Clostridioides Difficile Policy

Precautions to be observed when caring for ECCH in-patients colonised or infected with Clostridioides Difficile (C.difficile)

Includes GP flow chart & out of hours protocols

Version No: 12 September 2023

First Issued: **March 2010**
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Contents

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1. INTRODUCTION

Clostridium difficile (Clostridioides difficile) was first recognised in the late 1970's as being the cause of pseudomembranous colitis. It is now recognised as a cause of a wide spectrum of enteric diseases ranging from mild diarrhoea to life-threatening colitis. C.difficile spores are ubiquitous, widely present in the gut of both humans and animals, and in the environment. They are highly resistant both to harsh environmental conditions and to antiseptics. Spread is by faecal-oral route.

3-5% of healthy people can be carriers of C.difficile it can be spread however after cross infection from another patient, either through direct patient to patient contact, via healthcare staff or via a contaminated environment.

It should be remembered that the presence of this organism in a patient's faeces is not always significant. The detection of cytotoxins in the stool indicates potential damage to the bowel. This is more likely to occur in patients receiving antibiotic therapy. Most of those affected are elderly patients with serious underlying illnesses. Most occur in hospitals (including community hospitals), nursing homes etc, but it can also occur in primary care settings.

Prevention and control are viewed as essential of which there are 3 components:-

1. prudent antibiotic prescribing to reduce the use of broad spectrum antibiotics.
2. isolation of patients with C.difficile diarrhoea and good infection control nursing including hand washing (not relying on hand sanitiser as this does not kill the spores) and the use of appropriate personal protective equipment (gloves and aprons).
3. enhanced environmental cleaning and the use of a chlorine containing disinfectant where there are cases of C.difficile to reduce environmental contamination with the spores.

2. PURPOSE & SCOPE

This document applies to all staff either employed or contracted by East Coast Community Healthcare CIC (ECCH). These staff may work within ECCH premises, patients own homes, or care settings owned by other agencies.

3. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.
Clostridium Difficile	cause of a wide spectrum of enteric diseases ranging from mild diarrhoea to life-threatening colitis

4. RESPONSIBILITIES

- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.

- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH

- **ECCH Managers** – It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy

- **IPACC Committee/Group** – Is responsible for approving this policy

5. POLICY STATEMENT

This policy will be implemented to ensure adherence to safe practice.

6. PRECAUTIONS TO BE OBSERVED WHEN CARING FOR A PATIENT COLONISED OR INFECTED WITH CLOSTRIDIUM DIFFICILE

- Please refer to attached flow charts for management of patient either inpatient areas or in patients own home. Pages 8 & 9 of this policy.
- The patient should be transferred to a single room if possible, and full enteric / standard precautions commenced (source isolation). The room door must be kept closed at all times. If a side room is not available a risk assessment and QUEST entry must be performed it may be possible to cohort nurse cases of confirmed C. difficile, advice must be sought from the infection control team 01502 445361.
- An information leaflet should be given to the patient and a stool chart must be commenced information must be recorded as to the consistency with reference to a 'Bristol Stool Chart' see page 7 of this policy.
- Strict hand washing is essential after any nursing or invasive procedure or when dealing with body fluids, soiled linen, soiled equipment. ABHR is NOT effective against C. difficile.
- After contact with the patient all equipment must be cleaned and disinfected in accordance with the disinfection policy.
- After the side room is vacated the bed, mattress, chair, locker, table and all other equipment must be cleaned and disinfected in accordance with the disinfection policy. All curtains must be changed.
- It is unnecessary to send any further stool samples once C. difficile has been detected unless requested by the Infection Prevention and Control Team / or clinically indicated. Stool samples should not be repeated within 28 days.
- Patients must not be moved to another area within the hospital, outlying hospital, and residential/nursing home until they are 48 hours clear of any signs and symptoms.
- The infection prevention and control team will complete a root cause analysis on each case of C. difficile.
- Antimotility agents are contraindicated in cases of antimicrobial associated diarrhoea.

- The patient must be reviewed daily regarding fluid management, monitoring for signs of increasing severity of disease, such as colitis or toxic megacolon. On suspicion of these complications, the Doctor should contact the Consultant Microbiologist urgently.

7. MONITORING AND REVIEW

This document will be reviewed by the **Infection Prevention & Control Team** or sooner if changes in legislation occur or new best practice evidence becomes available.

8. REFERENCES *(if relevant)*

- Department of Health/Health Protection Agency (last updated 6 September 2019) Clostridium difficile infection: how to deal with the problem. DoH London_093220
- NHS England National infection prevention and control manual for England www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/ (Accessed 03/08/2023)
- Department of Health (2005) Infection caused by Clostridium difficile. DoH London_4124989
- Health Protection Agency (last updated 6 September 2019) Clostridium difficile Fact Sheet www.gov.uk/government/publications/clostridium-difficile-what-it-is-how-to-prevent-how-to-treat
- Larson H.E. et al. (1978) Clostridium difficile and the aetiology of pseudomembranous colitis: Lancet:1063-1066 https://www.nice.org.uk/guidance/ng199/resources/visual-summary-pdf-9194639149 (Accessed 03/08/2023)

9. AUTHOR

Infection Prevention & Control Team September 2023

10. APPENDICES

1. **Bristol Stool Chart**
2. **Flow Chart for Management of In-patient Clostridioides Difficile**
3. **GP Patient Clostridioides Difficile Management Flow Chart**
4. **IC24 Patient Clostridioides Difficile Management Flow Chart**
5. **IC24 Patient Clostridioides Difficile Management Flow Chart**

Equality & Diversity Impact Assessment

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:
- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?

 Are communication proposals adequate?
 Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

DOCUMENT CONTROL SHEET

Name of Document:	Clostridioides Difficile Policy. Precautions to be observed when caring for in-patients colonised or infected with Clostridioides Difficile (C.difficile)
Version:	12
File Location / Document Name:	ECCHO
Date Of This Version:	September 2023
Produced By (Designation):	Infection Prevention and Control Team
Reviewed By:	Infection Prevention and Control Team
Synopsis And Outcomes Of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes Of Equality and Diversity Impact Assessment:	No specific issues. National EIA gives more details on measures to reduce HCAIs.
Ratified By (Committee):-	IPACC
Date Ratified:	September 2023
Distribute To:	Comms
Date Due For Review:	September 2025
Enquiries To:	Designation not name
Approved by Appropriate Group/Committee **Approved by Policy Group**	☐ Date:

Presented to IGC for information	☐ Date: ☐ Date:

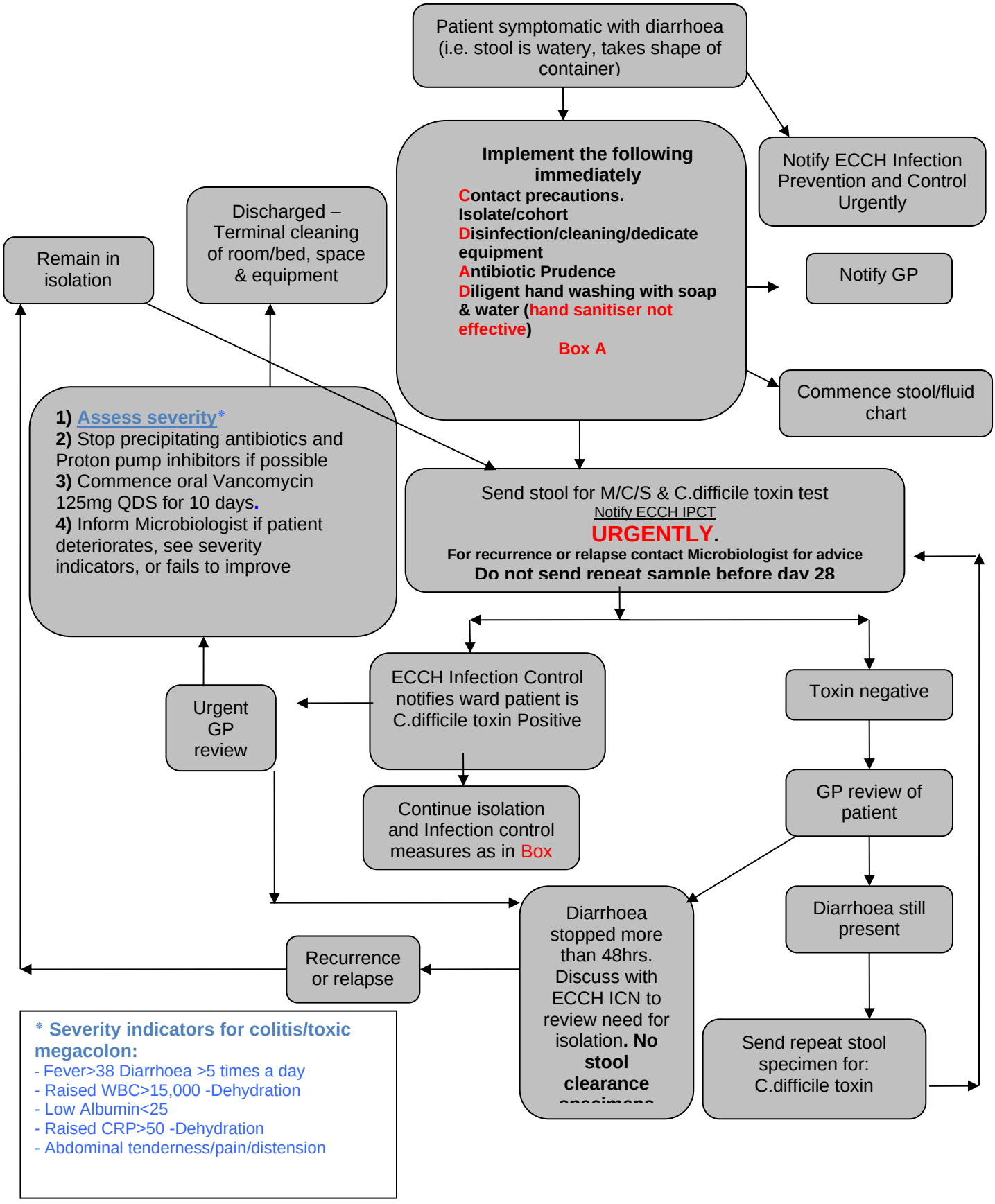
Version Control

Version Date	Version No.	Author/ Reviewer	Comments
March 2010	5	IPCT	Further clarity regarding antibiotics
March 2013	6	IPCT	
November 2016	7	IPCT	Out of hours flow charts added
September 2018	9	IPCT	
November 2020	10	IPCT	GDH changed to PCR
November 2021	11	IPCT	Treatment changed/NICE guidelines
September 2023	12	IPCT	
		IPCT	

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

Flow Chart for management of In-patient Clostridioides Difficile



Contact details for Consultant Microbiologists at JPUH , 01493 453548/452478

GP Patient Clostridium Difficile Management Flow Chart - Updated 2023

Notified of positive sample by ECCH infection prevention and control team (IPCT)
[Supply information for root cause analysis if needed]

↓

1. Assess severity*
2. Stop precipitating antibiotics if possible
3. Stop/advise against antimotility drugs and proton pump inhibitors
4. Commence antibiotics for C. difficile**
5. If this diagnosis is a relapse of a previously positive patient please contact the consultant microbiologist for advice via JPUH switchboard on 01493

If patient anxious/concerned give contact number of IPCT **01502 445361**

↓

Give patient standard advice with regards to good hygiene and a bland diet stressing the importance of suitable and adequate fluids

Advise patient to contact GP surgery if symptoms persist
If surgery require advice on treatment contact consultant microbiologist via JPUH switchboard **01493 452452**

Stool samples for clearance are not required

↓

If symptoms return post treatment within 28 days of the last sample do not send a repeat sample, treat on symptoms. If unsure of treatment contact consultant microbiologist via JPUH switchboard **01493 452452**

*** Severity indicators: for colitis/toxic megacolon:**

- Fever>38 Diarrhoea >5 times a day
- Raised WBC>15,000 -Dehydration
- Low Albumin<25
- Raised CRP>50 Dehydration
- Abdominal tenderness/pain/distension

****Antibiotics****

First Line - **Oral Vancomycin 125mg** QDS for 10 days for mild, moderate or severe disease
2nd Line – **Fidaxomicin 200mg** orally bd for 10 days for mild, moderate or severe disease

IC24 Patient Clostridioides difficile Management Flow Chart

NOTIFIED BY LAB' OF C. DIFFICILE TOXIN POSITIVE SAMPLE

Contact patient

1. ASSESS SEVERITY*
2. STOP PRECIPITATING ANTIBIOTICS IF POSSIBLE
3. STOP/ADVISE AGAINST ANTIMOTILITY DRUGS
4. ADMISSION MAY BE REQUIRED IF PATIENT UNWELL/UNABLE TO COPE AT HOME
5. **COMMENCE ANTIBIOTICS FOR C. DIFFICILE****
6. IF THIS DIAGNOSIS IS A RELAPSE OF A PREVIOUSLY POSITIVE PATIENT PLEASE CONTACT THE CONSULTANT MICROBIOLOGIST FOR ADVICE via hospital switchboard

Patient information leaflets are available from all pharmacies in Great Yarmouth and Waveney or contact the Infection Prevention & Control Team on 01502 445361 infectionprevention@ecchcic.nhs.uk

Give patient standard advice with regards to good hygiene and a bland diet stressing the importance of suitable and adequate fluids and bleach based cleaning of the home use of separate toilet where possible

ADVISE PATIENT THAT ECCH IPC TEAM WILL MONITOR TREATMENT

STOOL SAMPLES FOR CLEARANCE **ARE NOT** REQUIRED

* **Severity indicators: for colitis/toxic megacolon**:
- Fever>38 Diarrhoea >5 times a day (not a reliable indicator)
- Abdominal tenderness/pain/distension

If available
- Raised WBC>15,000

** **Antibiotics**
Commence oral Vancomycin 125mg QDS for 10 days.

This document is for the use of the out of hours provider in Waveney and Norfolk to manage results of cases that occur out of normal working hours Infectionprevention@ecchcic.nhs.uk

IC24 Patient PCR Positive Toxin Management Flow Chart

NOTIFIED BY LAB' OF C.DIFFICILE **PCR toxin** POSITIVE SAMPLE

This

1. Could the diarrhoea be explained by another cause other than C.difficile? if NO then follow this advice
2.ASSESS SEVERITY*
3. STOP PRECIPITATING ANTIBIOTICS IF POSSIBLE
4. STOP/ADVISE AGAINST ANTIMOTILITY DRUGS
5. ADMISSION MAY BE REQUIRED IF PATIENT UNWELL/UNABLE TO COPE AT HOME
6. **COMMENCE ANTIBIOTICS FOR C. DIFFICILE IF SYMPTOMATIC WITH PROFUSE DIARRHOEA****
7. IF THIS DIAGNOSIS IS A RELAPSE OF A PREVIOUSLY POSITIVE PATIENT PLEASE CONTACT THE CONSULTANT MICROBIOLOGIST FOR ADVICE via hospital switchboard

Patient information leaflets are available from all pharmacies in Great Yarmouth and Waveney or contact the Infection Prevention & Control Team on 01502 445361

Give patient standard advice with regards to good hygiene and a bland diet stressing the importance of suitable and adequate fluids and bleach based cleaning of the home use of separate toilet where possible

ADVISE PATIENT TO CONTACT GP SURGERY IF SYMPTOMS PERSIST AFTER 4 DAYS OF TREATMENT IF GIVEN OR IF SYMPTOMS PERSIST WITHOUT TREATMENT

Stool samples for clearance or within 28 days **are not** required

*** Severity indicators: for colitis/toxic megacolon**:
- Fever>38
- Diarrhoea >5 times a day (not a reliable indicator)
- Abdominal tenderness/pain/distension

If available

**** Antibiotics**
Commence oral Vancomycin 125mg QDS for 10 days for mild, moderate or severe disease.

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