Enhanced Barrier Precautions (EBP) | Resident Evaluation Tool

Resident Name:	Completed By:	Date:

Pre-Evaluation		
Elements to Be Assessed	**Assessment**	**Comments/Corrective Actions**
Does resident diagnosis require contact precaution and isolation?	☐ Yes ☐ No	

If YES is checked – continue with contact precautions and isolation.

Section 1. Multidrug-Resistant Organism (MDRO) Status		
Elements to Be Assessed	**Assessment**	**Comments/Corrective Actions**
Does the resident have a current MDRO infection?	☐ Yes ☐ No	
Does the resident have a colonized MDRO?	☐ Yes ☐ No	

Section 2. Indwelling Medical Devices

Does the resident have one or more of the following indwelling medical devices?

Elements to Be Assessed	Assessment	Comments/Corrective Actions
Central venous line	☐ Yes ☐ No	
Hemodialysis catheter	☐ Yes ☐ No	
Indwelling urinary catheter	☐ Yes ☐ No	
Feeding tube	☐ Yes ☐ No	
Tracheostomy tube/ventilator	☐ Yes ☐ No	

Section 3. Chronic Wounds

Does the resident have one or more of the following chronic wounds?

Elements to Be Assessed	Assessment	Comments/Corrective Actions
Pressure ulcers	☐ Yes ☐ No	
Diabetic foot ulcers	☐ Yes ☐ No	
Unhealed surgical wounds	☐ Yes ☐ No	
Chronic venous stasis ulcers	☐ Yes ☐ No	

If YES is checked for the resident *without* a known MDRO infection or MDRO colonization/infection in Sections 1, 2, or 3 – proceed with Enhanced Barrier Precautions in High Contact Care Areas identified in Section 4.

Section 4. High Contact Care Activities

Does the resident require assistance with the following care activities? **If YES, EBP applies.**

Elements to Be Assessed	Assessment	Comments/Corrective Actions
Dressing	☐ Yes ☐ No	
Bathing/showering	☐ Yes ☐ No	
Hygiene (brushing teeth, combing hair, shaving)	☐ Yes ☐ No	
Transferring	☐ Yes ☐ No	
Changing linens	☐ Yes ☐ No	
Changing briefs or assisting with toileting	☐ Yes ☐ No	
Device care or use	☐ Yes ☐ No	
Wound care (chronic wounds rather than skin tears and abrasions)	☐ Yes ☐ No	
Physical and occupational therapy	☐ Yes ☐ No	

Post-Evaluation		
Elements to Be Assessed	**Assessment**	**Comments/Corrective Actions**
Is signage posted?	☐ Yes ☐ No	
Is Care Plan and communication to staff updated?	☐ Yes ☐ No	

Adapted from Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html

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