

Chief Nursing Officer, Patients, Public and Health Professions Directorate  
Ros Moore, RGN RNT BSc (Hons) Nursing, MA, Chief Nursing Officer

T: 0131-244 2314 F: 0131-244 3465  
E: [ros.moore@scotland.gsi.gov.uk](mailto:ros.moore@scotland.gsi.gov.uk)



To: NHS Board Chief Executives

Cc:  
Directors of Pathology  
HAI Executive Leads  
Infection Control Managers  
Scottish Infection Prevention Network  
HAI Task Force  
Health Protection Scotland  
Scottish Microbiology and Virology Network (SMVN)  
Scottish Salmonella, Shigella and *Clostridium difficile* Reference  
Laboratory (SSCDRL)



21 December 2012

Dear Colleague

**Re: *Clostridium difficile***

We have seen huge success in the prevention and control of *C. difficile* infections and I would like to thank all staff for their efforts in achieving this. However recent surveillance has been showing a levelling of the previous downward trend. We must remain vigilant and I am grateful for your continued work to ensure improvements are sustained.

I would like to take this opportunity to remind **all clinical staff** that:

- The prevention of *C. difficile*, as with all healthcare associated infection, remains a national priority.
- The Health Protection Network guidance *Prevention and control of Clostridium difficile infection (CDI) in healthcare setting in Scotland* of Sep 2009 remains extant and should be followed.  
<http://www.hps.scot.nhs.uk/haic/sshaip/guidelinedetail.aspx?id=42640>
- Any patient with unexplained diarrhoea (regardless of whether or not a test has been taken) should be quickly assessed and placed in the most appropriate care setting ie a single room with en suite facilities (or with a commode allocated for their sole use) unless there is a clear clinical reason not to do so. Patients should remain in isolation until they have been symptom free for at least 48 hours – a negative test is not in itself sufficient to discontinue isolation.

- No laboratory test, or indeed combination of tests, should be considered infallible in establishing or excluding the diagnosis of CDI, and the clinical condition of the patient should always be considered when making management, treatment and infection control decisions.
- It is important staff adhere to local laboratory protocols in ensuring the correct samples are taken, that they are transported promptly, stored correctly (if required) and that full and appropriate clinical details are provided to laboratory staff.
- Clinical staff should ensure appropriate communication with patients about laboratory test results

I enclose an important annex for the attention and action of laboratory staff about the updated recommended protocol for testing for *C. difficile*.

With best wishes

Yours sincerely,

*R Moore*

Ros Moore  
Chief Nursing Officer

## Annex A

### Recommended protocol for testing for *C. difficile* and subsequent culture

I wrote to you in January 2010 about the recommended protocol for testing for *C. difficile*. This protocol has now been updated and is available at:

<http://www.hps.scot.nhs.uk/haic/sshaip/guidelinedetail.aspx?id=53536>

A set of FAQs is also available at:

<http://www.hps.scot.nhs.uk/haic/sshaip/guidelinedetail.aspx?id=53537>

This revised protocol should now be implemented by all microbiology laboratories in NHS Scotland.

**Laboratory staff** have a duty to communicate all results effectively and clearly to clinical staff. This includes any consequent implications for patient management and infection prevention and control. It is good practice to inform clinical staff orally of any positive result and its interpretation. Any such oral communication from laboratory staff should be recorded in the patient's notes. It is also good practice for written reports to provide the test result and its interpretation. Relevant results (which includes all positive *C. difficile* results) should also be promptly communicated to Infection Prevention and Control Teams.