



**DO YOU HAVE ESP?**



DIVINING ENHANCED STANDARD PRECAUTIONS

# DISCLOSURES

I HAVE NOTHING TO  
DISCLOSE



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*INFECTION PREVENTION & CONTROL*  
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# OBJECTIVES

AT THE END OF THE PRESENTATION, PARTICIPANTS WILL BE ABLE TO:

- DESCRIBE THE 6 MOMENTS OF ENHANCED STANDARD PRECAUTIONS
- DISCUSS THE DIFFERENCE BETWEEN TRANSMISSION-BASED PRECAUTIONS, AND ENHANCED STANDARD PRECAUTIONS
- EXPLAIN HOW TO IMPLEMENT ESP IN A SKILLED NURSING FACILITY





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# WHY ENHANCED STANDARD PRECAUTIONS?

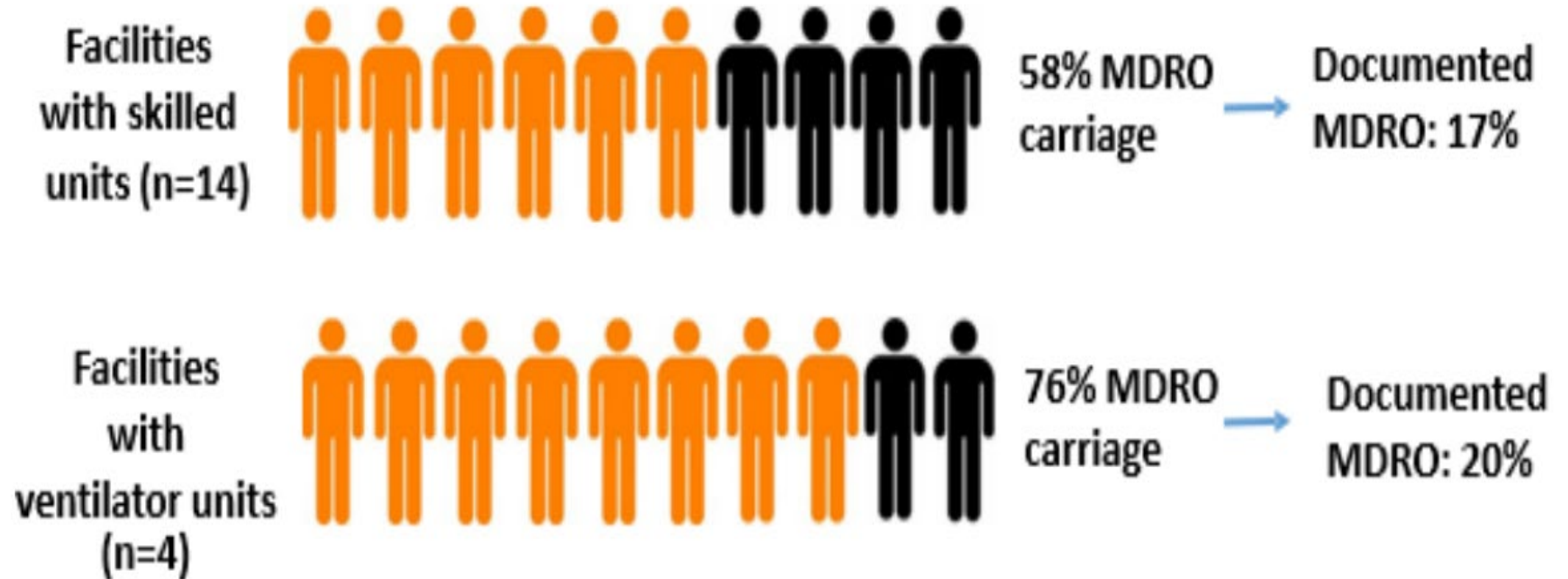


# WHAT WE KNOW

- SNF are important reservoirs for MDRO colonization that is often undetected
- SNF residents are at increased risk of MDRO colonization and transmission due to multiple comorbidities, higher acuity, and decreased immune response
- Some SNFs can be hesitant to accept transfers of residents known to be colonized with MDRO
  - Mostly due out of fear of center outbreaks, or
  - Lack of education regarding how to handle them



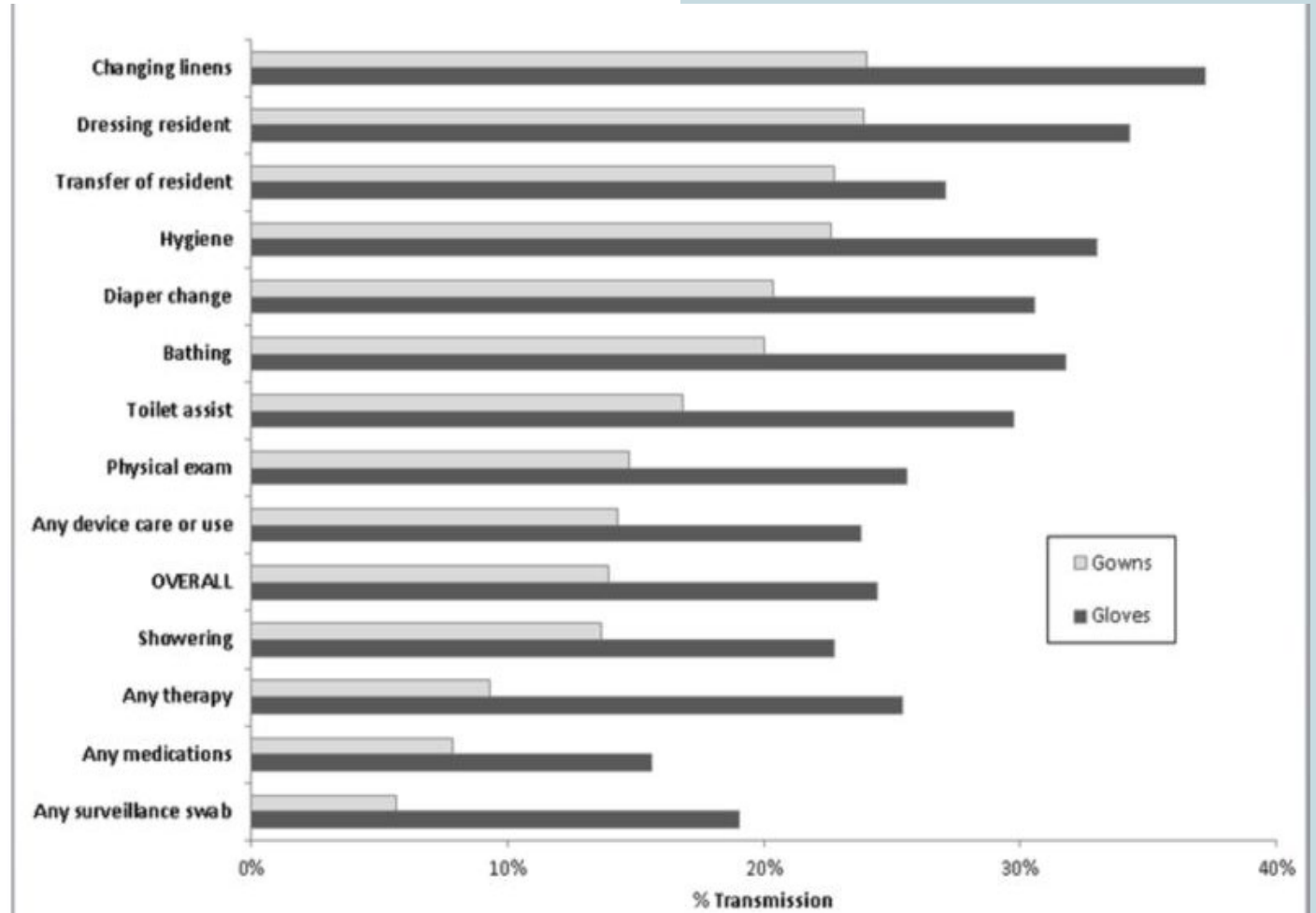
# MDRO BURDEN



# MRSA TRANSMISSION TO **GOWNS AND GLOVES** OF HEALTHCARE PERSONNEL DURING CARE OF MRSA COLONIZED RESIDENTS BY TYPE OF CARE

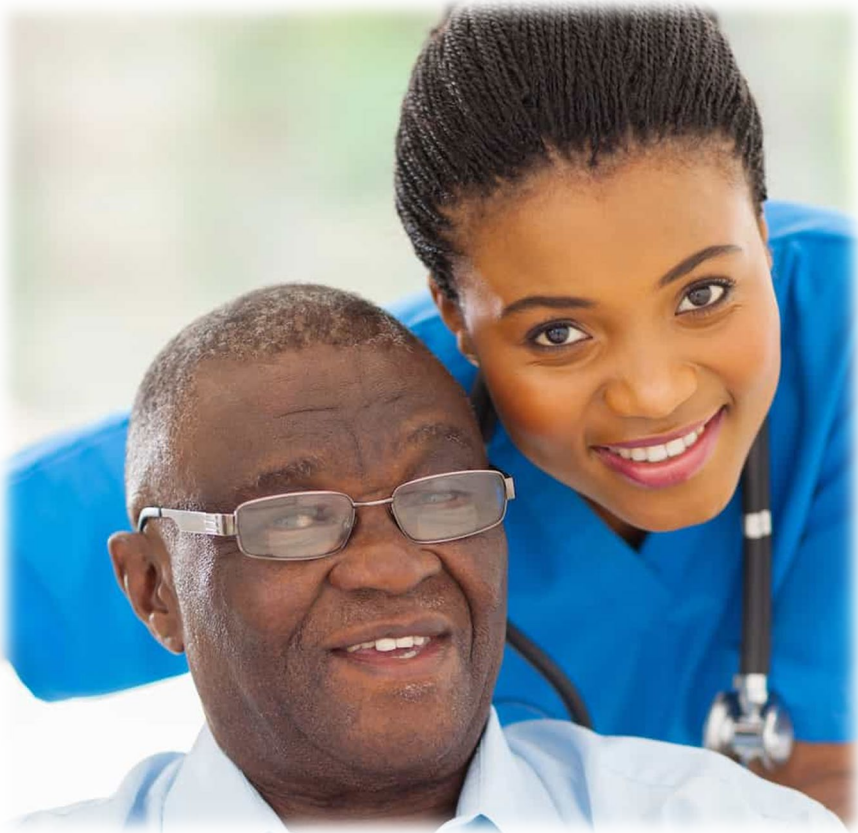
## HIGHEST RISK ACTIVITIES:

- DRESSING
- TRANSFERRING
- PROVIDING HYGIENE
- CHANGING LINENS
- TOILETING/INCONTINENCE CARE



Roghmann M. Infect Control Hosp Epidemiol 2015; 36(9): 1050-1057

# WHY ESP?



ACCORDING TO CMS F880:

- FACILITY POLICIES MUST IDENTIFY THE TYPE (I.E., CONTACT, DROPLET, AIRBORNE) AND DURATION OF THE TRANSMISSION-BASED PRECAUTIONS REQUIRED, DEPENDING UPON THE INFECTIOUS PATHOGEN INVOLVED.
- RESIDENTS ON TRANSMISSION-BASED PRECAUTIONS SHOULD **REMAIN IN THEIR ROOMS EXCEPT FOR MEDICALLY NECESSARY CARE.**
- FURTHERMORE, TRANSMISSION-BASED PRECAUTIONS SHOULD BE **THE LEAST RESTRICTIVE POSSIBLE** FOR THE RESIDENT BASED ON HIS/HER RISK AND CLINICAL SITUATION AND USED FOR THE LEAST AMOUNT OF TIME.

***WE FOCUS ON ISOLATING THE ORGANISM...NOT THE RESIDENT WITH ENHANCED STANDARD PRECAUTIONS!***



# WHAT QUALIFIES A RESIDENT AS “HIGH RISK?”



# CHARACTERISTICS OF RESIDENTS AT HIGH RISK FOR MDRO COLONIZATION & TRANSMISSION



Incontinence	Those that are incontinent of stool, urine or both
Presence of Indwelling Devices	Feeding tubes, urinary catheters, vascular access devices, trache tubes, dialysis catheters
Functional Disability	Those completely dependent upon others for care and assistance with all ADLs
Wounds or unhealed pressure injuries	Breakdown in the body's first line of defense against infection
Ventilator dependent patients	

# MUST HAVE A WAY TO DETERMINE RESIDENT RISK

- Must assess the resident for risk of transmission in determining the need for ESP
- Can be written on a form, like the one pictured here, or in a progress note, using the MDS
- Consider:
  - Indwelling devices
  - Ventilator use
  - Open or unhealed wounds
  - Known MDROs
  - Ability to perform self-care

**RESIDENT RISK ASSESSMENT TO DETERMINE THE NEED FOR ENHANCED USE OF GOWNS AND GLOVES BY THE HEALTHCARE PROVIDER (Enhanced Standard/Barrier Precautions)**

|

Resident Name: _____	
Date of Birth (DOB): _____	
HCP performing assessment: _____	
Date Assessed: _____	

MDRO Transmission Risk Assessment	Yes/No
Resident is at high risk if any one of the below are present:	
Indwelling medical device is present (any one below):	
1. Urinary catheter	
2. Feeding tube	
3. Tracheostomy tube	
4. Vascular catheter	
Ventilator dependent	
Unhealed wound or pressure injury	
MDRO known: YES NO	
If yes, what is the MDRO? _____	
Will the resident benefit from downgrading from Contact Precautions? If yes, is the resident able to perform hand hygiene by himself or with assistance? If yes, can the resident don clean clothes before leaving his room?	

If the resident meets the criteria for Enhanced Standard/Barrier Precautions, we will implement the less restrictive practices.	
Enhanced use of gloves and gown needed:	Yes No
Date Implemented: _____	
Room placement determination:	Single bed or Multi-bed



# ENHANCED STANDARD PRECAUTIONS VS. ACUTE CARE

- In an acute care facility, a patient would be on precautions *until discharge*
- In a SNF, some of these residents **LIVE** in the facility so this is not feasible
  - To meet the CMS requirement, we CANNOT keep the resident on isolation precautions and in their room **indefinitely**
- For a resident with a novel MDRO or who has colonization/infection we still have an obligation not just to **CONTROL** infections but to **PREVENT** them as well
  - Including cross-contamination
- Since CMS requires us to provide resident-centered care balanced with a positive quality of life without violating that person's rights in their own home, an alternative to terminal isolation precautions became necessary





# BETTER ENVIRONMENT FOR RESIDENTS

DEVELOPED IN 2019 AND  
UPDATED IN 2022

- CDPH established this supplemental guidance to Transmission-based precautions in CA for SNFs to prevent transmission of novel or targeted MDROs.
- These precautions create a less restrictive environment and better quality of life for the resident while preventing the transmission of pathogenic organisms, like EBP.
- CDPH also consolidated the risk factors for identifying residents at high risk for MDRO colonization and transmission to include unhealed wounds and medical devices, in alignment with CDC's EBP



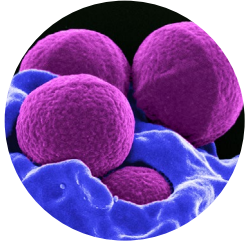
# MAKES SENSE GLOBALLY



## CENTERS FOR DISEASE PREVENTION AND CONTROL FOLLOWED

- The Centers for Disease Control and Prevention (CDC) introduced **Enhanced Barrier Precautions (EBP)**, which recommends gown and glove use for nursing home residents with wounds and indwelling devices during specific high-contact resident care activities associated with MDRO transmission.
- CDC initially recommended EBP as a containment strategy to interrupt the spread of novel or targeted MDRO once identified in a facility, then updated their guidance in 2022 to expand use of EBP as a routine approach to infection control in SNF.

# FOCUS MDROS - ESP



**MRSA**



**VRE**



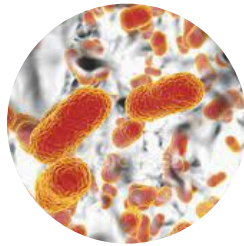
**KPC-  
PRODUCING  
KLEBSIELLA  
PNEUMONIAE**



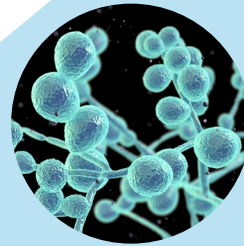
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**OXA-23-  
PRODUCING  
ACINETOBACTER  
BAUMANNII)**

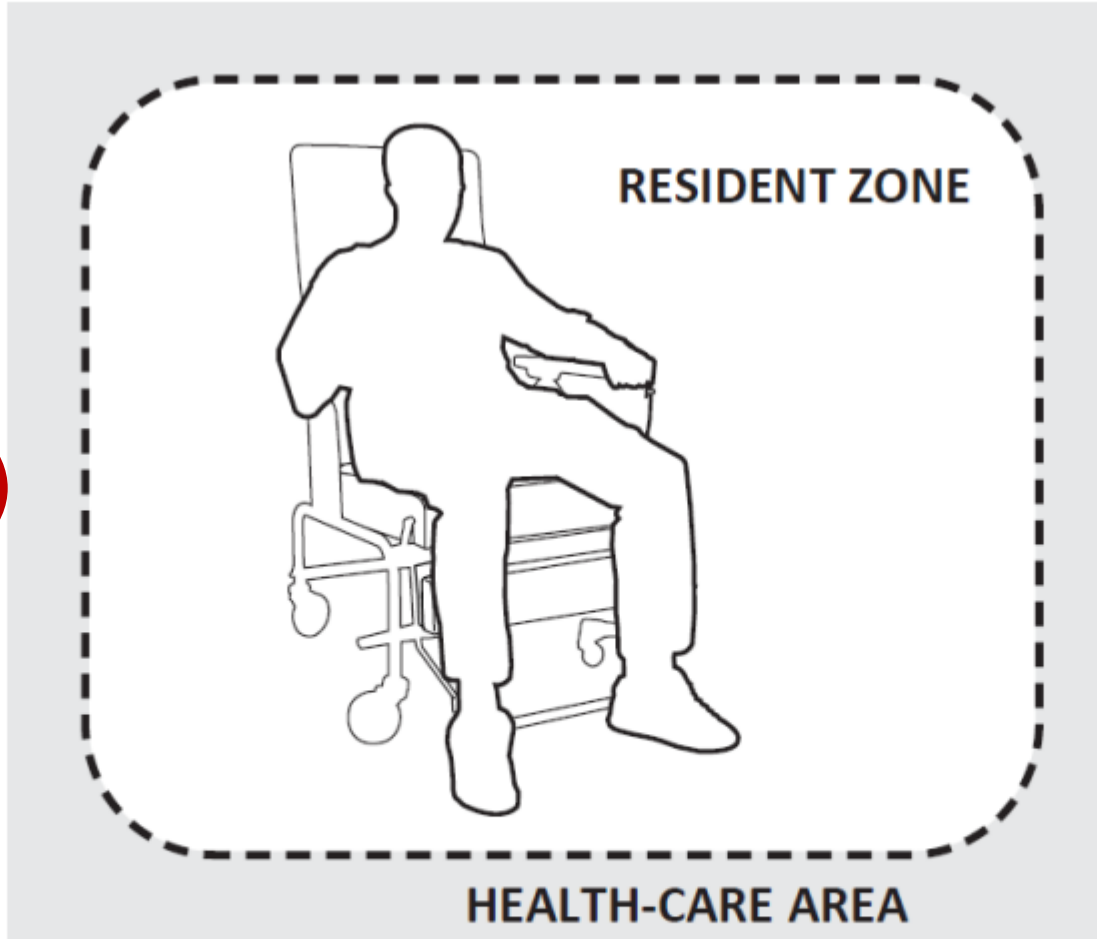


**CANDIDA AURIS**



**CRE/  
CARBAPENAMASE-  
PRODUCERS**

The **health-care zone** includes all physical surfaces outside the resident zone



**Critical sites** such as body sites or devices within the **resident zone** are associated with the risk of infection

The **point of care** is exactly where the action takes place and is defined as “the place where three elements come together: the resident, healthcare personnel (HCP), and care or treatment involving contact with the resident”

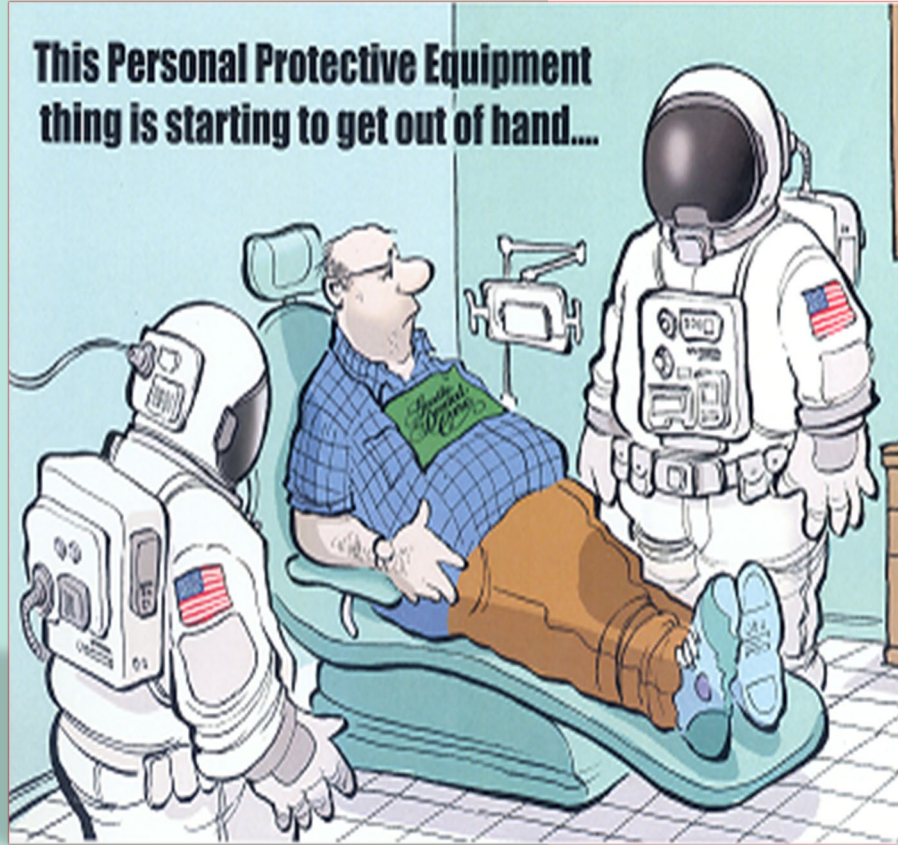
# REMEMBER THE 6 “MOMENTS”

## THE 6 MOMENTS FOR GOWNING AND GLOVING PRIOR TO THE TASK AT HAND

1. Morning and Evening Care
2. Toileting and Changing Incontinence Briefs
3. Caring for Devices and giving Medical Treatments
4. Wound Care
5. Mobility Assistance and Preparing to Leave the Room
6. Cleaning and Disinfecting the Environment – EVS and HK







— TRANSMISSION-BASED  
PRECAUTIONS AND  
ENHANCED STANDARD  
PRECAUTIONS:

WHAT IS THE DIFFERENCE?





# TRANSMISSION-BASED PRECAUTIONS

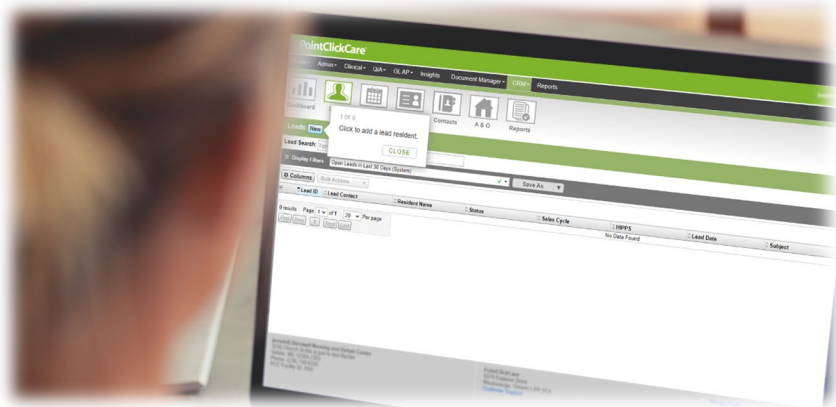
PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p><b>TRANSMISSION-BASED</b></p> <p><b>Focus:</b> Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p>	<ul style="list-style-type: none"><li>• Additional precautions are needed for certain infectious agents known to be transmitted by specific routes</li><li>• <b>Contact</b> for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (C. difficile): gloves, gown</li><li>• <b>Droplet</b> for respiratory infections (influenza): mask, goggles, face shield</li><li>• <b>Airborne</b> for infection by pathogens transmitted by the airborne route (measles, M. tuberculosis): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR)</li></ul>	<ul style="list-style-type: none"><li>• Place resident in single bedroom or cohort with residents with same agent; confine to room</li><li>• Individual HCP uses PPE based on specific precautions in place (sign at room entry)</li><li>• Perform hand hygiene and don PPE before or upon entry into the resident's room</li><li>• Remove, discard PPE, and perform hand hygiene at exit from room</li></ul>

# ENHANCED STANDARD PRECAUTIONS

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p><b>ENHANCED STANDARD</b></p> <p><b>Focus:</b> MDROs in residents with high-risk Characteristics</p> <p><i>(If in MDRO outbreak, use contact precautions until the outbreak is over)</i></p>	<ul style="list-style-type: none"> <li>• Some SNF residents have unhealed wounds or medical devices that are high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known</li> <li>• Expanded use of gloves and gowns in SNF based on resident risk, likelihood of MDRO colonization, and transmission during specific high-contact care activities with greatest risk for MDRO contamination of HCP hands, clothes, and the environment</li> <li>• Meets need to provide a safe, clean, comfortable, and homelike environment</li> <li>• High-risk residents who can be maintained in hygienic condition and don clean clothes may leave room to participate in activities</li> </ul>	<ul style="list-style-type: none"> <li>• Place resident in single bedroom or cohort with residents with same agent; confine to room</li> <li>• Individual HCP uses PPE based on specific precautions in place (sign at room entry)</li> <li>• Perform hand hygiene and don PPE before or upon entry into the resident's room</li> <li>• Remove, discard PPE, and perform hand hygiene at exit from room</li> </ul>

# ACCEPTING NEW OR RETURNING RESIDENTS

There are no state or federal requirements for one or more negative tests for any MDRO, including *C. difficile*, prior to accepting new or returning residents. There is no reason to deny admission based on a positive MDRO test if the facility can provide appropriate supportive and restorative care.



## The facility should:

- Document the decision for Enhanced Standard or Transmission-Based precautions, and room placement or roommate selection.
- Ensure that the appropriate instructions are provided to all HCP who will be providing care.
- Communicate and educate all HCP about the reason for choosing a single-bed room or roommate selection

# SO, WHAT'S THE DIFFERENCE?



Measure	Standard Precautions	Enhanced Standard Precautions	Transmission-Based Precautions
Criteria	<ul style="list-style-type: none"> <li>❖ Assess resident interaction for risk of blood or body fluid exposure</li> </ul>	<ul style="list-style-type: none"> <li>❖ Assess each resident for the risk of MDRO colonization, transmission or acquisition upon admission and with any change in condition</li> </ul>	<ul style="list-style-type: none"> <li>❖ Assess/determine the presence of target organisms (Appendix A – CDC) and/or active infection</li> <li>❖ Placement: resident in single room is preferable, if not available, cohort with resident with same organism, if not available, place with resident with low risk for acquisition.</li> <li>❖ Resident may only leave room for medically necessary reasons</li> <li>❖ Categories:               <ul style="list-style-type: none"> <li>❖ Standard +Contact</li> <li>❖ Standard + Droplet</li> <li>❖ Standard +Novel Resp.</li> <li>❖ Standard + Contact/Spore</li> </ul> </li> </ul>
Before entering room	<ul style="list-style-type: none"> <li>❖ Perform hand hygiene</li> <li>❖ Don PPE within the room before beginning resident activity</li> </ul>	<ul style="list-style-type: none"> <li>❖ Perform hand hygiene</li> <li>❖ Don PPE within or outside room before beginning resident activity</li> </ul>	<ul style="list-style-type: none"> <li>❖ Perform hand hygiene</li> <li>❖ Don PPE before entering resident's room</li> </ul>
Before leaving room/ after activity completed	<ul style="list-style-type: none"> <li>❖ PPE removed, discarded and HH performed in the room when <i>activity is completed</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ PPE removed, discarded and HH performed in the room when <i>activity is completed</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ PPE removed, discarded and HH performed <i>before exiting</i> resident room</li> </ul>
Considered Isolation?	<ul style="list-style-type: none"> <li>❖ <i>NO</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ <i>NO</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ YES</li> </ul>
Need sign on door?	<ul style="list-style-type: none"> <li>❖ <i>NO</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ <i>YES</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ YES</li> </ul>



# A WORD ABOUT MULTI-BED ROOMS

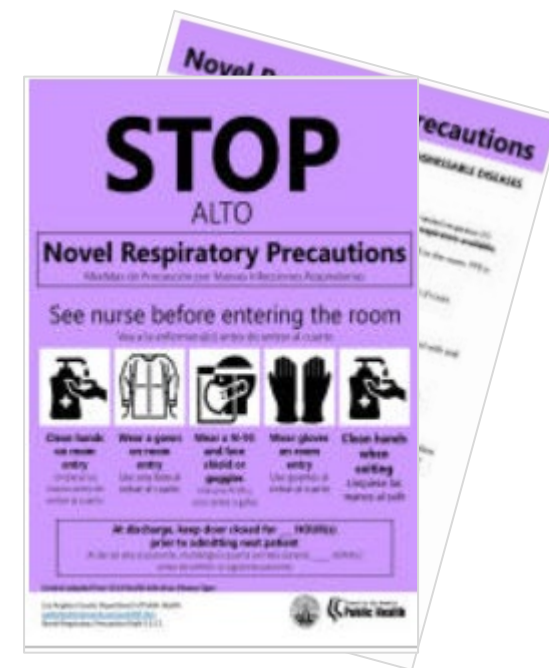
- EACH BED MUST BE TREATED AS ITS OWN SPACE
  - Its own separate room
  - Keep curtain pulled between beds
- PPE MUST BE CHANGED, AND HAND HYGIENE PERFORMED BETWEEN EACH RESIDENT ENCOUNTER
- EACH RESIDENT MUST HAVE DEDICATED EQUIPMENT & SUPPLIES
  - If unable – must disinfect between EVERY use (like usual)



# SIGNS FOR ISOLATION PRECAUTIONS- LA COUNTY- SPECIFIC FOR THE DOOR

LA COUNTY  
SYMPOSIUM OCT  
2023

## STANDARD PLUS:





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# — IMPLEMENTING ESP IN A SKILLED NURSING FACILITY

# PLANNING: IMPLEMENTATION GUIDANCE & TOOLS

## CDPH Healthcare Associated Infections Program & LA County Trainings

- Using the process and tools available from CDPH and major highlights for each step following the template introduced in 2022:
  - Develop your implementation plan with your team
  - Discuss the minor differences that LA County has in place with ESP (we will too!)
  - Meet ahead of time with the focus group who will start the pilot to explain the process and expectations.
  - Be transparent
  - Make sure your leadership is engaged
    - Show support
    - Set the standard





# PLAN FOR ESP IMPLEMENTATION

## ASSESS

Assess  
readiness

Evaluate  
what you  
have  
available to  
begin the  
process

## EDUCATE IMPLEMENT

EVERYONE!!

How, WHY,  
when and for  
whom

Give more  
details to the  
group in the  
area you will  
pilot ESP with

## IMPLEMENT

Implement  
ESP using  
tools and  
resources  
available to  
you

## REASSESS

Monitor  
practice and  
compliance

Obtain  
feedback  
from staff  
and residents

## REPEAT!

Learn from what  
you discover

Change what  
does not work

Reinforce what  
does!





# ASSESS

- Make sure you have read and understand the guidance in the CDPH document, *Enhanced Standard Precautions for Skilled Nursing Facilities(SNF), 2022*
  - *Training from LA County on ESP*
- Decide where to “pilot” this new process
  - Which unit/area is the best to start with?
  - Decide what will be measurable to monitor
- Look at PPE supply
  - Calculate how much you will need for this
  - Develop par levels and a standard reserve
- What policies and procedures do you need to have in place to support ESP?
  - Do you need to write any based on the guidance?
  - What education needs to be provided?



# ASSESS

- Use the CDPH ESP Readiness Toolkit Checklist
  - Assess the readiness of the facility to implement the process
  - <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx>
- Review preparedness of each department use ESP – management and staff
- Inform each department of their roles and responsibilities for ESP implementation
- Assign responsibility in the “Who Cleans What” document
  - By Department
    - Environmental Services
    - Nursing
    - ETC.

### Enhanced Standard Precautions Readiness Checklist for Skilled Nursing Facilities (SNF) and Acute Care Hospitals with Distinct Part SNFs

**Instructions:** Use this checklist to assess readiness for Enhanced Standard Precautions (ESP) implementation in your facility. Review items listed for your role. Note that responsibilities may differ at your facility, and all staff should be familiar with the entire checklist. Place a check in the first column when checklist items are reviewed; record the date completed.

<input type="checkbox"/>	Date Item Completed	Person(s) Responsible	Item Details
<input type="checkbox"/>		Director of staff development (DSD), infection preventionist (IP), or designee	<ul style="list-style-type: none"> <li>• Complete comprehensive education/training for all healthcare personnel (HCP), physicians, registry, contractors, residents, and family</li> <li>• Ensure education includes review of policy and procedure, hand hygiene, 6 moments of ESP, and personal protective equipment (PPE) use</li> <li>• Include ESP training in new hire and annual education programs</li> </ul>
<input type="checkbox"/>		Housekeeping/environmental services (EVS) manager, materials manager, director of nursing (DON), nurse manager, and IP	<ul style="list-style-type: none"> <li>• Plan for management of periodic automatic replenishment (PAR) levels, restocking responsibilities, storage options, and staff education</li> <li>• Orient housekeeping and materials management staff to ESP policy and procedure responsibilities</li> <li>• Determine if trash pickups are enough to support gown and glove waste</li> </ul>
<input type="checkbox"/>		IP	<ul style="list-style-type: none"> <li>• Attend ESP live webinar or online class</li> <li>• Review CDPH ESP toolkit materials</li> </ul>
<input type="checkbox"/>		IP and local health department (LHD)	<ul style="list-style-type: none"> <li>• Develop a communication plan with LHD for cohorting and transitioning from Transmission Based Precautions guidance</li> </ul>
<input type="checkbox"/>		Interdisciplinary team (includes SNF Leadership, DSD, DON, EVS manger, IP, materials manager, medical director, and nurse manager)	Policy and procedure <ul style="list-style-type: none"> <li>• Review AFL 22-21 and 2022 ESP guidance document</li> <li>• Update or amend existing facility ESP policy with 2022 changes</li> <li>• Draft new facility policy if a policy does not exist (use CDPH ESP guidance document)</li> </ul>

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Enhanced Standard Precautions Readiness Checklist for Skilled Nursing Facilities (SNF) and Acute Care Hospitals with Distinct Part SNFs

Facility's annual risk assessment, which includes multidrug-resistant organism transmission risk assessment for each resident and are at high-risk for MDRO transmission and solutions to support implementation of ESP program

Annual plan that will include ESP implementation using the CDPH

Adherence to hand hygiene, use with feedback, and analyze

Practice and

Staff,

Supplies

and

based

rooms

ment,



Healthcare-Associated Infections Program  
Environmental Cleaning and Disinfection – Who Cleans What?

Everyone is responsible for cleaning and disinfection of the healthcare environment. Keep an updated list of who cleans what in your policy. Customize the below template to correspond to your facility policy (e.g., add/delete roles in the top row, add/delete items in the left column). Mark the appropriate columns below with an "X" to designate responsibility, and denote frequency of cleaning (e.g., daily) or when to clean (e.g., before use). Revisit the list on a regular basis to ensure accuracy. Keep this list on cleaning carts, etc., for quick reference.

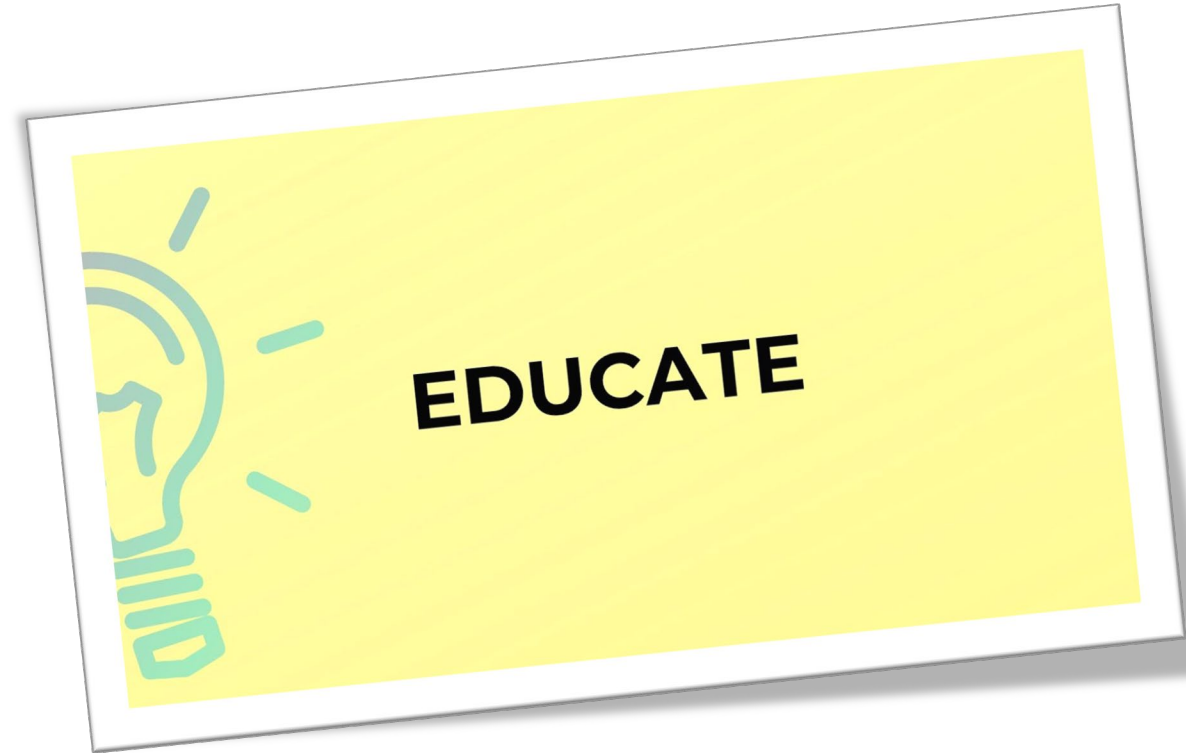
Date Last Verified:

Who is responsible for cleaning/disinfection of:	Housekeeping	CNA	LVN	RN	RT	PT/OT	Other
ABHR dispenser							
Bathroom							
Bedrail							
Blood pressure machine							
Call button							
Charting area							
Feeding pump							
Floor							
Floor, with large spill							
Glucometer							
In-room computer/keyboard							
IV pole							
IV pump							
Light switch							
Medication cart							
Oxygen tank							
Patient bed scale							
Patient lift							
Patient linen							
Pill crusher							
PPE container							
Privacy curtains							

Version 10.13.2021

# EDUCATE

- Develop a teaching strategy that considers your audience and education levels
- Understand that education for a new process is not a “one and done” scenario
  - It will require face-to-face and “just-in-time” re-education and review
- Review necessary competencies for ESP:
  - Hand hygiene
  - Donning and Doffing PPE
  - The “6 Moments for Enhanced Standard Precautions” and how it differs from Transmission-based Precautions
- Explain the Differences between Standard, Standard plus Transmission-based and Enhanced Standard Precautions.



# EDUCATE

## FOCUS ON THE “WHY”:

Don't forget your Residents, Families and Guests!!

- Increases socialization and activities for residents
- Decreases feelings of isolation among residents
- Improves resident and family satisfaction

For your facility:

- Reduces PPE fatigue among HCP
- Reduces the risk of MDRO transmission in the facility
  - Residents
  - Staff
- *Improves Outcomes*

WHEN THE  
WHY  
IS CLEAR,  
*The How*  
IS EASY

**If we are NOT transmitting infections, we are not causing HARM.**



# EDUCATE

## USE THE ESP TOOLKIT

- The 2022 Guidance document
- The presentation slides
- The Resource Guide and Flip Charts
- Educational flyers/pamphlets
- FAQs
- Develop your own resources as needed; and
- Enhanced Standard Precaution signage for the door

**ESP Toolkit** <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx>

› Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022 Document

› › Enhanced Standard Precautions for Skilled Nursing Facilities, Webinar Series, Module One

› Enhanced Standard Precautions for Skilled Nursing Facilities: Implementation, Webinar Series, Module Two

› ESP Readiness Checklist for SNF and Acute Care Hospitals with Distinct Part SNFs

› › Enhanced Standard Precautions Templates for Infection Prevention Plan and Risk Assessment

› Six Moments of Enhanced Standard Precautions Sign

› Six Moments for Enhanced Standard Precautions Pamphlet

› Infection Prevention and Control Training: Hand Hygiene, Environmental Cleaning and Disinfection, Personal Protective Equipment, and ESP

› Adherence Monitoring Tools

› Interfacility Transfer Communications

› Frequently Asked Questions (FAQ)

› ESP Resource Guide



# DIFFERENCE IN SIGNAGE: CDPH VS. LA COUNTY

**Enhanced Standard Precautions**

**EVERYONE MUST:** Perform hand hygiene before entering the room

**ANYONE PARTICIPATING IN ANY OF THESE SIX MOMENTS MUST ALSO:** Don gown and gloves

**6 Moments for Enhanced Standard Precautions:**

- Morning & evening care
- Toileting & changing incontinence briefs
- Caring for devices & giving medical treatments
- Cleaning & disinfecting the environment
- Wound care
- Mobility assistance & preparing to leave room

Change and discard gown and gloves and perform hand hygiene between each resident and before leaving room.

# STOP ALTO

**Enhanced Standard Precautions**  
Medidas de Precaución Estándar Avanzadas  
See nurse before entering the room  
Vea a la enfermera(o) antes de entrar al cuarto

**EVERYONE MUST:** TODOS DEBEN:

**PROVIDERS AND STAFF MUST ALSO:** LOS PROVEEDORES Y EL PERSONAL TAMBIÉN DEBEN:

**Clean hands on room entry and when exiting**  
Límpiate las manos antes de entrar y al salir del cuarto

**Wear gloves and a gown for the for the high-contact resident care activities below**  
Usar guantes y una bata para las actividades de alto contacto de los residentes a continuación

**6 Moments for Enhanced Standard Precautions**  
6 Momentos para las Medidas de Precaución Estándar Avanzadas

<b>1</b> Activities of daily living (dressing, grooming, bathing, changing bed linens, feeding) Actividades de la vida diaria (vestirse, arreglarse, bañarse, cambiar la ropa de cama, alimentarse)	<b>2</b> Toileting & changing incontinence briefs Ayudar a la persona ir al baño y cambiar la ropa para la incontinencia
<b>3</b> Caring for devices & giving medical treatments Cuidar dispositivos y dar tratamientos médicos	<b>4</b> Wound care Cuidado de heridas
<b>5</b> Mobility assistance & preparing to leave room Asistencia de movilidad y preparación para dejar el cuarto	<b>6</b> Cleaning the environment Limpiar el ambiente

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/SNE.htm](http://publichealth.lacounty.gov/acd/SNE.htm)  
Enhanced Standard Precautions, Revised September 8, 2021

# A COUPLE OF OTHER DIFFERENCES

## LA COUNTY

- Mentions discussing when to transition back to Standard Precautions from ESP
- Discusses how to implement ESP- Gloves without gowns when physical contact with the resident and environment is unlikely:
  - passing meal trays,
  - passing books, magazines or newspapers,
  - turning off alarms or call bells,
  - social visits that only involve standing and talking
- No mention of a formal written resident risk assessment form for documentation
- Interfacility transfer form different

## CDPH

- Not in the CDPH materials
- Not in the CDPH materials
- Written resident risk assessment form example given
- Interfacility transfer form different, required by SNF and hospital.

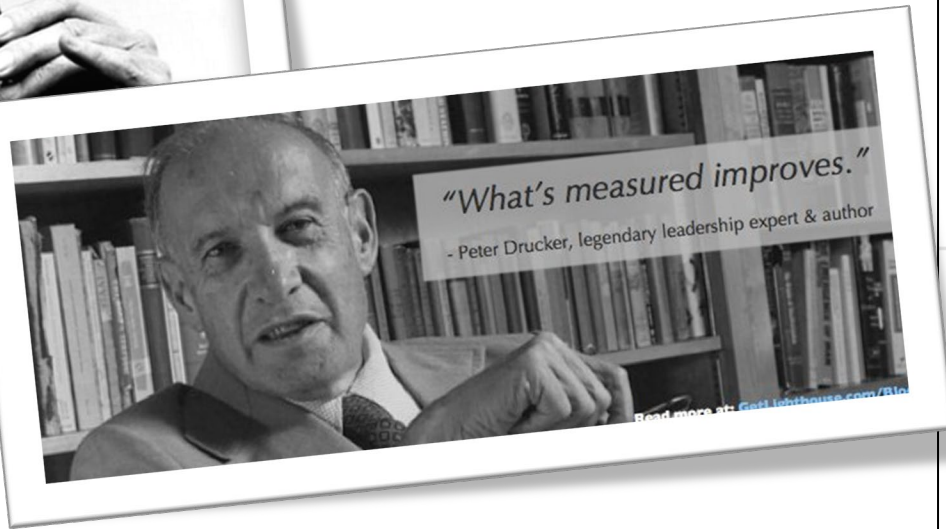
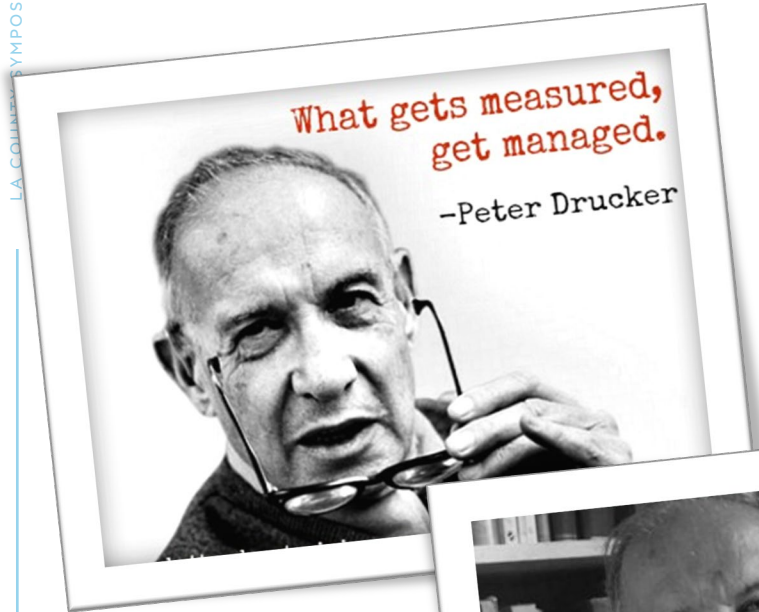
# IMPLEMENT


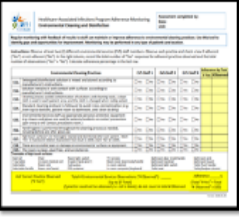


- Put that planning into motion
  - Implement what was designed and educated!
- Work on the unit where implementation will begin and move outward in stages until the entire facility is participating
  - “Rome wasn’t built in a day!”
- Provide focused training to the staff participating in the pilot
  - Explain process
  - Provide expectations
- Monitor how it is progressing and use the tools to document that progress.
- Provide encouragement, assistance and praise.
- Take notes



# REASSESS

Use Monitoring Tools from the toolkit to evaluate progress and mediate any gaps in practice



	<p><b>Hand Hygiene</b></p> <p>Regular monitoring with feedback of results to staff can improve hand hygiene adherence.</p> <ul style="list-style-type: none"> <li>• <a href="#">Hand Hygiene Adherence Monitoring Tool (PDF)</a></li> </ul> <p>Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.</p>
 	<p><b>Environmental Services</b></p> <p>Pathogens are transmitted in healthcare settings when contaminated surfaces and equipment are not adequately cleaned and disinfected between patients.</p> <ul style="list-style-type: none"> <li>• <a href="#">Environmental Services Adherence Monitoring Tool (PDF)</a></li> </ul> <p>Use this tool to measure how well staff members are adhering to appropriate environmental cleaning and disinfection practices.</p> <ul style="list-style-type: none"> <li>• <a href="#">Fluorescent Marker Assessment Adherence Monitoring Tool (PDF)</a></li> </ul> <p>Use this tool in conjunction with the above Environmental Services Adherence Monitoring Tool to measure how well staff members are adhering to cleaning and disinfecting high-touch surfaces.</p> <ul style="list-style-type: none"> <li>• <a href="#">Environmental Cleaning and Disinfection Responsibility Assessment Tool (PDF)</a>:</li> </ul> <p>Use this tool to assess staff knowledge on who is responsible for cleaning and disinfecting specific items in your facility.</p> <ul style="list-style-type: none"> <li>• <a href="#">Who Cleans What Reminder Template (Word)</a></li> </ul> <p>Use in conjunction with Environmental Cleaning and Disinfection Responsibility Assessment Tool. Customize the template to correspond to your facility policy.</p>
	<p><b>Enhanced Standard Precautions Adherence Monitoring Tool</b></p> <p>ESP is a resident-centered, activity-based approach for preventing MDRO transmission in SNF. The use of gowns and gloves by healthcare personnel during specific care activities is based on periodic assessments of a resident's risk for being colonized and transmitting MDRO, whether or not the resident is known to be MDRO-colonized or infected.</p> <ul style="list-style-type: none"> <li>• <a href="#">Enhanced Standard Precautions Adherence Monitoring Tool (PDF)</a></li> </ul> <p>Use this tool to determine if staff members are correctly adhering to Enhanced Standard Precautions practices. Feedback of results to staff has been shown to increase adherence to these practices.</p>



# CDPH ESP Adherence Monitoring Tool



## Healthcare-Associated Infections Program Adherence Monitoring Enhanced Standard Precautions (ESP)

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to ESP practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of resident care location where residents are on ESP. Refer to the grid at the back of this tool to determine if ESP is indicated for the resident.

**Instructions:** Observe 3-4 residents on ESP. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of "Yes" for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

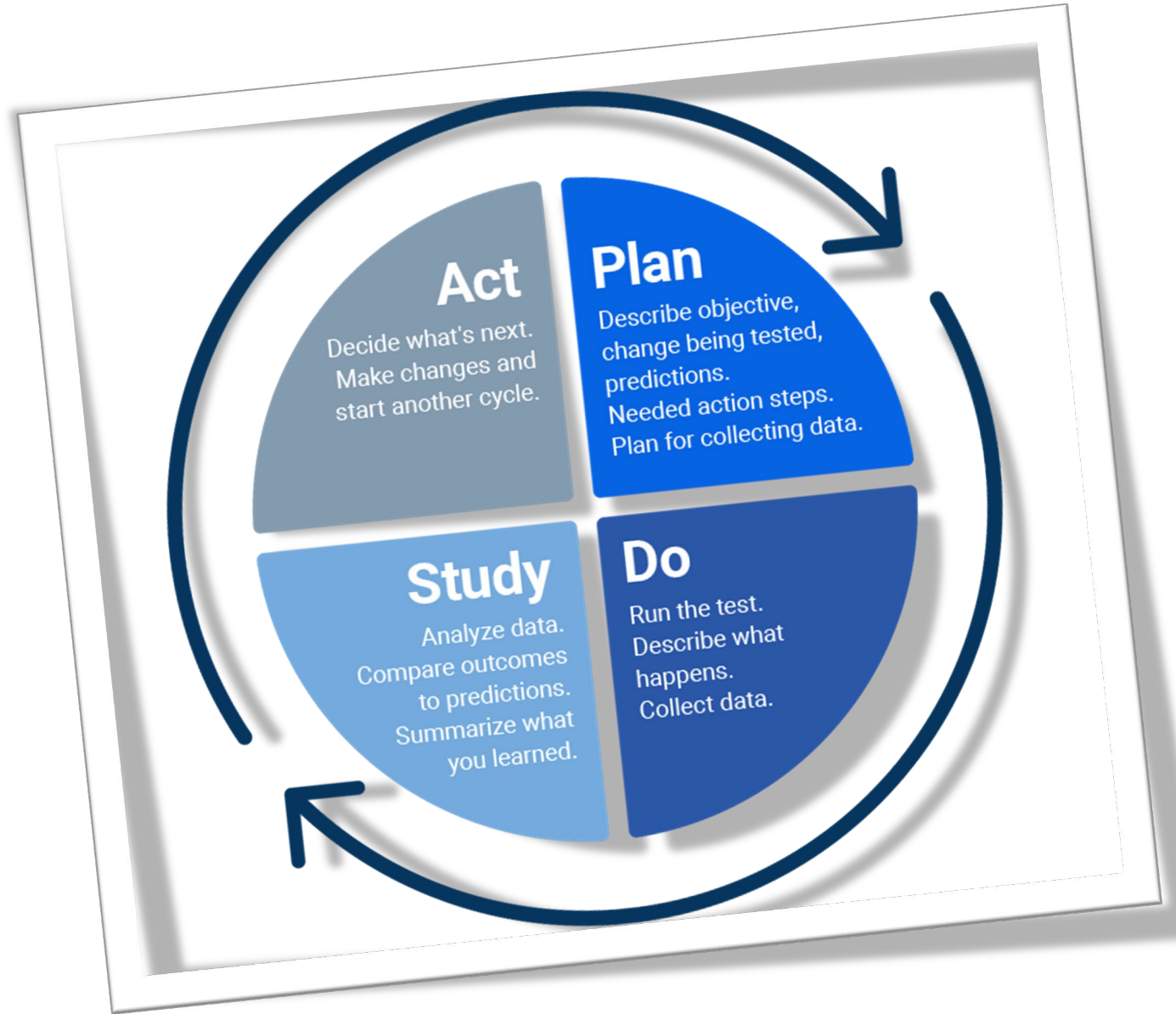
Enhanced Standard Precautions Practices		ESP Resident 1		ESP Resident 2		ESP Resident 3		ESP Resident 4		Adherence by Task	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# Yes	# Observed
ESP1.	PPE including gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP2.	6 Moment/ESP sign is clear and visible. Sample signage is available at <a href="http://cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx">CDPH website: (cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP3.	If a private room is not available, resident is cohorted with a compatible roommate (such as a resident with the same MDRO or resistance mechanism, if present and known).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP4.	If multi-bed room, each resident's bed space is treated as a separate room (e.g., care provider performs hand hygiene and changes PPE between caring for each resident in the room).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP5.	Hand hygiene is performed before entering the resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP6.	Gloves, gown and other necessary PPE are donned before performing high-contact tasks (6 moments).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP7.	Hand hygiene is performed after PPE is removed, before leaving the resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP8.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another resident according to manufacturers' instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
# of Correct Practices Observed ("# Yes"): _____		Total # ESP Observations ("# Observed"): _____ (Up to 32 total)				Adherence: _____% (Total "# Yes" + Total "# Observed" x 100)					
<i>If practice could not be observed (i.e. cell is blank), do not count in total # Observed.</i>											

Version 2021.11.05



# REPEAT!!!

- Pick the next unit(s) and implement what worked while fixing what did not until the entire facility is participating
  - Continue to educate new hires, new admits, families and visitors
  - Expand to additional parts of the facility
- Share your progress in QAPI
- Keep doing it all over again!



## NEXT STEPS:

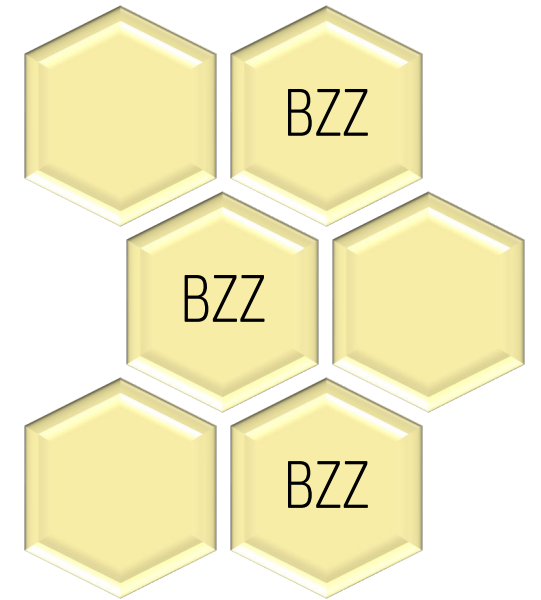


- Talk to the people you meet here today that may have already implemented ESP
  - Network with participants
  - Network with speakers
- Take what you have learned back to your facility
- Discuss it with leadership and with staff members to determine which unit is the best to start off with.
- Review the Toolkit
  - LA County or others with slightly different guidance – incorporate those
- Develop an action/implementation plan
  - Share in QAPI
  - Don't limit yourself to 3 months – this is going to take awhile to get the whole building complete!
- Develop any policies or procedures you may need if you don't have corporate or someone who does that for you
- Don't give up!!!
  - **IT TAKES A VILLAGE, NOT A LONE IP TO GET THIS DONE**
  - Engage your staff and leadership –make it fun!
  - Reach out when you have questions/roadblocks
  - Talk it through

# REMEMBER WHO WE ARE PROTECTING?

42

Our Residents, Our Co-workers  
and Ourselves, of course!



Did you know that by using PPE and hand hygiene properly, we **PRIMARILY** protect our **CURRENT** resident from our **LAST** resident's microorganisms!

*Have you ever watched a Honeybee???*



As healthcare workers, we carry germs, the same as honeybees carry nectar and pollen from one place to another or from one person to another when we do not wash our hands or change our PPE correctly between residents!

# STOP YOUR STAFF FROM BEING HONEYBEES!!!

44

- BEE Observant
- BEE Helpful
- BEE Available
- BEE an Example to your facility
- BEE Supportive

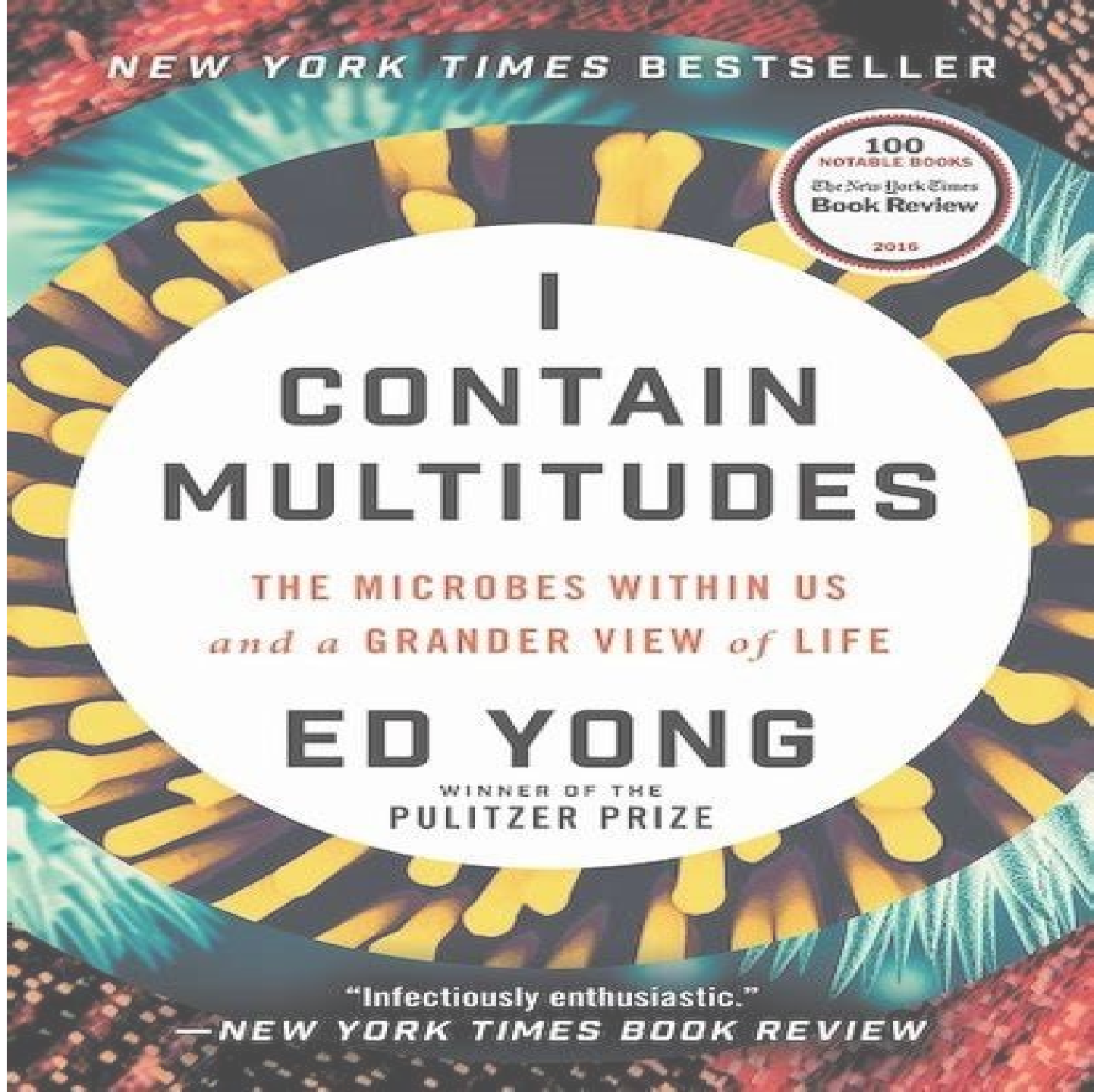




“EVERY ONE OF US IS A ZOO IN OUR OWN RIGHT – A COLONY ENCLOSED WITHIN A SINGLE BODY. A MULTI-SPECIES COLLECTIVE. AN ENTIRE WORLD.”



ED YONG



NEW YORK TIMES BESTSELLER

100  
NOTABLE BOOKS  
The New York Times  
Book Review  
2016

I  
**CONTAIN  
MULTITUDES**

THE MICROBES WITHIN US  
*and a GRANDER VIEW of LIFE*

**ED YONG**

WINNER OF THE  
PULITZER PRIZE

“Infectiously enthusiastic.”

—NEW YORK TIMES BOOK REVIEW

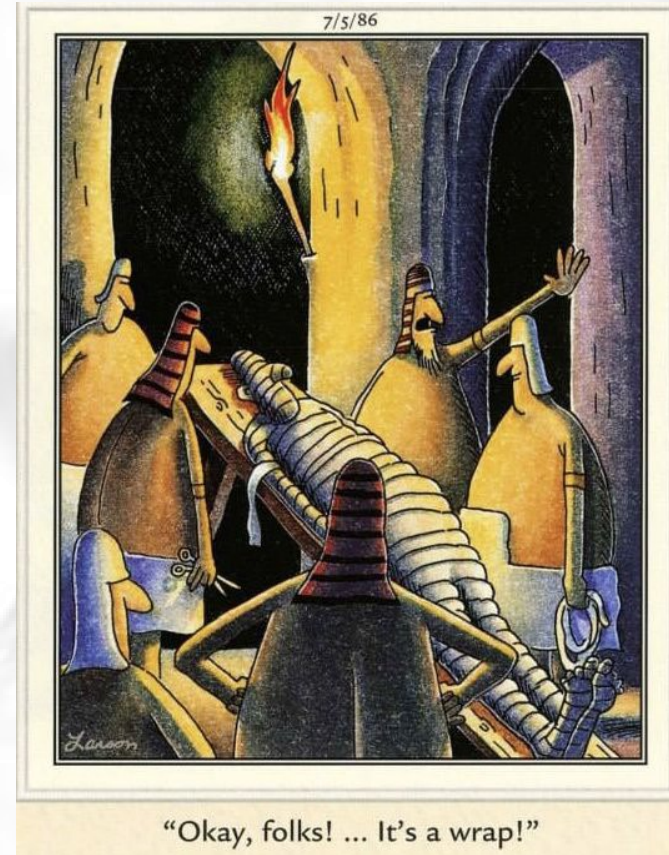
# FINALLY...



Wise and humane management of the patient is the best safeguard against infection. How very little can be done under the spirit of fear. Were there none who were discontented with what they have, the world would never reach anything better.

Florence Nightingale

THANK YOU  
FOR YOUR TIME



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# RESOURCES & REFERENCES

- Management of multidrug-resistant organisms in healthcare settings, 2006 (revised 2017), Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf>
- California Department of Public Health (CDPH). Enhanced Standard Precautions for Skilled Nursing Facilities (SNF) 2022. Retrieved from <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf>
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

# RESOURCES & REFERENCES

- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) \(cdc.gov\)](#)
- Frequently Asked Questions About Enhanced Barrier Precautions in Nursing Homes, Centers for Disease Prevention and Control, July 27, 2022, <https://www.cdc.gov/hai/containment/faqs.html>, accessed 1/31/23.
- Roghmann MC, Johnson JK, Sorkin JD, Langenberg P, Lydecker A, Sorace B, Levy L, Mody L. Transmission of Methicillin-Resistant Staphylococcus aureus (MRSA) to Healthcare Worker Gowns and Gloves During Care of Nursing Home Residents. Infect Control Hosp Epidemiol. 2015 Sep;36(9):1050-7. doi: 10.1017/ice.2015.119. Epub 2015 May 26. PMID: 26008727; PMCID: PMC4900177.