

Clostridium difficile Transmission-based Precautions Audit Tool for Infection Prevention and Control

Resident / Room: _____ Date: _____

Instructions:

1. Perform this audit once per week
2. Record resident info/room
3. Check **YES** (Y) or **NO** (N)
4. Tally the responses, then total them together
5. Divide the new total by the number of residents audited

Audit Tool

	Yes/No
Hand Hygiene:	
Staff washed hands with soap and running water:	
• Before and after contact with resident	
• Before donning gloves, after removing gloves	
• Before handling meds, food, fluids, equipment	
• After contact with potentially soiled items/surfaces	
Resident washed hands (with help, if necessary):	
• Before leaving his/her room	
• Before self-feeding	
• After toileting	
• After contact with potentially soiled items/surfaces	
Visitor washed hands:	
• Before and after entering resident's room	
• Before and after contact with resident	
• After toileting	
• After contact with potentially soiled items/surfaces	
PPE:	
• PPE donned before entering room and doffed before exiting room	
• Gloves worn during resident care and when in contact with potentially soiled objects/surfaces	
• Gowns worn during resident care and when in contact with excretions and soiled surfaces	

CDI TRANSMISSION-BASED PRECAUTIONS AUDIT TOOL

	Yes/No
Resident Placement:	
Resident placed:	
<ul style="list-style-type: none"> In a private room with a private bathroom OR 	
<ul style="list-style-type: none"> With another resident with active CDI OR 	
<ul style="list-style-type: none"> With a resident at low risk for CDI with a separate toilet/commode 	
If sharing room with non-infected resident:	
<ul style="list-style-type: none"> At least 3 ft. between residents' living spaces 	
<ul style="list-style-type: none"> Resident care provided by different nurses OR nurse cared for non-infected resident first OR nurse changed PPE between residents 	
<ul style="list-style-type: none"> Resident with CDI used toilet, non-infected resident used commode OR resident with CDI assigned own commode for duration of infection 	
<ul style="list-style-type: none"> Commode/toilet and surrounding area disinfected with each use 	
<ul style="list-style-type: none"> Specific shower designated to residents with CDI OR residents with CDI showered after all other residents and shower disinfected with bleach 	
Resident Activities:	
Resident movement outside room limited to medically necessary purposes	
Resident washed hands and wore clean clothes when moved	
Staff discarded soiled PPE and washed hands prior to transport	
Staff donned clean PPE to handle resident at transport destination	
Resident isolation status communicated to receiving unit	
Resident Care Equipment, Instruments, Devices, and the Environment:	
Resident care equipment designated to resident OR equipment cleaned and disinfected between residents	
Single use thermometer used	
Laundry:	
Clothing and bedding switched to bleachable items	
Moisture-resistant mattress covers used	
Staff handling laundry wore gloves and gowns	
Laundry and linens replaced when torn and soiled	
Wet, contaminated laundry placed in leak-proof, labeled container at the location it was used	
Laundry from residents with active CDI washed separately from laundry of other residents	
Laundry washed at a temperature of at least 160°F [71°C] for 25 minutes OR laundry washed with bleach at the hottest available temperature	
Internal Communication:	
Relevant personnel and departments notified about residents with CDI	
Door Signage:	

CDI TRANSMISSION-BASED PRECAUTIONS AUDIT TOOL

	Yes/No
Resident room doors display signage that communicates transmission based precautions	
Resident and Family Education:	
Resident and visitors provided with educational materials to help explain resident's condition	
Discontinuing Precautions:	
Precautions discontinued 3 days after diarrhea resolution	
Resident showered to decrease skin contamination	
Resident showered in a designated shower OR showered after uninfected residents but before actively infected residents	
Shower disinfected with bleach after resident showered	
Total Yes (Y) Responses	

Grand Total of Audit: _____

DATE: _____ SIGNATURE: _____

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To obtain this information in a different format, call: 651-201-5414.