

# Enhanced Barrier Precautions for Skilled Nursing Facilities

*with Additional Considerations for California SNFs*

**SNF IP Course, 2024**

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Skilled Nursing Facility Infection Preventionist Office Hours  
Healthcare-Associated Infections Program  
Center for Health Care Quality  
California Department of Public Health



## Objectives

- Define the *who, what, when, where, and how* of Enhanced Barrier Precautions (EBP) in skilled nursing facilities (SNFs)
- Describe the moments of EBP
- Review how implementing EBP can prevent multidrug-resistant organism (MDRO) transmission in SNFs
- Discuss the steps for implementing EBP in SNFs
- Describe how to monitor adherence to EBP practices

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**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.

**[CMS QSO-24-08-NH : https://www.cms.gov/files/document/qso-24-08-nh.pdf](https://www.cms.gov/files/document/qso-24-08-nh.pdf)**

# What about CDPH's Enhanced Standard Precautions?

- Because California nursing homes are now required per [CMS QSO-24-08-NH](#) to implement CDC's EBP, CDPH has “retired” our Enhanced Standard Precautions (ESP) guidance.
- CDPH's ESP was based on the same core principles as EBP, so **SNFs that previously implemented CDPH's ESP should be well-positioned to be in compliance with the CMS requirements for EBP implementation.**
- California SNFs should **refer to CDC's EBP guidance and FAQs:** *(note updated URLs)*
  - <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html>
  - <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>

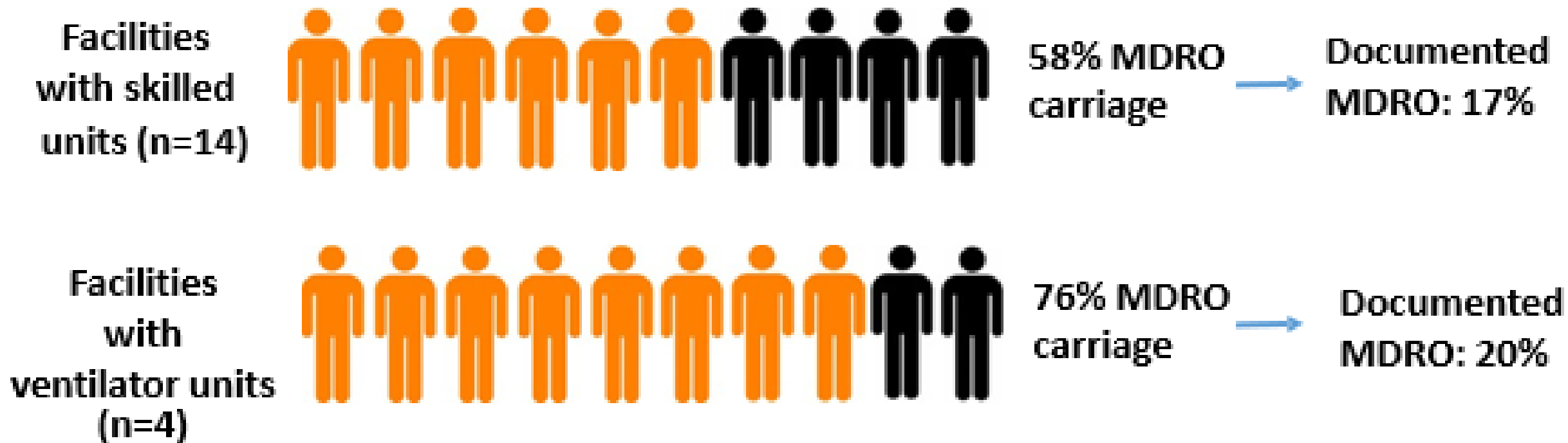
# What is EBP?

- EBP is 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.
- EBP are indicated for residents with any of the following:
  - **Infection or colonization with a CDC-targeted MDRO** when Contact Precautions do not otherwise apply; or
  - **Wounds and/or indwelling medical devices** even if resident is not known to be infected or colonized with a MDRO.

# Why does EBP apply to all residents with wounds or indwelling medical devices, regardless of MDRO status?

- **More than 50% of nursing home residents colonized with an MDRO, and these residents can serve as sources of MDRO transmission and outbreaks within the facility.**
  - Residents' MDRO colonization status is frequently unknown to the facility
- **Indwelling medical devices and wounds are risk factors for MDRO colonization.**
- Use of EBP for residents with wounds or indwelling medical devices is intended to **protect these high-risk residents both from acquisition and from serving as a source of transmission** if they have already become colonized.

## Unrecognized MDRO Carriage in Nursing Homes



## Substantial Increases in MDROs in U.S. During and After the Pandemic

	Threat	Change in Rates or Number of Infections***			
		2020 vs. 2019	2021 vs. 2020	2022 vs. 2021	2022 vs. 2019
URGENT*	Hospital-onset CRE	▲ Increase	▲ Increase	▬ Stable	▲ Increase
	Hospital-onset Carbapenem-resistant <i>Acinetobacter</i>	▬ Stable	▬ Stable	▬ Stable	▲ Increase**
	Clinical Cases of <i>C. auris</i>	▲ Increase	▲ Increase	▲ Increase	▲ Increase
SERIOUS*	Hospital-onset MRSA	▲ Increase	▬ Stable	▼ Decrease	▬ Stable
	Hospital-onset VRE	▲ Increase	▲ Increase	▬ Stable	▲ Increase
	Hospital-onset ESBL-producing Enterobacterales	▲ Increase	▬ Stable	▬ Stable	▲ Increase
	Hospital-onset MDR <i>Pseudomonas aeruginosa</i>	▲ Increase	▲ Increase	▬ Stable	▲ Increase

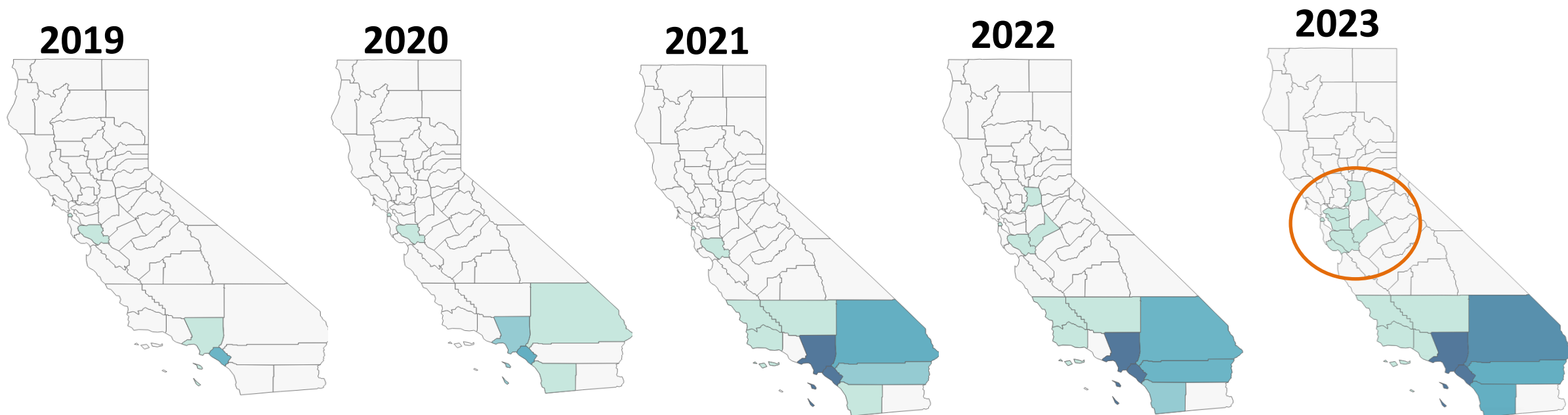
[Antibiotic Resistance Threats in the United States, 2019 \(cdc.gov\)](https://www.cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf)  
 (www.cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf)



## MDROs in California

- Epidemiology of MDROs in California has changed considerably due to the COVID-19 pandemic
  - MDRO prevalence has increased
  - Large, sustained, regional outbreaks of previously novel or rare MDRO
- Continued challenges with SNF hesitant to accept transfers of residents known to be MDRO colonized

## Emergence of *C. auris* in Central and Northern CA

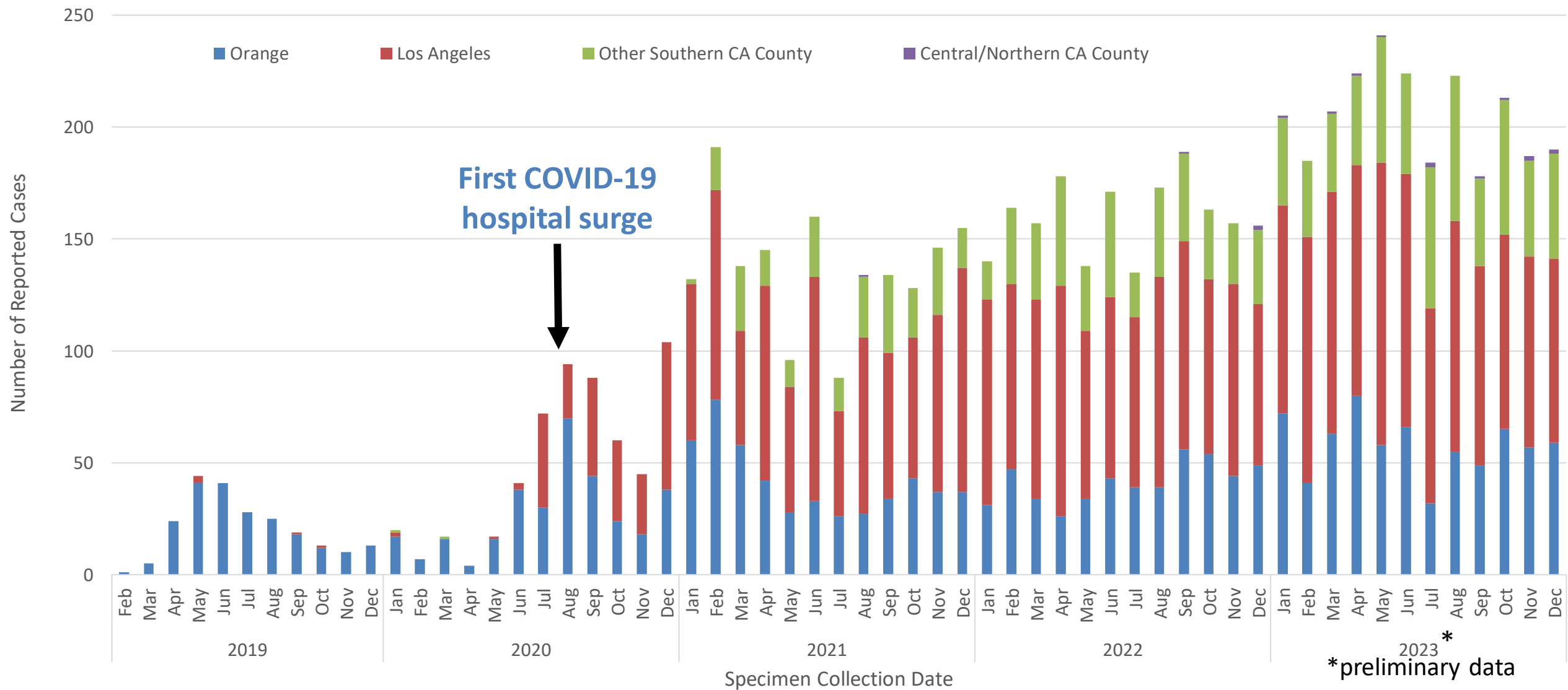


Number of cumulative reported cases    0    1-10    11-100    101-500    501-1000    >1000

[CDPH \*C. auris\* website](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx)

([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx))

# Pandemic Contributed to Widespread and Sustained Transmission of *C. auris*



## Challenges Using Contact Precautions in SNFs

- Impractical to place all known MDRO-colonized residents on **Contact Precautions when there's no ongoing transmission** within a facility
  - SNF have few single occupancy rooms
  - Asymptomatic colonization with MDRO can be prolonged
  - No standard guidance for discontinuing Contact Precautions for MDRO colonization
  - 'PPE fatigue' in healthcare workers
  - PPE supply costs
  - Resident/family satisfaction

## Enhanced Barrier Precautions is a Shift from Bacteria or Fungal-Centered Care...



**...to Resident-Centered Care**

## Who Needs Enhanced Barrier Precautions?

- All residents with *any of the following*:
  - Infection or colonization with an MDRO *when Contact Precautions do not apply*
  - Wounds
  - Indwelling medical devices regardless of MDRO colonization status



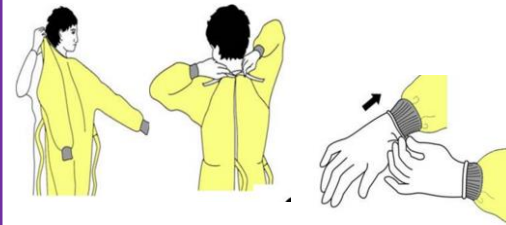
- Urinary catheter
- Central lines/intravenous catheters
- Artificial ventilation
- G-tubes
- Other external devices

### Unhealed wounds

- Drainage leads to environmental contamination

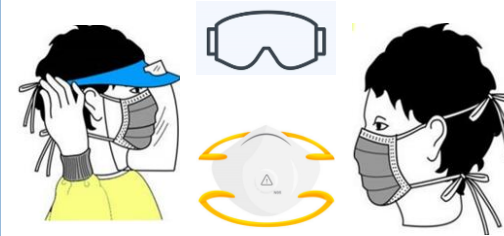
## What are the Tools of Enhanced Barrier Precautions?

Hand hygiene (hand sanitizer or soap and water)



Personal protective equipment (PPE):  
gloves, gowns

Environmental  
cleaning (EVS)



Personal protective  
equipment (PPE):  
mask or N95 and eye  
protection\*

*\*Per standard precautions, if splash anticipated, or if the resident has an infection that is transmitted via respiratory secretions, add appropriate PPE (mask or N95, eye protection)*

## Core Infection Control Practices: Hand Hygiene

- Use ABHS over soap and water unless visibly soiled hands
- Place ABHS dispensers in as many patient care locations as possible
- More than “just gel-in/gel-out”; remember the **5 moments**
- Gloves are **NOT** a substitute for hand hygiene (HH); perform HH before donning PPE, after doffing
- Perform HH adherence monitoring





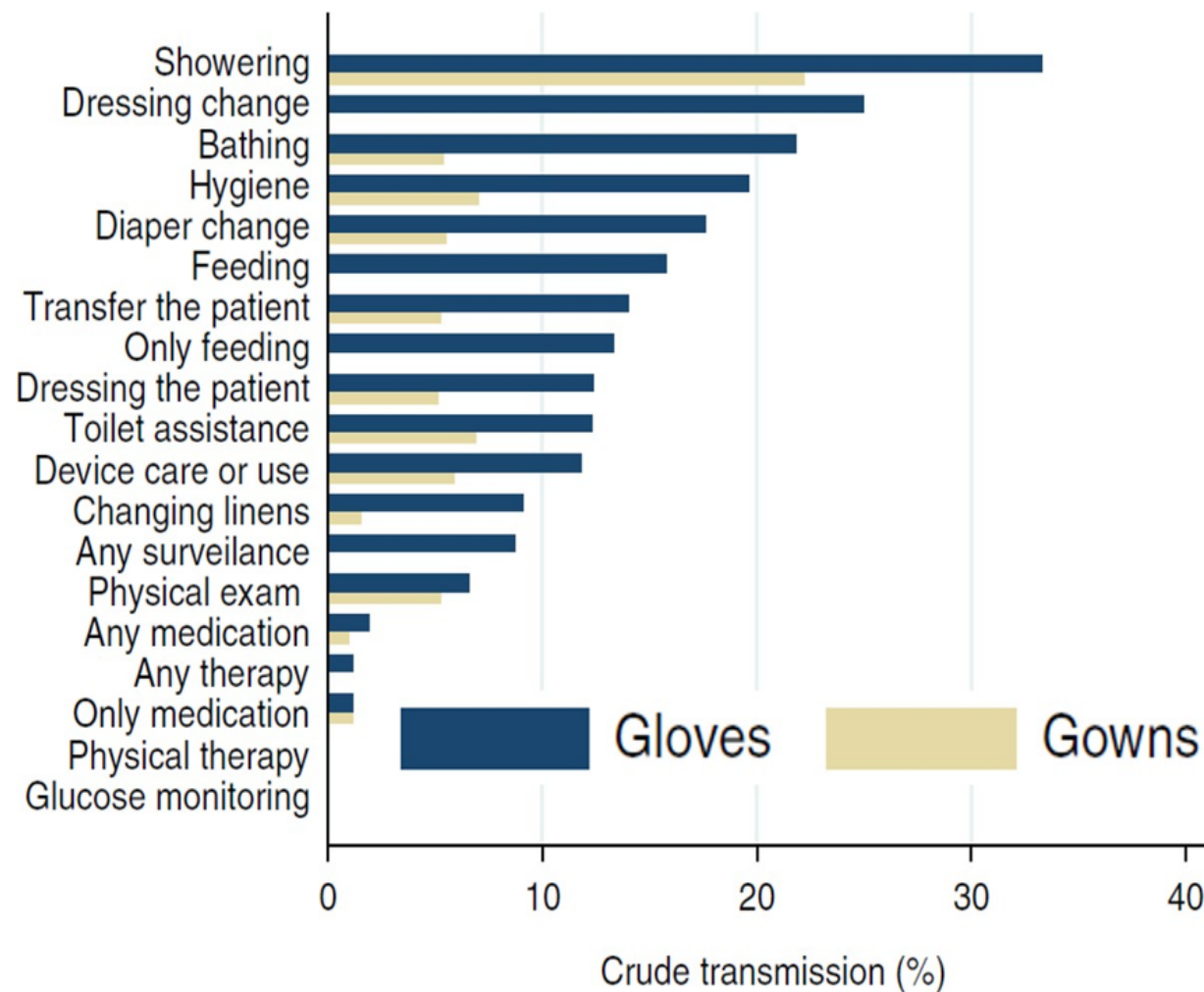
## When are the Moments of Enhanced Barrier Precautions?

During high-contact resident care activities:

- Dressing
  - Bathing/showering
  - Transferring
  - Providing hygiene
  - Handling soiled or changing linens (bed linens or resident clothing)
  - 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
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-

## When are Resistant Gram-Negative Bacteria Transmitted to HCPs?

- **Highest Risk:**
  - Showering
  - Hygiene
  - Toileting
  - Wound dressing changes
- **Lowest Risk:**
  - Assist feeding
  - Giving meds
  - Glucose monitoring



## Morning and Evening Care

- Use hand hygiene, gowns, and gloves during **morning and evening care**
  - Dressing
  - Grooming
  - Bathing/showering
  - Oral care, brushing teeth



## Changing Briefs, Assisting With Toileting, & Peri-Care

- Use hand hygiene, gowns and gloves during **toileting, changing incontinence briefs, and performing peri-care**
  - When moving from dirty to clean areas, remove gloves, **use hand hygiene, and don clean gloves** between tasks when necessary



## Device Care and Use

- Use hand hygiene, gowns, and gloves during **care of indwelling devices** such as
  - Urinary catheters
  - Intravascular catheters
  - Endotracheal/tracheostomy tubes
  - Feeding tubes
  - Medical treatments that require close contact with a high-risk resident and their environment such as respiratory treatments, tube feedings



## Wound Care

- Use hand hygiene, gowns and gloves during **care of wounds and dressing changes**



## Transferring

- Use hand hygiene, gown and gloves when **assisting with mobility** and when **preparing** a resident to leave the room
- HCP do not wear gown and gloves outside of the room
- Use PPE when handling resident clothing and/or changing bed linens



# Cleaning and Disinfecting the Environment

## *(including additional considerations for CA SNFs)*



- Use hand hygiene, gowns and gloves when **cleaning the environment**
- Examples of high-contact EVS activities for which EVS personnel should use gown and gloves while cleaning and disinfecting the environment around residents on EBP:
  - Removing soiled linen
  - Cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's bedspace
  - Terminal cleaning and disinfection

[Project Firstline EVS Toolkit \(ca.gov\)](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx)

([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx))

[Enhanced Barrier Precautions: Additional Considerations for CA SNFs](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

([www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP\\_AdditionalConsiderationsForCA\\_SNF.pdf](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf))



# Comparing Standard, Enhanced Barrier, Transmission-Based Precautions: Implementation

Precautions	Implementation
<b>STANDARD</b>	<ul style="list-style-type: none"><li>• Hand hygiene, change PPE within room, before and after care activity</li><li>• All residents, everywhere</li></ul>
<b>ENHANCED BARRIER</b>	<ul style="list-style-type: none"><li>• Perform resident assessment for risk of MDRO colonization and transmission</li><li>• Hand hygiene, change PPE within room, before and after high-contact care activities</li><li>• Residents may leave room if they are able to observe required hygiene practices</li></ul>
<b>TRANSMISSION-BASED</b>	<ul style="list-style-type: none"><li>• Hand hygiene, change PPE <i>upon room entry and exit</i></li><li>• Confine resident to room</li><li>• Single-bed room or cohort residents with same infection</li></ul>



# Enhanced Barrier Precautions for Skilled Nursing Facilities: Frequently Asked Questions



## Do residents placed on EBP require placement in a single-person room?

- **No. Residents on EBP may share rooms with other residents;** however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization (if known) may choose to do so.
- If there are multiple residents with a novel or targeted MDRO, consider **cohorting** them together in one wing or unit to decrease the direct movement of staff from colonized or infected residents to those who are not known to be colonized.

## CDPH Cohorting Guidance

- MDRO cohorts include patients or residents who are known to be infected or colonized with the same MDRO
- Two types of MDRO cohorts can be implemented in a healthcare facility:
  - 1. A within-room cohort is where patients or residents with the same MDRO or carbapenemase (e.g., KPC, NDM) are placed within one room, regardless of specimen source, infection, or colonization status.
  - 2. A multi-room cohort is a designated area of the facility that contains multiple within-room cohorts with the same MDRO or carbapenemase; e.g., multiple within-room cohorts are placed together at the end of a hallway, unit, or floor

[MDRO Patient Cohorting \(ca.gov\)](#)

[www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDRO\\_Cohorting.pdf](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDRO_Cohorting.pdf)

**Table 1. Principles of Patient or Resident Cohorting by MDRO Type**

Organism	Examples	Cohorting Recommendations
<i>Candida auris</i> ( <i>C. auris</i> )	N/A	<b>Cohort patients or residents with <i>C. auris</i> together with others that have <i>C. auris</i>, whenever possible</b>
Carbapenemase-producing organism (CPO)	Bacteria producing one or more carbapenemases, such as KPC, IMP, VIM, OXA, NDM, <sup>1</sup> e.g., <ul style="list-style-type: none"> <li>• KPC-<i>Escherichia coli</i></li> <li>• NDM-<i>Acinetobacter baumannii</i></li> <li>• VIM-<i>Pseudomonas aeruginosa</i></li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Prioritize cohorting by the same carbapenemase(s) and organism combination, e.g.,</b> <ul style="list-style-type: none"> <li>• KPC-<i>E. coli</i> with KPC-<i>E. coli</i></li> <li>• NDM/KPC-<i>E. coli</i> with NDM/KPC-<i>E. coli</i></li> </ul> </li> <li>2. <b>If not possible, cohort by carbapenemase(s), e.g.,</b> <ul style="list-style-type: none"> <li>• KPC with KPC</li> <li>• NDM/OXA-23 with NDM/OXA-23</li> <li>• Patient or resident with KPC, OXA-48, and NDM carbapenemases with another patient or resident that has KPC, OXA-48, and NDM carbapenemases</li> </ul> </li> </ol>
Carbapenem-resistant organism (CRO) (not tested for carbapenemases <sup>2</sup> )	Carbapenem-resistant <ul style="list-style-type: none"> <li>• Enterobacterales (CRE)</li> <li>• <i>P. aeruginosa</i> (CRPA)</li> <li>• <i>A. baumannii</i> (CRAB)</li> </ul>	<b>Cohort by organism combination, e.g.,</b> <ul style="list-style-type: none"> <li>• CRPA with CRPA</li> <li>• Patient or resident with CRE and CRAB with another patient or resident with CRE and CRAB</li> </ul>

## Do residents placed on EBP precautions require placement in a single-person room? (cont'd)

- When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including:
  - Maintaining spatial separation of at least 3 ft. between beds to reduce inadvertent sharing of items between residents
  - Use of privacy curtains to limit direct contact
  - Cleaning and disinfecting any shared reusable equipment
  - Cleaning and disinfecting environmental surfaces more frequently
  - Changing PPE (if worn) and performing hand hygiene when switching care from one roommate to another.
- **In other words, treat each bedspace as a separate room**

## Are staff required to glove/gown every time they enter the room for a resident on EBP?

- **No. PPE for EBP is only necessary when performing high-contact care activities and does not need to be donned prior to entering the resident's room.**
- For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do not engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident.

# Are staff required to glove/gown for all ADL care for residents

## on EBP?

- For residents for whom EBP are indicated, EBP is employed when performing the following **high-contact resident care** activities:
  - ✓ Dressing
  - ✓ Bathing/showering
  - ✓ Transferring
  - ✓ Providing hygiene
  - ✓ Changing linens
  - ✓ Changing briefs or assisting with toileting
  - ✓ Wound care
  - ✓ Device care or use: central line, urinary catheter, tracheostomy/ventilator, feeding tube
- In general, gowns and gloves **not recommended in hallways or when performing transfers in common areas** (i.e., dining or activity rooms) where assist/contact anticipated to be shorter in duration.
- Outside the resident's room, **EBP should be followed** when **performing transfers or assisting during bathing in a shared shower room** and when engaging in **high-contact activities with residents in the therapy gym**.



## Gown and Glove Use by Family/Caregivers

- Visitors and family members only need to wear gown and gloves when participating in **high-contact care activities** for a resident on EBP, such as morning and evening care (the same practices as HCP providing such care)
- Visitors and family members should always perform hand hygiene upon entry to and exit from the room

# Transitioning from Contact Precautions to EBP

- During an MDRO outbreak, Contact Precautions may be indicated for residents known to be colonized or infected with the outbreak MDRO
- SNFs should consult their local health department for guidance on transitioning to EBP following an outbreak
- Readiness for transition to EBP includes:
  - Demonstration that MDRO transmission has been contained
  - Consistent staff adherence to core infection prevention and control practices, including hand hygiene, appropriate PPE use, and environmental cleaning and disinfection
  - Availability of hand hygiene and PPE supplies at points of care

## Accepting New or Returning Residents

- “All SNFs in compliance with the CMS's EBP requirement are able to admit and provide care for residents with MDROs. Thus, there is no basis for a SNF to refuse admission of a resident based on their need for EBP or MDRO status.”
- Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-24-15.aspx>



# Enhanced Barrier Precautions for Skilled Nursing Facilities: Implementation



# Pre-implementation Tool

## 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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[CDC EBP Pre Implementation Tool](http://www.cdc.gov/long-term-care-facilities/media/pdfs/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf)  
(www.cdc.gov/long-term-care-facilities/media/pdfs/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf)



## Consider Facility Stakeholders

Reflect on your EBP stakeholders:

- Residents, family, visitors, HCP, leadership, medical staff, managers (nursing, environmental services (EVS), materials management, dietary), occupational health, director of staff development (DSD), contractors, others

How will each group of stakeholders be affected by EBP implementation?

- How will they participate in the EBP process?
- What “extra work” will be required of them?

# Develop an Education Plan

Create a plan outlining:

- Whom do you need to educate?
  - Does your audience have special learning needs?
    - Language and reading level
    - Current level of understanding
- Educational setting/environment
  - Will you begin with a pilot on one unit or roll out facility-wide?
- Educational materials needed (e.g., slides, flip charts, pamphlets)
- Timeline
  - Due dates for completion
  - Evaluation of competency with adherence monitoring results: Was your teaching effective?

## EBP Implementation: Training

- Process for identifying residents who require EBP
- Room placement
- Resident hygiene
- Appropriate use of PPE
- Intrafacility and interfacility resident transfers
- Environmental cleaning and disinfection protocols
  - Appropriate use of products used for cleaning and disinfection
  - High-touch surface cleaning
  - Shared medical equipment

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html)  
([www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html))




## EBP Signage

- Sign should include information of what PPE is needed to enter a room
  - Avoid using multiple signs with confusing directions
- Place where sign is visible to anyone entering the room
  - Facility may determine the best location for placement
  - Suggestions: Room doorway, head of resident's bed
  - May have posters in areas where EBP is being utilized for education and staff reminders
- CDPH and CDC signage available to download and print
  - Suggest laminating to allow cleaning and disinfecting

Insert new CDPH EBP sign  
here




## CDC EBP Sign




**STOP**

**ENHANCED  
BARRIER  
PRECAUTIONS**

**EVERYONE MUST:**




**STOP**




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

**PROVIDERS AND STAFF MUST ALSO:**




**Wear gloves and a gown for the following High-Contact Resident Care Activities.**


Dressing  
Bathing/Showering  
Transferring  
Changing Linens  
Providing Hygiene  
Changing briefs or assisting with toileting  
Device care or use:  
central line, urinary catheter, feeding tube, tracheostomy  
Wound Care: any skin opening requiring a dressing



**Do not wear the same gown and gloves for the care of more than one person.**




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**ALTO**

**MEDIDAS DE  
PRECAUCIÓN DE  
BARRERA AVANZADAS**

**Todos deben:**




**ALTO**




Limpiarse las manos, incluso antes de entrar y al salir de la habitación.

Los proveedores de atención médica y el personal deben, además:




Usar bata y guantes para las siguientes actividades de alto contacto del cuidado de los residentes

Vestir  
Bañar o duchar  
Trasladar  
Cambiar ropa de cama  
Ayudar con la higiene personal  
Cambiar ropa interior o ayudar para usar el baño  
Cuidado o uso de dispositivos: vía central, sonda urinaria, tubo de alimentación, traqueostomía  
Cuidado de heridas: todo corte en la piel que requiera vendaje



**No usar la misma bata ni los mismos guantes para atender a más de una persona.**



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Place sign, or what facility decides, in a standard location that works in the facility (hallway, above head of bed for example) per facility policy to indicate the need for EBP and PPE during the resident's care

## 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 EPB 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, ofte, 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.

8. If a gown and/or gloves was not used, during which high-contact resident care activities was a gown and/or gloves not used?  
(Select all that apply)
- Dressing
  - Bathing/Showering
  - Transferring
  - Changing briefs or assisting with toileting
  - Providing hygiene
  - Changing linens
  - Indwelling medical device care or use
  - Wound care\*
  - Other, please specify: \_\_\_\_\_

[igs.html](#) for clarification of wounds in the context of EBP

ent room door?

ig the room the specific actions they should take to protect themselves and the  
in information about the type of Precautions and the recommended PPE to be worn  
also include a list of the high-contact resident care activities for which PPE (gown and  
t individuals to speak to the nurse are not adequate to ensure EBP are followed. Signs  
diagnosis or the reason for the use of EBP (e.g., presence of a resistant germ, wound).

if entering the resident(s) room?

- Inside the room
- Other, please specify: \_\_\_\_\_

PPE supplies should be well-stocked and easy to access prior to room entry: "Ensure that healthcare personnel have immediate access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others."  
Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC) <https://www.cdc.gov/hicpac/pdf/core-practices.pdf>

[Enhanced Barrier Precautions \(EBP\) Implementation—Observations Tool \(cdc.gov\)](https://www.cdc.gov/long-term-care-facilities/media/pdfs/Enhanced-Barrier-Precautions-Implementation-508.pdf)

([www.cdc.gov/long-term-care-facilities/media/pdfs/Enhanced-Barrier-Precautions-Implementation-508.pdf](https://www.cdc.gov/long-term-care-facilities/media/pdfs/Enhanced-Barrier-Precautions-Implementation-508.pdf))

## Summary

- Enhanced Barrier Precautions is a **risk factor-based, resident-centered** strategy to prevent transmission of MDRO in SNF
- Successful implementation of EBP includes:
  - Engaged SNF leadership
  - Trained SNF infection preventionist and HCP, including nursing and EVS staff
  - Adherence monitoring of hand hygiene, appropriate PPE use, and environmental cleaning and disinfection

## EBP FAQs

[www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html)