Clostridium difficile Infection (CDI)
Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to CDI prevention at the facility or unit in which this assessment is being administered.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed – such detailed comments may help focus additional drill down opportunities and next steps.

Instructions for Submission:

Do you have a **Desktop Email** Application? (e.g., Outlook, Windows Live Mail)	Do you have a **Web-Based Email** Address? (e.g., Gmail, Yahoo)	Are you having **trouble submitting**? (e.g., No email application, Firewall is blocking submission)
1) Ensure there is a Return Email Address entered at the bottom of Page 1 2) Click SUBMIT 3) Select the top radio button (Desktop Email Application) 4) Click OK *This will automatically generate an email with the completed form attached*	1) Ensure there is a Return Email Address entered at the bottom of Page 1 2) Click SUBMIT 3) Select the bottom button (Webmail) and follow the prompts **OR** 1) Copy the Return Email Address listed at the bottom of Page 1 2) Save the document to your computer 3) Open your web based email, attach the file, and send to the copied email address	1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact

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Instructions for Administration:

This Facility Assessment Tool should be administered to a variety of staff and healthcare personnel at different levels of the organization and/or unit (i.e., frontline providers, mid-level staff, and senior leadership). This assessment captures healthcare personnel's knowledge, attitudes, and perceptions of infection prevention practices. The greater number of assessments collected, the greater the ability to identify gaps and target prevention.

This Assessment Tool is a component of the Targeted Assessment for Prevention (TAP) Strategy. For more information, visit http://www.cdc.gov/hai/prevent/tap.html

This tool can be distributed and returned via email. ***Prior to distribution****, enter the email address to which the completed assessments should be returned and Save the document (send this Saved version to respondents). When respondents 'Submit', the form will be automatically sent to the email address specified below.*

Return Email Address:

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Survey Number:

Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____ Other, Please Specify: _____

Unit Name or ID: _____

Unit Type: _____

Title or role of person completing tool: _____ Other, Please Specify: _____

Years of experience at facility: _____ (Numeric Response)

I. General Infrastructure, Capacity, and Processes

1.	Does your facility's senior leadership actively promote CDI prevention activities?	☐ Yes ☐ No ☐ Unknown
2.	Is unit-level leadership involved in CDI prevention activities?	☐ Yes ☐ No ☐ Unknown
3.	Does your facility have a team/work group focusing on CDI prevention?	☐ Yes ☐ No ☐ Unknown
4.	Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	☐ Yes ☐ No ☐ Unknown
5.	Does your facility have a nurse champion for CDI prevention activities?	☐ Yes ☐ No ☐ Unknown
6.	Does your facility have a physician champion for CDI prevention activities?	☐ Yes ☐ No ☐ Unknown
Comments:	(Please specify question number as applicable)	

Training		
7.	Does your facility provide *training* on proper **hand hygiene** for all healthcare personnel:	
	A. Upon hire/during orientation?	☐ Yes ☐ No ☐ Unknown
	B. At least annually?	☐ Yes ☐ No ☐ Unknown

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Survey Number:

I. General Infrastructure, Capacity, and Processes (Continued)

Training (Continued)	
8. Does your facility provide *training* on proper use of **personal protective equipment (PPE)** to all personnel who use PPE:	
A. Upon hire/during orientation?	☐ Yes ☐ No ☐ Unknown
B. At least annually?	☐ Yes ☐ No ☐ Unknown
9. IF YES, does the *training* on proper use of **personal protective equipment (PPE)** include: *(If you selected 'No' or 'Unknown' to question 8 above, select 'N/A')*	
A. Selection of components?	☐ Yes ☐ No ☐ Unknown ☐ N/A
B. Donning?	☐ Yes ☐ No ☐ Unknown ☐ N/A
C. Doffing?	☐ Yes ☐ No ☐ Unknown ☐ N/A
10. Does your facility provide *training* on **Contact Precautions protocols** to all healthcare personnel:	
A. Upon hire/during orientation?	☐ Yes ☐ No ☐ Unknown
B. At least annually?	☐ Yes ☐ No ☐ Unknown
11. IF YES, does the *training* on **Contact Precautions protocols** include: *(If you selected 'No' or 'Unknown' to question 10 above, select 'N/A')*	
A. Use of signs?	☐ Yes ☐ No ☐ Unknown ☐ N/A
B. Use of dedicated or disposable equipment?	☐ Yes ☐ No ☐ Unknown ☐ N/A
C. Patient placement (i.e., single patient room or cohorting with like patients)?	☐ Yes ☐ No ☐ Unknown ☐ N/A
12. Does your facility provide *training* on **environmental cleaning/disinfection** to all personnel with this responsibility:	
A. Upon hire/during orientation?	☐ Yes ☐ No ☐ Unknown
B. At least annually?	☐ Yes ☐ No ☐ Unknown
13. IF YES, does the *training* on **environmental cleaning/disinfection** include: *(If you selected 'No' or 'Unknown' to question 12 above, select 'N/A')*	
A. Cleaning/disinfection of environmental surfaces?	☐ Yes ☐ No ☐ Unknown ☐ N/A
B. Cleaning/disinfection of shared medical equipment?	☐ Yes ☐ No ☐ Unknown ☐ N/A
C. Use of an EPA-registered product that is effective against *C. difficile* spores?	☐ Yes ☐ No ☐ Unknown ☐ N/A
D. Adherence to product label instructions for use?	☐ Yes ☐ No ☐ Unknown ☐ N/A
Comments: (Please specify question number as applicable)	

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Survey Number:

I. General Infrastructure, Capacity, and Processes (Continued)

Competency Assessments * 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.	
14. Does your facility conduct *competency assessments* on proper **hand hygiene** for all healthcare personnel: A. Upon hire/during orientation? B. At least annually?	 ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown
15. Does your facility conduct *competency assessments* on proper use of **personal protective equipment (PPE)** to all personnel who use PPE: A. Upon hire/during orientation? B. At least annually?	 ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown
16. IF YES, do the *competency assessments* on proper use of **personal protective equipment (PPE)** include: *(If you selected 'No' or 'Unknown' to question 15 above, select 'N/A')* A. Selection of components? B. Donning? C. Doffing?	 ☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Yes ☐ No ☐ Unknown ☐ N/A
17. Does your facility conduct *competency assessments* on **environmental cleaning/disinfection** to all personnel with this responsibility: A. Upon hire/during orientation? B. At least annually?	 ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown
18. IF YES, do the *competency assessments* on **environmental cleaning/disinfection** include: *(If you selected 'No' or 'Unknown' to question 17 above, select 'N/A')* A. Cleaning/disinfection of environmental surfaces? B. Cleaning/disinfection of shared medical equipment? C. Use of an EPA-registered product that is effective against *C. difficile* spores? D. Adherence to product label instructions for use?	 ☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Yes ☐ No ☐ Unknown ☐ N/A
Comments: (Please specify question number as applicable)	

I. General Infrastructure, Capacity, and Processes (Continued)

Audits *Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies.	
19. Does your facility routinely *audit* (monitor and document) adherence of all healthcare personnel to **hand hygiene?**	☐ Yes ☐ No ☐ Unknown
20. For proper use of **personal protective equipment (PPE)**, does your facility routinely *audit* (monitor and document) adherence of all healthcare personnel to:	
A. Selection of components?	☐ Yes ☐ No ☐ Unknown
B. Donning?	☐ Yes ☐ No ☐ Unknown
C. Doffing?	☐ Yes ☐ No ☐ Unknown
21. For **contact precautions**, does your facility routinely *audit* (monitor and document) adherence of all healthcare personnel to:	
A. Use of signs?	☐ Yes ☐ No ☐ Unknown
B. Use of dedicated or disposable equipment?	☐ Yes ☐ No ☐ Unknown
C. Patient placement (i.e., single patient room or cohorting with like patients)?	☐ Yes ☐ No ☐ Unknown
22. For personnel with responsibility for **environmental cleaning/disinfection**, does your facility routinely *audit* (monitor and document) adherence to:	
A. Cleaning/disinfection of environmental surfaces?	☐ Yes ☐ No ☐ Unknown
B. Cleaning/disinfection of shared medical equipment?	☐ Yes ☐ No ☐ Unknown
C. Use of an EPA-registered product that is effective against *C. difficile* spores?	☐ Yes ☐ No ☐ Unknown
D. Adherence to product label instructions for use?	☐ Yes ☐ No ☐ Unknown
23. To direct prevention activities, does your facility use **facility-wide** CDI data (e.g., rates, standardized infection ratios (SIR), infection counts)?	☐ Yes ☐ No ☐ Unknown
24. To direct prevention activities, does your facility use **unit-level** CDI data (e.g., rates, infection counts on specific units)?	☐ Yes ☐ No ☐ Unknown
Comments: (Please specify question number as applicable)	

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Survey Number:

I. General Infrastructure, Capacity, and Processes (Continued)

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.	
25. Does your facility routinely provide *feedback* of performance to personnel on **hand hygiene?**	☐ Yes ☐ No ☐ Unknown
26. For proper use of **personal protective equipment (PPE)**, does your facility routinely provide *feedback* of performance to personnel on:	
A. Selection of components?	☐ Yes ☐ No ☐ Unknown
B. Donning?	☐ Yes ☐ No ☐ Unknown
C. Doffing?	☐ Yes ☐ No ☐ Unknown
27. For **contact precautions**, does your facility routinely provide *feedback* of performance to personnel on:	
A. Use of signs?	☐ Yes ☐ No ☐ Unknown
B. Use of dedicated or disposable equipment?	☐ Yes ☐ No ☐ Unknown
C. Patient placement (i.e., single patient room or cohorting with like patients)?	☐ Yes ☐ No ☐ Unknown
28. For personnel with responsibility for **environmental cleaning/disinfection**, does your facility routinely provide *feedback* of performance to personnel on:	
A. Cleaning/disinfection of environmental surfaces?	☐ Yes ☐ No ☐ Unknown
B. Cleaning/disinfection of shared medical equipment?	☐ Yes ☐ No ☐ Unknown
C. Use of an EPA-registered product that is effective against *C. difficile* spores?	☐ Yes ☐ No ☐ Unknown
D. Adherence to product label instructions for use?	☐ Yes ☐ No ☐ Unknown
29. Does your facility routinely provide *feedback* to personnel on:	
A. Facility-wide CDI data (e.g., rates, standardized infection ratios (SIR), infection counts)?	☐ Yes ☐ No ☐ Unknown
B. Unit-level CDI data (e.g., rates, infection counts on specific units)?	☐ Yes ☐ No ☐ Unknown
C. Antibiotic use data (e.g., appropriate agent, dose, duration, indication)?	☐ Yes ☐ No ☐ Unknown
Comments: (Please specify question number as applicable)	

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Survey Number:

II. Antibiotic Stewardship for CDI Prevention

	Never	Rarely	Sometimes	Often	Always	Unknown
1. 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)?	☐	☐	☐	☐	☐	☐
2. Does your facility educate providers about the risk of CDI with antibiotics?	☐	☐	☐	☐	☐	☐
3. Does your facility educate patients/family members about the risk of CDI with antibiotics?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

Does your facility monitor the use of the following antibiotics that are high-risk for CDI:	Never	Rarely	Sometimes	Often	Always	Unknown
4. Fluoroquinolones? (e.g, Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin)	☐	☐	☐	☐	☐	☐
5. 3rd/4th generation Cephalosporins? (e.g., Ceftazidime, Cefepime)	☐	☐	☐	☐	☐	☐
6. Clindamycin?	☐	☐	☐	☐	☐	☐

Does your facility use strategies to reduce the unnecessary use of the following antibiotics that are high-risk for CDI:	Never	Rarely	Sometimes	Often	Always	Unknown
7. Fluoroquinolones? (e.g., Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin)	☐	☐	☐	☐	☐	☐
8. 3rd/4th generation Cephalosporins? (e.g., Ceftazidime, Cefepime)	☐	☐	☐	☐	☐	☐
9. Clindamycin?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

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Survey Number:

III. Early Detection and Isolation, Appropriate Testing

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do ordering providers document an indication for *C. difficile* tests?	☐	☐	☐	☐	☐	☐
2. Do providers order *C. difficile* tests for the following appropriate indication: Diarrhea, defined as at least 3 unformed stools in 24 hours with no other known cause (e.g., history of laxatives)?	☐	☐	☐	☐	☐	☐
3. Do providers avoid ordering *C. difficil*e tests for the following inappropriate indication: When the patient has a known cause for diarrhea (e.g. history of laxatives)?	☐	☐	☐	☐	☐	☐
4. Do providers avoid ordering *C. difficil*e tests for the following inappropriate indication: Testing for cure of CDI?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
5. Are Contact Precautions rapidly implemented for patients at onset of acute diarrhea?	☐	☐	☐	☐	☐	☐
6. Are Contact Precautions rapidly implemented for patients as soon as *C. difficile* test is ordered?	☐	☐	☐	☐	☐	☐
7. Are *C. difficile* tests ordered within 24 hours for patients with suspected CDI?	☐	☐	☐	☐	☐	☐
8. Is stool collected immediately after the *C. difficile* test order?	☐	☐	☐	☐	☐	☐
9. Do personnel providing direct care to the patient immediately receive reports of positive CDI test results?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

III. Early Detection and Isolation, Appropriate Testing (Continued)

	Never	Rarely	Sometimes	Often	Always	Unknown
10. Is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon *transfer to* your facility?	☐	☐	☐	☐	☐	☐
11. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon *transfer from* your facility?	☐	☐	☐	☐	☐	☐
12. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are *transferred within your facility to different units* (e.g., from Emergency Department)?	☐	☐	☐	☐	☐	☐
13. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are *transported within your facility for diagnostic testing or treatment* (e.g., to radiology, physical therapy)?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

IV. Contact Precautions / Hand Hygiene

	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Do patients with CDI remain on Contact Precautions for the duration of diarrhea at your facility?	☐	☐	☐	☐	☐	☐	
2. Do patients with CDI remain on Contact Precautions for at least 48 hours after diarrhea ends?	☐	☐	☐	☐	☐	☐	
3. Do patients with CDI remain on Contact Precautions for the entire duration of hospitalization at your facility?	☐	☐	☐	☐	☐	☐	
4. Are patients with CDI housed separately from patients without CDI (i.e., in private rooms or placed with other CDI patients ['cohorted']) at your facility?	☐	☐	☐	☐	☐	☐	
5. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI?	☐	☐	☐	☐	☐	☐	
6. Are Contact Precautions signs used to designate rooms of patients with confirmed CDI?	☐	☐	☐	☐	☐	☐	
7. Are Contact Precautions signs used to designate rooms of patients with suspected CDI?	☐	☐	☐	☐	☐	☐	
8. *If Applicable,* are the Contact Precautions signs placed in a location easily visible prior to room entry?	☐	☐	☐	☐	☐	☐	☐ N/A
9. *If Applicable,* do the Contact Precautions signs provide clear directions for usage (e.g., about required PPE and handwashing)?	☐	☐	☐	☐	☐	☐	☐ N/A
Comments: (Please specify question number as applicable)							

IV. Contact Precautions / Hand Hygiene (Continued)

	Never	Rarely	Sometimes	Often	Always	Unknown
10. Are adequate supplies of gowns and gloves available for use when entering the patient care area of patients with CDI?	☐	☐	☐	☐	☐	☐
11. Do healthcare personnel at your facility wash hands with soap and water after contact with CDI patients?	☐	☐	☐	☐	☐	☐
12. Do healthcare personnel at your facility wash hands with soap and water after contact with the CDI patient environment?	☐	☐	☐	☐	☐	☐
13. Are sinks readily available for healthcare personnel to perform hand washing in patient care areas (not including patient bathroom sink)?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
14. Are patients educated on proper hand hygiene?	☐	☐	☐	☐	☐	☐
15. Is there a process in place to ensure that patients perform hand washing after using the bathroom?	☐	☐	☐	☐	☐	☐
16. Is there a process in place to ensure that patients perform hand washing before eating?	☐	☐	☐	☐	☐	☐
17. Are families/visitors educated on use of gowns/gloves for Contact Precautions?	☐	☐	☐	☐	☐	☐
18. Are families/visitors educated on hand hygiene?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

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Survey Number:

IV. Contact Precautions / Hand Hygiene (Continued)

In your experience, do the following persons adhere to use of gowns/gloves for patients on Contact Precautions:	Never	Rarely	Sometimes	Often	Always	Unknown
19. Physicians	☐	☐	☐	☐	☐	☐
20. Physician Assistants / Nurse Practitioners	☐	☐	☐	☐	☐	☐
21. Nurses	☐	☐	☐	☐	☐	☐
22. Nursing Assistants	☐	☐	☐	☐	☐	☐
23. Environmental Services staff	☐	☐	☐	☐	☐	☐
24. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	☐	☐	☐	☐	☐	☐
25. Families/visitors	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

In your experience, do the following persons adhere to hand hygiene policies:	Never	Rarely	Sometimes	Often	Always	Unknown
26. Physicians	☐	☐	☐	☐	☐	☐
27. Physician Assistants / Nurse Practitioners	☐	☐	☐	☐	☐	☐
28. Nurses	☐	☐	☐	☐	☐	☐
29. Nursing Assistants	☐	☐	☐	☐	☐	☐
30. Environmental Services staff	☐	☐	☐	☐	☐	☐
31. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	☐	☐	☐	☐	☐	☐
32. Families/visitors	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

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Survey Number:

V. Environmental Cleaning

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned on a daily basis?	☐	☐	☐	☐	☐	☐
2. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned upon discharge?	☐	☐	☐	☐	☐	☐
3. Is shared medical equipment cleaned between patient uses (e.g., blood pressure monitor, IV pump, glucometer)?	☐	☐	☐	☐	☐	☐
4. Is it clear which items are cleaned by Environmental Services personnel versus unit-level personnel (e.g., nurses, nursing assistants, clerks)?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
5. Is an EPA-registered product that is effective against C. *difficile* spores used for daily disinfection in the rooms of patients with CDI?	☐	☐	☐	☐	☐	☐
6. Is an EPA-registered product that is effective against C. *difficile* spores used for post-discharge (terminal) disinfection in the rooms of patients with CDI?	☐	☐	☐	☐	☐	☐
7. Is sufficient time provided for personnel to complete thorough post-discharge cleaning of patient rooms?	☐	☐	☐	☐	☐	☐
8. Are disinfectants used according to the instructions on the label (e.g., appropriate contact time, pre-cleaning)?	☐	☐	☐	☐	☐	☐
Comments: (Please specify question number as applicable)						

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Survey Number:

Additional Comments/Observations:

See Instructions for Submission on Page 1 for assistance.

** If unable to Submit, please Print and give to facility Point of Contact

Submit

Print

Clear Responses