

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

C. DIFFICILE MANAGEMENT AND PREVENTION POLICY

Effective Date: 2/2012

Cross Referenced: AHC CP2.0

Reviewed Date: 1/2012, 1/2015

Revised Date: 1/2012, 1/2015

Policy No.: IC024

Origin: Infection Control

Authority: Adm Dir, Quality & Safety

Page: 1 of 3

SCOPE

All employees, contracted workers, volunteers and students of Hackettstown Regional Medical Center (HRMC)

PURPOSE

The *Clostridium difficile* prevention plan is designed to:

- Reduce or eliminate the incidence of *C. difficile* infections
- Offer guidelines for the management of *C. difficile*

DEFINITIONS

Clostridium difficile: An anaerobic, gram-positive, spore-forming bacillus.

CDAD: *Clostridium difficile*-associated disease. This term is being replaced by the term *Clostridium difficile* Infection (CDI).

CDI: *Clostridium difficile* Infection.

Cdiff Colonization: NO clinical symptoms, however, isolation for *C. difficile* organism and/or its toxin.

Community-associated CDI: CDI symptom onset in the community, or 48 hours or less after admission to a healthcare facility, provided that symptom onset was more than 12 weeks after the last discharge from a healthcare facility.

Community-onset, healthcare facility-associated CDI: CDI symptom onset in the community, or 48 hours or less after admission to a healthcare facility, provided that symptom onset was less than four weeks after the last discharge from a healthcare facility.

Diarrhea: the condition of having three or more *liquid* bowel movements per day.

Healthcare facility-onset, healthcare facility-associated CDI: Development of diarrhea or CDI symptoms more than 48 hours after admission to a healthcare facility and fulfills criterion for the case definition of CDI.

Recurrent CDI: An episode of CDI that occurs eight weeks or less after the onset of a previous episode that resolved with or without therapy.

Spore: The dormant stage some bacteria will enter when environmental conditions cause stress to the organism or no longer support its continued growth. *C. difficile* spores are highly resistant to cleaning and disinfection measures and the spores also make it possible for the organism to survive passage through the stomach, resisting the killing effect of gastric acid.

Vegetative *C. difficile*: The actively growing and metabolizing state of the bacteria.

Pseudomembranous colitis: An inflammatory condition of the colon consisting of a characteristic membrane with adherent plaques associated with severe symptoms, including profuse watery diarrhea and abdominal pain. The condition is considered pathognomonic for *Clostridium difficile* infection.

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

C. DIFFICILE MANAGEMENT AND PREVENTION POLICY

Effective Date: 2/2012

Cross Referenced: AHC CP2.0

Reviewed Date: 1/2012, 1/2015

Revised Date: 1/2012, 1/2015

Policy No.: IC024

Origin: Infection Control

Authority: Adm Dir, Quality & Safety

Page: 1 of 3

POLICY

- I. Clostridium difficile is a bacterial enteric pathogen that causes a broad spectrum of clinical disease from asymptomatic colonization or mild diarrhea to life threatening pseudomembranous colitis. Diarrhea is a frequent side effect of antibiotic administration. In most cases its pathogenesis cannot be conclusively attributed, but it is presumed to reflect alterations in colonic flora in conjunction with effects on gut motility. *Clostridium difficile* (*C. difficile*) is thought to cause about a quarter of cases of antibiotic-associated diarrhea overall.
- II. Prevention of *C. difficile* infection relies on limiting patients' exposure to the organism, and ensuring that they do not become susceptible through disruption of their normal gut flora. Thus, interventions for the control of *C. difficile* infection can be divided into infection control measures and antibiotic manipulations.
- III. The transmission of *C. difficile* can be patient to patient, via the contaminated hands of health care workers, or via environmental contamination including healthcare equipment. It is therefore important that the symptomatic patient is promptly isolated and the isolation policy strictly followed.

PROCEDURE

I. IDENTIFICATION OF C.DIFFICILE:

A. Symptomatic:

1. Diarrhea, occurring >3x a day, associated with abdominal cramping, fever, and dehydration.
2. Other causes of diarrhea should be considered and ruled out, however the patient should be placed empirically in CONTACT ENTERIC PRECAUTIONS until the diagnosis of C.difficile is ruled out and at least 72 hours has elapsed since the last episode of diarrhea.

B. Laboratory:

1. Stool samples should be sent to laboratory to be tested for the C. difficile toxin. Only send diarrhea specimens.
2. Testing of stool in asymptomatic patients is not clinically useful.
3. Repeat testing during the same episode of diarrhea is of limited value and should be discouraged.

II. CONTROL: CONTACT ENTERIC PRECAUTIONS:

1. Patient placed in private room or cohorted with patient with same organism.
2. Contact Enteric Precaution signage to be placed on patients door, and proper PPEs readily available for use by all healthcare workers and visitors.
3. Hand hygiene prior to gown and glove application upon entry to the patients room.
4. Gloves then gowns removed upon exiting the patients room and discarded. Followed immediately with PROPER hand hygiene: **Handwashing with soap and water is essential, as alcohol gel may not be effective against this spore-forming organism.**
5. Dedicated patient equipment should be used and kept in patients room until discharge.
6. Hospital approved bleach disinfecting wipes should replace alcohol wipes in patient room. Alcohol-based disinfectants are not effective against C.difficile and should not be used to disinfect equipment and environmental surfaces.

Approved at Infection Control Committee Meeting 1/2015
President's Council 3/16/2015

Format approved
at President's Council 7/22/13

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

C. DIFFICILE MANAGEMENT AND PREVENTION POLICY

=====

Effective Date: 2/2012

Policy No.: IC024

Cross Referenced: AHC CP2.0

Origin: Infection Control

Reviewed Date: 1/2012, 1/2015

Authority: Adm Dir, Quality & Safety

Revised Date: 1/2012, 1/2015

Page: 1 of 3

=====

7. ALL SHARED EQUIPMENT: (Accucheck, carefusion, BP Dynamap) must be disinfected with hospital approved bleach wipes.

III. CLEANING: Corporate policy

- **Daily cleaning:** Isolation rooms will be cleaned daily with hospital approved hypochlorite-based disinfectant. All mop heads toilet brushes are single patient room use and disposed of after each room.
- **Terminal Cleaning:** Terminal cleaning done after patient discharged from hospital room, or deemed medically cleared of infection after proper treatment and cessation of symptoms for 72 hours. *Terminal cleaning includes changing privacy curtains in room.*

IV. ANTIMICROBIAL MANAGEMENT: Refer to AHC Antimicrobial Stewardship Charter

1. Treat infection- NOT colonization.
2. Improve specimen collection practices to reduce contamination rated and decrease any antibiotics treatment.
3. Antibiotic formulary restriction should focus on epidemiologically implicated antimicrobial agents, usually second and third generation cephalosporins, clindamycin or flouroquinolones or a combination of the three.
4. Antimicrobial Stewardship Promotes
 - The appropriate selection of antibiotics
 - The appropriate dosing of antibiotics
 - The appropriate duration of antimicrobial therapy
 - The appropriate route of antimicrobial therapy

REFERENCES

Hand hygiene- IC001

Transmission Based Precautions-IC003

Personal Protective Equipment-IC008

Cleaning of Supplies and Equipment- IC021

C.diff patient room assignment and environmental terminal cleaning (attached)

APIC Guide to Elimination of Clostridium difficile in Healthcare Settings. : 2008

Clinical Infectious Diseases- Measures to control and Prevent Clostridium Difficile Infection. D. Gerding, C. Muto, R. Owens,. 2008; 45:S43-9

Clinical Infectious Diseases- Confronting Clostridium Difficile in inpatient health care facilities. McDonald LC. 2007 45(10)

Shea Position Paper: Clostridium Difficile-Associated Diarrhea and Colitis

ODC_IDCM CD-1/Section 3 revised 06/2007

Approved at Infection Control Committee Meeting 1/2015

President's Council 3/16/2015

Format approved
at President's Council 7/22/13

C. difficile; Patient Room Assignment and Environmental Terminal Cleaning

In an effort to reduce/prevent the spread of clostridium difficile it is important to know proper room placement, proper isolation precautions and proper environmental cleaning. The most resistant organism in healthcare environment is the bacterial spore.

C.diff is a spore forming bacteria and requires special care and consideration.

