Leicestershire Partnership NHS Trust

The Management of Bed Bugs Policy

This policy sets out the process for the management of bed bugs for all healthcare staff working within Leicester Partnership Trust (LPT) who are delivering care to patients with suspected or confirmed bed bug infestations in an inpatient, outpatient, or community setting.

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Contents

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Policy on a page

Summary and aim

The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps that are required to ensure the safety of all patients and colleagues is maintained in accordance with the health & social care act (2015).

This policy has been developed to give clear guidance o staff in relation to the procedures for the management of patients with a confirmed or suspected bed bug infestation within all LPT services.

The management of bed bugs policy applies to all staff employed by LPT in a wide range of teams and services operating form a number of different properties over a large geographical area making up the overall LPT estate.

The provision of healthcare carries with it inherent risks to the healthcare worker, this policy will ensure that all staff are aware of their responsibilities in regard to safe practice and promotions of effective evidence-based patient care which is in accordance with the revised national and local guidelines when manging suspected or confirmed bed bug infestations.

Target audience

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on bank, agency, or honorary contracts.

Training

Infection Prevention & Control Level 1 (Clinical & Non -clinical staff)

Infection Prevention & Control Level 2 (Clinical staff)

IPC delivery of additional Infection specific training as required.

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Introduction & Purpose

Purpose

The purpose of this policy is to inform all healthcare staff within LPT who are involved in the delivery of care to patients, the process to follow to effectively manage suspected/confirmed infestation of bed bugs to reduce risk of further transmission to other patients, staff, and members of the public.

Introduction

Bed bugs are small wingless insects that can be found worldwide and throughout areas of the United Kingdom (UK).

Bed bugs have been known as a human parasite for at least 3,500 years and over recent years have seen a rapid rise in infestations globally, nationally, and regionally in the UK.

This rise in cases has been attributed to several reasons including:

- Increased travel-More people travelling increases the risk of bed bugs being transported from one location to another.

- Urban living conditions-Densely populated areas facilitate the spread of bed bug infestations,

- Resistance to pesticides-Bed bugs have developed a resistance to many of the common pesticides making them much more difficult to control.

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- Media attention-Reports of bed bug ‘epidemics’ in various cities have significantly increased the awareness and reporting of bed bugs.

As previously mentioned the provision of healthcare carries with it inherent risks to healthcare workers and with this in mind the purpose of this policy is to ensure that all staff are aware of their responsibilities for safe practice in relation to the management of bed bugs allowing them to take the appropriate precautionary measures to protect patients, members of the general public, themselves and their co-workers.

The overall presence of pests within our healthcare environments can present a number of hazards to health, cause damage to materials and be a general nuisance as well as causing significant alarm and distress to patients, staff, and visitors to our hospitals.

This policy will identify good practice and recommendations in relation to the management of suspected/confirmed infestation of bed bugs that should be followed by staff to ensure that we provide a safe environment for service users, staff and others who may access our trust services.

Process

1.1 What are Bed Bugs?

Bed bugs are small oval shaped wingless insects that live on the blood of hosts such as animals and humans.

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Adult bed bugs have a flat body and are approximately the size of an apple seed, they are not able to fly as they are wingless insects, but they can move very quickly over floors, walls, and ceilings.

Bed bugs themselves can be dark yellow, red, or brown in colour and adults are typically around 5mm long.

A female bed bug may lay hundreds of eggs each of which is approximately the size of a speck of dust over their lifetime.

The optimal environment temperature for survival of bed bugs and to enable their eggs to hatch is above 10-13C.

Bed bugs remain active all year round in the UK as they can thrive in indoor environments which have stable temperatures.

However, bed bug activity can increase during the warmer months due to higher temperatures and increased travel which can facilitate the spread of these pests.

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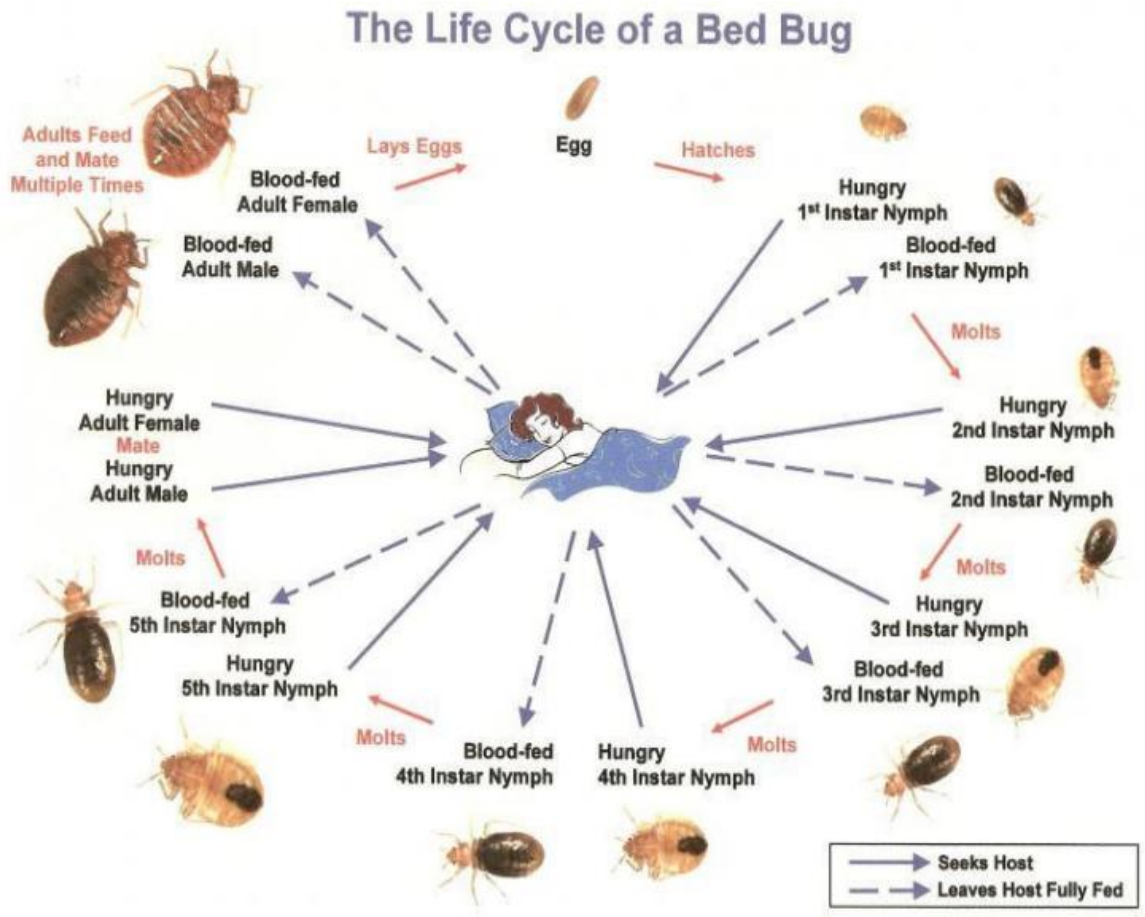

Immature bed bugs called Nymphs shed their skins five times before they reach full maturity and require a meal of blood before they shed each skin layer.

In the right environment and conditions, the bed bug can reach full maturity in as little as a month and can produce three or more generations of bed bugs per year.

Bed bugs can often live on furniture or bedding and can bite, often the bites can be itchy **However they do not usually cause any other health problems or spread disease.**

Bed bugs are not known to have nests, but they do tend to live in groups and can be found in the following places:

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- Bed frames

- Mattresses

- Clothing

- Furniture

- Behind pictures

- Under loose wall papers

Hiding in these places gives them easy access to their hosts to feed off their blood at night.

1.2 Signs & Symptoms of bed bugs

Bed bugs are most active at night during the hours of midnight and 5am which is typically when we are in our deepest part of sleep.

Bed bugs are attracted to the CO2 which we produce when we breathe and also our body heat.

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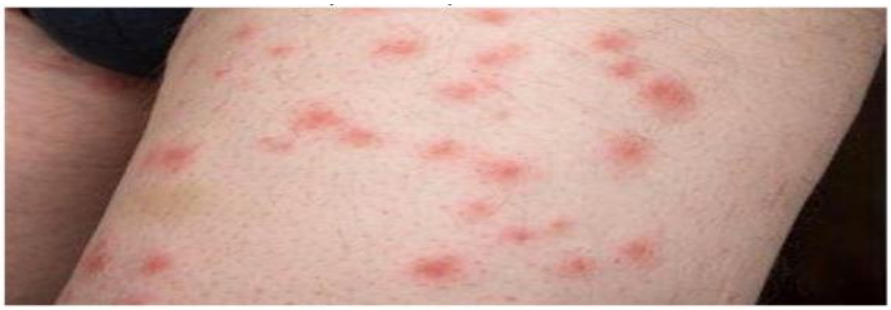
Studies which have been carried out have shown that 69% of bed bugs are not directly found on the bed, most are found to be in the surrounding areas such as headboards, furniture, skirting boards and behind pictures/wallpaper.

When a bed bug finds a host, they will typically bite the skin and excrete anaesthetic before feeding on people, so often people do not feel it when they have been bitten.

The visible signs that bed bugs may be present can include the following:

- Visible bites which are often found on areas of the skin that are exposed whilst sleeping such as the face, neck, or arms.



- Spots of blood may also be visible on the bedding from bites themselves or from squashing a bed bug.
- Small brown spots may also be visible on bedding or furniture (Bed Bug faeces)

Because bed bugs can bite this may cause the affected area to become painful and itchy.

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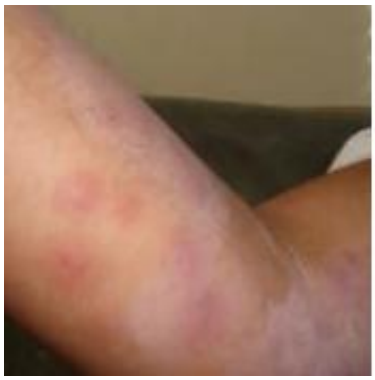
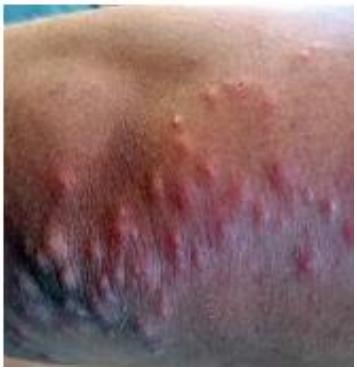
Bed bug bites can be raised and itchy and are often found in a line or grouped together.

On white skin bed bug bites usually look red and on darker skin they may look purple and can be harder to visibly see.





Some people may experience a reaction to the bites, and they can become very itchy and may be accompanied by a painful swelling to the affected area.

A severe allergic reaction (Anaphylaxis) **though rare** is possible for some if they are bitten by a bed bug.

Though bed bugs can be very unpleasant as mentioned earlier in the policy they **do not usually** cause and health long term problems or transmit disease.

***Any patient who is suspected/confirmed to have an infestation of bed bugs will need to be referred to the IPC team; Patient referral can be made to the team in the following ways:**

- **Via an electronic referral in sysemone**
- **Telephone: o1162952320 (This is an answerphone service which will be checked regularly throughout the day Monday-Friday 08.30-16.30, any messages left on a weekend/bank holiday will be picked up the next working day) ***

A EIRF will also need to be completed by staff for any patients who are suspected/confirmed to have an infestation of bed bugs and are under the care of LPT services

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1.3 Treatment of bed bug bites

Bed bug bites will typically clear up on their own in approximately 1-2 weeks, however there are things that can be done to alleviate symptoms that may be experienced such as:

- Placement of something cool on the area that is affected by the bites such as a clean cold compress as this will help with any itching or swelling.
- Keeping the affected area clean, helps reduce the risk of any localised infection which may be caused by itching/scratching of the affected areas.
- Advise the individually to not scratch the bites as this may introduce infection and will only increase the itchiness of the affected area (See below reference to the itch/scratch cycle).

If the patient is in the wider community, then you can recommend that they contact their local pharmacist who will be able to advise them on treatment available which may help to alleviate any symptoms such as:

- Mild steroid cream such as hydrocortisone cream which will help to ease the bedbugs' bites (Children under ten and pregnant women should seek advice from their doctor though before using a hydrocortisone cream).
- Antihistamines may help if the bites are very itchy and the patient is finding that they are unable to sleep.

The patient may also need to be advised to make arrangements to see their GP if they notice that they have any of the following:

- The bed bug bites remain painful, swollen, or itchy after they have tried treatments that may have been advised by their pharmacist.
- The painful swelling around the bites spreads as this may be indicating that the bites have become infected which may require additional treatments with antibiotics.

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If the patient is an inpatient within a hospital environment, then the ward consultant/Advanced nurse practitioner (ANP) will need to be notified to carry out an assessment of the bites and ensure that the right treatment is prescribed.

2.0 Management of bed bug infestations inpatient setting

Patient placement

If you are in an inpatient setting and a patient is suspected/confirmed as having a bed bug infestation, though there is no requirement for the patient to source isolate the following precautions will need to be implemented to reduce further transmission.

NB-The patient must not be moved to another area of the ward or transferred to another ward area without prior discussion with the Infection Prevention and control Team (IPCT) as this may increase the risk of further transmission of the bed bugs to other areas.

PPE

All clinical staff will need to ensure that they wear appropriate PPE when in contact with the patient and their environment until the area has been cleared of all patient belongings and clothing and a full post infection clean has taken place.

When carrying out any care activities that require **minimal** contact with the patient and their environment PPE as a minimum should include

- Gloves
- Apron

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If **prolonged/close** contact with the patient and their environment is anticipated for example,

- Removal of patient's clothing/belongings (Which may contain bugs)
- Removal of patient's bed linen (Which may contain bugs)

Staff will need to **risk assess** the use of enhanced PPE which would include the following:

- Coveralls
- Gloves

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- Non-slip shoe covers
- Eye protection

Staff will need to ensure that any PPE used is appropriately donned & doffed prior to and after use.

Any PPE that is used will need to be treated as infective waste and will need to be carefully donned and doffed after use and immediately disposed of into a clinical waste bag (to prevent any further spread of bed bugs to other areas).

Once PPE has been removed and disposed off then the staff member must ensure that good effective hand hygiene is carried out using soap and water.

Once the affected patients belongings/clothing/bed linen has been removed and the patient's area has been cleaned and treatment of the area has been completed- There is **no** further requirement for the ongoing use of PPE when in contact with the patient and their environment.

Management of Patients Personal Belongings

- All patient belongings that have been brought into the ward with the patient will need to be placed into a bag and sealed.
- The patient's family will need to be contacted immediately and informed that the belongings/clothing will need to be immediately collected and removed from the ward.

Personal belongings that are suspected/confirmed to contain bed bugs must not be stored on the ward whilst awaiting collection

Management of Patients clothing

- Clinical staff will need to place all items of patient clothing that have been brought into the ward with the patient into a red alginate bag and then placed into a secondary white bag and is sealed. (PPE must be worn by staff as mentioned above for this activity).
- The patient's family will need to be contacted immediately and informed that the patient clothing will need to be collected and removed from the ward.
- The patient's family will need to be provided with clear instruction on the laundering of the clothing items to effectively irradicate the bugs (Please refer to appendix 1).

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Patient clothing items that are suspected/confirmed to contain bed bugs must not be stored on the ward whilst awaiting collection

The patient should be advised/assisted to shower and provided with a clean set of clothing to change into.

If the patient has no family or friend that are able to collect their clothing, then the following options are available to ensure that the clothing is appropriately laundered to remove any bugs:

- Onsite Laundering (Only applicable to areas that have patient laundering facilities available)

Onsite laundering of patient clothing that may contain bugs should only be considered once all other options available have been exhausted

(Please see appendix 2 for guidance on laundering patient clothing on-site)

- Off site laundering-Patient clothing where applicable may be sent for offsite laundering to Ellis, however this may incur additional cost

Management of patient's bed linen

When handling bed linen staff will need to ensure that they wear appropriate PPE as specified in the above PPE section of the policy.

Once appropriate PPE has been donned **clinical staff** will need to carefully remove the patients bed linen and place it into a red alginate bag which will then need to be sealed, the red alginate bag will then need to be placed into a white outer bag and sealed.

Once the bag has been sealed it will then need to be placed immediately into the appropriate waste stream for off-site laundering.

Management of patient's bed/mattress

Once the patients bed linen has been removed from the bed clinical staff will need to check the patient bed frame and mattress (Mattress cover will need to be unzipped to check the inside of the cover for any visible signs of bugs/eggs that may have entered.

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The mattress will then need to be hoovered by the facility team, and the outer cover will need to be cleaned with chlorclean solution to remove any remaining bed bugs/eggs that may be present.

***If the mattress is heavily soiled or heavily infested with live bugs/eggs when checked then please follow the medstrom decontamination of mattresses flowchart (see appendix 3).**

NB Please note that any mattress that requires decontamination should be placed immediately into the red dirty do not use bag and must be sealed- Medstrom should then be contacted to request urgent collection for mattress decontamination.

Management of the environment-Including treatments and Cleaning

If an infestation of bed bugs is suspected or confirmed, then it is important that this is **immediately** escalated to the estates team to assess and put into place any pest control measures/treatments of the area that may be required.

The actual treatment for infestation of bed bugs can vary but may include the following:

- Heat treatment-Heat treatments can be a very effective method to eliminate bed bugs at all stages of their life, including eggs by exposing them to lethal temperatures. Heat can penetrate cracks, mattress seams, and other hiding places that chemical treatments often miss which can make it a very reliable method for the complete eradication of bed bugs.
- Bug traps-Bed bug traps are devices that are designed to monitor, capture and prevent bed bugs from reaching sleeping areas using a passive or active mechanism without harmful chemicals.

Passive traps-these types of traps do not use lures and instead rely on the bed bugs to naturally crawl into them, these types of traps are usually used for the early detection and monitoring of ongoing infestations.

Active traps- These types of traps attract bed bugs by using heat, chemicals or food as lures. They often require an electrical source and are designed to draw bugs out of hiding over time. These types of traps can help reduce populations but are generally used alongside other control measures.

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- Canine Inspections-Canine bed bug detection utilises specially trained dogs to accurately and efficiently locate bed bugs. They achieve this through training to recognise the unique scent of live bugs and their eggs.
- Chemical treatments-Chemical treatments for bed bugs include various insecticides and pesticides that target their nervous system. However, some bed bug populations have developed a resistance to these chemicals which over time has led to a reduction in their effectiveness and an increase in the use of other methods such as heat treatments which is more effective and less harmful to those carrying out the treatments.

Appropriate treatment of the area will be decided by the estate pest control team once the infestation/area has been assessed.

Once the area has been treated the patient room and any furniture will need to have a further full post infection clean carried out to ensure that any remaining eggs/bugs living or dead are removed.

- Once the area has been treated and a further full post infection clean has been completed by the facility team-The hoover bag/canister will need to be immediately removed to prevent any re-infestation of the area.
- If the hoover used contains a bag this will need to be carefully removed and disposed of into an orange clinical waste bag, sealed and immediately disposed of into the appropriate clinical waste stream.
- If the hoover used contains a canister, this will need to be carefully removed, and the contents of the canister will need to be carefully emptied into an orange clinical waste bag and sealed-Once sealed the clinical waste bag will need to be immediately disposed of into the appropriate waste streams.
- Once the hoover bag/canister has been emptied the hoover will need to thoroughly be cleaned and allow to dry prior to storage.
- All hard floors/surfaces will need to be cleaned daily with chlorclean solution, and the area checked for any remaining bed bugs.
- Once the bed has been cleaned and dried the bed can be re-made with fresh linen.

Prevention of bed bug infestations

Preventing bed bug infestations require vigilance, regular cleaning, and prompt early escalation of any bug activity.

Within a hospital environment there are also some additional measures that staff can take to help reduce incidence of bed bug infestation within our healthcare environments such as:

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- Informing patients to bring in only the minimal amount of belongings/clothing required for the inpatient stay and ensure that all clothing is clean.
- Encouraging relatives to take home used clothing to launder after each visit.
- Avoid the build-up of any clutter around the patient bed spaces/rooms.
- Regular daily housekeeping/cleaning around bed spaces/rooms
- Daily removal of bed linen
- Regular checking of mattresses/bed frames and furniture for any bed bug activity.
- Prompt escalation to the estates team there is any suspected bed bug activity within the area.
- Encouraging patients to wash/shower daily and change clothing regularly.
- Providing Education on the prevention of bed bugs to patients and relatives affected by infestations.

Discharge

Prior to discharge if the patient is suspected/confirmed to have an infestation of bed bugs escalation to the following support services may be required to assess their need for additional support and management of any ongoing infestation if the patient assessed as vulnerable or at risk:

- GP
- Social services
- Safeguard team
- Community mental health team
- Local authority-Assessment of home environment

Please contact the IPC team for further advice and guidance on:

- Telephone-01162952320
- Email-lpt.ipcteam@nhs.net

3.0 Management of bed bug infestations in Community (Patient own home)

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If you think that a patient may have an infestation of bed bugs in their own home, then you should contact the local council or pest control service covering the area in which the patient lives. They will be able to visit the patient's property and carry out a risk assessment and make arrangements for the infestation to be treated.

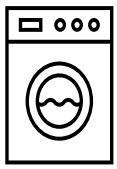
To find local council departments you can visit the following website:

www.Gov.uk-find-local-council

It can be very difficult to irradicate bed bugs and they can often be hard to find and may be resistant to some of the chemical treatments and insecticides available.

However, there are some things that you can advise that your patients can try themselves, but these are unlikely to irradicate the bed bugs completely and further escalation to the patient's local authority team will always still be required.

Where able advice the patient to:



To wash all their affected bedding and clothing on a hot wash (60C) and tumble dry on a hot setting for at least 30 minutes.

If they are able to place affected clothing and bedding in a plastic bag and place in the freezer for 3-4 days (This will kill off all the bed bugs prior to washing).

Clean and vacuum their home regularly, bed bugs can be found in both clean and unsanitary places, but regular cleaning will help to spot early.

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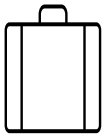
Where able advice you patient to not

Keep clutter around their house or bed that they may be sleeping in

Bring second-hand furniture/clothing or linens indoors without carefully checking it first.



Take luggage or clothing indoors without carefully checking it first to see if they have come from somewhere they know has had bed bugs.

If your patient is found to an infestation of bed bugs escalation to the following support services may be required to assess their need for additional support and manging the infestation if patient is assessed as vulnerable or at risk:

- GP
- Social services
- Safeguard team

3.1 Staff guidance for visiting a patient in their own home.

If you are visiting a patient in their home environment and a patient is suspected or confirmed to have an infestation of bed bugs, though there is no requirement for

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them to source isolate the following precautions will need to be implemented to reduce further transmission or infestation:

Planning visit

Any visits will need to be risk assessed to ascertain if the visit is able to be postponed, re-scheduled or arranged to take place at another venue such as clinic, telephone consultation, virtual appointment, or other appropriate setting.

The outcome of the risk assessment will need to be clearly documented in the patient systmone record

If the visit is essential, then staff will need to ensure that where able that the visit is scheduled for the last visit of the day to reduce the risk of transmission to other patients and healthcare staff.

Staff will need to ensure that clear documentation regarding the suspected/confirmed infestation of bed bugs is documented within the patient systmone record to ensure that all healthcare workers visiting the patient are aware of the bed bug risk and mitigations that have been put into place to facilitate a safe visit.

PPE

All clinical staff will need to ensure that they wear appropriate PPE when in contact with the patient and their environment until the area has been cleared of all patient belongings and clothing and a full post infection clean has taken place.

When carrying out any care activities that require minimal contact with the patient and their environment PPE as a minimum should include

- Gloves
- Apron

.

If prolonged/close contact with the patient and their environment is anticipated for example,

- Removal of patient's clothing/belongings (Which may contain bugs)
- Removal of patient's bed linen (Which may contain bugs)

Staff will need to risk assess the use of enhanced PPE which would include the following:

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- Coveralls
- Gloves
- Non-slip shoe covers
- Eye protection

Staff will need to ensure that any PPE used is appropriately Donned & doffed prior to and after use.

Any PPE that is used will need to be treated as infective waste and will need to be carefully donned and doffed and immediately disposed of into a clinical waste bag (To prevent any further spread of bed bugs to other areas).

Once PPE has been removed and disposed of then the staff member must ensure that good effective hand hygiene is carried out using soap and water.

If staff are unable to decontaminate their hands with soap and water, then hand sanitiser can be used until the staff member can wash their hands with soap and water as advised

Equipment

Staff will need to ensure that only the minimum amount of equipment that is required is taken into the property.

All equipment after used will need to be cleaned as per the cleaning and decontamination of equipment policy.

All equipment will need to be removed from the property after each visit has taken place.

Please do not leave any items of equipment in the property as this may become contaminated and increase of transmission

Once the affected patients belongings/clothing/bed linen has been removed and the patient's area has been cleaned and treatment of the area has been completed-There is no further requirement for the ongoing use of PPE when in contact with the patient and their environment.

Waste

Any waste will need to be treated as infective and will need to be disposed of into the appropriate waste streams.

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Uniform

Following the visit, staff uniform will need to be washed on a hot wash and where able placed into the tumble drier for at least 30 minutes.

Please contact the IPC team for further advice and guidance on:

- Telephone-01162952320
- Email-lpt.ipcteam@nhs.net

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

The lead executive director who is responsible for this policy is the trust group chief nurse- They have the responsibility for ensuring that this policy is carried out effectively and that patients who are suspected/confirmed as having TSE, CJD OR VCJD are manged effectively across the organisation.

Executive Management Board

Responsible for ensuring that this policy is carried out effectively and that hand hygiene is addressed and manged effectively across the organisation.

They will also communicate, disseminate, and ensure that directorates implement the policy and provide assurance through the trust quality governance framework.

Governance Group level 1 and 2

Responsible for ensuring that all relevant staff are aware of the Policy and adhere to the principles and guidance that is contained within it.

Policy Team

Responsible for ensuring that the policy is reviewed in accordance with identified timescales and implementation of monitoring and effectiveness has been planned, is reviewed by directorates and appropriate governance groups.

Policy Authors

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Responsible for ensuring that the infection, prevention, and control team identify best learning and practice to inform this policy and update accordingly.

To ensure that this policy is reviewed in accordance with identified timescales and implementation of monitoring and effectiveness has been planned, is reviewed by the directorate, and appropriate governance group.

Operational leads

Responsible for ensuring the policy is implemented within their area and for ensuring that all staff who work within the area adhere to the principles of this policy at all times.

Staff

Each individual member of staff, substantive and temporary worker within the trust is responsible for complying with this policy. Clinical staff involved in the care of patients will ensure that they familiarise themselves with the content of the policy and work in accordance with this.

Staff will ensure that they provide support and education to the patient, carer, and family where appropriate.

They will also be a source of knowledge and skill for colleagues where appropriate as well as ensure that they remain up to date with training in line with competencies of their job roles.

consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

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Appendix one Guidance for patients, carers and relatives for the washing of patients own clothing that is suspected or known to be infected.

During a patient's admission within our community hospital inpatient wards the overall responsibility for the laundering of personal clothing will remain the responsibility of the patient their carer or relative wherever possible.

If a patients clothing requires to be laundered, then ward staff will need to place any items of clothing that require sending home for laundering into appropriate bags for patient own clothing.

Ward staff will then need to ensure that the patient, their carer or relative is informed that items of personal clothing require collection.

The trust acknowledges however that at times there may be items of clothing that are contaminated from patients that have a known or suspected infection such as Clostridium difficile or MRSA or soiled items that may require laundering.

Staff will not be able to sluice or wash safely any items of personal clothing that have become soiled/contaminated.

The purpose of this guidance is to assist patients their carers or relatives in the safe handling and laundering of personal items of clothing that may be soiled/contaminated.

Any items of patients clothing that are from a patient with a known or suspected infection or that have been contaminated will need to be placed a water-soluble bag inside a patient property bag.

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The bag will then need to be named and dated if it contains items of clothing that has been soiled.

The bag will then need to be stored within the patient locker or kept in the sluice if heavily soiled until it can be collected.

Ward staff will need to inform the patient their carer or relative that the clothing requires collection as soon as possible.

Patients or their carer/relative will also need to be notified that the water-soluble bag has a strip that will dissolves in domestic washers at normal temperatures allowing the bag to then open and release the clothing- therefore the bag containing the clothing can be placed straight into the washer and will not require opening to remove clothing prior to washing.

Once the wash cycle has finished the items of clothing can then be removed from the machine.

Although soiled/infected clothing has been identified as a source of infection, the risk of spread of disease remains low if this is handled correctly: The patient their carer or relative will need to be instructed on the following when handling the clothing items.

• The water-soluble bag that contains the soiled/contaminated clothing should be handled as little as possible and be placed directly into the washing machine. • These items of clothing should be washed separately from other household clothing items.

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• Where possible a pre-wash cycle should be used in the first instance followed by a full wash cycle using detergent at the hottest temperature that the items of clothing will be able to withstand.

• Hands should then be washed thoroughly with soap and water after handling of the soiled/infected clothing bag to reduce any contamination risk.

• Clothing once washed should then be thoroughly dried ideally in a tumble drier where possible and then ironed.

• Hands should then again be washed thoroughly with soap and water after the handling of the linen. If the patient their carer or relative do not wish to take their clothing home to wash, then it can be sent to the trusts contracted laundry provider for washing.

The patient, carer or relative will need to be informed however that the contracted laundry providers wash at very high temperatures any items of clothing that may be delicate may be damaged during the washing/drying process.

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Appendix Two-Onsite Laundering of patient clothing Guidance for Staff

There is currently no specific laundry detergent that is available that is known to kill bed bugs, the heat of the washing/drying process is what irradicates the bed bugs during the laundering process.

In view of this it has been recommended that the use of a regular wash detergent, combined with using hot water (140F/60c) and post wash drying on a high heat setting for at least 30 minutes is highly effective in killing any bed bugs that may be present on the clothing. (Please see steps below):

Step 1-Place clothing directly into the drier

Running items of clothing that may be infested with bed bugs in the dryer on a high heat for 30 minutes before washing is known to be more effective in killing eggs that have been laid by the bed bugs.

Once clothing has been tumbled dried and placed into the washing machine (See step 2), the tumble drier drum, door seal and inner side of the door will need to be wiped with a clean disposable cloth and Chlor- clean solution. The lint filter will also need to be removed, cleaned and replaced to ensure that no dead bed bugs remain in the machine

Step 2-Place clothing directly into the washing machine

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Any items of patient clothing that are thought to contain bed bugs after removing from the drier will need to be placed into the washing machine and washed using the highest setting (60C/140F). The washer must be set to complete a wash cycle of at least 30 minutes to ensure that are stages of the bed bug life cycle are killed.

*Once the patient clothing has been washed and placed into the tumble drier (See step 3), one litre of freshly prepared chlor-clean solution will need to be placed directly into the washing machine drum. The washing machine will then need to be programmed to complete a wash cycle on a high heat setting of at least 60c/140F) with no items in it.

Step 3 drying of clean patient clothing.

Immediately after the patient clothing items have been removed from the washer following completion of the wash cycle, they will need to be placed back into the clean dryer and placed on a high heat drying setting until clothes are dried (Items of clothing must not be left to air dry).

*Once the patient clothing has been tumbled dried, the drier drum, door seal and inner side of the door will need to be wiped with a clean disposable cloth and chlor-clean solution. The lint filter will also need to be removed, cleaned and replaced to ensure that no dead bed bugs remain in the machine.

Step 4 Storage of clean patient clothing

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After the patient clothing has been washed and dried it will need to then need to be placed into a clean bag and returned back to the patient.

Patient clothing once returned should be regularly checker-infestation of bed bugs.

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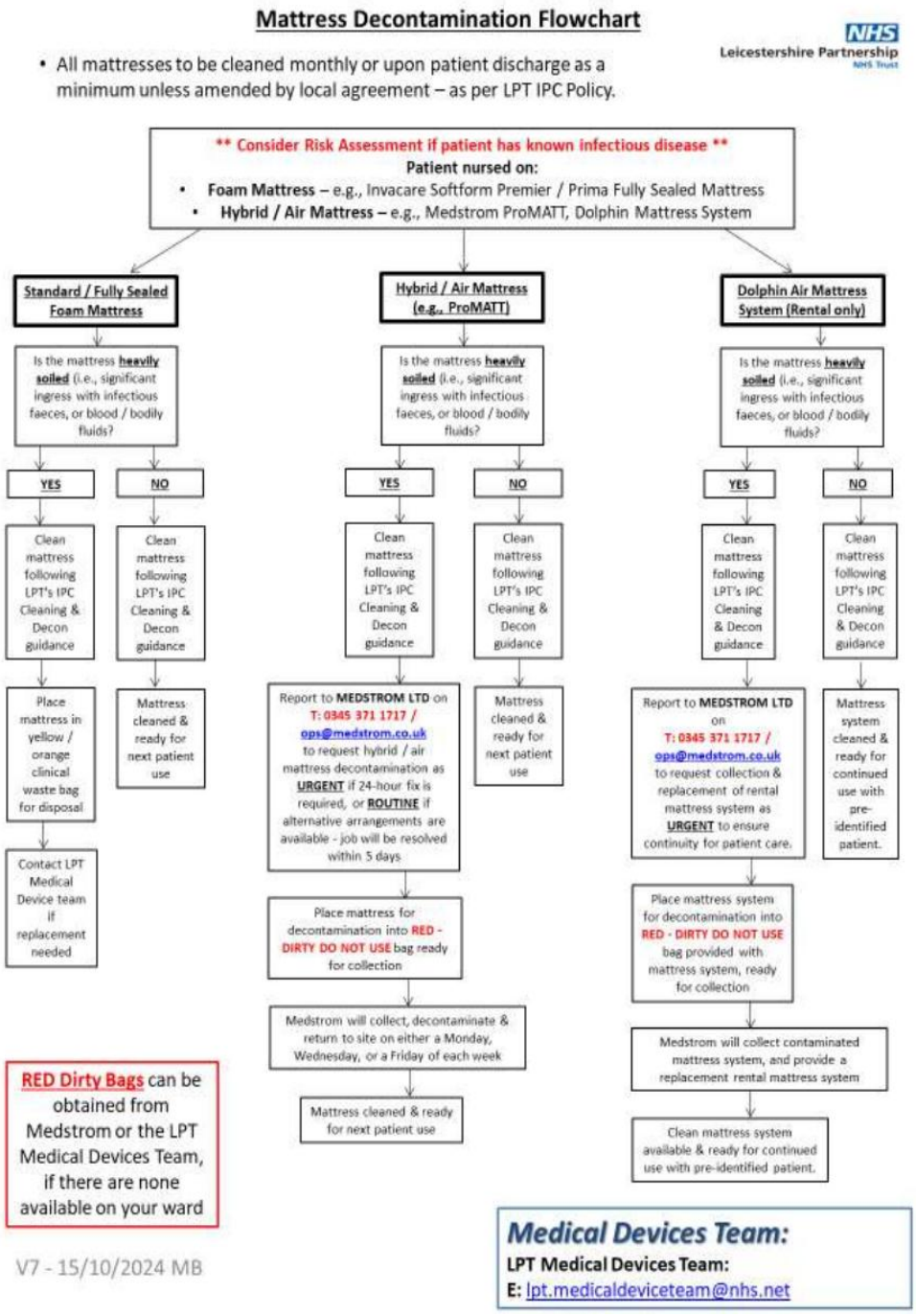
Appendix Three Medstrom Health care LTD-Pro mattress repair & decontamination flowchart



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Please refer to the LPT medical devices policy (Appendix 15)

Appendix 4-Terminology: Descriptor

Personal Protective Equipment (PPE)	Specialised clothing or equipment worn by employees for protection against health & safety hazards and includes gloves, aprons, gowns, masks, and eye protection.
Standard Precautions	Precautions designed to prevent the transmission of blood-borne disease such as human immunodeficiency virus, Hepatitis B, and other blood Borne pathogens when first aid or health care is provided. The precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection.
Linen	Linen includes all textiles used in hospitals and community settings including blankets, pillowcases,

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	mattress covers, bed sheets, towels, and curtains.
Bed Bugs	Small oval shaped, wingless insects that live on blood hosts such as animals or humans.

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Appendix Five- Governance

Version control and summary of changes

Version number	Date	Description of key change
1	April 2025	Development of new policy
2	June 2026	Policy reviewed and updated in line with guidance. Amendment made to PPE section of policy.

Responsibilities

Responsibility	Title
Executive Lead	*Group chief nurse*
Policy Author	*Head of Infection Prevention & control*
Advisors	*Infection Prevention & Control Assurance Group.*
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality & Safety committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Quality Forum.*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Review of bed bug incidents reported through the incident reporting system,	IPC Assurance group Directorate highlight reports IPC highlight reports

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Training Requirements

Infection Prevention & Control Level 1 E-learning

Infection Prevention & Control Level 2 E-Learning

References

National Health Service (NHS) A-Z of Conditions-Bed bugs https://www.nhs.uk/conditions/bedbugs Accessed 01-04-2024

NHS England (2023) National Infection Prevention & Control Manual for England V2

Leicestershire Partnership Trust (LPT) Pest control policy 2024

Leicestershire Partnership Trust (LPT) hand hygiene policy including Bare Below the Elbows (BBE) 2026

Leicestershire Partnership Trust (LPT) Personal Protective Equipment (PPE) for use in healthcare policy (2026)

Leicestershire Partnership Trust (LPT) Cleaning & Decontamination of equipment, medical devices & the environment (Including the management of blood & body fluid spillages) Policy (2022).

Leicestershire Partnership Trust (LPT) Medical devices policy (2024)

Susser SR, Perron S, Fourmier et al (2012) Mental Health effects from urban bed bug infestations (Cimex Lectularius L): A cross-sectional study British Medical Journal

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