

***C. difficile* Outbreak Checklist for Facilities Without AHS IPC Support**

1. Administrative Measures

- Place signage at the entrance of the unit/facility to advise families and visitors of the outbreak.
- Close the affected unit(s) to new admissions.
- Review antimicrobial prescribing practices within the facility to see if changes are required.

2. Resident Review

- Initiate a log for tracking of bowel movements. Use the [Bristol Stool Chart](#) as the reference guide and document stool consistency and frequency.
- Consider CDI if resident has 6 or more watery stools in a 36 hour period, or 3 or more unformed stools in a 24 hour period, and this is new or unusual for the resident.
- Send stool for CDI testing; transport to lab must occur within 2 hours of collection. Formed stool will not be tested.
- Review medications with a pharmacist. Note: use of antibiotics, acid reducing therapy (proton pump inhibitor (PPI), H2-antagonist) and/or antineoplastic medications in the previous 8 weeks.
- HOLD laxatives and anti-diarrheal agents until assessed by pharmacist and/or physician.

3. Additional Precautions

- Initiate contact precautions immediately for all residents with acute onset of diarrhea. Do not wait for lab result.
- Accommodate resident in a private room. If a private room is unavailable, separate the resident from all other residents in the room by a distance of 2 meters. Assign a commode or dedicate a washroom to the resident. If a privacy curtain is present, draw the privacy curtain between residents to promote the separation of items.
- Ensure personal protective equipment (PPE) is readily available for all staff in an isolation cart outside room door.
- Wear gloves and gown on room entry.
- Dedicate resident care equipment where possible. Clean and disinfect shared resident care equipment.
- The door to the resident's room can remain open.

3. Communication

- All departments within the facility should be notified of the outbreak.
- Complete the *Clostridium difficile* Outbreak Tracking Record and forward to your Outbreak Response Lead according to their instructions.
- Post "*Contact Precautions –Sporicidal Clean*" sign on entrance to resident's room.
- Notify Environmental Services staff (ES) of the need for a sporicidal clean.
- If a resident requires urgent care, notify EMS and the receiving hospital of the resident's status.

4. Staffing

- Cohort staff if possible (i.e. staff should be assigned to work exclusively with *C. difficile* positive residents).

5. Hand Hygiene / Resident Hygiene

- Use soap and water to perform hand hygiene after contact with the resident or their environment. Alcohol-based hand rub is **not** effective against *C.difficile* spores. For room entry, you may clean hands with alcohol-based hand rub or soap and water.
- Instruct and assist resident with hand hygiene using soap and water before leaving their room.
- Ensure resident nails are kept trimmed to enable optimal hand hygiene.
- Promote daily bath or shower for resident. Bed-baths or bath-in-a-bag products are acceptable.

6. Environmental Cleaning and Disinfection

- Clean and disinfect resident rooms with *C. difficile* infections or suspected to have a *C. difficile* infection twice daily using a sporicidal agent. Pay particular attention to horizontal and frequently touched surfaces.
- Sporicidal products must have a DIN (Drug Identification Number) issued by Health Canada and a label claim as a sporicidal agent. The manufacturer's instructions for use must be followed. There are a number of commercial sporicidal agents available that contain sodium hypochlorite, accelerated hydrogen peroxide, or peracetic acid.
- If a commercial sporicidal agent is not immediately available, an in-house bleach solution of 5000 ppm (1 in 10 dilution of household bleach) can be used in the interim.
- Implement enhanced environmental cleaning of the facility. This should include a minimum twice daily cleaning and disinfection of surfaces (including hand rails, bathing and toileting facilities, recreational equipment, light switches, door handles, furniture, common areas, nursing stations, and staff washrooms) using a sporicidal. Note that if the sporicidal agent causes skin irritation and the instructions require rinsing then use your regular disinfectant for common spaces and public areas.
- Terminally/discharge clean using a sporicidal agent all resident rooms in the entire unit(s) that become vacant.
- Dedicate toilet brushes/swabs to each resident with a *C. difficile* infection.
- Cleaning cloths and mop heads should be changed frequently.
- Single-use resident care equipment should be used whenever possible.

7. Linen / Clothing

- Place dedicated linen hamper inside resident's room. Handle soiled linen/clothing in accordance with Routine Practices.
- Send all facility supplied linens (bedding, pajamas etc.) for commercial laundering.

Options for laundering of resident's personal laundry in order of best practice:

Preference 1: Send home with family/ caregivers for regular laundering.

OR

Preference 2: Send resident owned linen/clothing to for commercial laundering where possible.

OR

Preference 3: Wash in facility domestic washers. Disinfect machine after use with hospital approved disinfectant wipes or liquid.

Dietary

- Restrict access to communal nutrition centres to staff only. Hand hygiene is required by staff prior to accessing the nutrition centre.
- No special precautions are required for dishes and cutlery.

8. Waste

- Bedpans and commodes should be handled carefully to avoid contamination of the environment with *C. difficile* spores.
- Disposable bedpans should be considered.
- Spray wands should not be used to clean bedpans and commode buckets.

10. Resident Movement within Facility

- Assess each resident to determine if limiting resident movement outside the room is necessary.
 - Is the resident willing and able to follow directions with assistance? Yes No
 - Can diarrhea be contained? (e.g. by a brief) Yes No

If all answers are yes, resident may leave their room. Rooms of other residents are not to be entered by the symptomatic resident.

- Resident is to perform hand hygiene upon leaving room and must wear clean clothing.

9. Residents, Families, and Visitors

- Visitors should speak with staff prior to entering the room of a resident on precautions so that the risk to their health can be evaluated as well as their ability to comply with precautions.
- Residents, families, and visitors should be educated about the precautions being used during the outbreak, how long precautions should last, and ways that they can prevent transmission to others including an emphasis on hand hygiene. Hand hygiene should be performed on entry to the resident's room and before exiting. Soap and water should be used for hand hygiene before exiting. Families and visitors assisting with resident care should use the same PPE as staff.
- The number of visitors should be limited to essential visitors only.
- Visitors should be restricted to visiting one resident only.

12. Discontinuation of Precautions

- Discontinue precautions after the resident has been without symptoms for 48 hours and the resident has had at least one normal stool (based on the resident's normal bowel habits).
- Contact ES to perform sporicidal terminal/discharge clean of room. Discard any contaminated items that cannot be cleaned/ disinfected.
- Ensure resident is showered/bathed.
- Change bed linens.
- Ensure resident's clothing is laundered.
- Discard any facility supplied lotions/creams.
- Monitor for signs of relapse. Reinitiate contact precautions at first signs of diarrhea.

Any questions or concerns may be directed to your Outbreak Response Lead.

*Adapted from *C. difficile* Checklist AHS Central Zone IPC (March 24, 2015)