Oregon *Clostridium Difficile* Initiative essentials for bedside care

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Overview

• What is “C. diff”?  
• Why is it a problem?  
• What is my role?  
• Bedside care essentials: Detect & Protect  
  – Report symptoms  
  – Gloves and Gowns  
  – Hand hygiene  
  – Resident hygiene  
  – Linens
Clostridium difficile

BIOLOGY & HUMAN DISEASE
Let’s begin at the beginning

• *Clostridium* spp. are ancient spore-forming anaerobes
• Soil, water, food, bodies, waste
• Long-time human toxin-producing pathogens:
  - *Clostridium tetani*…..tetanus
  - *Clostridium botulinum*…..botulism
  - *Clostridium difficile*…..colitis
**C. diff** spores spread on hands, contaminated linens & surfaces

- Hands of healthcare workers caring for CDI-positive patients
- Environment
- CDI-positive persons
- Asymptomatic carriers

- Make **toxins A & B**

Gram-positive rods of *C. difficile*
Phases of pathogenesis of *C. difficile* colitis. APIC, 2013: Figure 10.1
Why is CDI a problem in my facility?

Antibiotic use
Underlying health issues*
  Female
  65+ years
Environmental spores
  Spores that make Toxin A or B

*Immunocompromised, renal failure, diabetes, chronic pulmonary disease, tube feeds
Why does CDI amplify?

Concentration of spores in patient’s environment
Why wear gloves and gowns after diarrhea is over (but still finishing meds)?

• Half of residents will have spores on their skin more than 1 week after diarrhea over

• Spores live for months in the environment

WHAT IS MY ROLE?
Each part of the whole

- Patient Family
- Senior leadership
- Local leadership
- Self-leadership
- Staffing, knowledge, training
- Responsibility, teamwork
- Education, hand hygiene, follow instruction

Vision, resources, policy, education

ACUTE & COMMUNICABLE DISEASE PREVENTION
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Eyes & Ears: Early Detection

- **Has my resident had** *C. diff* **diarrhea before?**
- **Is this resident on antibiotics,** **which put her at risk for** *C. diff* **diarrhea?**
- **Does the resident have a change in stool today?**
  - If so, is it bloody or painful or have a different smell?
  - **Did the resident have this yesterday?**
- **How many loose stools over what time period?**
- **Has the medical staff been told of these symptoms which could be** *C. diff* **diarrhea?**
- **Has testing been ordered?**
Eyes & Ears: Early Detection

TIP: Add suspect or confirmed C. diff residents to your team huddle
Hand hygiene: Before & After

It’s worth it
Why soap & water?

Sticky spores

...need friction to remove
Contact Precautions = Gowns & Gloves

Follow the sign: It’s worth it

Contact Precautions

- Gowns
- Gloves
- Private Room
  - A private room is indicated; however, patients infected with the same organism may share a room if necessary.
  - Gown
  - Wear a gown if you anticipate that your clothes will come into contact with the patient, environmental surfaces, or items in the patient’s room. Remove gown before leaving the patient’s environment.
  - Wash Hands
  - Wash hands with antiseptic product immediately after glove removal and before leaving the patient’s environment.
  - Transport
  - Limit the movement/transport of patients to essential purposes only. During transport, ensure that all precautions are maintained at all times.
  - Equipment
  - Dedicate the use of patient-care equipment to a single patient. If common equipment is used, clean and disinfect between patients.

With Special Cleaning

- Private Room
- Gown
- Gloves
- Wash Hands
- Transport
- Equipment

CONTACT PRECAUTIONS

IN ADDITION TO STANDARD PRECAUTIONS

Follow the sign: It’s worth it
Soiled Linens

TIP: Use gown & gloves when changing linens for C. diff positive residents EVEN IF linens aren’t visibly dirty.

TIP: Bag dirty linens in the room; don’t carry down the hall.
Cleaning & Disinfecting

• It’s Everyone’s business!

• Bleach (fresh) or special sporicidal

TIP: Ask for a product you can use when Housekeeping unavailable.

TIP: Clean “high-touch” areas at each change of shift.
Resident Hygiene

• Hand washing before meals in all residents
• For residents with *C. diff*:
  – Use the shower, avoid baths
  – Clean and disinfect shower area after each use

TIP: *Offer towelettes to those who can’t wash at sink.*
TIP: *Shower known C. diff residents last.*
TIP: *Encourage regular showers at least twice a week.*
Housekeeping Considerations for *C. diff*

- Use commode liners, if possible
- Immediately clean and disinfect commode/toilet and arm rests/grab bars after each use.
- Toilet flush makes droplets

TIP: *Work from clean to dirty*
Take aways

- You are the core of resident care & safety
- You can provide resident-centered care AND prevent spreading *C. diff*
- Discuss resident risk for *C. diff*
- Communicate changes
- Use gown and gloves when infectious diarrhea
- Soap & water, THEN alcohol hand rub
- Spores are stubborn
Case Studies

- Consider 3 scenarios of common infection control issues and the choice to perform good infection control in the face of resident care and time.

- Ideas?

- Showering: Resident with *C. diff* doesn’t want to shower because too much hassle. However, this keeps down spore counts; less spread and reinfection. Offer heater, warm blankets, warm drink after, nice smelling soap/shampoo from home.

- Toileting: How to prepare commode if *C. diff* or noro or other infectious diarrhea; absorbant bags? How to clean and replace commode working from clean to dirty.

- Changing linens: prepare and use contact precautions.
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