

Enhanced Barrier Precautions



Objectives

1. Define Enhanced Barrier Precautions (EBP).
2. Explain the importance of EBP.
3. List high-contact activities associated with EBP.
4. Locate resources to assist with education and the implementation of EBP.



Enhanced Barrier Precautions (EBP)

- A CDC infection prevention and control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes.
- Requires expanding the use of PPE beyond anticipated blood and body fluid exposures addressed by standard precautions.
- It involves the use of a gown and gloves during high contact resident care activities for residents known to be colonized or infected with a MDRO, as well as those at increased risk of MDRO acquisition (e.g., those with wounds or indwelling medical devices).

[Frequently Asked Questions \(FAQs\) about EBP in Nursing Homes | CDC](#)



CMS has issued new guidance for Long Term Care Facilities on the use of EBP to align with nationally accepted standards.



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

Background:

Multidrug-resistant organism (MDRO) transmission is common in long term care (LTC) facilities (i.e., nursing homes), contributing to substantial resident morbidity and mortality and increased healthcare costs. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs.

In 2019, CDC introduced a new approach to the use of personal protective equipment (PPE) called Enhanced Barrier Precautions (EBP) as a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission and did not involve resident room restriction.

As described in the Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper, "[Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](#)" dated June 2021, more than 50% of nursing home residents may be colonized with an MDRO. This report noted that the use of contact precautions to prevent MDRO transmission involves restricting residents to their rooms, which may negatively impact a resident's quality of life and psychosocial well-being. As a result, many nursing homes only implemented contact precautions when residents are infected with an MDRO.

EBP may be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:

- Infection or colonization with a MDRO
- Wounds or indwelling medical devices, regardless of MDRO colonization status.

Effective implementation of **EBP** requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE with hand hygiene products at the point of care.

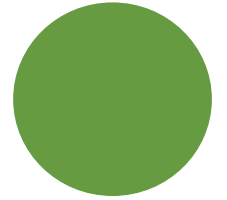


Table: Summary of PPE Use and Room Restriction When Caring for Residents Colonized or Infected with MDROs in Nursing Homes

| Precautions | Applies to: | PPE used for these situations: | Required PPE | Room restriction |
|-------------------------------------|--|--|--|------------------|
| <i>Standard Precautions</i> | All residents | Any potential exposure to: <ul style="list-style-type: none"> Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment | Depending on anticipated exposure: gloves, gown, or facemask or eye protection (Change PPE before caring for another resident) | None |
| <i>Enhanced Barrier Precautions</i> | All residents with any of the following: <ul style="list-style-type: none"> Infection or colonization with an MDRO when Contact Precautions do not apply Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status | During high-contact resident care activities: <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing | Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray) | None |

<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>

| Resident Status | Contact Precautions | Use EBP |
|---|--|--|
| Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained. | Yes | No |
| Infected or colonized with a CDC-targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained. | No | Yes |
| Infected or colonized with a non-CDC targeted MDRO without a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained. | No | At the discretion of the facility |
| Has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. | Yes, unless/until a specific organism is identified. | Yes, if they do not meet the criteria for contact precautions. |
| Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. | No | Yes |

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

Simplified Decision Tree



Residents are **NOT restricted** to their rooms **or limited** from participation in group activities.



High-Contact Resident Care Activities

requiring staff and providers to don a **gown** and **gloves** include:

- Dressing
- Bathing / Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing Briefs
- Assisting with Toileting
- Device Care or Use
 - Central Line, Urinary Catheter, Feeding Tube, Tracheostomy / Ventilator
- Wound Care
 - Any skin opening requiring a dressing



ENHANCED BARRIER PRECAUTIONS



Everyone Must:

Clean their hands often, including before entering and upon leaving the room.

All Providers & Staff Must:

Wear a gown and gloves for the listed high-contact resident care activities.

- Dressing
- Bathing / showering
- Transferring
- Changing linens
- Providing hygiene
- Changing briefs
- Assisting with toileting
- Device care
- Wound care with a dressing

DO NOT wear the same gown and gloves for the care of more than one person.



CDC FAQs about Enhanced Barrier Precautions in Nursing Homes

Are gowns and gloves recommended for Enhanced Barrier Precautions when transferring a resident from a wheelchair to chair in the dayroom or dining room?

In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration.

Is Physical or Occupational Therapy considered a "high-contact" resident care activity?

Depending on the activity, therapy may be considered "high-contact" resident care. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident's room if they anticipate prolonged, close body contact where transmission of MDROs to the therapist's clothes is possible.

<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>



Implementation

When implementing **Enhanced Barrier Precautions**, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies.

To accomplish this, CDC recommends the following:

- Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE (e.g., gown and gloves).
 - For **Enhanced Barrier Precautions**, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves.
- Make PPE, including gowns and gloves, available immediately outside of the resident room.
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education.
- Provide education to residents and visitors.



Understanding Enhanced Barrier Precautions

Dear _____:

We understand the last few years have not been easy and we know how important the overall well-being of your staff and residents are to you. With resident safety, health, and well-being in mind, we want to introduce you to an infection prevention strategy called Enhanced Barrier Precautions (EBP). The Centers for Disease Control and Prevention (CDC) has recently updated their recommendations for an effective response to serious antibiotic resistant organisms. This guidance now includes EBP, which focuses on the targeted use of gown and gloves during high-contact resident care activities for residents at highest risk for colonization or infection with resistant organisms. Resistant organisms can cause serious infections, are difficult to treat, and can spread rapidly throughout nursing homes. Preventing their transmission to others is an important public health priority.

Why should stopping the spread of resistant organisms be a focus for you and your facility?

Residents in nursing homes today frequently require higher levels of care and support than in past decades. These residents often need more hands-on, close contact care, and studies have shown that most transmission of resistant organisms occurs during this type of close care. Studies have also shown that nearly 50% of nursing home residents have a resistant organism in or on their body and that their caregivers are frequently unaware that this is the case. In light of this, caregivers might not use the appropriate precautions to protect themselves and other residents when performing care. By using EBP, you can help reduce the morbidity, mortality, and hospitalization that can be caused by the transmission of resistant organisms.

What are Enhanced Barrier Precautions?

When using EBP, facility staff members wear a clean gown and gloves while performing high-contact resident care activities with residents who are at increased risk of carrying a resistant organism. These include all residents with any of the following:

- Known infection or colonization with a resistant organism when Contact Precautions do not otherwise apply (for more information see below)
- Wounds or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)

The resistant organisms for which the use of EBP applies are based on local epidemiology (local spread). At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important resistant organisms.*

Examples of resistant organisms targeted by CDC include:

- Pan-resistant organisms (i.e., resistant to most or all antibiotics or antifungals)
- Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp. (CP-CRPA)
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii* (CP-CRAB)
- *Candida auris*

The high-contact resident care activities are typically bundled care activities that are provided either during the morning or evening care and include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care)
- Performing wound care†

Pre-Implementation Tool—Enhanced Barrier Precautions (EBP) (For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool is designed to be used prior to implementation of EBP in your facility (either a unit, wing, or entire facility) as a guide for developing a successful plan for the implementation of EBP during high-contact resident care activities. It is intended for use in skilled nursing facilities/nursing homes.

This tool can be customized to meet facility-specific needs. EBP can be implemented in a manner that works best for your facility. While implementation of EBP for all residents who meet criteria is the goal, this may not initially be feasible for your facility. If, during the development of your implementation plan, challenges arise for facility-wide implementation, you may choose to implement EBP on a unit or wing first, preferably one where most residents would meet criteria for the use of EBP (e.g., residents with indwelling medical devices, wounds, or known MDRO infection or colonization).

HCP can reduce personal protective equipment (PPE) consumption by bundling multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens).

Facility Name: _____

Date of Assessment: _____

1. Does your facility currently have a developed timeline for implementation of EBP?

- Yes
 No
 Unknown

If yes, when do you expect to begin implementation?

- In 3–4 weeks
 In 1–2 months
 In >2 months

2. If question 1 is answered "Yes", have you developed a policy and procedure document for the use of EBP?

- Yes
 No
 Unknown

If no, what challenges are you having with the development of a policy and procedure document?

- Staffing shortages
 Leadership input
 Other, please specify: _____

3. Does your facility currently have an interdisciplinary team (IDT) that manages facility infection prevention and control practices?

- Yes
 No
 Unknown

If yes, who currently serves on the facility's IDT? (Select all that apply)

- Medical director
 Director of Nursing
 Nurse (RN, LPN, LVN)
 Environmental services
 Certified nursing assistant
 Other, please specify: _____



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Enhanced Barrier Precautions (EBP) Implementation—Observations Tool (For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool should be used only after you have established the use of Enhanced Barrier Precautions (EBP) in your facility (either in a unit, wing, or entire facility), and can be customized to meet the needs of the skilled nursing facility/nursing home. This tool is designed to support the conducting of observations of healthcare personnel (HCP) using EBP during high-contact resident care activities as a part of auditing and feedback. Responses should refer to current practices.

Facility Name: _____

Date of Assessment: _____

Observations

In general, these observations should be conducted covertly (i.e., HCP are not aware they are being observed), and the observer should collect information on as many EBP practices as feasible across a variety of HCP types and care units (if EBP has been implemented in more than one unit). While the observer should aim to assess as many of the listed elements as possible, often, only partial observations can be made, such as only observing a HCP don (put on) but not doff (take off) personal protective equipment (PPE). However, this can still provide valuable information on overall EBP practices in a facility.

1. Title or role of person conducting observation

- Nurse (RN, LPN, LVN)
 Nurse—Unit manager or above
 Nurse Practitioner/Physician Assistant (NP/PA)
 Wound care staff
 Administrative staff
 Student (nurse, physician, other)
 Certified Nursing Assistant/Patient Care Associate/Patient Care Technician (CNA/PCA/PCT)
 Physician
 Infection Preventionist
 Housekeeping/Environmental Services Staff
 Other, please specify: _____

2. Specify, as applicable, where the EBP observation occurred

- Unit: _____
 Room: _____
 Bed identification (ex. A, B, 1, 2) if multiple beds per room: _____

3. Criteria for the use of EBP (Select all that apply)

- Wound
 Indwelling medical device—Type:
 Central line/Peripherally inserted central catheter (PICC)
 Urinary catheter
 Feeding tube
 Tracheostomy tube
 Ventilator
 Multidrug-resistant organism (MDRO) colonization or MDRO infection
 Other, please specify: _____
 Unknown: _____



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Enhanced Barrier Precautions How We Keep Our Residents Safe



What's New

We are using Enhanced Barrier Precautions to help protect our residents from infection. You may notice:

- New signs throughout the facility
- Staff wearing gowns and gloves for high-contact care activities

Why We're Making These Changes

We are taking action to protect our residents from dangerous germs. These germs can cause infections that are hard to treat.

Enhanced Barrier Precautions allow us to provide safe, high quality care and help stop the spread of germs within our facility.

How to Help When You Visit

You can help stop the spread of germs by cleaning your hands with alcohol-based hand sanitizer or soap and water.

Learn more about Enhanced Barrier Precautions:
bit.ly/PPE-NursingHomes



More than
50%
of nursing home residents carry a
multidrug-resistant organism.



Multidrug-resistant organisms (MDROs) are a threat to our residents.

Enhanced Barrier Precautions (EBP) Steps



Perform Hand Hygiene



Wear Gown



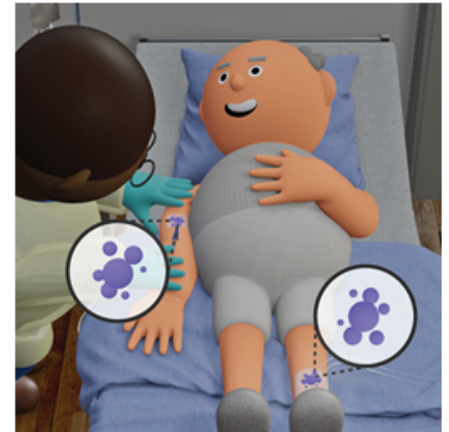
Wear Gloves



Dispose of Gown &
Gloves in Room

Use EBP during high-contact care activities for residents with:

- 1 Indwelling Medical Devices
(e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- 2 Wounds
- 3 Colonization or Infection with a MDRO



Protect residents and
stop the spread of germs.

bit.ly/PPE-NursingHomes

Scan to watch
an EBP video.



Conclusion

The implementation of EBP may pose some minor challenges, but it establishes a crucial strategy in preventing MDRO transmission in long-term care facilities while minimizing the impact on residents' quality of life.

By adhering to updated CDC guidelines and ensuring proper implementation, LTC facilities can better protect their residents and staff from the risks associated with MDROs.



CDC Resources

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>

CMS QSO 24-08-NH

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states/enhanced-barrier-precautions-nursing-homes-prevent-spread-multidrug-resistant-organisms-mdros>

Pre-Implementation Tool – Enhanced Barrier Precautions

www.cdc.gov/long-term-care-facilities/media/pdfs/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf

Enhanced Barrier Precautions Implementation – Observation Tool

www.cdc.gov/long-term-care-facilities/media/pdfs/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf

Understanding Enhanced Barrier Precautions

www.cdc.gov/long-term-care-facilities/media/pdfs/Enhanced-Barrier-Precautions-Letter-for-Nursing-Home-Leadership-508.pdf

FAQs about Enhanced Barrier Precautions in Nursing Homes

<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>

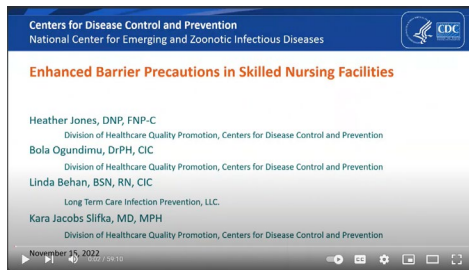
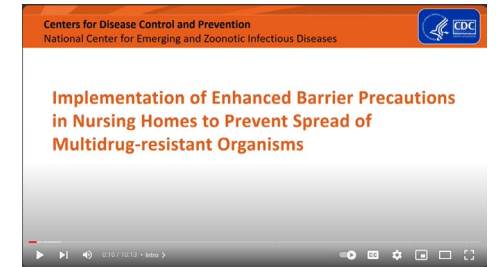


CDC Videos



<https://www.youtube.com/watch?app=desktop&v=NoL8PVp5KKc%E2%80%8B>

<https://www.youtube.com/watch?v=XnEyD3yNKfA>



<https://www.youtube.com/watch?v=WD87c4PP6pE&t=2952s>





Questions?

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THANK YOU!

