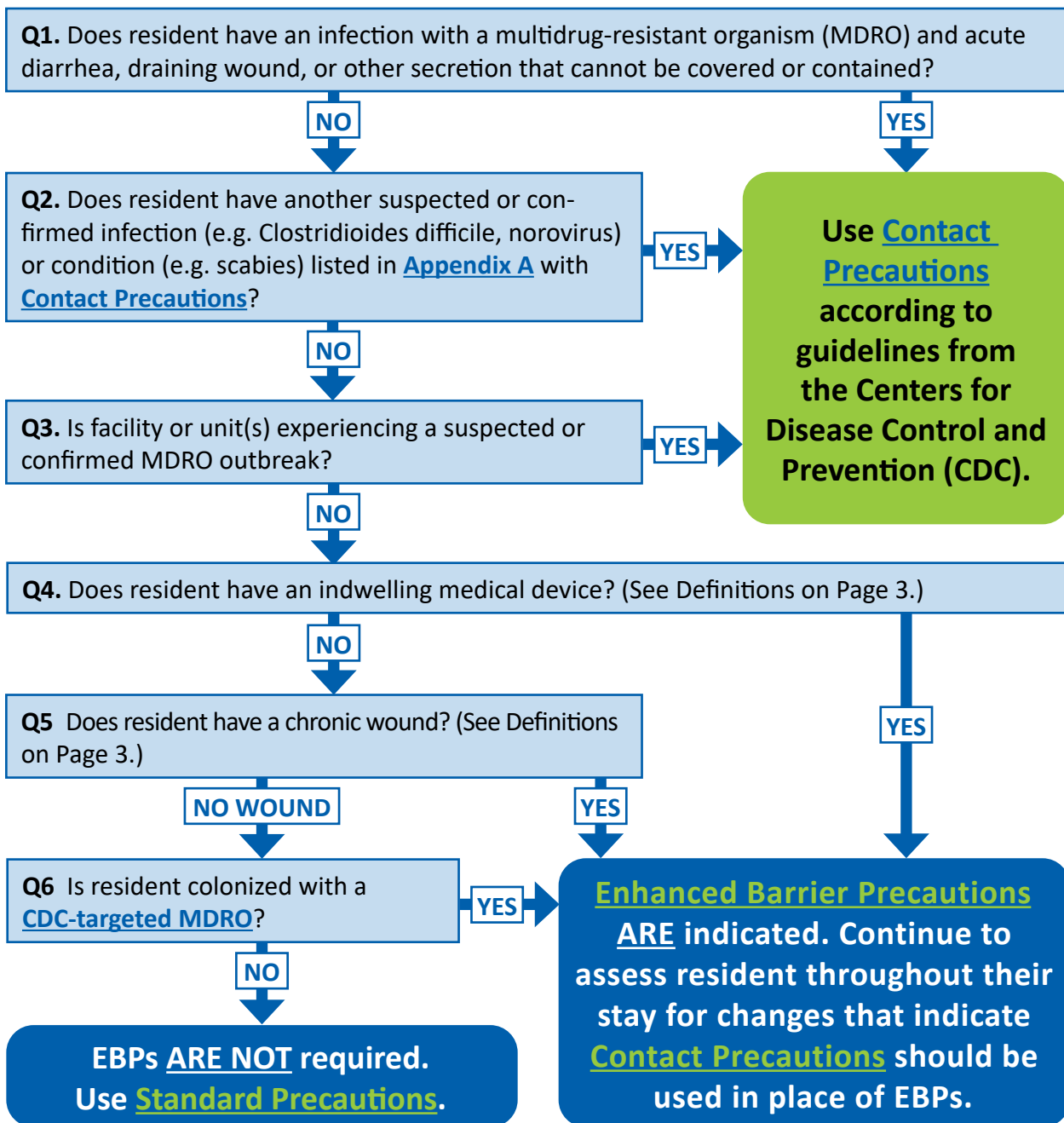


EBPs in Nursing Homes

Enhanced Barrier Precautions (EBPs): Risk Assessment



This tool was adapted from the Virginia Department of Health and Human Services' "Enhanced Barrier Precautions in Nursing Homes."

Enhanced Barrier Precautions (EBPs): Implementation

A private room is not required, and the resident can participate in group activities. EBPs should be maintained for the resident's entire stay or until:

- 1) Wound(s) have healed **OR**
- 2) Indwelling medical devices are no longer present

In addition to following [Standard Precautions](#), gowns and gloves should be worn during high-contact resident care activities, such as:

- | | | |
|---------------------|----------------------|---|
| • Dressing | • Providing hygiene | • Wound |
| • Bathing/showering | • Changing linens | • Changing briefs or assisting with toileting |
| • Transferring | • Device care or use | |

Steps to Implementation

With implementation, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:

1. Post clear [signage](#) on the door or wall outside of the resident room indicating the type of precautions and required personal protective equipment (PPE) (e.g., gown and gloves).
 - For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require use of a gown and gloves.
2. Make PPE available outside or near the resident room, including gowns and gloves.
3. Face protection (e.g., face mask plus goggles or a face shield) may also be needed if performing an activity with risk of splash or spray (e.g., irrigating a wound).
4. Do not wear the same gown and gloves for the care of more than one resident or reuse the gown and gloves for the same resident.
5. Ensure access to alcohol-based hand rub (ABHR) or handwashing facility in each resident room (ideally both inside and outside of the room).
6. Position a trash can inside resident room and near exit. PPE should be discarded:
 - After removal
 - Prior to exiting room
 - Before providing care for another resident in same room
7. Incorporate periodic monitoring and assessment of adherence to recommended infection prevention practices — such as hand hygiene and PPE use — to determine need for additional training and education.
8. Provide education to staff, residents, and visitors.

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Definitions

INDWELLING MEDICAL DEVICE: An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples include, but are not limited to: central lines (including hemodialysis catheters and peripherally inserted central catheters [PICCs]), indwelling urinary catheters, feeding tubes, tracheostomy tubes, and endotracheal tubes. The CDC does not currently consider peripheral IVs, continuous glucose monitors, and insulin pumps as indications for EBPs. An ostomy without an associated indwelling medical device is not considered an indication for EBPs.

MULTIDRUG-RESISTANT ORGANISMS (MDROs): MDROs (multidrug-resistant or drug-resistant) are bacteria that are resistant to one or more classes of antimicrobial agents. The MDROs that are applicable for the use of EBP should be based on determinations, such as an organism being epidemiologically important due to local epidemiology, outbreaks, transmission in healthcare facilities, severe outcomes, or targeted prevention efforts.

EXAMPLES OF MDROs TARGETED BY CDC: pan-resistant organisms, carbapenemase-producing carbapenem-resistant Enterobacterales, carbapenemase-producing carbapenem-resistant *Pseudomonas* spp., carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, *Candida auris*. If an unfamiliar MDRO returns on lab, place the resident in EBP and consult with your local/state health department to determine if it is considered targeted.

Other MDROs facilities may consider EBPs for include but are not limited to: methicillin-resistant *Staphylococcus aureus* (MRSA), extended spectrum beta-lactamase (ESBL)-producing organisms, vancomycin-resistant Enterococci (VRE), multidrug-resistant *Pseudomonas aeruginosa*, and drug-resistant *Streptococcus pneumoniae*.

PROVIDING HYGIENE: Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving. Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions with the resident throughout the day.

WOUND: Any skin opening requiring a dressing, such as chronic wounds (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers). This does not include shorter-lasting wounds, such as skin breaks or skin tears covered with a bandage or similar dressing.

REFERENCES

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- 2 Centers for Medicare & Medicaid Services. "Enhanced Barrier Precautions in Nursing Homes (QSO-24-08-NH)." March 20, 2024. <https://www.cms.gov/files/document/qso-24-08-nh.pdf>.
- 3 CDC. "Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes." Last reviewed June 28, 2024. <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>.
- 4 CDC. "Interim Guidance for a Public Health Response to Contain Novel or Targeted MDROs." Updated December 2022. <https://www.cdc.gov/healthcare-associated-infections/media/pdfs/health-response-contain-mdro-508.pdf>.
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- 6 CDC. "MDRO Prevention and Control." Last reviewed April 12, 2024. <https://www.cdc.gov/infection-control/hcp/mdro-management/prevention-control.html>.

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