

Roles and Responsibilities Checklist				
Infection Control Professional (ICP)	Unit Manager/Designate	Environmental Services (ES)	Patient Nurse	
<ul style="list-style-type: none"> <input type="checkbox"/> Notify site manager and unit manager or designate <input type="checkbox"/> Implement Tier 1 Measures. <input type="checkbox"/> Provide direction and consultation for CDI patient management. <input type="checkbox"/> Consult on appropriate waste handling precautions. Consider recommending disposal options such as bedpan washer/ disinfectors, macerators or hygienic bag/pad systems. 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement Tier 1 Measures (see 'Contact Precautions' on back of page). <input type="checkbox"/> Notify ES of suspect and/or confirmed CDI patients on the unit. <input type="checkbox"/> Contact ES and request a Discharge/Transfer Isolation Clean for CDI patients transferred, discharged or when precautions are lifted. <input type="checkbox"/> Before transfer: notify receiving healthcare facility, unit or department that patient is CDI positive. <input type="checkbox"/> Determine who is responsible for cleaning and disinfecting patient care equipment and frequently used items (e.g. supply cart, commodes, vitals cart, etc.). 	<ul style="list-style-type: none"> <input type="checkbox"/> Clean and disinfect occupied isolation patient rooms following the Occupied Patient Rooms (Isolation) cleaning protocol - <i>available on Insite</i> two separate times during a 24-hour period. <input type="checkbox"/> Implement Discharge/Transfer Isolation cleaning protocol for all isolated patients - <i>available on Insite</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify suspect cases and notify ICP immediately (see 'Symptoms' on back of page). <input type="checkbox"/> Initiate CDI Pre Printed Patient Care Order and apply to chart. <input type="checkbox"/> Obtain specimens (see 'Stool Specimen Collection' on back of page). <input type="checkbox"/> Initiate contact precautions and move patient to a private room when available. <ul style="list-style-type: none"> <input type="checkbox"/> Notify ES of transfer so a Discharge/Transfer Isolation Clean can be performed. <input type="checkbox"/> Initiate stool charting: Use Bristol Stool Chart. <input type="checkbox"/> Consult pharmacy for review of medication management. <input type="checkbox"/> Provide visitor education on donning and doffing personal protective equipment and on hand hygiene. 	
Ongoing Tasks (Patient Nurse)		Pharmacy		
<ul style="list-style-type: none"> ▪ Do not empty bedpans into patient toilet and never rinse using patient sink. Consult IPC for safe human waste handling practices. ▪ Dedicate patient equipment to CDI patients (e.g. BP cuffs, stethoscopes). ▪ Clean and disinfect shared patient equipment before use on another patient. ▪ Use disposable, single-use items whenever possible. ▪ Clean and disinfect large equipment (e.g. wheelchairs, commodes) after each use. ▪ Ensure patient equipment and furniture is in good repair with intact and cleanable surfaces. Promptly remove any items that are in disrepair. ▪ Practice proper hand hygiene according to the 4 Moments. Use Soap and water for CDI. ▪ Bathe/shower all CDI patients daily (last in day if not a private shower). ▪ Change towels, bed linens and patient clothing daily. ▪ Keep patient supplies and clutter to a minimum in patient's room. ▪ Provide the patient opportunity to wash hands at mealtimes and after toileting. Wash patient's hands if they are unable to do so. 		<ul style="list-style-type: none"> <input type="checkbox"/> Review medication management of cases (antimicrobial therapy, acid reducing agents, promotility agents and antidiarrheals). <input type="checkbox"/> Provide patient medication teaching on new and existing medications. 	Patient Education (Patient Nurse)	Removal of Precautions and Discharge (Patient Nurse)
		<ul style="list-style-type: none"> <input type="checkbox"/> Provide and document patient education for proper hand hygiene. <input type="checkbox"/> Patient must practice hand hygiene before exiting their room, at meal times and after toileting. Soap and water is preferred for CDI patients. <input type="checkbox"/> Patient must wear clean outer clothing when leaving their room (e.g. freshly laundered housecoat). 	<ul style="list-style-type: none"> ▪ Contact Precautions may be discontinued in consultation with IPC after symptoms have stopped for 48hrs and patient has had at least one normal or formed stool. ▪ A negative CDI test is not required to discontinue Contact Precautions. ▪ When precautions are lifted ask ES to perform a Discharge/Transfer Isolation Clean of the room. <input type="checkbox"/> Patients discharged while on vancomycin taper require the physician to submit a Special Authorization Form so the patient is able to fill the prescription at the community pharmacy (consult Pharmacy). 	

CDI Frequently Asked Questions

1. **What is *Clostridium difficile*?** *Clostridium difficile* (CDI) is a bacterium that causes mild to severe diarrhea and intestinal conditions like pseudomembranous colitis (inflammation of the colon). There are many different strains of CDI and one strain, known as NAP1, is likely to cause serious illness.
2. **What are the symptoms of CDI?** Symptoms include watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness.
 - Although the most common clinical manifestation of CDI is diarrhea, there is a wide spectrum of disease, from asymptomatic colonization through pseudo membranous colitis (PMC) to toxic megacolon which may present with signs of an acute abdomen but no diarrhea.
 - For more information on CDI symptoms see:
 - Acute Care Resource Manual: <http://www.albertahealthservices.ca/info/Page6854.aspx>
 - Public Health Agency of Canada CDI Fact Sheet: <http://www.phac-aspc.gc.ca/id-mi/cdiff-eng.php>
3. **What puts a person at risk for CDI?** Patients in healthcare settings are most at risk of acquiring this type of infection because CDI is often a healthcare-associated infection.
 - Those at higher risk include the elderly, people with severe underlying illness, and people taking certain antibiotics (especially over a prolonged period of time) or cancer chemotherapy. In addition, patients taking stomach ulcer drugs, known as proton pump inhibitors, are at increased risk for contracting CDI.
4. **Is CDI fatal?** In some circumstances, CDI can be fatal. CDI can cause mild diarrhea, to life-threatening pseudomembranous colitis, bowel perforation, sepsis, and even death.

For additional information about CDI and how to use this document, contact your local Infection Control Professional.

Contact Precautions

- Initiate Contact Precautions for suspect and/or confirmed CDI cases with appropriate signage posted at the door.
- A private room with a private bathroom is preferred. If a private bathroom is not available, use a commode dedicated to that patient and follow appropriate human waste handling precautions.

Stool Specimen Collection

- Obtain stool specimen as soon as possible and send for CDI testing.
- Stool specimens will be **rejected** by laboratories if:
 - Stool is formed
 - More than 1 stool specimen collected within 24 hours
 - Previous positives within the last 7 days

Links to Reference Materials

- Occupied Patient Rooms (Isolation) cleaning protocol: Insite; Our Teams / Departments > Linen & Environmental Services > Standards & Guidelines > Environmental Services Standards, Guidelines & Protocols
- Discharge/Transfer Isolation cleaning protocol: Insite; Our Teams / Departments > Linen & Environmental Services > Standards & Guidelines > Environmental Services Standards, Guidelines & Protocols
- Hand hygiene: <http://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-flu-handwash-how-to.pdf>
- Donning and Doffing PPE: <http://www.albertahealthservices.ca/info/Page6422.aspx>
- Special Authorization Form: <https://idbl.ab.bluecross.ca/idbl/PDFS/60014.pdf>