Appendix 1 – *Clostridioides difficile* Quick Reference Guide

Term	Definition
***C. difficile* basics**	Gram-positive, anaerobic, spore-forming, potentially toxigenic bacterium that is the most common infectious cause of diarrhoea.
***C. difficile* infection**	*Clostridioides difficile* infection - A patient who has clinical features suggestive of *C. difficile* infection (diarrhoea, ileus, toxic megacolon), plus Microbiological evidence of toxin (A and/or B) producing *C. difficile* or Pseudomembranous colitis demonstrated on colonoscopy.
Risk groups	Factors associated with people at high risk of *C. difficile* infection include hospitalisation, extensive antibiotic use, multiple co-morbidities, including primary or secondary immunodeficiency, Hirschsprung disease, solid organ transplantation, inflammatory bowel disease, cystic fibrosis proton inhibitor use, presence of a gastrostomy tube and structural or postoperative intestinal disorders.
***C. difficile* transmission**	Person-to-person spread through the faecal–oral route. Direct and indirect contact where hands, devices, fomites, or the environment may become contaminated also serve as a reservoir for C. difficile spores.
***C. difficile* treatment**	*C. difficile* infection is usually treated as per therapeutic guidelines, such as oral metronidazole or oral vancomycin. Alternative treatments are also available for recurrent infection and for children.
***C. difficile* testing**	Collection of stool specimen which meets the criteria of diarrhoea and takes the shape of the container. Refrigerate if left out for >2.
***C. difficile* IPC**	PREPARE • Have OMP and convene outbreak control team in an outbreak.
	READINESS • SIGHT protocol on immediate suspicion **S** Suspect *C. difficile* infection for any adult patient who develops diarrhoea with no clear cause, particularly in those who have been prescribed antibiotic or immunosuppressive therapy in the last 12 weeks **I** Isolate the patient/resident. Consult with the infection prevention and control team where available while determining the cause of the diarrhoea **G** Apply standard and contact precautions Gloves and aprons must be used for all contacts with the patient/resident and their environment **H** Hand hygiene with alcohol-based hand rub (ABHR) following glove removal, or soap and water if hands are visibly soiled or when there is a breach in glove integrity, should be carried out as per the Hygiene. HCW should be bare below the elbows. **T** Test the stool for *Clostridium difficile* toxin, by sending a specimen immediately

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	RESPONSE • isolation of cases in a single room with an unshared ensuite • cohort with other *C. difficile* infection patients based on microbiological confirmation of the cause of diarrhoea • continue standard and contact precautions with strict adherence to the 5 moments of hand hygiene until diarrhoea has ceased for 48 hours • dedicated patient equipment or clean and disinfect equipment and environment between each patient use or encounter • enhanced environmental cleaning and disinfection (daily and on discharge from any clinical zone) • undertake thorough discharge cleaning and disinfection • use ARTG-listed combined detergent and disinfectant products (2-in-1 clean), or ARTG-listed chemical disinfectant that makes specific claims for use against *C. difficile* (as part of a 2-step clean) • single-use bed pans can be utilised where possible • patient dedicated re-useable bed pans should be reprocessed in the ward washer/disinfector between uses by themselves and cannot be washed with items from other patients. • waste should be discarded as per local procedures • provide information to patients ACSQHC Infection prevention and control resources for consumers • visitors do not need to wear gown and gloves but must perform hand hygiene. Where there is prolonged contact or likely contact with faeces, gloves as a minimum are recommended in conjunction with strict adherence to hand hygiene. Visitors should not visit anyone else in the facility immediately after visiting someone with *C. difficile.* • alerts will be placed in the ieMR and HBCIS. • surveillance of *C. difficile* infection in facilities should be undertaken as per the Australian Commission on Safety and Quality in Healthcare: Implementation Guide for Surveillance of *C. difficile* and the Queensland Health Guideline for Surveillance of Healthcare Associated Infection. Investigate and manage any outbreaks.
	RECOVERY • an outbreak should be declared over when there is no further transmission, and there has been a return to the organisation's baseline *C. difficile* infection rate • debrief and evaluate the effectiveness of measures in the event of an outbreak or case of *C. difficile* infection