

Infection Control Management of *Clostridioides difficile* infection (CDI)

A guide for healthcare workers

What is *Clostridioides difficile*?

Clostridioides difficile is a Gram-positive, anaerobic bacterium commonly found in the gastrointestinal tract of hospitalised patients. *C. difficile* produces spores that are shed in faeces which can survive in the environment for a long time. *C. difficile* infection (CDI) may result in mild diarrhoea or extend to a fulminant colitis potentially resulting in intestinal perforation and death.

CDI is a common cause of hospital acquired infectious diarrhoea due to the combination of:

- the disruption of patient's bowel flora by antibiotic therapy and
- the transfer of spores between healthcare workers, patients and contaminated objects.

Risk factors for CDI?

Risk factors for CDI include antibiotic exposure, gastrointestinal surgery, gastric acid suppressive therapy, advanced age, immune suppression, chemotherapy, prolonged hospitalisation and residence in long term care facilities.

Strategies to reduce the risk of CDI acquisition by patients and residents

1. Appropriate antimicrobial use

- Prescribe antimicrobials in accordance with the principles of antimicrobial stewardship and as outlined within the Antimicrobial Stewardship Clinical Care Standard.

2. Appropriate environmental cleaning and disinfection

- Undertake environmental cleaning and disinfection in accordance with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).
- For patients/residents diagnosed with CDI, use a detergent followed by a sodium hypochlorite solution of 1000ppm or a one-step combined detergent/sporicidal product for daily environmental cleaning of patient/resident rooms and when the patient/resident is transferred or discharged.

3. Implement contact precautions for patients diagnosed with CDI

- Patients with suspected or confirmed CDI with diarrhoea (3 or more loose stools within a 24-hour period) should be placed in a single patient room with an en-suite where possible.
- Consult infection prevention and control service if a single room is not available.
- Staff must perform hand hygiene, put on gown/apron and gloves prior to entering patient/resident room or when anticipating contact with the patient/resident or their surroundings.
- Use alcohol-based hand rub in accordance with the '5 moments for Hand Hygiene'.
- Wash hands with antimicrobial soap and water if hands become soiled or gloves are not used.
- After leaving the room, remove gloves, perform hand hygiene, remove gown/apron and perform hand hygiene again.
- Use dedicated or single use patient equipment where possible. If equipment is to be used by other patients, clean and disinfect any non-disposable equipment and items when removed from patient room.
- Minimise patient movement/transfer – if patient requires transport to another clinical area, ensure the receiving area is aware of the transfer and that wheelchairs, stretchers and patient areas are cleaned and disinfected appropriately.
- In most circumstances, contact precautions can be removed 48 hours after diarrhoea has ceased without the need for retesting for *C. difficile*. If diarrhoea recurs, contact precautions will need to be reinstated until the diagnosis of relapsed CDI has been confirmed or excluded by the medical practitioner.

Education for patients and their visitors

- Educate patients and their visitors about CDI, contact precautions, use of gloves and gowns, and hand hygiene.
- Discourage visitors from using the patient's bathroom or visiting other patient's rooms.