

# Enhanced Barrier Precautions Guidance Review



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# What are Enhanced Barrier Precautions (EBPs)?

EBPs are designed to reduce the spread of multidrug-resistant organisms (MDROs) by expanding the use of gloves and gowns during high-contact resident care activities, especially for those at increased risk of acquiring or spreading a MDRO.

# High-Contact Care Activities

Examples of high-contact care activities include:


- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Caring for devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- Caring for wounds (any skin opening requiring a dressing)

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>


# Updated Guidance

The Centers for Disease Control and Prevention (CDC) updated the 2019 guidance for EBPs in nursing homes. Historically, interventions focused only on residents infected with MDROs.


**STOP** **ENHANCED BARRIER PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

 Clean their hands, including before entering and when leaving the room.


**PROVIDERS AND STAFF MUST ALSO:**

 **Wear gloves and a gown for the following High-Contact Resident Care Activities.**

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:
  - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

 **Do not wear the same gown and gloves for the care of more than one person.**

CS19-300149-A

 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Updated Guidance

Updates were prompted by:

- Many nursing home residents unknowingly being colonized with a MDRO.
- The need for broader approaches to reduce the spread of MDROs without isolating residents for long periods of time.
- Recent studies indicating use of EBPs can effectively reduce the spread of MDROs.

<https://www.cdc.gov/hai/pdfs/containment/EBP-Presentation-July2022.pptx>

# Key Differences

The new EBP guidance expands the:

- Residents for whom EBPs apply, including those with indwelling medical devices or chronic wounds regardless of MDRO status.
- Types of MDROs for which EBPs apply.



# To Whom Do EBPs Apply?

EBPs are now recommended for nursing home residents with any of the following:

- Infection or colonization with a targeted or other epidemiologically important MDRO, when contact precautions do not otherwise apply.
- Indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy, ventilator) and/or chronic wounds regardless of MDRO colonization status.

# Duration of EBPs

- For colonization with a targeted or epidemiologically important MDRO: **EBPs should be used for the duration of the resident's stay.**
- For indwelling medical devices or chronic wounds: **transition back to standard precautions may be appropriate** when the device is discontinued, or the wound has healed.

<https://www.cdc.gov/hai/containment/faqs.html>



# Targeted MDROs

- Pan-resistant organisms
- Carbapenemase-producing *Enterobacterales* spp.
- Carbapenemase-producing *Pseudomonas aeruginosa*
- Carbapenemase-producing *Acinetobacter baumannii*
- *Candida auris*



# Epidemiologically Important MDROs

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*

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

# Determining Epidemiologically Important MDROs

Conduct a local risk assessment that considers:

- MDRO activity within the building, past and current.
- MDRO prevalence, transmission, and outbreaks.
- MDRO prevalence within the geographic region and among health care transfer networks.

# Staged Approach Implementation

- While not currently reviewed by regulatory bodies, the guidelines reflect current best practices and facilities should begin implementing them.
- The updated guidelines will:
  - Provide additional protections to residents and staff.
  - Help to control the spread of MDROs.

# Staged Approach Implementation

At minimum, facilities should work to implement EBPs for those:

- Infected or colonized with a targeted MDRO when contact precautions do not otherwise apply.
- With chronic wounds and/or indwelling medical devices (regardless of MDRO colonization status) who reside on a unit or wing where a resident with a targeted MDRO resides.

# Implementation Considerations

- Assess your facility's personal protective equipment (PPE) supply and management practices.
- Re-use and extended use of PPE is strongly discouraged.



<https://www.cdc.gov/hicpac/pdf/EnhancedBarrierPrecautions-H.pdf>

# EBP Listserv Messages

- [New EBP Guidance for Nursing Homes](#)
- [New Resources for Implementing EBPs in Nursing Homes Now Available](#)



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*of* HEALTH SERVICES

## Healthcare-Associated Infections (HAI) Prevention Program

### New Resources for Implementing Enhanced Barrier Precautions in Nursing Homes Now Available

Enhanced Barrier precautions protect nursing home residents. In 2022, the Centers for Disease Control and Prevention released [updated guidance for the use of EBPs in nursing homes](#).



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## Healthcare-Associated Infections (HAI) Prevention Program

### New Enhanced Barrier Precautions Guidance for Nursing Homes

The Centers for Disease Control and Prevention (CDC) recently released [updated guidance for the use of enhanced barrier precautions \(EBPs\) in nursing homes](#). EBPs are designed to reduce the spread of multidrug-resistant organisms (MDROs) by expanding the use of gloves and gowns during high-contact resident care activities, especially for those who are at an increased risk of acquiring or spreading an MDRO.

These changes were prompted by the increasing recognition that MDROs are prevalent in the nursing home setting. [CDC notes](#) two large-scale regional prevalence studies that found more than 50% of nursing home residents were colonized with an MDRO. Residents colonized with an MDRO may not show signs of illness and their colonization status may not be included in their medical history, but these residents can still spread that MDRO to others.

# Questions?

HAI Prevention Program

[dhswhaipreventionprogram@dhs.wisconsin.gov](mailto:dhswhaipreventionprogram@dhs.wisconsin.gov)

608-267-7711

<https://www.dhs.wisconsin.gov/hai/contacts.htm>



# Infection Prevention Updates



Ashlie Dowdell

Director, Healthcare-Associated Infections (HAI)  
Prevention Program

# Candida auris

## Increasing Threat of Spread of Antimicrobial-resistant Fungus in Healthcare Facilities

### Press Release

For Immediate Release: Monday, March 20, 2023

Contact: [Media Relations](#)  
(404) 639-3286

*Candida auris* (*C. auris*), an emerging fungus considered an urgent antimicrobial resistance (AR) threat, spread at an alarming rate in U.S. healthcare facilities in 2020-2021, according to data from the Centers for Disease Control and Prevention (CDC) published in the Annals of Internal Medicine. Equally concerning was a tripling in 2021 of the number of cases that were resistant to echinocandins, the antifungal medicine most recommended for treatment of *C. auris* infections. In general, *C. auris* is not a threat to healthy people. People who are very sick, have invasive medical devices, or have long or frequent stays in healthcare facilities are at increased risk for acquiring *C. auris*. CDC has deemed *C. auris* as an urgent AR threat, because it is often resistant to multiple antifungal drugs, spreads easily in healthcare facilities, and can cause severe infections with high death rates.

[CDC \*C. auris\* Press Release](#)



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### Healthcare-Associated Infections (HAI) Prevention Program

#### Data Shows an Increased Spread of *Candida auris* in U.S. Health Care Facilities

##### Introduction

On March 20, 2023, the Centers for Disease Control and Prevention (CDC) issued a [press release](#) describing the increased spread of *Candida auris* (*C. auris*) in U.S. health care facilities. The CDC also noted a tripling in the number of cases in 2021 that were resistant to echinocandins, the antifungal most frequently used for treatment of *C. auris*.

Since *C. auris* was first detected in the United States in 2016, cases have continued to rise each year, with the most rapid rise being from 2020–2021. Cases have now been reported in 27 states, including Wisconsin.

*C. auris* case counts may have increased for several reasons, including infection prevention and control challenges during the pandemic as well as enhanced efforts to detect cases.

[DHS \*C. auris\* Listserv Message](#)

# Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Sept. 27, 2022 [Print](#)

For healthcare personnel, see [Isolation and work restriction guidance](#). For strategies to mitigate healthcare personnel staffing shortages, see [Contingency and crisis management](#). For healthcare professionals advising people in non-healthcare settings about isolation for laboratory-confirmed COVID-19, see [Ending Isolation and Precautions for People with COVID-19](#).

## Summary of Recent Changes

Updates as of September 23, 2022



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Considerations for the End of the Public Health Emergency

- Federal guidance changes
  - CDC recommendations
  - CMS updates
  - Don't forget about OSHA
- State communicable disease reporting
- Infection prevention practices
  - Personal protective equipment (PPE)
  - Testing practices
  - Outbreak response

# Facility Policies

- Review changes to guidance once released
- Meet with facility leadership and update policies where needed
- Consider any local lessons learned or internal data that you want to incorporate into your policies
- Educate staff on changes to policies and conduct audits to ensure understanding or identify education gaps
- Get back in the habit of promoting standard precautions for all staff – they always apply

# A Few Things to Take Forward With Us

- Use infection prevention core practices, including donning and doffing of PPE, hand hygiene, etc.
- Maintain your Respiratory Protection Plans and perform annual respirator fit testing
- Continue to promote vaccination of all kinds among residents and staff
- Incorporate contact tracing when investigating communicable diseases
- Contact the HAI Prevention Program with questions

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