

Clostridioides difficile (C. diff)

C. diff bacteria usually lives harmlessly in the bowel along with lots of other types of bacteria. However, sometimes when someone takes antibiotics, the balance of bacteria in their bowel can change, causing an infection. When someone has a **C. diff** infection, it can spread to other people very easily if the bacteria found in the person's stool gets onto objects and surfaces.

Who is at risk of C.diff?

The risk factors associated with acquiring **C. diff** are:

- Age - incidence is much higher in those aged over 65 years
- Underlying disease - those with cancer, chronic disease & underlying gastrointestinal conditions
- Antibiotic therapy - those who are receiving or who have recently received antibiotic treatment (within 3 months), especially broad spectrum antibiotics such as cephalosporins, e.g. cefuroxime, quinolones, such as, ciprofloxacin, co-amoxiclav or clindamycin. **C. diff** has been associated with oral, intramuscular and intravenous routes of antibiotic administration.
- Recent hospital stay - those who are frequently in hospital or who have had a lengthy stay in hospital
- Bowel surgery - those who have had bowel surgery
- Other medication - those receiving anti-ulcer medications, including antacids and PPIs (proton pump inhibitors), e.g. omeprazole, which are used for treating reflux (heartburn and indigestion)
- Nasogastric tubes - those undergoing treatments requiring nasogastric tubes
- Colonisation with **C. diff**- those who are colonised are at greater risk of developing CDI.

Routes of transmission:

C. diff produces invisible to the naked eye, hard to kill, microscopic spores, which are passed in the diarrhoea. The spores are resistant to air, drying and heat, and can survive in the environment for months and even years. The main routes of transmission of **C. diff** spores are:

- Contaminated hands of staff and residents
- Contact with contaminated surfaces or care equipment, e.g. commodes, toilet flush handles, toilet assistance rails

How to prevent and manage C. diff

- Prudent antibiotic prescribing - Antibiotics should not be prescribed unless absolutely necessary.
- Prompt isolation of residents with suspected or confirmed C. diff infection.
- Prompt Isolation of residents who are colonised with C.diff - if the resident becomes symptomatic.
- Promptly send a stool sample for C. diff testing.
- Good hand hygiene practice.
- Use of appropriate personal protective equipment (PPE), e.g. disposable apron and gloves
- Reducing the number of spores in the environment by thorough cleaning and then disinfecting with a sporicidal product. e.g., 1,000 ppm chlorine-based disinfection solution.
- Any antibiotics that caused the infectious diarrhoea to start should be assessed by a GP or qualified nurse and maybe stopped if deemed necessary.
- Antibiotics prescribed to treat C.difficile should be taken as prescribed and the full course completed.
- Once residents have been from diarrhoea for 48 hours and have had a normal bowel motion – isolation can cease.
- A thorough deep clean of the resident's room should be carried out once isolation has ended.

The following mnemonic protocol (SIGHT) should be applied when managing suspected/potentially infectious diarrhoea.

Table 1: SIGHT mnemonic (adapted from Clostridium difficile infection: How to deal with the problem)

S	Suspect that a case may be infective where there is no clear alternative cause for diarrhoea
I	Isolate the resident in their own room
G	Gloves and aprons must be worn for all contact with the resident and their environment
H	Handwashing with liquid soap and warm running water before and after each contact with the resident and their environment
T	Test the stool for toxin by sending a specimen immediately

When accepting a (new or existing) resident into your home who has been discharged from a hospital, please ensure you obtain the following information prior to admission to the care home:

- **Has the resident been diagnosed and treated in hospital for an infection? – ensure you receive a verbal update as well as ensuring this information is in the discharge summary.**
- **Clarify the treatment given and whether or not the course of treatment has been completed or is on-going.**
- **If the resident is symptomatic and treatment is on-going, please contact ipc@cumberland.gov.uk to report the infection and to access appropriate advice and support.**
- **Please ensure that those residents who have an infection are included in the hand over to the person in charge on each shift.**

IPC Advice, Support, Information & Resources:

- Advice, support, and information for care home staff on the management of all infections: E.g., Covid 19; MRSA; CDI; *E. coli*; Scabies
- Advice & support to undertake a range of care home IPC audits to national standard.
- Support safe hospital discharge for residents who have been treated for an infection.
- IPC annual training programme (2023/24) & bespoke IPC courses for care home managers, clinical staff, IPC link champions, care and domestic staff.
- Advice & support on new builds & extensions to meet IPC specifications.

A wide range of excellent **IPC policies and procedures** are available to help you to manage infections in your care homes. Please follow the link below: [Care Services Cumberland - Policies and Procedures | Cumbria County Council](#)

Training Dates for Your Diary

August 2023

- Infection prevention and control training for residential care settings 9th August 2023 13:00-15:30. For all staff in the setting. Please [Click here to join the meeting](#)
- Infection prevention and control training for community based services 22nd August 2023 11:00-12:30. Please [Click here to join the meeting](#)

Webinars

- Heat-health webinar 8th August 2023 13:30-14:30. For all staff in the setting. Please [Click here to join the meeting](#)