



Clostridium Difficile Procedure

- Case Definition for Collection of Specimen

Effective: 8 May 2017

1. Guiding Principles

Mandatory reporting of Hospital-identified *Clostridium difficile* (*C. difficile*) commenced on the 1 of January 2010. *C. difficile* is the most common cause of diarrhoea in hospitalised patients and individuals in the community. When *C. difficile* causes symptomatic illness in the past this has been called 'Clostridium difficile-associated diarrhoea', however, the term 'Clostridium difficile infection' (CDI) is now preferred.

Optimal surveillance systems to monitor *Clostridium difficile* infections and the implementation of infection prevention and control practices, once a case is detected, is vital to reduce the risk of transmission of *C. difficile* in the health care setting.

2. Introduction

Clostridium 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 diarrhoea (AAD).

Illness can result from *Clostridium Difficile* infection (CDI)

- pseudomembranous colitis (PMC)
- toxic megacolon
- perforations of the colon
- sepsis
- death (rarely).

3. Definitions

C. difficile colonisation	<ul style="list-style-type: none">• Patient shows NO clinical symptoms• Patient tests positive for <i>C. difficile</i> organism and/or its toxin.
C. difficile infection	<ul style="list-style-type: none">• Patient shows clinical symptoms, most commonly, watery diarrhoea, fever, loss of appetite, nausea, abdominal pain/tenderness.• Patient tests positive for the <i>C. difficile</i> organism and/or its toxin.

If such a case is suspected, a clinical microbiologist and the Infection Prevention and Control Nurse are to be notified.

4. Clinical Symptoms

- Watery diarrhoea
- Fever
- Loss of appetite
- Nausea
- Abdominal pain / tenderness.

5. Susceptible Patients

- antibiotic exposure
- proton pump inhibitors
- gastrointestinal surgery/manipulation
- long length of stay in healthcare settings
- a serious underlying illness
- immunocompromising conditions
- those of advanced age.

6. Mode of Transport

C. difficile is transmitted via the faecal-oral route by:

- direct contact: contaminated hands of healthcare personnel
- indirect contact: contact with contaminated medical and patient care equipment or environment surfaces.

7. Management of Patients

A stool sample should be taken from patients who have had two or more episodes without explainable reason and meet any of the following criteria:

- Currently on antibiotic treatment
- Gastrointestinal surgery/manipulation
- Long length of stay in hospital (>48hrs)
- A serious underlying illness
- Immunosuppressed patients
- Elderly patients.

Symptoms include:

- watery diarrhoea
- fever
- loss of appetite
- nausea
- abdominal pain / tenderness.

8. Roles and Responsibilities

Health care worker/carer to collect stool specimens. If stool specimen is from a child a parent or responsible adult may collect the sample. Hand hygiene practices are to be at the optimum level and Contact Precautions are to be in place.

In 23% of patients, C. Difficile-associated disease will resolve within two to three days of discontinuing the antibiotic to which the patient was previously exposed.

The infection can usually be treated with an appropriate course (about ten days) of antibiotics including metronidazole or vancomycin (administered orally).

After treatment, a repeat C. Difficile testing is not recommended if the patient's symptoms have resolved, as patients may remain colonised.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

9. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

10. Evaluation

Lab results will be sent to Infection Control for reporting to Healthcare Infection Surveillance of Western Australia (HISWA).

11. Standards

[National Safety and Quality Health Care Standards](#) - Standard 3 'Preventing and Controlling Healthcare Associated Infections.

12. References

1. Department of Health and Ageing Australian Government – Communicable Disease Information.
2. Healthcare Associated Infection Unit (HCAI) - Communicable Disease Control Directorate Grace Vaughan House
3. Australian Commission of Safety and Quality in Health Care. *Consultation on surveillance and monitoring of Clostridium difficile infection in Australia: Discussion paper*. Sydney. ACSQHC, 2015.

13. Related Policy Documents

[WACHS Infection Prevention and Control Policy](#)

14. Related WA Health Policies

[National Hand Hygiene Initiative in Western Australian Hospitals](#)

15. WA Health Policy Framework

[Public Health Policy Framework](#)

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