

C.Diff Outbreak Action Plan

Clostridium Difficile bacteria are found in the digestive system of about 1 in every 30 healthy adults. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control.

However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the C. difficile bacteria to multiply and produce toxins that make the person ill.

When this happens, C. difficile can spread easily to other people because the bacteria are passed out of the body in the person's diarrhoea.

Once out of the body, the bacteria turn into resistant cells called spores. These can survive for long periods on hands, surfaces (such as toilets), objects and clothing unless they're thoroughly cleaned, and can infect someone else if they get into their mouth.

Someone with a C. difficile infection is generally considered to be infectious until at least 48 hours after their symptoms have cleared up.

- 1 If you have any resident with C.Diff positive, follow the Department of Health's 'SIGHT' advice:
 - Suspect that a case may be infectious where there is no other cause for diarrhoea.
 - Isolate resident while you investigate and continue until clear of symptoms for 48 hours.
 - Gloves and aprons must be used for all contacts with the resident and their environment.
 - Hand washing with Virusan must be done before and after each contact with the resident and environment. Alcohol gel does not work against C.Diff.
 - Test the stool by sending a specimen immediately requesting screening for Clostridium Difficile (within 24 hours if three or more instances of stool type five, six or seven in a 24 hour period) – see Bristol Stool Chart. Discuss with and inform the resident's GP.
 - Please contact the Health Protection Team if any of your residents has recently been discharged from hospital and was diagnosed with C.Diff whilst there.
- 2 The GP should review any antibiotics that the resident is taking.
- 3 Other medication such as laxatives and other drugs that may cause diarrhoea should also be reviewed.
- 4 Ensure that fluid intake is recorded, and that it is adequate.
- 5 Use a stool chart to record all bowel movements.
- 6 All residents with diarrhoea should be isolated in their own room until they have had no symptoms for a minimum of 48 hours.
- 7 Residents must be assisted to wash their own hands using Virusan after using the toilet/commode/bedpan.
- 8 Wear disposable gloves and aprons when carrying out any care (i.e. not only when contact with blood and/or body fluids is anticipated).
- 9 If the affected resident does not have their own en-suite toilet, use a dedicated commode (i.e. for their use only) which can remain in their room until they are well.

C.Diff Outbreak Action Plan Cont.

- 10** Treat all linen as infected, and place directly into a water-soluble bag prior to removal from the room.
- 11** Routine cleaning with Virusolve+ diluted at 5%. This will not only kill C.Diff spores within five minutes of contact, but residual action will continue to work for up to 7 days helping to contain the infection.
- 12** Ensure that visitors wash their hands using Virusan handwash at the beginning and end of visiting.
- 13** It is important to ensure that you have adequate stocks of Virusolve+ and Virusan handwash, paper towels, single use gloves, plastic aprons and pedal operated bins.
- 14** It is not necessary to send further stool samples to the laboratory to check whether the resident is free from infection.
- 15** Symptoms may recur in about one in five people. If this happens, inform the GP and maintain all enhanced precautions.

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