# Tiered Management of Clostridioides difficile Infection (CDI) in Acute Care

Central Zone Infection Prevention and Control (IPC)

Tier 1

### Presence of ONE suspect or confirmed CDI case on a unit

**Diarrhea** is defined as a patient with ≥ 3 episodes of loose, unformed or watery stool (Type 6 or 7 on Bristol stool chart) or increased ostomy output within 24 hours that is new OR unusual for the patient. **Patients meeting diarrhea definition are considered to be suspect CDI cases until ruled out by laboratory/endoscopy.** 

## Tier 1 - Responsibilities

### Healthcare Worker

- □ Refer to Central Zone Checklist for CDI on Central Zone Infection Prevention & Control (IPC) Tab for management of patient
- ☐ If you see an increased number of symptomatic patients notify IPC

#### Available resources:

- IPC Diseases and Conditions Table Recommendations for Management of Patients Acute Care
- Signage Contact Precautions Sporicidal Clean
- Contact Precautions in Continuing Care information sheet

#### **Embedded in Connect Care:**

- Provincial Clinical Knowledge Topic Clostridioides difficile Infection, Adult-Inpatient
- Possible or Proven Clostridioides difficile Infection Adult or Pediatric Order Sets

#### **Key Messages:**

#### Hand Hygiene (in accordance with the 4 Moments)

- □ Perform hand hygiene prior to accessing any clean supplies or PPE (including gloves).
- ☐ Hand hygiene should be performed in a dedicated hand hygiene sink.
- □ Perform hand hygiene after glove removal.
- Soap and water are the preferred method of hand hygiene when caring for patients with diarrhea. If access to hand hygiene sink is not immediately available, clean hands with Alcohol Based Hand Rub (ABHR).
- Provide patient with opportunity to perform hand hygiene at meal times, after toileting and before exiting the room to prevent environmental contamination; assist if necessary.
- Ensure patient dons a clean housecoat or outer clothing when leaving room and diarrhea is contained.

For more information contact: <u>ipccenzadmin@ahs.ca</u> <u>© 2023 Alberta He</u>alth Services

(G) BY-NC-SA

https://creativecommons.org/licenses/by-nc-sa/4.0/

Original date: November 2023



# Tiered Management of Clostridioides difficile Infection (CDI) in Acute Care | 2

	<ul> <li>Human Waste Handling</li> <li>Ensure patients with diarrhea have a dedicated bathroom. If unavailable, use a dedicated bedpan or commode and clean and disinfect after each use.</li> <li>Do not empty bedpans into toilet or sink. Do not use spray wand to rinse out bedpans.</li> <li>Handle waste carefully using PPE. Cover bedpan and transport to dirty utility room to discard waste in hopper or macerator.</li> <li>Ensure reusable bedpans/commode hats are reprocessed.</li> <li>Consider using options such as bedpan washer/disinfectors, macerators, or hygienic bag/pad systems.</li> </ul>
Environmental Services (ES)	<ul> <li>□ Follow isolation sign on door</li> <li>□ Clean and disinfect occupied isolation patient rooms following either:         <ul> <li>■ Occupied (Sporicidal) cleaning protocol for suspect and confirmed CDI case.</li> </ul> </li> <li>□ Clean and disinfect rooms of discharged/transferred isolation patients following either:         <ul> <li>■ Discharge/Transfer (Sporicidal) cleaning protocol for suspect and confirmed CDI case.</li> </ul> </li> <li>Available resources: cleaning protocols located on Insite &gt; Teams &gt; NFLES &gt; Policy &amp; Practice Documents</li> </ul>
Unit Manager or Designate	<ul> <li>Ensure PPE is available and used by all healthcare workers upon entry to/exit from patient room.</li> <li>Review IPC Best Practices at shift reports daily (e.g., hand hygiene, equipment cleaning and PPE use).</li> <li>Review patient status and treatment with medical staff daily.</li> <li>Establish/review cleaning and disinfection schedule and accountability for patient care equipment and frequently used items (e.g., vitals machine, lifts, stethoscopes, supply carts, blanket warmer).</li> </ul>



Contact your local Infection Control Professional (ICP) if you have any questions.

For more information contact: <a href="mailto:ipccenzadmin@ahs.ca">ipccenzadmin@ahs.ca</a>
© 2023 Alberta Health Services



https://creativecommons.org/licenses/by-nc-sa/4.0/

Original date: November 2023



Tier 2 CDI Cluster – 2 or more (hospital-acquired case count identified as higher than what would normally be anticipated).

## All measures and accountabilities from Tier 1 remain in place or are enhanced

Tier 2 - Responsibilities		
Infection Prevention & Control	<ul> <li>□ Investigate possible EPI links between patient cases.</li> <li>■ maintain a line list</li> <li>□ Connect with unit manager/designate to discuss Tier 2 measures and assist with:</li> <li>■ appropriate patient placement planning</li> <li>■ guidance on staff cohorting</li> <li>□ Consider C. difficile strain typing – consult with IPC Physician.</li> <li>□ Connect daily with site/unit staff to discuss symptomatic patients.</li> </ul>	
Healthcare Worker	<ul> <li>Maintain all measures in Tier 1 plus:</li> <li>□ Review unit IPC practices (e.g., storage and handling of waste, linen and supplies, adherence to hand hygiene and routine practices).</li> <li>□ Minimize patient transfers unless medically necessary. Inform receiving facility/area of patient status.</li> <li>□ Reinforce hand hygiene.</li> <li>□ Restrict patients with diarrhea from frequenting shared patient areas or participating in planned programs (dining/exercise/social).</li> <li>Tier 2 measures are to remain in place until after consultation with IPC.</li> </ul>	
Environmental Services (ES)	Maintain all measures in Tier 1 plus:  ☐ Implement twice daily cleaning of high touch surfaces in common/shared areas.	
Unit Manager or Designate	Maintain all measures in Tier 1 plus:  ☐ Review with IPC:  ■ staff cohorting recommendations  ■ restricted access to communal areas (e.g., nutrition centres)  ■ the use of full capacity or over capacity bed spaces (if applicable)  ☐ Discuss with staff the increase to Tier 2 measures.	

For more information contact: <a href="mailto:ipccenzadmin@ahs.ca">ipccenzadmin@ahs.ca</a>
© 2023 Alberta Health Services



https://creativecommons.org/licenses/by-nc-sa/4.0/

Original date: November 2023



# Tiered Management of Clostridioides difficile Infection (CDI) in Acute Care | 4



**CDI Cluster/Outbreak** – Evidence of increased unit transmission with Epi-link (hospital-acquired case count continues to escalate despite Tier 1 & 2 measures).

All measures and accountabilities from Tier 1 & 2 remain in place or are enhanced

Tier 3 - Responsibilities			
Infection Prevention & Control	☐ Coordinate and lead an initial meeting with key contacts from the site/unit.		
	<ul> <li>❖ IPC Physician</li> <li>❖ Site/Unit Manager</li> <li>❖ ES</li> <li>❖ Patient Flow Coordinators</li> </ul>		
	❖ MOH (Ad Hoc) ❖ WHS ❖ Pharmacy ❖ Support Services (e.g., Lab, DI, NFS, Respiratory)		
	☐ ICP consults with the IPC Zone Director who notifies (via <i>Urgent Notification to an Emerging Issue Report</i> ).		
	❖ Zone leadership ❖ MOH / Public Health ❖ Alberta Health		
	☐ Supporting site/unit management with respect to tier measure changes/actions.		
Healthcare Worker	Maintain all measures in Tier 1 and 2 until IPC determines additional measures can be discontinued		
	☐ Contact IPC for direction on patient placement and transfers.		
Environmental Services (ES)	Maintain all measures in Tier 1 and 2 plus:		
	☐ Continue with twice daily cleaning of high touch surfaces in common/shared areas.		
Unit Manager or	Maintain all measures in Tier 1 and 2 plus:		
Designate	☐ Discuss with staff the increase to Tier 3 measures (if applicable).		
	☐ Implement actions/decisions from the outbreak meeting(s).		

For more information contact: <u>ipccenzadmin@ahs.ca</u> © 2023 Alberta Health Services



https://creativecommons.org/licenses/by-nc-sa/4.0/

