

Case Management

Initiate Contact Precautions

- At the onset of diarrhea[^] for suspected or confirmed CDI*.
- [^]Diarrhea is defined as 3 or more watery/unformed stools in 24 hours.

Communication (Notification)

- Notify the IPAC lead, DOC or CRN
- Flag chart
- Post contact precautions sign on room door
- If case was transferred to or from another facility, notify that facility

Room Placement (Accommodation)

- Private room with dedicated equipment & toileting (toilet or commode) is preferred.
- If private room is not available, room placement should be assessed by the IPAC lead. Personal hygiene and cognitive ability of the case and roommate should be considered in the decision.
- In shared rooms:
 - Maintain physical separation and draw privacy curtain between residents to promote separation of items.
 - Provide an easily accessible PPE supply cart.
 - Place a laundry hamper as close to the resident's bed space as possible.
 - Dedicate a commode chair and other personal care items for the resident's use.
- Resident Movement¹:
 - Residents with suspected or confirmed CDI should be allowed out of the room as indicated in the care plan, provided **diarrhea can be contained and hand hygiene compliance with soap and water is adequate**.
 - Provide clean clothes and assist with hand hygiene with soap and water before leaving the room.
 - Post instructions on hand hygiene in resident room/washroom.
 - If diarrhea cannot be contained and/or if hand hygiene compliance is inadequate, residents should be restricted to their room until:
 - Diarrhea has resolved; or
 - Diarrhea can be contained; or
 - Hand hygiene compliance is adequate.

Discontinuing Contact Precautions

Suspect Cases

In consultation with the IPAC lead, contact precautions may be discontinued after:

- 2 negative EIA toxin tests
- OR
- 1 negative molecular test

NOTE: If C. diff is still suspected, contact precautions should be maintained until further evaluation is completed (i.e., colonoscopy/sigmoidoscopy).

Confirmed Cases²

In consultation with the IPAC lead, contact precautions may be discontinued after:

- Resident has had at least 48 hours without diarrhea (i.e., formed or normal stool for the individual)
- **Important:** Re-testing for C. difficile is **not recommended** to determine when precautions may be discontinued.

Specimens³

- Unformed stool in an empty sterile container.
- **Important:** According to IDSA/SHEA guidelines, C. diff testing is indicated for individuals with unexplained diarrhea (i.e., ≥ 3 unformed bowel movements per day without underlying diarrheal condition or laxative use) & with risk factors for CDI (i.e., systemic antibiotic therapy, hospitalization, advanced age, impaired immunity, gastrointestinal surgery).

Environmental Cleaning⁴

- Twice daily cleaning and disinfection of the resident room using a health care-grade disinfectant or a sporicidal agent.
- Twice daily cleaning and disinfection of the resident bathroom using a sporicidal agent.
- Dedicated equipment (preferred), if not possible clean & disinfect between residents.
- Discharge/transfer/discontinuation of contact precautions cleaning for CDI includes:
 - Clean & disinfect the room and bathroom with a sporicidal agent
 - Ensure remaining supplies, including toilet brushes, are discarded.
 - Clean & disinfect commodes and bedpans before use with another resident.
 - Remove and launder privacy or shower curtains if present.

Adapted with permission from HHNB IPAC Hub.

References:

1. PHAC: Clostridium Difficile Infection - Infection Prevention and Control Guidance for Management in Long-term Care Facilities, 2013
2. Ministry of Health: CDI Case Definition
3. Public Health Ontario: Clostridioides difficile – Antigen, PCR, Susceptibility, and Typing
4. Public Health Ontario: FAQ Significant Organisms in Environmental Cleaning, 2024
5. PIDAC: Annex C: Testing, Surveillance and Management of Clostridium difficile, 2013