

Long-Term Care Survey Alert

Clinical Care: Pull Out All The Stops To Stop The Spread Of C. Difficile

3 good practices help you rein in infection before it's too late.

To contain C. difficile, often a nursing facility has to get creative, especially if it doesn't have private rooms. Read on for best-practice infection control strategies.

1. Pump Up Your Handwashing Practices

As always, handwashing ranks high on the list of ways to prevent transmission. "A lot of the spread can occur through healthcare workers' contaminated hands," cautions **L. Clifford McDonald, MD**, an infection control expert with the **Centers for Disease Control & Prevention**. "The environment probably also gets contaminated" with C. difficile spores," he adds.

Handwashing tips: "When staff wash their hands in the bathroom, they should turn off the faucet using a dry paper towel after drying their hands. Also use a dry paper towel to open the door," reminds **James Marx, RN, MS, CIC**, principal of **BroadStreet Solutions** in San Diego. Most activity directors are now having residents wash their hands before starting an activity, Marx adds.

2. Isolate the Patient

Regardless of the healthcare setting, the patient with active diarrhea caused by C. difficile should be in a private room, according to the CDC. It'd be helpful if the person went on isolation after the first episode of diarrhea, says McDonald. But "after the person has had three loose stools [in 24 hours], he should be placed in isolation while the facility awaits the testing results for C. difficile."

Risk management tip: Be on the lookout for C. difficile in residents who have been on antibiotics in the hospital, stresses **David Mehr, MD**, an associate professor of medicine at the **University of Missouri-Columbia**.

Get a head start on this: Given the relatively high recurrence rate for C. difficile infection, nursing facilities should label their records in some way to identify people who have had the disease. And "if those residents develop diarrhea within several months of the previous episode of ... infection, they should go immediately into isolation."

If a private room isn't available, place the person in a room with another C. difficile patient, if possible, McDonald advises.

Important: "The infected person should not share a bathroom with a non-C. difficile patient because ... toilets and surfaces in the bathroom will get contaminated with the spores, as will bedside commodes."

McDonald acknowledges that nursing homes may lack private rooms for isolating patients. "But there are ways to be smart about preventing transmission." Some ideas include:

- Identify the residents who are most vulnerable to getting the infection -- "that is, those on antibiotics and the sickest," he says.
- If there are no other options, the person with the infection should share a room with one of the healthiest residents.
- Provide a bedside commode for the infected resident so he's not sharing a bathroom. "And try to clean the bathroom after someone has had diarrhea," McDonald advises.

Caregivers should always don gloves and gowns before entering the room of a patient with active *C. difficile*-associated diarrhea. And don't share non-critical medical devices, such as blood pressure cuffs and stethoscopes, with other residents unless you clean the devices. "Spores are more hearty and don't succumb to the usual hospital disinfectants," cautions McDonald. "Thus, in an outbreak situation, we recommend using bleach in a 1:10 fresh dilution daily."

3. Keep Staff Healthy, Too

Healthcare staff should suspect they have *C. difficile* infection if they are taking antibiotics or have so in the past two or three months and develop diarrhea for a couple of days, McDonald says. In such a case, the healthcare staff person should check in with her doctor.

The good news: If the healthcare staff person hasn't had antibiotics, the odds are that she has a viral infection or diarrhea from an unknown cause, he adds.

CDC recommendations: A healthcare worker with acute stage diarrhea should not have contact with patients or the patient environment or handle food -- unless the person's diarrhea is known to be due to inflammatory bowel disease or another non-infectious, chronic condition, McDonald advises.