

Residents who are found to have Clostridium Difficile Infection (CDI) require a Post Infection Review (PIR) which is carried out by the Infection Prevention and Control Service. This requires the involvement of care home staff to also complete a PIR document to assist in the review. Many learning points have been highlighted and the following information has been put together in order to aid staff.

*An outbreak of Clostridium difficile (C.diff) does not manifest itself like an outbreak of Norovirus. The incubation period for Norovirus is 48 hours, so residents will develop symptoms over a short period of time. C.diff can be ingested but may only develop into diarrhoea at a later date, so cases are more sporadic.*

- Not every resident with C.diff infection will have faeces with the 'characteristic' smell.
- On the discharge notes from Wirral University Teaching Hospital NHS Foundation Trust, it states "C.diff infection status this admission: screening not performed". This is because routine screening for C.diff is never performed. The only time stool sampling is performed is when a patient is symptomatic of diarrhoea (stool types 5 to 7 on the Bristol Stool Chart).

### **C.diff testing in community patients:**

- If the resident is less than 65 years of age and C.diff is suspected, request the C.diff test on the form, otherwise it will not routinely be tested for C.diff
- Sending a stool sample to check for clearance is **NOT** required
- The laboratory will only test for C.diff if the specimen is liquid i.e. swirls in the pot (types 5-7 on the Bristol Stool Chart)

**Loperamide** (Immodium) Residents should not be prescribed Loperamide until infection has been ruled out.

If you require advice on C.diff, please contact the IPC Service.