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| **Infection Prevention and Control Policy and Procedure** | **Subject:** Enhanced Barrier Precautions |
| **Approved By**:  |  |
| **Effective:** 7/22/2021 | **Reviewed/Revised:** 4/20/2023; 8/22/2023 |

**POLICY**

It is the policy of this facility to adhere to the CDC guidelines as related to Enhanced Barrier Precautions (EBPs) to prevent the transmission of multidrug-resistant organisms (MDROs) while promoting resident quality of life by addressing the need for psychosocial well-being of residents who are colonized with MDROs.

**BACKGROUND**

**Enhanced Barrier Precautions** (**EBPs**) is a Centers for Disease Control and Prevention (CDC) recommendation to provide guidance for use of personal protective equipment (PPE) in facilities for preventing the spread of **multi-drug resistant organisms** (MDROs). It is a relatively new approach that falls between Standard and Contact Precautions and employs targeted gown and glove use **during high contact resident care activities**. According to the CDC, more than 50% of residents may be colonized with an MDRO in skilled nursing facilities so enhanced infection control may help reduce the transmission of these organisms. Enhanced Barrier Precautions may be used when Contact Precautions do not otherwise apply. Unlike contact precautions, when placed on enhanced barrier precautions residents are not restricted to their rooms, do not require placement in a private room, and may participate in group activities.

Examples of MDROs includes:

* Candida auris
* Methicillin-resistant Staphylococcus aureus (MRSA)
* ESBL-producing Enterobacterales,
* Vancomycin-resistant Enterococci (VRE)
* Multidrug-resistant Pseudomonas aeruginosa
* Drug-resistant Streptococcus pneumonia
* Carbapenemase-producing carbapenem-resistant Enterobacterales,
* Carbapenemase-producing carbapenem-resistant Pseudomonas spp.,
* Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii

**PROCEDURE**

1. The RN completing the admission assessment will review hospital transfer/discharge documentation. If documentation indicates presence of an MDRO, the physician will be contacted to determine if isolation precautions are necessary for active infection.
2. The facility infection preventionist (IP) in conjunction with the Medical Director and primary care physician/NP will review laboratory data and resident diagnosis to determine which residents have an active infection versus colonization with a multidrug-resistant organism.
3. The facility will implement enhanced barrier precautions during high-contact resident care activities for those residents who are **colonized** with an MDRO unless otherwise ordered by PMD
	* Examples of high-contact resident care activities:
		+ Dressing
		+ Bathing/showering
		+ Transferring
		+ 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
4. The facility may choose to implement enhanced barrier precautions to include any resident with an indwelling medical device or wound, regardless of MDRO colonization or infection status.
5. The facility will implement Contact Precautions when residents are experiencing an **active** infection unless otherwise advised by Epidemiology.
	* Examples of when contact precautions are to be used include:
		+ acute diarrhea
		+ draining wounds or other sites of secretions or excretions that cannot be fully covered or contained with a dressing.
6. Appropriate signage for type of precaution will be posted on room door.
7. Isolation cart containing appropriate PPE and hand sanitizer will be readily accessible for use.
8. The IP/Designee will provide staff, residents and/or resident representatives with education regarding the purpose of enhanced barrier precautions.
9. When EBP is initiated for a resident, same will be discussed at the daily morning meeting.
10. At the change of each shift, staff will identify which resident(s) require EBPs.
11. Staff will perform hand hygiene and don PPE before entering resident’s room.
12. Staff will remove PPE and perform hand hygiene before exiting resident’s room.
13. Residents requiring EBPs may leave their rooms, per their preference.

**References**:

CDC (7/29/2019). Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-Resistant Organisms (MDROs). <https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

CDC (Updated 11/19/2019). Frequently Asked Questions (FAQs) About Enhanced Barrier Precautions in Nursing Homes. <https://www.cdc.gov/hai/containment/faqs.htm>

CDC. Enhanced Barrier Precautions Signage <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

CDC (Updated 7/12/22). Implementation of PPE Use in NH to Prevent Spread of MDROs. <https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

CDC (7/27/2022). FAQs About Enhanced Barrier Precautions in Nursing Homes. <https://www.cdc.gov/hai/containment/faqs.html>

CDC (8/1/2023). Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs). [Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html?ACSTrackingID=USCDC_2216-DM110688&ACSTrackingLabel=Weekly%20Summary%3A%20Healthcare%20Quality%20and%20Worker%20Safety%20Information%20%E2%80%93August%2015%2C%202023&deliveryName=USCDC_2216-DM110688#anchor_1656011933403)

