

Clostridioides difficile Infection (CDI or C. diff)
Assessment Tool

Hospital Name: _____

Unit Name: _____

Collab ID: _____

Notes for the Respondent:

- This assessment is meant to capture your facility’s and unit’s policies and practices related to CDI prevention. The assessment is to be completed by your unit based team with leadership support and any other teams involved in CDI prevention. Recommendations of participants include:
 - Unit level- unit manager, quality leader, physician leader, clinical educator, and clinical nurse specialist in addition to front line care providers.
 - Facility leadership- infection preventionist, quality directors, nursing directors, medical directors or other senior leaders.
 - Additional support - environmental services, pharmacy, ancillary members and others involved in CDI prevention.
- Responses should refer to what is *currently* in place at the facility or unit.
- Comment boxes have been provided throughout the assessment to elaborate and capture information as needed – we strongly encourage the use of these sections as they will help focus additional drill down opportunities and next steps.
- In the case of lack of consensus between team members we recommend selecting the response that the majority of the team agrees with and documenting in the comment section.

Date of Assessment: _____

Please check all members of the team completing the assessment: (multiple select)

- | | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Infection Prevention |
| <input type="checkbox"/> Nurse – Unit Manager or above | <input type="checkbox"/> Physician – Resident/Fellow | <input type="checkbox"/> Quality |
| <input type="checkbox"/> Certified Nurse Assistant / Patient Care Assistant / Patient Care Tech | <input type="checkbox"/> Physician – Administrative Leadership | <input type="checkbox"/> Ancillary Service Staff (e.g., radiology tech, PT/OT, respiratory therapy, food service) |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Environmental Services Personnel |
| <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Pharmacy Representative | <input type="checkbox"/> Other, Please specify: |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Administrative Leadership, Please specify: | <input type="checkbox"/> _____ |

General Infrastructure and Process

Culture- The following questions are about the culture in your facility or unit	
1. Does your facility's senior leadership actively promote CDI (<i>Clostridioides difficile infection or C. diff infection</i>) prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Does your facility have a team/work group focusing on CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Does your facility have a process to investigate hospital acquired harms or infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5. Is your unit's leadership involved in CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6. [Prior to joining this collaborative] Does your unit have a team/work group focusing on CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7. Does your unit have a staff person with dedicated time to coordinate CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Does your unit have a nurse champion for CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Does your unit have a physician champion for CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Does your unit have a process to investigate hospital acquired harms or infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Does your unit have a system for reporting near misses/ patient safety issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12. Do staff in your unit generally feel comfortable speaking up regarding patient safety issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13. Comments on questions 1-12 (please specify question number as applicable).	

Training- The following questions are about trainings provided by your facility or unit	
<p>14. Upon hire/ during orientation, does your facility or unit provide <i>training</i> on the following topics to healthcare personnel?</p> <p>A. hand hygiene</p> <p>B. personal protective equipment (PPE) (e.g., gowns, gloves, masks, goggles, visors)</p> <p>C. Contact Precautions (i.e., use of signs, use of dedicated or disposable equipment, patient placement)</p> <p>D. environmental cleaning/disinfection</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>15. Does your facility or unit provide annual training on the following topics to healthcare personnel?</p> <p>A. hand hygiene</p> <p>B. personal protective equipment (PPE) (e.g., gowns, gloves, masks, goggles, visors)</p> <p>C. Contact Precautions (i.e., use of signs, use of dedicated or disposable equipment, patient placement)</p> <p>D. environmental cleaning/disinfection</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>16. Does your facility or unit provide <i>training</i> when new equipment or protocols are introduced on the following topics to healthcare personnel?</p> <p>A. hand hygiene</p> <p>B. personal protective equipment (PPE) (e.g., gowns, gloves, masks, goggles, visors)</p> <p>C. Contact Precautions (i.e., use of signs, use of dedicated or disposable equipment, patient placement)</p> <p>D. environmental cleaning/disinfection</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>17. Comments on questions 13-16 (please specify question number as applicable).</p>	

Competency Assessments

*Definition: Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the minimum knowledge and skills needed to safely perform a task according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated or an actual procedure.

<p>18. Does your facility conduct <i>competency assessments</i> (see definition above) on hand hygiene to healthcare personnel?</p> <p>If NO or UNKNOWN: Skip to Question 19</p> <p>If YES: Do the <i>competency assessments</i> (see definition above) on hand hygiene:</p> <p style="margin-left: 20px;">A. Occur upon hire/during orientation?</p> <p style="margin-left: 20px;">B. Occur at least annually?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. Does your unit conduct <i>competency assessments</i> (see definition above) on hand hygiene?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>20. Does your facility conduct <i>competency assessments</i> (see definition above) on use of personal protective equipment (PPE) (e.g., gowns, gloves) to healthcare personnel?</p> <p>If NO or UNKNOWN: Skip to Question 21</p> <p>If YES: Do the <i>competency assessments</i> (see definition above) on use of personal protective equipment (PPE):</p> <p style="margin-left: 20px;">A. Occur upon hire/during orientation?</p> <p style="margin-left: 20px;">B. Occur at least annually?</p> <p style="margin-left: 20px;">C. Occur when new equipment or protocols are introduced?</p> <p style="margin-left: 20px;">D. Include <i>competency assessments</i> on when to use PPE?</p> <p style="margin-left: 20px;">E. Include <i>competency assessments</i> on what type of PPE to use?</p> <p style="margin-left: 20px;">F. Include <i>competency assessments</i> on putting on PPE (donning)?</p> <p style="margin-left: 20px;">G. Include <i>competency assessments</i> on taking off PPE (doffing)?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>21. Does your unit conduct <i>competency assessments</i> (see definition above) on use of personal protective equipment (PPE)?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>

<p>22. Does your facility conduct <i>competency assessments</i> (see definition above) on environmental cleaning/disinfection to personnel with this responsibility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>If NO or UNKNOWN: Skip to Question 23</p>	
<p>If YES: Do the <i>competency assessments</i> (see definition above) on environmental cleaning/disinfection:</p>	
<p>A. Occur upon hire/during orientation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>B. Occur at least annually?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>C. Occur when new equipment or protocols are introduced?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>D. Include <i>competency assessments</i> on cleaning/disinfection of <u>environmental surfaces</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>E. Include <i>competency assessments</i> on cleaning/disinfection of <u>shared medical equipment</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>F. Include <i>competency assessments</i> on use of an EPA-registered product that is effective against <i>C. difficile</i> spores?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>G. Include <i>competency assessments</i> on following the product label instructions (i.e., contact time, volume)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>23. Does your unit conduct <i>competency assessments</i> (see definition above) on environmental cleaning/disinfection?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>24. Comments on questions 18-23 (please specify question number as applicable).</p>	

Audits

*Definition: Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies.

25. Is adherence to hand hygiene by healthcare personnel <i>audited</i> (see definition above) on your unit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
26. Is adherence to use of personal protective equipment (PPE) (e.g., gowns, gloves) by healthcare personnel <i>audited</i> (see definition above) on your unit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
27. Is adherence to Contact Precautions (i.e., use of signs, use of dedicated or disposable equipment, patient placement) <i>audited</i> (see definition above) on your unit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
28. Does your facility routinely <i>audit</i> (see definition above) performance on environmental cleaning/disinfection ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

29. Comments on questions 25-28 (please specify question number as applicable).

Feedback

*Feedback may include, but is not limited to, a summary of audit findings that is provided to unit-level personnel for performance improvement activities.

30. Does your unit routinely receive <i>feedback</i> on healthcare personnel's performance of hand hygiene ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
31. Does your unit routinely receive <i>feedback</i> on healthcare personnel's use of personal protective equipment (PPE) (e.g., gowns, gloves)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
32. Does your unit routinely receive <i>feedback</i> on the performance of Contact Precautions (i.e., use of signs, use of dedicated or disposable equipment, patient placement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
33. Does your facility routinely provide <i>feedback</i> on performance of environmental cleaning/disinfection to personnel with this responsibility? If NO or UNKNOWN: Skip to Question 34	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If YES: Does <i>feedback</i> include the use of technology (e.g., ATP, bioluminescent monitoring) to provide real time <i>feedback</i> on environmental cleaning/disinfection ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

34. Is <i>feedback</i> provided to healthcare personnel on:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
A. Facility -wide CDI data (e.g., rates, standardized infection ratios (SIR), infection counts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Unit -level CDI data (e.g., rates, infection counts on specific units)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Unit -level antibiotic use data (e.g., agent, dose, duration, indication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
35. Comments on questions 30-34 (please specify question number as applicable).	

Antibiotic Stewardship for CDI Prevention

For the questions below, please indicate the level of frequency in which your unit/facility implements these prevention strategies.	Never	Rarely	Sometimes	Often	Always	Unknown
36. For patients with new or recent CDI diagnosis, does your facility routinely review appropriateness of antibiotics prescribed for treatment of other conditions (e.g., UTI, acute respiratory infections)?	<input type="checkbox"/>					
37. Does your unit educate providers (e.g., physicians, advanced practice providers, residents, nurses) about the risk of CDI with antibiotics?	<input type="checkbox"/>					
38. Does your unit educate patients/family members about appropriate use of antibiotics?	<input type="checkbox"/>					
How often does your facility give information to medical providers on the use of the following antibiotics that are high risk for CDI?	Never	Rarely	Sometimes	Often	Always	Unknown
39. Fluoroquinolones? (e.g., Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin)	<input type="checkbox"/>					
40. 3 rd /4 th generation Cephalosporins? (e.g., Ceftazidime, Cefepime, Ceftriaxone)	<input type="checkbox"/>					
41. Clindamycin	<input type="checkbox"/>					

How often does your facility use strategies to <u>reduce</u> the unnecessary use of the following antibiotics that are high-risk for CDI:	Never	Rarely	Sometimes	Often	Always	Unknown
42. Fluoroquinolones? (e.g., Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin)	<input type="checkbox"/>					
43. 3 rd /4 th generation Cephalosporins? (e.g., Ceftazidime, Cefepime, Ceftriaxone)	<input type="checkbox"/>					
44. Clindamycin	<input type="checkbox"/>					
45. Comments on questions 36-44 (please specify question number as applicable).						

Early Detection and Isolation, Appropriate Testing

	Never	Rarely	Sometimes	Often	Always	Unknown
46. Does your facility track when ordering providers document an indication for <i>C. difficile</i> tests?	<input type="checkbox"/>					
47. Does your facility track when providers order <i>C. difficile</i> tests for patients with diarrhea (defined as at least 3 unformed stools in 24 hours) with <i>no other known cause</i> (e.g., history of laxatives)?	<input type="checkbox"/>					
48. Does your facility track when providers order <i>C. difficile</i> tests when the patient has a known cause for diarrhea (e.g., history of laxatives)?	<input type="checkbox"/>					

49. Does your facility have CDI testing guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
50. Does your facility have an order set to reduce the inappropriate ordering of <i>C. difficile</i> tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
51. Comments on questions 46-50 (please specify question number as applicable).	

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
52. Are Contact Precautions rapidly implemented for patients <u>at onset of acute diarrhea</u> ?	<input type="checkbox"/>					
53. Are Contact Precautions rapidly implemented for patients <u>as soon as the <i>C. difficile</i> test is ordered</u> ?	<input type="checkbox"/>					
54. Do nurses initiate Contact Precautions for patients with suspected or confirmed CDI?	<input type="checkbox"/>					
55. Do patients with CDI remain on Contact Precautions for at least <u>48 hours after diarrhea ends</u> ?	<input type="checkbox"/>					
56. Do patients with CDI remain on Contact Precautions for the <u>entire duration of hospitalization</u> ?	<input type="checkbox"/>					
57. Are <i>C. difficile</i> tests ordered within 24 hours for patients with suspected CDI?	<input type="checkbox"/>					

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
58. Is stool collected immediately after the <i>C. difficile</i> test order?	<input type="checkbox"/>					
59. Do personnel providing direct care to the patient immediately receive reports of positive <i>C. difficile</i> test results?	<input type="checkbox"/>					
60. Comments on questions 52-59 (please specify question number as applicable).						
On your unit , is a patient's CDI status communicated in handoffs/ reports in the following situations:	Never	Rarely	Sometimes	Often	Always	Unknown
61. Internal transfer (e.g., from Emergency Department, ICU)	<input type="checkbox"/>					
62. External transfer (e.g., from outside hospital)	<input type="checkbox"/>					
63. Leaving the unit for treatment, testing, or therapy (e.g., dialysis, radiology, physical therapy) with in your facility	<input type="checkbox"/>					
64. Discharging to a facility (e.g., skilled nursing facility)	<input type="checkbox"/>					
65. Comments on questions 61-64 (please specify question number as applicable).						

Contact Precautions/ Hand Hygiene

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
66. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI?	<input type="checkbox"/>					
67. Are Contact Precautions signs placed in a location easily visible prior to room entry?	<input type="checkbox"/>					
68. Do Contact Precautions signs provide clear directions about required PPE (e.g., gowns, gloves)?	<input type="checkbox"/>					
69. Are Contact Precautions signs used to identify rooms of patients with <u>confirmed</u> CDI?	<input type="checkbox"/>					
70. Are Contact Precautions signs used to identify rooms of patients with <u>suspected</u> CDI?	<input type="checkbox"/>					
71. Comments on questions 66-70 (please specify question number as applicable).						

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
72. Are gowns and gloves available when entering rooms of CDI patients?	<input type="checkbox"/>					
73. Do healthcare personnel wash hands with soap and water after contact with <u>CDI patients</u> ?	<input type="checkbox"/>					

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
74. Do healthcare personnel wash hands with soap and water after contact with the <u>CDI patient environment</u> ?	<input type="checkbox"/>					
75. Are sinks readily available for healthcare personnel to perform hand washing in patient care areas (not including patient bathroom sink)?	<input type="checkbox"/>					
76. Comments on questions 72-75: (Please specify question number as applicable)						

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
77. Do patients with CDI receive daily baths/showers with soap and water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Are patients educated on hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Are families/visitors educated on CDI prevention including hand hygiene and use of gowns/gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Is there a process in place to ensure that patients perform hand washing <u>after using the bathroom</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
81. Is there a process in place to ensure that patients perform hand washing <u>before eating</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
82. Comments on questions 77-81 (please specify question number as applicable).						

In your team's experience, do the following persons adhere to use of gowns/gloves for patients on Contact Precautions in your unit :	Never	Rarely	Sometimes	Often	Always	Unknown
83. Physicians	<input type="checkbox"/>					
84. Physician Assistants / Nurse Practitioners	<input type="checkbox"/>					
85. Nurses	<input type="checkbox"/>					
86. Nursing Assistants	<input type="checkbox"/>					
87. Environmental Services staff	<input type="checkbox"/>					
88. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	<input type="checkbox"/>					
89. Families/visitors	<input type="checkbox"/>					
90. Comments on questions 83-89 (please specify question number as applicable).						

In your team's experience, do the following persons adhere to hand hygiene policies in your unit :	Never	Rarely	Sometimes	Often	Always	Unknown
91. Physicians	<input type="checkbox"/>					
92. Physician Assistants / Nurse Practitioners	<input type="checkbox"/>					
93. Nurses	<input type="checkbox"/>					
94. Nursing Assistants	<input type="checkbox"/>					
95. Environmental Services staff	<input type="checkbox"/>					

	Never	Rarely	Sometimes	Often	Always	Unknown
96. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	<input type="checkbox"/>					
97. Families/visitors	<input type="checkbox"/>					
98. Comments on questions 91-97 (please specify question number as applicable).						

Environmental Cleaning

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
99. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned <u>daily</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Is shared medical equipment cleaned between patient uses (e.g., blood pressure monitor, IV pump, glucometer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Are disinfectants available at the point of care for all staff use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Does your facility have an equipment cleaning policy assigning responsibility for cleaning each item?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
103. Comments on questions 99-102 (please specify question number as applicable).						

In your unit , how frequently:	Never	Rarely	Sometimes	Often	Always	Unknown
104. Is an EPA-registered product that is effective against <i>C. difficile</i> spores used for <u>daily</u> disinfection in the rooms of patients with CDI?	<input type="checkbox"/>					
105. Is an EPA-registered product that is effective against <i>C. difficile</i> spores used for <u>post-discharge</u> (terminal) disinfection in the rooms of patients with CDI?	<input type="checkbox"/>					
106. Is enough time provided for personnel to complete <u>post-discharge</u> (terminal) cleaning of patient rooms?	<input type="checkbox"/>					
107. Are disinfectants used according to the instructions on the label (e.g., contact time, pre-cleaning)?	<input type="checkbox"/>					
108. Comments on questions 104-107 (please specify question number as applicable).						