

STANDARD PRECAUTIONS		CONTACT PRECAUTIONS (for CDAD patients in addition to Standard)
	Apply to all patients, residents and clients irrespective of their perceived infection risk	<i>When the patient has had at least 48 hours without diarrhoea and has had a formed/normal stool for that patient, Contact Precautions can be discontinued, HOWEVER STANDARD PRECAUTIONS MUST BE CONTINUED</i>
PATIENT PLACEMENT	<p>Include the potential for transmission of infectious agents in patient placement decisions.</p> <p>Where possible, place patients who contaminate the environment or cannot maintain appropriate hygiene in single rooms,</p>	<p>Place all patients with suspected or known CDAD in a single room with clinical hand washing sink and ensuite facilities. If ensuite facilities are not available, dedicate toilet or commode for patients' sole use.</p> <p>Place a notice on the isolation room door advising those entering to report to staff-in-charge before entering.</p> <p>In an outbreak situation, if the number of patients with CDAD exceeds the availability of single rooms, alternative placement options include:</p> <ul style="list-style-type: none"> • Cohort ward or bay with a dedicated nursing staff for the area. • Isolation / dedicated ward in the event of a large outbreak.
PATIENT MOVEMENT AND TRANSFER		<p>Limit the movement and transport of the patient to essential purposes only.</p> <p>Prior to patient transfer</p> <ul style="list-style-type: none"> • Inform transport personnel (e.g. porters, emergency medical technician) and the receiving department/healthcare facility of the need for Contact Precautions. • Remove contaminated aprons/gowns and gloves and dispose and perform hand hygiene prior to transporting patients. <p>Don apron/gown and gloves prior to handling the patient at the transport destination.</p> <p>Prior to accepting a patient with CDAD, it is the responsibility of the receiving facility to ensure compliance with single room, clinical hand washing sink, ensuite facilities and Contact Precautions. The receiving ward/department, bed manager must be notified.</p> <p>Transport equipment (stretcher, bed, wheelchair) used for the transfer must be cleaned and disinfected before use with another patient/resident.</p>

<p>HAND HYGIENE</p> <p><i>Patients should wash their hands after toileting and before meals. HCW should provide assistance with hand washing for those patients who are unable to perform hand washing independently</i></p>	<p>Hand Hygiene is recommended:</p> <ul style="list-style-type: none"> • <u>Before</u> and <u>after</u> each episode of patient contact • <u>Between</u> individual patient contacts. • <u>After</u> contact with blood, body fluids, secretions or excretions, whether or not gloves are worn. • <u>After</u> handling soiled/contaminated equipment, materials or the environment. • Immediately after removing gloves or other protective clothing <p>Hand may be decontaminated using both plain soap and warm water or if hands are physically clean, an alcohol based hand rub.</p>	<p>In addition to carrying out hand hygiene as required in Standard Precautions</p> <p>Hands should be washed before and after each contact with patient equipment</p> <p>Hands should be washed with soap (antimicrobial or non-antimicrobial) and water.¹⁹¹</p> <p>None of the agents (including alcohols, chlorhexidine, iodophors or triclosan) used in antiseptic hand-wash or antiseptic hand-rub preparations are reliably sporicidal against <i>C. difficile</i>. The physical action of rubbing and rinsing is the only way to remove spores from hands.</p>
<p>GLOVES</p> <p>Should be worn as single use items</p> <p>Should conform to European Community Standards.</p>	<p>Gloves are recommended:</p> <ul style="list-style-type: none"> • For all activities that carry a risk of exposure to blood, body fluids, secretions or excretions, sharps or contaminated instruments • When touching mucous membranes and non-intact skin. • When handling contaminated equipment, e.g. commodes or bedpans. <p>Gloves should be:</p> <ul style="list-style-type: none"> • Put on immediately before an episode of patient contact, and removed as soon as the activity is completed • Changed between caring for different patients and between different care activities on the same patient. • Disposed of as health care risk waste if contaminated with blood, body fluids 	<p>In addition to wearing gloves as required for Standard Precautions, wear gloves when entering a room for all interactions that may involve contact with the patient or potentially contaminated areas in the patients environment.</p> <p>Remove gloves</p> <ul style="list-style-type: none"> • Immediately after contact with any infective material • Before touching non-contaminated items and environmental surfaces • Before leaving the patients environment <p>Wash hands as above immediately after glove removal.</p>
<p>EYE, NASAL AND MOUTH PROTECTION (e.g., goggles, visors and face masks)</p>	<p>Facemasks and eye protection are recommended where there is a risk of blood, body fluids, secretions or excretions splashing into the face or eyes.</p> <p>Masks should be single use and fluid resistant.</p>	

APRONS	<p>Disposable plastic aprons should be worn where there is a risk that clothing or skin may become exposed to blood, body fluids, excretions or secretions.</p> <p>Fluid repellent gowns may be required if there is a risk of extensive exposure to the above.</p>	<p>In addition to wearing apron/gowns as required for Standard Precautions, wear aprons/gowns when entering a room for all interactions that may involve contact with the patient or potentially contaminated areas in the patients' environment.</p> <p>Remove apron/gown</p> <ul style="list-style-type: none"> • Immediately after contact with any infective material • Before leaving the patients environment <p>Wash hands as above immediately after apron/gown removal.</p>
PATIENT CARE EQUIPMENT	<p>Handle equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membranes, contamination of clothing, and transfer of micro-organisms to other patients and environments.</p> <p>Ensure that reusable equipment is not used by another patient until it has been cleaned and reprocessed appropriately.</p>	<ul style="list-style-type: none"> • Dedicate medical devices (e.g., thermometers, sphygmomanometers, stethoscopes, glucose metres) to single patient use and disposable materials used whenever possible. • Only take essential equipment and supplies into the room. Do not stockpile as unused stock will have to be discarded on cessation of Isolation Contact Precautions. • Patient charts/records should not be taken into the room.

ENVIRONMENTAL AND EQUIPMENT DECONTAMINATION	<ul style="list-style-type: none"> • Routine environmental cleaning is required to minimise the number of micro-organisms in the environment. • Particular attention should be given to frequently touched surfaces and those most likely to be contaminated with blood or body fluids e.g. bedrails, mattresses, bedside tables, commodes, doorknobs, sinks, surfaces and equipment close to the patient. • Chemical disinfectants are not recommended for routine environmental cleaning. • All equipment should be in a state of good repair in order to facilitate effective cleaning. • Place bedpan / commode utensils directly into bedpan washer-disinfector. Bedpan washers must reach a temperature of 80°C for a minimum of 1 minute. Monitor and record correct temperatures reached and the cleaning efficacy of bedpan-washers. • All equipment should be stored dry. • Non-critical items such as commodes, intravenous pumps must be thoroughly cleaned prior to use on another patient/resident. If soiled with blood or body fluids, disinfect using a chlorine-releasing solution of 1000ppm, or equivalent according to manufacturers' instructions, rinse and dry. The area should be well ventilated to avoid toxic fumes. • When using disinfectants, staff should follow the manufacturer's instructions for dilution and contact times. 	<p>In addition to environmental and equipment decontamination as required for Standard Precautions:</p> <ul style="list-style-type: none"> • Thoroughly clean the environment and all patient care equipment daily with a neutral detergent and disinfect with a sporicidal disinfectant (e.g., hypochlorite solution –1000 ppm), paying special attention to frequently touched sites and equipment close to the patient. • Particular attention should be given to cleaning and disinfecting immediately items likely to be faecally contaminated e.g., the under surfaces and hand contact surfaces of commodes. • Environmental faecal soiling should be cleaned and disinfected immediately. • Cutlery and crockery - No additional measures are required for cutlery and crockery washed in a dishwasher. <p>On patient discharge/transfer cleaning and disinfection of the environment must occur upon resolution of CDAD symptoms or when a CDAD patient has their accommodation changed or is discharged from a room.</p> <ul style="list-style-type: none"> • Prior to initiating environmental cleaning and disinfection, all privacy, shower and window curtains must be removed and sent for laundering. • All disposable items including paper towels and toilet paper must be discarded • All sterile and non-sterile supplies in the patient environment to be discarded on patient transfer/discharge.
--	--	--

LAUNDRY CARE:	<ul style="list-style-type: none"> • Laundry should be handled and transported in a manner that prevents transmission of micro-organisms to other patients, HCWs or the environment. • Laundry should be categorised and segregated according to recommended guidelines • Staff handling soiled linen should wear gloves and a disposable plastic apron. • Soiled and infectious linen should be carefully placed in an alginate stitched or water soluble bag with a tie. Then place bag into a colour-coded laundry bag which should be securely closed prior to transport to an approved laundry capable of dealing with potentially contaminated linen • Staff should not manually sluice or soak soiled or infected linen /clothing because of the risk of cross infection²²⁶ • Soiled linen should be transported and stored safely. • Linen should be heat disinfected during the wash process by raising the temperature to either 65°C for not less than 10 minutes or preferably 71°C for not less than 3 minutes. • Disinfection of heat labile materials (according to manufacturer instructions) can be achieved at low temperatures by introducing 150 ppm of chlorine into the penultimate rinse. 	<p>In addition to handling and transportation of laundry as required for Standard Precautions:</p> <p>All laundry should be carefully placed in an alginate stitched or water soluble bag and then placed into a laundry bag clearly identified with labels, colour-coding or other methods prior to transport to an approved laundry capable of dealing with contaminated linen.</p>
DECONTAMINATION OF MEDICAL DEVICES	<ul style="list-style-type: none"> • Medical devices designated as "Single Use Only" must not be reprocessed or reused under any circumstances (MDA DB 2000), (MDD) 93/42/EEC <div data-bbox="416 1011 535 1107" data-label="Image"> </div> <p>This symbol means "Single Use Only" (BS EN 980:1997).</p> <ul style="list-style-type: none"> • Reusable medical devices should be cleaned and reprocessed according to the manufacturer's instructions and local policy. 	

MANAGEMENT OF HEALTH CARE RISK WASTE:	<p>Dispose of healthcare risk waste in accordance with the Department of Health & Children's National Guidelines for Waste Disposal,²²⁷ which outlines the categorisation and segregation of health care waste.</p> <p>DISPOSAL OF SHARPS:</p> <ul style="list-style-type: none"> • Syringes and needles should be disposed of as a single unit. • Used sharps should be carefully discarded into designated sharps containers at, the point of use. • Needles should not be re-capped, bent, broken or disassembled. • Sharps should not be passed from person to person by hand. • Guidelines should be available at local level on the management of needle stick and sharps injuries. 	<p>Waste contaminated with diarrhoea from a suspected or known CDAD patient should be disposed as healthcare risk waste within a healthcare facility</p> <p>No additional precautions are needed for non-healthcare waste that is being removed from rooms of patients on Contact Precautions</p>
--	---	---

<p>SPILLAGES</p>	<ul style="list-style-type: none"> • Spillages of blood, urine, faeces or vomit should be dealt with immediately wearing protective clothing (i.e. disposable gloves and apron). <p>For spillages of body fluid (e.g., urine, faeces or vomit),</p> <ul style="list-style-type: none"> • Soak up as much of the visible material as possible with disposable paper towels. • Dispose of the soiled paper towels according to national guidelines. • Clean the area using warm water and general purpose neutral detergent. • Disinfect using a chlorine-releasing solution of 1000ppm, or equivalent according to manufacturers' instructions, rinse and dry. • Discard gloves and apron according to national guidelines. • Wash and dry hands thoroughly. • Do not apply chlorine-based disinfectants directly onto spillages of urine as it may result in the release of chlorine vapour. <p>For blood spillages:</p> <ul style="list-style-type: none"> • Decontaminate all blood spills with a chlorine based disinfectant (e.g., powder, granules or liquid containing 10,000ppm available chlorine) or suitable alternative, in line with the manufacturer's instructions and local policy. • Wipe up the spillage with disposable paper towels and discard into a yellow plastic bag. Wash the area with a general purpose neutral detergent and water. • Discard gloves and apron according to national guidelines. • Wash and dry hands thoroughly <p>For all surfaces/items contaminated with blood or body fluids, following cleaning disinfect using a chlorine-releasing solution of 1000ppm, or equivalent according to manufacturers instructions, rinse and dry.</p>	
-------------------------	---	--