

<b>Outbreak Number:</b> 3895 - _____ - _____		<b>Date Checklist Initiated:</b>	<b>TPH Contact:</b>	<b>Phone:</b> (    ) - _____
<b>Facility Name:</b>			<b>Facility Contact:</b>	<b>Phone:</b> (    ) - _____ X_____
<b>Street #:</b>	<b>Street Name:</b>		<b>Postal Code:</b>	<b>Ministry Master #:</b>

Refer to (1) MOHLTC Roles and Responsibilities of Hospitals and Public Health Units for Clostridium difficile Reporting and Outbreak Management, (2) PIDAC Routine Practices & Additional Precautions in All Health Care Settings and (3) Annex C: Testing, Surveillance and Management of *Clostridium difficile* In All Health Care Settings for details on checklist items. Reviewed = ✓ Not Reviewed = X Not Applicable = N/A

**General outbreak information**

Date the outbreak was declared: \_\_\_\_\_

Review the case definition: \_\_\_\_\_

Review the most recent line list and epidemic curve. \_\_\_\_\_

Facility baseline rate: \_\_\_\_\_ # of patients at risk in affected area(s): \_\_\_\_\_

Outbreak area(s) baseline rate(s): \_\_\_\_\_ Outbreak area(s) affected: \_\_\_\_\_

**Review laboratory results and collection of laboratory specimens**

Stool sample collection should occur as soon as possible and after the onset of diarrhea. \_\_\_\_\_

**1 Initiation of Contact Precautions (in addition to Routine Practices)**

1. Contact Precautions initiated (i.e., gloves and gown) by any regulated healthcare provider for all patients at onset of diarrhea. Discontinue precautions only under the direction of IPAC. \_\_\_\_\_

3. Education provided and reinforced for staff, patients and visitors. \_\_\_\_\_

**2 Accommodation**

1. All patients/residents with CDI should remain in their room/bed space while symptomatic with CDI. \_\_\_\_\_

**Acute Care, Complex Continuing Care and Rehabilitative Medicine**

i. A single room with dedicated toileting facilities (e.g., private bathroom or dedicated commode chair) is strongly recommended. \_\_\_\_\_

ii. Terminal cleaning of the patient's previous bed space and bathroom with a sporicide should be done on transfer to the single room. \_\_\_\_\_

iii. If single rooms are limited, patients who are faecally incontinent and soiling the environment should have priority for single rooms. \_\_\_\_\_

iv. If single room is not available placement should be assessed by IPAC and patient care team. If required lab-confirmed CDI cases should only share a room with other lab-confirmed CDI cases. \_\_\_\_\_

**Long-Term Care Homes**

i. A single room with dedicated toileting facilities (e.g., private bathroom or individual commode chair) is preferred; this may require limiting a shared bathroom to one resident. \_\_\_\_\_

ii. In a multi-bed room:

a) Display visible signage indicating the precautions to be used; \_\_\_\_\_

b) Maintain physical separation and draw privacy curtain between residents to promote separation of items; \_\_\_\_\_

c) Provide an easily accessible PPE supply cart; \_\_\_\_\_

d) Place a laundry hamper as close to the residents bed space as possible; and \_\_\_\_\_

e) Dedicate a commode chair and other personal care items for the resident's use. \_\_\_\_\_

2. Signage indicating contact precautions is visibly displayed on the patient room door. \_\_\_\_\_

3. All patients/residents (well and ill) from outbreak affected areas should avoid contact with patients/residents from non-affected areas. \_\_\_\_\_

4. Discontinue communal activities that mix patients/residents from different units/areas. Activities on non-affected units/areas may continue. \_\_\_\_\_

**3 Hand Hygiene**

1. Observe meticulous hand hygiene with either ABHR or soap and water. \_\_\_\_\_

2. When a dedicated staff hand wash sink is immediately available, hands should be washed with soap and water after glove removal. When a dedicated staff hand wash sink is not immediately available, hands should be cleaned using an ABHR, after glove removal. \_\_\_\_\_

3. Hand hygiene should not be carried out at patient sink as this will re-contaminate the health care provider's hands. \_\_\_\_\_

4. Education is provided to the patient on the need and procedure to be used for hand hygiene. Patients who are unable to perform hand hygiene should be assisted by the healthcare provider. \_\_\_\_\_

5. Hand hygiene audits should be conducted to monitor compliance. \_\_\_\_\_

Refer to PIDAC Annex C: Testing, Surveillance and Management of *Clostridium difficile* In All Health Care Settings for details on check list items and \*Appendix C: Sample Procedure for Cleaning Rooms of Patients/Residents on Contact Precautions for *C.difficile* (within Annex C).

Reviewed = ✓ Not Reviewed = X Not Applicable = N/A

<b>4 Environmental Cleaning</b>	
1.	<b>Twice daily</b> cleaning and disinfection of CDI patient/resident room using a hospital-grade disinfectant or a sporicide.
2.	<b>Twice daily</b> cleaning and disinfection of CDI patient/resident bathroom using a sporicide.
3.	Discharge/Transfer cleaning of a patient/resident room for CDI includes cleaning all surfaces and disinfecting using a sporicidal agent, and performing a double cleaning of the room and bathroom.
4.	If using a QUAT for cleaning, thorough rinsing before applying a hydrogen peroxide enhanced action formulation agent is required.
5.	Because of the potentially high bioburden of CDI spores, if there are multiple cases of CDI on a unit (regardless of where they are attributed) consider cleaning all transferred or discharged patient/resident bed spaces and bathrooms with a sporicide regardless of CDI status. Clean and disinfect all high-touch surfaces and patient care equipment with a sporicide.
6.	Use of shared equipment should be discouraged during an outbreak. If equipment must be shared, ensure it is cleaned and disinfected between use (i.e., cleaning and disinfecting protocol for shared equipment).
7.	Provide procedures for environmental cleaning*.
8.	Environmental cleaning audits should be conducted to monitor practice.
<b>5 Other interventions to limit <i>C. difficile</i> transmission</b>	
1.	Patient/resident temperature should not be taken rectally.
2.	Dedicated commode that is cleaned and disinfected with a sporicide whenever the room/bathroom is cleaned.
3.	If bedpans are used, it is strongly recommended they be disposable.
4.	Bedpan cleaning wands or toilet taps should not be used.
5.	Items used to clean the bathroom of a patient/resident with CDI must be cleaned and disinfected before use in another patient/resident room.
6.	Toilet brushes/swabs used in CDI bathrooms must be dedicated to that patient bathroom and discarded once Contact Precautions are discontinued.
<b>6 Treatment of <i>C. difficile</i></b>	
1.	Treat CDI cases as per PIDAC Guidelines or MD decision.
<b>7 Visitors</b>	
1.	Visitors should receive instructions on the importance and proper technique for hand hygiene.
2.	Visitors who provide care for a patient/resident or who have significant contact with the patient/resident environment, should follow the same precautions as health care providers.
3.	Visitors must not use the patient/resident bathroom or go into other patient rooms or bed spaces.
4.	Visitors should be discouraged from eating or drinking in the patient/resident room or bedspace.
<b>8 Patient transfer</b>	
1.	Suspected or confirmed CDI patients/residents should only be transferred within the health care system when medically appropriate. Medically appropriate transfer is dependent on the receiving unit/department or facility's ability to comply with the requirements for accommodation.
2.	Prior to transport, Transportation Services, the receiving unit/department or facility and IPAC must be notified that a patient with CDI is being transferred.
<b>9 Patient discharge</b>	
1.	Educational tools for patients and family regarding proper hand hygiene, bathroom cleaning, and potential for CDI relapse should be considered.
<b>10 Discontinuation of precautions for CDI</b>	
1.	Precautions for CDI should only be discontinued in consultations with IPAC. Precautions should not be discontinued until the room/bed space and bathroom have received terminal CDI cleaning with a sporicide.
<b>11 Relapse of symptoms</b>	
1.	If diarrhea recurs, place patient/resident on contact precautions immediately, re-test for <i>C. difficile</i> and consider leaving the patient/resident in a single room even after resolution of symptoms.
<b>12 Occupational health</b>	
1.	Staff to follow Routine Practices, including hand hygiene, for all patient interactions, and use Contact Precautions when caring for patients with CDI. Staff must not consume food or beverages in patient/resident care areas.
<b>13 Antimicrobial stewardship program (ASP)</b>	
1.	Facility has an ASP in place on outbreak-affected unit(s).
<b>14 Declaring the outbreak over (to be determined in collaboration with Toronto Public Health)</b>	
1.	Control measures have been implemented and validated through an audit process (i.e., hand hygiene, environmental cleaning and RPAP).
2.	There has been a return to unit, ward or facility baseline for nosocomial CDI. (If facility-wide, minimum period of one month).
3.	Reservoir of colonized patients/residents in the facility has been discharged.
4.	Facility's past experience with CDI outbreaks demonstrates ability to bring them under control.

Facility contact's name (please print)

Facility contact's signature

Investigator's signature