provider and the customer.
		Part I - 7.2.2. The provider processing COG textiles shall comply with pre-established textile maintenance standards as specified by each customer.
		Part I - 7.2.3. Defined quality standards shall keep mending and patching to a minimum.
		Part I - 7.2.4. The entire processing cycle shall have documented quality control procedures to ensure the cleanliness and serviceability of the textiles to include:
		Part I - 7.2.4.1. Requirements to rewash, repair, or replace textiles as necessary to maintain quality standards.
		Part I - 7.2.4.2. Planned and posted traffic patterns where required (e.g., pony washers) to minimize the potential for contaminating clean textiles.
		Part I - 7.2.4.3. Limited traffic in all areas of the facility to authorized personnel as outlined in the provider's policies and procedures. (ANSI/AAMI ST65:2018; 3.2.4; ANSI/AAMI ST79:2017; Std. 3.2.3)
		Part I - 7.3. Quality Assurance

		Part I - 7.3.1.The provider shall maintain records of any laundry processing and/or quality assurance problems experienced and mutually agreed upon solutions. A customer call log may be used for this purpose.
		Part I - 7.3.2. The provider and personnel shall periodically review the entire service program (i.e., safe and efficient work environment, competency of the workforce, and quality assurance of the textile process and product) and make adjustments as necessary and appropriate.
		Part I - 7.4. Process Monitoring
		Part I - 7.4.1. Providers shall engage in process monitoring to verify that ongoing operations are producing clean textiles that will meet customer expectations and needs.
		Part I - 7.4.2. Providers shall prepare detailed process monitoring checklists and use them to document key elements of laundry processing.
		Part I - 7.4.2.1. Process monitoring checklists shall include, but are not limited to, the following items:
		Part 1 - 7.4.2.1.1.Chemical supplies: Refer to HLAC Standard Part I Subpart 4 Section 4.3. Elements 4.3.3. and 4.3.4.
		Part I - 7.4.2.1.1.1. The provider shall verify with the manufacturer and chemical supplier that laundry chemicals are appropriate for the equipment in accordance with the equipment manufacturer, textile classifications, and water temperatures being used.
		Part I - 7.4.2.1.2. Titration: (ANSI/AAMI ST65:2018; Std. 6.4.4)
		Part I - 7.4.2.1.2.1. Monthly titrations of the correct wash chemistry shall be performed according to the formula for each major classification of soil. (ANSI/AAMI ST65:2018; Std. 6.4.3.e)
		Part I - 7.4.2.1.3. Equipment:
		Part I - 7.4.2.1.3.1. All provider equipment that directly impacts hygienically clean linen (such as ironers, dryers, presses, washers, etc.) shall be included in the provider's Preventive Maintenance (PM) Program and checked according to the manufacturer's instructions.
		Part I - 7.4.2.1.3.2. Ironer temperatures shall be based on the equipment manufacturer's manual and recommendations appropriate for the type of fabric being processed.
		Part I - 7.4.2.1.4. Finished products:
		Part I - 7.4.2.1.4.1. The quality of finished products shall be maintained as pre-defined by the customer and shall be sufficient to meet the needs of the customer.
		Part I - 7.4.2.1.4.2. A variety of process monitors should be used to indicate how the provider process has performed including:
		Part I - 7.4.2.1.4.2.1. Rewash rates;
		Part I - 7.4.2.1.4.2.2. pH spot tests; and
		Part I - 7.4.2.1.4.2.3. Residual chlorine spot tests.

		Part II. The Textile Processing Cycle
		Part II - 1. Handling, Collection and Transportation of Soiled Healthcare Textiles
		Part II - 1.1. Universal Precautions
		Part II - 1.1.1. All soiled textiles must be assumed to be contaminated. (CDC HICPAC GL EIC 2019; OSHA: 29 CFR 1910.1030; AHE Practice GL 3rd ed. Section 4)
		Part II - 1.1.2.Standard/Universal Precautions must apply to all personnel who handle soiled textiles during moving, containing, loading, unloading, and sorting said textiles. (CDC HICPAC GL EIC 2019; OSHA: 29 CFR 1910.1030; AHE Practice GL 3rd ed. Section 4)
		Part II - 1.2. Handling and Collection
		Part II - 1.2.1. All healthcare textiles must be handled and collected in accordance with federal regulations or the Authority having Jurisdiction (AHJ), thereby minimizing potential exposure of laundry personnel to bloodborne pathogens or other infectious agents. (CDC HICPAC GL EIC 2019; OSHA: 29 CFR 1910.1030; AHE Practice GL 3rd ed. Section 4; ANSI/AAMI ST79:2017 Std. 6.3)
		Part II - 1.2.2. Soiled, contaminated textiles and fabrics must be handled and collected with minimal agitation at all times to prevent contamination of air, surfaces, clean textiles, and persons. (CDC HICPAC GL EIC, 2019; OSHA: 29 CFR 1910.1030)
		Part II - 1.3. Transportation
		Part II - 1.3.1. The provider must maintain functional separation of clean textiles from soiled textiles in carts and/or vehicles at all times during handling, collection, and transportation of soiled textiles. (ANSI/ AAMI ST79:2017 Std. 6.5.7; FGI GL 2014: 2.1-5.2 Linen Services 2.1-5.2.2.1, 2.2-5.2.3.1-3)
		Part II - 1.3.2. Functional separation of clean from soiled textiles must be maintained during transportation by:
		Part II - 1.3.2.1. Transport soiled textiles in fluid-resistant containers/bags.; (ANSI/AAMI ST65:2018; Std. 9.5.3)
		Part II - 1.3.2.2. Anchoring soiled textile containers in the vehicle to prevent spillage from their containers;
		Part II - 1.3.2.3. Training personnel regarding proper bagging and placement of textiles in the transporting truck; and
		Part II - 1.3.2.4. Ensuring that all personnel with this responsibility follow Universal Precautions when necessary (e.g., when handling loose soiled textiles not contained in bags).
		Part II - 1.4. Carts Used for Soiled Textiles

		Part II - 1.4.1.Carts, containers, covers, and liners used to collect or transport soiled textiles must be properly cleaned and disinfected after the cart is emptied and before any next use, whether to transport clean textiles or soiled textiles. (ANSI/AAMI ST65:2018; Std. 9.5.4.1, ANSI/AAMI ST79:2017; Std. 6.5.3; FGI GL 2014: 2.1-5.2.2.1. Linen Services)
		Part II -1.4.2.If state regulation or AHJ indicates that carts used for soiled textiles cannot be used subsequently to transport clean textiles, the provider must comply with this restriction.
		Part II - 1.4.3. Proper cleaning shall include any of the following: Steam cleaning, Cleaning with a detergent and water, or Using a hospital grade detergent disinfection, Alternative method of disinfection such as ultraviolet-C (UV-C) systems
		Part II - 1.4.3.1 The laundry shall have documentation that supports the efficacy of its process in disinfection of the carts.
		Part II - 1.4.3.2 All methods shall follow instructions of the manufacturer and documentation is to be available to support the validation of the process used.
		Part II - 1.4.3.3.1. Hospital-grade cleaning products shall be used according to label instructions, ensuring that the product remains on surfaces for the full contact time. (ANSI/AAMI ST65:2018; Std. 9.5.4.1; ANSI/ AAMI ST79:2017; Std. 7, 7.4; CDC HICPAC GL EIC, 2019)
		Part II - 2. Sorting
		Part II - 2.1. Soiled Sorting Area
		Part II - 2.1.1.The surfaces in the soil sort room must be cleaned and disinfected in accordance with Part I Subpart 2 Section 2.2 of this HLAC Standard. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST79:2017; Std. 4.5.2, 7; OSHA 29 CFR 1910.1030)
		Part II - 2.2. Standard/Universal Precautions
		Part II - 2.2.1.All personnel who handle soiled healthcare textiles must follow Standard/Universal Precautions and use appropriate PPE for this task. (OSHA: 29 CFR 1910.1030; CDC HICPAC GL EIC, 2019; CDC HICPAC GL IC HCW, 1998)
		Part II - 2.3. Sorting Soiled Textiles
		Part II -2.3.1.Soiled textiles shall be sorted and loaded appropriately in order to provide hygienically clean linen. (ANSI/AAMI ST65:2018; Std. 5.4.2)
		Part II - 2.3.2. Laundry bags and textiles contaminated with hazardous substances must be prewashed, and then the textiles added to other laundry for a second wash. (OSHA: 29 CFR 1910.1200; The OSHA Technical Manual: Haz Drugs, Sec 6, Chap 2)
		Part II - 2.4. Foreign Object Policies

		Part II - 2.4.1.Foreign objects shall be removed during the sorting process to be disposed of or returned to the customer in accordance with provider/customer contract.
		Part II - 2.4.1.1.Reusable surgical instruments shall be retrieved from the textiles prior to laundering, placed into designated containers, and returned to the customer. (ANSI/AAMI ST65:2018; Std. 5.3.1)
		Part II - 2.4.1.2.Disposable devices shall be retrieved from the textiles prior to laundering, discarded into designated containers, and/or returned to the customer. (ANSI/AAMI ST65:2018; Std. 5.3.1)
		Part II - 2.4.2. Sharps Policy:
		Part II - 2.4.2.1. The provider must maintain a written sharps policy that includes, at a minimum:
		Part II - 2.4.2.1.1. Appropriate sharps containers must be closable, puncture resistant, leakproof on sides and bottom, and labeled (e.g., using the biohazard symbol) or color-coded;
		Part II - 2.4.2.1.2. Sharps containers must be located near soiled textile handling or sorting stations for collection and proper disposal of sharps; and (OSHA: 29 CFR 1910.1030; ANSI/AAMI ST65:2018; Std. 5.3.1; CDC HICPAC GL EIC, 2019)
		Part II - 2.4.2.1.3.Personnel injured by a sharp shall follow OSHA's (or other relevant regulatory agency) regulations on sharps injury documentation, post-exposure evaluation, and follow-up. (OSHA: 29 CFR 1910.1030; CDC HICPAC GL IC HCW, 1998)
		Part II - 3. Washing and Extraction
		Part II - 3.1. Washing
		Part II - 3.1.1. The provider shall follow fabric-care instructions and special laundering requirements for items used by the customer, thereby ensuring that washed healthcare textiles become hygienically clean. (CDC HICPAC GL EIC, 2019)
		Part II - 3.1.2. The provider must sort and process environmental cleaning and disinfection textiles (e.g., cleaning cloths, microfiber cloths, mop heads, etc.) in separate wash loads from healthcare textiles intended for patient use.
		Part II - 3.1.3.The provider shall establish the load size (weight) for each textile classification and for each type of equipment used. (ANSI/AAMI ST65:2018; Std. 6.2.2)
		Part II - 3.1.4.Each classification shall have established parameters to optimize the wash processes:
		Part II - 3.1.4.1.Cycle time: Pre-wash, wash, rinse, and final rinse times;
		Part II - 3.1.4.2.Water levels/usage: Total water usage and/or water levels;
		Part II - 3.1.4.3.Temperature: Wash cycle, bleach cycle, and rinse cycle temperatures; and
		Part II - 3.1.4.4.Chemical usage: Chemical types and usage levels for each step in the wash process.

		Part II - 3.1.5.The provider shall demonstrate that wash processes are in compliance with state and local requirements by including a copy of these requirements in appropriate documentation and referrals to these requirements in policies.
		Part II - 3.1.6. If soiled textiles are received from the customer as labeled with hazardous drug contamination (i.e., chemotherapy drugs), the provider shall follow an appropriate textile process that includes:
		Part II - 3.1.6.1. Pre-wash of contaminated textiles in a washable laundry bag (e.g., net bag) separate from all other textiles and
		Part II - 3.1.6.2. Second wash process with other soiled textiles prior to drying cycle.
		Part II - 3.2 Extraction
		Part II - 3.2.1.The provider shall extract and/or dry the clean healthcare textiles in a manner that preserves the integrity of the textiles, minimizes microbial growth after washing, and prepares the textiles for efficient ironing or folding. (ANSI/AAMI ST65:2018; Std. 6.2.3.8)
		Part II - 3.2.2. Provider shall have a process to ensure damp textiles are not stored for an inappropriate length of time. (CDC HICPAC GL EIC, 2019)
		Part II - 4. Drying
		Part II - 4.1. Equipment
		Part II - 4.1.1. Dryers shall be in good operating condition.
		Part II - 4.2. Drying
		Part II - 4.2.1.Drying procedures shall be described, controlled, and monitored for each textile classification to ensure appropriate drying. (ANSI/AAMI ST65:2018; Std. 6.3.1)
		Part II - 5. Finishing
		Part II - 5.1. Ironing Equipment
		Part II - 5.1.1. Ironers shall be maintained in good operating condition, so that they adequately iron, dry, and fold the textiles without excessive heat, pressure, or mechanical damage.
		Part II - 5.1.2.The equipment shall maintain a temperature appropriate for the type of fabric being processed and based on the equipment manufacturer's manual and recommendations, if available.
		Part II - 5.1.3. Documentation of monthly temperatures and preventive maintenance shall be maintained.
		Part II - 5.2. Folding and Stacking
		Part II - 5.2.1.Dry folding equipment shall be in good operating condition to properly fold the textiles without damage.
		Part II - 5.2.2.The folding and stacking process shall ensure that the textile merchandise is maintained in the same hygienically clean state as was achieved when it emerged from washing.

		Part II - 5.2.3. If any textiles become soiled in this process, they shall be rewashed in accordance with HLAC Standard Part II Subpart 3 Section 3.1. (ANSI/AAMI ST65:2018; Std. 9.4)
		Part II - 5.3. Packaging
		Part II - 5.3.1.Healthcare textile packaging must preserve textiles in a hygienically clean state for delivery to the customer. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST65:2018; Std. 9.4)
		Part II - 5.3.2.Textiles must be wrapped into fluid-resistant bundles or placed as unwrapped bundles into fluid- resistant covered carts or hampers.
		Part II - 5.3.3.Wrapping material shall be plastic or other material that will protect the textiles from inadvertent environmental contamination.
		Part II - 5.3.4. During packaging, textiles shall be handled as little as possible to prevent soiling or contamination. (ANSI/AAMI ST65:2018; Std. 9.4)
		Part II - 5.3.5. The wrapping material or the cart must be securely closed during transport to the customer.
		Part II - 5.4. Reprocessing Requirements
		Part II - 5.4.1. If any textiles become soiled during any stage of the finishing processing (including packaging), they must be rewashed and reprocessed in accordance with HLAC Standard Part II Subpart 3 Section 3.1. (ANSI/AAMI ST65:2018; Std. 9.4
		Part II - 6. Storage
		Part II - 6.1. Rationale
		Part II - 6.1.1.The provider's storage strategies and handling methods of healthcare textiles must preserve the textiles in a hygienically clean state for delivery to the customer. (ANSI/AAMI ST65:2018; Std. 9.1; 9.6.1-2; ANSI/AAMI ST79:2017; Std. 9.1, 11.2.1)
		Part II - 6.1.2.Stock inventory of clean finished textiles shall be rotated and used in a first-in/first-out manner. (ANSI/AAMI ST65:2018; Std. 9.6.3; ANSI/AAMI ST79:2017 Std. 11.1.3, 11.3.1)
		Part II - 6.2. Storage Areas
		Part II - 6.2.1.Storage parameters must be consistent with Part I, Subpart 2, Section 2.1, Subsection 2.1.3 of this HLAC Standard.
		Part II - 6.2.2.Unwrapped clean textiles shall be stored in designated storage rooms, areas, or carts. (ANSI/AAMI ST65:2018; Std. 9.6.1-2; ANSI/AAMI ST79:2010 Std. 11.1; FGI GL 2014: 2.1-5.2 Linen Services)
		Part II - 6.2.3.Only clean textiles shall be stored in this area and signage posted as "Textile storage room." (ANSI/AAMI ST65:2018; Std. 9.6.2)
		Part II - 6.2.4. Storage area cleanliness:
		Part II - 6.2.4.1. A schedule of surface cleaning with a detergent and water, including floor and shelves, shall be in writing.

		Part II - 6.2.4.2. Should this storage area require disinfection after cleaning, the provider shall use a hospital grade disinfectant according to label instructions per provider's policy. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST79:2017 Std. 7.1)
		Part II - 6.2.5. Storage area entry and exit:
		Part II -6.2.5.1. The doors to the clean textile storage area shall remain closed at all times, except for entrance or exit. (ANSI/AAMI ST65:2018; Std. 9.6.2)
		Part II - 6.2.5.2. Storage rooms shall only be accessible by authorized personnel. (ANSI/AAMI ST65:2018; Std. 9.6.2; ANSI/AAMI ST79:2017 Std. 11.1.1)
		Part II - 6.3. Storage Options
		Part II - 6.3.1. Bundled and wrapped textiles shall be stored in open racks in the laundry, on the trucks, or at the customer's facility provided the integrity of bundled and wrapped textiles is not compromised. (ANSI/AAMI ST65:2018; Std. 9.6.2; ANSI/AAMI ST79:2017 Std. 11.1.1)
		Part II - 6.3.2.If unwrapped textiles are placed into carts or hampers and covered, the container shall remain covered at all times until delivered to the customer's textiles storage room or other designated location in the healthcare facility.
		Part II - 6.3.3.If the cart does not have a solid bottom (i.e., drain holes), the bottom must be lined with a hygienically clean barrier that prevents environmental contamination before placing clean textiles inside. (ANSI/AAMI ST65:2018; Std. 9.6.1-2; ANSI/AAMI ST79:2017 Std. 11.2.2)
		Part II - 6.4. Reprocessing Requirements
		Part II - 6.4.1.If any textiles become soiled during storage, they must be rewashed and reprocessed in accordance with Part II Subpart 3 Section 3.1. of this HLAC Standard. (ANSI/AAMI ST65:2018; Std. 9.4)
		Part II - 7. Delivery of Cleaned Healthcare Textiles
		Part II - 7.1.Clean healthcare textiles must be transported, delivered to the customer's storage area, and stored by methods designed to minimize microbial contamination from surface contact or airborne deposition. (FGI GL 2014: 2.1 5.2 Linen Services 2.15.2.2.; 2.1 5.2.3.; CDC HICPAC GL EIC, 2019; ANSI/AAMI ST65:2018; Std. 9.5.1)
		Part II - 7.2. Delivery methods:
		Part II - 7.2.2. Clean textiles shall be wrapped for delivery. (ANSI/AAMI ST65:2018; Std. 9.6.1-2; ANSI/AAMI ST79: 2017 Std. 9.7)
		Part II - 7.3. Cart Function and Cleanliness
		Part II - 7.3.1. Carts shall be maintained in good working order with wheels free from strings or other debris that impairs functioning or collects dirt.

		Part II - 7.3.2. Cart cleanliness:
		Part II -7.3.2.1. Carts must be cleaned and disinfected in accordance with Part II Subpart 1 Section 1.4 of this HLAC Standard. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST79:2017 Std. 6.5.3)
		Part II - 7.3.2.2.Carts, containers, reusable cart covers, and liners used for clean textiles shall be properly cleaned and disinfected after the cart is emptied and upon return to the facility. (ANSI/AAMI ST65:2018; Std. 9.5.4.1; ANSI/AAMI ST79:2017 Std. 6.5.7)
		Part II - 7.3.2.3.Reusable textile cover materials (e.g., liners) must be washed before the next use. (ANSI/ AAMI ST65:2018; Std. 9.5.4.1; ANSI/AAMI ST79:2017; Std. 11.2.2)
		Part II - 7.3.2.4.If a cart used to transport clean textiles appears soiled, it must be cleaned and disinfected before it is subsequently used. (ANSI/AAMI ST65:2018; Std. 9.5.4.1; ANSI/AAMI ST79:2017 Std. 11.2.2)
		Part II - 7.4. Vehicle Considerations
		Part II - 7.4.1. Functional separation:
		Part II - 7.4.1.1.The best practice is to transport clean and soiled linen separately, however if clean and soiled textiles are transported in the same vehicle, proper and effective functional separation must be maintained at all times.
		Part II - 7.4.1.2. Separation must be accomplished by the use of physical barriers and/or space separation sufficient to protect clean textiles from contact with soiled textiles. (ANSI/AAMI ST65:2018; Std. 9.5.5; ANSI/AAMI ST79:2017 Std. 11.3.5)
		Part II - 7.4.2. Vehicle cleanliness:
		Part II - 7.4.2.1.The interior of the vehicle's cargo area used to transport healthcare textiles shall be cleaned on a regular basis per provider's policies and procedures and whenever visibly soiled. (ANSI/AAMI ST65:2018; Std. 9.5.5; ANSI/AAMI ST79:2017 Std. 8.11.5)
		Part II - 7.4.2.2.Should the interior surfaces of the cargo area become contaminated with blood or OPIM, these surfaces must be decontaminated, cleaned with a detergent and water, and disinfected with a hospital grade disinfectant labeled as tuberculocidal and used according to label instructions. (CDC HICPAC GL EIC, 2019; ANSI/AAMI ST79:2017; Std. 11.3.5)
		Part II - 7.4.3. Occupational safety for drivers:
		Part II - 7.4.3.1. Hand care:
		Part II - 7.4.3.1.1.Vehicles used to transport healthcare textiles must have alcohol-based hand sanitizer (ABHS) that contains at least 60 percent alcohol available on board for the purpose of hand hygiene.

		Part II - 7.4.3.1.2.Drivers must use gloves to minimize contact with soiled textiles and use appropriate hand hygiene after glove removal. Gloves used to handle soiled linen must never come in contact with clean linen.
		Part II –7.4.3.2.Vehicles used to transport healthcare textiles shall have PPE and Spill Kits on board for the purpose of self-protection while cleaning and disinfecting the spill according to the provider's policies and procedures.
		Part III. Surgical Pack Assembly Room Standards
		Part III - 1. Physical Facilities of Surgical Pack Assembly Area/Room
		Part III - 1.2. Floors, Walls, Ceilings and Vents
		Part III - 1.1.1.Floors and walls must be constructed of materials that will withstand scheduled wet cleaning as well as the heat and humidity of the laundry environment (for example, mold- and moisture-resistant gypsum board, concrete, stainless steel, copper, etc.) (ANSI/AAMI ST65:2018; Std. 3.4.3; ANSI/AAMI ST79:2017; Std. 3.3.2)
		Part III - 1.1.2.Particulate or fiber-shedding materials must not be used in the construction of the surgical pack assembly room. (ANSI/AAMI ST65:2018; Std. 3.4.3 ANSI/AAMI ST79:2017; Std. 3.3.5.2
		Part III - 1.1.3.Ceilings in clean work areas must be flush with recessed, enclosed fixtures. (ANSI/AAMI ST65:2018; Std. 3.4.3; ANSI/AAMI ST79:2017; Std. 3.3.5.3)
		Part III – 1.2. Separation of Work Areas
		Part III - 1.2.1.The surgical pack assembly room must be designed, so that areas in which clean textiles are received, stored, and assembled into packs are separated by a physical barrier from areas in which soiled textiles are received or processed. (ANSI/AAMI ST65:2018; Std. 3.2.3.2; ANSI/AAMI ST79:2017; Std. 3.2.2)
		Part III - 1.3.Ventilation Requirements for Proper Air Flow and Climate Control
		Part III - 1.3.1.Heating, ventilation, and air conditioning (HVAC) system must be designed to conform to AIA/FGI standards in effect at the time when the facility was built or renovated. (FGI GL 2014: 2.1-8; ANSI/ASHRAE/ ASHE Std. 170-2021: Sec. 4,5,6,8)

		Part III - 1.3.2.The HVAC system in the surgical pack assembly room must maintain the appropriate positive air pressure relative to the rest of the facility, preventing intrusion of contamination from the soiled textiles area. The HVAC system must be a down-draft system for air circulation within the space, and the number of air changes/hour (ACH) (typically 10) must be sufficient to minimize lint particles in the air. (ANSI/AAMI ST65:2018; Std. 3.3.4, 3.4.4; FGI GL 2014: Table 7.1; ANSI/ASHRAE/ASHE Std. 170-2021: Table 7.1)
		Part III - 1.3.3.Return air registers (i.e., exhaust ducts) shall be at or near floor level, thereby facilitating the installation and effective maintenance of any filtering systems. (ANSI/AAMI ST65:2018; Std. 3.4.4)
		Part III - 1.3.4.Portable fans must not be permitted in the surgical pack assembly room. (ANSI/AAMI ST65:2013; Std. 3.4.4)
		Part III - 1.3.5.Supply air for the surgical pack assembly room must be filtered as indicated in the edition AIA/ FGI guidelines in effect at the time of construction or renovation of the laundry facility, with the filters undergoing scheduled regular maintenance as determined by the HVAC system engineer. (ANSI/AAMI ST65:2018;Std. 3.4.4)
		Part III -1.3.5.1.For new construction or major renovated laundry facilities' surgical pack assembly room since 2011, filtration must consist of one filter bed with an 8 MERV (minimum efficiency rating value) or 30% filtration efficiency or the FGI Guidelines at the time of the construction, as a minimum. (ANSI/ASHRAE/ASHE Std. 170-2021 Table 7.1; FGI GL 2014: 2.1-5.1.2.2 Linen Services)
		Part III - 1.3.6.Temperatures in the surgical pack assembly room must be maintained between 68°F - 73°F to ensure a comfortable work environment for personnel in appropriate work attire. (ANSI/AAMI ST65:2018; Std. 3.4.5; FGI GL 2014: Table 7.1; ANSI/ASHRAE/ASHE Std. 170-2021: Table 7.1)
		Part III - 1.3.7.Relative humidity (RH) must be maintained between 30% and 60% max in all work areas, except the sterile storage area, where the humidity must not exceed 70%, for personnel comfort and to discourage microbial (e.g., fungal) growth. (ANSI/AAMI ST65:2018; Std. 3.4.5; FGI GL 2014: Table 7.1; ANSI/ASHRAE/ASHE Std. 170-2021: Table 7.1)
		Part III - 1.4. Lighting
		Part III - 1.4.1.High intensity lighting shall be available in that part of the room or area where textiles are examined (i.e., folding, assembly, and repair areas). (ANSI/AAMI ST65:2018; Std. 3.4.6)
		Part III - 1.4.2.Lower intensity overhead lighting shall be employed for areas where light illumination (e.g., table, bar, tube, etc.) inspection is performed, so the light illumination equipment can be used optimally. (ANSI/AAMI ST65:2018; Std. 3.4.6)
		Part III - 1.5. Storage Area for Clean Textile Packs

		Part III - 1.5.1.The storage area for clean textile packs must be designed and managed in accordance with recommended practices for clean and sterile products as outlined in these standards. (Code of Federal Regulations 21 CFR 820.150; ANSI/AAMI ST65:2018; Std. 3.4.8, 3.4.9, 3.4.10, 9.6.1-3; ANSI/AAMI ST79:2017; Std. 11.1; FGI GL 2014: 2.1-5.2 Linen Services).
		Part III -1.5.2.Bulk shipping warehouse cardboard boxes must not be in these surgical pack assembly storage rooms. (ANSI/AAMI ST79:2017 Std. 5.2.1)
		Part III - 1.5.3.Storage rooms must be accessible only by authorized personnel. (ANSI/AAMI ST65:2018; Std. 9.6.2; ANSI/AAMI ST79:2017; Std. 8.9.2)
		Part III - 1.5.4.Clean textile pack storage room doors must remain closed, except for access or exit. (ANSI/ AAMI ST65:2018; Std. 9.6.2)
		Part III - 1.5.5.Environmental conditions in the clean surgical textile pack storage area must include:
		Part III -1.5.5.1.Temperatures must not exceed 73°F to prevent microbial contamination;
		Part III - 1.5.5.2.Relative humidity must be less than 70% to inhibit microbial growth;
		Part III - 1.5.5.3.The room must be properly ventilated to prevent accumulation of dust and lint (i.e., Minimum total air exchange rate of 2 ACH); and
		Part III - 1.5.5.4.The room must have positive air pressure relative to adjacent spaces, preventing intrusion of contamination from the soiled textiles areas. (ANSI/AAMI ST65:2018; Std. 9.6.1; ANSI/AAMI ST79:2017; Std. 3.3.6.4-6; FGI GL 2014: Table 7.1; ANSI/ASHRAE/ASHE Std. 170-2013 Table 7.1)
		Part III - 1.5.6.Storage areas must be located within the surgical pack assembly room to facilitate bundling, loading onto trucks, and transportation.
		Part III - 2. Surgical Pack Assembly Room Entry and Admission
		Part III - 2.1. Policies:
		Part III - 2.1.1.Criteria for authorized entry and movement within the surgical pack assembly room must be specified in written policies and procedures. (ANSI/AAMI ST65:2018; Std. 3.2.4)
		Part III - 2.1.2.Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses must be prohibited in the surgical pack assembly room. (OSHA: 29 CFR 1910.1030)
		Part III -2.1.3.Traffic in the surgical pack assembly room must be limited to authorized personnel only. (ANSI/ AAMI ST65:2018; Std. 3.2.4)
		Part III - 2.1.4.Policies and procedures must be developed to address visitor access and the circumstances for access and must establish a dress code to reduce the potential for contamination of surgical textiles. (ANSI/AAMI ST65:2018; Std. 3.2.4)
		Part III - 2.2. Hand Hygiene Practices

		Part III - 2.2.1.Personnel must wash their hands before entering and working in the surgical pack assembly room.
		Part III - 2.2.2.Handwashing sinks with soap and paper towels must be readily accessible in or near the surgical pack assembly room. (ANSI/AAMI ST65:2018; Std. 3.4.7)
		Part III - 2.2.3.Alcohol-based hand sanitizer (with minimum alcohol concentration of 60%) also must be made readily available at the entrance and exit of the surgical pack assembly room door. (ANSI/AAMI ST65:2018; Std. 3.4.7, CDC Handwashing in Communities, 2022.)
		Part III - 3. Surgical Textile Assembly Process
		Part III - 3.1. Carts Used to Move Clean Surgical Textiles to the Surgical Pack Assembly Room
		Part III - 3.1.1. Carts that are utilized for clean surgical textiles must be cleaned and disinfected in accordance with Part II, Subpart 7, Section 7.3. of this HLAC Standard. (ANSI/AAMI ST65:2018;Std. 9.5.4.1)
		Part III - 3.2. Inspection of Clean Surgical Textiles Prior to Pack Assembly
		Part III - 3.2.1 Written quality standards must be developed between the linen provider and the customer. Provider must provide documentation of these standards. Standards should be reviewed annually. (ANSI/AAMI ST65:2018; Std. 7.2.1)
		Part III - 3.2.2.If surgical textile integrity and quality are monitored by the provider, the critical zones of surgical textiles must be visually inspected with the use of light illumination (e.g., table, bar, tube, etc.) for the presence of stains, residue, physical defects, chemical or thermal damage, and foreign debris, and to ensure that appropriate labels are in place and a tracking system is intact. (ANSI/AAMI ST65:2018; Std. 7.2.1)
		Part III - 3.2.2.1.The provider and customer shall agree to a written procedure for reporting, investigating, and returning surgical textile barrier efficacy issues and strike-through occurrences to
		Part III - 3.2.2.2.A tracking mechanism suitable for each surgical textile barrier product must be used to track the number of product's uses based on the textile manufacturer's recommendations. (ANSI/ AAMI ST65:2018; Std. 11.5)
		Part III - 3.2.3. Stains:
		Part III - 3.2.3.1.If, during the inspection process, surgical textiles are determined to be stained, these textiles must be rewashed or retired as appropriate. (ANSI/AAMI ST65:2018; Std. 7.2.2, 7.4.3)
		Part III - 3.2.3.2.Surgical textiles with aesthetic stains that do not adversely affect the functionality of the textile may remain in service unless the end user determines otherwise. (ANSI/AAMI ST65:2018; Std. 7.2.2)

		Part III - 3.2.3.3.Stained surgical textiles must be retired if rewashing cannot successfully remove unacceptable stains or residues (e.g., medicines, lubricants, adhesives, blood and/or body fluids, hard surfaced or foreign matter of unknown composition, and raised or tactile residues). (ANSI/ AAMI ST65:2018; Std. 7.2.2)
		Part III - 3.2.4. Physical defects:
		Part III - Physical defects (i.e., loose threads, loose or missing ties/ attachments, damaged/missing snaps, cuts, tears, and holes) must be repaired as appropriate with patching and mending before the textile is reused in accordance with Part III Subpart 3 Section 3.3 of this HLAC Standard. (ANSI/AAMI ST65:2018; Std. 7.2.3)
		Part III - 3.2.5. Chemical or thermal damage:
		Part III - 3.2.5.1.Surgical textiles must be inspected for evidence of chemical and/or thermal damages (usually apparent as discoloration, stiffening, or compromised structural integrity holes). (ANSI/ AAMI ST65:2018; Std. 7.2.4)
		Part III - 3.2.5.2.Surgical textiles with chemical and/or thermal damage that adversely impacts the important functional attributes of the textile must be retired or removed from service. (ANSI/AAMI ST65:2018; Std. 7.2.4)
		Part III - 3.2.6. Foreign debris
		Part III - 3.2.6.1.Surgical textiles must be free of foreign debris (e.g., lint, hair, loose fibers, fibrous pills, other particulates) prior to assembly into packs. (ANSI/AAMI ST65:2018; Std. 7.2.5)
		Part III - 3.2.6.2.Foreign debris must be removed with an appropriate method (e.g., a delinting roller or sticky tape) as approved by the textile manufacturer. (ANSI/AAMI ST65:2018; Std. 7.2.5)
		Part III - 3.2.6.3.Work practices must be implemented to keep surgical textiles free from foreign debris. Such practices include, at a minimum, the following:
		Part III - 3.2.6.3.1.Dress code suitable for the inspection area of the surgical pack assembly room, consisting of dedicated uniforms or other suitable outerwear, hair covering, and beard covers as appropriate;
		Part III - 3.2.6.3.2.Handwashing procedures;
		Part III - 3.2.6.3.3.Housekeeping procedures to minimize dust and lint; and
		Part III - 3.2.6.3.4.Facility maintenance (e.g., keeping dryer lint screens clean). (ANSI/AAMI ST65:2018; Std. 7.2.5)
		Part III - 3.2.7. Labeling:
		Part III - 3.2.7.1.New surgical textiles shall be inspected for appropriate labels and accompanying manufacturer's instructions. (ANSI/AAMI ST65:2018; Std. 7.2.6)

		Part III - 3.2.7.2.Labels shall contain information such as manufacturer, product type, and lot code numbers. (ANSI/AAMI ST65:2018; Std. 7.2.6)
		Part III - 3.2.7.3.Labels with lot code information must remain intact throughout the effective life of the textile. (ANSI/AAMI ST65:2018; Std. 7.2.6)
		Part III -3.2.7.4.Surgical textiles that are labeled as in compliance with ANSI/AAMI PB70 must be labeled with their barrier classification. (ANSI/AAMI PB70; ANSI/AAMI ST65:2018; Std. 7.2.6, 7.3.4.2)
		Part III - 3.2.8. Tracking System
		Part III - 3.2.8.1.If a tracking mechanism (e.g., radio frequency identification [RFID], grid, bar code) is present on a surgical textile, this must be visually inspected, marked, scanned, or read each time the product is processed. (ANSI/AAMI ST65:2018; Std. 7.2.7)
		Part III - 3.2.8.2.If the integrity of the tracking mechanism is in question, the textile must be pulled from service or an alternate method of tracking must be used until the tracking problem is resolved. (ANSI/AAMI ST65:2018; Std. 7.2.7)
		Part III - 3.2.9. Effective Life of Surgical Textiles
		Part III - 3.3.2.9.1.Methods must be designed and in place to the number of uses/washes for surgical textile barrier products. (ANSI/AAMI ST65:2018; Std. 7.3.3)
		Part III - 3.2.9.2.Textile manufacturers must be consulted for directions on evaluating the critical performance attributes of their textile products, to include barrier properties (e.g., repellent finish, deterioration of coatings or film), absorbency, strength, drapeability, physical defects, and signs of textile aging. (ANSI/AAMI ST65:2018; Std. 7.3.3)
		Part III - 3.3. Maintenance of Surgical Textiles
		Part III - 3.3.1. Patching and Mending
		Part III - 3.3.1.1.Sewing and use of patches shall be acceptable for repairs in non-critical zones of surgical textiles. (ANSI/AAMI ST65:2018; Std. 7.4.1-2)
		Part III - 3.3.1.2.Physical defects within the critical zones of the various surgical textiles must be repaired, following manufacturer's guidelines. (ANSI/AAMI ST65:2018; Std. 7.2.3)
		Part III -3.3.1.2.1.Heat-sealed patches must be used to repair physical defects present in the critical zones of surgical textiles. Attributes of these patches must include: (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III - 3.3.1.2.1.1.Meeting the same general medical device safety and effectiveness requirements as the textile being repaired
		Part III - 3.3.1.2.1.2. Being applied per manufacturer's instructions,

		Part III - 3.3.1.2.1.3.Providing at least the same performance characteristics, including level of barrier performance as the textile being repaired,
		Part III -3.3.1.2.1.4.Providing at least the same life expectancy as the textile being repaired, and
		Part III - 3.3.1.2.1.5 Allowing for effective sterilization. (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III - 3.3.1.2.2.Patches must not be sewn to the textile. (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III - 3.3.1.2.3.Patches may need to be applied on one or both sides of a textile, depending on the textile's design and according to the textile manufacturer's instructions. (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III -3.3.1.2.4.Use of sewing is discouraged for repairs in textiles' critical zones; but if sewing is indicated for a successful repair, heat-sealed patches must be used to seal the needle holes. (ANSI/AAMI ST65:2018; Std. 7.4.2)
		Part III - 3.3.1.3.Loose patches must be removed and new patches applied. (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III - 3.3.1.4.Acceptable number, location, shape, and size of patches must be clearly delineated in written quality standards and repair procedures. (ANSI/AAMI ST65:2018; Std. 7.4.1)
		Part III - 3.3.1.5.If patching and/or mending is performed, the textiles must be rewashed. (ANSI/AAMI ST65:2018; Std. 7.4.3)
		Part III - 3.3.2. Rewashing surgical textiles
		Part III - 3.3.2.1.If a reusable surgical textile requires rewashing, the procedure used must be compatible with the product. (ANSI/AAMI ST65:2018; Std. 7.4.3)
		Part III - 3.3.2.2.Each rewash cycle must be counted as an additional life cycle for the item. (ANSI/AAMI ST65:2018; Std. 7.4.3)
		Part III - 3.3.3. Rejuvenation of surgical textiles
		Part III - 3.3.3.1.If reusable surgical textile products require rejuvenation or a laundry additive is used to maintain repellency, the process must be compatible with the textile product. (ANSI/AAMI ST65:2018; Std. 7.4.4)
		Part III - 3.3.3.2.Additives that maintain surgical textile performance characteristics (e.g., repellency) must be used according to product instructions. (ANSI/AAMI ST65:2018; Std. 7.4.4)
		Part III -3.3.3.3.Rejuvenation cycles must be counted as additional life cycles. (ANSI/AAMI ST65:2018; Std. 7.4.4)
		Part III - 3.3.4. Surgical textile retirement or alternate use:
		Part III -3.3.4.1.When reusable surgical textile products fail to meet their minimum functional performance criteria, they must be retired from use, downgraded to a less stringent alternate use category (e.g., cover gowns), or remade into a different product (e.g., a smaller wrapper). (ANSI/AAMI ST65:2018; Std. 7.4.5)

		Part III - 3.3.4.2.Products placed into alternate use or remade into different products shall continue to be safe and effective for their intended use. (ANSI/AAMI ST65:2018; Std. 7.4.5)
		Part III - 3.3.4.3.Items placed into alternate use must be permanently marked in some obvious fashion to prevent mix-ups or inappropriate use. (ANSI/AAMI ST65:2018; Std. 7.4.5)
		Part III - 4. Preparation and Wrapping of Surgical Textiles
		Part III - 4.1. Preparation
		Part III -4.1.1.Policies and procedures must be in place to ensure that reusable surgical textiles are laundered, dried, folded, and packed in a manner that will permit sterilization and delivered to the customer via a means such that the textiles maintain their hygienic integrity, avoiding contamination. (ANSI/AAMI ST65:2018; Std. 11.3)
		Part III - 4.1.2.Preparation, folding, and packing procedures for reusable surgical textiles shall be developed with consultation from the customer and documented. (ANSI/AAMI ST65:2018; Std. 8.2)
		Part III - 4.2. Folding
		Part III - 4.2.1.Reusable surgical textiles shall be folded and packaged properly and consistently each time they are processed in accordance with customer's requirements. (ANSI/AAMI ST65:2018; Std. 8.2)
		Part III - 4.2.2.Standards must be in place to identify the specific folds, components, and other details for each surgical pack built by the laundry. (ANSI/AAMI ST65:2018; Std. 8.2, 8.3.1)
		Part III - 4.2.3.The following elements must be taken into account regarding the folding of clean, reusable surgical textiles: (ANSI/AAMI ST65:2018; Std. 8.3.1)
		Part III - 4.2.3.1.Following inspection, all items must be folded in a manner that will allow them to be aseptically donned and/or presented to the sterile field with as little manipulation and chance of contamination as possible. (ANSI/AAMI ST65:2018; Std. 8.3.1)
		Part III - 4.2.3.2.The method of folding must allow for effective penetration of the steam from the autoclave into the pack. (ANSI/AAMI ST65:2018; Std. 8.3.1)
		Part III - 4.2.3.3.The method of folding must allow for easy identification and orientation of the items. (ANSI/AAMI ST65:2018; Std. 8.3.1)
		Part III - 4.2.4. Clean reusable surgical textiles must be handled with clean hands in a manner to maintain their hygienic quality in accordance with Part I Subpart 5 Section 5.3 Element 5.3.3.3 of this HLAC Standard. (ANSI/ AAMI ST65:2018; Std. 4.4, 9.2)
		Part III - 4.2.5.Procedures for folding surgical textiles shall be reviewed as needed to ensure that they are still applicable with the customer. (ANSI/AAMI ST65:2018; Std. 8.3.1, 9.2)
		Part III - 4.2.5.1.Folding specifications shall be provided by and/or approved by the customer for whom the surgical packs are being built. (ANSI/AAMI ST65:2018; Std. 8.3.1)

		Part III - 4.2.5.2.These specifications shall be documented, using photographs or drawings or other visual media with accompanying instruction notations, and a photograph or drawing of the finished products shall be included. (ANSI/AAMI ST65:2018; Annex A: Examples of Folding Procedures)
		Part III - 4.2.5.3.These photographs and/or drawings specifications shall be maintained in the surgical pack assembly room.
		Part III - 4.3. Surgical Textile Pack Assembly
		Part III - 4.3.1.Pack order, from top to bottom, must be developed in consultation with the customer to ensure that items can be removed from the pack, in the order of their use, without compromising the sterile field. (ANSI/AAMI ST65:2018; Std. 8.4)
		Part III - 4.3.2.After the order of the pack is agreed upon, the pack configuration must be documented (i.e., pack master list and/or a device master record [DMR]). (ANSI/AAMI ST65:2018; Std. 8.4)
		Part III - 4.3.3.The contents and order of each pack configuration shall be reviewed by the manager, who is responsible for pack assembly to ensure that the pack meets all appropriate requirements; documentation for each pack configuration shall be reviewed on a regular basis by the surgical pack assembly room manager with the customer. (ANSI/AAMI ST65:2018; Std. 8.4)
		Part III - 4.4. Wrapping and Packaging
		Part III - 4.4.1.The barrier product used to complete the pack and provide adequate coverage of the contents must be appropriate for the method of sterilization (i.e., permits maximum penetration of the sterilant during sterilization) and must maintain the content's sterility until aseptic presentation. (ANSI/AAMI ST65:2018; Std. 8.5)
		Part III - 4.4.2.The customer shall be consulted in the choice of appropriate barrier product.
		Part III - 4.4.3.The type of barrier used must be documented in the procedure (i.e., pack master list and/or a DMR). (ANSI/AAMI ST65:2018; Std. 8.5)
		Part III - 4.4.4.The finished pack and bulk loose textiles must be packaged in a suitable material (e.g., placed in covered carts or wrapped in plastic) to avoid contamination during transport to the customer.
		Part III - 4.5. Labeling and Identification of Packs
		Part III - 4.5.1.Prior to delivery, assembled packs must have a label that includes the following items of information:
		Part III - 4.5.1.1. Identification (e.g., name, Julian date, and unique pack identifier)
		Part III - 4.5.1.2. Pack contents, including identifying any items containing natural rubber latex
		Part III - 4.5.1.3.Identification or identifying barcode of who and date assembled the pack. (ANSI/AAMI ST65:2018; Std. 8.6)
		Part III - 5. Storage and Transportation of Surgical Textile Packs

		Part III - 5.1. Storage of Surgical Textile Packs
		Part III - 5.1.1.Storage of Surgical Textile Packs must comply with Part I Subpart 2 Section 2.1. Element 2.1.3. and Part III Subpart 1 Section 1.5. of this HLAC Standard for statements addressing storage of clean surgical textile packs.
		Part III - 5.2. Transportation of Surgical Textile Packs
		Part III - 5.2.1. Transportation of surgical textile packs must be in accordance with Part II Subpart 7 of this HLAC Standard.
		Part III - 5.2.2.Transport of the surgical textile packs within the provider's facility or to the customer must be accomplished in a manner to maintain the hygienic quality of the packs and to minimize microbial contamination from surfaces or the air. (ANSI/AAMI ST65:2018; Std. 9.5.1)
		Part III - 5.2.3. Clean carts or containers must be used for transport of clean surgical textile packs. Refer to HLAC Standard Part II Subpart 7 Section 7.3. (ANSI/AAMI ST65:2018; Std. 9.5.2)
		Part III - 5.2.4. Carts or containers used for soiled surgical textiles must not be permitted in the surgical pack assembly room.
		Part III - 5.2.5.Characteristics of carts or containers suitable for transporting clean surgical textile packs must be in accordance to Part II Subpart 7 Sections 7.1. and 7.3. of this HLAC Standard.
		Part III - 5.2.6.Soiled fabrics must be physically separated from clean during loading procedures to prevent environmental contamination. (ANSI/AAMI ST65:2018; Std. 9.5.4.2)
		Part III - 6. Surgical Textile Pack Assembly Room Personnel
		Part III - 6.1. Qualifications
		Part III - 6.1.1.General elements related to personnel qualifications shall be in accordance with Part I Subpart 5 Section 5.1. of this HLAC Standard.
		Part III - 6.1.2.Surgical pack assembly room procedures must be performed correctly and supervised by knowledgeable personnel. (ANSI/AAMI ST65:2018; Std. 4.1) Refer to HLAC Standard Part I Subpart 5 Section 5.2.
		Part III - 6.2. Training and Competency
		Part III - 6.2.1.General elements of personnel training must be in accordance with Part I Subpart 5 Sections 5.2. and 5.6. of this HLAC Standard.
		Part III - 6.2.2.Personnel must be trained on the appropriate pack processes according to each pack's use requirements. (ANSI/AAMI ST65:2018; Std. 4.3)

		Part III - 6.2.3.Personnel must be trained to operate surgical pack assembly room equipment safely and to recognize and report equipment malfunctions. (ANSI/AAMI ST65:2018; Std. 4.3)
		Part III - 6.2.4.Personnel must be trained to work with reusable surgical textiles and to be familiar with the following items:
		Part III - 6.2.4.1.Characteristics inherent to reusable surgical textiles;
		Part III - 6.2.4.2. Uses of those textiles;
		Part III - 6.2.4.3. Processes required to maintain those qualities, such as folding and preparations of the surgical packs; and
		Part III - 6.2.4.4.Infection prevention relevant to the preparation of surgical textiles. (ANSI/AAMI ST65:2018; Std. 4.3.a-e)
		Part III - 6.3. Health and Personal Hygiene
		Part III - 6.3.1. Additional health and hygiene specifics must be in accordance with HLAC Standard Part I Subpart 5 Section 5.3.
		Part III - 6.3.2.Fingernails must be kept short, clean, natural, and healthy. (ANSI/AAMI ST65:2018; Std. 4.4; CDC HICPAC GL Hand Hygiene 2002; AORN 2020)
		Part III 6.3.2.1.Surgical pack assembly room personnel must not wear nail polish, artificial nails, or artificial eyelashes. (ANSI/AAMI ST65:2018; Std. 4.4; CDC HICPAC GL Hand Hygiene 2002; AORN 2020)
		Part III - 6.3.3.Jewelry of any kind must not be worn in the surgical pack assembly room. (ANSI/AAMI ST65:2018; Std. 4.4; AORN 2020)
		Part III - 6.3.4.Healthy skin integrity absent of abrasions, dermatitis or other skin breakdowns must be maintained. (ANSI/AAMI ST65:2018; Std. 4.4; CDC HICPAC GL Hand Hygiene 2002; AORN 2020)
		Part III - 6.4. Attire and Personal Protective Equipment (PPE)
		Part III - 6.4.1.The basic elements pertaining to personnel attire must be in accordance with Part I Subpart 5 Section 5.4. of this HLAC Standard as appropriate. (ANSI/AAMI ST 65:2018; Std. 4.5)
		Part III - 6.4.2.Personnel attire in the surgical pack assembly room must protect personnel and the integrity of the textile product. (ANSI/AAMI ST65:2018, Std. 4.5.1)
		Part III - 6.4.2.1. All head and facial hair (excluding eyebrows and eyelashes) must be completely covered. Hair and beard covers must be worn in areas where clean textiles are processed. If religious head coverings such as hijabs, veils, turbans or bonnets are worn, they should be clean, unadorned, constructed of tightly woven and low-linting material, and should fit securely, with loose ends tucked in the scrub top. Coverings such as kippahs and yarmulkes that cover only a portion of the hair and scalp may be worn under another head covering. (ANSI/AAMI ST65:2018; Std. 4.5.1; AORN 2019)

		Part III - 6.4.2.2.Dedicated surgical pack assembly room attire laundered by the facility must be covered or changed upon leaving or entering the surgical pack assembly room in accordance with provider's policy.
		Part III -6.4.2.2.1.When leaving the surgical pack assembly room, dedicated pack room personnel first must don the appropriate protective cover (e.g., cover gowns, shoe covers, hair covering, etc.) over their surgical pack assembly room attire and then must remove the appropriate protective cover (e.g., cover gowns, shoe covers, hair covering, etc.) that was over their surgical pack assembly room attire before re-entering the surgical pack assembly room in accordance with written facility policy. (AORN 2020)
		Part III - 6.4.2.3.Dedicated shoes and/or disposable shoe covers must be worn in the surgical pack assembly room.