

## Decision aid for care home staff to support management of people with diarrhoea

**DIARRHOEA is defined as:** three or more loose or liquid stools (conforms to the shape of its container) in a 24-hour period, or more frequently than normal). In older people, *Clostridium difficile* infection may be a cause of diarrhoea and requires prompt treatment.

### FACTS ABOUT *Clostridium difficile* infection (CDI)

CDI is a potentially fatal bacterial infection within the gut which is transmitted between residents and staff via spores produced by the bacteria. Spores are picked up either by direct contact with an infected person or by indirect contact with a contaminated surface and then swallowed. People with CDI shed spores via their faeces into the environment at a high rate. The ability of these spores to survive in the environment, even when disinfectants are used, contributes to the transmission of CDI in care facilities.

Most people who develop CDI have received an antibiotic within the past 3 months, therefore it is important to ensure that antibiotics are only prescribed when a person has clear symptoms of infection, for example fever or chills, fatigue, loss of appetite, aches and pains.

**Orange boxes provide advice for care home staff**

**Blue box outlines actions for GPs and non-medical prescribers (information only)**

**Green box outlines actions for the Health Protection Team or Infection Prevention Control Team (information only)**

### Management of person(s) with DIARRHOEA on first day of illness

#### Care Home Staff/Manager

- Implement infection control precautions (see page 2)
- Report to staff member in charge
- Start a stool and fluid balance chart, maintain and check regularly
- Gather information for GP (see page 2)
- Contact GP to request a review of unwell person(s)
- If requested by GP, take faecal sample (see page 2)
- Encourage person to drink water and other fluids
- Administer oral rehydration solutions as prescribed by the GP
- Monitor for signs of condition worsening, for example blood pressure < 100 mmHg systolic and pulse > 100 beats per minute

#### General Practitioner (GP)

- Review patient using information provided by care home
- Determine if hospitalisation required
- Consider cause of diarrhoea
- Advise care home staff on next steps, for example take faecal sample
- Advise on any changes to regular medication
- Contact Care Home Manager or deputy to advise of CDI result
- Advise on need for continued isolation if CDI negative or unconfirmed

### Management of person(s) with confirmed CDI

#### Care Home Staff

- Continue to apply infection control precautions
- Continue to encourage person to drink
- Review person daily and contact GP or out-of-hours service if symptoms get worse
- If there is no improvement after 3 days, contact the GP or out-of-hours service for further advice

#### Care Home Manager/deputy

- Review infection prevention and control measures
- Log case(s) as part of local surveillance
- Contact Health Protection Team/ Infection Prevention Control Team for advice on management
- Contact Health Protection Team/ Infection Prevention Control Team if a known CDI resident(s) dies or CDI is recorded on a death certificate
- Contact Health Protection Team if more than one case of diarrhoea

#### Health Protection Team/ Infection Prevention Control Team

Advice on management and infection prevention and control including:

- Set triggers and investigate cases when triggers breached/exceeded
- Check for other cases of CDI
- Review all severe cases and deaths due to CDI
- Report to relevant people/ organisations and share any lessons learned

## Good practice points

### Information to prepare when phoning GP to request review of person with diarrhoea

- Current pattern of the person's diarrhoea, for example number and consistency of loose stools in last 24 hours.
- Details of the person's normal bowel habit, for example number and consistency of motions each day.
- Person's temperature readings during past 24 hours
- Other relevant symptoms, for example blood or mucus in stool, vomiting.
- List of the person's prescribed medicines ready to relay to GP, for example MAR chart.
- Has the person received a course of antibiotics during the last 3 months? If yes, which antibiotic did they receive, when was it started and how long was the course?
- Has the person had a hospital stay during the last 3 months? If yes, what was the date and reason for hospital admission?
- Has the person undergone a surgical procedure in the last 3 months? If yes, what was the date and type of procedure?

### Taking a stool sample

- Samples should be sent in a faeces specimen container. Refer to Health Protection Scotland guidance ([www.documents.hps.scot.nhs.uk/hai/infection-control/diarrhoea/information-healthcare-staff-v1-2009-02.pdf](http://www.documents.hps.scot.nhs.uk/hai/infection-control/diarrhoea/information-healthcare-staff-v1-2009-02.pdf))
- Do not take a repeat faecal sample unless advised by the GP/Infection Prevention Control Team/Health Protection Team

### Resident placement

- If safety is not compromised, ask the person to remain in their room (with the door closed) and not to visit communal areas. Explain to person why they need to remain in the room. Make sure the person can access help easily and are not ignored or suffer as a consequence of having the door closed.
- People should have use of their own toilet or be allocated a commode for their own personal use.
- Isolation precautions may be discontinued when the person has been symptom free for 48 hours and bowel movements have returned to normal.

### Hand hygiene

Use liquid soap and warm running water for routine hand hygiene. On removal of personal protective equipment (PPE) hands must be washed. **Note:** Alcohol-based hand gel is NOT effective against CDI so should not be used alone.

### Personal protective equipment

Use PPE: disposable gloves and disposable plastic aprons. Aprons and gloves must be changed and disposed of, then hands washed between contacts with different residents and different care procedures, for example dealing with used linen.

### Shared care equipment

- Always follow local cleaning and decontamination guidelines and specific equipment manufacturers' instructions.
- Avoid the use of fans as these re-circulate the air and can spread infection.

### Safe management of linen/laundry

- The person's laundry should be safely put inside a washing machine without staff becoming contaminated, for example place linen in machine in water soluble (alginate) bag.

### Environmental cleaning

- Rooms of people with symptoms should be prioritised for frequent cleaning (at least daily) with emphasis on toilets and frequently touched surfaces, for example tables, door knobs. These surfaces must be cleaned immediately if visibly soiled.
- Keep the resident's room clean and as clutter free as possible.
- Use single use disposable cloths for cleaning each person's room.
- Once a resident no longer has symptoms, terminal cleaning of their room should be carried out and any sundries within the room should be discarded to reduce risk of re-infection.

This guidance was developed to be used alongside a guidance document for GPs. Both documents can be accessed on the SAPG website in the *Clostridium difficile* section of [www.scottishmedicines.org.uk/SAPG/Quality\\_Improvement/Infection\\_Management](http://www.scottishmedicines.org.uk/SAPG/Quality_Improvement/Infection_Management)