



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



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Objectives

- Review **Standard** and **Enhanced Standard/Barrier Precautions**
- Learn when to use Standard v. Enhanced Standard/Barrier Precautions
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices

Standard and Enhanced Standard Guidance

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in blood and body fluids (BBF)</p>	<ul style="list-style-type: none"> All BBF except sweat may contain infectious agents Used for all resident care, based on anticipated BBF exposure Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents 	<ul style="list-style-type: none"> Each HCP assesses each planned resident care activity for risk of BBF exposure Perform hand hygiene and don PPE within the room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity is complete
<p>ENHANCED STANDARD</p> <p>Focus: Unidentified MDRO in residents with high-risk characteristics</p>	<ul style="list-style-type: none"> Some SNF residents have high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known (Table 1, Appendix A) Expanded use of gloves and gowns in SNFs based on resident risk, likelihood of MDRO colonization, and transmission during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and the environment Meets need to provide a safe, clean, comfortable and <u>homelike</u> environment High-risk residents who can be maintained in hygienic condition may leave room to participate in activities 	<ul style="list-style-type: none"> Resident assessment for MDRO colonization and transmission risk performed upon admission and when change in condition (Table 1, Appendix A) Perform hand hygiene and don PPE within room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity complete
<p>TRANSMISSION-BASED</p> <p>Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p>	<ul style="list-style-type: none"> Additional precautions are needed for certain infectious agents known to be transmitted by specific routes Contact for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown Droplet: for respiratory infections (influenza): mask, goggles, face shield Airborne for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR) 	<ul style="list-style-type: none"> Place resident in single bed room or cohort with residents with same agent; confine to room Individual HCP uses PPE based on specific precautions in place (sign at room entry) Perform hand hygiene and don PPE before or <i>upon entry</i> into the patient's room Remove, discard PPE, and perform hand hygiene at exit from room

1. <https://www.cdph.ca.gov/programs/chcq/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf>

Standard Precautions

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in blood and body fluids (BBF)</p>	<ul style="list-style-type: none"> • All BBF except sweat may contain infectious agents • Used for all resident care, based on anticipated BBF exposure • Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP • Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents 	<ul style="list-style-type: none"> • Each HCP assesses each planned resident care activity for risk of BBF exposure • Perform hand hygiene and don PPE within the room, before beginning activity <ul style="list-style-type: none"> ○ Gloves to protect hands ○ Gown to protect body, clothes ○ Mask/goggles/shield to protect face, eyes • Remove, discard PPE, and perform hand hygiene in room when activity is complete

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Standard Precautions

“Standard Precautions are a group of infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions and excretions (except sweat) may contain transmissible infectious agents.” – CDC

When?

- All the time

Where?

- All settings

Why?

- Prevent the transmission of potentially infectious agents

How?

- Assess the resident care activity
- Hand hygiene
- PPE



Types of PPE

Item	Purpose	Limitations	Care & Disposal*
Isolation Gown	Create a barrier to protect skin and clothing against contamination <i>(e.g., Environment, fluid)</i>	Not all gowns are fluid resistant (some better than others) Ties are more secure but more difficult to doff	Discard after each resident encounter
Mask	<u>Surgical</u> : Protect the nose and mouth against large droplets, splashes or sprays <u>N-95 Respirator</u> : protect against many airborne particles	<u>Surgical</u> : loose fit. Less durable. Function more as a splash guard than a filter (limited) <u>N-95</u> : Requires fit testing. Seal check EVERY time it is worn. If it does not have proper seal will not serve purpose	Discard after each patient encounter. <u>Surgical</u> : when visibly soiled (e.g., dirty or damp) or contaminated <u>N-95</u> : When damaged, deformed, or soiled; when breathing becomes difficult; or if it becomes contaminated
Eye Protection	Act as a barrier to protect the eyes Goggles or Face Shields can be used	Goggles do not provide as much coverage as Face Shields	Discard if there are cracks or breaks Disinfect in between uses (if reusable)
Gloves	Create a barrier between hands and contact with an infectious agent	Can have micro holes or tears Once contaminated, can become a means of spreading infectious agents Does not substitute the need for hand hygiene	Change as needed-when soiled, torn and after use with each resident

*Follow the manufacturer's instructions

Barrier vs. Standard

STOP ENHANCED BARRIER PRECAUTIONS STOP
EVERYONE MUST:

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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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

HEALTHCARE ASSOCIATED INFECTIONS PROGRAM 1

Enhanced Standard Precautions for Skilled Nursing Facilities

Infection Preventionist Training for Skilled Nursing Facilities
Healthcare-Associated Infections Program
Center for Healthcare Quality
California Department of Public Health



- <https://www.cdc.gov/hai/containment/PPF-Nursing-Homes.html>
- https://www.cdph.ca.gov/Programs/CHCO/HAI/CDPH%20Document%20Library/SNF_OnlineIPCourse_F.s_EnhancedStandardPrecautions_012521_ADA.pdf

Enhanced Standard/Barrier Precautions

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Enhanced Standard/Barrier Precautions

When?

- MDRO presence
- Transmission Risk
- When contact precautions do not apply
- High-contact resident care activities

Why?

- Resident Centered
- Easier to implement
- Decrease the risk of transmission

How?

- Resident and facility assessment

Enhanced Standard/Barrier Precautions

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The Six Moments of Enhanced Standard Precautions

For these six groups of care activities, use hand hygiene, gloves, and gowns.



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Enhanced Standard/Barrier Precautions

Component	Example (but not limited to)	Why
Room placement	Single room Cohort like germ with like germ Multi-bed room = treat as separate rooms	Minimize transmission
Use of gloves and gowns	Before high-contact care activity	Prevent transmission Protect staff
Use of gloves without gowns	When physical and environmental contact is unlikely.	Contamination is less likely; If unsure or not confident, you should adhere to gloves AND gowns.
Resident hygiene	Before and after meals Before and after therapy or social activities After using the restroom	Reducing the # of germs on hands The resident is an active partner in their own care
Medical & resident care equipment, high-touch surfaces	Vital machines Scales Light switches, bed side tables	Reducing the # of germs on surfaces
Intrafacility transport	Moving a resident from one unit or wing to another within the same building	Communicating the resident status helps prevent transmission within your building
Interfacility transfer	Moving a resident from one facility to another (e.g. to or from dialysis, GACH, another SNF, etc.)	Communicating the resident status helps prevent transmission beyond (or into) your building

Enhanced Standard/Barrier Precautions

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Enhanced Standard/Barrier Precautions



(8 1/2" x 11)

English front / Spanish front

English back / Spanish back

This poster should be used during high-contact resident care.



Programming

Session	Date	Covered Topics
Week 1	Wednesday, June 9th	Program Overview
Week 2	Wednesday, June 16th	Office Hours
Week 3	Wednesday, June 23rd	Core IP Practices
Week 4	Wednesday, June 30th	APIC Annual Meeting (off)
Week 5 (Today!)	Wednesday, July 7th	Standard and Enhanced Precautions
Week 6	Wednesday, July 14th	Office Hours
Week 7	Wednesday, July 21st	Contact and Contact Spore
Week 8	Wednesday, July 28th	Office Hours
Week 9	Wednesday, August 4th	Droplet, AB, Novel Respiratory
Week 10	Wednesday, August 11th	Office Hours



Questions

