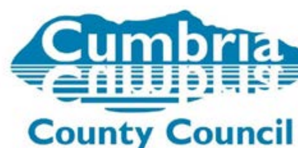

Community Infection Prevention and Control Policy for Domiciliary Care staff

Clostridioides difficile

CLOSTRIDIOIDES DIFFICILE

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DC 02

CLOSTRIOIDES DIFFICILE

This guidance document has been adopted as a policy document by:

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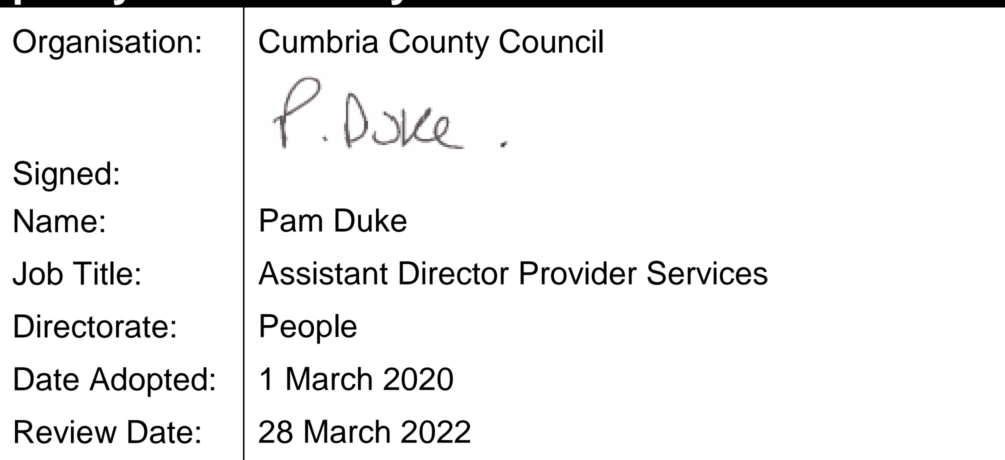
Signed:	
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CLOSTRIDIOIDES DIFFICILE

CLOSTRIDIOIDES DIFFICILE

1. Introduction

Clostridioides difficile (formerly known as *Clostridium difficile*) is present harmlessly in the gut (bowel) of 3% of healthy adults as part of their normal gut flora. However, when antibiotics are given for an infection, the antibiotics can disturb the balance of bacteria in the gut, killing some of the 'good' bacteria giving *Clostridioides difficile (C. difficile)* the opportunity to multiply rapidly causing diarrhoea.

If a service user has diarrhoea (types 5-7 on the Bristol Stool Form Scale, Appendix 1), that does not have other possible causes, e.g. inflammatory colitis, overflow, or therapy, e.g. laxatives, enteral feeding, then it may be due to *Clostridioides difficile* infection (CDI).

In the majority of service users, the illness is mild and a full recovery is usual. Elderly people, often with underlying illnesses may, however, become seriously ill.

Recurrence of *C. difficile* occurs in up to 20% of cases after the first episode. This increases to 50-60% after a second episode.

2. Who is most at risk of *C. difficile*

Staff are not usually at risk of acquiring *C. difficile* from a service user with *C. difficile*.

People most at risk of *C. difficile* are those over the age of 65, who have any of the following:

- Recently received, or currently taking antibiotics (more than one type of antibiotic increases the risk)
- Had a recent hospital admission
- Have a history of bowel surgery
- Have a weakened immune system, e.g. due to cancer
- Taking anti-ulcer medications including antacids and proton pump inhibitors, e.g. omeprazole
- Taking laxatives
- Nasogastric tubes – service users undergoing treatments requiring nasogastric tubes
- Previously had *C. difficile*

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3. *C. difficile* symptoms

Symptoms can include:

- Mild to severe watery foul-smelling diarrhoea, which may contain blood and or mucus. Some service users pass mucus alone
- Fever, abdominal pain/tenderness

The symptoms are usually caused by inflammation (swelling and irritation) of the lining of the bowel and can last from a few days to several weeks. Most people develop symptoms whilst taking antibiotics, however symptoms can appear up to 10 weeks after finishing a course of antibiotics. In rare cases, *C. difficile* can have serious consequences resulting in perforation of the bowel, peritonitis, sepsis and sometimes death.

4. Hydration

Fluid loss due to diarrhoea can lead to dehydration. Service users with *C. difficile* should be encouraged to drink plenty of fluids.

5. *C. difficile* infection or colonisation

C. difficile infection (CDI)

When a stool sample is tested for the *C. difficile* bacteria, it is tested for *C. difficile* toxins. If both the *C. difficile* bacteria and toxins are detected, the person is said to be infected with *C. difficile*.

C. difficile colonisation

When a stool sample is tested and detects the *C. difficile* bacteria, but no *C. difficile* toxins, the person is said to be colonised with *C. difficile*. Although treatment is not usually required for colonisation, staff need to remain aware that these service users are at high risk of progressing from colonisation to infection.

6. How is *C. difficile* spread?

C. difficile produces invisible to the naked eye, hard to kill microscopic spores, which are passed in the diarrhoea/faeces. The spores are resistant to air, drying and heat and can survive in the environment for months and even years.

These *C. difficile* spores are the main route of transmission (spread), they can spread to other people:

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- Via hands – of both the person with *C. difficile* and people who have had physical contact with that person
- Via contaminated surfaces or equipment, e.g. commode, toilet, furniture

7. Preventing the spread of *C. difficile*

Isolation

- Isolation is not necessary for service users with CDI in their own home. In supported living or a sheltered housing complex the resident should be advised to remain in their accommodation and not to visit communal areas until they are symptom free for 48 hours.

Personal hygiene

- The service user should, where possible, have a shower or bath daily as *C. difficile* spores may be on other areas of their body.

STANDARD INFECTION CONTROL PRECAUTIONS

Standard infection control precautions, including the following, must be applied until the service user is no longer infectious, i.e. they have been symptom free for 48 hours and passed a formed stool (type 1-4 on the Bristol Stool Form Scale – see Appendix 1) or their bowel habit has returned to normal.

Hand Hygiene

- Good hand hygiene practices by staff, service users and any visitors – hand washing with liquid soap and warm running water. Alcohol handrub should **not** be used as it is **not** effective at killing *C. difficile*.
- Encourage service users to wash their hands after using the toilet and before meals. If unable to access hand washing facilities, moist (non-alcohol) skin wipes, e.g. baby wipes, can be used.
- The service user should use a separate towel to dry their hands and this should not be used by other people. The towel should be washed daily.
- Staff and visitors should wash their hands with liquid soap and warm running water before leaving the service user's home.

Personal protective equipment

- Wear disposable gloves and apron when caring for a service user with *C. difficile*. Gloves and apron should be removed (gloves first then apron) after each activity is completed and hands washed with liquid soap and warm running water and dried thoroughly.

Laundry

- Wear disposable gloves and apron for all contact with used laundry.
- All faecally contaminated linen and clothing should be handled with care using minimum handling in order to avoid dispersal of spores.

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- At no time should contaminated linen be placed on the floor/surface or handled close to the body.
- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand.
- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed by a wash cycle on the highest temperature advised on the label.
- Non-soiled clothing or linen should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature advised on the label.
- Staff uniforms/workwear should be washed daily at the highest temperature recommended by the manufacturer.

Cleaning and disinfection

- *C. difficile* spores can survive in the environment for months or years if not adequately cleaned. Therefore, when carers provide cleaning services, thorough cleaning and disinfection should be undertaken.
- Cleaning with warm water and a neutral detergent/detergent wipes alone is **insufficient** to destroy *C. difficile* spores. Following cleaning, surfaces must be disinfected with a sporicidal product, e.g. 1,000 parts per million (ppm) chlorine-based solution, e.g.10 ml household bleach in 1 litre of water. A fresh solution must be made up to the correct concentration every 24 hours and the solution bottle must be labelled with the date and time of mixing.
- Any surfaces contaminated with blood stained body fluids should be cleaned and then disinfected with a 10,000 ppm chlorine-based solution, e.g.10 ml household bleach in 100 ml of water.

Please note:

- Chlorine-based products will bleach fabrics, so should **not** be used on soft furnishings, upholstery or carpets, clean with detergent and warm water
- Milton Antibacterial Surface Spray is **not** effective against *C. difficile* spores

- Encourage service users to close the toilet seat lid before flushing the toilet, to reduce the possible spread of *C. difficile* spores.
- Clean and disinfect the commode or toilet, flush, seat (upper and underneath surfaces) and toilet bowl after each episode of diarrhoea.
- Clean and disinfect other surfaces in the toilet area (or where a commode is used) and bathrooms at least daily and whenever visibly soiled.
- Items such as hoists, frames and frequently used surfaces, e.g. tables, should be cleaned and disinfected daily and whenever visibly soiled.

8. Information for service users

When a service user is 48 hours symptom free and has passed a formed stool (type 1-4 on the Bristol Stool Form Scale, Appendix 1) or their bowel habit has returned to normal, they are considered non-infectious and the additional infection prevention and control measures that were put into place whilst the service user was symptomatic no longer need to be applied.

9. Referral or transfer to another health or social care provider

- Transfer to another Domiciliary Care Agency or a Care Home should, where possible, be deferred until the service user is no longer infectious (see section below).
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible, please refer to the ‘Patient placement and assessment for infection risk Policy for Domiciliary Care’.
- If the condition of an affected or an unaffected service user, living in a supported living or sheltered housing complex, requires urgent hospital attendance or admission, staff with responsibility for arranging a service user’s transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 2). The unit at the hospital they are attending and the transport service taking them, must be notified of the service users symptoms, prior to them being transferred. This ensures appropriate placement of the service user, please refer to the ‘Patient placement and assessment for infection risk Policy for Domiciliary Care’.
- If a service user is fit for discharge from hospital and is symptom free, they can be discharged back to their usual residence, e.g. home, supported living or sheltered housing complex.

10. Information for service users

Some areas now issue service users who are confirmed CDI or *C. difficile* colonised with a '*C. difficile* card'. The card is provided so the service user can present it at any consultation with a healthcare professional or admission to hospital. This will alert the healthcare worker/admitting unit to the service user's diagnosis of *C. difficile* and help to ensure if antibiotics are needed, that only appropriate ones are prescribed.

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11. Death of a service user

No special precautions other than those for a living service user are required for deceased service users.

12. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance*

Department of Health (2012) Updated Guidance on the Diagnosis and reporting of *Clostridium Difficile*

Department of Health (January 2009) *Clostridium difficile infection: How to deal with the problem*

Department of Health (2007) *Saving Lives: Reducing infection, delivering clean safe care. Isolating service users with health and social care-associated infection. A summary of best practice*

Department of Health (2007) *Saving Lives: Reducing infection, delivering clean and safe care - High Impact Intervention No. 7: Care bundle to reduce the risk from Clostridium difficile*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

Health and Social Care Commission (October 2007) *Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS*

Health and Social Care Commission (July 2006) *Investigation into outbreaks of Clostridium difficile at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Public Health England (May 2013) *Updated guidance on the management and treatment of Clostridium difficile infection*

13. Appendices

Appendix 1: The Bristol Stool Form Scale

Appendix 2: Inter-Health and Social Care Infection Control Transfer Form

Appendix 1: Bristol Stool Form Scale

Please refer to this chart when completing a bowel history on the Inter-Health and Social Care Infection Control Transfer Form

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools, i.e., types 5, 6 and 7 only, within a duration of 24 hours. Please remember: hands must be washed with liquid soap and warm water when caring for service users with diarrhoea.

NB Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE

Type	Description
Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces ENTIRELY LIQUID

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Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: .... Address: .... NHS number: .... Date of birth: .... Patient's current location:	GP Name and contact details:

Receiving facility, e.g., hospital ward, hospice: ....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: ....
☐ Suspected risk Organisms: ....
☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: ....

If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):

....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: ....

Print name: ....

Contact No: .... Date ....

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