

Guidance at a Glance – Clostridium Difficile

These guidelines support the delivery of care in community and social care settings. This guidance reflects best practice/national guidelines.

KEY POINTS

Clostridium difficile (C.Diff) are bacteria that exist widely in the environment and may become established in the colon of healthy people. C. diff produces spores, which are passed out in the faeces and may survive for months or years in the environment (for example, on clothes or bedding). C.Diff is spread from person to person via direct contact with contaminated hands or surfaces.

C. difficile infection occurs when the normal gut flora are disrupted or when the immune system is compromised, allowing the numbers of C. diff bacteria to increase to high levels.

Certain C. difficile strains produce toxins that damage the lining of the colon, causing symptoms ranging from mild, self-limiting diarrhoea to pseudomembranous colitis, toxic megacolon, perforation of the colon, abdominal pain, fever, sepsis and death.



Factors that increase the risk of C. difficile infection include:

- Advanced age
- Frailty
- Medical comorbidities.
- Hospitalisation
- exposure to other people with C. difficile infection
- long duration of antibiotic treatment
- taking multiple antibiotics concurrently or multiple antibiotic courses
- inflammatory bowel disease or bowel interventions (Laxatives)
- Debilitated or immunosuppressed service users
- Proton pump inhibitor medication (Omeprazole)

RISK FACTORS

MANAGEMENT OF C.DIFF

- Isolate person affected.
- If in outbreak then the home needs to be closed until you are symptom free for 48 hours following onset of last case
- Implement IPC precautions
- Hand washing with soap and water only – **Hand gel is not effective**
- PPE
- Increased environmental cleaning with chlorine based solution
- Inform.
 - Public Health Team at LCC in hours (01522 553729)
 - Public Health England out of hours (03442254524)
 - GP – ask for a review if on antibiotics, dehydrated, bloody diarrhoea.
- Encourage people to remain in room and rest.
- Maintain daily monitoring of people affected – use Bristol stool chart
- Restrict visiting
- Allocate staff to work in areas to care for affected vs. non affected residents
- Staff that are affected to remain at home until fully recovered.