**UNIQUE IDENTIFER NO: C-30-2007**
**EQUIP-2017-008**
**Review Date: September 2019**
**Review Lead: Senior Infection Prevention and Control Nurse**

Calderdale and Huddersfield
NHS Foundation Trust

# Section Y
# Control and Management of Clostridium difficile

## Version 6

**Important:** This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

**UNIQUE IDENTIFER NO: C-30-2007**
**EQUIP-2017-008**
**Review Date: September 2019**
**Review Lead: Senior Infection Prevention and Control Nurse**

| **Document Summary** | | |
|---|---|---|
| **Unique Identifier Number** | C-30-2007 | |
| **Status** | Ratified | |
| **Version** | 6 | |
| **Implementation Date** | October 2007 | |
| **Current/Last Review Dates** | October 2007, June 2010, June 2012, September 2014, July 2016 | |
| **Next Formal Review** | September 2019 | |
| **Sponsor** | Director of Infection Prevention & Control | |
| **Author** | Senior Infection Prevention & Control Nurse | |
| **Where available** | Trust Intranet | |
| **Target audience** | All Staff | |
| **Ratifying Committees** | | |
| Executive Board | | 19 January 2017 |
| **Consultation Committees** | | |
| **Committee Name** | **Committee Chair** | **Date** |
| Infection, Prevention and Control Committee | Consultant Microbiologist / Infection Prevention & Control Doctor | July 2016 |
| **Other Stakeholders Consulted** | | |
| N/A | | |
| **Does this document map to other Regulator requirements?** | | |
| *Regulator details* | *Regulator standards/numbers etc* | |
| N/A | | |

| **Document Version Control** | |
|---|---|
| | |
| Version 6 | A sentence has been added to the ribotyping section along with a link to the SOP on how to complete a stool chart. |
| Version 5 | The policy has been reviewed and updated and hyperlinked to the newly revised CDAD CHFT Clinical Guidelines and a section on ribotyping added. The RCA process has also been updated. |
| Version 4 | The policy has been reviewed and updated and hyperlinked to the newly revised CDAD CHFT Clinical Guidelines. |
| Version 3 | The policy has been reviewed and updated; a summary of the document & a hyperlink to the CDAD CHT Clinical Guidelines. |
| Version 2 | The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format and the content of which includes a minimum set of criteria which include:<br>▪ the training requirements for implementation<br>▪ monitoring arrangements for the document<br>▪ Equality Impact of the document<br>In addition, the monitoring arrangements for this document have been included. |

**UNIQUE IDENTIFER NO: C-30-2007**
**EQUIP-2017-008**
**Review Date: September 2019**
**Review Lead: Senior Infection Prevention and Control Nurse**

## Contents



## Appendices

## 1. Introduction

Public Health England (PHE, 2013) acknowledges the safety of patients is of paramount importance, continuing the zero tolerance approach to all avoidable Health Care Associated Infections (HCAIs). Clostridium difficile infection (CDI) is associated with considerable morbidity and risk of mortality, occurring mainly in elderly and other vulnerable patient groups, especially those exposed to antibiotic treatment (NHS England 2014). Consequently this policy reflects PHE and the Department of Health guidance in the ongoing challenge of reducing CDI.

A summary of this policy can be found in Appendix 4.

## 2. Purpose

The purpose of this policy is to:

- Promptly identify and manage the safe and appropriate care of patients diagnosed with CDI.
- Ensure the provision of a safe patient environment, to prevent the cross transmission of CDI to other patients.
- Provide operational guidance for prevention, control & management of CDI based on Public Health guidance (PHE 2013).
- In accordance with the Health & Social Care Act (Department of Health 2008), ensure effective prevention and control of HCAI is embedded in everyday practice and applied consistently by everyone at CHFT.

## 3. Definitions

AAD - Antibiotic associated diarrhoea
CDI - *Clostridium difficile* infection
DH - Department of Health
DIPC - Director of Infection Prevention & Control
HCAI - Health Care Associated Infections
HCW - Health Care Worker
IPCN - Infection Prevention & Control Nurse
IPCT - Infection Prevention & Control Team
PMC - Pseudomembranous Colitis
PPE - Personal Protective Equipment
PPI - Proton Pump Inhibitors
RCA - Root Cause Analysis
NEWS - National Early Warning Score

## 4. Duties

The Chief Executive is responsible for ensuring that there are effective Infection Control arrangements in the Trust.

**Managers'** responsibilities are to ensure that:

- All staff understand how organisms spread in order to apply correct procedures.
- Staff are aware of, have access to and comply with this policy.
- Staff are adequately trained in all aspects of this policy.

**Staff** responsibilities are to ensure that they:

- Understand how organisms spread in order to apply correct precautions.
- Comply with the requirements of this policy.
- Attend training as required.
- All staff working on Trust premises, including contractors, agency and locum staff are responsible for adhering to this policy.

## 5. What is Clostridium difficile

- *Clostridium difficile (C.difficile)* is a spore forming bacterium, widely distributed in the soil and in the intestinal tracts of animals. The organism forms spores, which are resistant to heat, drying and chemical agents. This permits the organisms to survive easily in the environment.
- Up to 3% of healthy adults are colonised with *C.difficile*.
- In a healthcare environment the spores survive very well.
- Symptoms range from asymptomatic colonisation to diarrhoea of varying severity to life-threatening Pseudomembranous Colitis (PMC).
- Diarrhoea is defined as;
  i) Bowel motions that are abnormally frequent for that individual.
  ii) The faeces consist mostly of fluid (Types 5 to 7 on Bristol Stool Chart – See appendix 1) [PHE 2013].

## 6. Risk factors for acquiring Clostridium difficile

Advanced age (≥65yrs), duration of hospitalisation and exposure to antibiotics are important risk factors. Antibiotics with the greatest risk are third generation cephalosporin's (i.e. Cefotaxime, Ceftriaxone), Quinolones (i.e. Ciprofloxacin, Levofloxacin etc.) and Clindamycin. Both duration of antimicrobial exposure and multiple antibiotics increase the risk. However, even a single dose of an antimicrobial (e.g. surgical prophylaxis) increases the patient's risk of *C.difficile* colonisation and CDI (Yee et al 1991).

Proton pump inhibitors (PPIs) have also been implicated as risk factors Janarthanan et al (2012), Howell et al (2010) and although the evidence remains controversial Shah et al (2000), these drugs are frequently overprescribed and should be reviewed. Other risk factors include cancer chemotherapy, immunosuppression (including HIV infection), gastrointestinal surgery or manipulation of the gastrointestinal tract including tube feeding.

## 7. Transmission

- Transmission of *C. difficile* is via spores that survive in faecal matter.
- Transmission can occur directly from patient-to-patient, on the hands and/or uniforms of healthcare staff or from the environment, especially if high standards of environmental cleanliness are not maintained.
- Contamination of patient equipment ie commodes and bathroom facilities will increase the risk of CDI being spread within the environment - effective cleaning and decontamination is vital.

## 8. Diagnosis and Management

### 8.1 SIGHT (PHE 2013)

| | |
|---|---|
| **S** | SUSPECT that a case may be infective where there is no clear alternative cause for diarrhoea. |
| **I** | ISOLATE the patient and consult with the Infection Control Team while determining the cause of the diarrhoea. |
| **G** | GLOVES and aprons must be used for all contacts with the patient and their environment. |
| **H** | HANDWASHING with soap and water should be carried out before and after each contact with the patient and the patient's environment. |
| **T** | TEST the stool for toxin, by sending a specimen immediately. |

### 8.2 Taking Samples

If a patient has diarrhoea, not clearly attributed to an underlying condition (overflow) or therapy (laxatives, enteral feeding) then a stool sample should be sent as soon as possible for *C.difficile* testing. The date, time and reason for sample should be clearly indicated on a Bristol Stool Chart (appendix 1).

### 8.3 Who to test

All diarrhoeal samples from inpatients ≥ 2 years and out-patients ≥ 65 years are tested for *Clostridium difficile* infection. Samples from outpatients <65 years are tested if there are relevant clinical details (recent antibiotic therapy/hospitalisation, colitis) or on clinical request.
***ALL stool sample results should be followed up by the clinical team***

### 8.4 Clinical Guidelines:

It is the clinicians' responsibility to assess the severity of CDI and ensure management as a diagnosis in its own right with a daily review (DH, 2008).

The CDI CHFT Clinical Guidelines are available on the intranet via:

**http://nww.cht.nhs.uk/divisions/diagnostic-and-therapeutic/pathology/microbiology/antibiotic-guidelines/**

## 9. Infection prevention and control management

### 9.1 General Management

- Patients who have diarrhoea of unknown cause must be isolated in a side room, **with door closure** within 2 hours from onset of symptoms.
- The single room should have en-suite toilet facilities or its own designated commode; and cleaned appropriately after each use with a chlorine based disinfectant, for example Tristel.
- A 'Contact Precautions' and 'Soap and Water signage' must be displayed on the door.
- A stool sample must be sent for *C. difficile* toxin testing in accordance with section 8.2 of this policy.
- All patients who are diagnosed with CDI must remain in side room isolation throughout their hospital stay.
- Environmental cleanliness – refer to section 9.6 (page 8).
- All linen must be considered infectious and managed in accordance with the CHFT linen policy.
- All isolation rooms must have a 'domestic' bin and an 'orange' infectious waste bin in accordance with the waste policy.
- The CDI care plan must be commenced. This is available via the 'Clinical Documentation Repository' in 'Trust wide Nursing Documents'.
- All patients must have a daily wash, full change of bed wear and bed linen.
- All patients diagnosed with CDI must be given an information leaflet and a CDI identification card. These are available from the IPCN's.
- On discharge/transfer - the room requires a terminal clean followed by HPV (Hydrogen Peroxide Vapour) decontamination via cleaning services.
- Patients with a previous history of *C. difficile* would only require isolation if symptomatic with loose stools.

### 9.2 Stool Chart Documentation

Patients must be monitored **during each shift** for frequency and severity of diarrhoea using the Bristol Stool Chart by recording intake and output on the EPR fluid balance and documenting bowel activity on every shift i.e. early, late and night (including when BNO) on EPR gastrointestinal chart. How to record

bowel care for adult inpatients can be found by following the link; https://epr.this.nhs.uk/document-repository/ptr-view-subcategory.php?cat=25

### 9.3 Ribotyping:

All post case clostridium difficile toxin positive or gene detected cases will be sent to the Leeds Reference Laboratory for ribotyping. All other positive samples will be risk assessed by the IPCNs to establish if ribotyping is required.

When two or more cases of C. difficile are epidemiologically linked and have the same ribotype, the Infection Prevention and Control Doctor (IPCD) will arrange for enhanced MVLA typing if required to confirm that the cases are linked. This may not be required if the ribotype is considered to be unusual in Calderdale & Huddersfield Foundation Trust. The C. difficile Ribotyping Network housed by Leeds Teaching Hospitals are the ultimate gatekeeper to this service.

### 9.4 Hand Hygiene

**Staff Hand Hygiene:** If CDI is suspected or proven, all healthcare workers must wash their hands thoroughly with soap and water:

1. Prior to entry/exit of a patient's room,
2. Before and after contact with patients, their blood/body fluids and their immediate environment.
3. Before applying PPE and after removal of PPE

**Patient Hand Hygiene**: patients must be offered the opportunity to undertake hand hygiene with soap and water or detergent hand wipes before meals and after using the toilet/commode, if their hands are visibly dirty.

**Visitors**: Refer to section 9.9 (page 10).

**N.B** Effective hand hygiene with soap & water is vital to ensure the physical removal of C difficile spores as they are not effectively removed by alcohol gel (refer to appendix 2 for correct soap and water hand washing technique).

### 9.5 Personal Protective Equipment (PPE)

Disposable gloves and aprons must be worn for all patient contact, including their environment. **All** staff leaving the isolation room must dispose of apron and gloves in the 'orange' infected waste stream before leaving. Hand hygiene paper towels require disposal in the domestic waste stream in accordance with the waste policy.

### 9.6 Environmental Cleanliness

- **The patient's room** must be kept clutter free and cleaned twice daily with a chlorine based disinfectant, for example Tristel. Domestic Services need to be informed immediately of this request.
- **All equipment** and room furniture must be decontaminated daily. Any equipment required for patient management should be disposable or dedicated for that patient only. These should be thoroughly cleaned with Tristel after use or when no longer required. This includes BP cuffs, moving and handling equipment, physiotherapy equipment, etc.
- **Bed space cleaning** - adhere to CHFT protocol
- **Commodes -** must be decontaminated **after every use** with a chlorine based disinfectant, for example Tristel.
- **Patient transfer/discharge -** a full terminal clean and curtain change by cleaning services is required to remove *C.difficile* spores. The order of cleaning is to remove curtains and linen, clean high surfaces first and work downwards. This should be followed by HPV decontamination of the room.
- **Mattress cleaning** – Mattresses must be unzipped and visually checked for any indication of 'strike through' or damage to the mattress cover. Foam mattresses should be disposed of if there are any visible signs of contamination.

### 9.7 Transfer to other Departments within the hospital

Transfer and movement of patients must be reduced to an operationally effective minimum. Where patients need to attend departments for essential investigations, they should be 'last on the list', unless earlier investigation is clinically indicated. Prior to the transfer, the receiving area should be notified of the patient's CDI status. Arrangements should be put in place to minimise the patient's waiting time, and not to wait in communal waiting areas, thus reducing contact with other patients.

Staff in the receiving department should be made aware of the patient's CDI status. All staff must adopt appropriate infection control precautions when in contact with the patient. These include:

- Strict hand hygiene with soap and water for all staff involved with the transfer (see Appendix 2).
- All healthcare workers must use disposable apron and gloves for all physical contact, contact with body fluids or contact with the patient's immediate environment. Portering staff do not necessarily need to wear PPE for transporting purposes alone, and this needs to be risk assessed according to individual circumstances.
- Where possible ensure the patient is last on the list for the procedure.

- Avoid patient waiting in the department for any longer than necessary (department to phone through when ready for patient to avoid waiting in a communal waiting area).
- Ensure environmental cleaning using a chlorine based disinfectant, ie Tristel after the patient has left the department.

### 9.8 Transfer to other health care setting and/or discharge planning

- Whilst symptomatic, patient transfers to other wards should be avoided unless essential. Should the patient require transfer for clinical reasons, the receiving ward must be informed of the patient's infection status to enable side room accommodation to be identified.
- Cleaning services must be informed of any transfer to facilitate ongoing cleaning
- The transfer of symptomatic patients to another hospital or facility including care homes should be avoided if possible. If it is necessary there should be prior liaison with medical staff and the consultant microbiologist. The receiving hospital or care home must be informed both verbally and via a written handover/transfer form and discharge summary to ensure continuity of care in the community.

### 9.9 Precautions for handling deceased patients

- Standard precautions are the same as for when a patient is alive including hand hygiene with soap and water, and use of PPE.
- Faecal soiling around the body should be removed with a chlorine based combined detergent/disinfectant, for example Tristel (DH, 2008).
- Please refer to Care of the Deceased Body policy (section P) for management of the cadaver. Body bags should only be used in accordance with the policy.

### 9.10 Visitors and relatives

- Visitors do NOT need to wear PPE unless participating in care of the patient or having contact with the immediate environment.
- All visitors must be advised to decontaminate their hands with alcohol gel prior to room entry and with soap and water before leaving the room.
- Visitors should not eat or drink in the vicinity of the patient.
- Visitors should be discouraged from bringing in food products.
- A patient/visitor information leaflet should be made available.
- Water soluble bags, with instructions for use, should be made available for relatives, if patient belongings require laundering at home. Any soiled items must be washed separately from other washing, in a washing machine at the highest temperature possible for that fabric (60 degrees or above if possible).

## 10. Actions following a hospital acquired CDI case

If a hospital acquired CDI is diagnosed, the Infection Prevention and Control Team (IPCT) will inform the relevant clinical area/team, and initiate the CDI root cause analysis (RCA) process (refer to Appendix 3). The IPCT will complete a CDI surveillance document and undertake a regular case review involving the designated matron (or nurse in charge if the matron is not available).

## 11. Period of Increased Incidence and Outbreaks

Two cases of C. difficile in the same ward within a 28 day period is defined as a period of increased incidence (PII). An outbreak may be declared in response to this, at the discretion of the IPCT in discussion with the DIPC. The decision whether or not to call an outbreak meeting in this context may be influenced by ribotyping results. The IPCT will undertake a full case review. If three or more cases are epidemiologically linked:

- IPCT will inform the Director of Infection Prevention and Control (DIPC), Infection Control Doctor, Director of Nursing, Medical Director, relevant divisional clinical leads, senior nurses & managers and an outbreak meeting convened.
- The IPCT will instigate enhanced patient monitoring within the affected area to identify other potential cases, with a daily report to DIPC, Infection Control Doctor and Director of Nursing.
- Staff and patient hand hygiene awareness must be emphasised.
- Staff deployment to other areas will be assessed, to ensure adequate staffing levels are present and to prevent transmission of CDI.
- Restriction of all patient transfers and admissions to/from the affected area (ward/bay) to prevent spread of infection to other areas.
- Patients in the affected area who develop diarrhoea/loose stools must have faeces specimens sent for *C. difficile* toxin testing. Ribotyping of *C. difficile* isolates will be arranged by the IPCT.
- Additional outbreak cleaning will be arranged with Cleaning Services.
- HPV cleaning as advised by IPCT.

## 12. Investigation of Cases

Root cause analysis (RCA) forms the basis of investigation of all cases of CDI. The RCA is led by the divisional Clinical Team and identified action points implemented, monitored and audited. The learning from these investigations must be disseminated throughout the Divisions.

## 13. Training and Implementation

The IPCT will facilitate training for all Trust staff via mandatory training and bespoke educational sessions.

## 14. Trust Equalities Statement

This policy has been through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

## 15. Monitoring Compliance with this Procedural Document

Compliance with the policy will be monitored through audit and surveillance on an on-going process.

## 16. Associated Documents

This policy should be read in conjunction with the following:

- Department of Health (DH) Health protection Agency (HPA) (2008) Clostridium Difficile infection: How to deal with the problem. DH: London
- Policy C – Standard Precautions (Trust Intranet)
- Policy F – Decontamination and disinfection policy (Trust intranet)
- Policy H – Hand Hygiene (Trust Intranet)
- Policy K – Isolation Policy (Trust intranet)
- Policy P – Care of the deceased body (Trust intranet)
- Section R – Specimen collection, handling and transportation
- Section W – Bed management and movement of patients

## 17. References

Department of Health (DH)/Health protection Agency (HPA). (2008) Clostridium Difficile infection: How to deal with the problem. DH: London

DH (2008) The Health and Social Care Act, Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

Howell MD, Novack V, Grgurich P, Soulliard D, Novack L, Pencina M, Talmor D (2010). Iatrogenic gastric acid suppression and the risk of nosocomial Clostridium difficile infection. *Arch Intern Med* 170: 784-90.

Janarthanan S, Ditah I, Adler DG, Ehrinpreis MN (2012). Clostridium difficile-associated diarrhoea and proton pump inhibitor therapy: a meta-analysis. *Am J Gastroenterol* 107: 1001-10.

NHS England, Patient Safety Domain (2014). Clostridium difficile infection objectives for NHS Organisations in 2014/15 and guidance on sanction implementation.

Public Health England (2013). Updated guidance on the management and treatment of Clostridium difficile infection.

. Shah S, Lewis A, Leopold D, et al. Gastric acid suppression does not romote clostridial diarrhoea in the elderly. *QJM* 2000;93:175–181.

Yee J, Dixon CM, McLean AP, et al. *Clostridium difficile* disease in a Department of surgery: the significance of prophylactic antibiotics. *Arch Surg* 1991;126:241–246.

**UNIQUE IDENTIFER NO: C-30-2007**
**EQUIP-2017-008**
**Review Date: September 2019**
**Review Lead: Senior Infection Prevention and Control Nurse**

**Appendix 1**

| | | |
|---|---|---|
| **Unique Identifier NO:** TW/006/2011v3<br><br>**Bristol Stool Chart – Stool Assessment**<br>**Status:** Draft 1<br>**Ordering Code:** WQN570X | (Patient ID Label)<br>Name:<br>DOB:<br>NHS Number:<br>Hospital Number: | Ward |

## Bristol Stool Chart – Stool Assessment

**Bristol Stool Chart (Heaton, 1999)**

**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 its surface**

**Type 4**

**Like a sausage or snake, smooth and soft**

**Type 5**

**Soft blobs with clear cut edges (passed easily)**

**Type 6**

**Fluffy pieces with ragged edges, a mushy stool**

**Type 7**

**Watery, no solid pieces – ENTIRELY LIQUID**

- Please note that types **5, 6 & 7** are classed as diarrhoea (DH 2012; 2009).
- When obtaining a sample, the stool should take on the shape of the container, if the stool has come into contact with urine, this can still be sent for testing.
- If a patient has diarrhoea, **not clearly** attributable to an underlying condition e.g. colitis or overflow or therapy e.g. laxatives or enteral feed then a **sample should be obtained** to determine if due to an infective cause.
- Advice should be sought from the patient's Consultant if there is any doubt.

**N.B. All patients with diarrhoea should be isolated until a non- infective cause has been established (discuss with Infection Prevention and Control if required).**

**Patient's usual bowel pattern on admission:** **Type:** **Frequency:**

**Does the patient take regular laxatives?** **Yes / No**

| Date | Ward/Bed space | Time | Type | Colour | Amount | Comments – Blood, mucous, Reason specimen sent | Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Appendix 2**


GOJO
10 STEPS
TO CLEAN HANDS WITH GOJO® HAND WASH
1
Wet hands under running water
2
Add soap
3
Rub palms together vigorously to create lather
4
Rub the backs of hands vigorously with palms with fingers interlaced
5
Wash between fingers
6
Group fingers together, rub tips in lather on palm of opposite hand
7
Rotational rubbing of left thumb clasped in right palm and vice versa
8
Rub the right wrist with the left palm and vice versa
9
Rub backs of fingers against opposite palm
10
Rinse hands to remove all soap and dry hands thoroughly
GOJO
©2013. GOJO Industries – Europe Ltd. All rights reserved.
LIT-WSH-PR1-UK

**Appendix 3**

# RCA Process – Clostridium difficile (Hospital Acquired)

| | |
|---|---|
| First Working Day of Positive Result | **Infection Prevention Control Nurse**<br>• Inform ward staff of result (on day of positive result)<br>• Review of patient/environment<br>• Completion of enhanced surveillance form for submission to PHE<br>• Record on DATIX – Orange Investigation (1st working day)<br>• Notify duty microbiology Consultant |
| | **Risk**<br>• Orange Incident Alert sent by DATIX system<br>• Send documentation to Matron/Ward Manager to initiate RCA, copy Lead Infection Prevention and Control Nurse<br>• Complete the Duty of Candour due date |
| Within 7 working days of positive result | Matron for area to arrange RCA meeting inviting:<br>• **CHFT:** Matron, Ward Manager, Consultant responsible for patient, Consultant Microbiologist, Infection Prevention and Control Nurse, Pharmacist<br>• **CCG representative:** ipc@calderdale.gov.uk for Calderdale patients or infection.control@kirklees.gov.uk for Kirklees patients.<br>Matron or Ward Manager to chair the meeting. Action plan to be agreed along with avoidable or unavoidable status. |
| Within 5 working days of RCA meeting | • Ward manager to update RCA template in light of discussions at RCA meeting including the action plan and circulate to all meeting attendees for comment.<br>• Completed RCA documentation to be forwarded to Lead Infection Control Nurse (jean.robinson@cht.nhs.uk) and Infection Control Doctor (gavin.boyd@cht.nhs.uk) who should review the documentation and agree any changes.<br>• RCA signed off by the Lead IPCN/ICD – signed off copy to be uploaded to DATIX in Documents section emailed as below. DATIX to be marked as "RCA sent for Executive Sign Off"<br>  ○ Avoidable – DIPC, Director of Nursing, Deputy Director of Nursing (Lindsay Rudge)<br>  ○ Unavoidable – DIPC, Deputy Director of Nursing (Lindsay Rudge) |
| Within one month of positive result | • Summary to be presented at next PSQB and Infection Control Performance Board<br>• Action Plan to be managed through Weekly Divisional Orange Panel Meetings<br>• Summary of case/learning incorporated into *C. difficile* summary (Infection Control) for incorporation in Quarterly DIPC Report<br>• Learning/Actions requiring wider action to be incorporated into Trust wide IPC action plan<br>• Infection Control to add to MESS system<br>• Risk Management to check Duty of Candour is complete<br>• Sign off at monthly meeting between Deputy Director of Nursing and IPCD/Lead IPCN |

**Appendix 4**

# Policy Summary

## Infection Prevention and Control

- Prompt isolation within 2 hours onset of loose stools
- En suite facilities where possible
- Standard isolation signage
- Hand hygiene 'soap and water' signage
- Strict adherence to the Hand Hygiene policy
- Strict adherence to the Isolation Policy
- Strict PPE: disposable apron/gloves for all patient and/or environment contact
- Environmental cleaning with a chlorine based disinfectant
- Reduction of environmental clutter
- Adherence to bed space cleaning protocol
- Linen and waste management according to hospital policy.
- Decontamination of patient equipment
- Prompt stool specimen collection and delivery to microbiology.
- Patient and visitor advice
- Review by IPCN and Matron – frequency dependent on individual patient risk assessment
- Terminal clean followed by a HPV clean on Transfer/Discharge

## Clinical Management

- Treatment as per regime – (see CDI CHT Clinical Guidelines). **http://nww.cht.nhs.uk/divisions/diagnostic-and-therapeutic/pathology/microbiology/antibiotic-guidelines/**
- Daily review by clinical team
- Prompt liaison with the Consultant Microbiologist and Gastroenterologist.
- Daily review/adherence to antibiotic prescribing policies
- Use of Proton Pump Inhibitors are reviewed by the clinical team
- Appropriate/timely blood tests
- Fluid and electrolyte replacement
- Observe abdomen
- Daily review by pharmacist
- Review by Dietician

## Nursing Management

- Ensure the CDI care pathway is utilised and evaluated daily.
- Observe abdomen for signs and symptoms of pseudomembranous colitis
- Monitor:
    - Bowel activity – frequency/severity documented on Bristol stool chart **every shift.**
    - News
    - Temperature
    - Pressure ulcer risk assessment
    - Nutritional status
    - Fluid balance
- Daily bed bath/hygiene care
- Bed linen and patient clothing to be changed at least daily
- Keep the environment clutter free.