

Preventing CDI Cross-Transmission in Healthcare settings

RISK FACTORS

- *Clostridium difficile* infection (CDI) is the most common cause of intestinal infections associated with antimicrobial treatments which have been given to treat other infection and is recognised as an important cause of HAI. Presentation ranges in severity from mild diarrhoea to pseudomembranous colitis and toxic megacolon and CDI can result in death.
- The risk of CDI is greater when patients with diarrhoea also have: current or recent use of antimicrobial agents, increased age, prolonged hospital stay, serious underlying diseases, surgical procedures (in particular bowel procedures), immunocompromising conditions or through use of proton pump inhibitors (PPIs).
- CDI produces spores that are difficult to eradicate from the environment. Cross transmission occurs through the faecal-oral route, via direct and indirect contact.

EQUIPMENT

- Ensure that care equipment e.g. blood pressure cuffs, thermometers and stethoscopes is dedicated to a single patient with CDI whenever possible.
- Equipment must be visibly clean, fit-for-purpose and capable of being effectively cleaned/decontaminated between uses.
- Ensure there is a selection of consumables including disposable gloves, disposable aprons, detergent and disinfectant (containing 1000 parts per million available chlorine) available, as well as adequate commodes.

ENVIRONMENT

- Surfaces should be clear from extraneous items to reduce the risk of contamination and aid cleaning.
- the patient with CDI's immediate environment is cleaned at least daily using neutral detergent followed by a disinfectant containing 1000 parts per million (ppm) available chlorine (av cl) (or a combined detergent/disinfectant (1000ppm av cl)). (Alcohol is ineffective against *Clostridium difficile*).

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METHODS

- Ensure that patients with CDI are isolated in a single room with en suite facilities or an allocated commode, until they are at least 48 hours symptom free and bowel movements have returned to patient's normal.
- Ensure that PPE (i.e. gloves and aprons) is donned prior to, and subsequently removed, following each period of care activity for a patient with CDI. PPE must be put on before entering the room/environment.
- Unnecessary antimicrobial treatment are stopped where this is indicated by local antimicrobial policy and that the antibiotic regimens of the patient with CDI is reviewed on a daily basis.
- Ensure that hand washing is performed after body fluid exposure during patient care and after touching patient's surroundings following a period of care activity (WHO Moment 3 and 5).
- Ensure that patients have access to handwashing facilities and promote hand washing after patient uses toileting facilities and before eating.

METHODS

- Ensure that a CDI care plan or similar is used to direct care.
- Ensure that a stool chart and a fluid balance chart are used. Report any abnormal findings.
- Monitor asymptomatic patients for possible relapse.
- Early diagnosis is essential with all wards/units; determine a baseline incidence of CDI and set a trigger that will ensure rapid targeted action.
- Clinical staff should review use of proton pump inhibitors (PPI).

HEALTHCARE WORKERS (HCWs)

- Should be aware of the availability of single rooms with en suite facilities for patients with CDI. When there is insufficient single rooms available, patients should be nursed in a cohort.
- Must be aware of CDI: symptoms, major risk factors, the trigger for their area, the actions required to prevent cross-transmission and outbreaks and the possibility of recurrence.
- Must follow the National Infection Prevention and Control Manual and local policies.
- Must obtain stool specimens from all patients 15 years and over with diarrhoea requesting testing for CD toxin as soon as possible or when suspected in younger patients.
- Must explain to the patient what CDI is, and seek the patient's and visitors co-operation in complying with infection control precautions.
- Infection Control Teams should undertake surveillance and feedback results locally to all relevant staff including managers.