

# BEST PRACTICES AUDIT TOOL

• Management of *Clostridium difficile* (CDAD) in All Health Care Settings •

Site Audited: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETED

1. Accommodation	Yes	No	Partially
All patients <i>suspected</i> of having CDAD are placed in single room with dedicated toilet facilities (ie-private bathroom or individual commode chair).			
In some care settings where the number of cases exceeds single room capacity or practicality, it may not be possible to move every CDAD patient to a single room. If a single room is not available, priority for accommodation should be:			
• Patients with <i>confirmed</i> CDAD may be cohorted (under the direction of IPAC).			
• Signage indicating the precautions is visibly displayed.			
• A supply cart for PPE is easily accessible.			
• A laundry hamper is placed as close to the patient's bed space as possible.			
• A commode chair is dedicated for the patient's use if dedicated toilet facilities are unavailable.			
2. Contact Precautions	Yes	No	Partially
Signage on the door indicating Contact Precautions.			
Appropriate PPE (ie-gloves and gown are worn by all persons entering the room, and discarded properly).			
Gloves are worn for all contact with patient and environment and changed when moving from dirty to clean tasks.			
Equipment is dedicated (eg-wheelchairs, lifts, scales, blood glucose metres, BP cuffs, thermometers).			
In the event that equipment must be shared, disinfection with approved for use hospital-grade disinfection occurs before use with another patient.			
Temperatures are not taken rectally.			
No special handling is used for trays, linen and waste for patients with <i>C.difficile</i> .			
All CDAD cases are reviewed to ensure contact precautions are being used correctly.			
Commodes and bedpans are handled carefully. Commodes remain with patient, cleaned and disinfected by housekeeping staff. Disposable bed pans are recommended.			
3. Hand Hygiene	Yes	No	Partially
When a dedicated handwashing sink is immediately available, hands are washed with soap and water after glove removal.			
When a dedicated handwashing sink is not immediately available, hands are cleaned with alcohol-based rub after glove removal.			
Staff are not to use patient's sink to perform hand hygiene.			
Education is provided to the patient on the need and procedure to be used for hand hygiene.			

COMPLETED

4. Environmental Cleaning	Yes	No	Partially
All horizontal surfaces and items within the patient's reach are cleaned <b>twice daily</b> with hospital-grade disinfection.			
Particular attention is paid to cleaning patient specific and "high touch" surfaces including bed rails, telephone, call bells, light switches, door handles, faucets, commodes and toilets.			

<b><i>Environmental cleaning continued</i></b>	<b>Yes</b>	<b>No</b>	<b>Partially</b>
Items are cleaned thoroughly from clean to dirty surfaces.			
Cleaning cloths and mop heads are changed frequently. Re-entry of used cloths into disinfectant solution is avoided.			
Disposable toilet brushes are used in the rooms of patients with CDAD.			
All privacy, shower and window curtains are taken down and laundered for discharge/transfer cleaning.			
All disposable items including paper towels and toilet paper are thrown away for discharge/transfer cleaning.			
Contact precautions remain in effect until proper discharge/transfer cleaning has taken place.			
When multiple cases or ongoing transmission of <i>C. difficile</i> is evident, use of hypochlorite-based product after hospital-grade disinfectant or other product with sporicidal claim (e.g.-higher concentration accelerated hydrogen peroxide) is considered.			
A checklist is available for housekeeping/environmental services staff of cleaning protocols for <i>C.difficile</i> .			
Notification and scheduling of <i>C.difficile</i> cleaning of a specific patient room/isolation area is communicated with housekeeping/environmental staff.			
An audit tool is available to monitor the cleaning of areas where CDAD is present.			
No special cleaning procedures are used for floor surfaces.			
<b>5. Patient Transfers</b>	<b>Yes</b>	<b>No</b>	<b>Partially</b>
Both transportation services and the receiving department are notified that the patient is on contact precautions, prior to transfer.			
Notice of CDAD is given to another unit or facility when transferring a patient with CDAD.			
Infection Control is notified prior to transfer to enable appropriate accommodation, contact precautions and follow-up.			
Suspected or confirmed CDAD does not preclude a patient from being transferred within the health care system, (ie-to a LTCF), if the receiving facility is able to comply with requirements of accommodation.			
Staff accompanying a patient with CDAD on transfer wear PPE and clean equipment used for the transfer (e.g.-stretcher, bed, wheelchair) before use with another patient/resident.			
<b>6. Patient Discharge</b>	<b>Yes</b>	<b>No</b>	<b>Partially</b>
Education is provided to the patient and family regarding good hand hygiene practices.			
<b>7. Discontinuation of Precautions for <i>C.difficile</i></b>	<b>Yes</b>	<b>No</b>	<b>Partially</b>
Contact precautions are discontinued when the patient has had at least 48 hours without symptoms of diarrhea (e.g.-formed normal stool for the individual)			
Contact precautions are discontinued only under the direction of Infection Prevention & Control.			
Retesting for <i>C.difficile</i> is not used to determine the end of isolation.			
<b>8. Comments</b>			

