**Enhanced Barrier Precautions**

# Date Implemented:

**Review/Update Dates:**

# Policy

On March 20, 2024 the Centers for Medicare & Medicaid Services (CMS) issued QSO Memo 24-8-NH related to Enhanced Barrier Precautions in Nursing Homes. The QSO memo outlined the Centers for Disease Control and Prevention’s (CDC) recommendations for use of Enhanced Barrier Precautions (EBP) in nursing home settings. A Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper titled “Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities” (June 2021) cited that more than 50% of nursing home residents may be colonized with a Multidrug Resistant Organism (MDRO). With the use of contact precautions, residents in nursing home settings are restricted to their rooms which may negatively impact their quality of life and psychosocial well-being. EBP reduces the need for implementing contact precautions but provides an enhanced level of infection prevention potentially reducing the unknowing transmission of MDROs in a nursing home setting.

# Purpose

To potentially reduce the unknowing transmission of MDROs in nursing home settings.

**Definitions**

**Enhanced Barrier Precautions (EBP)** refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.

**Standard Precautions** are infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include but are not limited to hand hygiene, use of gloves, gown, mask, eye protection or face shield, depending on the anticipated exposure; safe injection practices; and respiratory hygiene/cough etiquette.

**Transmission-Based Precautions** are applied when standard precautions, along, may not be sufficient to prevent pathogen transmission. There are three categories of transmission-based precautions including contact, droplet, and airborne.

**Procedures**

EBP are used in conjunction with standard precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

Indications for EBP Implementation

Residents with the following indications will be placed on EBP:

* Infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply (see also Transmission-Based Precautions Policy and Procedures).
* Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.

Wounds generally include chronic wounds, not shorter-lasting wounds.

* Shorter-lasting wounds include but are not limited to skin tears or breaks in skin that are covered with an adhesive bandage (such as a Band-Aid) or similar dressing. These wounds are expected to heal without complications in a short period of time.
* Chronic wounds include but are not limited to unhealed surgical incisions, open pressure ulcers (such as Stage 2-4), venous stasis ulcers, arterial ulcers, and diabetic ulcers.

Indwelling medical devices include but are not limited to central lines, urinary catheters, feeding tubes, and tracheostomies.

* Peripheral intravenous lines (not peripherally inserted central catheter or PICC) are not considered an indwelling medical device for the purpose of EBP.

CDC targeted MDROs include:

* Pan-resistant organisms
* Carbapenemase-producing carbapenem-resistant Enterobacterales
* Carbapenemase-producing carbapenem-resistant Pseudomonas
* Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii
* Candida auris
  + EBP will be implemented on these additional MDROs not considered CDC targeted: [enter additional MDROs]

Cares that Require Additional PPE

When any staff member is performing high-contact resident cares, the use of an isolation gown will be implemented for any resident on EBP (in addition to already used gloves as part of standard precautions). High-contact resident cares include but are not limited to:

* Dressing
* Bathing/showering
* Transferring
  + In general, gowns and gloves would not be recommended when performing transfers in common areas such as a dining room. This contact is anticipated to be shorter in duration and less likely to transmit potential MDROs to the staff members clothing.
  + Gowns and gloves must be used when the resident is being assisted with a transfer when closer contact is expected in a non-public area such as a shared shower/bathing room or in a therapy room/gym.
* Providing personal hygiene
* Changing linens
* Changing incontinence products or assisting with toileting needs
* Device care or use (as outlined in the previous paragraph)
* Wound care (for wounds outlined in the paragraph above)

Implementation and Discontinuation

EBP will be implemented when the resident has any of the conditions identified above. This would include when an indwelling device is placed or a wound that is expected to be longer in duration is identified.

EBP can be discontinued when the wound has healed or the indwelling device is removed/discontinued.

Miscellaneous

EBP will be communicated to staff by [enter specific details on how staff will recognize EBP such as placing a sign on their door]

Unlike contact precautions, EBP do not require staff to don/doff PPE outside of the resident’s room. Staff may enter the resident’s room without PPE on and prior to initiation of a high-contact care identified above, staff will don PPE. Staff not performing any high-contact resident cares are not required to wear PPE while in the resident’s room.

PPE supplies will be placed [enter location – note this does not have to be right outside the resident’s room but should be easily accessible] for residents on EBP.

Staff training on EBP will be conducted upon implementation of this policy and as identified in the infection prevention and control plan.

**References**

CMS. (30 Mar. 2024). *Enhanced Barrier Precautions in Nursing Homes QSO-24-08-NH* <https://www.cms.gov/files/document/qso-24-08-nh.pdf>

CDC. (1 Aug. 2023). *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. (28 Jul. 2021). *Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities.* <https://www.cdc.gov/hicpac/workgroup/enhancedbarrierprecautions.html>