

Checklist for Suspect or Confirmed *Clostridioides difficile* Infection (CDI)

North Zone Infection Prevention and Control (IPC)

This checklist was developed to support frontline staff in the management of suspect or confirmed *Clostridioides difficile* infection case(s).

1. Additional precautions

- Immediately initiate Contact Precautions Sporidical Clean; **do not wait** for lab results.
 - Door sign: [Contact Precautions Sporidical Clean](#)
 - Connect Care Work List Task: Initiate Contact Isolation *C. difficile*
 - Refer to IPC comments in Connect Care (located in the IPC Alert)
- Accommodate patient in private room. If private room unavailable, separate the patient from the other patient within the room by a distance of 2 meters (refer to [IPC Covid-19 Additional Precautions without Walls in a Shared Patient Care Space](#)). Assign a dedicated commode or washroom to the patient and follow appropriate human waste handling precautions.
- Set up isolation cart outside patient room. Include sporidical disinfectant (e.g., bleach wipes) for equipment cleaning; refer to [Isolation Cart Key Points](#).
- Dedicate patient care equipment when possible. Clean and disinfect shared patient care equipment between uses using a sporidical cleaner (e.g., Sani-Cloth Bleach wipes). Review cleaning practices for non-critical medical equipment to ensure clear responsibility designated to different care teams.

2. Management of patient(s)

- Document stool consistency and frequency using the Stool Output/Assessment. Connect Care>Flow Sheets
- Consider CDI if patient has three or more soft blobs or watery stools in a 24-hour period and this is new or unusual for the patient.
- Send stool for CDI testing; note only type 6 and 7 as per the Bristol Stool Chart (soft blobs or watery) will be tested. Transport to lab within 2 hours of collection or refrigerate.
- Physician to complete the Possible or Proven *Clostridioides difficile* Infection Adult Order Set.
- Any CDI rule-out or positive test will flag an IPC Alert in Connect Care.
- Restrict patients with diarrhea from frequenting shared patient areas or participating in planned programs (dining/exercise/social). Review exceptions with IPC.
- Access [Clostridioides difficile Infection Adult - Inpatient \(albertahealthservices.ca\)](#). Review medication administration record (MAR) with pharmacist. Note the use of antibiotics, laxatives, anti-diarrheal agents and acid reducing therapy (proton pump inhibitor, H2-antagonist) and/or antineoplastic medications in the previous eight (8) weeks.
- Ensure patient equipment and furniture is intact and has cleanable surfaces. Promptly remove items in disrepair and repair/replace.
- Minimize supplies and equipment brought into patient room.
- Educate patient, family and visitors regarding CDI transmission and prevention and ensure education is documented. [My Health Alberta: Learning about C.diff infection in Hospital](#)

3. Communication

- Notify Environmental Services staff (ES) of the need for sporicidal room cleaning.
- Notify receiving facility/unit of patient status if transfer is required.
- ICP to connect with unit to review management of patient (e.g., secure chat in Connect Care, email, phone conversation).

4. Hand hygiene / Patient hygiene

- ABHR is appropriate before initial donning of PPE and room entry.
- Use soap and water to perform hand hygiene *after contact* with patient or their environment. (Note: ABHR can be used between doffing steps. Soap and water should be used after all PPE removed).** Alcohol based hand rub (ABHR) is **not** effective against *C. difficile* spores. ABHR should be used if soap and water is not available.
- Instruct or assist patient with hand hygiene using soap and water after toileting, before meals or when leaving their room.
- Ensure patient nails are trimmed to allow for optimal hand hygiene.
- Promote daily bath or shower for patient. Bed-baths or bath-in-a-bag products are acceptable.

5. Linen / Clothing

- Change bed linens daily, when soiled, after showering.
- Place dedicated linen hamper inside the room.
- Laundering of supplied linens (bedding, pajamas, etc.) is performed as per site protocols.

6. Waste

- Ensure there is a garbage can with the capacity to dispose of PPE in the patient room.
- Handle waste in accordance with Routine Practices and IPC Best Practice Recommendations for [Human Waste \(Feces\) Management](#).

7. Patient Movement within facility

- Patient may leave room or bed space for essential purposes only. Refer to [Patients on Additional Precautions Leaving Room or Bed Space](#). Exceptions require IPC consult.
- Before patient leaves their room, educate or assist them to: perform hand hygiene, dress in clean clothing, contain incontinence with incontinent products.

8. Discontinuation of precautions

- Discontinue precautions after patient has been symptom free for 48 hours and has had at least one normal stool based on normal bowel habits.

Refer to:

- [Acute Care IPC Resource Manual Diseases and Conditions Table](#)
- [Continuing Care IPC Resource Manual Diseases and Conditions Table](#)

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- Notify ES staff to perform sporicidal discharge/transfer clean or discontinuation of isolation clean. Once complete, ES staff will remove precautions sign.
- Discard any facility-supplied lotions/creams.
- Monitor for signs of relapse. Reinitiate contact isolation and post [Contact Precautions –Sporicidal Clean](#) sign at first indication of diarrhea.

If you have any questions or concerns, contact your site infection control professional (ICP)

Resources

Alberta Health Services. (2023). IPC Diseases and Conditions Table Recommendations for Management of Patients Acute Care. Retrieved August 21, 2023, from <http://www.ahsweb.ca/ipc/diseases-conditions-table-z0-rm-ac>

Alberta Health Services. (2023). IPC Diseases and Conditions Table Recommendations for Management of Residents Continuing Care. Retrieved August 21, 2023, from <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-disease-and-condition-table-cc.pdf>

Provincial Infectious Diseases Advisory Committee. (2013). Annex C: Testing, Surveillance, and Management of *Clostridium difficile* in All Health Care Settings. Retrieved August 22, 2023, from https://www.publichealthontario.ca/-/media/documents/c/2013/cdiff-testing-surveillance-management.pdf?sc_lang=en

Public Health Agency of Canada. (2013). Clostridium Difficile Infection: Infection Prevention and Control Guidance for Management in Acute Care Settings. Retrieved August 22, 2023, from <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/clostridium-difficile-infection-prevention-control-guidance-management-acute-care-settings.html>

Public Health Agency of Canada. (2013). Clostridium Difficile Infection: Infection Prevention and Control Guidance for Management in Long-term Care Facilities. Retrieved August 22, 2023, from <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/clostridium-difficile-infection-prevention-control-guidance-management-long-term-care-facilities.html>