

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

Central 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 Sporicidal Clean; **do not wait** for lab results.
  - Door sign: [Contact Precautions Sporicidal Clean](#)
  - Connect Care Work List Task: Initiate Contact Isolation *C. difficile*
  - Refer to IPC comments in Connect Care (located in the Isolation Status)
- 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 sporicidal 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 sporicidal cleaner (e.g., Sani-Cloth Bleach wipes).

## 2. Management of Patient(s)

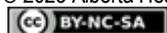
- Document stool consistency and frequency using the Stool Output/Assessment. Connect Care>Flow Sheets
- Consider CDI if patient has three or more soft blobs or watery stools in a 24-hour period and this is new or unusual for the patient.
- Send stool for CDI testing; note only type 6 and 7 as per the 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.
- 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 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.

For more information contact: [ipccenzadmin@ahs.ca](mailto:ipccenzadmin@ahs.ca)

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Original date: March 2015

Revised date: December 2023

## Checklist for Suspected or Confirmed *Clostridioides difficile* Infection (CDI) | 2

- 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. Additional resource: [Domestic Laundry Machine](#).

### 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](#)

- 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.

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# Checklist for Suspected or Confirmed *Clostridioides difficile* Infection (CDI) |3

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 <http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc>

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](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>

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