IF I HAVE CLOSTRIDIUM DIFFICILE HOW CAN I PROTECT THOSE AROUND ME?

If you're in hospital

- Bring in your own toiletries. Do not share
- Make regular and thorough hand washing part of your daily routine especially:
  - before eating or handling food
  - after handling rubbish
  - after touching a public surface, such as flushing a public toilet
  - when hands look or feel dirty
- Keep your bedside table free from clutter. This makes cleaning easier
- Report anything that doesn't look clean.

If you're receiving visitors

- Ask them to adhere to guidelines on how many visitors are expected at one time
- Make sure they wash their hands before and after they enter a ward
- Make sure they check with the nurse if they wish to bring in food or flowers
- Limit clutter and gifts – the less presents, food and magazines the easier it is to clean
- If your visitors have had diarrhoea they must wait 2 days AFTER the symptoms have cleared up before they visit.

At home

- Make sure you finish your course of antibiotics even if you feel better
- Drink plenty of fluids to help stop dehydration

- Make sure you, your visitors and carers wash their hands:
  - after using the toilet / changing nappies
  - after touching animals or animal waste
  - after handling rubbish
  - before and after preparing food and drinks
  - when hands look or feel dirty
- Tell friends and family not to visit if they are ill
- If your visitors have had diarrhoea they must wait two days AFTER the symptoms have cleared up before they visit
- If possible convalesce in a room to yourself and make sure the toilet you use is kept clean
- Keep all surfaces clean with bleach-based household detergents/disinfectants.

IT'S OK TO ASK

If you have any concerns about cleanliness, Clostridium difficile and how it is treated ask the nurse, they can help put your mind at rest.

Don’t be frightened to ask you carers if they’ve washed their hands. They will expect it and by doing so you will be helping to control infection.
You may have read about Clostridium difficile or C. difficile in newspapers. It is often called a 'superbug'. Here’s what you need to know about Clostridium difficile.

**WHAT IS CLOSTRIDIUM DIFFICILE?**

Clostridium difficile is one of many bacteria that live harmlessly in the human bowel. ’Good’ bacteria keeps it in check. Some antibiotics can ’kill off’ the good bacteria and occasionally damage the lining of the bowel.

Sometimes there are no symptoms of Clostridium difficile, but often it presents itself as diarrhoea, fever; loss of appetite; nausea and abdominal pains and tenderness.

**WHY IS CLOSTRIDIUM DIFFICILE SO WIDESPREAD NOW?**

Clostridium difficile has been around since the 1970s however, only recently an accurate test for it has been developed. There are a number of reasons it appears to be more widespread now. These include:

- Infections may have gone undiagnosed in previous years
- Older people in our society are getting illnesses connected to long-term health problems which require antibiotics
- We treat illnesses, such as tonsillitis, with antibiotics, when given time the body can usually heal itself
- Bugs are becoming harder to treat with antibiotics as they find ways to resist medicine.

**HOW DO PEOPLE GET CLOSTRIDIUM DIFFICILE?**

When normal bacteria in the bowel is disturbed, Clostridium difficile can multiply and produce toxins which irritate the bowel and cause diarrhoea. Those suffering from Clostridium difficile shed bacteria or spores in their faeces.

These spores survive unseen and can be carried on the hands or lie on surfaces such as bedpans and toilets.

If good hand hygiene is not observed, spores picked up on hands can be swallowed when eating or drinking.

Those over 65 years of age are more at risk, particularly if they are being treated with antibiotics for an underlying illness.

It is imperative that our hospitals are kept clean and staff are working hard to make sure that happens. However, we can all play our part in making sure we have clean hands if we or someone we know:

- has been treated with antibiotics
- has had gastrointestinal surgery
- has had a long stay in hospital
- has a serious underlying illness
- is over the age of 65.

**IS CLOSTRIDIUM DIFFICILE TREATABLE?**

Yes. Stopping antibiotics is the most effective treatment. In cases where antibiotics are needed a different sort of antibiotic is used. Most patients with Clostridium difficile diarrhoea make a full recovery, but those with other underlying illnesses may have a more severe course. Occasionally, infections in these cases are life-threatening.

If you have been treated for Clostridium difficile and you no longer have diarrhoea you aren’t considered a risk to others providing you observe good hand hygiene. This means washing your hands with soap and clear running water after using the toilet and before preparing food. Those with a history of Clostridium difficile who have no further symptoms of diarrhoea can return to their own home, care home or nursing home. Those who develop symptoms when they have been discharged from hospital will be monitored by a healthcare professional.

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**CLEAN HANDS**

Washing your hands with soap and clear running water reduces the spread of infection. Alcohol cleansing gels/hand rubs are NOT effective for Clostridium difficile. When you wash your hands it is important to include palms, thumbs and fingers, including tips, and backs of hands. The recommended way of washing your hands is shown below. **Spending at least 30 seconds washing your hands will help fight infection.**

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand
   - with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub each thumb clasped in opposite hand using a rotational movement
7. Rub tips of fingers in opposite palm in circular motion
8. Rub each wrist with opposite hand
9. Rinse hands with water
10. Dry thoroughly

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care