

Clostridium difficile Infection (CDI) Management in Facilities

Assessment: Suspect CDI if a risk factor is present and the resident has diarrhea

Risk Factors for CDI:

- A history of antibiotic usage
- Immunosuppressive therapy
- Bowel disease and bowel surgery
- Proton pump inhibitors
- Chemotherapy
- Hospitalization

Diarrhea is defined as:

- Three or more loose/watery* bowel movements in a 24-hour period, and
- The bowel movements are unusual or different for the resident, and
- There is no other recognized source of cause for the diarrhea (e.g., laxative use, inflammatory bowel disease)

*When the stool is poured into a container, it takes the shape of the container

Infection Prevention and Control Measures:

Initiate the following measures for any resident at risk for CDI at the onset of symptoms and prior to laboratory confirmation.

Accommodation	<ul style="list-style-type: none"> • A resident symptomatic with CDI is to remain in their room • A single room with <u>dedicated</u> toileting facilities is preferred • In a multi-bed room: <ul style="list-style-type: none"> ◦ Keep privacy curtain drawn between residents ◦ Position a soiled linen bag as close as possible to the resident's bed ◦ <u>Dedicate</u> a toilet or commode chair for the resident's use
Signage	<ul style="list-style-type: none"> • Post a contact precaution sign on the door to the resident's room and if in a multi-bed room also by the resident's bed
Hand Hygiene	<ul style="list-style-type: none"> • Perform meticulous hand hygiene with either alcohol-based hand rub (ABHR) or soap and water • When a dedicated hand washing sink is immediately available, hands should be washed with soap and water after glove removal • When a dedicated staff hand washing sink is <u>not</u> immediately available, hands should be cleaned using ABHR, after glove removal • Hand washing should <u>not</u> be carried out at the resident's sink as this will re-contaminate the health care workers' (HCW) hands • HCWs should communicate the importance of proper hand hygiene to the resident and assist resident with hand hygiene if needed
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • A cart with gloves, gowns and hand sanitizer should be placed directly <u>outside</u> the resident's room • Gloves and gown must be put on by all people <u>prior</u> to entering the room • Gloves and gown must be removed <u>prior</u> to exit of the room; a garbage bin/soiled linen bin should be placed inside the room to dispose contaminated PPE • Hands must be cleaned after PPE removal
Resident Equipment	<ul style="list-style-type: none"> • Equipment should be dedicated to the symptomatic resident (e.g., wheelchairs, lifts, blood pressure cuffs) • Dedicated resident equipment is to be cleaned twice daily when the room is cleaned • If equipment must be shared, it must be thoroughly cleaned and disinfected <u>with a sporicidal agent</u> before use with another resident
Toileting Procedures	<ul style="list-style-type: none"> • Resident should use a <u>dedicated</u> toilet • If commodes/bedpans are used: <ul style="list-style-type: none"> ◦ Use of absorbable liners that can be disposed of in the garbage are preferred ◦ If contents need to be emptied: <ul style="list-style-type: none"> • Private room – empty contents in toilet • Multi-bed room – cover and empty contents in utility room ◦ Commode inserts should be cleaned and disinfected <u>after each use</u> ◦ Commode chairs are to be cleaned and disinfected with a <u>sporicide</u> whenever the bathroom is cleaned (twice daily)

Discontinue measures after 48 hours of diarrhea resolution (i.e., normal stool for the resident).

Environmental Cleaning:

Daily Cleaning and Disinfection:

Resident's Room and Dedicated Equipment

- Clean and disinfect twice daily all surfaces and equipment in the resident's room; use a disinfectant effective against vegetative bacteria and enveloped viruses or a sporicide
- Focus on horizontal surfaces, items within the resident's reach and frequently touched surfaces

Resident's Bathroom

- Clean and disinfect twice daily all surfaces in the bathroom; use a disinfectant that is a sporicide
- A dedicated toilet brush should be used to clean the toilet and left in the bathroom. If it is not feasible to leave the toilet brush in the bathroom, consideration should be given to using disposable toilet swabs

Terminal Cleaning - Double Clean:

The room, including the bathroom, must be terminally cleaned upon resolution of diarrhea (at least 48 hours) or when a CDI positive resident is discharged from the room. Follow these steps:

1. Prepare room for cleaning by removing all contaminated items (e.g. linens, paper products, toilet brush)
2. Clean and then disinfect using a sporicide, all surfaces in the room
 - A new toilet brush is to be used for the terminal clean
3. Using fresh supplies, all surfaces are to be cleaned and then disinfected using a sporicide for a second time
4. Restock supplies and linens in the room and return equipment to clean storage area
 - The toilet brush used for the terminal clean is to be thrown away and a new toilet brush restocked

Checklists on cleaning procedures should be made available to environmental cleaning staff.

Adapted from: Best Practices Document for the Management of *Clostridium difficile* in all health care settings, MOH<C, PIDAC, January 2013