



**Consumer and
Worker Protection**

Report of the Local Law 87 Advisory Task Force

June 15, 2019

Submitted pursuant to Admin. Code § 20-297.7
as added by Local Law 87 for the year 2016

Background

Local Law 87 of 2016 (LL 87) was signed into law by Mayor de Blasio on August 3, 2016 and came into full effect on December 31, 2017. The law repealed the existing licensing structure for laundries and replaced it with three new categories: retail laundry, industrial laundry, and industrial laundry delivery. The purpose of LL 87 was to “protect[. . . the health and welfare of the general public and workers.”¹

To achieve this goal, LL 87 set forth specific standards for industrial laundries and industrial laundry delivery in two areas: minimum standards of cleanliness and hygiene and functional separation of laundered and unlaundered laundry.² Licensees are required to: launder all laundry using a detergent that is appropriate for each type of fabric;³ handle, store and process laundered and unlaundered laundry in a manner that minimizes the spread of contaminants and keeps laundered articles clean;⁴ clean all work surfaces at regular intervals;⁵ enclose laundry in suitable containers before and after laundering and ensure that containers are not re-used without first having been thoroughly cleaned and sanitized;⁶ and store laundered and unlaundered laundry in separate, clearly marked areas of the facility.⁷ Each licensee must develop procedures for meeting these requirements and post them conspicuously where services are provided.⁸

LL 87 also created a task force (Task Force) to “advise the [C]ouncil and [M]ayor” on minimum standards of cleanliness and hygiene, procedures to maintain functional separation of laundry, and strategies for the enforcement of the law.⁹ The task force must be composed of the Commissioner of Consumer Affairs or designee, the Commissioner of Health and Mental Hygiene or designee, and representatives of businesses and workers for the retail laundry, industrial laundry, and industrial laundry delivery industries.¹⁰ The task force is chaired by the Commissioner the Department of Consumer and Worker Protection (DCWP) — formerly the Department of Consumer Affairs (DCA) — or her designee and must submit its report and recommendations to the Council and Mayor by June 15, 2019.¹¹ The Task Force will reconvene every five years to consider and propose updates in the subject matter areas identified by the law.¹²

¹ N.Y.C. COUNCIL, COMMITTEE REPORT OF THE GOVERNMENTAL AFFAIRS AND HUMAN SERVICES DIVISIONS ON INT. NO. 697, at 5 (June 18, 2015).

² N.Y.C., N.Y. ADMIN. CODE § 20-297.6.

³ *Id.* § 20-297.6(a)(1)(a)

⁴ *Id.* § 20-297.6(a)(1)(b).

⁵ *Id.* § 20-297.6(a)(1)(c).

⁶ *Id.* § 20-297.6(b)(1)(a)

⁷ *Id.* § 20-297(b)(1)(b).

⁸ *Id.* §§ 20-297.6(a)(3); 20-297.6(b)(2).

⁹ *Id.* § 20-297.7.

¹⁰ *Id.* § 20-297.7(b).

¹¹ *Id.* § 20-297.7(d).

¹² *Id.* § 20-297.7(d).

Advisory Task Force

Pursuant to LL 87, DCWP Commissioner Lorelei Salas appointed the following individuals to the Task Force:

1. Casey Adams, NYC Department of Consumer and Worker Protection
2. Alberto Arroyo, Laundry Distribution & Food Service Joint Board, Workers United, SEIU
3. Megan Chambers, Laundry Distribution & Food Service Joint Board, Workers United, SEIU
4. John Anthony Magliocco, Arrow Linen
5. David Potack, Unitex Textiles
6. Rosanna Rodriguez, Laundry Workers Center
7. Michael Sokolowski, Coin Laundry Association
8. Amita Toprani, NYC Department of Health and Mental Hygiene

The Task Force convened for its first meeting on June 15, 2018. At that meeting, members adopted a meeting schedule to organize the group's work. Members also discussed a proposed list of expert invitees to meet the law's requirement that the Task Force "invite representatives of relevant state and federal agencies and industry experts to participate in the meetings of the task force and to provide information and expertise about regulatory and industry matters."¹³ The proposed list was later finalized by electronic correspondence.

Abiding by its adopted meeting schedule, the Task Force convened for the following meetings:

- I. Inaugural and organizing meeting
June 15, 2018
- II. Minimum standards of cleanliness and hygiene
September 26, 2018
- III. Procedures to maintain functional separation between laundered and unlaundered laundry
December 17, 2018
- IV. Strategies for the enforcement of LL 87
March 29, 2019
- V. Adoption of recommendations to Council and Mayor
June 11, 2019

The following experts were invited to participate in all Task Force meetings:

1. Dr. George Friedman-Jimenez, Bellevue/NYU Occupational and Environmental Medicine Clinic
2. Conor Hanlon, Service Employees International Union
3. National Cleaners Association
4. New York Committee for Occupational Safety and Health
5. New York State Department of Health
6. New York State Department of Labor

¹³ *Id.* § 20-297.7(c).

7. Dr. Lynne Schulster, infectious disease epidemiologist
8. Andrew J. Streifel, Thompson Center for Environmental Management
9. Tatch Technical Services
10. Textile Rental Services Association
11. United States Occupational Safety and Health Administration

The Task Force reviewed the following material pertinent to the subject matter areas within its jurisdiction:

1. PROCESSING OF REUSABLE SURGICAL TEXTILES FOR USE IN HEALTH CARE FACILITIES (Ass'n for the Advancement of Med. Instrumentation & Am. Nat. Standards Inst. (2013) (ANSI/AAMI ST65:2008/(R)2013)).
2. Vincent C. C. Cheng et al., *Hospital Outbreak of Pulmonary and Cutaneous Zygomycosis due to Contaminated Linen Items from Substandard Laundry*, 62 CLINICAL INFECTIOUS DISEASES 714 (2016).
3. Jonathan Duffy et al., *Mucormycosis Outbreak Associated with Hospital Linens*, 33 PEDIATRIC INFECTIOUS DISEASE J. 472 (2014).
4. HEALTHCARE LAUNDRY ACCREDITATION COUNCIL, ACCREDITATION STANDARDS FOR PROCESSING REUSABLE TEXTILES FOR USE IN HEALTHCARE FACILITIES (2016).
5. INFECTION CONTROL TODAY, HEALTHCARE TEXTILES: LAUNDRY SCIENCE AND INFECTION PREVENTION (2011).
6. NATIONAL CLEANERS ASSOCIATION, RECOMMENDATIONS REGARDING NYC DCA INDUSTRIAL LAUNDRY LICENSE HYGIENE REQUIREMENTS (2018) (on file with the Task Force).
7. Lynne M. Schulster, *Healthcare Laundry and Textiles in the United States: Review and Commentary on Contemporary Infection Prevention Issues*, 36 INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY 1073 (2015).
8. ANDREW J. STREIFEL & LYNNE M. SEHULSTER, ENVIRONMENTAL BEST PRACTICES FOR INFECTION PREVENTION IN HEALTHCARE LAUNDRIES (2018) (on file with the Task Force).
9. MD TATCH, COMMENTS TO CHAPTER 2 OF TITLE 20, SUBCHAPTER 14 (2018) (on file with the Task Force).
10. TEXTILE RENTAL SERVICES ASSOCIATION, STANDARD FOR PRODUCING HYGIENICALLY CLEAN REUSABLE TEXTILES FOR USE IN THE HEALTHCARE INDUSTRY (2018).

In addition, DCWP provided the following data about its administration of the law to better inform the work of the Task Force:

1. Current licensees
2. Applications denied
3. Licenses suspended or revoked
4. Inspections
5. Violations

Discussion

Much of the Task Force’s work focused on laundry businesses that serve healthcare clients, where the risk of harm to consumers and workers is potentially greater than with other clients because laundry may come in contact with infectious pathogens and because hospital patients may have a higher susceptibility to infection.¹⁴ The Task Force heard from its expert invitees that “[p]atient-to-patient transmission of microorganisms involving clean textiles has not been demonstrated [in studies up to 2015].”¹⁵ In addition, the United States Centers for Disease Control and Prevention (CDC) has stated that “reports of healthcare-associated diseases linked to contaminated fabrics are so few in number that the overall risk of disease transmission during the laundry process likely is negligible.”¹⁶

The Task Force reviewed one study linking an outbreak of the fungal infection mucormycosis¹⁷ in a Louisiana hospital to contaminated linens.¹⁸ Researchers tested areas of the facilities used by the hospital and the laundry company used to launder the hospital’s linens.¹⁹ Based on this testing, researchers found support for “the hypothesis that linens were the vehicle transmitting [mucormycosis].”²⁰ However, researchers could not conclusively establish whether contamination occurred at the laundry facility, during transport to the hospital, or at the hospital loading dock after the laundry company had completed delivery.²¹ The study noted that “[w]hile clean linen may carry some microbial burden, the risk of infection is considered to be small for the vast majority of patients.”²² The authors recommended a number of measures to reduce the risk of contamination during the laundry process, including adequate drying before bundling or covering, cleaning and disinfecting bins used to transport linen, and packaging clean linens in a manner that protect them from exposure to dust and dirt during storage, delivery, and receipt.²³ Many of these recommendations are similar to the substantive requirements imposed on licensees by LL 87.²⁴

¹⁴ See, e.g., RITCHIE TORRES & CLEAN NYC, *IRRESPONSIBLE INDUSTRIAL LAUNDRIES: A MAJOR PUBLIC HEALTH THREAT* (2015).

¹⁵ Lynne M. Schulster, *Healthcare Laundry and Textiles in the United States: Review and Commentary on Contemporary Infection Prevention Issues*, 36 *INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY* 1073, 1086 (2015)

¹⁶ *INFECTION CONTROL TODAY*, *HEALTHCARE TEXTILES: LAUNDRY SCIENCE AND INFECTION PREVENTION* 13 (2011).

¹⁷ Mucormycosis is “a serious but rare fungal infection caused by a group of molds called mucormycetes. These molds live throughout the environment. Mucormycosis mainly affects people who have health problems or take medicines that lower the body’s ability to fight germs and sickness. It most commonly affects the sinuses or the lungs after inhaling fungal spores from the air, or the skin after the fungus enters the skin through a cut, burn, or other type of skin injury. However, it can occur in nearly any part of the body.” *Mucormycosis*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/fungal/diseases/mucormycosis/index.html> (last visited June 12, 2019).

¹⁸ Jonathan Duffy et al., *Mucormycosis Outbreak Associated with Hospital Linens*, 33 *PEDIATRIC INFECTIOUS DISEASE J.* 472 (2014).

¹⁹ *Id.* at 473

²⁰ *Id.* at 474.

²¹ *Id.* 474-75.

²² *Id.*

²³ *Id.*

²⁴ See N.Y.C., N.Y. ADMIN. CODE § 20-297.6.

The Task Force also reviewed a study based in a Hong Kong hospital that attributed an outbreak of the fungal infection zygomycosis²⁵ among immunosuppressed patients to “use of contaminated linen items supplied by a designated laundry.”²⁶ The study identified “[m]ajor deficiencies in the physical environment (ambient temperature, lighting, ventilation, dustiness), transportation of linen (use of same transport for dirty and clean utility, and discrepancy between the temperatures [used in the washing process]” as potential causes.²⁷ Again, many of the potential contributing factors identified by the study, including the lack of functional separation between laundered and unlaundered linens,²⁸ are addressed by the substantive requirements of LL 87. As a whole, these findings suggest that the need for new requirements related to minimum standards of cleanliness and hygiene and functional separation of laundry, beyond what is already required by LL 87, is not supported by scientific evidence at this time.

The Task Force also considered input from members and experts involved in the laundry industry. These individuals pointed out that not all industrial laundry businesses handle healthcare textiles. Businesses may serve primarily food service or other client bases that do not present the same potential for contamination as healthcare clients. The Task Force concluded that the stringent procedures appropriate for a facility that processes healthcare laundry are unnecessary and may be burdensome for a facility that only processes laundry used outside of healthcare settings.

Industry members and experts told the Task Force that some businesses already choose to participate in hygienically clean certification or accreditation programs to assure clients that their products are safe. For example, the Textile Rental Services Association currently certifies Task Force member Unitex Textiles for healthcare laundry processing.²⁹ The Healthcare Laundry Accreditation Council also offers accreditation to laundries in New York state.³⁰ On January 28, 2019, several Task Force members traveled to a Unitex location in Linden, New Jersey to tour a working industrial laundry facility and observe work and safety processes first-hand.

DCWP provided enforcement information to inform Task Force review of strategies for the enforcement of LL 87. These data showed that, as of March 2019, DCWP licensed 46 industrial laundries in New York City and 43 industrial laundries that deliver from outside the city. Since 2017, DCWP had conducted eight inspections of licensees located in the city and issued nine violations. The most common violations were failure to display required information on handcarts and vehicles and failure to conspicuously post procedures for maintaining minimum standards of cleanliness and hygiene and functional separation of laundry. During the same period, DCWP issued 19 violations to businesses operating without the required license.

²⁵ Zygomycosis is an older term for mucormycosis. See *Mucormycosis*, *supra* note 17.

²⁶ Vincent C. C. Cheng et al., *Hospital Outbreak of Pulmonary and Cutaneous Zygomycosis Due to Contaminated Linen Items from Substandard Laundry*, 62 *CLINICAL INFECTIOUS DISEASES* 714, 714 (2016).

²⁷ *Id.* at 720.

²⁸ *Id.* at 721.

²⁹ See *Healthcare Certified Facilities*, HYGIENICALLY CLEAN, <http://hygienicallyclean.org/hygienically-clean-healthcare/certified-facilities/> (last visited May 15, 2019).

³⁰ See *Accredited Laundries (By State)*, HEALTHCARE LAUNDRY ACCREDITATION COUNCIL, <https://www.hlacnet.org/sort-by-state> (last visited May 15, 2019).

Conclusion and Recommendations

After due consideration of relevant literature and input from members and experts, the Task Force unanimously resolved to recommend no new action with respect to minimum standards of cleanliness and hygiene and functional separation of laundered and unlaundered laundry at this time. The vote on this measure was recorded at the March 29, 2019 meeting of the Task Force.

The Task Force unanimously resolved to urge DCWP to continue diligently enforcing LL 87 and investigating relevant complaints. The vote on this measure was recorded at the June 11, 2019 meeting of the Task Force. In particular, the Task Force recommends DCWP continue to provide complainants a method for tracking the progress of their complaint, update complainants on the status of complaints and investigations where practicable, and actively seek additional relevant information from complainants to further investigations. DCWP should continue making information about complaints, inspections, violations, and license actions publicly available in order to fully inform the public, particularly businesses and consumers that interact with laundry processed by DCWP licensees, about its regulatory activity.

The Task Force also urges DCWP to consider all tools at its disposal when determining how to enforce the law. Where DCWP has credible information indicating a violation of requirements related to minimum standards of cleanliness and hygiene or functional separation by an Industrial Laundry Delivery licensee, the agency should consider conducting unannounced inspections of delivery vehicles, either during or outside of business hours, as appropriate and consistent with applicable law. Licensees and applicants should continue to be held accountable for making false statements on application documents, which currently carries both civil and criminal penalties, including suspension or revocation of a license.³¹ DCWP should ensure that violations are issued for established instances of unlicensed conduct so that daily penalties may be applied to businesses that continue to operate without a license. In extraordinary circumstances, it may be appropriate for DCWP to notify known customers of a business when that business' license is suspended or revoked.

The Task Force observes that LL 87 requires the body to be reconvened every five years. If new information relevant to the statutory mandate of the Task Force emerges in the intervening time, the body will be empowered to consider it in the next term and make appropriate recommendations.

³¹ See N.Y. PENAL LAW §§ 210.45, 175.35, 175.30; N.Y.C., N.Y. ADMIN. CODE § 20-104; 6 R.C.N.Y. § 1-01.1.