

# IPAC Recommendations for the handling of paper and client charts within patient rooms, where the patient is suspected or positive for COVID-19 infection.

<p><b>Site:</b></p> <ul style="list-style-type: none"> <li>All Inpatient Facilities</li> </ul>	<p><b>Scope:</b></p> <ul style="list-style-type: none"> <li><b>Audience:</b> Clinical Staff caring for COVID19 suspected and positive infections.</li> <li><b>Indications:</b> When considering what paper to take into the patient room; and when considering what to do with paper in the patient room.</li> <li><b>Exceptions:</b> None.</li> </ul>
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**PATIENTS SUSPECTED OR POSITIVE FOR COVID-19 INFECTION:**

**IPAC RECOMMENDATIONS FOR THE HANDLING OF PAPER AND CLIENT CHARTS WITHIN PATIENT ROOMS**

**DO NOT TAKE PAPER OR PAPER CHARTS INTO THE ROOM OF A PATIENT WHO HAS SUSPECTED OR CONFIRMED COVID-19 INFECTION.**

- What to do if it is required to take paper/paper chart into a patient’s room**
  - Only take in the parts of the chart that are required
  - Try and keep paper/paper chart out of the patients’ 2 meter radius to reduce the risk of contamination
  - Dry paper** can be brought out of the patient’s room and put back into patient’s chart or used as required
- What to do with potentially contaminated (wet or moist) paper?**
  - Sequester it into a plastic sleeve prior to being entered into the chart
  - It should remain contained for at least 48 hours/until dry.
- What to do if the complete patient chart has been taken into a room?**
  - The plastic chart/binder should be cleaned/disinfected with ACCEL or Cavi Wipe equivalent when removed from the room
  - Follow the points above for dry versus moist paper recommendations

Paper charts may be taken into the room of a patient who is **not** suspected of having COVID-19 infection, as standard. Once in the room, please ensure the chart is reviewed and placed down in a ‘clean’ area and not placed on the patient bed, etc.