311 W10 OP Scenario

Your Name

Institution

IP Scenario

# Clostridioides difficile

*Clostridioides difficile* (C. diff) is an infection where C. diff bacteria causes colitis and diarrhea. The infection spread through the hands of health care personnel. In most health care units, the infection spread due to lack of hand hygiene practices (A Oren, 2018). Also, cleaning patient wards can prevent this infection from spreading. Key players who can prevent this kind of carelessness are centers for disease control and prevention (CDC), hospital management, nursing staff, and government departments. In addition to C. diff, much other health-related infection can be reduced by focusing on hand hygiene. C. diff mostly spread within the health care unit through the hands of medical professionals and nursing staffs. There are strict regulations and guidelines on hand and ward hygiene set up by government and centers for disease control.

# Scenario

In the Interprofessional (IP) scenario provided for this assignment, the author is a part of a team responsible for providing health care and also keeping the floor clean and infection-free. The team includes supervisor (author), other IP team members, MD/DO. PT, Primary care nurses, nursing supervisor. The infection of C. diff is spread in private patient rooms 102 and 104. As a first response to C. diff detection, these two rooms have been completely isolated. Four patients in room 102 and 104 are infection with C. diff, advance care should take place when dealing with these patients. According to CDC guidelines, health care staff should keep the infected patients in isolation and follow the strict rule for hand hygiene. C. diff, in a hospital environment, can be very dangerous as it can spread through the ward and eventually throughout the hospital. Anyone with a weak immune system can easily get infected with C. diff upon contact with an infection. The hospital being a place where weak individuals are in abundant, possess a great risk of spreading C. diff if not handled with care. Room 102 and 104 are occasionally visited by MD and rehab staff. MD and rehab staff often show carelessness regarding C. diff by not following hand hygiene regulations and guidelines. MD and rehab staff also visited room 106, where a patient is suffering from diarrhea. Cultures have been taken from suffering patient in room 106, and the results from the lab are pending. Being a member of the IP team, the author suspects that the patient in room 106 is also suffering from C. diff. Moreover, carelessness of MD and rehab staff may be the reason for spreading C. diff infection to room 106.

# Hand hygiene

This paper will emphasize on the infection of C. diff, identifies the risk involved, and how to resolve the issues caused by it. There is no doubt that hand hygiene reduces the risk of cross-transmission of C. diff. Infections like C. diff are common adverse events resulting either from staying in the hospital. The infection can spread to other patients through the hands of health care staff. The can be avoidable through infection control measures. Hand hygiene is the most important measure which can prevent the spread of the infection throughout the clinic. Only 50 to 70 percent of medical personnel comply with hand hygiene recommendations (Pittet, 2000). There are several ways to clean hand. Alcohol-based hand sanitizers are most effective for reducing germs on the hands of health care providers. In addition to using hand sanitizers, hands should be cleaned with soap and water whenever there is a sign of visible dirt on the hands of health care workers. According to CDC regulations, health care professionals should follow underlining rules to prevent diseases like C. diff from spreading within the hospital.

Washing hands with soap and water when;

1. Hands are wet
2. After caring for a person with diarrhea
3. Before and after having a meal
4. After exposure to spore (Boyce, 1999)

Cleaning hand with alcohol-based hand sanitizers when;

1. Right before touching the patient
2. Before performing aseptic tasks
3. Before moving from soiled part of the patient's body to the dry part of his/ her body
4. After contact with blood or contaminated surface
5. Immediately after glove removal
6. After touching a patient (Boyce, 1999)

These regulations should always be followed by a health care unit, even if there is no patient with infection is in the facility.

# Approach

As the report of a patient in room 106 is not yet received from a laboratory, immediate prevention actions which include isolation should take place. Players who are responsible should be called and addressed to take extra precaution when entering leaving the infected rooms. Proper hand hygiene should be practiced within the healthcare unit. And if someone is observed not following proper care, they should be penalized. There should be no carelessness in health care. Patient, their relative, and health care personnel should be educated on the effect of poor hand hygiene. As there is a socio-political environment present in the clinic, hospital management can also be involved in the matter. As mentioned before, there are regulation present which addresses these kinds of health-related issues, and there is a huge penalty if a health unit is caught violating the regulations. The risk of getting penalized will raise concern for the hospital management and will surely take action against the violation of hand hygiene, which causes C. diff to spread within the hospital. If involving hospital management is not enough, a regulating body can also be contacted to address the matter.

Health care is not a joke, one should not be afraid to take action against the violation of health care. If the report of the patient from room 106 is positive, then disciplinary action can take place against the violators.

# References

A Oren, M. R.-A. (2018). Clostridium difficile and Clostridioides difficile: Two validly published and correct names. *Anaerobe*.

Boyce, J. (1999). It is time for action: improving hand hygiene in hospitals. *Annals of internal medicine*.

Pittet, D. (2000). Improving compliance with hand hygiene in hospitals. *Infection Control & Hospital Epidemiology*.