

Understanding Enhanced Barrier Precautions

Dear _____:

We understand the last few years have not been easy and we know how important the overall well-being of your staff and residents are to you. With resident safety, health, and well-being in mind, we want to introduce you to an infection prevention strategy called Enhanced Barrier Precautions (EBP). The Centers for Disease Control and Prevention (CDC) has recently updated their recommendations for an effective response to serious antibiotic resistant organisms. This guidance now includes EBP, which focuses on the targeted use of gown and gloves during high-contact resident care activities for residents at highest risk for colonization or infection with resistant organisms. Resistant organisms can cause serious infections, are difficult to treat, and can spread rapidly throughout nursing homes. Preventing their transmission to others is an important public health priority.

Why should stopping the spread of resistant organisms be a focus for you and your facility?

Residents in nursing homes today frequently require higher levels of care and support than in past decades. These residents often need more hands-on, close contact care, and studies have shown that most transmission of resistant organisms occurs during this type of close care. Studies have also shown that nearly 50% of nursing home residents have a resistant organism in or on their body and that their caregivers are frequently unaware that this is the case. In light of this, caregivers might not use the appropriate precautions to protect themselves and other residents when performing care. By using EBP, you can help reduce the morbidity, mortality, and hospitalization that can be caused by the transmission of resistant organisms.

What are Enhanced Barrier Precautions?

When using EBP, facility staff members wear a clean gown and gloves while performing high-contact resident care activities with residents who are at increased risk of carrying a resistant organism. These include all residents with *any of the following*:

- Known infection or colonization with a resistant organism *when Contact Precautions do not otherwise apply (for more information see below)*
- Wounds or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)

The resistant organisms for which the use of EBP applies are based on local epidemiology (local spread). At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important resistant organisms.*

Examples of resistant organisms targeted by CDC include:

- Pan-resistant organisms (i.e., resistant to most or all antibiotics or antifungals)
- Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp. (CP-CRPA)
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii* (CP-CRAB)
- *Candida auris*

The high-contact resident care activities are typically bundled care activities that are provided either during the morning or evening care and include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care)
- Performing wound care[‡]

The use of EBP should not replace the use of Contact Precautions when indicated, such as with residents who have acute diarrhea, draining wounds, or excretions or secretions that are unable to be covered or contained, or in facilities that have suspected or ongoing transmission of resistant organisms. Contact Precautions should also be used for any other conditions as recommended in Appendix A of CDC's Guideline for Isolation Precautions <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/index.html>.

Unlike Contact Precautions, which are used by some types of facilities while treating a resident with a resistant organism, EBP:

- Is intended for the duration of the resident's stay in the facility
- Does **NOT** require isolation in the room or exclusion from participation in group activities
- Provides long-term protection for residents and staff even after the infection has resolved
- These residents can still serve as a source of transmission even after the infection has resolved
- Targets interventions to the highest risk activities to limit the overuse of supplies and to provide less impact on staff time

CDC has also developed multiple resources to help with implementing this important intervention, for more information please visit Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>. Your state or local health department might also be an important resource for facilities implementing EBP.

The last few years have been a particularly difficult time for nursing home staff, residents, family, and friends. They have also demonstrated the critical need for effective interventions designed to protect residents and staff. We encourage you to review the resources to learn more about EBP and to incorporate this important intervention into your care activities.

We thank you for your ongoing support.



* **Additional epidemiologically important multidrug-resistant organisms (MDROs) that could be considered for EBP may include, but are not limited to:**

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ESBL-producing Enterobacterales
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*

Decisions about when to use EBP for these additional epidemiologically important MDROs should be made in consultation with your local health department partners.

‡ Wound care is included as a high-contact resident care activity and is generally defined as the care of any skin opening requiring a dressing. However, the intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. This generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers.