

Clostridium difficile in Health Care Settings

Information for Health Care Professionals

Highlights:

- **Think about *C. difficile* infection in patients presenting with diarrhea, especially among those with risk factors**
- **Ensure appropriate infection prevention and control practices are used consistently**
- **Familiarize yourself with the Provincial Infectious Diseases Advisory Committee (PIDAC) document ‘Best Practices Document for the Management of *Clostridium difficile* in all Health Care Settings’**

C. difficile is a leading cause of healthcare associated diarrhea. Outbreaks of *C. difficile* associated diarrhea (CDAD) have occurred in a variety of acute-care, long-term care and community settings.

C. difficile has been a known cause of health care associated diarrhea for about 30 years. *C. difficile* is a spore-forming, gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea (AAD). It accounts for 15-25% of all episodes of AAD.

Clinicians should consider *C. difficile* when patients, with risk factors, present with diarrhea.

Risk factors for *C. difficile*-associated disease include:

- antibiotic exposure
- gastrointestinal surgery/manipulation
- long length of stay in healthcare settings

- a serious underlying illness
- immunocompromising conditions
- advanced age

The surveillance definition from the PIDAC best practice document for *C. difficile* associated diarrhea is:

- new onset of diarrhea (e.g. ≥ 3 loose/watery bowel movements in a 24 hour period) that is unusual or different for the patient; and
- there is no other recognized etiology for diarrhea, such as laxative use, inflammatory bowel disease or other etiology.

The consistent use of Routine Practices is essential in providing care to all patients/residents.

In addition to Routine Practices, the first steps to follow upon suspecting *C. difficile* infection are:

- Initiate Contact Precautions
- Start appropriate empiric therapy
- Submit stool sample for laboratory confirmation

Special attention to be paid to:

- Hand hygiene
- Environmental Cleaning

Contact Precautions for *C. difficile* should continue until the patient/resident has had at least 48 hours without symptoms of diarrhea. Precautions should only be discontinued under the direction of Infection Prevention & Control.

For patient transfer, the relevant clinical information should be communicated to the appropriate health care professionals.

Health care settings should establish a process for management of antibiotic use, including regular review of antibiotic utilization.

Information for Health Care Workers:

- Health Care Workers must not consume food or beverages in patient care areas.
- Health Care Workers, including those receiving antibiotics, are not at risk of acquiring *C. difficile* occupationally. Health Care Workers must always follow Routine Practices, specifically hand hygiene before and after contact with all patients, and use Contact Precautions when caring for patients with *C. difficile*.

For further information consult:

- ‘Best Practices Document in the Management of *Clostridium difficile* in all Healthcare Settings’:
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_cdif_050106.pdf
- A videoconference related to the above document:
<http://webcast.northnetwork.com/archive.php>.
- A Q & A for the general public from the Public Health Agency of Canada (PHAC) : <http://www.phac-aspc.gc.ca/c-difficile/index.html>
- Your Regional Infection Control Network (RICN). A list of RICNs is available at:
http://www.health.gov.on.ca/english/providers/project/ohp/ricn_mn.html

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