



## Community Infection Prevention and Control Policy for Domiciliary Care staff

# *C. difficile* (*Clostridioides difficile*)

**C. DIFFICILE**

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## C. DIFFICILE (*Clostridioides difficile*)

### 1. Introduction

*Clostridioides difficile* (formerly known as *Clostridium difficile*) is a bacteria which produces spores. *Clostridioides difficile* (*C. difficile*) spores are a dormant form of the bacteria that are resistant to air, drying and heat. The spores can survive in the environment for months and even years and can be spread following contact then ingested (swallowed).

*C. difficile* is present harmlessly in the intestine (bowel) of 3-5% of healthy adults as part of their normal flora. However, when a service user is given antibiotics for an infection, the antibiotics can kill off some of the good intestinal bacteria, which leaves room for *C. difficile* to multiply rapidly, resulting in the production of toxins (poisons) which cause diarrhoea.

In the majority of service users, the illness is mild and a full recovery is usual. Older 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 of *C. difficile*.

### 2. *C. difficile* conditions

There are two *C. difficile* conditions:

#### *C. difficile* colonisation

- When a stool sample is tested in a Laboratory and detects the *C. difficile* bacteria, but there are no toxins being produced, the person is said to be colonised.
- Although treatment is not usually required for colonisation it can be a long-term condition. Staff should be aware that these service users are at high risk of progressing from colonisation to infection.
- Symptoms, if present, are usually mild and antibiotic treatment is not normally required.

#### *C. difficile* infection (CDI)

- When a stool sample is tested in a Laboratory and detects both the *C. difficile* bacteria and toxins, the person is said to be infected.
- The GP or other healthcare professional will assess whether the service user requires treatment.

### 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 or feeding requiring nasogastric tubes
- **Previous history of *C. difficile* colonisation or infection** - 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.

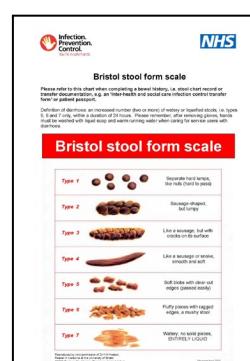
### 4. Signs and symptoms

If a service user has diarrhoea (types 5-7 on the Bristol stool form scale, available to download at [www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/](http://www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/)), 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* infection.

The most common symptoms include:

- Explosive, foul-smelling watery diarrhoea, which may contain blood and/or mucus
- 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 intestine and can last from a few days to several weeks. Most



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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 intestine, peritonitis, sepsis and sometimes death.

*C. difficile* relapse due to reinfection is common. If a relapse is suspected, seek advice from the service user's GP or healthcare professional.

### 5. Importance of hydration

Fluid loss due to diarrhoea can lead to dehydration. Service users with *C. difficile* should be encouraged to drink plenty of fluids. If they are fluid restricted, then advice should be sought from their GP or other healthcare professional.

### 6. Diagnosis

It is difficult to diagnose *C. difficile* just by symptoms alone. Therefore, a diarrhoea sample should be sent by the service user's GP Practice to the Microbiology Laboratory, where it will be tested for *C. difficile*.

### 7. Routes of transmission

When a person with *C. difficile* has diarrhoea, they pass microscopic spores which are invisible to the naked eye and hard to kill.

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*

'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy', should be taken by all staff, including the following:

#### Isolation:

- Isolation is not necessary for service users with *C. difficile* in their own home, but the service user may be advised to stay at home depending on the

severity of diarrhoea

- 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, see link in Section 4) or their bowel habit has returned to normal

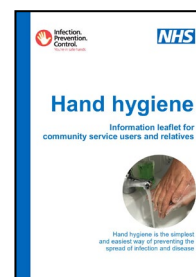
Refer to the 'Isolation Policy'.

### Personal hygiene:

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

### Hand hygiene:

- Staff should be 'Bare below the elbows'
- **Alcohol handrubs do not kill spores and, 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/resources/hand-hygiene-information-leaflet-for-community-service-users-and-relatives/](http://www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-information-leaflet-for-community-service-users-and-relatives/)
- Service users should be encouraged to keep their finger 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. The use of bar soap is not recommended 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, 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



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Refer to the 'Hand hygiene Policy'.

### Personal protective equipment (PPE):

- Wear disposable apron and gloves when caring for a service user with *C. difficile*
- Gloves and apron should be removed (gloves first) after each care activity is completed and hands washed with liquid soap and warm running water and dried thoroughly using disposable paper towels, such as kitchen roll

Refer to the 'PPE Policy'.

### Laundry, including uniforms and workwear:

- Wear disposable apron and gloves 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 held close to the body
- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen or 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 washing instruction 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 or workwear should be washed daily at the highest temperature recommended on the washing instructions label

Refer to the 'Safe management of linen, including uniforms and workwear Policy'.

### Cleaning and disinfection:

- *C. difficile* spores can survive in the environment for months or even years. 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, these should be cleaned and disinfected daily and whenever visibly soiled



- Cleaning with warm water and a general purpose neutral detergent or detergent wipes alone is **insufficient** to destroy *C. difficile* spores. Following cleaning, surfaces must also be disinfected with a sporicidal product, e.g. 10 ml household bleach in 1 litre of cold water or an alternative product, as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used
- Diluted chlorine-based disinfectant solutions, such as household bleach, become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours
- To ensure that microorganisms are killed, always leave chlorine-based disinfectant solutions for the contact time as per manufacturer's instructions
- Frequently used surfaces, e.g. tables, should be cleaned and disinfected daily and whenever visibly soiled
- 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 general purpose neutral detergent, e.g. washing up liquid, and warm water, a carpet shampoo machine or steam cleaner
- Surfaces contaminated with blood stained body fluids should be cleaned, then disinfected, refer to the 'Safe management of blood and body fluid spillages Policy'

Refer to the 'Safe management of care equipment Policy' and the 'Safe management of the care environment Policy'.

#### Waste disposal:

- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as per local policy

Refer to the 'Safe disposal of waste, including sharps Policy'.

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

- Transfer to another Domiciliary Care provider 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.
- If the condition of the service user requires urgent hospital attendance or admission, to reduce the risks of spreading infection, the unit at the hospital

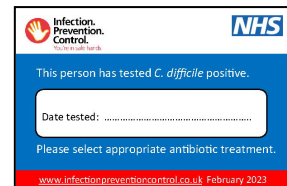
they are attending and the transport service taking them must be made aware the service user has *C. difficile* prior to them being transferred. Due attention should be paid to service user confidentiality. Staff with responsibility for arranging the service user's transfer should complete relevant documentation, e.g. patient passport or the Inter-health and social care infection control transfer Form (available to download at [www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/](http://www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/) and can be completed electronically). This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy'.

## 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, see link in Section 4) or their bowel habit has returned to normal, they are considered non-infectious and the additional TBPs 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 have confirmed *C. difficile* infection or colonisation 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

See Appendix 1 for the '*C. difficile*: Quick reference guide'.

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:

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

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 14. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Social Care and Public Health England (2013) *Prevention and control of infection in care homes – an information resource*

Department of Health (Updated September 2019) *Clostridium difficile infection: How to deal with the problem*

National Institute for Health and Care Excellence (Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

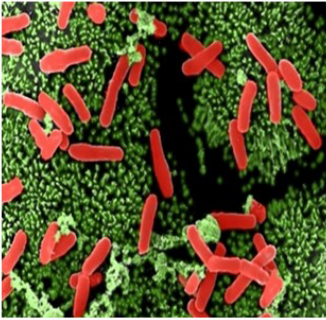
UK Health Security Agency (Updated September 2022) *Clostridioides difficile: guidance, data and analysis*

## 15. Appendices

Appendix 1: *Clostridioides difficile* (*C. difficile*): Quick reference guide

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## *Clostridioides difficile* (*C. difficile*): Quick reference guide for Domiciliary Care



### What is *C. difficile*?

A bacteria which produces spores and can live harmlessly in the intestine of 3-5% of healthy adults. Spores are a dormant form of the bacteria and can survive in the environment for months or even years.

Antibiotics disturb the balance of good intestinal bacteria, allowing *C. difficile* to multiply rapidly. This results in the production of toxins causing diarrhoea.

### *C. difficile* colonisation

- *C. difficile* is present in the bowel, but not producing toxins that cause diarrhoea.
- This may be a long-term condition and service users can progress from colonisation to infection.
- Symptoms, if present, are usually mild and antibiotic treatment is not normally required.

### How is *C. difficile* spread?

- *C. difficile* produces invisible to the naked eye, hard to kill microscopic spores, which are passed in diarrhoea.
- From contact with contaminated surfaces or care equipment, e.g. commodes, toilet flush handles, toilet assistance rails.
- From contaminated hands of staff and service users that have not been washed thoroughly.
- Hand-to-mouth action, when eating from or feeding with unwashed hands.

### *C. difficile* infection

- *C. difficile* is present and producing toxins causing symptoms that can range from mild to severe diarrhoea.
- In supported living or sheltered housing, the service user should be advised to remain in their accommodation until they are symptom free for 48 hours and passed a formed stool.
- The GP or other healthcare professional will assess whether the service user requires antibiotic treatment to kill the *C. difficile* bacteria.
- Recurrence of *C. difficile* can occur. At least 1 in 5 service users will develop a further episode of *C. difficile* infection.

### Help stop the spread of *C. difficile*

- Use liquid soap and warm running water for washing hands.
- **Do not** use alcohol handrub as this is not effective against *C. difficile*.
- Maintain a high standard of cleaning. Following cleaning, surfaces and care equipment must also be disinfected.
- Where possible, the service user should have a shower or bath daily to reduce *C. difficile* spores on other body areas.