



Infection Prevention and Control *Clostridioides difficile* infections

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DOCUMENT CONTROL		POLICY NO.	167
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Lead Author:	Infection Prevention and Control Team		
Lead Executive:	Nurse Director		
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Equality Impact Assessed:	Yes	Equality Impact Assessment date:	June 2026
Data Protection Impact Assessed:	No (Assessed as not required March 2025)	Data Protection Impact Assessment Date:	Not Applicable

Policy on a page

Summary & Aim	Key Requirements
<p>This policy sets out NHS Dumfries and Galloway's process for the management of <i>Clostridioides difficile</i> infection with regard to Infection Prevention and Control.</p>	<ul style="list-style-type: none"> Describe the standard to which <i>Clostridioides difficile</i> (C. difficile) will be managed in NHS Dumfries and Galloway. Signpost staff to relevant guidance and resources. Describe governance and assurance in relation to <i>Clostridioides difficile</i> (C. difficile)
Target Audience	Previous Names
<ul style="list-style-type: none"> All NHS Dumfries and Galloway Staff 	<ul style="list-style-type: none"> <i>Clostridium difficile</i> – Historical Terminology and Legacy Guidelines <i>C. difficile</i> Policy – Former Best Practice Standards

Equality and Diversity Statement
<p>NHS Dumfries and Galloway recognise that some communities within society are more likely than others to experience discrimination, prejudice and inequalities. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership. The Fairer Scotland Duty, also requires NHS Dumfries and Galloway to actively consider how socio-economic disadvantage can be reduced when making strategic decisions.</p> <p>The New Armed Forces Covenant Statutory Duty places an expectation on NHS Dumfries and Galloway to consciously consider the Armed forces Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces community and help improve their access to public services.</p> <p>Consideration on all of the protected characteristics, the Fairer Scotland Duty and the Armed Forces Covenant are included within the Equality Impact Assessment process and documentation, which must be completed as part of the Policy Development Process.</p> <p>NHS Dumfries and Galloway is committed to promoting and advancing equality, removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those who do not. This applies both in the provision of services and as our role as a major employer. NHS Dumfries and Galloway believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discrimination practice.</p>

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1 PURPOSE AND RATIONALE

1.1 **Purpose** – This policy sets out NHS Dumfries and Galloway’s process for the prevention, early detection, and management of *Clostridioides difficile* infection (CDI) in line with national infection prevention and control standards.

1.2 **Rationale** – *C. difficile* infection is associated with significant patient harm, including increased morbidity and mortality, prolonged hospital stays, and elevated healthcare costs. It poses a risk of transmission within healthcare settings due to its spore-forming nature and environmental persistence.

This policy is required to minimise the risk of *C. difficile* transmission, ensure timely and effective management of cases, and mitigate the impact on both patients and the organisation.

2 POLICY AIMS

2.1 To prevent the transmission of *C. difficile* within NHS Dumfries and Galloway healthcare settings through consistent application of standard and transmission-based precautions.

2.2 To ensure practice consistently parallels evidence based national guidance aiding in its application by NHS Dumfries and Galloway.

2.3 To ensure staff have access to appropriate up-to-date guidance.

2.4 To support in optimal patient care.

3 POLICY SCOPE

3.1 This *Clostridioides difficile* Infection Prevention and Control Policy applies to all NHS Dumfries and Galloway:

(a) Staff who provides care to patients with known or suspected *C. difficile* infection or colonisation, including those involved in direct clinical care, cleaning, facilities, and support services.

(b) Clinical and non-clinical areas where individuals with known or suspected *C. difficile* infection or colonisation are assessed, treated, or accommodated, including inpatient wards, outpatient departments, diagnostic areas, and community settings.

(c) Multidisciplinary teams responsible for implementing infection prevention and control measures, environmental decontamination, antimicrobial stewardship, and surveillance activities related to *C. difficile*.

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4 DEFINITIONS

- 4.1 **Clostridioides difficile** (*C. difficile*): A Gram-positive, spore-forming anaerobic bacterium that can cause diarrhoea and colitis, particularly following antibiotic use. Formerly known as *Clostridium difficile*.
- 4.1.1 **C. difficile toxin positive** (antibody positive/ AB+ve): A laboratory result indicating the presence of *C. difficile* toxin in stool, confirming active infection when correlated with clinical symptoms.
- 4.1.2 **C. difficile equivocal**: A laboratory result where *C. difficile* toxin is not clearly detected, but other markers (e.g. GDH antigen or toxin PCR positivity) suggest the presence of the organism. These cases are managed based on clinical presentation, and if symptoms are consistent with infection (e.g. diarrhoea), they are often treated as *C. difficile* infection.
- 4.1.3 **Clinical management**: Regardless of whether the result is toxin positive or equivocal, treatment and isolation decisions are guided by symptom severity, risk factors, and clinical judgement (see guidance available in NHS Dumfries and Galloway Antimicrobial Handbook) and, if required, in consultation with Consultant Microbiologist.
- 4.1.4 **Suspected C. difficile infection (CDI)**: A patient presenting with unexplained diarrhoea (≥ 3 loose stools in 24 hours), particularly following recent antibiotic use, hospitalisation, or other risk factors, where *C. difficile* infection is considered possible but laboratory confirmation is pending. These patients should be isolated and managed as infectious until results are known.
- 4.1.5 **Confirmed C. difficile infection (CDI)**: A patient with laboratory evidence of toxigenic *C. difficile* (toxin positive or PCR positive with compatible clinical symptoms such as diarrhoea or colitis). Confirmation indicates an active infection requiring appropriate treatment and infection prevention measures.
- 4.2 **Infection Prevention and Control**: A practical evidence-based approach preventing patients and healthcare workers from being harmed by avoidable infections.
- 4.3 **Infection**: A host immunological response with the causative agent being microbiological in nature.
- 4.4 **Colonisation**: The establishment, and potential proliferation, of microorganisms on (or in) a host which does not cause immunological response or does cause immunological response which remains sub-clinical.
- 4.5 **Transmission**: The process of passing a microorganism from one person or place to another.

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- 4.6 **Screening:** A process of methodical assessment and investigation to identify and quantify risk. Note: Routine screening is not currently recommended for *C. difficile*; however, risk assessment remains essential.
- 4.7 **Clinical area:** A predetermined space (i.e. room, department, building, ect.) designed for healthcare delivery or where healthcare is transiently provided by a healthcare professional.
- 4.8 **Staff:** Any individual engaged in work for NHS Dumfries and Galloway whether on a permanent, locum, temporary or bank contract.
- 4.9 **Donning:** To put on and use Personal Protective Equipment properly to achieve the intended protection and minimise exposure risk.
- 4.10 **Doffing:** Removing Personal Protective Equipment in a way that avoids self-contamination.
- 4.11 **Transmission Based Precautions:** A set of infection control measures utilised when known or suspected communicable infection/colonisation.
- 4.12 **Parent team:** The healthcare team, inclusive of Physicians, Nurses and Allied Health Professionals etc., responsible for a patients care at any given moment.
- 4.13 **Personal Protective Equipment:** Clothing and equipment worn or used to provide protection against biological, chemical and environmental hazards.
- 4.14 **Patient:** An individual who is in receipt of healthcare from a healthcare professional.
- 4.15 **Clinical Notes:** Clinical notes are detailed, written or electronic records documenting a patient's medical or psychological assessment, diagnosis, treatment, and progress, serving as a comprehensive and confidential record for healthcare professionals.
- 4.16 **Standard Infection Control Precautions:** the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.
- 4.17 **Decontamination:** The neutralisation or removal of microorganisms, particularly those with pathogenic potential.
- 4.18 **Domestic Waste:** Non-contaminated general waste
- 4.19 **Clinical Waste:** Potentially infected items.
- 4.20 **Transfer:** The movement of a patient from one place to another.

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- 4.21 **Uniform:** Uniform is the provision of recognised clothing dependent on role undertaken, and encompasses the requirement for Personal Protective equipment and representation of the organisation.

5 DUTIES / RESPONSIBILITIES

5.1 **Chief Executive:**

Responsible for Board compliance with all NHS D&G Policies and Procedures.

5.2 **Deputy Nurse Director (Hospital Acquired Infection Lead):**

Responsible for initiating the review/development of this Policy. Where appropriate, will oversee and support the development/review.

5.3 **Infection Control Committee:**

The Infection Control Committee will be responsible for overseeing the monitoring of this Policy as the Approving Group.

5.4 **Corporate Business Support Team:**

Ensure this policy is in line with the Policy Management Policy.

5.5 **Lead Policy Author:**

Responsible for reviewing, developing and consulting on this policy in accordance with the principles of this Policy

5.6 **Consultation Group:**

This group is made of impacted stakeholders and stakeholders with the relevant expertise who will be responsible for scrutinising this policy to ensure that it is fit for use and providing the Lead Policy Author with feedback.

5.7 **Infection Prevention and Control Manager:**

Will feedback progress, concerns and issues in relation to this policy to the Infection Control Committee.

5.8 **Infection Prevention and Control Doctor:**

The Infection Control Doctor will, where appropriate, provide clinical guidance and/or leadership.

5.9 **Infection Prevention and Control Nurses:**

Support staff in the application of this policy and monitor/feedback policy compliance as appropriate to the Infection Prevention and Control Manager. This includes supporting enhanced cleaning protocols, PPE use, isolation practices, and education specific to *C. difficile*.

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5.10 **General Managers**

Ensure that staffs are aware of, and understand their responsibilities under this Policy, including escalation procedures and local expectations for managing *C. difficile* cases.

5.11 **Staff:**

All staff are responsible for checking that their practice complies with the current approved Policies.

6 **PROCESS / PROCEDURES**

6.1 **Screening (Clinical Risk Assessment and Sampling)**

6.1.1 Routine screening is not applicable for *C. difficile*. Diagnosis is typically based on clinical suspicion and microbiological testing following symptom onset. The microbiology laboratory will routinely test for *C. difficile* in all liquid faecal samples received from patients 3 years or older.

6.1.2 *C. difficile* may be identified as a coincidental finding during microbiological testing for other indications. However, testing should be guided by clinical presentation and not performed in the absence of symptoms.

6.1.3 Clinical risk assessment for *C. difficile* is informed by factors that increase the likelihood of infection, such as:

- Recent or current antimicrobial exposure
- History of previous *C. difficile* infection
- Hospitalisation or care home residency
- Immunosuppression or comorbidities
- Epidemiological links to known cases or outbreaks
- PPI

6.1.4 The “*Clostridioides difficile* Risk Assessment and Case Management” guidance outlines:

- Criteria for testing based on clinical symptoms
- Risk stratification for transmission and environmental contamination
- Required actions including isolation, notification, and enhanced cleaning protocols

6.1.5 **Definition of suspected and confirmed cases:**

- A suspected case refers to any patient presenting with unexplained diarrhoea (three or more loose stools in 24 hours), particularly following recent antibiotic use or healthcare exposure, where *C. difficile* infection is considered possible

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but laboratory results are pending. These patients should be isolated and managed as infectious until results are available.

- A confirmed case refers to a patient with laboratory evidence of toxigenic *C. difficile* (toxin or PCR positive) and compatible clinical symptoms, confirming active infection and requiring continued isolation, treatment, and enhanced infection prevention measures.

6.2 Hand Hygiene

- 6.2.1 All Staff will practice effective hand hygiene at the [WHO “5 Moments for Hand Hygiene”](#), as well as, when indicated in donning/ doffing process or generally when practicing good personal hygiene.
- 6.2.2 Correct technique and product will be utilised as indicated by the [National Infection Prevention & Control Manual: 1.2 Hand Hygiene](#). In cases of *C. difficile* infection, handwashing with soap and water is required.
- 6.2.3 Alcohol-based hand rub is not effective against *C. difficile* spores and must be removed from the patient area during the infectious period.
- 6.2.4 All Staff will support and promote the same effective hand hygiene practices for patients and visitors.

6.3 Patient Placement

- 6.3.1 Patients’ parent team will identify and apply the appropriate Transmission Based Precautions for the known or suspected *C. difficile* infection as per the National Infection Prevention & Control Manual:

- [A–Z Pathogens](#)
- [Chapter 2 – Transmission Based Precautions \(TBPs\)](#).

(a) Place in single occupancy room with en-suite (or dedicated commode)

(b) Affix the appropriate national resource [Transmission Based Precautions poster](#) to the door (either by non-adhesive means or by mounting putty e.g. Blu Tack™)

(c) Room door will be kept closed; if this cannot be achieved, risk of door being open should be assessed against risk of door being closed and a decision formally documented in clinical notes

Optimally, patients identified as posing a risk of *Clostridioides difficile* transmission will be managed in a single occupancy room with en-suite.

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6.3.2 When conflicting requirement for use of single occupancy accommodation, the "[Considerations in Prioritisation of Patient Single Room Isolation](#)" guidance document may support prioritisation of single occupancy resource.

6.4 Cleaning and Decontamination

6.4.1 Roles and responsibilities regarding decontamination of the care equipment and the environment are outlined in the [NHS Dumfries and Galloway Cleaning Matrix](#) (access on board intranet).

6.4.2 Decontamination will be performed with 1,000 parts per million available chlorine (ppm av. cl.). If contamination with blood and/or body fluids refer to [National Infection Prevention & Control Manual: Appendix 9](#).

6.4.3 Staff will:

1. Perform hand hygiene.
2. Don apron and gloves (Visor if concern of splash).
3. Remove visible soiling using disposable detergent wipes and discard of the spent wipes into clinical waste stream.
4. Following manufacturer's instructions for dilution, application and contact time of Chlorine Releasing Agent; Carry out cleaning (*If equipment, clean from the top or furthest point.*)
5. Discard of the spent disposable cloth into clinical waste stream.
6. Appropriately store equipment.
7. Doff apron and gloves (Visor if concern of splash).
8. Perform hand hygiene.

6.4.4 Single use, single patient use and reusable invasive equipment will be managed in line with manufacturers' guidance.

6.4.5 Non-invasive reusable equipment will be allocated to the individual with suspected or confirmed *C. difficile* infection; if non-invasive reusable equipment cannot be allocated to an individual it will be decontaminated as per [National Infection Prevention & Control Manual: Appendix 7](#).

6.4.6 The healthcare environment will be kept visibly clean and in a good state of repair.

6.4.7 Environmental decontamination will be performed to the [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#).

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- 6.4.8 Patient accommodation occupied by an individual with suspected or confirmed *C. difficile* infection will receive a daily “Isolation Clean” as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#).
- 6.4.9 On discharge of individual with suspected or confirmed *C. difficile* infection the previously occupied accommodation will receive a “Terminal Clean” as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#) before the space can be utilised again.
- 6.4.10 After transient occupation of a space for procedure (e.g. a clinic room for lumbar puncture, renal unit bedspace for dialysis, CT for imaging, ect.) the space should receive a “Terminal Clean” as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#) before the space can be utilised again. This does not apply to luminal spaces and waiting rooms which will be managed as normal.

6.5 Waste

- 6.5.1 Domestic waste (“Black Stream”) will be managed as clinical waste (“Orange Stream”).
- 6.5.2 There will be no change to other waste streams.

6.6 Linen

- 6.6.1 Linen of the individual with suspected or confirmed *Clostridioides difficile* infection will be managed as infectious; described in the [National Infection Prevention & Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#).
- 6.6.2 Used linen (NHS-owned) of the individual with suspected or confirmed *C. difficile* infection will be:
- (a) Placed directly into a water-soluble/alginate bag and secured, then placed into a clear plastic bag and secured before placing into a “red stream” laundry bag/receptacle.
 - (b) Tagged with ward/care area and dated to ensure laundry bag/receptacle traceability.
 - (c) Stored in a designated, safe, lockable area whilst awaiting uplift.
 - (d) Uplifted with sufficient frequency to mitigate build-up of linen bag/receptacles.
- 6.6.3 Spent linen belonging to the individual with suspected or confirmed *C. difficile* infection

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(a) Placed directly into a semi water-soluble/alginate “patient clothing” bag and secured with an alginate tie.

(b) Stored in the patient’s own room ready for uplift by patient nominee.

(c) If patient, or patient nominee, is to manage laundry at home they will be provided with [patient information leaflet on washing patient laundry at home \(Print Version\)](#).

6.6.4 Staff will escalate to the Infection Prevention and Control Team if soiled laundry being stored for uplift is preventing safe clinical practice or environmental decontamination.

6.7 Patient Transfer

6.7.1 Movement of the individual with suspected or confirmed *C. difficile* infection should only occur when there is a clinical need to do so.

6.7.2 The discharging area will ensure that receiving area has been made aware of an individual’s suspected or confirmed *C. difficile* infection colonisation status and any precautions currently in place prior to transfer.

6.7.3 The receiving area must be allowed to prepare for safe receipt of the individual with suspected or confirmed *C. difficile* infection and will collaborate with the discharging area to facilitate transfer without undue delay.

6.7.4 Where possible, the discharging and receiving areas will coordinate transfer of the individual with suspected or confirmed *C. difficile* infection to incorporate any required investigations as part of the patient movement.

6.7.5 The individual with suspected or confirmed *C. difficile* infection will be transferred without unplanned layover unless required by patient deterioration.

6.7.6 Personal protective equipment recommended during patient transfer, as indicated by Transmission Based Precautions (TBPs). [Transmission Based Precautions will be applied as per the National Infection Prevention & Control Manual: Chapter 2 – Transmission Based Precautions \(TBPs\).](#)

6.8 Contacts

6.8.1 Assessing an individual, post exposure event, with a view to determining the likelihood of colonisation is complex and will require consultation with an Infection Prevention and Control specialist.

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6.8.2 Assessment requires consideration as to;

- Exposed individual: The susceptibility of a host can be affected by the immune status of the host and presence/absence of invasive medical devices. The behaviour/habits of an individual can also influence potential for colonisation (e.g. personal hygiene practices, hand washing practices, cognitive capacity, ect.)
- Nature of exposure: Mechanism of exposure (e.g. spat on, placed in contaminated room, care provided with contaminated equipment) and duration of exposure are factors which will influence likelihood of colonisation. Mitigating factors will also contribute to potential risk such as environmental design (e.g. ventilation design, bed-spacing), area cleaning practices and staff practices.
- Organism: The epidemiology of the organism is which suspected as exposed will inform assessment (e.g. likelihood of environmental persistence, mode of transmission, potential portal of exit, ect.)

6.8.3 Microbiological testing cannot provide definitive evidence that a colonisation is not present but may support in the assessment of risk. A Microbiology or Infection Prevention and Control Specialist will advise when microbiological testing is indicated to support decision making regarding colonisation status of contacts of a *C. difficile* infection.

6.8.4 An individual who is identified as having probable *C. difficile* colonisation following a known exposure event will not routinely be isolated or managed unless symptoms develop. Management will be guided by clinical presentation, risk assessment, and advice from the Infection Prevention and Control Team (IPCT).

6.9 Staff Carriage

6.9.1 Staff will apply [National Infection Prevention & Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#) to prevent nosocomial transmission by staff carriage.

6.10 Control of Antibiotic Use

6.10.1 Staff will utilise empirical antibiotic guidance as made available by the antimicrobial team ([NHS Dumfries & Galloway Antimicrobial Handbook | Right Decisions](#)).

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6.11 Treatment

6.11.1 Treatment of *C. difficile* infection must follow current Scottish Antimicrobial Prescribing Group (SAPG) guidance. This is available through the: ([NHS Dumfries & Galloway Antimicrobial Handbook | Right Decisions](#)).

6.11.2 Prescribers must document, rationale, duration, and review date for all antimicrobial prescriptions.

6.12 Education

6.12.1 The Duty Infection Prevention and Control Nurse will offer (or remotely support) patient education and be available to answer questions, relating to *C. difficile* infection, including:

(a) Aetiology and epidemiology

(b) Relevance to current admission and treatment

(c) Interventions to control transmission in hospital (e.g. isolation, hand hygiene, cleaning)

(d) Advice for infection prevention and control (IPC) at home following discharge

6.12.2 The Duty Infection Prevention and Control Nurse will visit Dumfries and Galloway Royal Infirmary inpatients that are identified through surveillance or clinical reporting as having a new or previously confirmed *C. difficile* infection within 48 hours of the Infection Prevention and Control Team being notified.

6.12.3 In the event that an inpatient, of any NHS D&G site other than Dumfries and Galloway Royal Infirmary, is found by surveillance, or reported, as having a new or previously confirmed *C. difficile* infection, the Duty Infection Prevention and Control Nurse will remotely support the parent team in provision of education; the Infection Prevention and Control Team will endeavour to visit at the earliest opportunity.

6.12.4 Individuals with suspected or confirmed *C. difficile* infection will be offered an education leaflet in print and/or online format. This will include information on symptoms, transmission, treatment, and hygiene advice for home and community settings.

6.12.5 Area leads, and individual professionals have a responsibility to recognise where training and education is required to meet the needs of the patient and organisation.

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6.12.6 The Infection Prevention and Control Team will support in tailored staff education when it is requested or recognised as required, including updates on *C. difficile* management, cleaning protocols, and audit findings.

6.12.7 The Infection Prevention and Control Team will offer ward-based tailored education if an area has an inpatient with *C. difficile* infection or if staff practice related to *C. difficile* is found to be non-compliant.

6.13 Care of the Deceased

6.13.1 Standard Infection Control Precautions and Transmission Based Precautions should be applied in care after death if the deceased individual is suspected or known to be colonised or infected by an infectious agent/disease ([Infection Prevention and Control during care of the deceased: literature review](#)).

6.13.2 All healthcare workers will follow the Health and Safety Executive publication "[Managing infection risks when handling the deceased](#)".

6.13.3 Efforts will be made to meet the spiritual care needs of individuals with *C. difficile* infection in the same manner as those without such an infection.

6.13.4 Transfer to mortuary will occur in line with "6.6 Transfer of Patients" Contact Transmission Based Precautions unless otherwise indicated.

6.14 Surveillance

6.14.1 The Infection Prevention and Control Team will utilise software-based surveillance systems to identify cases of *C. difficile* infection reported by NHS Dumfries and Galloway laboratory services. Surveillance data will be correlated with bed movement and ward-level activity to identify transmission risks, recurrence patterns, and clusters of concern.

6.14.2 Conditions of concern and conditions of concern will be dictated, at minimum, by [National Infection Prevention & Control Manual: Appendix13 - NHSScotland Minimum Alert Organism/Condition List](#), which includes *C.difficile* infection.

6.14.3 The Infection Prevention and Control Team will contribute to national surveillance programmes for *C. difficile*, including mandatory reporting of healthcare-associated infection rates and recurrence data, as required by Public Health Scotland.

6.14.4 Quarterly *C. difficile* surveillance reports will be submitted to the Infection Control Committee (ICC), to support targeted education, audit and interventions.

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6.15 Communication

6.15.1 A robust system for communicating information to the Infection Prevention and Control Team is multi-faceted in its sources. The Infection Prevention and Control Team will be made aware of individuals with confirmed or suspected *C. difficile* infection by:

- (a) The patient's parent team
- (b) IPC software-based surveillance system
- (c) NHS Dumfries and Galloway microbiology laboratory staff and laboratory reporting systems
- (d) Bed management and electronic case note software
- (e) Notification by another health board

6.15.2 A robust system for communicating an individual's previous *C. difficile* infection to appropriate stakeholders involves the Infection Prevention and Control Team, the parent team, and NHS Dumfries and Galloway laboratory staff.

6.15.3 Communication of an individual's previous *C. difficile* infection to appropriate stakeholders will be achieved by:

- (a) Verbal and/or written information provided to the patient
- (b) Notifying the clinical team responsible for the patient
- (c) Notifying other health boards (if inter-hospital transfer)
- (d) Applying electronic "Tag" to bed management and electronic case note software
- (e) Written communication in physical case notes, handover documents, and discharge letters

6.16 Outbreaks and Incidents

6.16.1 Outbreaks and incidents relating to *C. difficile* infections will be managed as per [National Infection Prevention & Control Manual: Chapter 3 - Healthcare Infection Incidents, Outbreaks and Data Exceedance](#)

6.16.2 When required the Infection Prevention and Control Team will lead a multi-disciplinary team (MDT) approach to problem assessment, incident management, and implementation of control measures. This will include representation from clinical teams, antimicrobial stewardship, domestic services, estates, and senior leadership as required.

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7 CONSULTATION

7.1 Consultation on the Policy Management Policy was led by the Lead Author and Executive Director and included:

- Data Protection and Confidentiality Lead
- Equality and Diversity Lead
- Assistant General Manager Galloway Community Hospital
- Nursing Lead
- Midwifery Lead
- Community Lead
- Allied Health Professional Lead
- Mental Health Lead
- Support Services Manager
- Associate Medical Director
- Risk Manager
- Staff Side Representative
- Board Management Team
- Infection Prevention & Control Doctor/ Microbiology Consultant
- Infection Control Manager
- Infectious Diseases Consultant

8 TRAINING AND SUPPORT

8.1 There are no specific training requirements associated with the implementation of this document. Anybody who requires assistance with the processes set out in this Policy can contact the Infection Prevention and Control Team for support.

9 MONITORING

9.1 The monitoring arrangements for this Policy are set out in the table below.

Element to be Monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Compliance with <i>C. difficile</i> case management	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance Meeting – Acute and Diagnostics	3 monthly
		Departmental Leads	On completion of inspection	
Compliance with antimicrobial prescribing guidance	Pharmacy-led audit and Infection Prevention and Control review	Antimicrobial Stewardship Group / IPC Team	Medicines Governance Group	3 monthly

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Element to be Monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Compliance with Infection Prevention and Control Standard Infection Control Precautions	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance Meeting – Acute and Diagnostics	3 monthly
		Departmental Leads	On completion of inspection	
Departmental Infection Prevention and Control self-audit programme	Monthly departmental audits	Infection Prevention and Control Team	Clinical Governance Meeting – Acute and Diagnostics	3 monthly
		Departmental Leads	Monthly	
Support Services scheduled inspections	Environmental cleanliness and waste audits	Support Services Team	Infection Control Committee	2 monthly
		Departmental Leads	On completion of inspection	
Compliance with Transmission Based Precautions	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance Meeting – Acute and Diagnostics	3 monthly
		Departmental Leads	On completion of inspection	
Board prevalence of <i>C. difficile</i> infection	Infection Prevention and Control Audit and Surveillance Strategy	Infection Prevention and Control Team	Infection Control Committee	2 monthly

10 EQUALITY IMPACT ASSESSMENT

10.1 NHS Dumfries and Galloway is committed to the principles of equality and diversity and recognises the Protected Characteristics as defined by the Equality Act 2010 as follows: age; disability; gender; race; religion/belief; and sexual orientation; gender reassignment; marriage and civil partnership; and pregnancy and maternity. Any requirements will be highlighted within the risk assessment process.

10.2 This policy has been equality and diversity impact assessed.

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11 DATA PROTECTION AND CONFIDENTIALITY IMPACT ASSESSMENT

- 11.1 A Data Protection Impact Assessment is not indicated as a legal requirement at the time of developing this policy.

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12 DOCUMENT CONTROL SHEET

12.1 Document Amendment History

Version	Section(s)	Reason for update
1.0	All	New Policy developed for implementation

12.2 Distribution

Name	Responsibility	Version number
Corporate Business Manager	Place on policy register	1.0
Communications Team	Place on internet and in the "latest news"	1.0
Board Management Team	Dissemination to all staff through line management	1.0

12.3 Associated documents

Equality and Diversity Impact Assessment Policy.

12.4 Action Plan for Implementation

Action	Lead Officer	Timeframe
Email link for policy to senior managers for dissemination through the directorates	Corporate Business Manager	June 2026
Raise awareness and inform staff through the Staff News	Communications Team	June 2026
Use Policy	All staff	June 2026