

Environmental Services (EVS) Checklist for the Containment of *Clostridium difficile* Infection (CDI)

This tool provides your facility with valuable feedback on areas where opportunities for improvement were noted. The results are neither standalone nor punitive, and the findings should be used systematically as an additional tool to assist you in your continued work to reduce and prevent CDI.

Questions	Yes	No	Comment
Are EVS staff expected to use appropriate personal protective equipment (PPE) when cleaning a CDI isolation room?			
Are gloves and gowns are easily accessed from the patient's room?			
Are there dedicated EVS supplies/equipment for a CDI room or there is a process to clean if reusable?			
Are alcohol hand sanitizer use acceptable upon CDI room entry?			
Is there soap and water for hand hygiene upon exiting the room of patient with CDI?			
What are the primary cleaning products being used?			
Does the Infection Prevention Department or staff review and approve cleaning product use?			
Do processes differ between isolation and regular rooms? [If so, can staff describe?]			
Is sporicidal solution used for CDI patient room disinfection?			
Does EVS receive education specific to CDI prevention?			
Does EVS participate on the facility's Infection Prevention Committee?			
Are EVS staff aware of the facility's Healthcare Onset (HO) CDI rates?			
Front line staff members are able to speak to appropriate cleaning practices?			
Is the EPA-registered disinfectant label checked for:			
Appropriate sporicidal kill claims?			
Exact dilution requirements (if any)?			
Contact time?			
Whether product dispensers are used and if they are calibrated on a schedule to ensure appropriate product dilution?			
Other:?			



Questions	Yes	No	Comment
 In CDI isolation rooms, are staff aware of: Available information in the (EMR) via an alert? Room signage? Special processes in place for transfers between departments? Communication processes between EVS staff and at handoffs to other shifts so specialized CDI room cleaning is not inadvertently missed? Other:? 			
Are privacy curtains removed and cleaned after isolation patient discharge per facility policy?			
Is there clear responsibility for who cleans portable medical equipment (clinical staff versus EVS)?			
Is there a process in place to identify clean equipment versus contaminated (e.g., bagging, bands, etc.)?			
Is the mobile equipment cleaned with appropriate cleaner following manufacturer instructions?			
Is a new, clean, saturated cloth obtained regularly when cleaning a room?			
Is the cloth changed when visibly soiled and after cleaning the bathroom?			
Is the cleaning solution changed based on the facility policy?			
Are dirty linens kept in a leakage-proof container and transported directly to laundry services?			
If an alternative cleaning method (e.g., UV light) is used, are staff educated and can they speak to expectations regarding the appropriate use of the product or equipment?			
Do you ensure the following sites are not overlooked? Monitor leads Bedrails Call buttons/pull cords Telephones TV controls Light controls Windowsills Other:			



	Practice Assessment	Yes	No	Comment
EVS staff	competency: evaluate by having an EVS staff member demonstrate both terminal			
and daily	v cleans			
•	Appropriate use of germicidal product (mixing/dwell times)			
•	Use of a standardized checklist for room cleaning			
•	Use of an alternative cleaning device or procedure is appropriate (i.e., UV light)			
•	Additional types of monitoring used:			
	Direct observation			
	Swab cultures			
	Agar slide cultures			
	Fluorescent markers			
	ATP bioluminescence			
	Frequency of competency monitoring:			
	Results of monitoring are used as a (PI) tool within the EVS department?			
Special C	onsiderations for Procedure and Operating Rooms:			
	A process in place so staff are prepared for a patient with CDI (communication from unit to procedure/operating room staff)			
	Appropriate PPE and cleaning supplies are available for clinical staff			
	Disposable drapes are used to cover unnecessary equipment (and discarded after use)			
	EVS staff are made aware of the need to follow CDI terminal cleaning protocol when room is emptied			
	If possible, patient circumvents prep and recovery rooms and goes straight from isolation room to procedure/operating room then back to isolation room			
	Plan in place to handle excreta			
	Portable workstations are either covered or appropriately cleaned			
	All staff in room wear PPE (and sterile PPE as appropriate)			



EVS Educational Resources for CDI:

- Patient/Family: Frequently Asked Questions about Clostridium difficile
- CDC:
- Options for Evaluating Environmental Cleaning
- Environmental Checklist for Monitoring Terminal Cleaning
- Environmental Cleaning Evaluation Worksheet

References:

Abbett, S.K., Yokoe, D.S., Lipsitz, S.R., Bader, A.M., Berry, W.R., Tamplin, E.M., & Gawande, A.A. (2009). Proposed checklist of hospital interventions to decrease the incidence of healthcare-associated *Clostridium difficile* infection, *Infection Control and Hospital Epidemiology, 30*, 1062–1069.

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) Implementation Guide: Guide to Preventing *Clostridium difficile* Infections (2013).

Centers for Disease Control and Prevention (CDC) CDI Toolkit (2009). Available at: http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_clinicians.html. Accessed on: Aug 26, 2016.

Cohen, S.H., Gerding, D.N., Johnson, S., Kelly, C.P., Loo, V.G., McDonald, C., Pepin, J., & Wilcox, M.H. (2010). Clinical practice guidelines for *Clostridium difficile* Infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infection Control and Hospital Epidemiology, 31,* 431–455.

This material was prepared by Health Services Advisory Group (HSAG) Hospital Quality Improvement Contractor (HQIC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. XS-HQIC-IP-03192021-01