

1. Patient/Resident Review

- Initiate a log for tracking of bowel movements. Use Bristol Stool Chart as the reference guide. Document stool consistency and frequency.
- Consider CDI if patient/resident has 6 or more unformed / watery stools in a 36 hour period or 3 or more unformed/watery stools in a 24 hour period and this is new or unusual for the patient/resident.
- Send stool for CDI testing. Transport to lab within 2 hours of collection. Formed stool will not be tested.
- Ensure physician supports initiation of CDI pre-printed care orders (PPCO).
- Review M.A.R. and medication reconciliation form with pharmacist. Note use of antibiotics, acid reducing therapy (proton pump inhibitor, H2-antagonist) and/or antineoplastic medications in the previous 8 weeks.
- HOLD laxatives and anti-diarrheal agents.
- Consult clinical pharmacist for medication review.

2. Additional Precautions

- Initiate Contact Sporicidal Precautions immediately. Do not wait for lab result.
- Accommodate patient/resident in private room. If private room is unavailable, separate patient/resident from all other patients/residents in the room by a distance of 2 meters. Assign a commode or dedicate washroom to the patient/resident.
- Ensure personal protective equipment (PPE) is readily available for all staff in/on isolation cart outside room door.
- Wear gloves and gown on room entry.
- Dedicate patient care equipment where possible. Clean and disinfect shared patient care equipment.
- Place garbage/gown disposal hamper in the patient's/resident's room.

3. Communication

- Post "*Contact Precautions –Sporicidal Clean*" sign on entrance to patient's/resident's room.
- Notify Environmental Services staff (ES) of the need for a sporicidal clean.
- Notify receiving facility or unit of patient/resident status if patient/resident requires transfer.

4. Hand Hygiene / Patient Hygiene

- Use soap and water to perform hand hygiene after contact with the patient/resident or their environment. Alcohol based hand rub (Microsan) 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 patient/resident with hand hygiene using soap and water before leaving their room.
- Ensure patient/resident nails are kept trimmed to enable optimal hand hygiene.
- Promote daily bath or shower for patient/resident. Bed-baths or bath-in-a-bag products are acceptable.

5. Linen / Clothing

- Place dedicated linen hamper inside patient's/resident's room. Handle soiled linen/clothing in accordance with Routine Practices.
- Send all facility supplied linens (bedding, pajamas etc) to AHS Linen Services.

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

- o Preference 1: Send home with family/ caregivers for regular laundering.
OR
- o Preference 2: Send patient/resident owned linen/clothing to AHS Linen Services where possible.
OR
- o Preference 3: Wash in facility domestic washers. Disinfect machine after use with hospital approved disinfectant wipes or liquid.

6. Waste

- Handle waste in accordance with Routine Practices

7. Patient Movement within Facility

- Assess patient/resident to determine if limiting patient/resident movement outside the room is necessary.
 - Is the patient/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, patient/resident may leave their room. Rooms of other patients/residents are not to be entered by the symptomatic patient.

- Patient/resident is to perform hand hygiene upon leaving room and must wear clean clothing.

8. Discontinuation of Precautions

- Discontinue precautions after patient has been without symptoms for 48 hours and patient/resident has had at least one normal stool (based on patient's/resident's normal bowel habits).
- Contact ES to perform sporicidal discharge clean of room.
- Ensure patient/resident is showered/bathed.
- Change bed linens.
- Ensure patient's/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 site Infection Control Professional**

Alberta Health Services (2012). Infection Prevention and Control Resource Manual Acute Care. Retrieved February 27,2013 <http://www.albertahealthservices.ca/ipc/hi-ipc-resource-manual-main-document.pdf>

Public Health Agency of Canada (2013). *Clostridium difficile* Infection: Infection Prevention and Control Guidance for Management in Acute Care Settings. Retrieved February 27,2013 from <http://www.phac-aspc.gc.ca>

Provincial Infectious Diseases Advisory Committee (2012). Annex C: Testing, Surveillance, and Management of *Clostridium difficile* in All Health Care Settings. Retrieved February 27, 2013 from <http://www.publichealthontario.ca>

Covenant Health Infection Prevention & Control (2011). *Clostridium difficile* (CDI) Checklist for Staff. Covenant Health Alberta.