

ENHANCED BARRIER PRECAUTIONS



Presented by:
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OBJECTIVES

UPON COMPLETION, THE LEARNER WILL:

1. Be able to describe what enhanced barrier precautions are and why it only applies to long term care settings
2. Be able to describe 3 steps in setting up EBP in their facilities
3. Be able to identify correct examples of EBP from clinical scenarios provided

Instructions

Go to

www.menti.com

Enter the code

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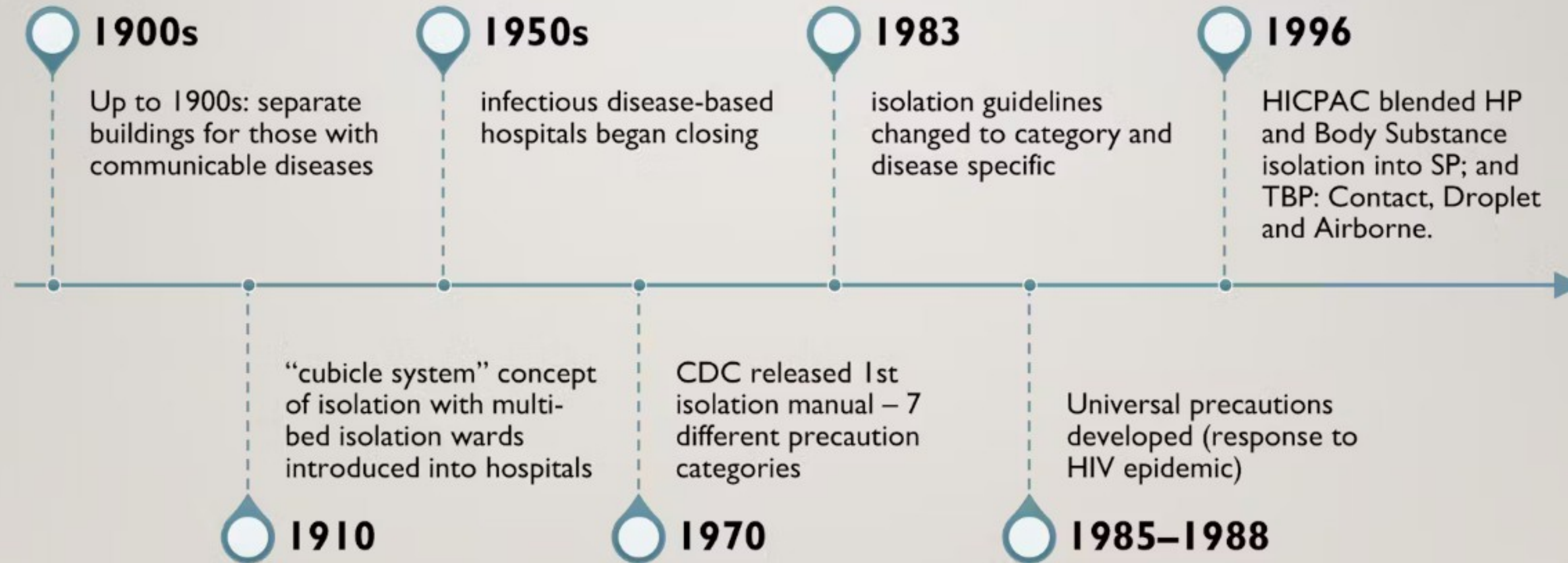


Or use QR code

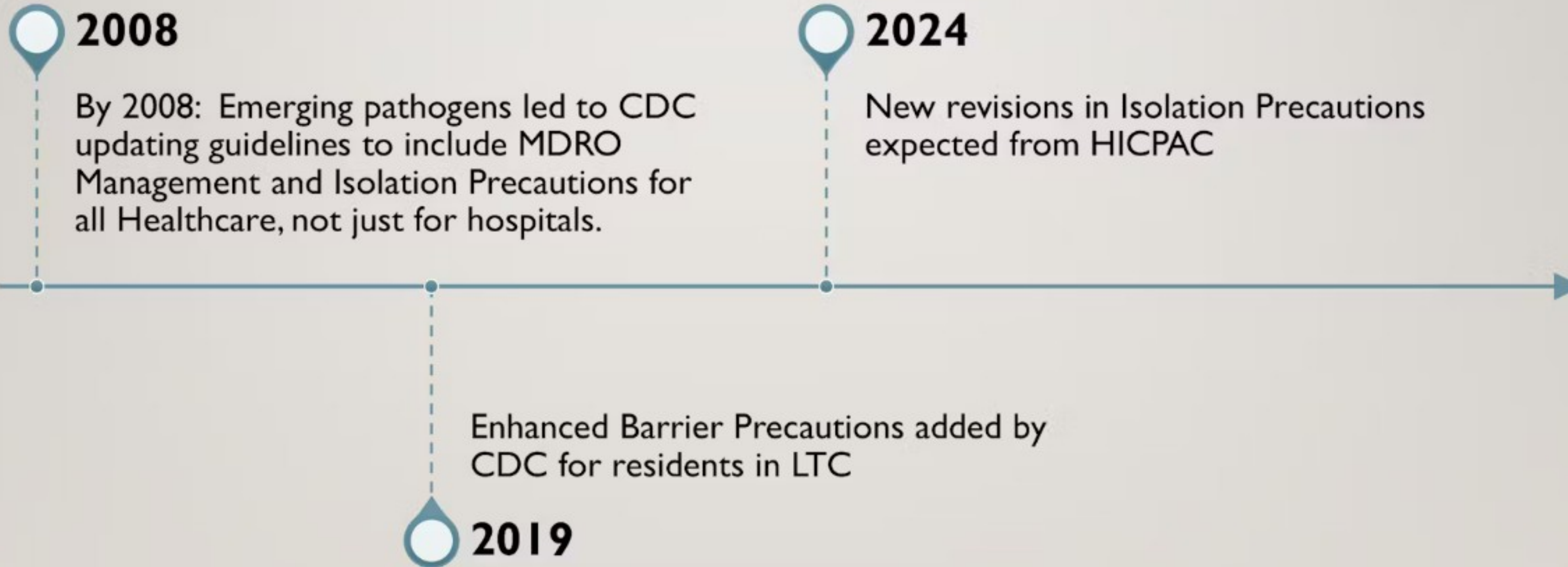


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QUICK HISTORY OF PRECAUTIONS IN THE US



QUICK HISTORY OF PRECAUTIONS IN THE US

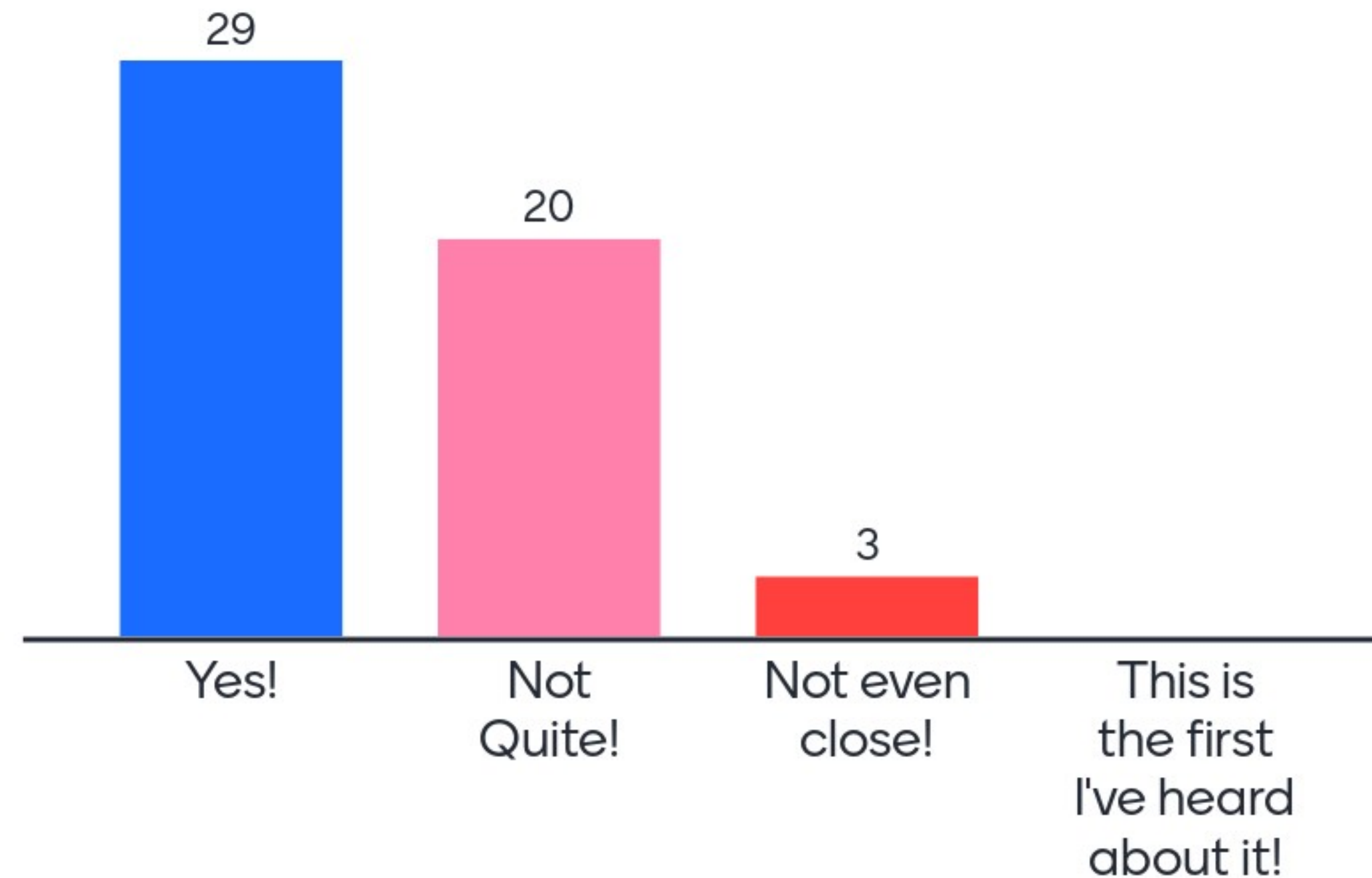


ENHANCED BARRIER PRECAUTIONS

- Enhanced Barrier Precautions (EBP) were first introduced to LTC in 2019.
- Residents on EBP are not required to be restricted to their rooms, or to stay in private rooms.
- EBP allows residents and patients to participate in groups, dining and exercise during their stay in the facility.



IPs for LTC: My facility is where we need to be with the implementation of EBP



ENHANCED BARRIER PRECAUTIONS (EBP)

WHAT: Infection prevention and control measures intended to reduce spread of multidrug-resistant organisms in nursing homes

RISK: MDROs can colonize individuals and not be recognizable. Those at highest risk of this invisible risk of spreading primarily on hands of healthcare workers are those that EBP requires placing in EBP Precautions. The highest risk activity of staff acquiring the MDROs on their persons and equipment is during high-contact resident care.

ACTION: Identify those that require EBP and place in precautions including signage at entrance to room. HCWs should perform hand hygiene and apply the PPE prior to entering the room when required and remove at exit of room and perform hand hygiene.

AS MORE RESIDENTS BECAME INFECTED AND COLONIZED WITH EMERGING ORGANISMS THAT ARE DRUG RESISTANT

- We were seeing only the tip of the iceberg, much like MRSA and VRE were in the past in hospitals.
- CDC developed the EBP recommendations in 2019 to reduce spread of multidrug-resistant organisms (MDROs) in nursing homes while allowing residents to still be able to participate in activities outside of their rooms.
- Hospitals will continue more aggressive measures of prevention and control of spread in that care setting including contact precautions.



CDC VIDEO

<https://youtu.be/NoL8PVp5KKc?si=mHd6PDlag4jlpRIG>

EXAMPLES OF HIGH-CONTACT RESIDENT CARE ACTIVITIES REQUIRING GOWN AND GLOVE USE FOR EBP:



- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: Central line, urinary catheter, feeding tube, trach/ventilator
- Wound care: any skin opening requiring a dressing.

THE SIMPLE VERSION OF MDRO MANAGEMENT...

Standard Precautions: for everyone

(In Hospitals):

- Add Contact, Droplet or Airborne Precautions when indicated, in ADDITION to Standard Precautions according to policies.

(In Nursing Homes)

- Add Contact, Droplet or Airborne Precautions when indicated in ADDITION to Standard Precautions according to policies.
- Add **Enhanced Barrier Precautions** to Standard Precautions for those high-risk residents for carriage of MDROs when Contact Precautions do not otherwise apply according to policies.



Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

Updated: July 12, 2022

- This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of MDROs, including as part of a public health response.
- For the purposes of this guidance, 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 [9, 10]. 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

HOW LONG?

They are intended to be in place for the duration of a resident's stay in the facility (i.e. those who are infected or colonized with a high risk MDRO) or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

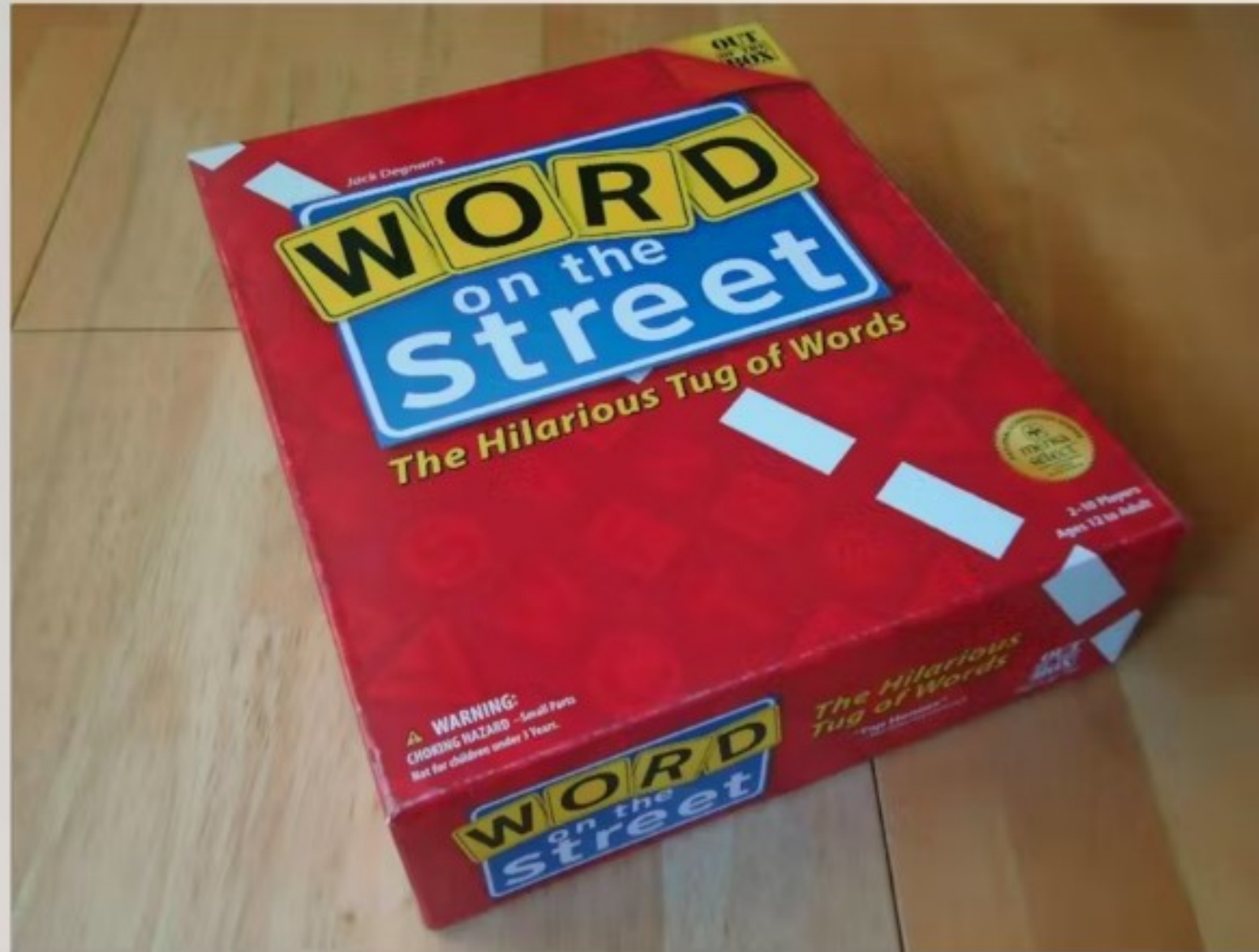
CMS MEMO MARCH 20TH QSO-24-08-NH

- While EBPs were introduced by the CDC in 2019, they were not included in guidance for State Survey Agencies (SSAs). This CMS memo issued formal guidance under F880 Infection Prevention and Control to SSAs and long-term care facilities on the use of EBP, aligning with the existing national standards effective April 1, 2024.



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ISOLATION GUIDELINE REVISIONS EXPECTED IN 2024



The “word on the street”...

Biggest changes are expected in the Airborne and Droplet management.

Not expecting significant changes with Enhanced Barrier Precautions.

3 STEPS TO SETTING UP EBP:



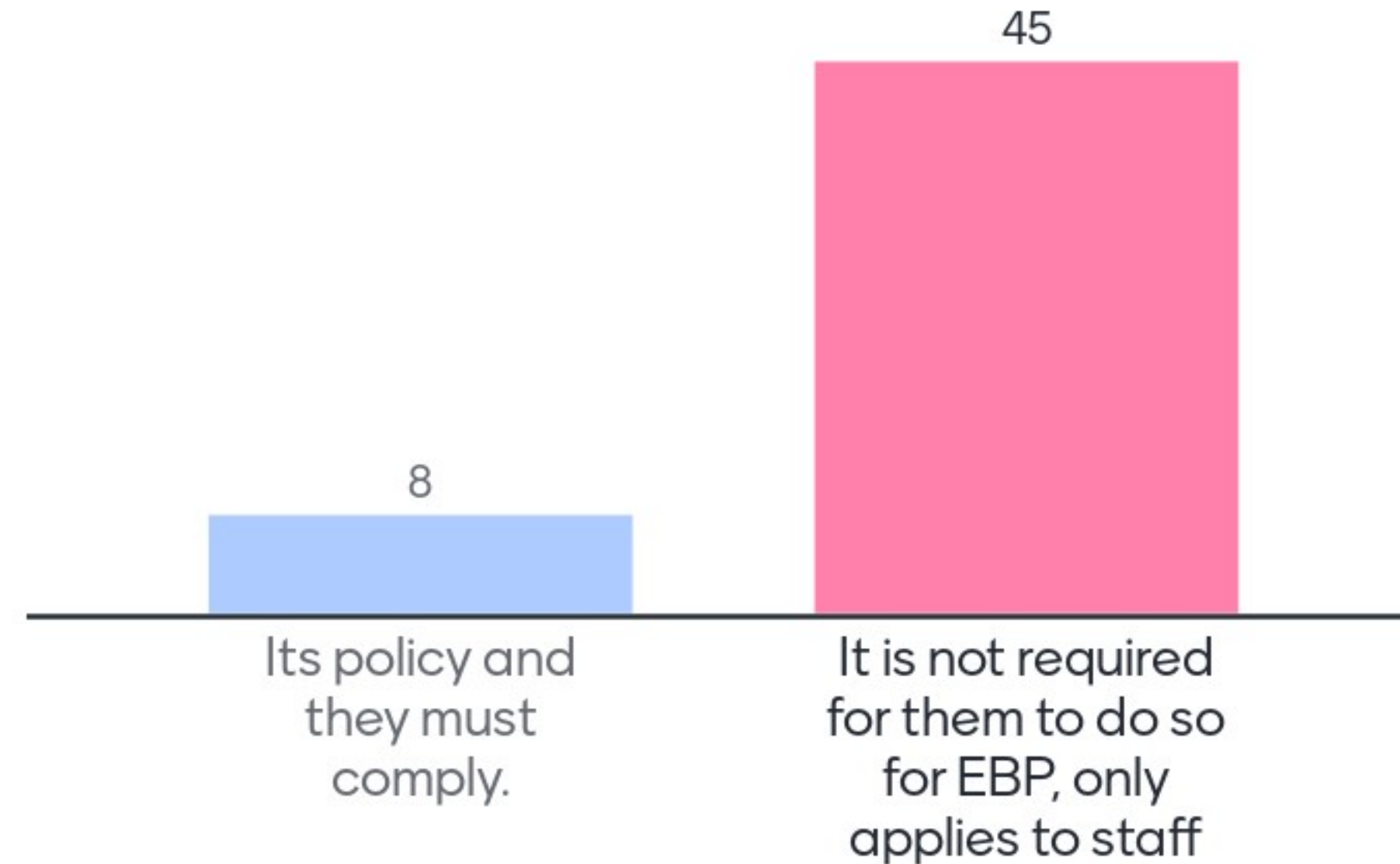
- Update policies and procedures (include signs, posters, etc.)
- Training and demonstrated competency with staff
- Monitor compliance, utilize QAPI: PDSA

IMPLEMENTATION TIPS FOR EBP

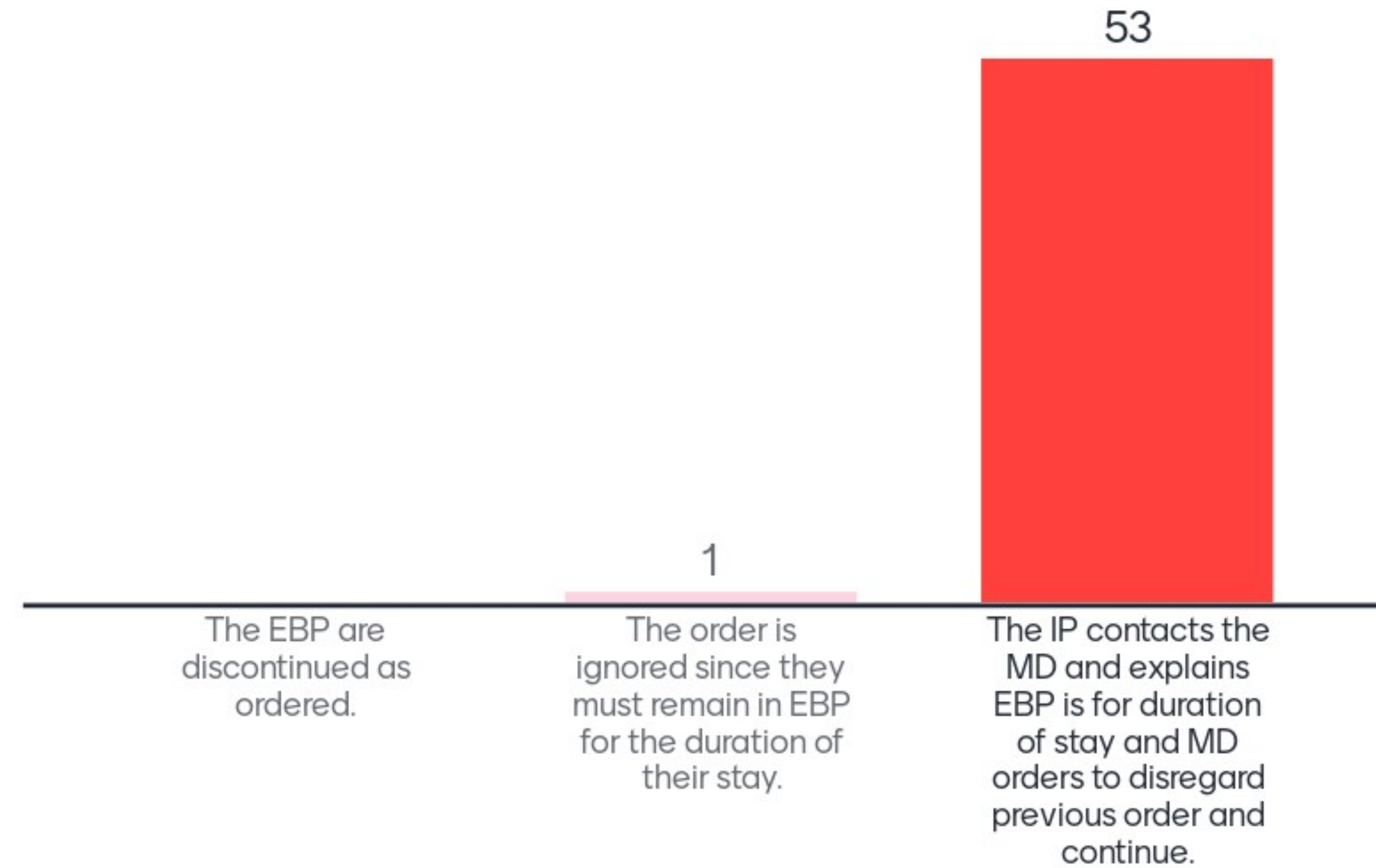
1. Emphasize the benefits when discussing with staff:
 - Can reduce the transfer of MDROs to the hands of staff which prevents it being spread to other susceptible residents and staff
 - Allows the resident to attend activities out of their room
2. Assure that there is ample availability of gowns and gloves and locate them immediately outside of the resident room for easy access.
3. ABHR should be available outside and inside every resident's room
4. Place trash can inside resident room, near door to discard PPE
5. Used PPE should be properly disposed, and hand hygiene performed before going to next resident.



Resident is in EBP and family is upset and refusing to wear gowns and gloves in the room. Your thoughts are:

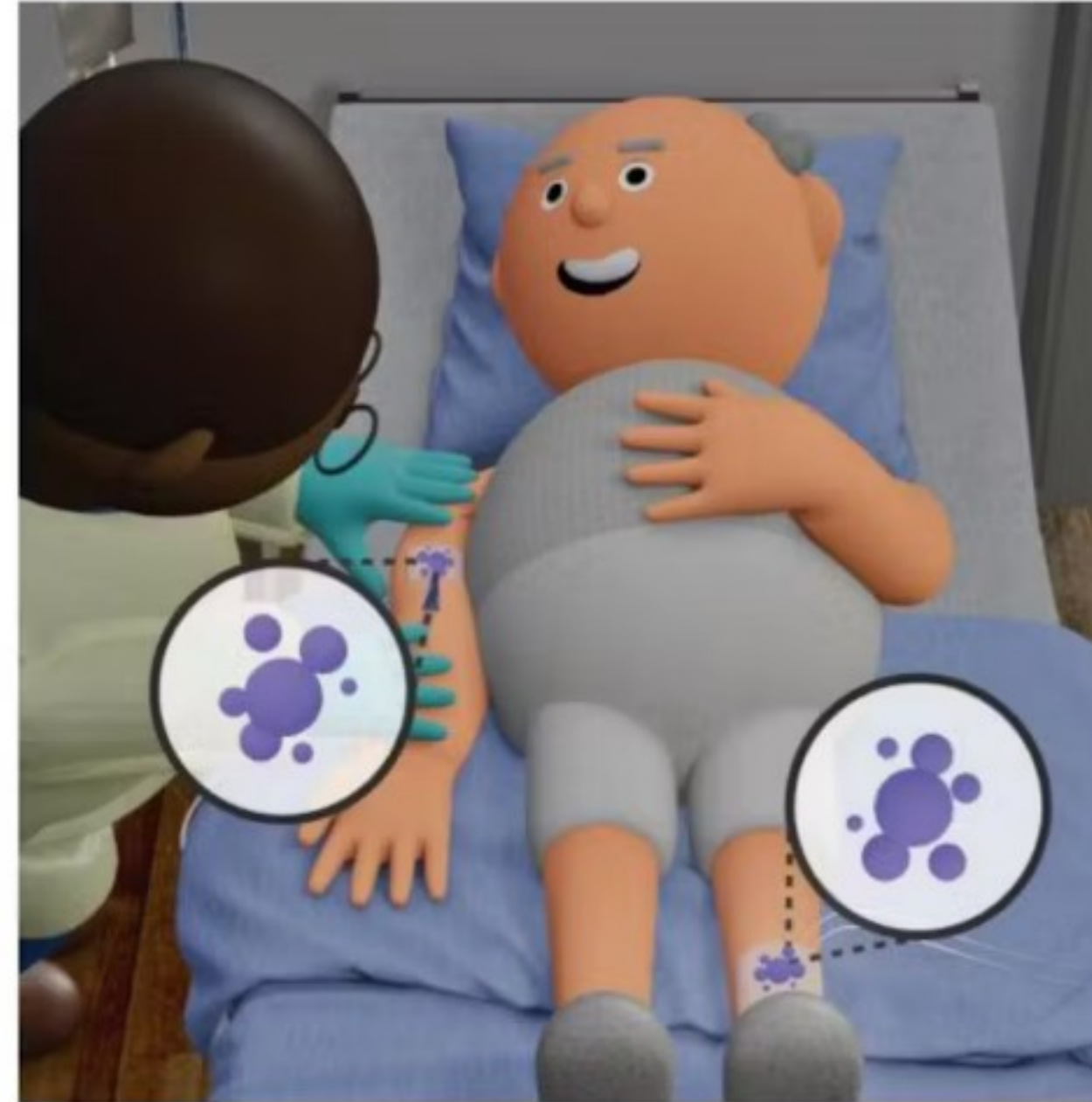


Resident is in EBP for high risk MDRO colonization and MD orders it discontinued.



Use EBP during high-contact care activities for residents with:

- 1 Indwelling Medical Devices
(e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- 2 Wounds
- 3 Colonization or Infection with a MDRO



Protect residents and stop the spread of germs.

bit.ly/PPE-NursingHomes

Scan to watch an EBP video.



RESOURCES

- [CDC Adds Resources and Information to Implement Enhanced Barrier Precautions \(ahcancal.org\)](#)
- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)

Questions?

THANK YOU!

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