

**CLOSTRIDIUM DIFFICILE TRANSMISSION-BASED PRECAUTIONS**  
**AUDIT TOOL FOR INFECTION PREVENTION & CONTROL**

Instructions:

DATE (WK): \_\_\_\_\_

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

	Res/Rm							
<b>Hand Hygiene</b>								
Staff washed hands with soap and running water:								
a. Before and after contact with resident								
b. Before donning gloves, after removing gloves								
c. Before handling meds, food, fluids, equipment								
d. After contact with potentially soiled items/surfaces								
Resident washed hands (with help, if necessary):								
a. Before leaving his/her room								
b. Before self-feeding								
c. After toileting								
d. After contact with potentially soiled items/surfaces								
Visitor washed hands:								
a. Before and after entering resident’s room								
b. Before and after contact with resident								
c. After toileting								
d. After contact with potentially soiled items/surfaces								
<b>PPE</b>								
PPE donned before entering room and doffed before exiting room								
a. Gloves worn during resident care and when in contact with potentially soiled objects/surfaces								
b. Gowns worn during resident care and when in contact with excretions and soiled surfaces								
<b>Resident Placement</b>								
Resident placed:								
a. In a private room with a private bathroom OR								
b. With another resident with active CDI OR								
c. With a resident at low risk for CDI with a separate toilet/commode								
If sharing room with non-infected resident:								
a. At least 3 ft. between residents’ living spaces								
b. Resident care provided by different nurses OR nurse cared for non-infected resident first OR nurse changed PPE between residents								
c. Resident with CDI used toilet, non-infected resident used commode OR resident with CDI assigned own commode for duration of infection								
d. Commode/toilet and surrounding area disinfected with each use								
e. Specific shower designated to residents with CDI								

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OR residents with CDI showered after all other residents and shower disinfected with bleach								
<b>Resident Activities</b>								
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								
<b>Resident Care Equipment, Instruments, Devices, and the Environment</b>								
Resident care equipment designated to resident OR equipment cleaned and disinfected between residents								
Single use thermometer used								
<b>Laundry</b>								
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								
<b>Internal Communication</b>								
Relevant personnel and departments notified about residents with CDI								
<b>Door Signage</b>								
Resident room doors display signage that communicates transmission based precautions								
<b>Resident and Family Education</b>								
Resident and visitors provided with educational materials to help explain resident’s condition								
<b>Discontinuing Precautions</b>								
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: \_\_\_\_\_ Total Residents Reviewed: \_\_\_\_\_ \*Average: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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