

*INFECTION PREVENTION POLICY AND PROCEDURE*

TITLE: <b>ENHANCED BARRIER PRECAUTIONS (EBP)</b>	DATE OF ISSUE:
APPROVED BY:	REVIEW/REVISED DATE:

**PURPOSE:**

- To implement Enhanced Barrier Precautions as a resident-centered and activity approach for preventing multidrug resistant organisms (MDROs) transmission in a healthcare setting. The use of Personal Protective Equipment (PPE) by healthcare personnel during specific care activities is based on periodic assessments of a resident’s risk for being colonized and transmitting MDROs, in any case the resident is known to be colonized or infected.

**DEFINITIONS:**

- Personal Protective Equipment (PPE) – used to prevent or minimize exposure and to protect from potential transmission of biological agents that can be transferred from person to person by direct and indirect contact.
- Standard Precautions (SP) –used for all resident care. They’re based on a risk assessment and use of personal protective equipment (PPE) that protect healthcare providers from infection and prevent the spread of infection from resident to resident. The use of PPE is based on the “anticipated exposure” to blood, body fluids, secretions, or excretions.
- Enhanced Barrier Precautions (EBP) - expands the use of PPE beyond anticipated blood and body fluid exposures. PPE are to be used during high contact resident care activities that have demonstrated to result in transfer of MDROs to the hands and/or clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated.
- Contact Precautions (CP) – to care for residents known, suspected, and /or confirmed transmission of any MDRO by direct resident contact or by indirect contact with items in the resident’s environment.

**POLICY STATEMENT:**

- To determine the need for EBP by healthcare providers while caring for residents at high-risk for MDRO transmission. Use of PPE for specific care activities, based on the resident’s characteristics that are associated with a high risk of MDRO colonization and transmission.
- To assess characteristics of residents at high risk for MDRO colonization and transmission:
  - Presence of indwelling devices: urinary catheter, feeding tube, tracheostomy tube, vascular catheters
  - Wounds or presence of pressure ulcer (unhealed)
  - Functional disability and total dependence on others for assistance with activities of daily living (ADL) is also recognized as a risk factor for MDRO transmission and may be considered for residents who do not have an indwelling device or wounds, for example, during transition from Contact Precautions to EBP for residents identified with MDRO colonization during an outbreak.

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### PROCEDURE:

1. Assess resident for MDRO colonization and transmission risk, to be performed upon admission and any change in condition.
2. Place appropriate isolation sign.
3. Assess transmission risk of activity to be performed upon entering the room.
4. Perform hand hygiene.
5. If needed, based on risk assessment, don PPE outside the resident's room or upon entry before beginning activity
6. Remove and discard PPE and perform hand hygiene in room when activity is complete.

### PROCEDURE FOR MULTI-BEDROOMS:

1. Treat each resident space as a separate room (beds are at least 3 feet apart).
2. Dedicate equipment (if possible) and supplies.
3. Change PPE and implement hand hygiene between contact with each resident.
4. Use of an EPA approved disinfectant to clean before and after each use of any shared equipment and medical devices

### PROCEDURE FOR ROOM PLACEMENT:

1. Place resident in a single room if possible.
2. Prioritize single-bed rooms for residents known to have a highly resistant or unusual MDRO (infection or colonization)
3. Cohort like conditions and compatible roommates (residents with the same MDRO)

### PROCEDURE FOR RESIDENT HYGIENE:

1. Handy hygiene before leaving the room, before meals, before and after social activities and toileting.
2. Change clothes before leaving the room.
3. Bath/shower residents as scheduled.
4. Family/visitor can assist on resident hygiene.

### PROCEDURE ON TRANSFER WITHIN THE FACILITY:

1. Before transporting a resident:
  - Contain all body fluids
  - Assist resident with hand hygiene and place clean outer garment
  - Use clean linen (not stored in the resident's room)
  - Clean and disinfect items accompanying resident
2. Wear gown and gloves when assisting resident into the wheelchair, gurney, and transport vehicle then remove PPE and perform hand hygiene.

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### PROCEDURE ON INTER-FACILITY TRANSFERS:

1. Before transporting a resident:
  - Contain all body fluids
  - Assist resident with hand hygiene and place clean outer garment
  - Use clean linen (not stored in the resident's room)
  - Clean and disinfect items accompanying resident
2. Wear gown and gloves when assisting resident into the wheelchair, gurney, and transport vehicle then remove PPE and perform hand hygiene.
3. Communicate risk factors for transmission upon transfer.
4. Use an inter-facility transfer form for all discharges.
5. IP or Nursing leadership to call receiving facility for concerning organisms.

### RESOURCES:

#### LAC DPH

- *LAC DPH Templates for Transmission-Based Precautions Signage:*  
<http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm>

#### CDPH

- *CDPH cohorting MDROs guidance:*  
<https://www.cdph.ca.gov/Programs/CHCO/HAI/CDPH%20Document%20Library/MDROCohorting.pdf>

#### CDC

- *CDC FAQs on EBP:* <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>
- *CDC MDRO PPE use:* <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html>

#### CMS

- *QSO requiring SNFs to implement EBP:* <https://www.cms.gov/files/document/qso-24-08-nh.pdf>

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