Clostridium difficile (C. diff.) leads to 14,000 deaths per year in the United States, and the numbers are on the rise. The illness often plagues those who have received antibiotics, exacerbated by the fact that C. diff itself is resistant to antibiotic treatments. A single infected patient costs an average of $35,000 to treat, according to the newly updated Guide to Preventing Clostridium difficile Infections released yesterday. The virulent microbe and the challenges it poses across healthcare settings is the topic of a two-day educational conference this week hosted by the Association for Professionals in Infection Control and Epidemiology (APIC).

C. diff outbreaks can be especially difficult to contain and eradicate within long-term and post-acute care settings, said Phenelle Segal, RN, CIC, president of Infection Control Consulting Services, Delray Beach, Fla., in her presentation “Practical Strategies to Control the Spread of C. difficile in Healthcare,” broadcast during the 2013 Clostridium difficile Educational and Consensus Conference.

The community-based nature of skilled nursing facilities (SNFs) often creates special problems when caring for residents with C. diff, especially if there is no way to cohort infected residents. Semi-private rooms with shared bathrooms can cause issues if a resident needs the toilet immediately, yet using bedside commodes or bedpans can pose risks to caregivers.

The ideal protocol would be to isolate infected residents, but it’s not practical or even possible in most long-term care settings, Segal says. “You can’t just move them. It’s their bedroom in their home, they have all their things set up and their pictures on the wall. It’s a huge challenge for long-term care.”

One thing caregivers can do is control what happens upon entering and exiting the resident’s room. The use of gloves and gowns is crucial since the disease is capable of surviving on surfaces for five months and also spreads via spores, Segal explains.

Vibrant disagreement surrounds the effectiveness of alcohol-based hand sanitizers vs. hand-washing. Alcohol-based sanitizers are appropriate in many instances, but they are not a silver bullet for everything. For example, hand-washing is crucial if the skin comes into contact with feces, since alcohol-based hand sanitizers cannot penetrate protein material, Segal says. “We’ve come a long way with hand hygiene, but we still have a long way to go. One of the biggest problems in LTC is the injudicious use of antimicrobials.”

Segal also suggests that all LTC facilities form an antimicrobial stewardship program to educate all staff, including non-medical departments like housekeeping. Stewardship techniques include Positive Deviance and Team STEPPS, but Segal says regardless of the approach, teams should include housekeeping, administration and pharmacists as well as nurses and physicians. “The best approach is a group of healthcare workers who are experts in different areas united as a team,” she says.

APIC’s Guide to Preventing Clostridium difficile Infections encourages SNFs to use the following strategies when caring for a resident with C. diff.:

- Gloves should be put on before entering and taken off before exiting the resident’s room.
- If a bedpan is needed, use a disposable one. For commodes, consider disposable liners.
- Suspend the use of rectal thermometers.
- Don’t share medical devices or equipment among infected and non-infected residents.
• If a roommate is unavoidable, choose someone who is not taking antibiotics and is healthy enough to fend off infections.
• Anything that has come in contact with fecal material from an infected patient should be considered infectious material. Proper cleaning and/or proper disposal is essential.
• Cleaning products must be able to kill the *C. diff* spores as well as the cells in order to be effective. The Environmental Protection Agency considers bleach-based or strong hydrogen peroxide disinfectants to be the best spore-killers.