

Clostridioides Difficile Infection (CDI)

This domain performs a comprehensive assessment of Clostridioides difficile infection prevention practices performed at your facility as it currently functions.

Leadership Support

1a - Does your facility perform Clostridioides difficile infection (CDI) surveillance?

- Yes
- No

1b - Do you report CDI to the National Healthcare Safety Network (NHSN) or other hospital quality data organizations?

- Yes
- No

2 - Does your facility's leadership actively promote CDI prevention activities?

- Yes
- No
- Unsure

3a - Is unit-level leadership involved in CDI prevention activities?

- Yes
- No
- Unsure

3b - What CDI prevention activities are performed at the facility?

- Hand hygiene audits
- PPE compliance audits
- Transmission-based precautions audits
- Staff education for stool rejection and selection
- Patient placement into single single-occupancy room
- Low-level disinfection with bleach or sporicidal agent
- Room turnover with appropriate disinfectants for CDI (e.g., sporicidal agent)
- None of the above
- Other

4a - Does the facility have an individual or team monitoring CDI performance?

- Yes
- No
- Unsure

4b - Does the individual of the team monitoring CDI performance report findings to ICC or QAPI?

- Yes
- No
- Unsure

Policy & Procedure

5a - Does the facility have policies and/or standard operating procedures related to CDI prevention and mitigation?

- Yes
- No
- Unsure

5b - What is included in the CDI standard operating procedures?

- Transmission-based precautions
- Specimen collection
- Specimen rejection
- Testing inclusion/exclusion criteria
- Indications for CDI testing
- Discontinuation of Transmission-based Precautions
- Environmental cleaning
- EPA hospital-approved disinfectant
- Medication review for laxative use or enteral tube feeding
- CDI-specific testing protocols (diagnostic stewardship)
- None of the above
- Other

Education & Training

6a - Does the facility provide competency-based training related to CDI prevention efforts?

- Yes
- No
- Unsure

6b - What is included in CDI prevention education?

- Hand hygiene methods
- PPE (selection, donning, doffing)
- Universal gloving strategies
- Use of EPA hospital-approved sporicidal agent for low-level disinfection and environmental cleaning
- Specimen collection
- Specimen rejection
- Testing exclusion criteria
- Antimicrobial Stewardship
- None of the above
- Other

6c - Who receives CDI prevention competency-based training?

- Clinical healthcare personnel
- Ancillary Services
- Non-clinical healthcare personnel
- Clinical Support
- Students & Trainees
- Volunteers
- None

Other

6d - What frequency is CDI training and education provided?

- Upon hire
- Annually
- When new equipment or protocols are introduced
- As remediation for compliance failures
- Targeted performance improvement
- None

6e - Does the facility maintain documentation for the completion of CDI prevention competency for healthcare personnel?

- Yes
- No
- Unsure

Audit & Feedback

7a - Does the facility audit adherence to infection control practices for CDI prevention?

- Yes
- No
- Unsure

7b - How are CDI prevention audits performed?

- Direct observation
- Chart/ Record review
- Specimen rejection data
- None of the above
- Other

7c - Does the auditor provide immediate real-time feedback to healthcare personnel in the moment?

- Yes
- No
- Unsure

8 - Does the facility utilize CDI data to impact performance improvement?

- Yes
- No
- Unsure

9 - What CDI data is provided to healthcare personnel?

- Facility-wide CDI data (rates, SIR, Infection Counts, etc.)
- Antibiotic usage data
- Specimen rejection data
- Lab positivity data
- None of the above
- Other

10 - What data is provided to the Infection Control Committee (ICC) or QAPI?

- CDI prevention Audit data
- Hospital-onset CDI infections
- CDI environmental cleaning data
- Antimicrobial usage
- Specimen rejection data
- None
- Other

Antimicrobial Stewardship

11 - Does the facility have specific antimicrobial stewardship strategies in place to reduce CDI?

- Yes
- No
- Unsure

12 - Does the Antimicrobial Stewardship Program (ASP) review patients with a new or recent CDI diagnosis?

- Yes
- No
- Unsure

13 - Does the facility ASP employ strategies to reduce unnecessary use of antibiotics that are high-risk for CDI?

- Yes
- No
- Unsure

14 - Does the facility provide education to patients and family members about the risk of CDI with antibiotics?

- Yes
- No
- Unsure

15 - Are ordering providers required to document an indication for CDI testing?

- Yes
- No
- Unsure

16 - Do those performing ASP review follow up with ordering providers to avoid inappropriate testing?

- Yes – Preferred
- No
- Unsure

General Practice

17 - Does the facility have a method to alert ordering providers if the patient has received a laxative in the last 48 hours?

- Yes

- No
- Unsure

18 - Does the facility use a standardized method to determine if diarrhea is present?

- Yes
- No
- Unsure

19 - Does the facility have a policy and process to reject stool specimens if they are not consistent with CDI?

- Yes
- No
- Unsure

20a - What type of CDI testing does the facility perform?

- Antigen EIA
- Toxin EIA
- PCR
- Multi-step testing
- Other

20b - What multistep testing is performed?

- Toxin PCR

21 - Does the lab immediately contact the clinical providers with a positive CDI result?

- Yes
- No
- Unsure

22 - Does the facility recommend any additional mitigation interventions in addition to contact precautions for diarrheal illness (e.g., CDI or norovirus)?

- Yes
- No
- Unsure

Environmental Cleaning

23 - Does the facility have a CDI-specific cleaning protocol and checklist for daily and terminal cleaning?

- Yes
- No
- Unsure

24 - Does the facility have an EPA-registered product that is effective against *Clostridioides difficile* spores for daily disinfection in the rooms and of durable medical equipment?

- Yes
- No
- Unsure

25 - Does the facility have an EPA-registered product that is effective against *Clostridioides difficile* spores for post-discharge cleaning?

- Yes
- No
- Unsure

26a - Are isolation signs posted outside of a CDI room for EVS to clearly see?

- Yes
- No

26 - How are EVS staff made aware that a patient room requires CDI-specific cleaning?

- Isolation signage outside of the patient room
- Daily list of patients on CDI precautions sent to EVS
- Electronic flagging in the EVS computer system
- Via phone/page
- No formalized process for EVS to identify a CDI room for cleaning
- Other

Answer Key

Leadership Support

1a - Does your facility perform Clostridioides difficile infection (CDI) surveillance? – **Not Scored**

Yes

No

1b - Do you report CDI to the National Healthcare Safety Network (NHSN) or other hospital quality data organizations? – **Not Scored**

Yes

No

2 - Does your facility's leadership actively promote CDI prevention activities?

Yes - Preferred

No

Unsure

3a - Is unit-level leadership involved in CDI prevention activities?

Yes - Preferred

No

Unsure

3b - What CDI prevention activities are performed at the facility? (**Select all preferred options**)

Hand hygiene audits - **Preferred**

PPE compliance audits - **Preferred**

Transmission-based precautions audits - **Preferred**

Staff education for stool rejection and selection - **Preferred**

Patient placement into single occupancy room - **Preferred**

Low-level disinfection with bleach or sporicidal agent - **Preferred**

Room turnover with appropriate disinfectants for CDI (e.g., sporicidal agent) - **Preferred**

None of the above

Other

4a - Does the facility have an individual or team monitoring CDI performance?

Yes - Preferred

No

Unsure

4b - Does the individual of the team monitoring CDI performance report findings to ICC or QAPI?

Yes - Preferred

No

Unsure

Policy & Procedure

5a - Does the facility have policies and/or standard operating procedures related to CDI

prevention and mitigation?

Yes - Preferred

No

5b - What is included in the CDI standard operating procedures? **(Select all preferred options)**

Transmission-based precautions - **Preferred**

Specimen collection - **Preferred**

Specimen rejection - **Preferred**

Testing inclusion/exclusion criteria - **Preferred**

Indications for CDI testing - **Preferred**

Discontinuation of Transmission-based Precautions - **Preferred**

Environmental cleaning - **Preferred**

EPA hospital-approved disinfectant - **Preferred**

Medication review for laxative use or enteral tube feeding - **Preferred**

CDI specific testing protocols (diagnostic stewardship) - **Preferred**

None of the above

Other

Education & Training

6a - Does the facility provide competency-based training related to CDI prevention efforts?

Yes - Preferred

No

6b - What is included in CDI prevention education? **(Select all preferred options)**

Hand hygiene methods - **Preferred**

PPE (selection, donning, doffing) - **Preferred**

Universal gloving strategies - **Preferred Optional**

Use of EPA hospital-approved sporicidal agent for low-level disinfection and environmental cleaning - **Preferred**

Specimen collection - **Preferred**

Specimen rejection - **Preferred**

Testing exclusion criteria - **Preferred**

Antimicrobial Stewardship - **Preferred**

None of the above

Other

6c - Who receives CDI prevention competency-based training? **(Select all preferred options)**

Clinical healthcare personnel - **Preferred**

Ancillary Services - **Preferred**

Non-clinical healthcare personnel - **Preferred Optional**

Clinical Support - **Preferred**

Students & Trainees - **Preferred**

Volunteers - **Preferred Optional**

None

Other

6d - What frequency is CDI training and education provided? **(Select all preferred options)**

Upon hire - **Preferred**

- Annually - **Preferred**
- When new equipment or protocols are introduced - **Preferred**
- As remediation for compliance failures - **Preferred**
- Targeted performance improvement - **Preferred**
- None

6e - Does the facility maintain documentation for the completion of CDI prevention competency for healthcare personnel?

- Yes - Preferred**
- No
- Unsure

Audit & Feedback

7a - Does the facility audit adherence to infection control practices for CDI prevention?

- Yes - Preferred**
- No
- Unsure

7b - How are CDI prevention audits performed? **(Select all preferred options)**

- Direct observation - **Preferred**
- Chart/ Record review - **Preferred**
- Specimen rejection data - **Preferred Optional**
- None of the above
- Other

7c - Does the auditor provide immediate real-time feedback to healthcare personnel in the moment?

- Yes - Preferred**
- No
- Unsure

8 - Does the facility utilize CDI data to impact performance improvement?

- Yes - Preferred**
- No
- Unsure

9 - What CDI data is provided to healthcare personnel? **(Select all preferred options)**

- Facility-wide CDI data (rates, SIR, Infection Counts, etc.) - **Preferred**
- Antibiotic usage data - **Preferred Optional**
- Specimen rejection data - **Preferred Optional**
- Lab positivity data - **Preferred Optional**
- None of the above
- Other

10 - What data is provided to the Infection Control Committee (ICC) or QAPI? **(Select all preferred options)**

- CDI prevention Audit data - **Preferred Optional**
- Hospital onset CDI infections - **Preferred**

- CDI environmental cleaning data - **Preferred Optional**
- Antimicrobial usage - **Preferred Optional**
- Specimen rejection data - **Preferred Optional**
- None
- Other

Antimicrobial Stewardship

11 - Does the facility have specific antimicrobial stewardship strategies in place to reduce CDI?

- Yes - Preferred**
- No
- Unsure

12 - Does the Antimicrobial Stewardship Program (ASP) review patients with a new or recent CDI diagnosis?

- Yes - Preferred**
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13 - Does the facility ASP employ strategies to reduce unnecessary use of antibiotics that are high-risk for CDI?

- Yes - Preferred**
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General Practice

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18 - Does the facility use a standardized method to determine if diarrhea is present?

Yes - Preferred

No

Unsure

19 - Does the facility have a policy and process to reject stool specimens if they are not consistent with CDI?

Yes - Preferred

No

Unsure

20a - What type of CDI testing does the facility perform? – **Not Scored**

Antigen EIA

Toxin EIA

PCR

Multi-step testing

Other

20b - What multistep testing is performed?

Toxin PCR - Preferred

21 - Does the lab immediately contact the clinical providers with a positive CDI result?

Yes - Preferred

No

Unsure

22 - Does the facility recommend any additional mitigation interventions in addition to contact precautions for diarrheal illness (e.g., CDI or norovirus)?

Yes - Preferred

No

Unsure

Environmental Cleaning

23 - Does the facility have a CDI-specific cleaning protocol and checklist for daily and terminal cleaning?

Yes - Preferred

No

Unsure

24 - Does the facility have an EPA-registered product that is effective against *Clostridioides difficile* spores for daily disinfection in the rooms and of durable medical equipment?

Yes - Preferred

No

Unsure

25 - Does the facility have an EPA-registered product that is effective against *Clostridioides difficile* spores for post-discharge cleaning?

Yes - Preferred

- No
- Unsure

26a - Are isolation signs posted outside of a CDI room for EVS to clearly see?

Yes - Preferred

No

26 - How are EVS staff made aware that a patient room requires CDI-specific cleaning? (**Select all preferred options**)

Isolation signage outside of patient room - **Preferred**

Daily list of patients on CDI precautions sent to EVS - **Preferred Optional**

Electronic flagging in EVS computer system - **Preferred Optional**

Via phone/page - **Preferred Optional**

No formalized process for EVS to identify a CDI room for cleaning

Other

Guidance

Leadership Support

Core Element Description: Assessment of leadership accountability, engagement, and support of *Clostridioides difficile* infection prevention practices performed at your facility.

Free Access: Resources

Centers for Disease Control and Prevention. (2022). *Clostridium difficile* infection (CDI): Targeted Assessment for Prevention (TAP) Facility Assessment tool. <https://www.cdc.gov/healthcare-associated-infections/media/pdfs/CDI-TAP-Facility-Assessment-Tool-v6-April-2022-508.pdf>

Policy & Procedure

Core Element Description: Assessment of policy and procedures related to *Clostridioides difficile* infection prevention practices within the facility.

Free Access: Resources

Association for Professionals in Infection Control and Epidemiology. (2013) Guide to Preventing *Clostridium Difficile* Infections. <https://apic.org/wp-content/uploads/2019/02/2013CDiffFinal.pdf>

Education & Training

Core Element Description: Assessment of education and training of healthcare personnel to appropriately perform *Clostridioides difficile* infection prevention practices as it relates to their job role.

No Guidance Available - Intentionally left blank

Audit & Feedback

Core Element Description: Assessment of audit and feedback practices regarding *Clostridioides difficile* infection prevention practices.

Free Access: Guidelines

Centers for Disease Control and Prevention. (2002) Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51. <https://www.cdc.gov/mmwr/PDF/rr/rr51116.pdf>

Free Access: Resources

Washer, L., Gilmartin, H.M., Olmstead, R. Centers for Disease Control and Prevention. (n.d.) Hand Hygiene: Education, Monitoring, and Feedback. <https://www.cdc.gov/infection-control/media/pdfs/Strive-HH102-508.pdf>

Antimicrobial Stewardship

Core Element Description: Assessment of antimicrobial stewardship related to *Clostridioides difficile* infection prevention practices.

Free Access: Guidelines

Centers for Disease Control and Prevention. (2021, December 21.) Core elements of hospital antibiotic stewardship programs. <https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html>

General Practice

Core Element Description: Assessment of Clostridioides difficile infection prevention practices within the facility.

Free Access: Resources

Centers for Disease Control and Prevention. (2022). Clostridium difficile infection (CDI): Targeted Assessment for Prevention (TAP) Facility Assessment tool. <https://www.cdc.gov/healthcare-associated-infections/media/pdfs/CDI-TAP-Facility-Assessment-Tool-v6-April-2022-508.pdf>

Environmental Cleaning

Core Element Description: Assessment of the environmental cleaning practices related to Clostridioides difficile transmission.

Free Access: Regulatory

United States Environmental Protection Agency. (2026, January 29). List K: EPA's registered antimicrobial products effective against Clostridium difficile spores. <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-clostridioides>

Free Access: Guidelines

Centers for Disease Control and Prevention. (2024, March 19). Cleaning supplies and equipment. <https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/supplies-and-equipment.html>

Rutala, W.A., Weber, D.L., and the Healthcare Infection Control Practices Advisory Committee. (2024, June). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>

Additional Guidance

Free Access: Guidelines

Centers for Disease Control and Prevention. (2015). Implementation of antibiotic stewardship core elements at small and critical access hospitals. https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fantibiotic-use%2Fhcp%2Fcore-elements%2Fsmall-and-critical-access-hospitals.html

Healthcare Infection Control Practices Advisory Committee. (2017) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing

Transmission of Infectious Agents in Healthcare Settings. https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

Free Access: Resources

Centers for Disease Control and Prevention. (2021, December 21.) Quick observation tools (QUOTs) for infection prevention. <https://www.cdc.gov/infection-control/media/pdfs/All-Quick-Observation-Tools-P.pdf>

Centers for Disease Control and Prevention. (2021, December 21.) Strategies to Prevent Clostridioides Difficile Infection in Acute Care Facilities. https://www.cdc.gov/cdiff/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/cdiff/clinicians/cdi-prevention-strategies.html

Centers for Disease Control and Prevention. (2021, December 21.) TAPC. Difficile Infection (CDI) Implementation Guide: Links to Example Resources. https://www.cdc.gov/healthcare-associated-infections/php/toolkit/tap-strategy.html?CDC_AAref_Val=https%3A//www.cdc.gov/hai/prevent/tap/cdiff.html