



***Clostridioides
difficile* Infection
(CDI) Trigger tool**



Version 1.0

10 April 2026

Version history

Version	Date	Summary of changes
V1.0	10 April 2026	New document.

Approvals

Version	Date Approved	Group/Individual
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***Clostridioides difficile* (C. difficile) infection (CDI) triggers**

A trigger is a point at which the incidence of infection becomes higher than what would be expected for the area. This can also include *Clostridioides difficile* (*C. difficile*) outbreaks, where there are two or more cases in the same healthcare setting over a specified period of time. If the expected number of *C. difficile* infection (CDI) cases in a given area over a specific time period is exceeded, prompt investigation by the Infection Prevention and Control Team (IPCT) should commence to determine if interventions are necessary to ensure patient safety. CDI triggers should be set for all clinical areas by the IPCT and be known by the relevant clinical teams.

A CDI trigger is not synonymous with the term outbreak. Some triggers may be outbreaks, but some will be due to natural variation in the incidence of the alert organism, or, due to chance. Only by investigating CDI triggers, can it be determined if systems need to be changed or improved.

Objectives

- To enable early detection and investigation of potential outbreaks.
- To enable the IPCT to determine if there is an issue with IPC precautions, clinical care or antimicrobial prescribing, that is increasing patient vulnerability to CDI or increasing the risk of cross-transmission.
- To enable the IPCT to identify natural variations in the epidemiology of local CDI.
- To create a culture and system that minimises patient susceptibility to CDI and cross-transmission.

Origin of infection case definitions

CDI cases are defined as community associated infection (CAI), healthcare associated infection (HCAI) or unknown origin (UNK) according to date of CDI onset in relation to hospital admission and discharge dates.

Note: If information on the date of onset of symptoms is unavailable, then the date of the first toxin positive specimen collection should be used as a proxy date.

Community associated infection (CAI) CDI

A CDI case with onset of symptoms while outside of hospital and without discharge from a hospital within the previous 12 weeks

OR

A CDI case with onset of symptoms within 48 hours (≤ 48 hours) following admission to a hospital and without residence in a hospital within the previous 12 weeks.

Healthcare associated infection (HCAI) CDI

Healthcare associated CDI are sub-categorised as Hospital acquired CDI (HAI) and Other HCAI.

- **Hospital acquired CDI (HAI)**

A CDI case with onset of symptoms at least 48 hours (> 48 hours) following admission to a hospital

- **Other HCAI**

A CDI case with onset of symptoms within 48 hours (≤ 48 hours) following admission to a hospital and within 4 weeks following discharge from a hospital

OR

- A CDI case with onset of symptoms in the community within four weeks following discharge from a hospital.

Unknown CDI

This is a CDI case who was discharged from a hospital 4–12 weeks before the onset of symptoms.

The origin of infection definitions should be considered during the initial trigger or outbreak assessment and investigations.

Case definitions

As part of the epidemiological investigation, case definitions should be established. Case definitions should include the following: who's involved (for example patients or staff), the place (for example ward(s) affected) symptoms or pathogen (for example diarrhoea or CDI), and a time limit (for example between 1 September and 31 October or since a specific date). Case definitions should remain under regular review and be updated as new information becomes available.

Below are some example case definitions.

Confirmed case

Any person who has CDI microbiologically confirmed in, or linked to Ward XX since 01/01/2026.

Probable case

Any person experiencing diarrhoea with symptoms indicative of CDI not yet microbiologically confirmed in, or linked to Ward XX since 01/01/2026

OR

Any person experiencing diarrhoea with symptoms indicative of CDI with a positive GDH enzyme immunoassay or PCR where toxin testing is not confirmed (equivocal cases) in or linked to Ward XX since 01/01/2026.

Possible case

Any person experiencing diarrhoea without symptoms indicative of CDI in, or linked to Ward XX since 01/01/2026.

Asymptomatic case

Any person without symptoms who does not meet agreed diarrhoeal stool definitions and stool has tested positive for *C. difficile* in, or linked to Ward XX since 01/01/2026.

Note: The [SMVN guidance](#) sets out how stool specimens should be selected for testing. Only diarrhoeal specimens conforming to the shape of the container should be tested.

Responsibilities

Senior Charge Nurse (SCN)

- Recognise and report clinical cases to the IPCT as per local reporting systems
- Is aware of, and can access the NIPCM/CHIPCM and relevant guidance documents
- Ensures completion of the [CDI Daily Actions Checklist](#) and completes the clinical actions as required
- Takes corrective action when there is non-compliance with the NIPCM/CHIPCM or [CDI Daily Actions Checklist](#)
- Ensures communication to relevant staff within the care area
- Ensures written and verbal communication to patients, relatives and visitors as relevant
- Assists in the investigation of any CDI cases that result in severe* disease or death ***(see definition for severe case in footnote)**

Clinicians

- Be aware of major risk factors and symptoms of CDI
- Be aware of and follow antimicrobial guidelines
- Ensures a medication review has been undertaken including assessment of risk factors for CDI (current or recent use of antimicrobial agents, PPI H2

antagonists - drugs which reduce the production of stomach acid, anti-motility agents)

- Confirm that clinical care is compliant with guidance, including observations and where required specialist referrals
- Report concerns or issues related to CDI to SCN or IPCT
- Provide relevant clinical information to the patient and/or family regarding CDI
- Assist in the investigation of any CDI cases that result in severe* disease or death

Infection Prevention & Control Team (IPCT)

- Set triggers as per case definitions within the area and promptly identify through local surveillance when a trigger occurs
- Work with the SCN and clinicians to complete this trigger tool
- Identify if CDI triggers are due to system errors amenable to correction or reflect natural variation
- Understand the epidemiology of the CDI trigger by using the Reference Laboratory, where required
- Work with SCN to ensure completion of and compliance with the NIPCM/CHIPCM and [CDI Daily Actions Checklist](#) and address any deficiencies
- Provides expert advice and education regarding application of CDI IPC measures to relevant staff
- Engages with staff to support implementation of IPC precautions in alignment with NIPCM/CHIPCM and [CDI Daily Actions Checklist](#)
- Refers to antimicrobial pharmacists or Antimicrobial Management Teams (AMTs) if required
- Completes the Healthcare Infection Incident Assessment Tool (HIIAT) to identify incident grading (Red, Amber or Green incident) as per [Appendix 14](#)
- Completes the [Outbreak Reporting Tool \(ORT\)](#) and submits to ARHAI Scotland as per [Chapter 3](#) of the National Infection Prevention and Control Manual

- Assists in the investigation of any CDI cases that result in severe* disease or death

Pharmacist

- Review the antibiotic regimens of all patients in the clinical area ensuring compliance with local policy and antimicrobial stewardship programmes
- Ensures implementation and support compliance monitoring of local antimicrobial prescribing policies that minimise the use of agents associated with CDI
- Support and advise clinical staff on antimicrobial prescribing and interpret local and national surveillance information on antimicrobial resistance and usage
- Report triggers to the AMTs if required

C. difficile guidance and supporting tools are available in the National Infection Prevention and Control Manual (NIPCM) in the [A-Z Pathogens](#)

Trigger Tool

Situation Assessment	Details
Healthcare Setting	
Senior Charge Nurse or person in charge	
Lead IPCT member for this trigger	
CDI Trigger for this area (number of cases)	
Number of confirmed patient cases	
Number of probable patient cases	
Number of possible patient cases	
Number of staff cases	
HIIAT Grading (Red / Amber / Green)	

Investigation	Undertaken	Results
Stool specimens obtained for all symptomatic cases?	<input type="checkbox"/> Yes	Record number of specimens collected/results if available:
	<input type="checkbox"/> No	State why not and actions taken:
Have any severe* cases of CDI been identified?	<input type="checkbox"/> Yes	If so, how many? What actions have been identified?
	<input type="checkbox"/> No	
Isolates submitted to Scottish Microbiology Reference Laboratories (SMiRL) for typing? (in cases of severe* disease or outbreaks as per Enteric Bacteria Infections Service criteria)	<input type="checkbox"/> Yes	Date submitted and results if available:
	<input type="checkbox"/> No	State why not and actions taken:

Trigger Assessment	Undertaken	Action
Trigger confirmed? (confirm the case number is correct, CDI acquisition was within the care area). Patient population / ward size has not recently changed)	<input type="checkbox"/> Yes Date trigger confirmed	Report to ARHAI Scotland through the ORT as per Chapter 3 of the NIPCM Report trigger locally and initiate CDI Daily Actions Checklist
	<input type="checkbox"/> No	Trigger not exceeded. Situation should be monitored and reassessed if further cases arise
Outbreak confirmed?	<input type="checkbox"/> Yes Date outbreak confirmed	Report to ARHAI Scotland through the ORT as per Chapter 3 of the NIPCM Report outbreak locally and Initiate CDI Daily Actions Checklist
	<input type="checkbox"/> No	Outbreak not confirmed. Situation should be monitored and reassessed if further cases arise
Review completed	<input type="checkbox"/> Yes	Record actions taken:
	<input type="checkbox"/> No	State why not and actions taken:

HIIAT Assessment (as per Appendix 14 of the NIPCM)	Action
<input type="checkbox"/> GREEN	If trigger or outbreak is confirmed and ARHAI support is required contact ARHAI Scotland via email. Complete and submit the outbreak reporting tool (ORT).
<input type="checkbox"/> AMBER OR RED	If trigger or outbreak is confirmed and ARHAI support is required contact ARHAI Scotland via email or telephone. Complete and submit the ORT

Completed by (Name/designation):

Date:

***A severe case of CDI is defined within the [CDI surveillance protocol](#) as any patient with CDI with:**

- Admission to a healthcare facility for treatment of community associated CDI.
- Admission to ITU for treatment of CDI or its complications.
- Endoscopic diagnosis of PMC (with or without toxin confirmation).
- Surgery for the complications of CDI (toxic megacolon, perforation or refractory colitis).
- Death within 30 days following a diagnosis of CDI where it is either the primary or a major contributory factor.
- Persisting CDI where the patient has remained symptomatic and toxin positive despite two courses of appropriate therapy.