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<p>IS0200: <i>Clostridioides difficile</i> (formerly known as <i>Clostridium difficile</i>)</p>	<p>EFFECTIVE DATE: September 2006 REVISED DATE: November 2010, December 2012, July 2015, November 2016, October 2019 REVIEWED DATE:</p>
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1.0 PURPOSE

To prevent the transmission of *Clostridioides difficile* infection (formerly known as *Clostridium difficile*) (CDI) in healthcare facilities including hospitals, long-term care homes and community settings and to minimize the risk of complications associated with CDI.

***Clostridioides difficile* (*C. difficile*)** is a bacterium that causes mild to severe diarrhea and intestinal conditions like pseudomembranous colitis (inflammation of the colon). *C. difficile* is the most frequent cause of healthcare associated infectious diarrhea in hospitals and long-term care facilities and is becoming more prevalent in the community.

2.0 DEFINITIONS

Case Definition - the presence of diarrhea or toxic megacolon without other known etiology (e.g. from other underlying medical conditions or medications), **AND** laboratory confirmation of the presence of *C. difficile* toxin A and/or B (positive toxin, or culture with evidence of toxin production, or detection of toxin genes) **OR** diagnosis of typical pseudo-membranous colitis on sigmoidoscopy or colonoscopy **OR** histological/pathological diagnosis of CDI with or without diarrhea

Additional Precautions Twice Daily Clean with a Sporicidal Disinfectant – the type of clean housekeeping uses for cleaning and disinfecting rooms/cubicles where a patient is on additional precautions for CDI. Cleaning occurs **twice daily**, the second cleaning and disinfection is **6-8 hours after** the first cleaning and disinfection and **focuses on the high touch areas** in the patient room/area/space and **bathroom** (IH Housekeeping for Healthcare manual pg.73)

Additional Precautions Discharge Clean – refers to the cleaning and disinfection process of a patient room when additional precautions is discontinued or the patient is discharged and includes changing the privacy curtains (IH Housekeeping for Healthcare manual pg.108).

Best Practice Checklist for Management of CDI – is a tool used to monitor infection control processes during usual CDI activity on a nursing unit and is part of the patient chart. It should be completed by the bedside nurse.

Internal Alert – When the number of CDI cases in a unit or facility is above the pre-determined threshold (trigger point) or there is suspected transmission. Internal alerts bring increased staff awareness of CDI cases in the unit/facility so actions can be taken to prevent an outbreak.

Outbreak Definition – CDI cases are classified as an outbreak when the number of new, time-related, healthcare associated CDI cases in a unit or facility is above the expected threshold for that unit or facility and where there is evidence of ongoing transmission despite appropriate interventions. Declaring an outbreak must be done by the Medical Microbiologist or Medical Health Officer who will consult with the local ICP.

Outbreak Management Team - Outbreak Management Team (OMT) is called together and works collaboratively in the prevention, early detection and management of outbreaks [Interior Health Outbreak Management Response Plan](#). At a minimum, includes the local ICP, Infection Prevention and Control (IPAC) director, Medical Microbiologist and epidemiologist, site administrator and medical director, nursing unit manager and housekeeping supervisor.

3.0 PROCEDURE

3.1 Additional Precautions

- [Contact Plus Precautions](#) to be initiated at the start of diarrhea

3.2 Hand Hygiene

- Wash hands with soap and water (**preferred**)
- If no dedicated hand washing sink is in close proximity clean hands with alcohol-based hand rub (ABHR) and wash with soap and water at first opportunity
- Do not perform hand hygiene at a patient sink, as this may cause contamination of the healthcare provider's hands. Use a dedicated hand washing sink
- Assist patients with cleaning their hands, especially after toileting and before meals

3.3 Patient Placement and Accommodation

- [Refer to Patient Placement Algorithm](#). Place patient in a single room with a dedicated toilet on [Contact Plus Precautions](#)
- [Contact Plus Precautions](#) signage placed at the entrance to the patient room, cubicle or designated bed space (i.e.)
- If patients with CDI must be cohorted, each patient must be assigned their own commode and this must be kept at the bedside.
- Cohort according to the stage of illness (i.e.) do not cohort new onset CDI with a patient who is recovering.

3.4 Patient Flow/Transport

- Transfers and/or bed moves should be avoided
- Communication of [Contact Plus Precautions](#) is essential when a patient goes to another department for testing, to another unit or to other healthcare settings/facilities including communication with Emergency Medical Services (EMS) and other transport staff.
- Personal Protective Equipment (PPE) should be removed and hand hygiene performed, prior to transporting patients. However, if direct care of patient is required during transport, then those staff must don PPE.

3.5 Personal Protective Equipment (PPE)

- PPE to be available directly outside the patient room, cubicle or designated bed space.
- Wear gloves and gown when in direct contact with patient or patient environment.
- Remove gown and gloves and discard before leaving the room or bed space and do hand hygiene

3.6 Patient Care Equipment

- Dedicate equipment to a single patient
- Do not take extra supplies into patient's room
- Promote “decluttering” initiatives to facilitate thorough cleaning of surfaces and separation of clean and dirty items and equipment
- Do not take patient chart into the room.
- Clean and disinfect equipment used for transport after each use.
- Use the sporicidal wipes for cleaning and disinfecting equipment

3.7 Cleaning of Patient Environment

- Use a sporicidal product for cleaning and disinfection
- Cleaning occurs **twice daily**. The second cleaning and disinfection is **6-8 hours after** the first cleaning and disinfection and **focuses on the high touch areas** in the patient room/area/space and **bathroom** (IH Housekeeping for Healthcare manual pg.87).
- The [Contact Plus Precautions](#) sign alerts housekeeping staff of the need for twice daily cleaning with a sporicidal disinfectant.
- **The physical act of friction is necessary to remove *C. difficile* spores.**

3.8 Education of Patients, Families and Visitors

- Educate as per Contact Plus Precautions signage
- Advise families and visitors not to use patient bathroom
- Provide *C difficile* information to the patient and family located on the [Infection Prevention & Control website](#).

3.9 Discontinuation of Contact Plus Precautions

- Precautions may be discontinued when the patient has had **no diarrhea for 72 hours**; nursing staff to use Bristol Stool chart ([Form # 850619](#))to monitor diarrhea
- It is not necessary to have a negative specimen prior to discontinuing isolation – no retesting is done within 30 days of previous positive result
- Housekeeping will do an **additional precautions discharge clean** of patient room when Contact Plus Precautions are discontinued
- Patient to shower/bathe and put on clean clothes, then go into cleaned bed space

3.10 Relapse of Symptoms

- Relapse refers to the recurrence of the symptoms of CDI between 2 and 8 weeks after a previous CDI case where there was an infection and symptom-free period – occurs in about 30% of cases
- If diarrhea recurs – **place patient on Contact Plus Precautions immediately and contact Infection Control.**

3.11 Treatment

- Use physician pre-printed orders for *Clostridium difficile* Infection Acute and Long-term Care ([Form 829517](#))
- [Best Practice Checklist for Management of CDI](#) available to use when increasing rates of CDI identified in specific units/facilities

4.0 REFERENCES

- 1) Provincial Infectious Diseases Advisory Committee (PIDAC) Surveillance and Management to *Clostridium difficile* In All Health Care Settings., Ontario; 2013. ANNEX C Testing
- 2) Best practice for Environmental Cleaning for Prevention and Control of Infections in all Healthcare settings April 2018 <https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en> accessed September 2019
- 3) Provincial Infection Control Network of BC (PICNet); 2018. *Clostridium difficile* Infection (CDI) Toolkit. February 2013, updated August 2018 <https://www.picnet.ca/wp-content/uploads/Toolkit-for-Management-of-CDI-in-Acute-Care-Settings-2018.pdf> accessed Sept 2019
- 4) Public Health Agency of Canada; 2014 Fact Sheet - *Clostridium difficile* (*C. difficile*), May 2014, <https://www.canada.ca/en/public-health/services/infectious-diseases/fact-sheet-clostridium-difficile-difficile.html> accessed September 2019
- 5) British Columbia Ministry of Health, *Clostridium Difficile (C. difficile) | HealthLinkBC File 114*, June 2018 <https://www.healthlinkbc.ca/hlbc/files/documents/healthfiles/hfile114.pdf> accessed September 2019
- 6) Alberta Health Services <https://www.albertahealthservices.ca/info/Page6410.aspx>
- 7) Dr. Michael Gardam, Director of Infection Prevention & Control, University Health Network and Women's College Hospital, Toronto, Ontario, **A Review of *C. difficile* Control Measures**; February 2012