

# Example CDI Prevention and Control Policy

**Policy**: *Clostridium difficile* Infection (CDI) Prevention and Control and Treatment of Residents

**Purpose**: The purpose of this policy is to reduce the acquisition and transmission of *C. difficile* in this facility, and to provide guidelines for the care of residents with CDI.

**Facility Name:**

**Effective date:**

**Review date:**

**Approvals:** *[Medical director, or other approving authority]*

**Responsibility:** *[nursing staff, environmental services/housekeeping, etc.]*

# Background Information

* *Clostridium difficile* is an anaerobic, Gram-positive, spore-forming bacteria
  + *C. difficile* spores can remain in the environment for months if contaminated surfaces and/or items are not properly cleaned and disinfected
* The bacteria are found in feces, and transmitted via the fecal-oral route. Health care workers can spread the bacteria to other residents or contaminate surfaces through hand contact.
* Risk factors for CDI are:
  + Recent antibiotic use
  + Age >65 years
  + Other serious illnesses
* Signs and symptoms of CDI:
  + Watery, liquid diarrhea lasting for 3 or more days
  + Fever
  + Loss of appetite
  + Abdominal pain/cramps
  + Nausea

## Procedure

### I. Early Recognition of CDI and laboratory testing

1. Consider CDI in a resident who has ≥3 unformed stools in a 24-hour period with no other known cause. Routine screening for CDI will not be performed.

2. Document symptoms in resident’s medical record and contact provider to obtain an order for CDI lab testing.

3. Collect and submit an unformed, fresh stool sample for testing.

* Testing will not be performed on formed or solid stool; do not send these specimens for testing.
* ***[Insert testing laboratory policy for transport of stool specimens (e.g., time, temperature)]***

4. Polymerase chain reaction (PCR) testing is preferred over enzyme immunoassay (EIA) tests, and will be requested for *C. difficile* specimens.

5. Contact provider with test results; obtain treatment orders.

6. Update resident’s plan of care and enter appropriate surveillance information on the *Clostridium difficile* infection log.

Notes: Repeat CDI testing/tests of cure will not be routinely performed; if symptoms persist despite appropriate treatment, the resident will be clinically reassessed. If no other cause of diarrhea is found, additional testing for CDI will be performed as clinically indicated.

### II. Contact Precautions

1. It is this facility’s policy that Standard Precautions be used with all residents, at all times.

2. All residents suspected of having CDI, or other diarrheal illnesses, will be placed on Contact Precautions. Asymptomatic residents colonized with *C. difficile* do not require Contact Precautions.

3. Place Contact Precautions sign on the resident’s door, assure that Contact Precaution supplies are outside and inside resident’s room, and notify Infection Prevention personnel.

4. Gloves and gown will be worn prior to entering resident’s room and removed prior to exiting the room.

5. Perform hand hygiene before putting on gloves, after removing gloves, and any time hands are visibly soiled. Soap and water is preferred, however alcohol-based hand rubs can be used unless hands are visibly soiled, contact with bodily fluids has occurred, or in an outbreak situation.

6. Single-use, dedicated, or disposable resident care equipment (e.g. blood pressure cuffs, stethoscopes, thermometers) will be used. If single-use, dedicated, or disposable equipment is not available, shared equipment must be cleaned and disinfected immediately after use and between residents.

7. Ancillary staff (e.g., dietary, therapy, environmental services, and activities) will be notified as soon as practical that resident is in Contact Precautions. Notification will be done in a way that does not compromise the privacy of the resident.

8. Contact Precautions will be continued until the resident has been asymptomatic (no diarrhea) for 72 hours. ***[Charge Nurse]*** will notify Infection Prevention personnel when Contact Precautions are no longer needed.

### III. Room Placement

1. Residents with CDI will be placed in a private room with a private bathroom whenever possible.

2. If a private room with a private bathroom is not available, resident will be placed in a private room with a shared bathroom.

a. The resident with active CDI should use a separate toilet (e.g. dedicated commode) while on Contact Precautions.

3. If a private room with a shared bathroom is not available, the resident will be cohorted (roomed) with another resident with active *C. difficile* diarrhea.

a. If this is not applicable, the resident with active CDI will be cohorted with a resident at low risk for CDI.

4. Residents with CDI will use a private bath or shower. A shower will be prioritized over bath. If a private bath/shower is not available, CDI residents will be showered/bathed after non-CDI residents. Bathing facilities will be cleaned and disinfected immediately after each use.

5. Commode liners will be used with all commodes, and commodes will be immediately emptied, cleaned, and disinfected after each use.

### IV. Occupational and Physical Therapy

1. For incontinent residents, all therapy and rehabilitation treatments and activities will be provided in the resident’s room if feasible and if resident safety or well-being would not be jeopardized.

2. Clean and disinfect equipment after use and before use by another resident.

3. Therapists, technicians, and all other personnel will follow Contact Precautions, wear appropriate PPE, and perform hand hygiene accordingly.

4. If therapy cannot be provided in the resident’s room, CDI residents will be scheduled for the last sessions of the day and equipment will be cleaned and disinfected after each use.

### V. Social and Activity Considerations

1. A resident with CDI who is continent, or whose diarrhea can be contained with incontinence products, and can perform hand hygiene (or be assisted with hand hygiene), does not need restrictions on their activities.

2. Incontinent residents whose diarrhea cannot be contained with incontinence products, or residents unable to adequately perform hand hygiene, will be kept in their room unless medically necessary. If resident should need to leave his/her room, staff assisting resident will wear gown and gloves, and assure that the resident has clean clothes and performs hand hygiene prior to leaving the room.

3. If resident is transferred outside this facility, a facility transfer form will be completed and sent with resident to inform receiving facility of CDI status. If resident is transferred to another facility while CDI test is pending, test results should be communicated to receiving facility as soon as available.

4. Activity restrictions can be discontinued when the resident is continent or diarrhea has resolved and feces can be contained in incontinence products, and resident can perform (or be assisted) hand hygiene.

### VI. Environmental Cleaning

1. Designate person/role responsible for environmental cleaning and disinfection of resident room, medical equipment (e.g. IV equipment, monitors, etc.), and surfaces (e.g. bed rails, tables, etc.) in the room.

2. Rooms of residents with CDI will be cleaned and disinfected daily. ***[An EPA-registered, hospital-grade, sporicidal disinfectant or bleach solution]*** will be used daily on high touch areas, medical equipment, and horizontal surfaces (including the floor). The bathroom will be cleaned and disinfected last.

3. Rooms of residents with CDI will be cleaned and disinfected after rooms of residents without CDI. Cleaning solution, mop, bucket, and cloths will be changed after each room.

4. When Contact Precautions are discontinued, or at terminal cleaning, all areas of the room including curtains, bed frame, mattress, pillows, and furniture will be cleaned and disinfected.

### VII. Laundry

1. Standard Precautions are adequate for handling unsoiled laundry.

2. Soiled laundry, especially bed linens and towels contaminated with stool or any other potentially infectious material (e.g., blood or urine), will be placed directly in bags that prevent leakage of fluids into the environment and prevent contamination of personnel. Do not rinse laundry at point of use.

3. Gloves and gowns will be worn when changing beds contaminated with stool or any other potentially infectious material (e.g., blood or urine).

4. Laundry staff will wear gloves and gowns when handling contaminated laundry.

5. Contaminated laundry must be disinfected with a detergent + disinfectant (typically bleach) product, washed in a high water temperature, and a high temperature dry cycle.

### VIII. Prevention

1. Standard Precautions, appropriate hand hygiene, and diligent environmental cleaning and disinfection are the simplest and most effective ways to prevent *C. difficile* spread and acquisition.

2. Antibiotic use is the number one risk factor for *C. difficile* infection; antimicrobial stewardship is of upmost importance.

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To obtain this information in a different format, call: 651-201-5414.