

<b>Reference Number:</b> UHB 055 <b>Version Number:</b> 5	<b>Date of Next Review:</b> June 2029 <b>Previous Trust/LHB Reference Number:</b> T4
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## ***Clostridioides difficile* Procedure**

### **Introduction and Aim**

*Clostridioides difficile* is a spore-forming organism, found in the gut, which causes disease by toxin production. Patients with *C. difficile* infection shed spores via their faeces into the environment at a high rate and these patients are considered the main source of contamination of the environment in care facilities. The spores survive in the environment, and have been isolated from commodes, toilets, wheelchairs, sinks, linen, floors, bedpans and the hands of staff. Ensuring strict hand hygiene and maintaining a clean environment is therefore essential to prevent spread of this infection.

This organism causes a broad spectrum of enteric disease in susceptible people, ranging from mild antibiotic-associated diarrhoea to the potentially fatal condition of pseudo-membranous colitis. Hospitalised patients are predisposed to the disease by their underlying illness and receiving antimicrobial treatment.

The aim of the procedure is to provide guidance and both prevention and management for *Clostridioides difficile* in the clinical area.

### **Objectives**

- To describe the actions required when a case of *Clostridioides difficile* is identified
- To provide advice on action required during an infectious incident or outbreak situation caused by *Clostridioides difficile* (see also the Infection Control Procedure for Infectious Incidents and Outbreaks).

### **Scope**

This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

Cardiff And Vale UHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to *Clostridioides difficile* in patients, staff and other persons working at or using its premises.

In order to prevent the possible spread of *Clostridioides difficile* amongst patients and staff it is recognised that the UHB requires a procedural document to ensure effective management of infection. This is especially necessary in the case of an infectious incident/outbreak, as detailed in the UHB Infection Control Procedure for Infectious Incidents and Outbreaks.

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<b>Equality and Health Impact Assessment</b>	<i>An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.</i>
<b>Documents to read alongside this Procedure</b>	<i>Hand Hygiene Procedure Transmission Based Precautions Infection Control Procedure for Infectious Incident and Outbreaks Period of Increased Incidence (PII diarrhoea pack)</i>
<b>Approved by</b>	<i>Infection Prevention &amp; Control Group</i>

<b>Accountable Executive or Clinical Board Director</b>	<i>Director of Nursing</i>
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<p><b><u>Disclaimer</u></b>  <b>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate</a>.</b></p>	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
5	16/06/2026	19/06/2026	<i>Revised to include HPV cleaning requirement. Microguide changed to Eolas medical. Links updated.</i>
4	15.12.2021	24.06.22	<i>Revised to include current national guidance. Included guidance for primary care. Added new treatment information. Advice for health care staff added.</i>
3	21.11.2017	2017	<i>Revised document to update links. Treatment algorithm appendix removed and replaced with a link to UHB micro guide.</i>
2	07.03.2014	October 2014	Review of procedure
1	24.05.2011		First procedure

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## 1. SUMMARY

- 1.1 *Clostridioides difficile* is an anaerobic bacterium found transiently in the gut of 2-3% of healthy individuals although asymptomatic carriage rates may be as much as 10% in hospitalised patients. This asymptomatic carriage of toxigenic *C. difficile* is relatively common among healthcare patients and has been associated with transmission

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in the hospital setting. Transmission Based Precautions (or other interventions) are not recommended for asymptomatic carriers.

1.2 The organism causes enteric diseases ranging from mild antibiotic-associated diarrhoea to pseudo-membranous colitis.

1.3. Certain persons are at increased risk of acquiring CDI (*C. difficile* infection). The possibility of CDI should be considered when persons with diarrhoea also have:

- Current or recent (within the last three months) use of antimicrobial agents
- Increased age (>65 years old) including residential care;
- A previous diagnosis of CDI;
- Prolonged hospital stay;
- Serious underlying diseases;
- Surgical procedures (in particular bowel procedures);
- Immunosuppression (including HIV infection and transplant patients); and/or
- Use of proton pump inhibitors (PPI)/H2 antagonists (drugs which reduce the production of stomach acid).

1.4 A patient admitted with known or suspected *Clostridioides difficile* infection, or who develops the infection on an open ward, should be placed in a single room, preferably with en-suite facilities and contact precautions implemented.

1.5 If there are several affected cases cohorting on a ward may be considered.

1.6 Strict compliance of bare below the elbow plus the five moments of hand hygiene with soap and water must be adhered to at all times. Alcohol hand gel is ineffective against *C. difficile* spores.

1.7 Single rooms (or areas of the ward used for cohorting) must be cleaned twice daily with detergent and a chlorine releasing agent (at a dilution of 1000 parts per million). For example, Actichlor Plus. On patient discharge or transfer, the room/area must undergo a hydrogen peroxide vapour (HPV) clean in addition to the terminal clean.

1.8 Patients may be moved from a cubicle when 48 hours symptom-free and following clinical assessment/referral to Bristol Stool Chart.

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1.9 For treatment, all antimicrobial guidelines can be found on Eolas Medical. This can be accessed on SharePoint or via the Eolas Medical app.

1.10 All concurrent antibiotics should be stopped if possible or discussed with microbiology.

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## 2. ROLES AND RESPONSIBILITIES

- 2.1 Cardiff and Vale UHB Board is responsible for the approval of the Infection Control Procedure and for the management of patients known, or suspected, to have *Clostridioides difficile* infection.
- 2.2 Individual directorates will be responsible for the implementation of the procedural document in clinical areas.
- 2.3 Distribution of the procedural document will be through the UHB SharePoint site.

## 3. CONTROL MEASURES

### 3.1 General Practitioners should:

- be aware of and follow local antimicrobial guidelines for primary care in the NHS board;
- be aware of major risk factors and symptoms of *C. difficile* infection;
- obtain stool specimens from any person with diarrhoea in the community, aged 2 years and over, as early as possible and send the specimen to the local microbiology laboratory requesting testing for *C. difficile* toxin;
- ensure that the Health Protection Team (or Infection Prevention and Control Team) is alerted within the NHS board when there is an increased number of cases of *C. difficile* infection within a care home;
- advise patients with *C. difficile* infection that are being cared for at home to contact the GP if symptoms (including fever, rigors, and bowel movements) worsen while on treatment;
- seek advice on appropriate infection prevention and control precautions from the Health Protection Team;
- use appropriate infection prevention and control measures as set out in this document when dealing with persons with diarrhoea;
- follow the treatment protocols outlined in Eolas, and seek advice from the local Infection Prevention and Control if unsure of appropriate steps;
- complete root cause analysis for all community acquired *C. difficile* toxin positive cases
- assist in the investigation of any community cases that result in severe disease or death.

### 3.2 Admission of a known or suspected case

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3.2.1 As with all other cases associated with infectious diarrhoea, a patient with known, or suspected, *Clostridioides difficile* infection transferred from another ward or hospital should be admitted directly to a single room. Contact precautions (see Appendix 1) must be implemented immediately along with strict hand hygiene with soap and water as alcohol hand gel is not effective against *C. difficile* spores. If no single room is available, then the patient should be admitted next to a sink, or as close as possible to one, in the most appropriate part of the ward.

### 3.3 Case reported after admission

3.3.1 A patient who has not been isolated should be moved into a single room (preferably with toilet facilities) as soon as possible and contact precautions implemented immediately. The vacated area should then be cleaned. This will include an enhanced clean with detergent and a chlorine releasing agent. In addition, where possible, a Hydrogen Peroxide Vapour (HPV) clean should also be implemented. Curtains are also to be changed.

3.3.2 If over a period of time a ward or unit notices a number of cases of *Clostridioides difficile* infections, it should be considered to be a period of increased incidence (PII) or possibly an outbreak.

3.3.3 The IP&C team will contact the ward area if patterns of increased incidence are noted, but ward staff may have suspicions of a problem before all test results are available. Please contact IP&C to raise concerns and use the period of increased incidence pack that can be found in the Viral Gastroenteritis (Norovirus) Infection Control in University Health Board Hospitals Procedure.

### 3.4 Case Definition

3.4.1. A toxin positive case of *Clostridioides difficile* is defined as: one episode of diarrhoea, according to the Bristol Stool Chart types 5–7, that is not attributable to any other cause, including medicines, and that occurs at the same time as a positive toxin assay and/or endoscopic evidence of pseudomembranous colitis (PMC).

3.4.2 When a case is confirmed the IP&C team will alert the clinical team and ward manager responsible for the patient to inform them and trigger a root cause analysis review of the case. For all hospital acquired *C. difficile* toxin positive cases, an RCA tool will be sent to the appropriate clinicians for completion.

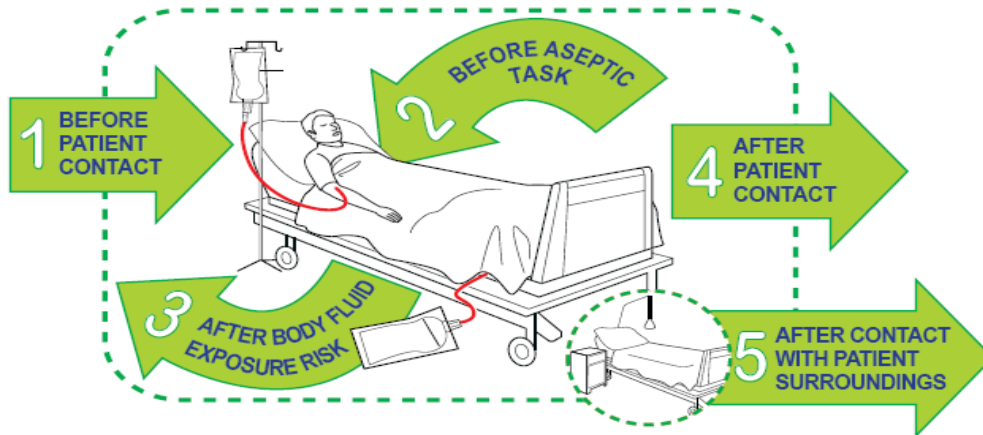
### 3.6 Patient isolation

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- 3.6.1 Contact precautions must be commenced immediately. A single room preferably with its own toilet facilities should be used. If no toilet facilities are available, then use a designated commode. If there are several affected patients, the IP&C Team will consider the cohorting of patients, as grouping these patients in an individual ward with designated staff is preferable to side-rooms of different wards. Contact precautions must be of the same standard whether the patient is in a cubicle or a ward area.
- 3.6.2 Visitors and members of staff from other departments should report to the Nurse-in-Charge before entering the room.
- 3.6.3 The door of the room should be kept closed at all times unless the clinical need of the patient dictates otherwise.
- 3.6.4 A contact isolation sign (Appendix 1) must be displayed on the door.
- 3.6.5 Patients should not leave the room/ward area to attend other departments without prior arrangement/notification of the receiving department. Further advice can be sought from the IP&C Team.
- 3.6.6 Gloves and apron must be worn when in contact with the patient's immediate environment or if there is any risk of contamination from infected materials. These must be removed after each contact episode and hands washed with soap and water. Plastic aprons must be worn when in contact with the patient or patient's environment.
- 3.6.7 Masks are not required.
- 3.6.8 Hands must be washed with soap and water. Hand hygiene should be performed:
- Before entering a single room
  - Before and after contact with the patient and environment
  - After contact with potentially infected materials/removal of gloves
  - Before leaving the room
  - The use of alcohol-based hand rub is not effective in removing *C. difficile* spores from hands.

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## Your 5 moments for HAND HYGIENE



Based on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission

See Cardiff and Vale UHB Procedure for Hand Hygiene (see 9.2 for SharePoint link)

3.6.9 Patient notes must be kept outside the single room.

3.6.10 Where possible, use of dedicated equipment for the affected patient is preferable e.g. BP cuff, commode etc.

### 3.7 Prevention of spread

3.7.1 All visiting staff from other wards or departments, plus patients visitors, should enter the room only after discussion with the nurse-in-charge of the ward.

3.7.2 There is no need for the patient to be issued with disposable cutlery and crockery whilst in isolation.

### 3.8 Disposal of waste

3.8.1 All infected clinical waste should be disposed of into an infected (orange) "clinical waste" bag (WHTM Safe and Sustainable Management of Healthcare Waste 2025)

### 3.9 Decontamination

3.9.1 The patient's room, including the floor and all horizontal surfaces, must be cleaned twice daily, and on discharge, using a combined detergent and chlorine releasing agent (at a dilution of 1,000 parts per million). For information regarding dilution and contact time, refer to appendix 3. It is not necessary to clean the walls and ceilings unless soiled. The room should be allowed to dry thoroughly after cleaning/decontamination, ensuring a contact time of at least 10 minutes. Following this where possible, a HPV clean should be

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implemented before admission of another patient. Bedside or window curtains should be changed after discharge.

3.9.2 Bed linen must be placed into an alginate bag, then into either a red plastic bag (printed INFECTED), or into a red canvas style bag, which should be sealed, and left for collection.

### 3.10 Transfer of patients

3.10.1 The ward manager has the responsibility to ensure that the necessary information regarding an infected patient is passed on to a senior member of staff of the receiving ward/department prior to transfer.

### 3.11 Death of a patient

3.11.1 If a patient dies of *Clostridioides difficile* disease this MUST be documented in part 1 of the death certificate and reported to the Clinical Board Management team for reporting as an NRI to Welsh Government. If a patient dies when still symptomatic with *Clostridioides difficile* or on treatment, but whose main cause of death is deemed to have been unrelated, the *Clostridioides difficile* should be recorded in part 2 of the death certificate and should also be considered for reporting as an NRI to Welsh Government. Clarification was received from Welsh Government June 2013 “**a serious incident must be reported for any death where a healthcare associated infection (including *Clostridioides difficile* and methicillin resistant *Staphylococcus aureus*) is mentioned on the death certificate as either the underlying cause of death or contributory factor**”. (Putting things Right WG November 2013)

3.11.2 Following a patient death, contact precautions are to be maintained. Mortuary staff must be informed, prior to patient transfer, so that they can also adhere to the correct precautions.

#### 3.11.3

As care staff could potentially infect vulnerable patients (and co-workers and visitors), staff who have diarrhoea should not work, and if *C. difficile* is confirmed and treated, they should not return to work until treatment is completed and symptoms (i.e. diarrhoea) have been absent for at least 48 hours, and bowel movements have returned to normal.

If a member of staff is diagnosed with *C. difficile* infection, this should be reported to Occupational Health.

If *C. difficile* infection is acquired at work the incident should be reported to the Health and Safety Executive under RIDDOR.

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<http://www.hse.gov.uk/riddor/report.htm>.

#### 4. TESTING FOR CLOSTRIDIODES DIFFICILE INFECTION

- 4.1 If a patient is admitted with or develops diarrhoea (Bristol stool chart 5 – 7) and there is no other clear cause for the diarrhoea, such as known inflammatory bowel disease or a good outcome following the use of laxatives, a sample of the diarrhoeal stool should be sent to the laboratory for *Clostridioides difficile* testing.
- 4.2 Microbiological testing for *Clostridioides difficile* infection is routinely carried out on liquid faecal samples (Bristol stool chart type 5 – 7) sent to the laboratory from in-patients. Faecal samples from children under 2 years of age are not routinely tested for *Clostridioides difficile*.
- 4.3 Repeat samples from a patient who has had a toxin positive sample within the previous 28 days will not normally be tested. Any requests for such testing should be discussed with the medical microbiologists.
- 4.4 Patients may be moved from isolation facilities when they have a formed stool (Bristol stool chart types 1 – 4) and no diarrhoea for 48 hours. Assessment of clinical symptoms is sufficient to deem a patient non infectious, **no further stool samples to obtain a negative result** are required.
- 4.5 All positive samples are typed. If strains of *Clostridioides difficile* are the same 'type', that is suggestive of cross infection between patients, or from a common environmental source to another patient. It can support the investigation of outbreaks and help identify where interventions are needed.
- 4.6 *C. difficile* PCR +ve, Toxin –ve
  - 4.6.1 There can be *Clostridioides difficile* results that indicate the presence of the *Clostridioides difficile* bacteria in the gut but the negative toxin result indicates that this may be colonisation rather than infection. In this instance, it is important to continue observation and assessment of clinical symptoms, with repeat sampling and treatment following discussion between the medical team and microbiology. It is important to note that toxin negative patients can also transmit *C. difficile*, if symptomatic.

#### 5. TREATMENT FOR CLOSTRIDIODES DIFFICILE INFECTION

##### Adults

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- 5.1 Prompt management of the condition is necessary to reduce symptoms/prevent progression to more serious illness, to reduce further environmental contamination and the potential for cross-infection including outbreaks.
- 5.2 Stop all current antibiotics if possible and consider the use of any prescribed PPI's. Otherwise, consider changing the current regime to an antibiotic regimen less likely to cause *Clostridioides difficile* infection e.g. step down to a narrower spectrum of cover. No further action may be required in mild cases. This should be discussed with a medical microbiologist.
- 5.3 For treatment see Eolas Medical on SharePoint or consult the Eolas app available for smartphones where all the latest antimicrobial guidance for C&V UHB can be accessed:  
  
[Eolas Medical](#)  
(Adult antimicrobial guidelines – *C. difficile* infection)
- 5.4 The use of anti-motility agents is generally not recommended in severe cases of *Clostridioides difficile* diarrhoea. If necessary, consult with a gastroenterologist.
- 5.5 Most presumed relapses of *Clostridioides difficile* diarrhoea are in fact re-infections with the same or different strain of the organism. Faecal microbiota transplantation (FMT) is strongly recommended for multiple recurrent *Clostridioides difficile* infection by current European guidelines. Treatment of recurrent relapses should be discussed with gastroenterology or microbiological staff.
- 5.6 Severe disease (including pseudo-membranous colitis) can be fatal and requires consultation amongst medical, surgical and microbiological staff.

### **Paediatrics**

- 5.7 *Clostridioides difficile* is a relatively uncommon condition in the paediatric population, and treatment should be discussed with a microbiologist on a case-to-case basis.

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## 6. RESOURCES

- 6.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of *Clostridioides difficile* infections are already in place and the implementation of this procedure will not entail additional expenditure.

## 7. TRAINING

- 7.1 Mandatory Infection Prevention and Control training updated every three years.
- 7.2 Further departmental based training as identified by training needs analysis.

## 8. IMPLEMENTATION

- 8.1 The document will be available on the UHB SharePoint site. Individual directorates will be responsible for the implementation of the procedure document in clinical areas.

## 9. FURTHER INFORMATION

- 9.1 Revised guidelines for the control of *Clostridioides difficile* infection were released in 2013 by the Department of Health. The advice given in this procedure takes into account the revised guidance and local circumstances within Cardiff and Vale UHB.
- 9.2 Hand Hygiene Procedure 2025 [Patient Safety & Quality Policies](#)
- 9.3 Infection Control Procedure for Infectious Incident and Outbreaks 2025 [Patient Safety & Quality Policies](#)
- 9.4 National Infection Prevention and Control Manual. NHS Scotland. [National Infection Prevention and Control Manual: Home](#)

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## 10. EQUALITY

- 10.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular or individual group.

## 11. AUDIT

- 11.1 Audit of compliance with the procedural document, will be carried out by the Infection Prevention and Control Department, as part of their procedural audit programme.

## 12. REVIEW

- 12.1 This procedure will be reviewed every three years or sooner if the national guidelines are updated.

## 13. REFERENCES

- 13.1 NICE Guideline NG199 *Clostridioides difficile* infection: antimicrobial prescribing. 2021.

[Overview | Clostridioides difficile infection: antimicrobial prescribing | Guidance | NICE](#)

- 13.2 Putting things right: Guidance on dealing with concerns about the NHS from 1<sup>st</sup> April 2011, version 3 November 2013 Welsh Government  
<http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%20Guidance%20-%20Dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%203%20-%20CLEAN%20VERSION%20%20-%2020140122.pdf>
- 13.3. Toxin production by an emerging strain of *Clostridioides difficile* associated with outbreaks of severe disease in North America and Europe. Lancet; 366: 1079 – 1083, Sept 2005
- 13.4 WHTM Safe and Sustainable Management of Healthcare Waste 2025
- 13.5 Health and Safety at Work etc Act 1974.
- 13.6 Control of Substances Hazardous to Health Regulations 2002, SI 2002 No 2677, HMSO

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- 13.7 Debast, S. B., et al. European Society of Clinical Microbiology and Infectious Diseases (ESCMID): update of the treatment guidance document for *Clostridium difficile* infection (CDI). Clin Microbiol Infect, 2013. 20 Suppl s2: p.1-26.
- 13.8 Curry SR, Muto CA, Schlackman JL, Pasculle AW, Shutt KA, Marsh JW, et al. Use of multilocus variable number of tandem repeats analysis genotyping to determine the role of asymptomatic carriers in *Clostridium difficile* transmission. Clin Infect Dis 2013 Oct;57(8):1094-102.
- 13.9 Guidance on Prevention and Control of Clostridioides difficile Infection (CDI) in community-based settings in Scotland. Public Health Scotland, 2024.  
[Intended audience - Overview - Guidance on prevention and control of Clostridioides difficile Infection in community-based settings in Scotland - version 1 - Guidance on prevention and control of Clostridioides difficile Infection \(CDI\) in community-based settings in Scotland - Publications - Public Health Scotland](#)
- 13.10 Recommendations for the Public Health Management of Gastrointestinal Infections 2019 Principles and practice. Public Health England and Chartered Institute of Environmental Health.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/861382/management\\_of\\_gastrointestinal\\_infections.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861382/management_of_gastrointestinal_infections.pdf)


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## APPENDIX 1

# STOP

## Contact isolation **KEEP DOOR CLOSED**

unless ward sister/charge nurse instructs otherwise



### Instructions for all staff and visitors

**Hands must be washed**  
when entering and before leaving room

↓

**Wear orange plastic apron**  
when entering the room

↓

**Wear gloves when risk of contamination**  
from blood, body fluids or secretions

↓


**Wear Goggles/Visor**  
if there is a risk of splashing from blood or body fluids

↓

**PPE disposal:**  
Dispose of gloves, apron and face protection  
into orange labelled waste bin before leaving room.


↓

**Wash your hands before leaving room**



Banell Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Cardiff and Vale UHB



cleanyourhands®  
campaign



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## APPENDIX 3

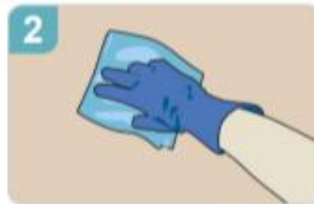


# ACTICHLOR™ PLUS GENERAL ENVIRONMENT

DISINFECTS AND CLEANS IN ONE EASY STEP



**1**  
Wear disposable gloves and apron. Safety glasses with side shields are required whilst handling the tablets only



**2**  
Remove any gross contamination including urine, vomit and faeces with a paper towel before applying Actichlor Plus



**3**  
Dissolve Actichlor Plus tablets (according to dilution instructions below) in cold water to make your solution. Leave lid off dilution bottle until tablets have dissolved.



**4**  
Use solution according to your hospital policy. When disinfecting commodes and mattresses, allow the solution to dry fully before rinsing. Actichlor Plus solution must not be sprayed.



**5**  
Keep solution for no longer than 24 hours. Dispose of remaining solution into appropriate drains with running water e.g. disposal sink, sluice



**6**  
Dispose of gloves and apron as clinical waste. Wash hands after removing gloves and apron

### DILUTION INSTRUCTIONS

DISINFECTION OF THE ENVIRONMENT (1,000PPM AVAILABLE CHLORINE)		CONTACT TIME	
Actichlor Plus 1.7g Tablets	1 Tablet per 1L	Disinfection of the Environment	5 minutes
		Sporicidal – <i>C.difficile</i>	10 minutes

### WARNINGS & PRECAUTIONS

AVOID contact with skin and eyes. DO NOT breathe dust/fume/gas/aerosol/vapour/spray.	DO NOT use directly on urine or vomit. Mixing this product with acid or ammonia releases chlorine gas.	AVOID prolonged contact with stainless steel or clothing	ALWAYS dispose used materials as clinical waste. Wash hands thoroughly after handling	ALWAYS keep container tightly closed. Store in a secure dry place in suitable labelled containers	ALWAYS keep out of the reach of children	ALWAYS dispose of each solution after 24 hours, refer to your SDS and hospital policy	USE ONLY with adequate ventilation
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USE BIOCIDES SAFELY, ALWAYS READ THE LABEL & PRODUCT INFORMATION BEFORE USE  
PLEASE REFER TO THE SAFETY DATA SHEET AND HOSPITAL POLICY

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Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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## Equality & Health Impact Assessment for

### INFECTIOIN CONTROL PROCEDURE FOR THE MANAGEMENT OF PATIENTS KNOWN OR SUSPECTED TO HAVE CLOSTRIDIODES DIFFICILE INFECTIOIN

<b>1.</b>	Title	Infection Prevention and Control Procedure for the management of patients known or suspected to have Clostridioides Difficile Infection. Reference UHB 055
<b>2.</b>	Name of Corporate Directorate and title of lead member of staff, including contact details	Clinical Nurse Specialists, Infection Prevention and Control (ext 46703), Corporate Directorate
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	The objectives of this policy are to provide all staff working within Cardiff and Vale UHB with a comprehensive understanding of the management of patients with confirmed (or suspected) Clostridioides Difficile.
<b>4.</b>	Evidence and background information considered.	Cardiff and Vale University Health Board Healthcare Associated Infection (HCAI) Surveillance Reports  2024/25 Reduction Targets for Clostridioides Difficile,
<b>5.</b>	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This procedure applies to all UHB staff involved with the care of patients who may have suspected or confirmed Clostridioides Difficile infection.

**6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?**

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b>	No evidence to suggest a positive or negative impact on any age group.	N/A	N/A
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No evidence to suggest a positive or negative impact on any age group.	N/A	N/A
<b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment	No evidence to suggest a positive or negative impact on people of different genders.	N/A	N/A
<b>6.4 People who are married or who have a civil partner.</b>	No evidence to suggest a positive or negative impact on people who are married or have a civil partner.	N/A	N/A
<b>6.5 Women who are expecting a baby, who are on a break from work</b>	No evidence to suggest a positive or negative impact on women who are	N/A	N/A

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>after having a baby, or who are breastfeeding.</b>	pregnant, maternity leave or breastfeeding.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	No evidence to suggest a positive or negative impact on different races, nationalities, colour, culture or ethnic origin.	N/A	N/A
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	No evidence to suggest a positive or negative impact on people with/without a religious belief.	N/A	N/A
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	No evidence to suggest a positive or negative impact on a person who is heterosexual/bisexual/lesbian or gay.	N/A	N/A
<b>6.9 People who communicate using the Welsh language in terms of</b>	No evidence to suggest a positive or negative impact on people who use the Welsh language.	N/A	N/A

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate</b>
<b>correspondence, information leaflets, or service plans and design</b>			
<b>6.10 People according to their income related group:</b>	No evidence to suggest a positive or negative impact on people according to their income.	N/A	N/A
<b>6.11 People according to where they live:</b>	No evidence to suggest a positive or negative impact on people according to where they live.	N/A	N/A
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	N/A	N/A	N/A

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b>	Appears to not have any impact.		
<b>7.2 People being able to improve /maintain healthy lifestyles:</b>	Appears to not have any impact.		
<b>7.3 People in terms of their income and employment status:</b>	Appears to not have any impact.		
<b>7.4 People in terms of their use of the physical environment:</b>	Appears to not have any impact.		
<b>7.5 People in terms of social and community influences on their health:</b>	Appears to not have any impact.		
<b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Appears to not have any impact.		
Well-being Goal – A			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
globally responsible Wales			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	Positive impacts from this procedure are that all staff across C&V UHB would have the ability to manage any suspected or confirmed <i>Clostridioides difficile</i> infection, in an appropriate and timely manner. It would also ensure that high standards of care are achieved.
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### Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	There are no significant impacts to note.			
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>	No.			
<b>8.4 What are the next steps?</b>				