

How can it be treated?

Clostridium Difficile can be treated with certain antibiotics. In most cases of C.Difficile patients will fully recover although there is a risk of relapse in 20-30% of patients. Elderly patients that have other underlying conditions may have more severe symptoms and occasionally this infection can become life threatening.

Can I still have visitors?

Yes.

Visitors need to seek advice from the nursing staff before entering the room.

All visitors will be asked to wash their hands before entering and leaving the room and may be asked to wear gloves and aprons. Please consult the nurse in charge.

Hand washing is the single most important and effective thing that you can do to prevent further spread of this and any other infection.

Contact Information

**Infection Prevention and Control Team
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**For more information or advice please
contact:**

- Your Hospital Doctor or Nurse
- Your GP Practice

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Clostridium Difficile

Infection Prevention and Control

Information for Patients and Relatives



What is Clostridium Difficile?

Clostridium Difficile (also known as C.Difficile or C.Diff) is a spore forming bacterium that is present as one of the 'normal' bacteria in the gut of up to 3% of healthy adults. This infection mostly affects the elderly population and is commonly associated with the use of antibiotics. Clostridium Difficile bacteria can become harmful in large numbers. When this happens it starts to produce toxins (poison) that affects the lining of the bowel and the following symptoms:

- Watery diarrhoea (greenish in colour) and offensive in smell
- Nausea
- Possibly blood in the faeces
- Painful stomach cramps
- Fever

Patients at high risk include those:

- over 65 years of age
- who have had bowel surgery
- who have decreased immunity
- who have had a lot of antibiotics as this may alter their normal gut flora.
- who have been in a hospital or nursing home for a long time

How can Clostridium Difficile spread?

Spores from infected faeces can survive in the environment for a long time and the infection can then spread from person to person. It can also be spread after having contact with the infection and not washing your hands. This could either be person to person or with contaminated environmental surfaces including toilets, bed rails, floors, patient tables etc...

It can also be spread in the air, this is why it is very important for staff to be extra careful when doing tasks like bed making. Staff should also make sure that they are wearing gloves and aprons when caring for infected patients and correctly dispose of these items before washing their hands.

How to reduce the risks of getting Clostridium Difficile

You should always wash your hands with hot water and soap before eating and especially after using the toilet.

Alcohol gel is not effective against Clostridium Difficile and will not kill the germs on your hands.

You should also keep surfaces in bathrooms, kitchens and all other areas clean. It is best to use bleach based disinfectants on a regular basis to clean hard surfaces.

What happens once Clostridium Difficile is suspected?

If Clostridium Difficile is confirmed you will be immediately moved to a single room, this is to ensure that potential spread of the infection is limited. All healthcare staff will wear gloves and aprons whilst caring for you. Gloves and aprons will then be removed and hands washed with hot water and soap before leaving the room.

You will then stay in the single room until the diarrhoea has settled and bowel motions have returned to normal. Having Clostridium Difficile will not necessarily prevent you from going home.