

# Infection Control Guidelines

## *Clostridium difficile* (C.diff)



*Clostridium difficile* (C. diff) are normal flora of the intestine. When antibiotics damage other normal flora, overgrowth of *Clostridium difficile* flora may occur. *Clostridium difficile* may then produce toxins resulting in diarrhoea and form spores which are difficult to remove with routine cleaning.

### Symptoms

- Watery diarrhoea
- Fever
- Abdominal pain, tenderness and distension

### Transmission

Patients with a *Clostridium difficile* infection shed spores in their faeces which can survive in the environment for long periods (up to 70 days).

*Clostridium difficile* is transmitted by direct and indirect contact with infectious matter. As it can survive in the environment good hand hygiene is imperative in managing patients with C. diff to prevent further spread.

### Treatment

Discontinuation of the original antibiotics – if appropriate

Treatment with further antibiotics – i.e. Metronidazole may be required.

### Prevention

Adherence to the hand hygiene policy and effective equipment decontamination between patients is essential in minimising transmission.

### Alcohol hand gel **MAY NOT** destroy *C.difficile* spores.

Chlorhexidine gluconate 2% (green) should be used when assisting with toileting or changing nappies

### Patient Placement

- Isolate known colonised patients in single room or cohort with other C. diff positive patients
- Avoid placing known C. diff positive patients with immunocompromised or surgical patients or patients with central lines.

### Hand Hygiene

- Always wash hands after assisting with toileting with aqueous chlorhexidine gluconate 2% (green).
- Wash hands before leaving the patient's room, with aqueous chlorhexidine gluconate 2% (green).

Hands should always be decontaminated after glove use.

Hands should be decontaminated again, immediately after leaving the patients room in case of recontamination with the door handle.

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### **Personal Protective Equipment (PPE)**

- Gowns or plastic aprons must be worn when assisting with toileting and close patient contact.
- Remove and discard gowns into linen bag before exiting the room.
- A new gown should be used each time.
- Non-sterile gloves should be used when changing nappies or assisting with toileting.
- Remove gloves immediately after use and discard inside the room.

### **Room stock and equipment cleaning**

- Minimal stock of non-critical items should be stored in the room - Only take in enough stock for ONE shift.
- All equipment, including stethoscopes, thermometers etc, must be decontaminated upon leaving the room.
- Use Tuffie 5s or a solution containing 500 ppm of sodium hypochlorite\*.
- Any items that are left in the room for prolonged periods should be included in the daily clean of the patients' room.
- Feeding bottles should be rinsed and placed immediately into the used bottle receptacle for return to Infant Formula Room.

### **Linen**

- Place all soiled linen directly in a linen bag,
- Do not place soiled linen on the floor, counter tops or bedside table.
- Keep soiled linen away from clothing and clean linen.
- If the outer surface of a linen bag is contaminated, it should be placed in a second bag outside the room (double bagged) and thereafter be handled in the normal manner.

### **Waste**

- General waste can be placed in a black, general waste bag.
- Waste that is contaminated with infectious matter or body fluids should be placed into a yellow clinical waste bag.
- If the outer surface of a waste bag is contaminated, it should be placed in a second bag outside the room (double bagged) and thereafter be handled in the normal manner.

Waste bags should be removed from the patient room and placed immediately into the waste receptacle.

### **Toileting**

- Families should be given disposable nappy bags and asked to place nappies immediately into the nappy bag.
- No pans or nappies are to remain unattended in the pan room.

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### Family and Visitors

- Visitors need to be aware of the need for strict handwashing after contact with patients.
- However they do not need to wear gowns unless their clothes are likely to be soiled.
- Visitors must wash their hands before and after leaving the room.
- Visitors' use of communal facilities should be discouraged wherever possible.
- Items can be removed from the patients room (Crockery and cutlery etc), but must be immediately cleaned or placed into dishwasher. Items that cannot be cleaned- magazines etc, must be taken home in a bag or disposed of in the room.
- Room items must not be placed on communal shelves in the ward without first being cleaned.

### Daily Cleaning of Patient's Room

- The room should be cleaned with warm water and detergent, paying particular attention to all horizontal surfaces, bed rails, door handles, hand basins and taps.
- If the patient is incontinent of faeces or has diarrhoea, wipe over all surfaces with a solution containing 500 ppm of sodium hypochlorite\*.
- Cleaning cloths and mop heads used in these rooms should not be used elsewhere and after use be subjected to normal laundry procedure.
- Cleaning equipment such as the mop bucket, mop handle and bowls should be dedicated to cleaning only that patient's room.
- After use, this equipment should be cleaned and decontaminated by thermal or chemical disinfection or cleaned with a solution containing 500 ppm sodium hypochlorite\*.

### Cleaning on discharge

- Staff involved in cleaning the patient's room should wear a protective long sleeved gown and gloves.
- The room and patient care equipment should be cleaned with a solution containing 500 ppm of sodium hypochlorite\*.
- Areas to be included are:
  - All horizontal surfaces or fittings
  - Walls that may have been contaminated
  - Doors
  - Door handles/knobs
  - Mattress, pillows, bedside lockers, over-bed table
  - Bed rails, IV pole
  - Bathroom, toilet, shower, hand basins
  - Call bell, blinds, telephone, remote control for television
  - Monitors, et cetera.
  - Rinse with clean water.
  - Blinds should be cleaned and curtains and drapes should be changed.

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- All re-usable equipment (for example wash bowl, respiratory equipment) should be disinfected in a washer/sanitiser or sterilised prior to re-use for another patient.
- All single use equipment that cannot be cleaned should be discarded.

### Transfers

#### Internal

- Inform receiving wards or departments that the patient is infected or colonised.
- Inform the receiving staff of the precautions required.
- Minimise movement around the hospital as appropriate.

#### External

- Inform Ambulance service if the patient is infected or colonised.
- Inform any receiving hospitals if the patient is infected or colonised.

### Further Information

Multi-Antibiotic Resistant Organisms: [www.rch.org.au/policy\\_rch/index.cfm?doc\\_id=6471](http://www.rch.org.au/policy_rch/index.cfm?doc_id=6471)

ID Table [www.wch.org.au/infection\\_control/infectious/index.cfm?doc\\_id=926](http://www.wch.org.au/infection_control/infectious/index.cfm?doc_id=926)

CDC [http://www.cdc.gov/HAI/organisms/cdiff/Cdiff\\_infect.html](http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html)

Please contact Infection Control, x55740, for additional information as required.

\* **Solutions** currently available at the RCH which contain 500ppm of Sodium Hypochlorite include **DetSol 500** and **Chloradet**. These solutions need to be used in accordance with the manufacturers instructions.