

Enhanced Barrier Precautions Policy and Procedure

Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs). CMS notes that facilities have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents.

Definitions:

- **“Enhanced barrier precautions” (EBP)** are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).
- **High-contact resident activities include:**
 - Dressing
 - Bathing/showering
 - Transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
 - Wound care: any skin opening requiring a dressing
- **“Wound”** in relation to this guidance, this generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous status ulcers.
- **“Indwelling medical devices”** would include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes.
 - Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions.

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- **“Care and use”** of indwelling **medical devices** would mean any dressing changes, injecting or infusing medication or tube feedings on the indwelling medical device.
 - It may be acceptable to use gloves, alone, for some uses of a medical device that involves only limited physical contact between the healthcare worker and the resident (e.g., passing medications through a feeding tube).

General Considerations:

- Staff are provided training Enhanced Barrier precautions including but not limited to the use of Personal Protective Equipment (PPE), on hire and at least annually and are expected to comply with precautions.
- Infection Preventionist periodically monitor and assess the adherence to the precautions and determine the need for additional training and education.
- Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized.
- In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration.
- Enhanced Barrier Precautions should be followed when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.
- The MDROs for which the use of EBP applies are based on local epidemiology. At a minimum, they should include resistant organisms targeted by CDC but can also include other epidemiologically important MDROs
 - **Examples of MDROs Targeted by CDC include:**
 - Pan-resistant organisms,
 - Carbapenemase-producing carbapenem-resistant Enterobacterales,
 - Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
 - Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
 - *Candida auris*

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- **Additional epidemiologically important MDROs may include, but are not limited to:**
 - Methicillin-resistant *Staphylococcus aureus* (MRSA),
 - ESBL-producing Enterobacterales,
 - Vancomycin-resistant *Enterococci* (VRE),
 - Multidrug-resistant *Pseudomonas aeruginosa*,
 - Drug-resistant *Streptococcus pneumoniae*
- Contact Precautions are recommended if the resident has acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained or for a limited period of time during a suspected or confirmed MDRO outbreak investigation.
 - If neither criterion is met and the resident does not have another indication for Contact Precautions, then Enhanced Barrier Precautions could be used, unless otherwise directed by public health authorities.

Procedure:

1. The facility will have discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC (see above list).
 - A physician order is obtained for EBP for residents with any of the following:
 - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
 - Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO (see above definitions).
 - The Facility will have discretion on how to communicate to staff which residents require the use of EBP. CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help maintain a home-like environment, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities.
2. Gowns and gloves will be available immediately near or outside of the resident's room. Face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care).
3. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.
4. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).

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5. Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room
6. Education is provided to residents and visitors
7. Residents are not restricted to their rooms and do not require placement in a private room and are permitted to participate in group activities.
8. Enhanced barrier precautions should be used for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

I have read, understand, and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	Yes	Yes
Infected or colonized with a non-CDC targeted MDRO without a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

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Enhanced Barrier Precautions Example Sign



References:

- Centers for Medicare and Medicaid Services. QSO-24-08-NH. *Enhanced Barrier Precautions in Nursing Homes*. March 20, 2024. <https://www.cms.gov/files/document/qso-24-08-nh.pdf>
- CDC. Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs). <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- CDC. Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes <https://www.cdc.gov/hai/containment/faqs.html>
- Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers. <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>
- Enhanced Barrier Precautions Letter to Nursing Home Staff. <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

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