

# ***Clostridium difficile* Infection**

## **(CDI) Care Plan**

**Resident's Name** .....

**Date of Birth** ..... **Room** .....

**Problem:** - *Clostridium difficile* Infection (toxin positive) has been confirmed on: .....

**Goal:** Inhibit colonisation and minimise the potential of cross infection and environmental contamination.

### **Actions:**

#### **1. Communication -**

- Residents/relatives/visitors are provided with an information leaflet. Visitors need not wear aprons or gloves unless performing personal cares. Visitors should be advised on effective hand washing after visiting the resident.
- Health Care facilities to be visited (e.g. outpatient appointments or if admitted) must be informed in advance - use an infection status sticker on documentation and inform the receiving unit as well as the ambulance personnel if applicable. If attendance is not essential, consider postponement until the diarrhoea has subsided.

**2. Environment** – To remain where practicable in own room while symptomatic. Staff must close the door and take care not to disperse microbes into the environment during bed making and cleaning.

**3. Monitoring** - maintain hydration and monitor fluid balance of the resident. Also monitor diarrhoea amount, type and frequency using the Bristol Stool Chart.

**4. Toilet facilities** - An en suite toilet/own commode is required. After each use, to be cleaned as below.

**5. Cleaning / Decontamination** - The room requires a thorough clean daily using hot water and detergent, paying particular attention to the toilet area, sink and any eating surfaces. Faecal contamination and toilet areas require a thorough clean with either a combined detergent and chlorine releasing agent or by the following method: hot water and detergent, followed by Hypochlorite 1,000ppm followed again by hot water and detergent.

- **Equipment** – all equipment that is not single use must be cleaned thoroughly after use with detergent and water or detergent wipes. Any queries regarding cleaning agents (especially of electrical items) – refer to manufacturers guidance.
- **When symptoms have resolved** - To ensure *Clostridium difficile* spores have been removed as much as possible from the environment a thorough clean is required of all the surfaces of the room/bed area, mattress, bed frame, call bell, duvets, pillows, bedside table, wardrobe etc. This clean should be carried out following the regime for toilets as above.

**6. Hand washing** – Use liquid soap and warm water following all contacts with the resident and their environment (alcohol hand rub is not effective against *Clostridium difficile* spores). The resident must also be encouraged to wash his/her hands after using the toilet/before eating.

**7. Protective clothing** - Single use vinyl/nitrile gloves and plastic apron must be worn by staff when in contact with the patient, their immediate environment or blood/body fluids.

**8. Laundry** - all laundry to be treated as infected linen, until the resident is 48hours symptom free. The laundry should be placed into a dissolvable alginate bag prior to being sent to the laundry.

**9. Specimens** – are **not** required for clearance. Discontinue precautions once the patient has been 48 hours symptom free and has passed a formed stool (type 1-4 on the Bristol Stool Chart or the resident returns to their normal bowel habit). If symptoms re-occur reinstate infection control measures and inform the residents General Practitioner.

**10. Treatment** – The residents General Practitioner will decide upon the need for treatment. Antibiotic advice may be sought by the GP from the medical microbiologists.

**Remember Standard Infection Control Precautions for all residents**