





## LTC *Clostridioides difficile* Infection (CDI) Toolkit

<b>Case Definition:</b> <b>Unexplained &amp; new-onset diarrhea (unformed or watery stools &gt;3 in 24 h) above what is normal for the individual and cannot be attributed to another cause (e.g. laxatives, medication side effect &amp; diet).</b>	
<b>And one or more of the following:</b> <ul style="list-style-type: none"> <li>• Laboratory confirmation (positive toxin or culture with evidence of toxin production)</li> <li>• Diagnosis of typical pseudomembranes on sigmoidoscopy, colonoscopy or histological/pathological diagnosis of CDI</li> <li>• Diagnosis of toxic mega colon.</li> </ul>	
<b>CDI Symptoms:</b> <ul style="list-style-type: none"> <li>• Watery diarrhea</li> <li>• Fever</li> <li>• Loss of appetite</li> <li>• Nausea</li> <li>• Abdominal pain and tenderness, cramping</li> </ul>	<b>Risk factors for CDI:</b> <ul style="list-style-type: none"> <li>• A history of antibiotic usage, particularly broad-spectrum antibiotics that affect the normal gut bacterial flora, such as fluoroquinolones</li> <li>• Immunosuppressive therapy post-transplant</li> <li>• Use of proton pump inhibitors</li> <li>• Bowel disease and bowel surgery</li> <li>• Chemotherapy; and/or hospitalization</li> <li>• History of CDI</li> <li>• Increased age</li> <li>• Immunosuppressive therapy</li> <li>• Recent surgery; and/or CDI with the hypervirulent strain of <i>C. difficile</i></li> </ul>
<b>Notification</b>	<p>Leadership/Site to notify Infection Control Practitioner of new cases via email to <a href="mailto:ICP-LTC@vch.ca">ICP-LTC@vch.ca</a></p> <ul style="list-style-type: none"> <li>• Frontline staff to record newly symptomatic residents on <a href="#">paper line list</a></li> <li>• If ongoing transmission is occurring, consult with IPAC team for further guidance.</li> </ul>

<b>Additional Precautions</b>	<ul style="list-style-type: none"> <li>Place symptomatic residents that meet the case definition on <a href="#">Contact Plus Precautions</a>.</li> <li>Maintain precautions until <u>symptoms have resolved for 48 hours AND return to baseline bowel movement pattern</u>.</li> <li>For residents that test negative for CDI maintain precautions until <b>48 hours</b> from last episode of loose stool AND return to baseline bowel movement pattern.</li> <li>Place Contact plus and <a href="#">donning sign</a> at entrance to door in a visible location. Place <a href="#">doffing sign</a> in the doffing zone inside the room.</li> <li>Develop a resident specific care plan for managing wandering behaviors.</li> <li>Dedicate toileting facilities and using a disposable containment system such as a commode/bedpan liner (see Appendix A for products).</li> <li>Dedicate equipment where possible - clean and disinfect shared equipment using a <a href="#">2-step process</a> after each use.</li> </ul>
<b>Specimen Collection</b>	<ul style="list-style-type: none"> <li>Inform the MRP regarding resident's clinical status to request order when case definition met</li> <li>Collect a stool sample when a resident has <u>3</u> episodes of diarrhea, <a href="#">Bristol stool chart</a> 6 or 7, within a 24-hour period. <ul style="list-style-type: none"> <li>➤ Send the sample to your regular lab through your established courier service.</li> <li>➤ Stool samples can be stored in the fridge for up to 3 days.</li> <li>➤ Indicate CDI on lab requisition</li> </ul> </li> </ul>
<b>Hand Hygiene</b>	<ul style="list-style-type: none"> <li>Soap and water hand washing is the preferred practice.</li> <li>If a hand hygiene sink is not available at point of care, staff to perform hand hygiene with ABHR and then immediately proceed to a hand hygiene sink to perform soap and water hand hygiene</li> </ul>
<b>Environmental Cleaning</b>	<ul style="list-style-type: none"> <li>Initiate enhanced cleaning until resident off precautions</li> <li>Environmental services should use a Health Canada approved sporicidal agent effective against CDI to clean and disinfect the environment. Use a cleaning agent followed by a disinfectant with sporicidal activity. See <a href="#">Commonly used Disinfectant Table</a></li> <li>Maintain resident on Contact Plus Precautions until additional precautions discharge clean of the room is complete along with a resident bath/shower.</li> <li>Discard toilet brush.</li> </ul>
<b>Group Activities</b>	<ul style="list-style-type: none"> <li>Residents on Contact Plus precautions may not attend group activities.</li> </ul>
<b>Additional Reference Materials</b>	<ul style="list-style-type: none"> <li>For more information related to CDI, please refer to <a href="#">Care and Management of Clostridioides difficile Infection (CDI) in Long-Term Care (LTC)</a>.</li> </ul>



## Appendix A

Product	Description	Photo	Brand	Supply Chain Ordering Information
Emesis Bag w/ Absorbent Powder	Portable emesis bag with absorbent inner lining to help solidify emesis and enable disposal in garbage.		<a href="#">Hygie Canada</a>	PeopleSoft Item #: 00105357 20/Package
Vernagel Super Absorbent Powder	Polymer based powder that absorbs fluids (e.g. urine, blood, feces, vomit) into a semi-solid state enabling safer disposal.		<a href="#">Vernacare</a>	PeopleSoft Item #: 00078234 100/Box
Commode Liner/Large Emesis Basin Disposable Pulp Fibre	Disposable bed pan/commode liner		<a href="#">Vernacare</a>	PeopleSoft Item #: 00068954 100/Case
Hygienic Bedpan/Commode Cover	Disposable cover for bedpan/commode for effective management/containment of body waste at point of care.		<a href="#">Hygie Canada</a>	PeopleSoft Item #: 00095514 20/Box