# Virginia Department of Health Frequently Asked Questions About Implementing Enhanced Barrier Precautions

*The following questions and answers are for nursing homes and public health partners to support implementation of Enhanced Barrier Precautions (EBP) in nursing homes, according to the current (July 2022) CDC guidance. Additional frequently asked questions about EBP are available on the CDC website.*

**1. Are Enhanced Barrier Precautions (EBP) a recommendation or regulatory requirement?**

Enhanced Barrier Precautions are a recommendation from the Centers for Disease Control and Prevention (CDC) based on available evidence that shows that EBP are an effective infection control intervention for preventing multidrug-resistant organism (MDRO) transmission in nursing homes. EBP (gown and gloves during high-contact resident care activities) should be used, in addition to Standard Precautions, when Contact Precautions do not apply for residents known to be colonized or infected with an MDRO as well as for residents at increased risk of MDRO acquisition (i.e., residents with wounds or indwelling medical devices).

On March 20, 2024, the Centers for Medicare and Medicaid Services (CMS) issued formal guidance for state survey agencies and long-term care facilities on the use of EBP. This guidance, effective April 1, 2024, has been incorporated into F880 Infection Prevention and Control.

**2. How would EBP affect reimbursement or coding of isolation precautions being observed in the MDS (Minimum Data Set)?**

Unfortunately, the VDH Office of Licensure and Certification cannot comment on coding as it relates to reimbursement. For coding of isolation precautions, please refer to MDS, Chapter 3, Special Treatments, Procedures, and Programs.

**3. What is the expectation for how soon these changes should be implemented?**

It is recommended that they should be implemented as soon as possible to protect the health and well-being of residents by reducing the transmission of multidrug-resistant organisms, no later than April 1, 2024.

**4. How is "wound" defined? Our facility considers open blisters and infected in-grown hair follicles as being wounds in addition to things like surgical sites, pressure ulcers, etc.**

In the context of Enhanced Barrier Precautions, CDC defines wounds as any skin opening requiring a dressing, such as chronic wounds (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers). This does not include shorter lasting wounds, like healing post-op surgical wounds orskin breaks or tears covered with a Band-Aid or similar dressing.

**5. How does CDC define multidrug-resistant organisms (MDROs) and to which MDROs does EBP apply?**

CDC defines MDROs (multidrug-resistant or drug-resistant) as bacteria that are resistant to one or more classes of antimicrobial agents.

CDC guidance says that the MDROs that are applicable for the use of EBP should include resistant organisms targeted by CDC at a minimum but can also include other epidemiologically important MDROs.

CMS notes that EBP are indicated for residents who are infected or colonized with a CDC-targeted MDRO. Facilities have discretion in using EBP for residents who are infected or colonized with an MDRO that is not currently targeted by CDC.

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*
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Extended spectrum beta-lactamase (ESBL)-producing organisms
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*

**6. Are visitors who are providing high-contact resident care expected to wear gown and gloves if the resident is on EBP?**

The use of gown and gloves during high-contact care activities for residents on EBP is largely about preventing staff from transferring pathogens from one resident to another via their hands and clothing. Since most visitors only have that level of interaction with the one individual resident they are visiting, gown and gloves generally would not be indicated except as part of Standard Precautions (e.g., if the activity was going to result in the visitor having contact with blood or body fluids). There would be an exception if the visitor was going to engage in high-contact care activities with multiple residents during their visit, but this would be rare.

**7. What are the expectations for putting on and taking off PPE for physical and occupational therapists working out-of-room with residents, e.g., PT needing to retrieve an exercise ball from across the therapy room gym?**

PPE should be donned at the beginning of the resident's session if the therapist is going to be performing transfers or conducting high contact activities with the resident. Prior to beginning the therapy session and putting on PPE, all necessary equipment and supplies should be gathered so they are easily accessible and the therapist does not have to leave the resident during the session.

- If the therapist must leave the resident's direct area to retrieve items during the therapy session, the best practice would be to fully remove PPE, perform hand hygiene, and then retrieve the therapy equipment. Upon return, hand hygiene should be performed, PPE put on, and then the therapy session can be resumed.

The PPE should **ONLY** be worn while working with that resident during his or her therapy session and not between multiple residents. At the completion of the therapy session or if having to assist other residents, ensure PPE is taken off correctly and hand hygiene is performed. Thoroughly clean and disinfect the area the resident was in including any equipment or therapy items used during the session.

**8. Do physical therapy staff need to wear PPE when ambulating a resident on EBP down a hallway?**

As a general rule, when ambulating residents in a hallway (such as with a gait belt), PPE would not need to be worn in the hallway. This activity is of shorter duration and does not involve the high-contact that providing physical therapy in the resident's room or in a therapy gym does. Emphasis should be on the therapist performing hand hygiene before and after the ambulation in the hallway and avoiding touching other surfaces or equipment in the hallway. Clean and disinfect any equipment used (e.g., gait belt) and any surfaces that were touched.

There may be some exceptions to this rule, depending on the amount of time spent and degree of physical contact, but we would anticipate that the majority of ambulation in the hallway would not need gown and gloves.

**9. If a resident is on EBP, does the PPE have to be placed outside the room?**

The intent is for PPE to be readily available to staff before entering the resident's room. Per the CMS memo, "facilities should ensure PPE and alcohol-based hand rub are readily accessible to staff. Discretion may be used in the placement of supplies which may include placement near or outside the resident's room." Once PPE is taken inside the room, it cannot be taken out and used on another resident.

**10. While on EBP, does the resident's door need to remain closed?**

Unlike precautions for residents with infections spread by respiratory droplets or airborne pathogens where the door to the room is recommended or required to be kept closed to limit transmission, EBP is only used to prevent transmission during high-contact resident care activities. There is no explicit recommendation for a resident's door to remain closed if they are on EBP. Appropriate signage should be in place to communicate to anyone entering the room about what PPE is necessary and when.

**11. Should we use dedicated medical equipment (e.g., vital signs machine) for a resident on EBP?**

Unlike Contact Precautions which include placement in a private room and dedicated medical equipment, EBP does not *require* that medical equipment be dedicated. This is because the focus of EBP is limiting transmission with wearing PPE during the high-contact resident care activities. Medical equipment may be dedicated if supplies allow. If equipment is shared, healthcare personnel should clean and disinfect equipment following Standard Precautions and according to manufacturer's instructions prior to use on another resident.

**12. Do residents with tube feeding require EBP?**

A feeding tube is an example of an indwelling medical device that is an indication for EBP, so yes, EBP would be recommended during its care and use, including injecting or infusing tube feeds. In the CDC's EBP FAQ, they address specific considerations for when it may be acceptable to use gloves alone when limited physical contact is occurring (e.g., passing medications through the feeding tube). Feedings without the use of an indwelling medical device would not be considered a high contact activity.

**13. Would a skilled nursing facility with a pediatric unit require EBP if all the residents have gastrostomy or nasogastric tubes or tracheostomies?**

Yes. In this situation, the residents on this unit meet the EBP criteria because of their indwelling medical devices.

There are no distinctions in the CDC guidance based on patient/resident age or population of the nursing home. Pediatric facilities also need to have practices in place to prevent transmission of MDROs.

**14. If a resident is colonized with an MDRO, how long do they stay on EBP?**

For a resident with an MDRO infection or colonization that does not meet criteria for Contact Precautions, EBP would be indicated for the duration of the resident's admission.

**15. If a resident has a long-term Foley catheter, how long do they stay on EBP?**

Enhanced barrier precautions are recommended for residents with indwelling medical devices (such as long-term Foley catheters) as long as the device remains in place, if the resident is on EBP solely because of the presence of the indwelling medical device. This is because devices are risk factors that place these residents at higher risk for carrying or acquiring a multidrug-resistant organism and many residents colonized with an MDRO are asymptomatic or not presently known to be colonized.

**16. Does the trash can inside the room of a resident on EBP need to be a biohazard container or is a regular trash can appropriate?**

Most PPE used during resident care, including care of residents placed in Enhanced Barrier or Transmission-Based Precautions, would not fall into the category of regulated medical waste requiring disposal in a biohazard bag, and could be discarded as routine non-infectious waste in a regular trash can. You should refer to local and state regulations regarding disposal of medical waste and the OSHA Bloodborne Pathogen Standard. Additional information on waste management is shared in CDC's EBP FAQ.

**17. Do I need to use EBP when accessing a dialysis port?**

Use of EBP when accessing a dialysis port would be based on the type of dialysis access device in place. If an indwelling medical device is used (e.g., central venous catheter or peritoneal catheter), EBP is recommended during high-contact resident care activities such as device care or use (e.g., accessing the catheter).

**18. Is there any funding to help with the additional PPE costs for nursing homes this will cause?**

Unfortunately, no.

**19. If a nursing home has an outbreak of one type of MDRO, can residents with different MDROs than the outbreak type remain on EBP? Or should all residents with MDROs on the unit or in the facility be managed with Contact Precautions for the duration of the outbreak?**

To prevent further transmission of MDROs in an outbreak situation, Contact Precautions would be recommended for a limited time period during a suspected or confirmed MDRO outbreak investigation. CDC recommendations apply to all residents with MDROs on the unit or in the facility, not only those with the organism implicated in the outbreak.

**20. If an entire unit has residents on EBP (e.g., a unit that cares for residents who are tracheostomy-dependent or ventilator-dependent), does each resident room need an EBP sign?**

Not necessarily. CMS notes that facilities "have discretion on how to communicate to staff which residents require the use of EBP." CMS supports the use of creative ways to alert staff when EBP use is necessary. However, facilities must thoroughly train staff on any alternative system they put in place to maintain a home-like environment.

**21. Do I need to include EBP in my infection prevention and control (IPC) program plan and risk assessment?**

If your facility will be using EBP, it is recommended that EBP be included as part of your facility's IPC's program, similar to how Standard Precautions and Transmission-based Precautions are addressed in the risk assessment and plan, as well as in any relevant policies or procedures. Staff should also receive education on EBP prior to implementation.

**22. What is the expectation for determining prior infection status in these residents, as our facility only keeps files on site for one year?**

Residents that had a prior infection with a MDRO may be persistently colonized with the same MDRO for multiple years. We recommend that, to the extent possible, the facility maintains a complete history of MDRO infection or colonization. As part of the infection prevention program's surveillance program, this should be included in the facility's intake procedures to identify potentially infectious persons at the time of admission. If the facility has an electronic medical record, we suggest participating in the Emergency Department Care Coordination Program to receive alerts about the history of key MDROs.

**23. Is an ileostomy, colostomy, or urostomy considered an indwelling medical device that requires EBP?**

An ileostomy, colostomy, or urostomy would not be considered an indwelling medical device as it is a surgically-created opening in the abdomen that helps the body pass waste. The opening is called a stoma which is part of the intestine (for a colostomy or ileostomy) or the urinary tract (for a urostomy). A stoma would not meet the definition of chronic wound unless there is a non-healing surgical wound associated with it.

***To view additional frequently asked questions from CDC about the implementation of EBP, go to:*** **https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html**