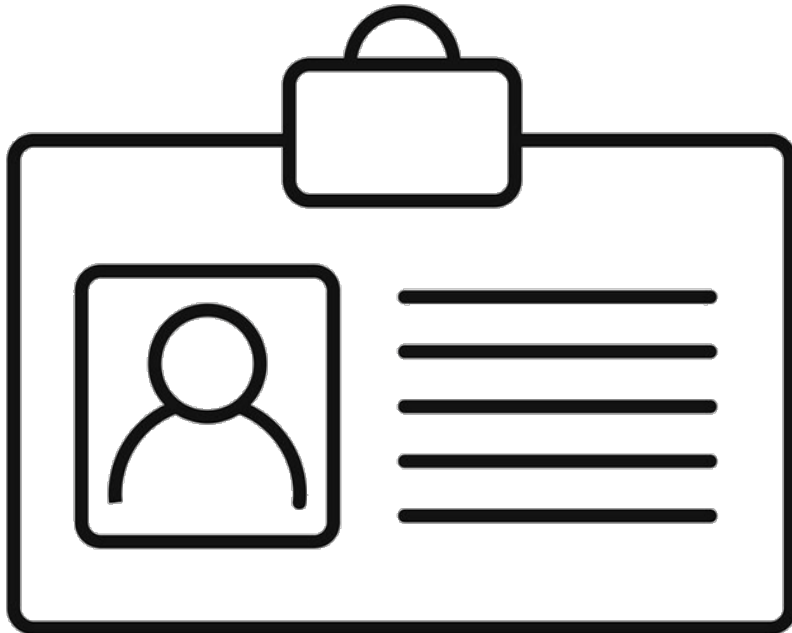




Georgia Department of Public Health:
Strike & Support Team Office Hours for Assisted Living
Facilities and Personal Care Homes
July 22, 2022

Meet the Team



Panelist:

Melody Brown, MSM

Patient Safety Manager
Alliant Health Solutions

Presenters:

Raybun Spelts, PharmD, MPH, BCIDP

Pharmacist, Department of Public Health

Teresa Fox, M.Ed., CIC

Infection Preventionist, Department of Public Health

Regina Howard, BSN, RN, CIC

Infection Preventionist, Department of Public Health

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Purpose

- These sessions will consist of a regularly scheduled monthly webinar for assisted living facilities and personal care homes. Office hours are your opportunity to come and learn, share, vent and more!
- Each month, we will provide updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice for your facilities.
- Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and barriers.

Trainings

There will be two training sessions per year focused on relevant infection prevention topics, updates and shared best practices.

- **August Office Hours: Cleaning and Disinfection of Shared Medical Equipment**
- **Training 2: October/Dates TBD**



Your Opinion Matters

Share in CHAT what is keeping you up at night related to infection prevention.

We want to provide you with information that is relevant to what you are doing every day.

Clostridium/Clostridioides difficile

Raybun Spelts, PharmD, MPH, BCIDP
Regina Howard,



Objectives

- Discuss *C. diff* prevention and control basic practices
- Discuss the importance of antibiotic stewardship
- Recognize who should be tested for *C. diff*
- Outline basic infection prevention and control measures to prevent the spread among residents

Abbreviations

CDI = *Clostridium/Clostridioides difficile* infection

Symptoms

Symptoms of *C. diff* infection can Include:



Severe diarrhea



Fever



Stomach
tenderness
or pain



Loss of appetite



Nausea

<https://www.cdc.gov/cdiff/pdf/FS-Cdiff-PatientsFamilies-508.pdf>

Epidemiology

- Causes almost a half million infections in the United States per year
- More than 80% of *C. diff* deaths occur in people 65 and older.
- Risk factors for infection:
 - Recent antibiotic use
 - Age
 - Recent hospitalization or nursing home stay
 - Weakened immune system
 - Previous infection

<https://www.cdc.gov/cdiff/what-is.html>

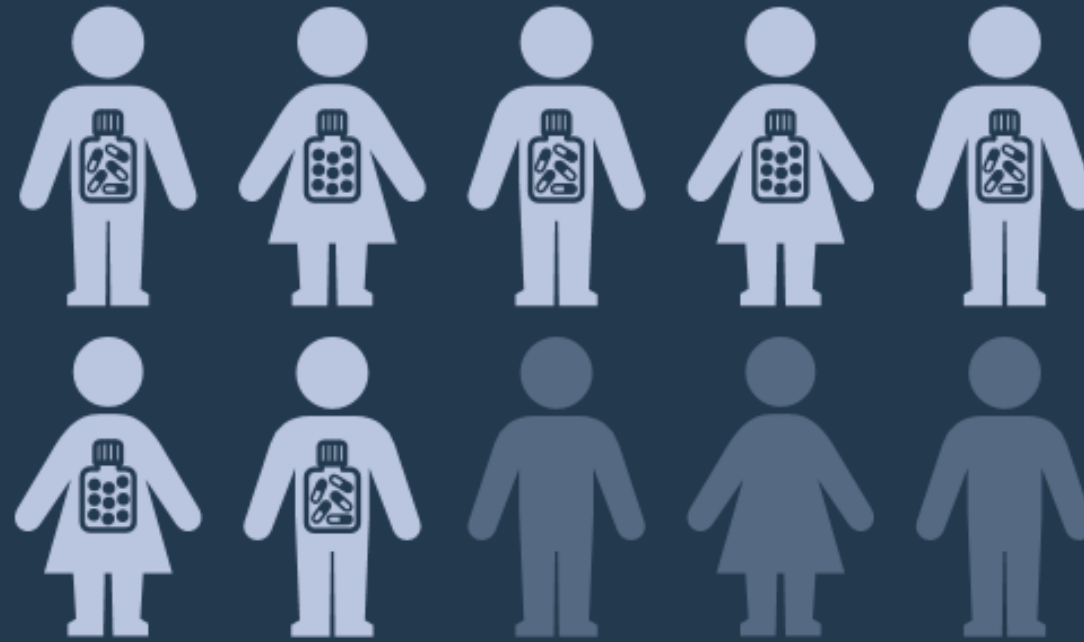
<https://www.cdc.gov/cdiff/pdf/Cdiff-Factsheet-P.pdf>

Residents at High Risk of Colonization

Table 1. Patients at High Risk of *Clostridium difficile* Colonization^a

| Risk Factors | Other Factors With Increased Risk of Colonization |
|--|---|
| Antibiotic use in the previous 3 mo | Multiple antibiotic use |
| History of previous <i>Clostridium difficile</i> infection | Duration of antibiotic therapy |
| Fecal incontinence | Renal insufficiency |
| | Patients receiving chemotherapy |
| | Recent hospitalization |
| | H2 blocker use |

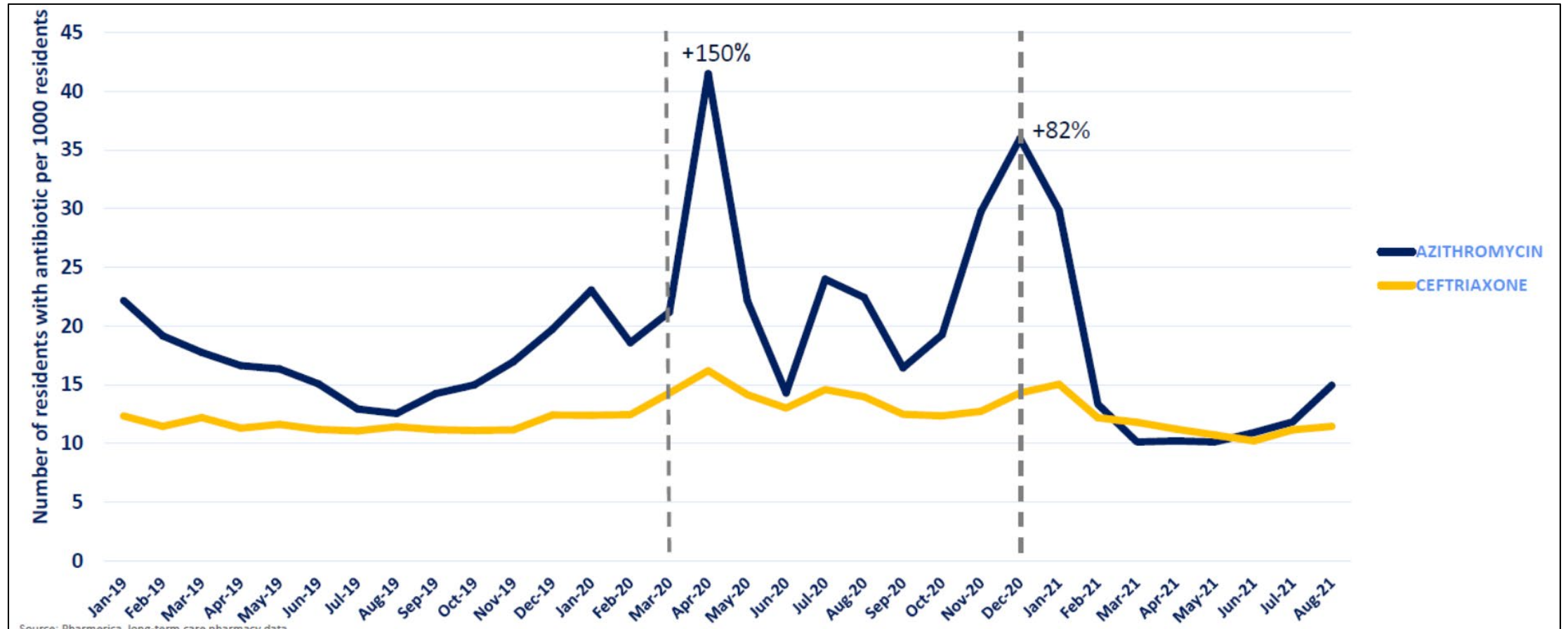
Chopra, T., & Goldstein, E. J. (2015). *Clostridium difficile* infection in long-term care facilities: a call to action for antimicrobial stewardship. *Clinical Infectious Diseases*, 60(suppl_2), S72-S76.



UP TO **70%** OF NURSING HOME RESIDENTS
RECEIVED **one or more** COURSES
OF SYSTEMIC ANTIBIOTICS IN A YEAR

<https://www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-H.pdf>

Increases in Antibiotic Use During COVID Pandemic

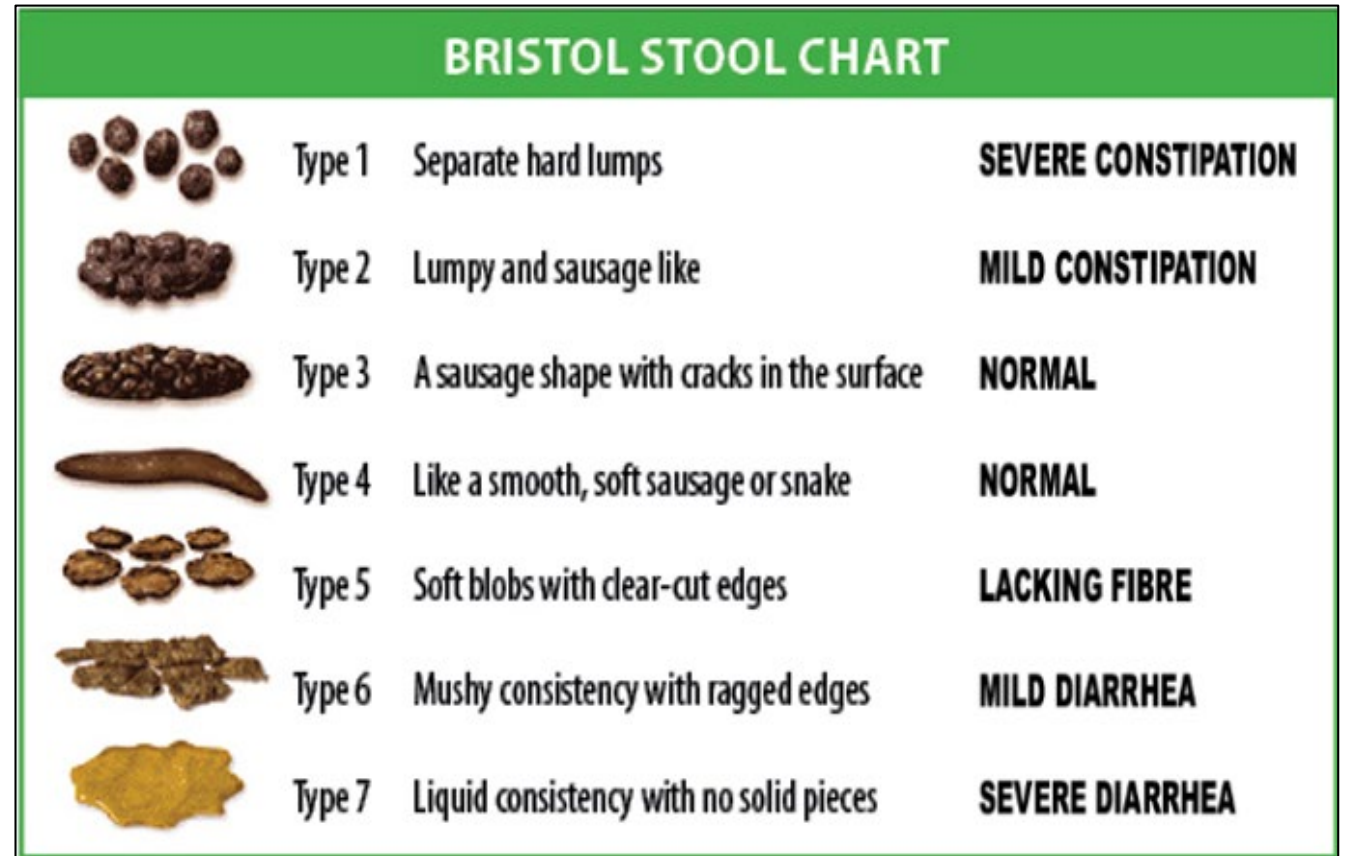


https://emergency.cdc.gov/coca/calls/2021/callinfo_111821.asp

Diagnosis

Who Should Be Tested?

- Resident with at least three unformed stools in 24 hours
- Type 6 or 7 on the Bristol Stool Chart
- Do not test based solely on color or smell of stool



<https://upload.wikimedia.org/wikipedia/commons/9/9e/BristolStoolChart.png>

<https://www.cdc.gov/hai/prevent/tap/cdiff.html>

Be Able To Tell The Doctor

- Laxatives?
- Recent antibiotics?
- Proton-pump inhibitor such as Omeprazole?
- Recent medication changes?
- Recent dietary change?
- Has the resident had *C. diff* in the past?

Collecting a Stool Sample

- Obtain sample in a clean, watertight container
- Store the sample in a refrigerator until it can be sent to the doctor's office
- Don't re-test if a test was already done in the last seven days
- Do not test to see if the patient is "cured"

<https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/apxm.pdf>

Treatment

Basics

- Do not use anti-diarrheal medications.
- Is this the first episode, or has the resident had CDI before?
- If previously infected, what treatment did the resident receive?
- IDSA/SHEA 2017: oral metronidazole no longer recommended
- IDSA/SHEA 2021: Fidaxomicin, if available, recommended over vancomycin

Recurrence

Recurrent *C. diff* Infections



**BE
ANTIBIOTICS
AWARE**

SMART USE, BEST CARE



About **1 IN 6** patients who get *C. diff* infection will get it again in the subsequent 2–8 weeks.



Vancomycin

- Commercially available dosage forms: capsule, oral solution
- Compounding recipe for solution in Lexicomp
- Administration: oral or rectal (off-label as retention enema)
- Side effects:
 - Signs of low potassium such as muscle pain or weakness, cramps or irregular heartbeat
 - Gas, abdominal pain, nausea, diarrhea
 - Headache

Vancomycin. Hudson, OH: Lexicomp, 7/2/22. <http://online.lexi.com/>.

Fidaxomixin

- Dosage form: tablet and oral suspension
- Side effects: N/V/D, constipation, abdominal pain
- Precaution: macrolide allergy

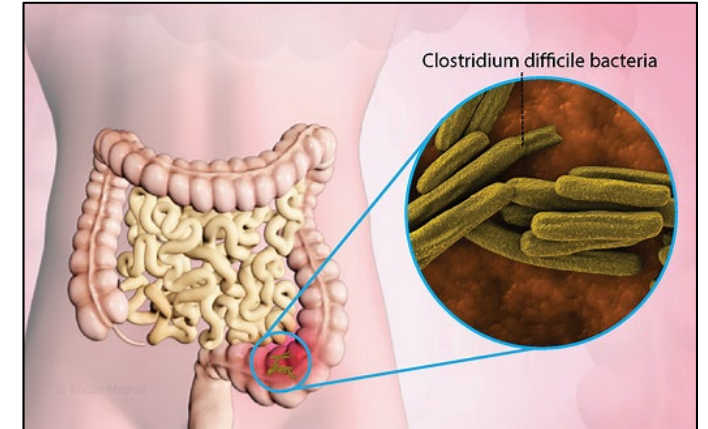
Fidaxomicin. Hudson, OH: Lexicomp, 6/30/22. <http://online.lexi.com/>.

Prevention and Control

Colonization and Infection

What are the differences between colonization and Infection?

- Colonization with *C. diff* is more common than infection
 - Colonized residents exhibit NO clinical signs/symptoms of infection (e.g., diarrhea)
- Residents with infection exhibit clinical symptoms of diarrhea and test positive for the *C. diff* organism and toxin production



<https://www.bing.com/search?q=image+of+C.+diff&src=IE-SearchBox&FORM=IESR4A>

C. difficile Prevention Efforts

Efforts include:

- Vulnerability of resident population to *C. diff* infection
 - Know the medical history of your resident population
 - Medication history (laxative, peristalsis or antibiotics)
- Reduce exposure; residents are a major source of transmission
 - Infection prevention and control practices
 - Reduce the risk of transmission from symptomatic/asymptomatic residents (hand hygiene with soap & water, isolation, commode or private restrooms).
- Environmental cleaning and disinfection with EPA-approved List K sporicidal cleaners and disinfectants.

Pillars of *C. difficile* Prevention and Control



Hand Hygiene



Contact
Enteric
Precautions



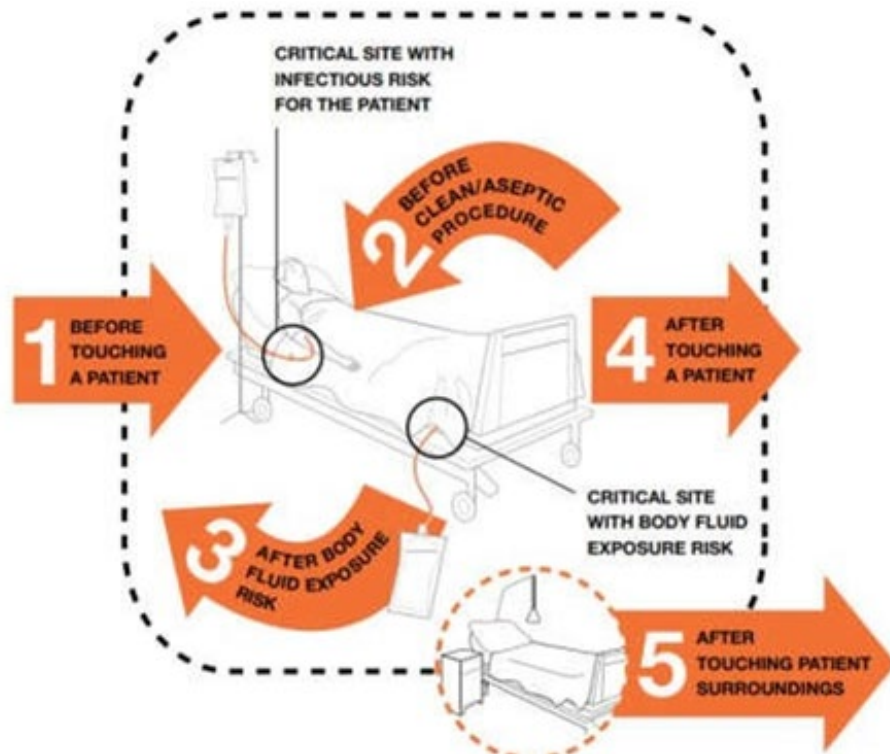
Environmental
Cleaning and
Disinfection



Antimicrobial
Stewardship



Hand Hygiene



- Perform hand hygiene
 - Before contact with the resident
 - After removing gloves
 - After contact with the environment
- For enhanced measures, do not use alcohol hand rubs with the CDI resident – **use soap and water**
 - Washing away the spores is the most optimal way to perform hand hygiene to prevent the transmission of *C. difficile*
- Audit adherence to hand hygiene

Standard and Enteric Contact Precautions

- Place resident in a single-resident room with a dedicated toilet. If single-resident rooms are not available, room residents with confirmed CDI together
- Isolate and initiate Enteric Contact Precautions for suspected or confirmed CDI
 - Perform hand hygiene using soap and water when leaving the room
 - Maintain adequate supplies outside the room, i.e., gowns, gloves, and cleaning wipes
 - Signage on entry door
 - Use dedicated or disposable equipment; shared equipment must be thoroughly cleaned prior to re-use
- No rectal thermometers

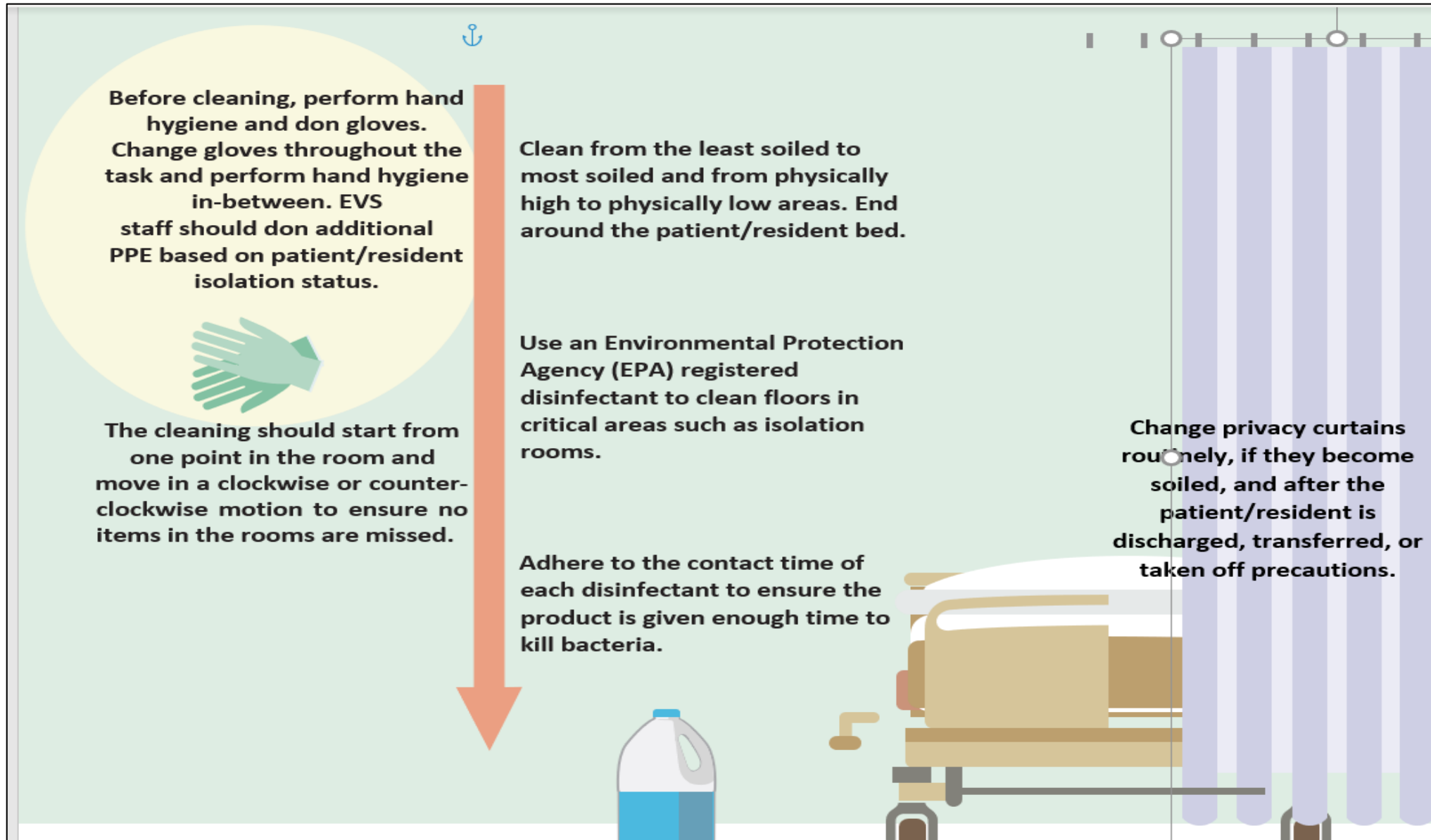


Isolation Précautions Signage: Contact Enteric (e.g., *Clostridioides difficile*)
<https://washington-state-hospital-association.myshopify.com/collections/isolation-precautions/products/isolation-precautions-signage-contact-enteric->

Environmental Cleaning and Disinfection

- Increase the frequency of cleaning and disinfecting, particularly for high-touch surfaces (e.g., door-knobs, handrails)
- Audit adherence of cleaning and disinfecting to the facility's environmental cleaning/disinfection policies
- Use single-use disposable equipment or dedicate equipment to one resident
- Use List K: EPA's Registered Antimicrobial Products Effective against *Clostridium difficile* Spores
<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>
 - Quaternary cleaners and daily disinfectants are not effective against *C. diff*
 - During outbreaks, consider the use of the sporicidal agent for ALL routine disinfection
- Follow manufacturer instructions for use
- Educate staff on cleaning and disinfecting specific for *C. diff*

Environmental Services (EVS) Education



Inter-Facility Infection Control Transfer Form

- When transferring residents, notify receiving wards or facilities about the resident's CDI status, so precautions are maintained at the resident's new location

| Inter-facility Infection Control Transfer Form | | | |
|--|--------------|---|---|
| This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer. Please attach copies of latest culture reports with susceptibilities if available. | | | |
| Sending Healthcare Facility: | | | |
| Patient/Resident Last Name | First Name | Date of Birth | Medical Record Number |
| | | | |
| Name/Address of Sending Facility | | Sending Unit | Sending Facility Phone |
| | | | |
| Sending Facility Contacts | Contact Name | Phone | E-mail |
| Transferring RN/Unit | | | |
| Transferring physician | | | |
| Case Manager/Admin/SW | | | |
| Infection Preventionist | | | |
| Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism? | | Colonization or history (Check if YES) | Active infection on Treatment (Check if YES) |

<https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf>

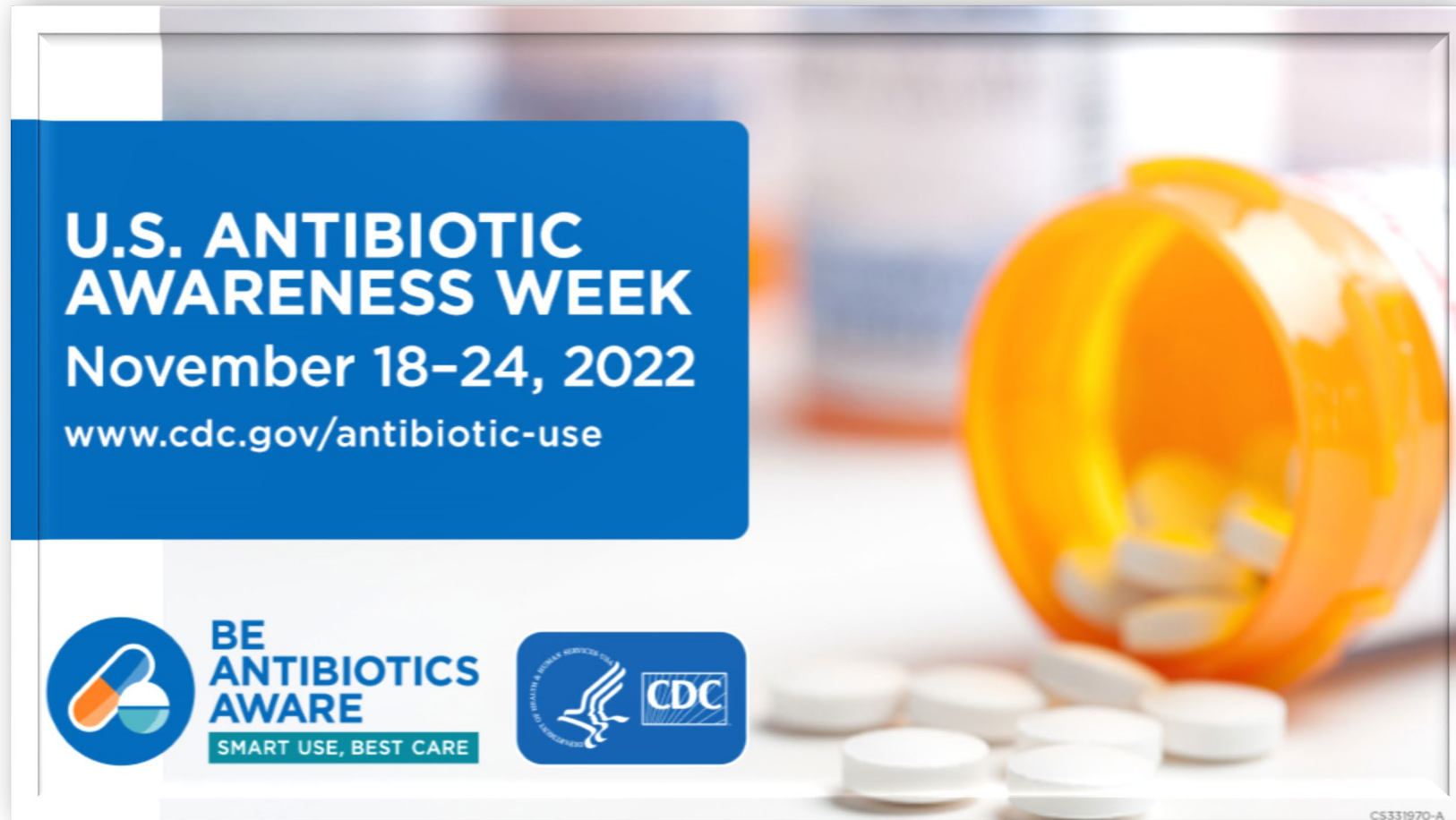
Antibiotic Stewardship

Antibiotic Stewardship

- Advise the resident not to take antibiotics saved at home.
- Antibiotics should only be taken as prescribed by the doctor.
- Always document the reason the resident is on an antibiotic.
- Communicate with other nurses that the resident is on an antibiotic.

<https://www.cdc.gov/cdiff/clinicians/cdi-prevention-strategies.html#engage>

Use Antibiotics Wisely



<https://www.cdc.gov/antibiotic-use/week/images/auweek/USAAW-2022.jpg>

Common Cold

Do you need antibiotics?



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SMART USE, BEST CARE



Antibiotics **DO NOT WORK** against viruses that cause colds and will not help you feel better.

For more information, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.



CS320074-A

HOW ANTIBIOTIC RESISTANCE HAPPENS



1

There are lots of germs and a few are resistant to **antibiotics**.



2

When **antibiotics** kill bacteria causing illness, they also kill good bacteria protecting the body from infection.



3

The **antibiotic-resistant** bacteria grow and take over.



4

Some bacteria give their **antibiotic resistance** to other bacteria, causing more problems.



www.cdc.gov/antibiotic-use



ANTIBIOTICS

**DON'T
WORK
ON COVID-19**

www.cdc.gov/DrugResistance



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

321752-A

Resident and Family Education

Four Questions To Ask Your Doctor or Nurse About Antibiotics

Question 1 Do I need an antibiotic?

Before starting an antibiotic, your provider should consider these alternatives:

- Increase fluids
- Encourage rest
- Treat pain
- Review other medications

Question 2 Is this the right antibiotic?

Cultures and other laboratory tests help your doctor and nurse know if an antibiotic will work. These should be collected before starting an antibiotic. It may take several days to get results.

Question 3 How long do I need to be on antibiotics?

Most bacterial infections can be treated with 5 to 7 days of antibiotics:

- Urinary tract infection
- Pneumonia
- Cellulitis
- Some bloodstream infections



Question 4 Do I still need to take antibiotics?

Your doctor or nurse should check back with you in a few days to see if you are feeling better and share test results. If it turns out you did not have a bacterial infection, the antibiotics should be stopped.

The Four Moments of Antibiotic Decision Making

- 1 Indicate Urgency
- 2 Cultures & Empiric Therapy
- 3 Duration of Therapy
- 4 Stop/Restart/Change to Oral

Long-Term Care



AHRQ
Agency for Healthcare
Research and Quality

AHRQ Pub. No. 17(21)-0029
June 2021

[The Four Moments of Antibiotic Decision Making
Posters | Agency for Healthcare Research and Quality
\(ahrq.gov\)](https://www.ahrq.gov/posters/antibiotic-decision-making/)

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Questions?



Save the Date

Next Office Hours:

August 26, 2022

11 a.m.



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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