



5.3.16 C. diff Coaching Call Follow-Up

Great discussion was had regarding the use of PPE with families and visitors. Our Cynosure Health Solutions facilitator, Dr. Steve Tremain, has shared the following resource for review from the Society for Healthcare Epidemiology of America (SHEA).

<http://www.shea-online.org/View/ArticleId/353/New-Guidance-on-Contact-Precautions-for-Hospital-Visitors.aspx>

The following are key excerpts from that guidance:

The SHEA Guidelines Committee, comprised of experts in infection control and prevention, developed the recommendations based on available evidence, theoretical rationale, practical considerations, a survey of SHEA members, author opinion and consideration of potential harm where applicable.

- **Intestinal pathogens**, such as *Clostridium difficile* and norovirus, are potentially harmful to visitors and have low prevalence in the community so contact isolation precautions should be in place.

The authors recommend further research on the role of visitors in the transmission of healthcare-associated infections to better define the risk and preventive measures necessary.

SHEA does not grade the evidence nor assign it a Level of recommendation. Based on the language used to describe the basis it is consistent with Grade 2C on the commonly used scale of 1A - 2C, 2C being the lowest. Medicine is replete with multiple instance of "expert recommendations" debunked later by quality studies, which the authors of this recommendation acknowledge are lacking.

Here is 2C:

<p>2C.</p> <p>Weak recommendation, low quality evidence</p>	<p>Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens.</p>	<p>Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.</p>	<p>Very weak recommendation; other alternatives may be equally reasonable.</p>
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Note the last column: *Other alternatives may be equally reasonable*. Those implementing expert recommendations not based on quality controlled studies (*other reasonable alternatives should be considered*) should be implemented with eyes wide open and with flexibility where appropriate. They are not dogma. And time may leave them by the wayside.