Education for patients and their visitors

Patients and their visitors should be educated about CDI, contact precautions, use of gloves and gowns, and hand hygiene.

Discourage visitors from using the patient’s bathroom or visiting other patient’s rooms.

Leaflets for patients can be accessed from the TIPCU website.

Staff education and quality improvement

All healthcare organisations, including residential aged care facilities, should develop guidelines for the prevention and management of CDI.

All healthcare workers should be provided with information on CDI and the measures to prevent and control transmission.

Health care facilities should have a documented outbreak management plan that should be followed in the case of an outbreak of CDI.

CDI surveillance programs should be implemented as part of quality improvement projects which aim to prevent and control CDI.

Where can I get more information?

For more information regarding infection control management of CDI refer to:

- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) (NHMRC) and
- ASID/AICA Position Statement: Infection Control Guidelines for Patients with Clostridium difficile Infection in Healthcare Settings (2011)

All staff should be familiar with protocols/policies specific to their health care facility.
**What is Clostridium difficile?**

*Clostridium difficile* is a Gram-positive, anaerobic bacterium commonly found in the gastrointestinal tract of hospitalised patients. *Clostridium difficile* produces spores that are shed in faeces which can survive in the environment for a long time. *Clostridium difficile* infection (CDI) may result in mild diarrhoea or extend to a fulminant colitis potentially resulting in intestinal perforation and death.

CDI is a common cause of hospital acquired infectious diarrhoea due to the combination of:
- the transfer of spores between healthcare workers, patients and contaminated objects and
- the disruption of patient’s bowel flora by antibiotic therapy.

**Risk factors for CDI**

Risk factors for CDI include antibiotic exposure, gastrointestinal surgery, gastric acid suppressive therapy, advanced age, immune suppression, chemotherapy, prolonged hospitalisation and residence in long term care facilities.

**Strategies to reduce the risk**

- Antimicrobial stewardship program
- Environmental cleaning and disinfection
- Contact precautions

**Antimicrobial stewardship program**

- Develop an antimicrobial stewardship program which minimises the frequency and duration of antimicrobial use and promotes the use of narrow spectrum agents.

**Environmental cleaning and disinfection**

- Clean all horizontal surfaces and frequently touched items daily.
- Use a detergent followed by a sodium hypochlorite solution of 1000ppm or a one-step combined detergent/sporicidal product for daily cleans and when a patient is discharged or transferred.

**Contact precautions**

- Single patient room with an ensuite is preferred. Consult infection control if none available.
- Staff to perform hand hygiene, put on gown/apron and gloves prior to entering patient room or when anticipating contact with the patient or their surroundings.
- Use alcohol based hand rub in accordance with the ‘5 moments for Hand Hygiene’. Wash hands with antimicrobial soap and water if hands become soiled or gloves are not used.
- Remove gloves and gown/apron and perform hand hygiene after leaving room.
- Use dedicated or single use patient equipment where possible. If equipment is to be used by other patients, clean and disinfect any non-disposable equipment and items when removed from patient room.
- Minimise patient movement/transfer – if patient requires transport to another clinical area, ensure the receiving area is aware of the transfer and that wheelchairs, stretchers and patient areas are cleaned and disinfected appropriately.

**When to start contact precautions**

- Patients with CDI with diarrhoea should be placed in a single room with dedicated toilet facilities.
- Pre-emptive contact precautions should be implemented for patients with 3 or more loose stools within a 24-hour period until the diagnosis is confirmed.
- Cohort patients with the same demonstrated cause of diarrhoea if single rooms are unavailable, each area having dedicated toilet facilities.

**When to cease contact precautions**

- In most circumstances, contact precautions can be removed 48 hours after diarrhoea has ceased.
- Do not retest for *C.difficile* to determine the need for contact precautions. Ceasing precautions is based on the cessation of diarrhoea and not a negative *C.difficile* toxin test.
- Reinstate contact precautions if diarrhoea recurs.