

Enhanced Standard Precautions for Skilled Nursing Facilities

Last updated 2019

Basics of Infection Prevention
Healthcare-Associated Infections Program
Center for Healthcare Quality
California Department of Public Health



Objectives

- Discuss why the guidance document *Enhanced Standard Precautions for SNF, 2019* was updated
- Describe the 6 moments of Enhanced Standard precautions for SNF
- Define the who, what, when, where, and how of Enhanced Standard precautions in SNF
- List examples for applying Enhanced Standard precautions

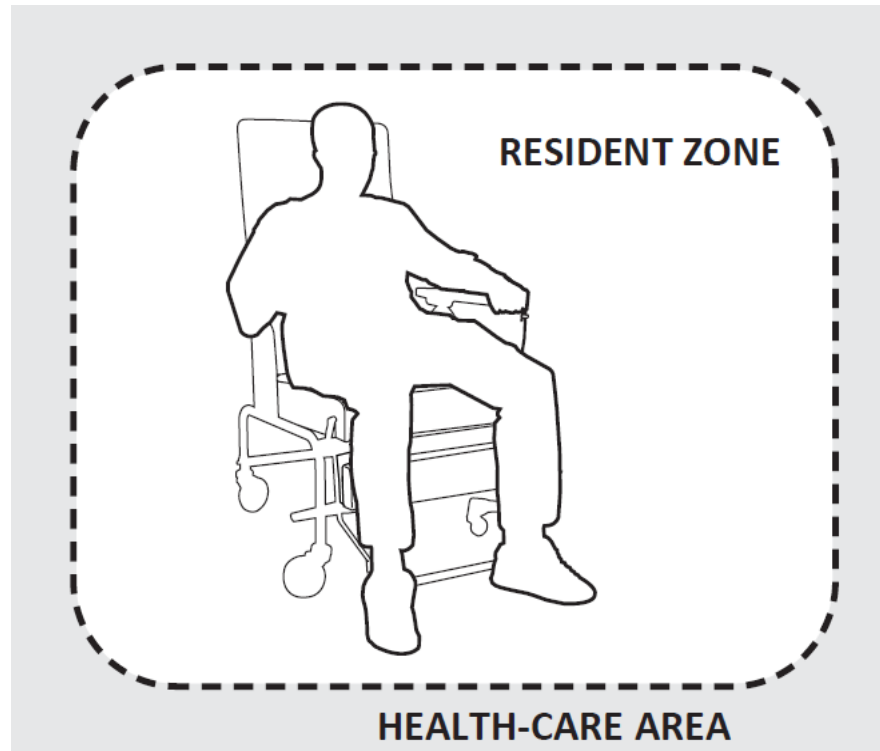
What Have We Learned about Multidrug-Resistant Organisms (MDRO) in SNF since 2010?

- Prevalence of MDRO is increasing in California
- SNF are important reservoirs for MDRO colonization that is often unknown to the facility
- SNF residents at increased risk of MDRO colonization and transmission are readily identified by certain characteristics
- Some SNF are hesitant to accept transfers of residents known to be colonized with MDRO

What Have We Learned about Contact Precautions for MDRO in SNF since 2010 ?

- It is impractical to place all residents known to be MDRO-colonized on Contact precautions **in the absence of ongoing transmission** within a facility
 - There are few single occupancy rooms in SNF
 - Asymptomatic colonization with MDRO can be prolonged
 - There is no defined method to determine when Contact precautions can be discontinued for MDRO colonization
- SNF need to provide **resident-centered, activity-based care** in a clean, comfortable, safe, and **home-like** environment
- SNF need user-friendly, practical guidance

How Do We Think about Preventing Transmission of Infectious Agents in SNF?



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”

What is Enhanced Standard Precautions?

- A **resident-centered, risk factor-based approach** to prevent MDRO transmission in SNF
- For residents at high risk of MDRO colonization and transmission:
 - Gloves and gowns are used during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and environment
- Does not rely on knowledge of resident MDRO colonization status
- Allows residents with adequate hygiene and containment of body fluids to leave room and participate in group activities

Who Needs Enhanced Standard Precautions?

- Residents who have **one or more characteristics associated with increased risk for MDRO colonization and transmission**
 - Risk factors for MDRO colonization and transmission are included in the CMS resident assessment inventory (RAI) performed on admission
 - Risk factors should be re-assessed periodically when there is a change in resident condition

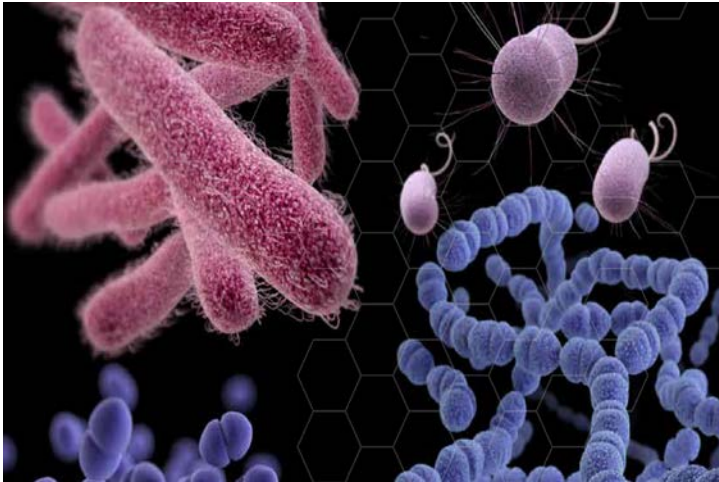
Use Enhanced Standard Precautions if a Resident has 1 or more of these Characteristics that are Associated with Increased Risk for MDRO Colonization and Transmission

Characteristic	Section of CMS RAI*
Functional Disability: Totally dependent on others for assistance with activities of daily living (ADLs), for example, ambulation, bathing, dressing, grooming, eating, toileting	G, GG, H
Incontinence: Habitual soiling with stool and/or wetting with urine	H
Presence of indwelling devices: Urinary catheter, feeding tube, tracheostomy tube, vascular catheters	H, K, O
Ventilator-dependence	O
Wounds or presence of pressure ulcer (unhealed)	M

*CMS Resident Assessment Inventory (RAI):

(<https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf>)

Enhanced Standard Precautions is a shift from bacteria-centered care...



...to resident-centered care

Comparing Standard, Enhanced Standard, Transmission-based Precautions

Precautions	Principle	Implementation
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in all blood and moist body fluids (BBF)</p>	<p>Use of hand hygiene, gowns, gloves, face protection when anticipate exposure to BBF prevents transmission</p>	<ul style="list-style-type: none"> • Hand hygiene, don and doff personal protective equipment (PPE) within room, before and after care activity • All residents, everywhere
<p>ENHANCED STANDARD</p> <p>Focus: Resident risk factors for MDRO colonization or transmission in a homelike environment</p>	<p>SNF residents with certain characteristics have increased risk of MDRO colonization and transmission; MDRO status is often unknown</p>	<ul style="list-style-type: none"> • Perform resident assessment for risk of MDRO colonization and transmission • Hand hygiene, don and doff PPE within room, before and after specified care activities • Some residents may leave room
<p>TRANSMISSION-BASED</p> <p>Focus: suspected or confirmed infectious agents, specific modes of transmission, ongoing MDRO transmission in a facility</p>	<p>Infection or colonization with certain infectious agents require additional precautions: Droplet, Contact (MDRO), Airborne</p>	<ul style="list-style-type: none"> • Hand hygiene, don and doff PPE <i>upon room entry and exit</i> • Confine resident to room • Single bed room or cohort residents with same infection

What are the “Tools” of Enhanced Standard Precautions?

- Hand hygiene (hand sanitizer or soap and water)



- **Personal protective equipment (PPE): gloves, gowns**



- If splash anticipated, add face protection:

- Environmental cleaning



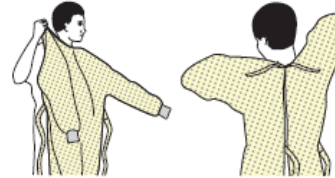
The goal of donning PPE: *Assure complete Coverage (see handout)*

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



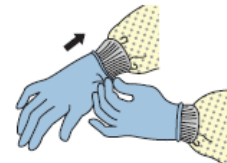
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



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<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

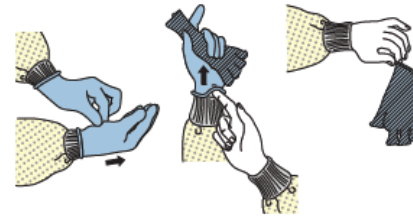
The goal of doffing PPE: *Avoid self Contamination (see handout)*

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

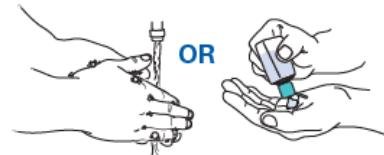


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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The goal of doffing PPE: *Avoid self Contamination (see handout)*

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

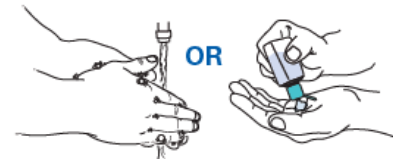


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

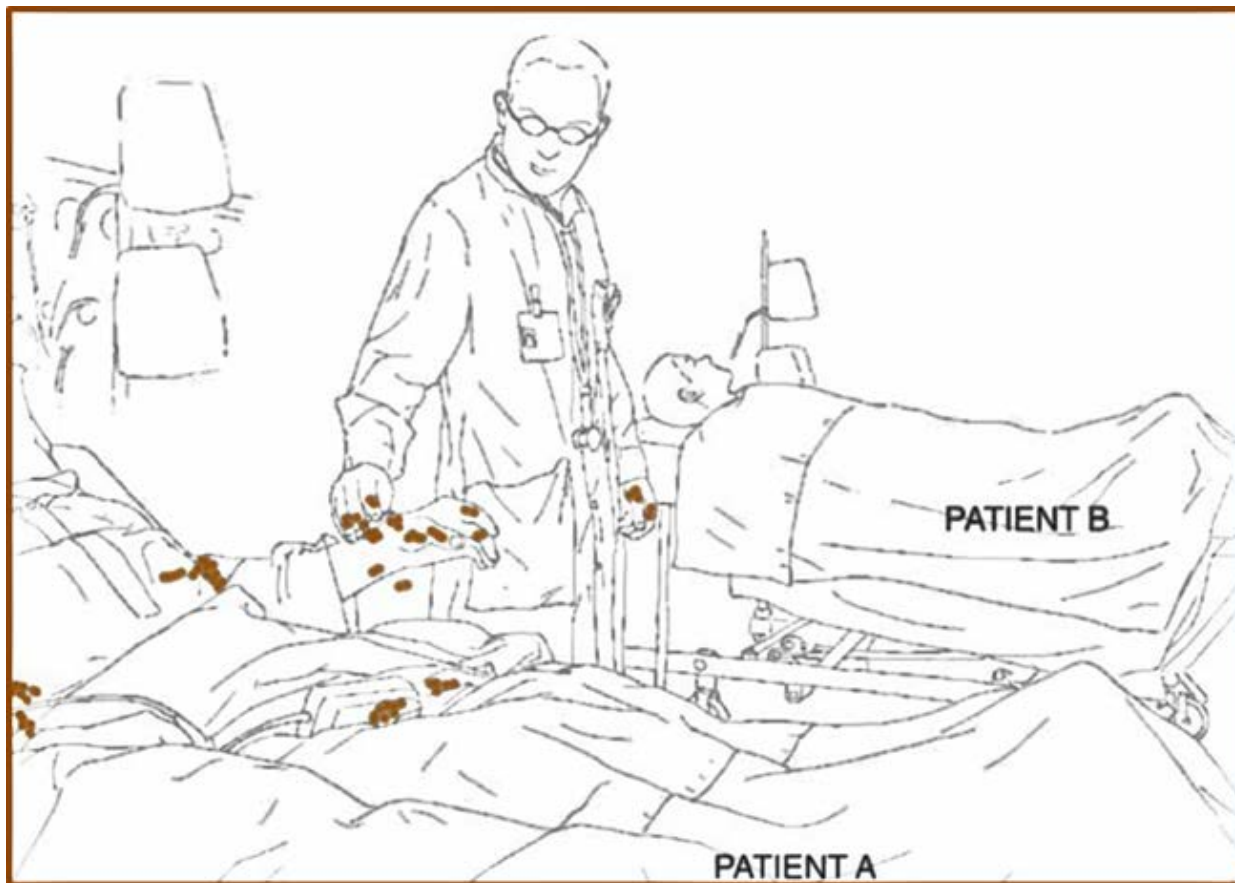


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<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Enhanced Standard Precautions in Multi-bed Rooms

- Treat each resident space as a separate room, changing **PPE** and using **hand hygiene** between contacts with each resident



Failure to perform hand hygiene between contacts with residents in the same room results in between-resident transmission of germs on their skin or clothing

When: 6 Moments of Enhanced Standard Precautions

- Use hand hygiene, gowns and gloves during each of the 6 moments
- Perform hand hygiene, don PPE within room, before engaging in activity
- Remove PPE, perform hand hygiene in room when activity is complete



Moment 1: Morning and Evening Care



- Use hand hygiene, gowns and gloves during **morning and evening care**
 - Dressing
 - Grooming
 - Bathing
 - Oral care, brushing teeth
 - Changing bed linens



Moment 2: Toileting, Changing Incontinence Briefs, Peri-Care



- Use hand hygiene, gowns and gloves during **toileting, changing incontinence briefs and performing peri-care**
- Move from clean to dirty areas preferably; if necessary to move from dirty to clean areas, use hand hygiene and don clean gloves between tasks



Moment 3: Care of Indwelling Devices and Providing Medical Treatments



- Use hand hygiene, gowns and gloves during **care of indwelling devices** such as
 - Urinary catheters
 - Intravascular catheters
 - Endotracheal/tracheostomy tubes
 - Feeding tubes



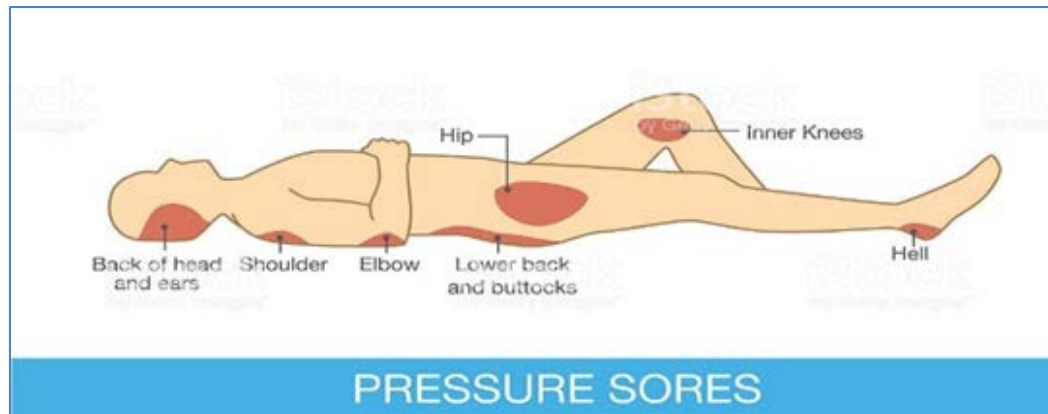
- Medical treatments that require close contact with a high risk resident and his/her environment such as **respiratory** treatments, administering tube feedings



Moment 4: Wound Care



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



Moment 5: Mobility Assistance, Preparation for Leaving the Room



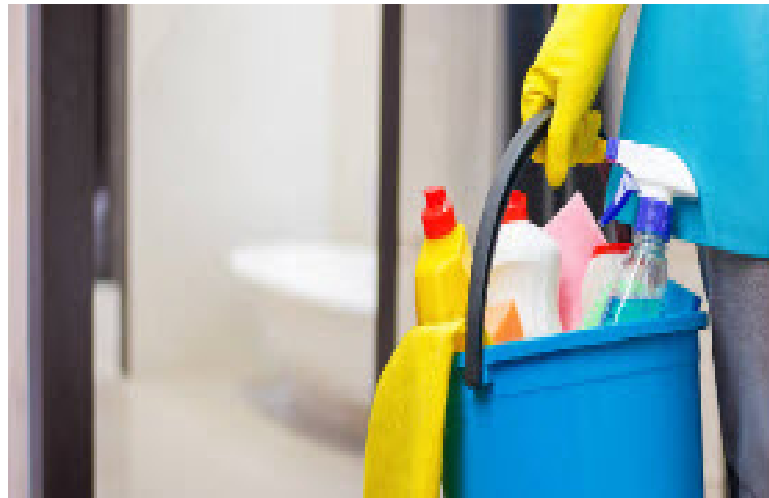
- Use hand hygiene, gown and gloves when **assisting with mobility** and when **preparing** resident to leave room
- HCP do not wear gown and gloves outside of the room



Moment 6: Environmental Cleaning



- Use hand hygiene, gowns and gloves when **cleaning the environment** surrounding the resident



How to Implement Enhanced Standard Precautions

When is a SNF *ready to implement* Enhanced Standard Precautions?

- Engaged SNF leadership
- Trained infection preventionist
- Entire SNF staff educated and understand when to perform hand hygiene and how to use PPE
- Hand sanitizer dispensers placed near points of contact with each resident in all rooms
- Well-trained environmental services (EVS) staff
- Adherence monitoring of hand hygiene and environmental cleaning with feedback to frontline staff

How to Implement Enhanced Standard Precautions: Room Placement

Care Practices	Examples
<ul style="list-style-type: none">• Single bed room preferred• Prioritize single bed rooms for residents known to have highly resistant or unusual MDRO• Cohort like conditions, compatible roommates• Treat each bed space as a different room	<ul style="list-style-type: none">• Single bed room priority for ongoing transmission of CRE, <i>Candida auris</i>, other MDRO• Single bed room priority for a high risk resident known to be colonized with a newly emergent or pan resistant MDRO• When known, cohort residents with the same MDRO and the same resistance mechanism

How to Implement Enhanced Standard Precautions: Resident Hygiene

Care Practices	Examples
<ul style="list-style-type: none">• Resident performs hand hygiene:<ul style="list-style-type: none">○ Before meals○ Before and after social activities such as visiting common areas○ After toileting○ Frequently throughout the day○ Before leaving the room• Change clothes before leaving room• Educate resident's family members and visitors on the need for resident hygiene, encourage them to assist	<ul style="list-style-type: none">• Resident may not visit common areas if:<ul style="list-style-type: none">○ On Contact precautions, for example with <i>C. difficile</i> infection○ Body fluids, excretions cannot be contained• Consistent implementation of protocols for bathing residents and standardization of bath products

How to Implement Enhanced Standard Precautions: Gowns and Gloves

Care practices	Examples
<ul style="list-style-type: none">• HCP perform hand hygiene and use gloves and gowns when:<ul style="list-style-type: none">○ Performing any care activity where close contact with the resident is expected to occur○ Contact with environmental surfaces likely contaminated by the resident's secretions or excretions	<ul style="list-style-type: none">• HCP perform hand hygiene, don gloves and gowns in room before:<ul style="list-style-type: none">○ Bathing the resident○ Toileting, changing incontinence briefs, peri-care○ Emptying urinary catheter drainage/leg bag○ Changing wound dressings○ Providing respiratory treatments○ Administering tube feedings• HCP remove, discard PPE, perform hand hygiene in room when finished

How to Implement Enhanced Standard Precautions: *Gloves without Gowns*

Care Practices	Examples
<ul style="list-style-type: none">• HCP perform hand hygiene and put on gloves without gown at or upon resident room entry, when physical contact with the resident and environment is unlikely• Perform hand hygiene after glove removal	<ul style="list-style-type: none">• Passing meal trays• Passing books, magazines, or newspapers• Turning off alarms• Making a social visit where physical contact with the resident and environment is limited, for example, standing and talking

How to Implement Enhanced Standard Precautions: Medical and Patient Care Equipment, High Touch Surfaces

Care Practices	Examples
<ul style="list-style-type: none">• Dedicate daily care equipment, as much as possible, to the high-risk resident• Clean, disinfect shared items between uses• Regularly clean, disinfect high touch surfaces using Environmental Protection Agency (EPA)– approved healthcare grade product• Assign each cleaning task to specific staff (nurse, EVS, RT)	<ul style="list-style-type: none">• Dedicated equipment: commodes, stethoscopes, blood pressure cuffs, thermometers, pulse oximeter probes• Shared equipment that must be cleaned and disinfected between uses: bladder scanner, weigh scales, glucometer, resident lifts

How to Implement Enhanced Standard Precautions: Resident Transfers within the Facility (*Intrafacility*)

Care Practices	Examples
<ul style="list-style-type: none"> • Before transport: <ul style="list-style-type: none"> ○ Contain all body fluids ○ Assist resident with hand hygiene and place clean outer garment on resident ○ Use clean linen that has not been stored in resident's room ○ Clean, disinfect items accompanying resident • HCP use gown and gloves when assisting resident into the wheelchair or gurney, then remove PPE and perform hand hygiene • Transporting HCP should have clean gloves available during transport if needed (for example, to wear while managing excretions or secretions that breach containment measures) 	<ul style="list-style-type: none"> • Transport to another area within the facility, for example <ul style="list-style-type: none"> ○ Rehabilitation Therapy ○ Radiology ○ A room in another building or hallway of the facility

How to Implement Enhanced Standard Precautions: Resident Transfers to Another Facility (*Interfacility*)

Care Practices	Examples
<ul style="list-style-type: none">• In addition to those for intrafacility transfer:<ul style="list-style-type: none">○ May use gloves to assist resident into transport vehicle (van, car, ambulance)○ Communicate resident risk factors for transmission to receiving facility○ Use interfacility transfer form; assign responsibility for completion○ Phone call to receiving personnel for key MDRO such as CRE, <i>C. auris</i>	<ul style="list-style-type: none">• Ambulance/Medi-Van transport• Transport to another facility for admission or for a day visit such as a dialysis center, a physician's office or clinic

APPENDIX B. EXAMPLES OF INTERFACILITY INFECTION CONTROL TRANSFER FORMS

Affix p
labels

Form B1. COMPREHENSIVE HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Patient Name (Last, First):

Date of Birth:

MRN:

Transfer Date:

Receiving Facility Name:

Sending Facility Name:

Contact Name:

Contact Phone:

ISOLATION PRECAUTIONS

Patient currently on isolation precautions?

Yes **No**

If yes, check all that apply:

- Contact precautions
- Droplet precautions
- Airborne precautions

Personal protective equipment (PPE) to consider at receiving facility:



Gloves



Gowns



Masks

ORGANISMS

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?

Yes **No**

Considerations for Accepting New or Returning Residents

- A positive MDRO test is NOT a reason to deny admission as long as the facility can provide needed supportive and restorative care
- SNF in compliance with state statute and federal regulations must be able to provide care for residents with MDRO
- Document decisions for Enhanced Standard or Transmission-based precautions, room placement and roommate selection
 - Communicate and educate all HCP about reasons for decisions
- Ensure appropriate instructions are provided to all HCP

Recommendations for Enhanced Standard Precautions in California Skilled Nursing Facilities (SNF)*, 2019

California Department of Public Health (CDPH)

* Not for Acute care or long term acute care hospitals

Available at:

https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx

Outline of Document

- Introduction
- Recommended Infection Prevention and Control Practices
 - For all residents, regardless of transmission risk or MDRO status
 - For **high risk residents**: determine the need for enhanced use of gowns and gloves by HCP based on readily identifiable characteristics
 - Considerations for accepting new or returning residents: MDRO is not a basis for refusal
- Tables
 - 1. Characteristics of Residents at High Risk for MDRO Colonization and Transmission
 - 2. Definitions of Standard Precautions, Enhanced Standard Precautions, and Transmission-Based Precautions
 - 3. Implementation of Enhanced Standard Precautions to Care for High-Risk SNF Residents
- Glossary
- Companion guidance and resources
- Appendices

Let's Practice.....

- You are working at a SNF that has a section for residents who are on ventilators (vSNF)
- You are informed that a 78 year old man will be transferred to your facility from an LTAC where he was receiving care for injuries incurred in a motor vehicle accident
- What do you want to know about the patient when planning for his arrival and room placement at your SNF?

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Preventing MDRO Transmission in SNF: The MOST Important Things

Ongoing MDRO transmission

- Use **Contact precautions** for residents with known MDRO
- Single bed room preferred
- If shared room, choose roommates according to MDRO status
- Hand hygiene performed and PPE put on or removed upon entry, upon exit from room
- Keep in room except when medically necessary to leave
- Complete interfacility transfer form when resident is transferred to another facility

No MDRO transmission suspected

- Assess resident for MDRO colonization, transmission risk factors
- If risk factors present, use **Enhanced Standard precautions** whether or not MDRO status is known
- Hand hygiene performed and PPE put on or removed in room at time of care activity
- Single bed room preferred
- If shared room, choose roommate carefully
- Resident may go to common areas if criteria met
- Complete interfacility transfer form when resident is transferred to another facility

Summary



- Prevalence of MDRO colonization of residents in SNF is high and may not be identified or known to the facility
- Certain SNF residents have risk factors that increase the possibility of colonization and transmission of MDRO to others
- Enhanced Standard precautions is a **risk factor based, resident-centered** strategy to prevent transmission of MDRO in SNF
- Hand hygiene and use of PPE during the 6 moments of Enhanced Standard precautions and increased environmental cleaning in SNF can allow residents to participate in the activities in their home-like environment while minimizing risk of MDRO transmission

Tools to Accompany Document (in development)

- **FAQs** regarding common scenarios, such as:
 - Who is the best roommate for a high risk patient?
 - What should visitors do when interacting with a resident on Enhanced Standard precautions?
- **Moments** of Enhanced Standard precautions infographic and brochure
- Interactive educational, adherence monitoring tools for frontline staff

Questions?

For more information,
please contact any
HAI Liaison IP Team member

Or email

HAIProgram@cdph.ca.gov