






CLOSTRIDIUM DIFFICILE INFECTION CONTROL GUIDELINES

| | | |
|------------------------|--------------------|--|
| VERSION No | 2 |  |
| REVIEWED BY | Clinical Lead (RQ) | |
| NUMBER OF PAGES | 2 | |

Introduction

Clostridium difficile is a gram-positive anaerobic bacillus that forms spores; these spores are believed to be what transfers the organism. As they are resistant to exposure to air, drying and heat, the spores survive in the environment for long periods. The people most at risk of *C. difficile* are:

-  The elderly
-  Those with underlying illnesses or conditions
-  Those with poor immune systems
-  Those who have had repeated hospital admissions.

It is frequently associated with the use of antibiotics that have been prescribed to treat another condition or given prophylactically.









It affects the colon and is present in the bowel of about 3% of the population. It may result in disease ranging from mild diarrhoea to pseudo-membranous colitis and possible peritonitis.

Most individuals experience abdominal pain with explosive, watery, foul-smelling diarrhoea, (typically type 7 on the Bristol stool scale), along with fever, loss of appetite and nausea.





*Microbiological examination of the stools of individuals with *C. difficile* reveals not only the presence of organism but also the toxins it produces.*





Procedure

1. **Individual Assessment:** If there is a suspected or confirmed infection then the GP must be informed, and a sample of type 7 stool should be sent to the laboratory for testing. Infection control procedures must be put in place:

-  Isolation in a single room for all individuals with diarrhoea, pending diagnosis by the infection control team
-  Individually-designated toilet facilities
-  Hand washing with soap and water before and after each contact with the individual and their environment by staff and individuals; alcohol hand gel is not effective against this bacteria
-  Provision of PPE, i.e. gloves and aprons, for all contacts with the individual or their environment
-  Adherence to disinfection and sterilisation policies
-  Environmental cleaning: surfaces that may have come into contact with the bacteria or spores—such as toilets, the floor around toilets, bedpans and beds—should also be cleaned thoroughly with water and a cleaning product that contains bleach
-  Separation of all laundry and clinical waste
-  Send the specimen for testing as soon as possible.

2. **Medical Management**

-  Individual medication should be reviewed
-  Laxatives, opioid analgesia, codeine and domperidone should be replaced with alternatives that do not increase the risk of *C. difficile* or cause constipation
-  Monitoring of hydration status
-  Treatment with antibiotics should commence when diarrhoea does not settle after 72 hours or occurs more than four times in 24 hours (oral administration is more effective)

-  Reintegration into communal settings should only occur when the stools have returned to normal, i.e. types 2–5 on the Bristol stool scale for 72 hours following completion of antibiotic treatment
-  A repeat stool sample is not necessary.
-  When an outbreak has been identified, routine infection control measures—including those designed to prevent other individuals becoming susceptible to *C. difficile* infection—become even more important.
-  Clear record keeping in individual care plans, and any other relevant documentation, must be clear and concise, signed and dated, and reviewed as necessary.

Further Guidance
Updated guidance on the management and treatment of Clostridium difficile infection. Issued by
Public Health England 2013