

Infection Prevention & Control

Management of Paper & Plastic Binders in Patient Care Environments

Paper in Patient Rooms

- Paper medication administration records (MAR) are brought to the bedside for safety reasons.
- Paper must be discarded if it becomes contaminated with body fluids.
 - If paper is part of the legal record and cannot be discarded, allow to dry and place in a protective plastic sleeve for filing.
 - If paper is still in use (e.g., incomplete MAR), photocopy document within protective sleeve and continue using copied document, or start a new document where it left off.
- Dedicate magazines and books to patients on Additional Precautions. On discharge discard or send home with the patient.
- The risk of transferring microorganisms from *non-soiled* paper is negligible.

Plastic Binders (charts) should **not** be taken into the patient room if:

- Patient has known or suspected gastrointestinal infection (GI): vomiting/diarrhea, *C. difficile* infection, norovirus.
- Patient has known or suspected respiratory infection: fever, productive cough.
- Patient environment is exposed to uncontrolled body fluids (e.g., excessive wound drainage).
- Confirmed gastrointestinal or influenza outbreaks.

Plastic Binders (charts) must be cleaned and disinfected if taken into any patient room

- The outside of the binder must be cleaned and disinfected with a VCH approved cleaning/disinfectant product (accelerated hydrogen peroxide (AHP) Brand name Accel INTERvention Wipes) before it is returned to its storage location.

Cleaning/Disinfection Technique:

- *Clean* using friction (rub/scrub motion) to remove any foreign matter (feces, blood, sputum, dust, soil, food) and then discard wipe(s).
 - Use accelerated hydrogen peroxide (AHP), brand name: Accel INTERvention Wipe(s)
- Immediately following cleaning, *disinfect* item with new wipe(s) using friction (rub/scrub motion). Item must remain wet long enough to maintain 'wet contact' per manufacturer direction (1 minute).
- Disinfection is followed by *air-drying* to complete disinfection process.

IPAC practices that will mitigate microorganism transmission:

- Hand hygiene before and after glove use, contact with patient/environment/equipment.
- Hand hygiene between contact with a patient or their environment and contact with paper records.
- Clean & disinfect surfaces in patient rooms where clean/sterile items will be placed.
- Dedicate equipment for patients on Additional Precautions whenever possible.
- Clean & disinfect 'high-touch points' of dedicated patient equipment after each use (e.g, buttons and pulse oximeter on dynamap).
- Clean & disinfect shared equipment after every use (e.g, dynamap).