Ask an IP
Learning and Communication Series
Everyday EBP: Navigating Care Essentials for High-Risk Residents

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Website:
http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm

Disclosures

There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

- **Microphones** are disabled. For questions, please use the chat.
- **Cameras:** please keep them turned off during the presentation.
- **Recording**: the presentation is being recorded and will be posted on the Ask an IP Website within a few weeks following the session.
- We will not review COVID-19 guidelines (including CDPH AFLs) during these sessions.

Objectives

- Provide a brief overview of Enhanced Barrier Precautions (EBP)
- Identify everyday tasks that we encounter while caring for EBP residents within our facility and the appropriate infection prevention and control standards associated
- Practice real life scenarios to apply knowledge of EBP

Introduction to Enhanced Barrier Precautions (EBP)

What is EBP?

- Enhanced Barrier Precautions
- An infection prevention strategy designed to reduce multidrug-resistant organism (MDRO) transmission in SNFs through targeted gown and glove use during high-contact resident care activities

Key Concepts of EBP

- Does not require private room
- Gown and gloves recommended for high contact resident care activities
- Residents are not restricted to their room
- Intended to be used for the entire length of resident stay in the facility
- Designed to limit the spread of MDROs

Transmission-Based Precautions (TBP): EBP vs Contact Precautions vs Standard Precautions

TBP Type	Implementation
Standard	• Intended to protect HCP for potentially infectious material. • Used for all residents. • Perform HH+ change PPE *within room, before & after care activity.*
Enhanced Barrier	• **Intended to prevent MDRO transmission.** • **Used for high-risk and/or MDRO-positive* residents.** • **Perform HH+change PPE *within room, before & after high-contact care activity*** • **Residents may leave room if they are clean, contained, and compliant.**
Contact	• Intended to protect HCP from known infectious material. • Used for outbreak settings, residents positive for MDROs* or other infectious organisms^, residents with acute diarrhea, residents with secretions/excretions that cannot be covered or contained • Perform HH+ change PPE *upon room entry & exit.* • Residents may not leave room except for medically-necessary activities

Who does EBP apply to?

- Residents who have one or both of the following:
  - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not apply
  - Wounds and/or indwelling medical devices even if resident has no history of infection or colonization of MDRO
    - Urinary catheter
    - G-tubes
    - Central lines/Intravenous catheters
    - Artificial ventilation
    - Other external devices

High-Contact Care Activities that EBP applies to

- Dressing
- Bathing/Showering
- Transferring
- Providing hygiene
- Handling soiled linens or changing linens
- Assisting with toileting
- Device care or use
- Wound care
- And more…

Reminder: Treat each bedspace as a separate room

- When residents are in shared rooms, your facility must implement strategies to help minimize transmission of pathogens between roommates
- Some key strategies include:
  - At least 3 feet of separation between beds
  - Use of privacy curtains
  - Cleaning and disinfecting shared equipment
  - Increased cleaning and disinfection of frequently touched surfaces
  - Performing Hand hygiene and changing PPE between one roommate to another

Resources to consider when applying EBP

Contents

1. LACDPH SNF MDRO Guidance http://publichealth.lacounty.gov

Applying EBP to Everyday Activities

Applying EBP to Admissions

- Determine if new admission meets criteria for EBP
- Determine if the new admit is “high-risk”
- Do they have an indwelling device?
- Do they have a wound?
- Are they ventilator dependent?
- Do they have history of MDRO?
- Have you reviewed their transfer form/medical record?

Admissions Scenario

There is a new resident with a history of C. Auris and an ostomy bag coming in from an acute care hospital. During admission to the SNF, the staff complete their review of admission paperwork, but cannot decide if the resident should be on Contact Precautions like they were on at the hospital or EBP?

- Would this resident be on EBP (yes or no)?

Answer:

YES!

Applying EBP to Cohorting/Room Assignment

- Always want to cohort “like with like”
- Can prioritize to single room, if one is available (can designate single rooms for those with most concerning MDROs)
- Cohorting is recommended for residents infected or colonized with MDROs.
- May assign rooms based on type of MDRO, however it is important that each resident's MDRO status is KNOWN
- May have unit or part of unit dedicated to those with similar MDRO type

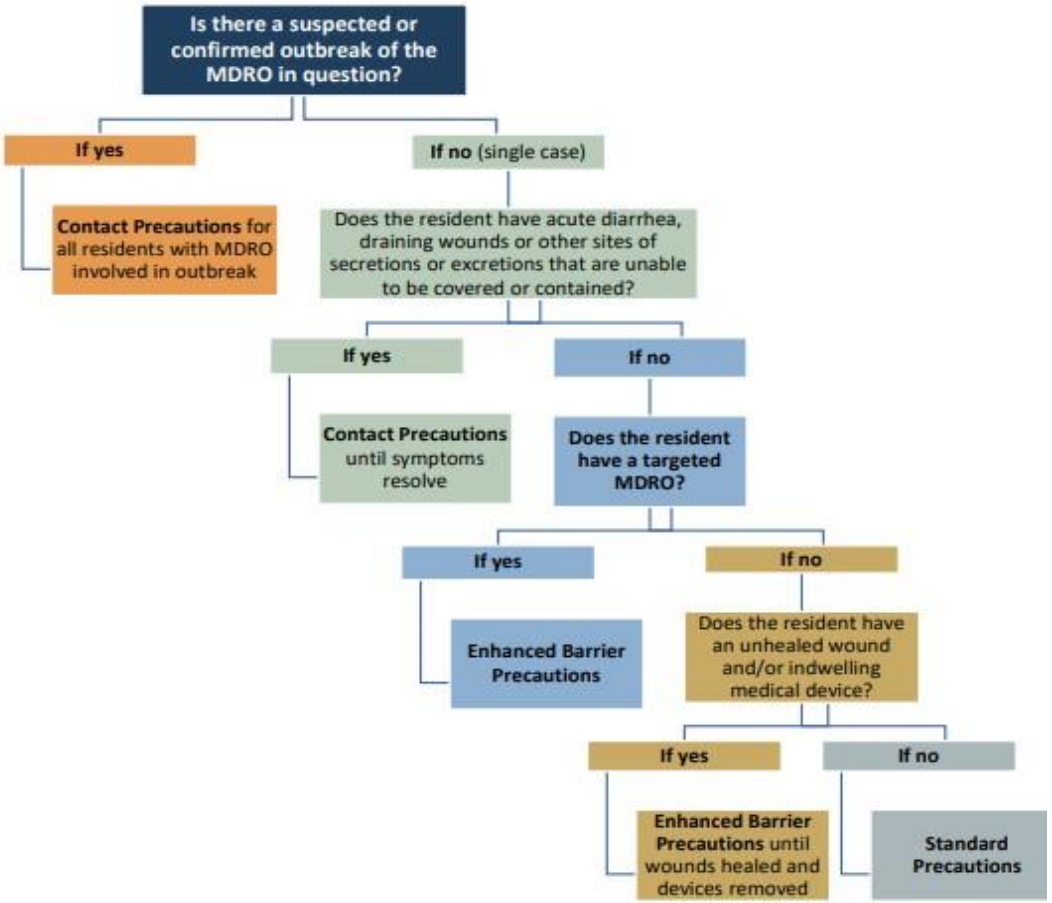
Applying EBP to Cohorting/Room Assignment

- **Special Considerations:** When there is active transmission or an outbreak is confirmed, Contact Precautions should be implemented to decrease transmission
  - Please refer to MDRO Cohorting flowchart and Cohorting recommendations by organism type (both included in the LACDPH SNF MDRO Guidance)

SNF MDRO Cohorting Flowchart

- Located on Page 10 of SNF MDRO Guidance Document

Figure 1: MDRO Cohorting Flowchart



Cohorting Recommendations by Organism Type (Page 11)

Table 4: TBP and Cohorting Recommendations by MDRO Type

Organism	TBP Type	How to cohort*
MRSA, VRE, ESBL	SP	Cohort with anyone (no need to cohort with another resident with the same organism), unless the facility is experiencing an outbreak for which cohorting needs to be prioritized. See LACDPH Rethinking Contact Precautions for MRSA and VRE for more guidance: http://publichealth.lacounty.gov/acd/RethinkingContactPrecautions/index.htm
CPOs	EBP	Cohort only with other residents with the same carbapenemase gene (KPC, IMP, NDM, OXA, VIM), unless there is an outbreak with a targeted MDRO for which cohorting needs to be prioritized. If a SNF is unable to admit or cohort a new MDRO-positive resident due to a lack of a compatible roommate^, the new resident can be placed in a room with a non-positive resident with the fewest risk factors for MDRO acquisition.+
CROs	EBP	Cohort only with other residents with the same organism, unless there is an outbreak with a targeted MDRO for which cohorting needs to be prioritized. If a SNF is unable to admit or cohort a new MDRO-positive resident due to a lack of a compatible roommate^, the new resident can be placed in a room with a non-positive resident with the fewest risk factors for MDRO acquisition.+
C. auris	EBP	Cohort only with other residents with the same organism unless there is an outbreak with a targeted MDRO for which cohorting needs to be prioritized. If a SNF is unable to admit or cohort a new MDRO-positive resident due to a lack of a compatible roommate^, the new resident can be placed in a room with a non-positive resident with the fewest risk factors for MDRO acquisition.+
VRSA	CP	Cohort only with other residents with the same organism.
Novel MDRO	CP	Cohort only with other residents with the same organism.

**Regardless of which type of cohorting is done, ensure that staff treat each bed as a separate room (i.e., perform HH and change PPE between each resident, beds at least 3 feet apart). Additional guidance should be provided when facilities are unable to cohort by same organism/gene. See Cohorting Considerations.*

^Compatible roommate = someone with the same MDRO/infectious organism.

+ Resident with the fewest risk factors for MDRO acquisition = resident with the least number of indwelling devices, unhealed wounds, dependence on others for activities of daily living.

Cohorting Scenario #1

- A resident with Candida auris needs admission, there are no single rooms available. The only option is to cohort the resident with a resident colonized with CRE, and not on Contact Precautions.

Can they share a room? (Yes or No)

Answer:

- A resident with Candida auris needs admission, there are no single rooms available. The only option is to cohort the resident with a resident colonized with CRE, and not on Contact Precautions.

- Can they share a room? **YES, while it's not ideal, but may be necessary if there are no other options available. Remember to treat each room as a separate bed space! It is essential in situations like this.**

Cohorting Scenario #2

Your facility is at full capacity and has only one shared room option available.

- **Resident A:** Has Candida auris and on Enhanced Barrier Precautions (EBP).
- **Resident B:** Active CRE urinary tract infection on Contact Precautions (CP)

Can these two residents be placed in/share the same room?

Answer:

Your facility is at full capacity and has only one shared room option available.

- **Resident A:** Has Candida auris and on Enhanced Barrier Precautions (EBP).
- **Resident B:** Active CRE urinary tract infection on Contact Precautions (CP)

Can these two residents be placed in/share the same room?

YES!

Cohorting Scenario #3

Resident	MDRO	Additional Risk Factors
Resident A	VRE	Indwelling Foley Catheter
Resident B	VRE	Uncontained Sacral Wound
Resident C	MRSA	Indwelling PEG Tube

- Do all three of these residents require EBP?

Cohorting Scenario 3: Answer

Resident	MDRO	Additional Risk Factors
Resident A	VRE	Indwelling Foley Catheter
Resident B	VRE	Uncontained Sacral Wound
Resident C	MRSA	Indwelling PEG Tube

- Do all three of these residents require EBP? **YES**

Cohorting Scenario #4

Resident	MDRO	Additional Risk Factors
Resident A	VRE	Indwelling Foley Catheter
Resident B	VRE	Uncontained Sacral Wound
Resident C	MRSA	Indwelling PEG Tube

- If there is one private room available, and one room available with two beds, which two residents would be preferred to cohort together?

Cohorting Scenario 4 : Answer

Resident	MDRO	Additional Risk Factors
Resident A	VRE	Indwelling Foley Catheter
Resident B	VRE	Uncontained Sacral Wound
Resident C	MRSA	Indwelling PEG Tube

- If there is one private room available, and one room available with two beds, which two residents would be preferred to cohort together? **A & B**

Applying EBP to Bathing

- Bathing is a high-contact resident care activity, which requires gown and gloves, regardless of where the bathing occurs
  - Shower room
  - Bedside

Applying EBP to Bathing (Preparation)

Action	EBP Standard	Rationale
Gown + Gloves	Perform hand hygiene, don a gown and gloves BEFORE beginning to assist the resident	Prevents contamination of the staff members clothing and hands during close contact
Contain Risk Factors	Ensure any wounds are covered (even before the shower/bathing) and any indwelling devices are properly secured to prevent splashing or disconnection	Reduces the spread of MDROs into the water and environment
Resident Hygiene	Ensure the resident is wearing clean clothing or clean gown before leaving the room	Prevents transferring contaminated linens or gowns into the hallways/shower room

Applying EBP to Bathing (Transport to Shower Room)

Action	EBP Standard	Rationale
PPE	Staff member must remove the gown and gloves (worn during the preparation step) and perform hand hygiene BEFORE entering the hallway	PPE is not worn in the hallway UNLESS uncontained splash or spills are actively occurring or anticipated, to prevent contamination of public areas
Transport	Use clean wheelchairs or shower chair, and resident must be wearing clean clothing or gown	Maintain the principle that the hallways and common equipment remain clean

Reminder: make sure to disinfect shower chair and wheelchair as well!

Applying EBP to Bathing (In the Shower Room)

Action	EBP Standard	Rationale
Entry PPE	Must don a clean gown **BEFORE** beginning the bathing process (immediately on entry to shower room)	Bathing and showering is a high contact activity, creating high risk for water and droplet spread contamination
Bathing	Use gown and gloves throughout the entire transfer to shower chair, washing, and rinsing	Protects staff clothes and skin from extensive contamination during the high risk activity
Environmental Cleaning	The shower room, shower chair, and all fixtures must be cleaned and disinfected with EPA approved product **AFTER** EBP resident is finished and **BEFORE** the next resident uses the area	Prevents MDRO transmission via contaminated surfaces

Applying EBP to Bathing (Returning to the Room)

Action	EBP Standard	Rationale
Exit PPE	Staff member removes the gown and gloves and performs hand hygiene before leaving the shower room and entering the hallway	Prevents the transfer of germs picked up in shower room to go into the hallway
Resident Status	Resident returns to their room in clean clothing and adheres to Standard Precautions during transport	Completes the process of decontamination before re-entering the room

Bathing Scenario #1

A CNA assists a resident with a full bed bath. The resident has a healing pressure injury/wound/ulcer on the sacrum.

Should EBP be used during this activity?

Answer:

A CNA assists a resident with a full bed bath. The resident has a healing pressure injury/wound/ulcer on the sacrum.

Should EBP be used during this activity?

Yes, it involves extensive skin contact and exposure to body fluids!

Bathing Scenario #2

- You are about to transport an EBP resident to the shower room. The resident has been having loose watery stool and is very incontinent to the point where most of the time it can't be contained. You anticipate possible splashes/sprays.

- Would you wear gown and gloves in the HALLWAY on the way to the shower room in this scenario?

Answer:

- You are about to transport an EBP resident to the shower room. The resident has been having loose watery stool and is very incontinent to the point where most of the time it can't be contained. You anticipate possible splashes/sprays.

- Would you wear gown and gloves in the HALLWAY on the way to the shower room in this scenario?

- **YES!**

Scenario Bathing #3

- Same resident from before, they are now clean and have been bathed. You are about to transport them back to their room.

- Would you wear the same PPE used for bathing or doff that PPE and don new PPE?

Answer:

- Same resident from before, they are now clean and have been bathed. You are about to transport them back to their room.

- Would you wear the same PPE used for bathing or doff that PPE and don new PPE?

- **Don the new PPE!!! AND PEFORM HAND HYGIENE**

Applying EBP to Perineal Care/Changing

- Preparation + Donning PPE:
  - Hand Hygiene and Donning: Staff must perform HH and don clean gown and gloves BEFORE beginning the perineal care
- During Care:
  - Cleaning of perineal area while wearing gown and gloves
  - Apply new clean brief/undergarments if needed
- After Care:
  - Dispose of dirty brief/wipes/contaminated materials
  - Doff PPE and Perform HH

Perineal Care Scenario

A CNA provides perineal care for a resident with an indwelling catheter.

Does this require EBP?

Answer:

A CNA provides perineal care for a resident with an indwelling catheter.

Does this require EBP? YES!!

Applying EBP to Dressing/Changing

- What happens when I assist the resident in dressing or putting or taking clothes off or on?
- Perform HH and don clean gown and gloves, before assisting with dressing
- Doff gown and gloves and perform HH, after the dressing is completed

Dressing/Changing Scenario

An LVN helps a resident put on a clean shirt and pants. The resident has an indwelling urinary catheter.

Is this a high-contact activity requiring EBP?

Scenario: Dressing (Answer)

An LVN helps a resident put on a clean shirt and pants. The resident has an indwelling urinary catheter.

Is this a high-contact activity requiring EBP? YES! Because it is a high contact activity with possible exposure to body fluids

Applying EBP to Toileting

- This applies to assisting resident to the toilet, using a bedside commode, or changing /undergarments/diaper brief
- Don PPE and perform HH **BEFORE** you make contact with the resident
- Make sure you have a contained care area
- Make sure you have all supplies needed to clean resident, this can include wipes, clean briefs, linen receptable)
- Replacing gloves if soiled during process and perform HH before donning new ones

Applying EBP to Toileting continued…

- Contain waste properly; avoid contact with environmental surfaces.
- Doff PPE and perform hand hygiene immediately after completing toileting care and before touching clean items or another resident.
- Clean and disinfect commodes, toilet seats, and handrails after use.
- **Reminder:** Assist one resident at a time, do not wear PPE from one resident to another, if you are assisting one resident with toileting, do not use the same PPE

Toileting Scenario #1

A CNA assists a resident in transferring from bed to the toilet using a gait belt. The resident has no wounds or invasive devices and no known infection or colonization with MDRO.

Should EBP be applied during this activity?

Answer:

A CAN assists a resident in transferring from bed to the toilet using a gait belt. The resident has no wounds or invasive devices and no known infection or colonization with MDRO.

Should EBP be applied during this activity? **No! Because toileting does not require EBP unless there is anticipated contact with non-intact skin, body fluids, or medical devices**

Toileting Scenario #2

A CNA assists a resident to the toilet who has urinary incontinence and is on EBP for a multidrug-resistant organism (MDRO). During the transfer, there's possible contact with urine and bed rails.

Should EBP be applied during this activity?

Scenario Toileting 2 (Answer)

A CNA assists a resident to the toilet who has urinary incontinence and is on EBP for a multidrug-resistant organism (MDRO). During the transfer, there's possible contact with urine and bed rails.

Should EBP be applied during this activity? **Yes! Because toileting with exposure to body fluids or contaminated surfaces requires gown and gloves.**

Applying EBP to Linens

- Perform hand hygiene before entering the resident's space.
- Don gown and gloves if the resident is on EBP or Contact Precautions.
- Handle soiled linens carefully; avoid shaking or placing them on clean surfaces. Do not bunch them up and hug them to be able to carry them.
- Place contaminated linens in designated linen bags or hampers inside the resident's room.
- Remove PPE and perform hand hygiene before handling clean linens or exiting the room.

Linens Scenario

A CNA changes bed linens for a resident on EBP for a chronic wound. The linens are visibly soiled with drainage.

Should EBP be applied during this activity?

Answer:

A CNA changes bed linens for a resident on EBP for a chronic wound. The linens are visibly soiled with drainage.

Should EBP be applied during this activity? **Yes! Because handling soiled linens is a high-contact activity with risk of exposure to infectious material.**

Appling EBP to Feeding

- Perform hand hygiene before assisting the resident.
- **Assess risk:** Is the resident on EBP or have draining wounds, trach, or feeding tube?
- If no risk factors, proceed with Standard Precautions (no gown/gloves).
- If yes, don gown and gloves before beginning care.
- Avoid touching the resident's mouth, nose, or feeding device with ungloved hands.

Applying EBP to Feeding continued…

- If assisting with a feeding tube (PEG, NG tube):
  - Handle tubing carefully to prevent leaks or contamination.
  - Wipe any spills immediately.
- After feeding:
  - Remove PPE and perform hand hygiene before touching clean items or another resident.
  - Clean and disinfect tray tables used in the room.

Feeding Scenario

A CNA assists a resident who is on Enhanced Barrier Precautions (EBP) due to colonization with an MDRO. The resident needs help with feeding and has a PEG tube in place.

Should EBP be applied during this activity?

Answer:

A CNA assists a resident who is on Enhanced Barrier Precautions (EBP) due to colonization with an MDRO. The resident needs help with feeding and has a PEG tube in place.

Should EBP be applied during this activity? **Yes! Assisting with feeding a resident with a feeding tube involves potential exposure to body fluids or device sites. Gown and gloves should be worn to protect from splashes or contamination from contact with the tube or resident's clothing/skin.**

Applying EBP to Transfer within Room/Facility

- **Assess risk:** Is the resident on EBP or has open wounds, trach, or other devices?
- Don gown and gloves if direct contact or support during transfer is expected.
- Minimize contact with environmental surfaces (bedrails, wheelchair handles.
- Disinfect transfer/transport equipment after use.
- Remove PPE and perform hand hygiene immediately after.

Transferring within Room/Facility Scenario

A CNA transfers a resident on EBP from bed to wheelchair to attend a therapy session in the same unit. The resident has a draining wound on the lower leg.

Should EBP be applied during this activity?

Answer:

A CNA transfers a resident on EBP from bed to wheelchair to attend a therapy session in the same unit. The resident has a draining wound on the lower leg.

Should EBP be applied during this activity? **Yes! Transfers are high-contact care activities, and the presence of a draining wound increases the risk of exposure to infectious material. You also want to ensure that the wound is contained prior to transporting/transferring from room to room.**

Applying EBP to Rehab (PT/ST/OT)

- Perform hand hygiene before and after each therapy session.
- **Assess risk:** if the resident is on EBP or has wounds, devices, or open skin areas - don gown and gloves.
- Maintain separation between therapy equipment used for residents on EBP and others.
- Disinfect equipment (weights, parallel bars, wheelchairs, mats) after every session.
- Avoid placing clean equipment on surfaces contaminated during resident contact.

Rehab (PT/ST/OT) Scenario

A physical therapist assists a resident on EBP with leg exercises using resistance bands. The resident has a healing wound on the leg.

Should EBP be applied during this activity?

Answer:

A physical therapist assists a resident on EBP with leg exercises using resistance bands. The resident has a healing wound on the leg.

Should EBP be applied during this activity? **Yes! This a high-contact activity with potential exposure to non-intact skin and contaminated surfaces. EBP prevents transmission of MDRO's within therapy areas.**

Applying EBP to Vent/Trach/RT

- Perform hand hygiene before donning PPE
- Don gown and gloves before providing care, suctioning, or handling ventilator tubing.
- Avoid touching clean surfaces with contaminated gloves.
- Change gloves if visibly soiled or when moving from a contaminated to a clean area.
- Doff PPE and perform hand hygiene immediately after care.
- Disinfect equipment surfaces per facility respiratory hygiene protocols.

Vent/Trach/RT Scenario

A respiratory therapist performs tracheostomy care for a resident colonized with an MDRO.

Should EBP be applied for this activity?

Answer:

A respiratory therapist performs tracheostomy care for a resident colonized with an MDRO.

Should EBP be applied for this activity? **Yes, tracheostomy care is a high contact activity with direct exposure to respiratory secretions.**

Applying EBP to Wound Care/ Device Care

- Perform hand hygiene and don gown and gloves before handling or changing any wound dressing, catheter, or device.
- Use dedicated supplies for residents on EBP whenever possible. And make sure you have your supplies with you when you begin.
- Dispose of dressings and contaminated materials in appropriate receptacles/bins.
- Doff PPE and perform hand hygiene before touching clean surfaces or new supplies.
- Clean and disinfect any shared equipment used during care.

Device Care/Use Scenario

A LVN changes a resident's wound dressing on a chronic leg ulcer.

Should EBP be implemented?

Answer:

An LVN changes a resident's wound dressing on a chronic leg ulcer.

Should EBP be implemented? **Yes! Wound care involves direct contact with non-intact skin and potential exposure to body fluids.**

Applying EBP for EVS/Housekeeping/Janitorial

- Perform hand hygiene before entering the room.
- Don gown and gloves when cleaning rooms of residents on EBP.
- Use EPA-approved disinfectants per facility protocol, paying special attention to frequently touches surfaces like bed rails, bedside tables, call lights, door handles, bathroom surfaces.
- Change cleaning cloths between rooms to prevent cross-contamination.
- Doff PPE, perform hand hygiene, don PPE before cleaning next bed space

Applying EBP for EVS/Housekeeping/Janitorial (cont)

- Doff PPE and perform hand hygiene before exiting the room and handling clean equipment
- **Reminder:** treat each bed space like it's own room! Make sure staff are not wearing same PPE between each bed space while cleaning.

EVS Scenario

An EVS employee cleans a resident's room who is on EBP. The resident has an indwelling urinary catheter and a draining wound.

Should EBP be applied in this activity?

Answer:

An EVS employee cleans a resident's room who is on EBP. This resident has an indwelling urinary catheter and a draining wound.

Should EBP be applied during this activity? **YES! Cleaning a room of a resident on EBP requires contact with frequently touched surfaces that may be contaminated.**

Applying EBP to Residents with Outside Appointments

- Perform hand hygiene and don gown and gloves before transfer if assisting a resident on EBP or a resident with wounds, devices, or incontinence into a wheelchair or gurney.
- Doff PPE and perform HH prior to leaving room
- Communicate EBP status to receiving facility, transport staff , or appointment staff.
- Clean and disinfect transport equipment (wheelchairs, gurneys) before and after each use.

Applying EBP to Discharge

- Perform hand hygiene and don gown and gloves before transfer if assisting a resident on EBP or a resident with wounds, devices, or incontinence into a wheelchair or gurney.
- Doff PPE and perform HH prior to leaving room
- Communicate EBP status to receiving facility, transport staff , or appointment staff.
- Clean and disinfect transport equipment (wheelchairs, gurneys) before and after each use.
- Terminal cleaning of resident room and educate family/or guardian or receiving facility about MDRO status

Discharge/Transfer (Out of Facility) Scenario

A LVN prepares a resident on EBP with a draining leg wound for discharge to another facility. The CNA helps the resident into a wheelchair and covers the wound with a clean dressing.

Should EBP be applied during this activity?

Answer:

An LVN prepares a resident on EBP with a draining leg wound for discharge to another facility. The CNA helps the resident into a wheelchair and covers the wound with a clean dressing.

Should EBP be applied during this activity? **Yes! This is a high-contact activity involving potential exposure to wound drainage.**

Applying EBP for Visitors/ Family Members

- Educate visitors upon arrival when a resident is on EBP.
- Provide clear instructions and signage outside the room explaining when gown and gloves are required.
- Encourage visitors to:
  - Perform hand hygiene before entering and when leaving the room, wear gown and gloves if they will have close contact (hugging, assisting with feeding).
  - **Avoid sitting on beds or handling medical devices or wound dressings.**

Applying EBP for Visitors/ Family Members (cont.)

- Demonstrate proper PPE use and disposal if needed.
- Remind families that they should follow EBP while visiting their family member.
- **Provide reassurance:** Residents benefit emotionally from social interaction when precautions are followed correctly.

Visitors/Family Scenario

A resident on EBP for an MDRO has frequent visits from their daughter, who enjoys hugging and assisting with brushing the resident's hair.

Should the visitor wear gown and gloves during these visits?

Answer:

A resident on EBP for an MDRO has frequent visits from their daughter, who enjoys hugging and assisting brushing the resident's hair.

Should the visitor wear gown and gloves during these visits? **Yes! Close, physical contact such as hugging or hair brushing meets the definition of high-contact activity. Education ensures safe interaction while maintaining resident quality of life and emotional well-being.**

Key Takeaways

- Always assess risk before providing care
- EBP= gown + gloves for high contact activities (all we mentioned today)
- HH is non-negotiable (especially before donning and after donning PPE)
- Environmental cleaning matters (disinfection of frequently touched surfaces is essential)
- Education = prevention
- Reinforce PPE + HH for visitors and staff
- EBP is about protecting everyone

Resources (LACDPH)

- SNF MDRO Guidance: http://publichealth.lacounty.gov/acd/docs/SNFMDROGuidance.pdf
- SNF MDRO Webpage: http://publichealth.lacounty.gov/acd/MDRO/index.htm
- Transferring Guidance for MDROs: http://publichealth.lacounty.gov/acd/docs/LACDPH_TransferringGuidanceforMDROs.pdf
- LTCF Home Page:
- LACDPH Ask an IP Webpage:
- Healthcare Outreach Unit (HOU) Homepage:

Resources (LACDPH)

- LTCF Home Page: http://publichealth.lacounty.gov/acd/LTCF/index.htm
- LACDPH Ask an IP Webpage: http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm
- Healthcare Outreach Unit (HOU) Homepage: http://publichealth.lacounty.gov/acd/HOU/index.htm

Resources (CDPH)

- Enhanced Barrier Precautions for SNFs: http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf
- MDRO Cohorting Guidance for SNFs: http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROCohortingSNF.pdf
- Antimicrobial Resistance: http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx

Resources (CDC)

- Implementation of PPE in Nursing Homes: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html
- FAQ about EBP in Nursing Homes: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html
- Interim Guidance for Public Health to Contain Novel or Targeted MDRO: https://www.cdc.gov/healthcare-associated-infections/media/pdfs/Health-Response-Contain-MDRO-H.pdf

Questions

RHN Message:

Join our Regional Healthcare Network (RHN) In-person sessions in December 2025!

Please join us for…

Our last Ask an IP of the year on December 17th

from 1:30-2:30 pm!