DC 02

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Community Infection Prevention and Control Policy for Domiciliary Care staff

C. difficile (Clostridioides difficile)

C. DIFFICILE

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DC 02

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This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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C. DIFFICILE (CLOSTRIDIOIDES DIFFICILE)

1. Introduction

Clostridioides difficile (formerly known as *Clostridium difficile*) is a bacteria which produces hardy spores that are resistant to air, drying and heat. The spores survive in the environment and are the main route of spreading (transmitting) the *Clostridioides difficile (C. difficile).*

C. difficile is present harmlessly in the gut (bowel) of 3-5% of healthy adults as part of their normal gut flora. However, when antibiotics are given for an infection, they can kill off some of the good bacteria in the gut, which leaves room for *C. difficile* to multiply rapidly, producing toxins (poisons) causing diarrhoea. The presence or absence of these toxins is detected in the Laboratory as part of the *C. difficile* testing process.

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. *C. difficile* conditions

There are two types of *C. difficile* conditions:

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.

C. difficile is almost always associated with, and triggered by, the prior use of antibiotics prescribed as treatment for, or to prevent infection.

3. Risk factors for *C. difficile*

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

- **Age** - occurs more in those aged over 65 years
- **Underlying disease or weakened immune system** - e.g. those with cancer, chronic disease, gastrointestinal (stomach, small and large bowel) conditions
- **Antibiotic therapy** - those who are receiving or who have recently received antibiotic treatment (within 3 months). Having more than one type of antibiotic increases the risk
- **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 taking laxatives or anti-ulcer medications, including antacids and proton pump inhibitors (PPIs), e.g. omeprazole, which are used for treating reflux (heartburn and indigestion)
- **Nasogastric tubes** - those undergoing treatments requiring nasogastric tubes
- **Previous history of colonisation or infection with *C. difficile*** - they are at greater risk of developing *C. difficile* infection (CDI)

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

4. Signs and symptoms

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, such as laxatives, enteral feeding, then it may be due to *C. difficile.*

Symptoms include:

- Explosive, foul-smelling watery diarrhoea, which may contain blood and or mucus. Some service users pass mucus alone
- Abdominal pain and fever
- Dehydration which can be severe due to fluid loss

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 the majority of service users, the illness is mild and a full recovery is usual. In rare cases, *C. difficile* can have serious consequences resulting in perforation of the bowel, peritonitis, sepsis and sometimes death.

5. Hydration

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

6. Diagnosis

It is difficult to diagnose *C. difficile* just by symptoms alone. Therefore, a diarrhoea sample should be sent by the service users GP Practice to the microbiology laboratory and tested for the presence of *C. difficile.*

7. Routes of transmission

C. difficile produces invisible to the naked eye, hard to kill microscopic spores, which are passed in the diarrhoea/stool. 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. difficile* spores are:

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

8. 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 service user should be advised to remain in their accommodation and not to visit communal areas until they are symptom free for 48 hours and passed a formed stool (type 1-4 on the Bristol Stool Form Scale, Appendix 1) or their bowel habit has returned to normal.

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 AND TRANSMISSION BASED PRECAUTIONS

SICPs and TBPs (standard infection control precautions and transmission based 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.

Refer to the 'SCIPs and TBPs Policy for Domiciliary Care staff'.

Hand hygiene

- Staff should be 'Bare Below the elbows' whilst on duty.
- **Alcohol handrubs do not kill spores, therefore, should not be used.**
- Hands should be washed with liquid soap and warm running water before and after contact with the service user and their environment.
- Service users and their visitors should be supplied with information on hand hygiene. A 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk.
- Service users should be encouraged to keep their nails short and clean.
- Service users should be encouraged to wash their hands with liquid soap and warm running water, particularly after using the toilet/commode and before eating/drinking. Bar soap should not be used as it can harbour *C. difficile* spores.
- The service user should use a separate towel to dry their hands thoroughly and this should not be used by other people. The towel should be washed daily.
- Service users unable to access hand washing facilities should be encouraged to use non-alcohol skin wipes, e.g. baby wipes, to clean their hands. Assistance should be given to those service users unable to perform hand hygiene themselves; staff should ensure all surfaces of the service user's hands are wiped sufficiently.
- Before leaving the service user's home, staff and visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily.

Refer to the 'Hand hygiene Policy for Domiciliary Care staff'.

Personal protective equipment (PPE)

- 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 after removing each item of PPE, e.g. pair of gloves, apron, and

hands dried thoroughly using disposable paper towels, such as kitchen roll.

Refer to the 'Personal protective equipment Policy for Domiciliary Care staff'.

Laundry

- Wear disposable gloves and apron for all contact with used laundry.
- All linen and clothing soiled with diarrhoea or stools should be handled with care using minimum handling in order to avoid dispersal of spores.
- At no time should soiled items 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 on the washing instructions label.

Refer to the 'Safe management of linen Policy for Domiciliary Care staff'.

Cleaning and disinfection

- *C. difficile* spores can survive in the environment for months or years if not adequately cleaned. Therefore, when carers provide household cleaning services, thorough cleaning and disinfection should be undertaken daily.
- Encourage service users to close the toilet seat lid before flushing the toilet, to reduce the possible spread of *C. difficile* spores.
- After assisting service users to use toilets or commodes for a bowel movement, all surfaces, e.g. assistance rails, raised toilet seat, flush handle/button, toilet, commode, (including underneath the seat and any frame), should be cleaned and disinfected thoroughly after each use.
- When using mobility aids for service users, e.g. hoists, frames, wheelchairs, etc., these should be cleaned and disinfected daily and whenever visibly soiled.
- Cleaning with warm water and a pH 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 cold 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. *See note below.

- Surfaces contaminated with blood stained body fluids should be cleaned, then disinfected with a higher concentration of bleach, 10,000 ppm chlorine-based solution, e.g.10 ml household bleach in 100 ml of cold water.

***Please note:**

- Household cleaning products containing bleach, e.g. Flash Spray with bleach, are unsuitable as they do not contain the correct strength of bleach to kill *C. difficile* spores
- Milton Antibacterial Surface Spray is **not** effective against *C. difficile* spores
- Chlorine-based products will bleach fabrics, so should **not** be used on soft furnishings, upholstery or carpets, clean with detergent and warm water

- Items such as hoists, frames and frequently used surfaces, e.g. tables, should be cleaned and disinfected daily and whenever visibly soiled.

Refer to the 'Safe management of care equipment Policy for Domiciliary Care staff' and the 'Safe management of the care environment Policy for Domiciliary Care staff'.

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.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- If the condition of service user requires urgent hospital attendance or admission, to reduce the risks of spreading infection, the unit at the hospital they are attending and the transport service taking them must be made aware the service user has *C. difficile* prior to them being transferred. Staff with responsibility for arranging the service user's transfer should complete relevant documentation, e.g. the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 2). This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.

10. Symptom free

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 SICPs and TBPs measures that were put into place whilst the service user was symptomatic no longer need to be applied.

11. *C. difficile* card

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.

12. Death of a service user

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

13. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with *The Health and Social Care Act 2008*: *Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

14. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice 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*

15. Appendices

Appendix 1: The Bristol Stool Form Scale

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

DC 02 Appendix 1: Bristol Stool Form Scale

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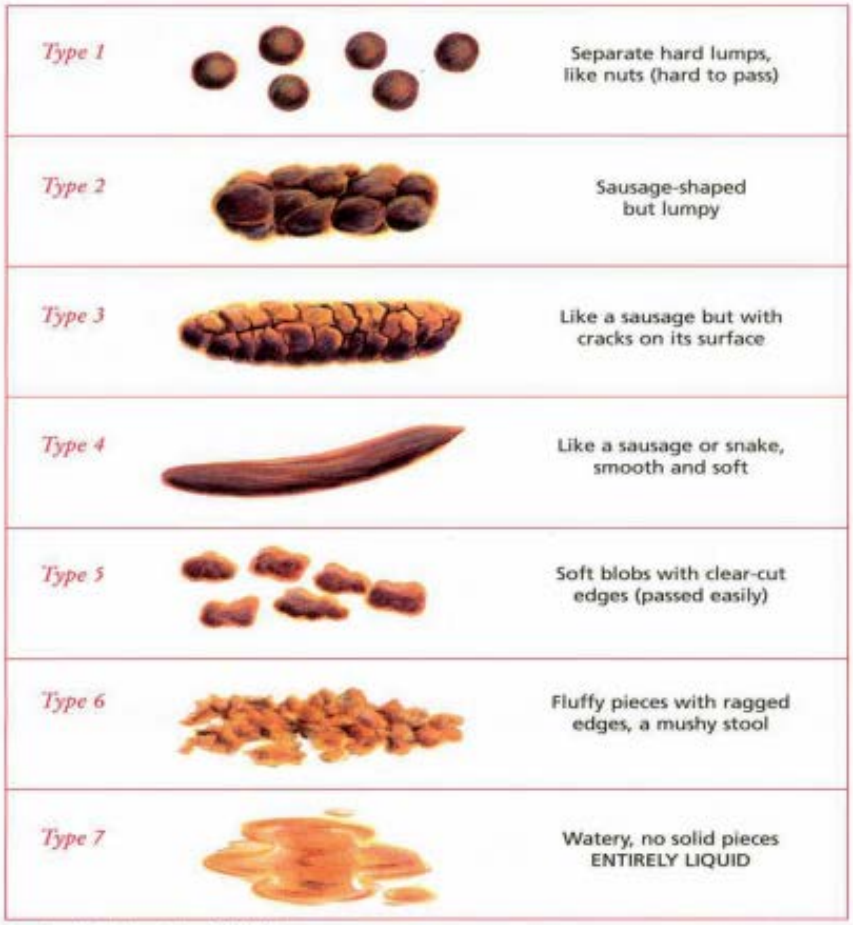
The Bristol Stool Form Scale

Please refer to this chart when completing a bowel history on the 'Inter-Health and Social Care Infection Control Transfer Form' or when documenting a service user's 'Stool chart record'.

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, after removing gloves, hands must be washed with liquid soap and warm running water when caring for service users with diarrhoea.

THE BRISTOL STOOL FORM SCALE



September 2020

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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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