**PURPOSE:**

*Clostridioides difficile* is a spore-forming bacillus that produces toxins which cause diarrhea and colitis in susceptible patients. Because *C. difficile* can survive routine cleaning procedures and remain on contaminated surfaces (i.e.: door knobs, TV control/nurse call, toilets, floor, and walls) for weeks, care must be taken to prevent colonization of surfaces. *C. difficile* may be transmitted by direct contact with a patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient’s dry skin) and by indirect contact (touching) with environmental surfaces or patient-care items in the patient’s environment.

**PROCEDURES:**

1. The definition of  *Clostridioides difficile* infection-(CDI) is:
   1. New onset of diarrhea (i.e.: 3 loose/watery bowel movement in a 24 hour-period) that is *unusual or different* for the patient AND
   2. Patient has a positive diagnostic test result for toxin producing *C. diff* or its toxins (toxin A and B) AND
   3. There is no other recognized etiology for diarrhea, such as laxative use, inflammatory bowel disease or other etiology
2. *C. difficile* cytotoxic assay testing in infants under one year old are not recommended, as it is normal flora in this age group. Consult with Infectious Diseases for these patients.
3. Diagnostic studies for *C. difficile* should only be performed on patients who are symptomatic.

**Patient Placement and Management:**

1. **Use Contact + Precautions**: for known or suspected CDI patients:
   1. A gown and gloves are required when entering the patient room
   2. Prior to patient/environment contact: Upon entry to the patient room, hand hygiene shall be performed with either hand sanitizer or soap and water.
   3. After patient/environment contact: All other hand hygiene opportunities following this must be performed using only soap and water.
   4. Place patients with diagnosed or suspected CDI in a private room
   5. Dedicate equipment whenever possible.
   6. Continue Contact + precautions until 48 hours after diarrhea has resolved.
2. The Infection Prevention and Control team should review all cases of CDI at the time of diagnosis and regularly thereafter to ensure that Contact + precautions are used correctly.
3. Re-testing stool for *C. difficile* after treatment (within 7 days) is not necessary nor recommended.
4. Maintain isolation for the length of the current admission in all oncology and BMT/HSCT patients who test positive for *C. difficile.* Repeat testing is not indicated if the patient is asymptomatic (passing formed stools).
5. Oncology and BMT/HSCT patients who are receiving treatment for C. difficile must be isolated upon readmission if readmitted before therapy is complete.
6. BMT/HSCT patients with a history of *C. difficile* in the past six months who are readmitted for a transplant will need to be isolated for the duration of the admission, due to the risk of reactivation of CDI symptoms.

Patient Transport and Activities

1. *C. difficile*-positive patients are not allowed to go to public areas (including the playroom).
2. Toys brought inside a *C. difficile*-positive patient’s room are either washable or disposable. If washable or disposal toys not available, the item should be gifted to the patient.
3. Upon transfer/transport outside of the unit, the receiving clinics/ department must be notified of the patient’s isolation status.
4. Patients should be encouraged to wash hands and bathe/shower prior to transport if feasible to decrease spore burden on the skin

Cleaning

1. Surfaces should be kept clean, and body substance spills should be managed promptly as outlined in CDC’s “*Guidelines for Environmental Infection Control in Health-Care Facilities*.”
2. Ensure adequate cleaning and disinfection of horizontal environmental surfaces and reusable devices.
   1. Particular attention should be paid to items likely to be contaminated with feces and surfaces that are touched frequently (i.e.: bedside rails, telephone, call light/TV controls, door handles, faucets, commodes and toilets, etc)
   2. Cleaning should preferably be conducted once a shift, using hospital approved sporicidal disinfectant such as Dispatch bleach-based disinfectant wipes(Refer to Policy IC – 716 and attachments).
   3. All rooms need to be terminally cleaned with bleach/sporicidal agent when a *C. difficile* positive patient is discharged, or moved

Patient Care Equipment

1. Whenever possible, dedicate the use of non-critical patient-care equipment to a single patient. If use of common equipment or items (i.e.: blood glucose testing kit, stethoscope, sphygmomanometer) is unavoidable, use them first with uninfected patients and adequately clean and disinfect them after use on patients.
2. Discard all items soiled with infected material (i.e.: feces) in plain/clear plastic bags. Do not use red bags unless material is saturated with fluid blood or bloody fluid.
3. ALWAYS carry linen, food trays, trash away from body , to avoid contamination.
4. Empty bedpans, urinals, urine/stool collection receptacles VERY carefully to prevent splashes or spills.
5. Never throw soiled linen or diapers on the floor.

Refer to Appendix A for “Guidelines” and Appendix C for full reference article.

**REFERENCES**

1. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), Vol. 66, No. 7 (March 2018), pp. e1-e48
2. Healthcare-Associated Infections: Clostridium difficile Infections. Center for Disease Control and Prevention. <http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html>
3. APIC Text of Infection Control and Epidemiology. Chapter 72: Clostridium difficile Infection and Pseudomembranous Colitis, 2014.
4. Journal of the American Academy of Pediatrics: Clostridium difficile Infection in Infants and Children, *Pediatrics* 2013;131;196; originally published online December 31, 2012;DOI: 10.1542/peds.2012-2992.
5. William A. Rutala, David J. Weber, M.D. and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Available from: <http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf>.
6. [IC - 716.0 Cleaning Disinfection](https://secure.compliance360.com/ext/ciPTgl3Ye85hzUVa4rAyaA==)

**ATTACHMENTS:**

1. [IC – 317.1 Clostridium Difficile Fact Sheet (English)](https://secure.compliance360.com/ext/ZOjoAkmawLoKfmyMn1NlmA==)
2. [IC – 317.2 Clostridium Difficile Fact Sheet (Spanish)](https://secure.compliance360.com/ext/ut3L24RP7ctfJNfcoOTriQ==)
3. [IC – 317.4 Appendix Clostridioides Difficile Guidelines](https://secure.compliance360.com/ext/0YEXvMUnB7vDqQSSBoyihQ==)

**ASSOCIATED DOCUMENTS:**

1. [CHLA Antimicrobial Stewardship Guidelines](../CHLA_RAW_Documentation/1.%09https:/chla.sharepoint.com/:w:/r/sites/AntimicrobialStewardship/_layouts/15/Doc.aspx%3Fsourcedoc=%7B09C1DA95-A703-44A1-90B4-A3F356BED850%7D&file=125028820ASP%20guidelines%20CHLA%202021_10_29_21.docx&action=default&mobileredirect=true)

**POLICY OWNER:**

*Executive Director, Infection Prevention and Control, Accreditation and Licensing, and Emergency Management*