

Clostridioides difficile Infection - Daily Actions Checklist

This checklist should be used as soon as the trigger threshold for your healthcare setting has been exceeded and/or an outbreak of *Clostridioides difficile* infection (CDI) is suspected. Complete daily with Infection Prevention and Control Team (IPCT) input.

Outbreak definition: Two or more linked cases of CDI associated with the same healthcare setting over a specified time period OR a higher-than-expected number of cases of CDI in a given healthcare area over a specified time period.

Care area:

Date of symptom onset:Date of first confirmed CDI Case.....

Action	Insert date and who completes action						
Date							
Patient placement							
Confirmed or suspected patients have been isolated in a single room with clinical hand wash basin and en-suite facilities or designated commode wherever possible, until asymptomatic for at least 48 hours and passed stool considered 'normal' for patient.							
If failure to isolate, inform IPCT. Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) are clearly documented in the patient notes and reviewed throughout patient stay.							
Where single room capacity is exceeded, consider cohorting positive CDI cases only after risk assessment completed in conjunction with the IPCT. Refer to cohorting of patients in Chapter 2 of the National Infection Prevention and Control Manual (NIPCM), Section 2.1							
Doors to isolation and cohort rooms are kept closed with clear signage in place. Documented risk assessments are in place when room doors cannot be kept closed and are regularly reviewed.							

Action	Insert date and who completes action						
Date							
Transfers, discharges, admissions							
Symptomatic patients have not been transferred to internal or external departments for any reasons other than clinical necessity (seek advice from IPCT if necessary).							
All essential transfers have been pre-communicated with the receiving area or service.							
Ward or bay closure to admissions has been discussed with the IPCT.							
Clinical Management							
Clinical assessments have been completed for all symptomatic patients.							
A medication review has been completed including assessment of risk factors for CDI (current or recent use of antimicrobial agents, PPI H2 antagonists - drugs which reduce the production of stomach acid, anti-motility agents).							
A process of recording daily stool type and frequency is in place for all symptomatic patients.							
Stool samples have been obtained and sent for laboratory testing to confirm CDI with typing requested where required. (Seek advice from IPCT).							
IPCT have been notified of any new confirmed or symptomatic cases and any associated deaths.							
IPCT have undertaken root cause analysis for all severe CDI cases or when death has occurred within 30 days of CDI diagnosis.							
Symptomatic staff have been excluded from work and can return when symptom free for 48 hours and bowel movements have returned to normal. Where appropriate, staff are referred to Occupational Health for assessment.							

Action	Insert date and who completes action						
	Date						
Hand Hygiene							
<p>Hand hygiene requirements have been communicated to all staff, patients and visitors. This should be non-antimicrobial liquid soap and water for routine hand hygiene.</p> <p>Hand rub may be ineffective against CDI spores so should not be used alone or in place of liquid soap and water.</p>							
<p>Staff are compliant with the World Health Organization’s “5 Moments for Hand Hygiene”.</p>							
<p>Patients and visitors are enabled, supported, and reminded to undertake regular hand washing.</p>							
Personal Protective Equipment (PPE)							
<p>Staff undertaking patient care tasks and procedures for confirmed or suspected CDI cases are using PPE appropriately and in line with the NIPCM.</p>							
<p>PPE is changed immediately after each use or upon completion of task and is removed before leaving the isolation room or area and discarded as healthcare waste.</p>							
Safe management of care equipment							
<p>All non-essential items and equipment have been removed from patient rooms or cohort areas.</p>							
<p>Single-use care equipment is in use wherever possible. Reusable care equipment (such as commodes, blood pressure cuffs, stethoscopes) is dedicated to a single patient where possible.</p>							

Action	Insert date and who completes action						
	Date						
All reusable care equipment is decontaminated after each use and prior to use on another patient.							
Safe management of the care environment							
Patient isolation rooms and cohort rooms have been decontaminated at least daily using a disinfectant or combined detergent/disinfectant product. Frequently touched surfaces like door handles, bed frames and call systems should be more frequently decontaminated							
Decontamination of soft furnishings may require discussion with the local HPT/ICT. If the soft furnishing is contaminated with blood or body fluids, it should be decontaminated immediately following manufacturer’s instructions by using detergent followed by a disinfectant solution or a combined detergent/disinfectant solution. If the item is unable to be adequately decontaminated, then it should be discarded							
Portable cooling fans have been removed from patient areas. (If use is considered essential, a risk assessment has been completed and documented).							
Terminal decontamination of patient rooms has been carried out following patient transfer, discharge, or once the patient is no longer considered infectious. This includes removal and laundering of all curtains and bed screens.							
Information and advice							
Patients have been informed of all screening requirements and investigation results.							
Patients have been provided with appropriate CDI information leaflet and washing clothes at home leaflet .							
Any changes to visiting policy have been communicated to all patients, visitors and staff.							
A HIIAT assessment has been completed as per Appendix 14 of the NIPCM .							

Clostridioides difficile guidance and supporting tools are available in the National Infection Prevention and Control Manual (NIPCM) in the [A-Z Pathogens section](#)

