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

Includes GP flow chart & out of hours protocols
Document Control Sheet

Name of document: Clostridium Difficile Policy. Precautions to be observed when caring for in-patients colonised or infected with Clostridium Difficile (C.difficile)

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Synopsis and outcomes of Equality and Diversity Impact Assessment: No specific issues. National EIA gives more details on measures to reduce HCAIs.
Approved by (Committee): IPACC
Date ratified: Via IPACC members by email consultation, to be minuted at next meeting on 17/03/2015. 29/11/2016 04/09/2018
Copyholders: Infection Prevention and Control Team
Next review due: September 2020
Enquiries to: ecch.infectionprevention@nhs.net

Revision History

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Summary of changes</th>
<th>Author(s)</th>
<th>Version Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2010</td>
<td>Further clarity regarding antibiotics</td>
<td>IPCT</td>
<td>5</td>
</tr>
<tr>
<td>March 2013</td>
<td></td>
<td>IPCT</td>
<td>6</td>
</tr>
<tr>
<td>November 2016</td>
<td>Out of hours flow charts added</td>
<td>IPCT</td>
<td>7</td>
</tr>
<tr>
<td>September 2018</td>
<td></td>
<td>IPCT</td>
<td>9</td>
</tr>
</tbody>
</table>

Approvals
This document requires the following approvals either individual(s), group(s) or board.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date of Issue</th>
<th>Version Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JICC</td>
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<td>March 2011</td>
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<td>18/02/2013</td>
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<td></td>
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<td></td>
<td>November 2016</td>
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<td>IPACC</td>
<td></td>
<td>September 2018</td>
<td>9</td>
</tr>
</tbody>
</table>
EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:
- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

Name of Policy / Procedure / Service: Policy on precautions to be observed when caring for in-patients colonised or infected with Clostridium Difficile (C. difficile)

Manager Leading the Assessment: Teresa Lewis

Date of Assessment: 02/12/2014

STAGE ONE – INITIAL ASSESSMENT

Q1. Is this a new or existing policy / procedure / service?
√ Existing

Q2. Who is the policy / procedure / service aimed at?
☐ Patients
√ Staff
☐ Visitors

Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?
Yes Sufficient national protocols that this policy takes into consideration can be applied if relevant
No
If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age
No
Disability
No
Gender
No
Race/Ethnic Origin
No
Religion/Belief
No
Sexual Orientation
No

• Can this adverse impact be justified? NA
• Can the policy/procedure be changed to remove the adverse impact? NA

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation’s aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>5</td>
</tr>
<tr>
<td>2. Purpose and scope</td>
<td>5</td>
</tr>
<tr>
<td>3. Policy statement</td>
<td>5</td>
</tr>
<tr>
<td>4. Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>5. Policy monitoring</td>
<td>5</td>
</tr>
<tr>
<td>6. Review</td>
<td>5</td>
</tr>
<tr>
<td>7. Precautions to be observed when caring for patients colonised or infected with C. difficile</td>
<td>5/6</td>
</tr>
<tr>
<td>8. References</td>
<td>6</td>
</tr>
<tr>
<td>9. Author</td>
<td>6</td>
</tr>
<tr>
<td>Bristol Stool chart</td>
<td>7</td>
</tr>
<tr>
<td>Flow chart for management of inpatient C.difficile cases</td>
<td>8</td>
</tr>
<tr>
<td>GP flow chart for management of non-inpatient cases</td>
<td>9</td>
</tr>
<tr>
<td>Out of hours C.diff &amp; GDH flow charts</td>
<td>10 /11</td>
</tr>
</tbody>
</table>
1. **Introduction**

Clostridium 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 and 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. **Policy Statement**

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

4. **Responsibilities**

It is the responsibility of all staff to ensure that they adhere to best practice

5. **Policy monitoring**

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

6. **Review**

This policy will be reviewed by the Infection Prevention and Control Team.

7. **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 Datix entry must be performed it may be possible to cohort nurse cases of confirmed C. difficile, advice must be sought form the infection control team. 01502 445251
- 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.
- 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.
- 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.

8. References
Department of Health/Health Protection Agency (2009) Clostridium difficile infection: how to deal with the problem. DoH London_093220
Department of Health (2005) Infection caused by Clostridium difficile. DoH London_4124989
Department of Health and Health Protection Agency (2009) Clostridium difficile infection: How to deal with the problem. DoH London 287860

9. Author
Infection Prevention and Control Team
## The Bristol Stool Form Scale

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>Type 2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>Type 4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>Type 5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>Type 7</td>
<td>Watery, no solid pieces ENTIRELY LIQUID</td>
</tr>
</tbody>
</table>
Flow chart for management of in-patient Clostridium Difficile

1) **Assess severity**
   - 2) Stop precipitating antibiotics and Proton pump inhibitors if possible
   - 3) Commence oral Vancomycin 125mg 6 hourly for 10 days for severe disease or Metronidazole 400mg 8 hourly for 10 days for mild disease
   - 4) Inform Microbiologist if patient deteriorates, see severity indicators, or fails to improve

**Box A**

**Discharged**
- Terminal cleaning of room/bed, space & equipment

**Patient symptomatic with diarrhoea** (i.e. stool is watery, takes shape of container)

**Implement the following immediately**
- **Contact precautions. Isolate/cohort**
- **Disinfection/cleaning/dedicate equipment**
- **Antibiotic Prudence**
- **Diligent hand washing with soap & water (Alcohol gel not effective)**

**Notify ECCH Infection Prevention and Control Urgently**

**Notify GP**

**Commence stool/fluid chart**

**Send stool for M/C/S & C.difficile toxin test URGENTLY**.

**ECCH Infection Control notifies ward patient is C.difficile toxin Positive**

**Continue isolation and Infection control measures as in Box A**

**Diarrhoea stopped more than 48hrs. Discuss with ECCH ICN to review need for isolation. No stool clearance specimens required**

**Recurrence or relapse**

**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

**Toxin negative**

**GP review of patient**

**Diarrhoea still present**

**Send repeat stool specimen for: C.difficile toxin**

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

Next review September 2020
GP Patient Clostridium Difficile Management
Flow Chart

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

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 452452

If patient anxious/concerned give contact number of IPCT 01502 445251

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 ECCH IPCT or 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 ECCH IPCT or consultant microbiologist via JPUH switchboard 01493 452452

*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 Metronidazole 400mgs TDS for mild disease for 10 days
or Commence oral Metronidazole 400mgs TDS for mild disease for 10 days
or Vancomycin 125mg QDS for 10 days for severe disease
NOTIFIED BY LAB’ OF C. DIFFICILE TOXIN POSITIVE SAMPLE

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**

Patient information leaflets are available from all pharmacies in Great Yarmouth and Waveney and http://www.knowledgeanglia.nhs.uk/infection_control/cdiff_diag_treat_ncc_mar15.pdf

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

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

** Antibiotics
Commence oral Metronidazole 400mgs TDS for mild disease for 10 days
or
Vancomycin 125mg QDS for 10 days for severe disease

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
Teresa Lewis teresalewis@nhs.net

Policy on precautions to be observed when caring for in- patients colonised or infected with Clostridium Difficile
First issued 2006 Version 9 September 2018 Next review September 2020 Page 10 of 11
IC24 Patient PCR Positive Toxin Management
Flow Chart

NOTIFIED BY LAB’ OF C.DIFFICILE PCR toxin POSITIVE SAMPLE

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 SYMPTOMS SERVERE 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

Contact patient

Patient information leaflets are available from all pharmacies in Great Yarmouth and Waveney and
http://www.greatyarmouthandwaveneyccg.nhs.uk/page.asp?fldArea=1&fldMenu=15&fldSubMenu=5&fldKey=357

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
- Raised WBC>15,000

** Antibiotics
Commence oral
Metronidazole 400mgs TDS for mild disease for 10 days
or
Vancomycin 125mg QDS for 10 days for severe disease

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First issued 2006 Version 9 September 2018 Next review September 2020 Page 11 of 11