

Enhanced Barrier Precautions Policy Template for Skilled Nursing Facilities

INSTRUCTIONS: This policy example can be used as a template by skilled nursing facilities when developing a policy for Enhanced Barrier Precautions (EBP). Centers for Medicare and Medicaid Services (CMS) requires nursing homes to implement EBP to reduce transmission of multidrug resistant organisms (MDROs). If facilities choose to use this template, they should customize and update it based on their facility's Infection Prevention and Control Risk Assessment, applicable laws and regulations, and most current recommendations and guidance. [Remove this section from the final policy.]

Purpose

This policy aims to mitigate the risk of transmission of Multidrug-Resistant Organisms (MDROs) within [INSERT NAME OF FACILITY] by implementing Enhanced Barrier Precautions (EBP). This policy seeks to prevent the spread of MDROs among residents and staff members by expanding the use of personal protective equipment (PPE) during high-contact resident care activities for certain residents.

Background

Residents in skilled nursing facilities (SNFs) are particularly vulnerable to colonization and infection with MDROs, which can lead to limited treatment options and adverse health outcomes. Traditional infection control measures, such as Contact Precautions, can prevent MDRO transmission but may negatively impact residents' quality of life. EBP allow a more balanced approach by targeting high-contact care activities and minimizing room restriction.

Definitions

EBP are an infection control intervention designed to reduce transmission of MDROs in nursing homes. EBP expands upon Standard Precautions by requiring the use of gowns and gloves during specific high-contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Residents on EBP are not restricted to their rooms and are not restricted from participating in group activities or therapy outside of their room.

High-contact resident care activities are activities that have been demonstrated to result in the transfer of MDROs to hands or clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated.

Examples of high-contact resident care activities requiring gown and glove use for residents on EBP include, but are not limited to:

- Dressing
- Bathing/showering
- Transferring

- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting (including ostomy care)
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing
- *[FACILITY CAN ADD OTHER ACTIVITIES]*

Indwelling medical device is a device that provides a direct pathway for pathogens in the environment to enter the body and cause infection. 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 EBP.

Examples of indwelling medical devices for which EBP should be used include, but are not limited to

- Central vascular lines (including hemodialysis catheters)
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomy tubes
- *[FACILITY CAN ADD OTHER DEVICES]*

Devices or openings that are **not** indications for EBP include

- Dialysis ports covered by skin
- Peripheral IV
- Continuous glucose monitoring device
- Insulin pump
- Healed open tracheostomy stoma
- Colostomy or ileostomy

Training and Implementation

Staff Awareness and Training

1. All staff members will receive initial training on EBP upon hire and refresher training annually thereafter.
2. Training will include identification of when EBP are needed: which residents should be placed in EBP, MDROs for which EBP are required, and high-contact resident care activities for which EBP should be used.

Initiation of Enhanced Barrier Precautions

1. All residents should be screened during the admission process for indications for EBP.
2. Nursing staff initiates EBP for residents with any of the following:
 - a. Wounds or indwelling medical devices, even if the resident is not known to be infected or colonized with an MDRO.
 - i. Wounds: skin openings that require a dressing, including chronic wounds (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic

- venous stasis ulcers). Wounds do not include small skin tears or abrasions covered only with a bandaid or other similar type of dressing.
 - ii. Indwelling medical devices, (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with an MDRO.
 - b. Infection or colonization with any resistant organisms targeted by CDC, when contact precautions do not apply, including
 - i. Pan-resistant organisms
 - ii. Carbapenemase-producing carbapenem-resistant *Enterobacteriales*
 - iii. Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.
 - iv. Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
 - v. *Candida auris*
 - c. “Non-targeted” MDROs identified by our facility as epidemiologically important based on our facility MDRO risk assessment, when contact precautions do not apply
 - i. *[FACILITY ADDS OTHER MDROS AS APPROPRIATE]*
 - ii.
 - iii.
- 3. Nursing staff ensures that the resident and staff are aware of need to use EBP and that necessary supplies are provided and regularly restocked.
 - a. *(FACILITY INSERT METHOD TO BE USED TO COMMUNICATE TO STAFF THE USE OF EBP)*
 - b. Provide readily available personal protective equipment (PPE), including gowns and gloves..
 - c. Ensure alcohol-based hand rub is readily accessible inside and outside every resident room.
 - d. Place adequate trash receptacles for the disposal of used PPE before leaving the room.
 - e. Residents in EBP do not require a private room and are not restricted to their rooms or restricted from participation in group activities.

Discontinuation of Enhanced Barrier Precautions

1. The Infection Preventionist or designee *(FACILITY LISTS WHO CAN DISCONTINUE EBP HERE)* may discontinue EBP using the following criteria:
 - a. For residents with wounds or indwelling devices, when the wound heals or the indwelling device is removed.
 - b. For residents with non-targeted MDROs, *[FACILITY SELECTS ONE OPTION FROM BELOW, i or ii.]*
 - i. When at least one year has passed since the last positive culture. (State public health guidance)
 - OR
 - ii. At discharge from the facility (CDC guidance)
 - c. Residents with targeted MDROs remain on EBP indefinitely.

Monitoring and Adherence

The Infection Preventionist ensures that regular audits of staff adherence to EBP guidelines are conducted. Any deviations from protocol should prompt additional training and education efforts.

Education for Residents and Visitors

[FACILITY DETERMINES WHETHER EBP ARE REQUIRED FOR VISITORS]

Residents and visitors should receive education on the importance of hand hygiene and adherence to facility policies, and on EBP, if required for visitors.

Resources

- [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings](#)
- [CDC's Guideline for Isolation Precautions](#)
- [CDC's Nursing Home Infection Preventionist Training](#)
- [DOH Enhanced Barrier Precautions Quick Guide for Skilled Nursing Facilities](#)
- [CDC's Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#)
- [CDC's Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#)
- [CMS State Operations Manual Appendix PP](#)
- [CMS memo on Enhanced Barrier Precautions in Nursing Homes QSO-24-08-NH](#)