



MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: All Health Authorities

TRANSMITTAL DATE: March 19, 2013

COMMUNIQUÉ NUMBER: 2013-03

CLIFF NUMBER: 940121

SUBJECT: Management of *Clostridium difficile* Infection Cases and Outbreaks

DETAILS: Cover Letter to Chief Executive Officers, Health Authorities

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Executive Director, Patient Safety & Care Quality, Health Authorities Division

Graham Whitmarsh
Deputy Minister
Ministry of Health

MINISTRY OF HEALTH POLICY
MANAGEMENT OF CLOSTRIDIUM DIFFICILE INFECTION CASES AND OUTBREAKS
2013

Policy Objective

- This policy is intended to protect patient safety and improve patient care outcomes by ensuring provincial consistency in the treatment and management of *Clostridium difficile* (*C. difficile*) infection cases and outbreaks in acute care settings.

Scope

- This policy applies to all health authority¹ programs and facilities delivering acute care services. This includes private or non-profit facilities and/or providers that are supplying publicly-funded, acute care services under contract to health authorities.

Definitions

- **Shall:** Indicates a mandatory requirement based on Ministry of Health directive.
- **Should:** Indicates a recommended best practice for implementation at the discretion of each health authority.

Policy

- **Best Practice Standards** – Effective immediately, health authorities shall implement current standards for the appropriate treatment and management of *C. difficile* infection cases and outbreaks, as outlined in the *British Columbia Clostridium difficile Infection (CDI) Toolkit and Clinical Management Algorithm* (2013). A copy of the toolkit and clinical management algorithm is attached as Appendix 1.

By November 1, 2014, residential and long term care sites shall adopt an approved policy that is consistent with this Communiqué.

- **Surveillance** – Health authorities shall adopt the provincial surveillance definition for *C. difficile* infections, as established by the Provincial Infection Control Network (PICNet).
- **Public Reporting** – At a minimum, quarterly *C. difficile* infection rates shall be publicly reported twice per year by PICNet on behalf of health authorities.
- **Signage within Facilities** – Health authorities shall post appropriate signage within acute care facilities (e.g., at entrances to patient rooms) notifying clinicians, staff, patients and the public of current *C. difficile* infections and of all relevant safety information (e.g., required precautions; access restrictions).
- **Public Notification of Outbreaks** – Health authorities should promote public, patient, clinician and staff awareness of health care associated infection outbreaks by providing current (i.e., active), plain language outbreak information on the organization's primary public website.
 - The health authority's primary public homepage should include a permanent, easily identifiable link to outbreak information.
 - Outbreak information should be available no more than one layer beneath the health authority's primary public homepage.
 - At a minimum, outbreak information should be provided for *C. difficile* infections. It is strongly recommended that information is also provided for health care associated outbreaks, norovirus and influenza.
 - At a minimum, public outbreak information should include the following details:
 1. The outbreak type, agent or cause (e.g., *C. difficile* infection);

¹ Providence Health Care, United Church Health Services Society, St. Joseph's General Hospital and other denominational or "affiliated" sites are included within the definition of "health authority".

2. The date the outbreak was declared;
3. The name of the hospital, facility or site of the outbreak;
4. The name of the unit or program where the outbreak is occurring, where applicable;
5. Safety information relevant to patients, clinicians, staff and/or the public (e.g., required precautions; access restrictions);
6. A date/time stamp indicating when the outbreak notification information was last updated; and
7. Supporting information (e.g., Frequently Asked Questions) explaining health care associated infections, activities undertaken to prevent health care associated infections, outbreaks, and actions undertaken when outbreaks occur.

- **Staff Engagement** – Health authorities shall actively engage clinicians, care providers and staff when implementing best practices for managing *C. difficile* infections and outbreaks in order to foster frontline engagement and compliance.

Accountability

- Health authorities shall ensure that organizational policies and practices comply with the standards and requirements outlined in this Communiqué, including the attached *British Columbia Clostridium difficile Infection (CDI) Toolkit and Clinical Management Algorithm* (2013) document.
- The Ministry of Health will monitor compliance with this Communiqué through existing mechanisms.

Review

- This Policy is subject to review by March 31, 2016, or as required.