

Enhanced Barrier Precautions in Skilled Nursing Facilities

This document provides information on Enhanced Barrier Precautions (EBP) in Skilled Nursing Facilities (SNF) and nursing homes. Please check your facility's specific policy and procedures for details about EBP implementation in your facility.

What are Enhanced Barrier Precautions?

Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in SNFs. EBP involve the use of gowns and gloves during high-contact resident care activities for residents with:

- Wounds or indwelling medical devices (such as urinary catheters or breathing tubes) regardless of MDRO colonization status
- Infection or colonization with an MDRO

What type of care settings should use EBP?

EBP are recommended by the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) for use in SNFs and nursing homes.

EBP may be used in other care settings. However, there are no recommendations or regulations for the use of EBP outside of nursing homes. Facility leadership, in consultation with infection prevention and control experts, should decide whether to use EBP in settings other than SNFs.

What is the difference between Contact Precautions and EBP?

Contact Precautions include the use of a gown and gloves every time a caregiver enters a resident's room, regardless of care provided to the resident. Residents on Contact Precautions are restricted to their rooms except for medically necessary care. This includes restriction from participating in group activities, communal dining, and going to the therapy gym. Contact Precautions should be time-limited and include a plan for discontinuation or de-escalation.

EBP involve the use of a gown and gloves for high-contact resident care activities. Residents on Enhanced Barrier Precautions may share rooms with other residents; however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization may choose to do so. Residents can participate in group activities and communal dining and go to the therapy gym. This participation can happen as long as residents have clean hands, clothes, equipment, and contained discharge and drainage. EBP do not impose the same activity and room placement restrictions as Contact Precautions. Residents can remain on EBP for the duration of their stay in the facility, or until their wound heals or their indwelling device is removed.

Best Practice: Dedicate patient care equipment to decrease risk of MDRO transmission

Facilities should use dedicated resident care equipment for all residents as much as possible. It is especially important to use dedicated care equipment for residents who are colonized or infected with MDROs. Facilities should thoroughly clean and disinfect all shared equipment and surfaces with an effective Environmental Protection Agency (EPA)-registered disinfectant between each use.

Why are EBP needed?

Studies show that about half of nursing home residents are colonized with MDROs but facility staff are often unaware. MDROs can spread via caregivers' hands and clothing unless infection prevention measures are used.

Residents with wounds and indwelling devices are at higher risk of both spreading and acquiring MDROs because they need more invasive and frequent care. The resident's tube or wound is also a direct pathway for germs to enter the body. EBP are designed to protect residents by preventing the spread of MDROs.

For what type of high-contact resident care activities should EBP be used?

Examples of high-contact resident care activities for which caregivers should use a gown and gloves include:

- 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

Facilities can consider adding other activities specific to their residents.

When are EBP required versus when can nursing homes use discretion about implementing EBP for certain residents?

Nursing should use EBP for residents with any of the following:

- Infection or colonization with a **targeted MDRO*** when Contact Precautions do not otherwise apply
- Wounds and/or indwelling medical devices even if the resident is not known to be colonized or infected with an MDRO

***Targeted MDROs** include pan-resistant organisms, carbapenemase-producing carbapenem-resistant Enterobacterales, carbapenemase-producing carbapenem-resistant *Pseudomonas*, carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and *Candida auris*.

Nursing homes **can use discretion** about implementing EBP for residents with other non-targeted MDROs like carbapenem-resistant organisms (CRO), Methicillin-resistant *Staphylococcus aureus* (MRSA), ESBL-producing Enterobacteriales, vancomycin-resistant *Enterococci* (VRE), multidrug-resistant *Pseudomonas aeruginosa*, and drug-resistant *Streptococcus pneumoniae*. **State and local public health encourage nursing homes to use EBP for residents with CROs, but it is not mandated by CMS or CDC.**

How should nursing homes decide whether to use EBP for non-targeted MDROs?

As part of an infection prevention and control program, CMS require all nursing homes to complete an annual risk assessment, which may include assessing risk for MDROs. To learn more about an MDRO facility risk assessment, how to perform one, and how to rank MDRO risks, please review the following [DOH Presentation](#). Infection preventionists should use the results of the risk assessment to decide whether EBP are needed for MDROs that are not included under the CMS mandate. For more about an annual facility risk assessment, see the [CMS State Operations Manual](#).

How should nursing homes prioritize implementation of EBP?

Nursing homes that have not yet implemented EBP should write and implement a policy to use EBP for residents with targeted MDROs and those with wounds and indwelling devices as soon as possible. If helpful, please visit the DOH website to download a [sample policy template](#).

After EBP have been implemented for these residents, the infection preventionist should review the facility's MDRO risk assessment and decide whether to use EBP for other types of MDROs, such as CROs.

For what type of wounds should nursing homes use EBP?

Facilities should use EBP for residents with wounds that require a dressing, such as:

- Pressure ulcers
- Diabetic foot ulcers
- Unhealed surgical wounds
- Chronic venous stasis ulcers

For what type of indwelling devices should nursing homes use EBP?

Facilities should use EBP for residents with indwelling devices, such as:

- Central vascular lines (including hemodialysis catheters)
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomy tubes

It is **not necessary to use** EBP for devices that are fully embedded in the body without components that communicate with the outside, such as pacemakers or dialysis ports covered by skin. In addition, a peripheral IV, continuous glucose monitoring device, insulin pump, healed open tracheostomy stoma, colostomy, and ileostomy are not indications for EBP.

How long should residents remain on EBP?

Residents with wounds or indwelling devices should remain on EBP until the wound heals or the indwelling device is removed.

Residents with *C. auris* or CPOs should remain on EBP indefinitely, as these people are likely to remain colonized for life.

For residents with other MDROs, CDC recommends that residents remain on EBP for the duration of their stay in the facility. State public health encourages nursing homes to use EBP for a minimum of one year from the most recent positive test for residents with non-targeted MDROs.

The facility EBP policy should provide details about criteria for discontinuing EBP for each patient category.

What regulations apply to EBP?

The [CMS State Operations Manual Appendix PP](#) describes requirements for nursing home Infection Prevention and Control programs, including EBP. The [CMS memo, QSO-24-08-NH](#), provides guidance for state survey agencies and nursing homes on the use of EBP. The CDC provides nationally accepted guidance [recommending EBP in nursing homes](#).

For questions about EBP, email or call [your local health jurisdiction](#) or email HAI@DOH.WA.GOV

Additional EBP Resources

- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(CDC\)](#)
- [MDRO Admission Job Aid \(DOH\)](#)