

**Enhanced Standard
Precautions for
Skilled Nursing Facilities
vSNF Workgroup
May 18, 2022**

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Housekeeping Reminders



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Please stay muted if you are not speaking



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Agenda

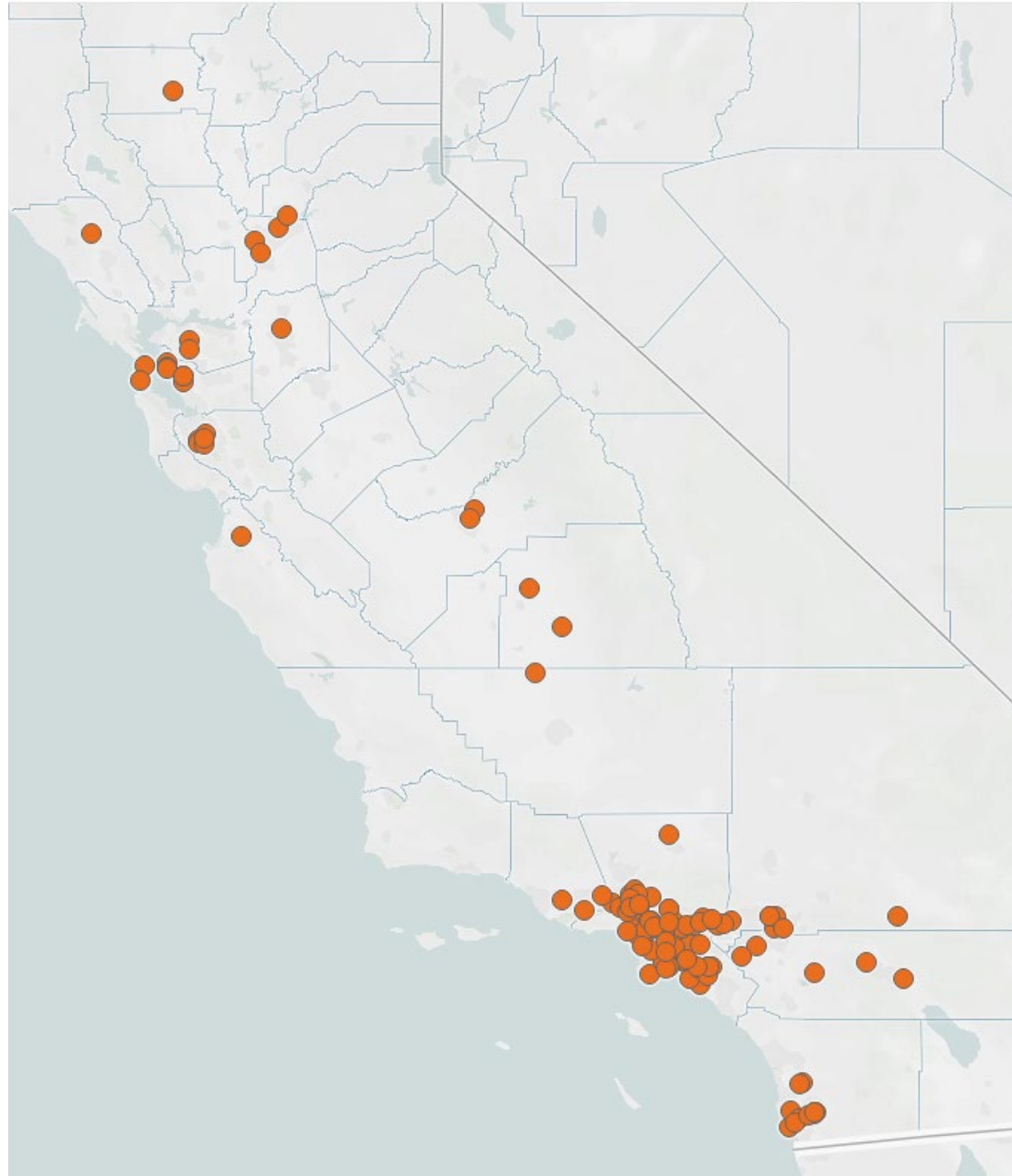


12-12:05PM	Welcome and Project Overview
12:05-1:05PM	Enhanced Standard Precautions
1:05-1:25PM	Questions
1:25-1:30PM	Next Steps



Participants

- 16 vSNF
- 10 Local health jurisdictions



Timeline (April 2022 – October 2023)

- **April 21, 2022:** Kick off workshop (online)
- **May 2022:** Education Series (online)
 - May 4: Train the Trainer – Infection Prevention Fundamentals
 - May 11: Introduction to MDRO
 - May 18: Enhanced Standard Precautions
- **Thru June 30:** Baseline infection prevention assessments
- **June 2022 – October 2023:** Monthly workshops (with breaks)
 - In-person infection prevention assessments
 - Implementation of quality improvement project
 - One-on-one IP support

Enhanced Standard Precautions

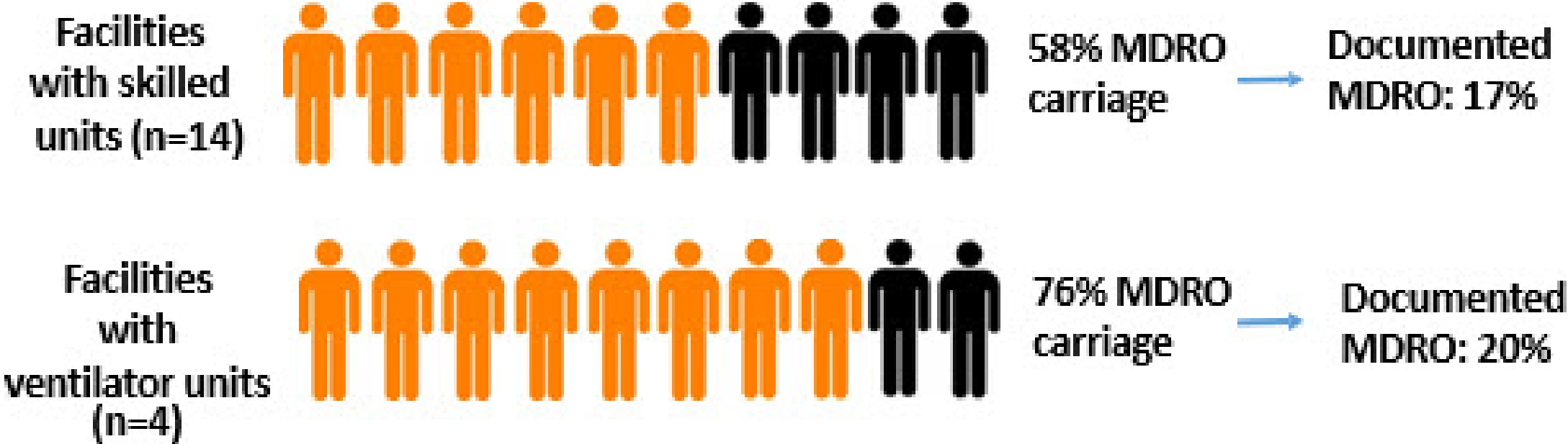
Objectives

- Discuss why the guidance document *Enhanced Standard Precautions for SNF, 2019* was updated
 - Describe the 6 moments of Enhanced Standard precautions for SNF
 - Define the who, what, when, where, and how of Enhanced Standard precautions in SNF
 - List examples for applying Enhanced Standard precautions
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What Have We Learned about Multidrug-Resistant Organisms (MDRO) in SNF since 2010?

- Prevalence of MDRO is increasing in California
 - SNF are important reservoirs for MDRO colonization that is often unknown to the facility
 - SNF residents at increased risk of MDRO colonization and transmission are readily identified by certain characteristics
 - Some SNF are hesitant to accept transfers of residents known to be colonized with MDRO
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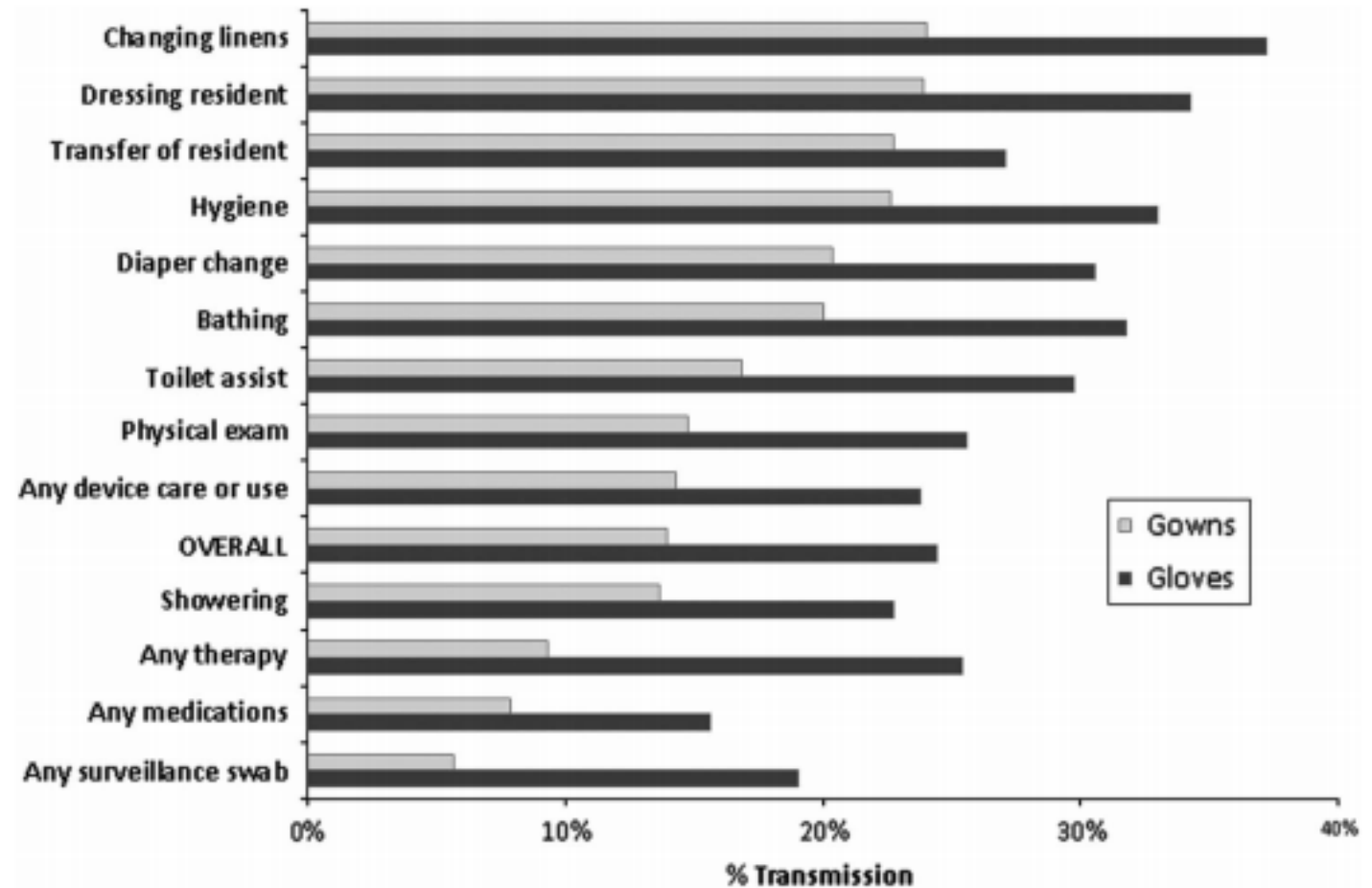
Unrecognized MDRO Carriage in Nursing Homes



McKinnell JA et al. Clin Infect Dis. 2019; 69(9):1566-1573

MRSA Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

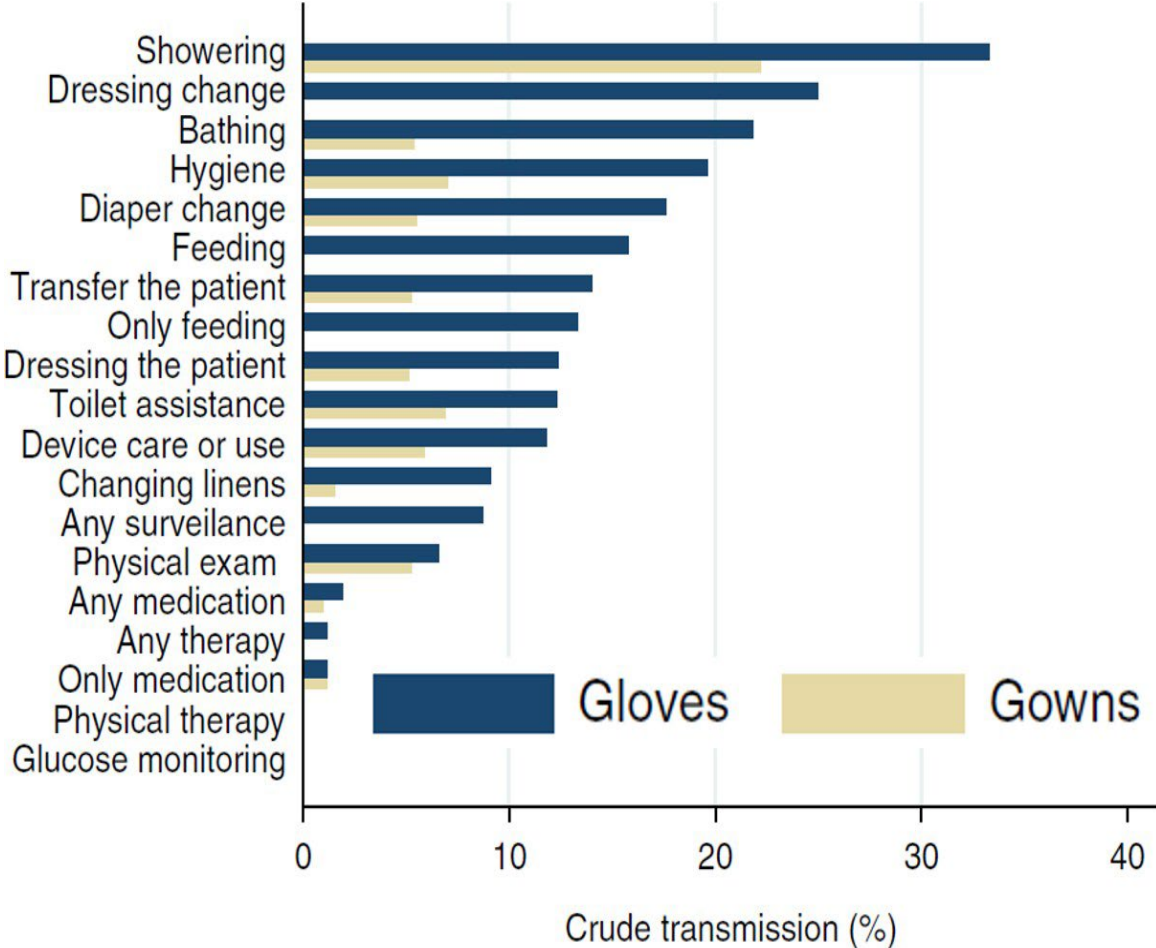
- **Highest Risk:**
 - Dressing
 - Transferring
 - Providing hygiene
 - Changing linens
 - Toileting
- **Lowest Risk:**
 - Giving Meds
 - Glucose monitoring



Roghmann M. Infect Control Hosp Epidemiol 2015; 36(9): 1050-1057

Resistant Gram-negative Bacteria (RGNB) Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

- **Highest Risk:**
 - Showering
 - Hygiene
 - Toileting
 - Wound dressing changes
- **Lowest Risk:**
 - Assist feeding
 - Giving meds
 - Glucose monitoring

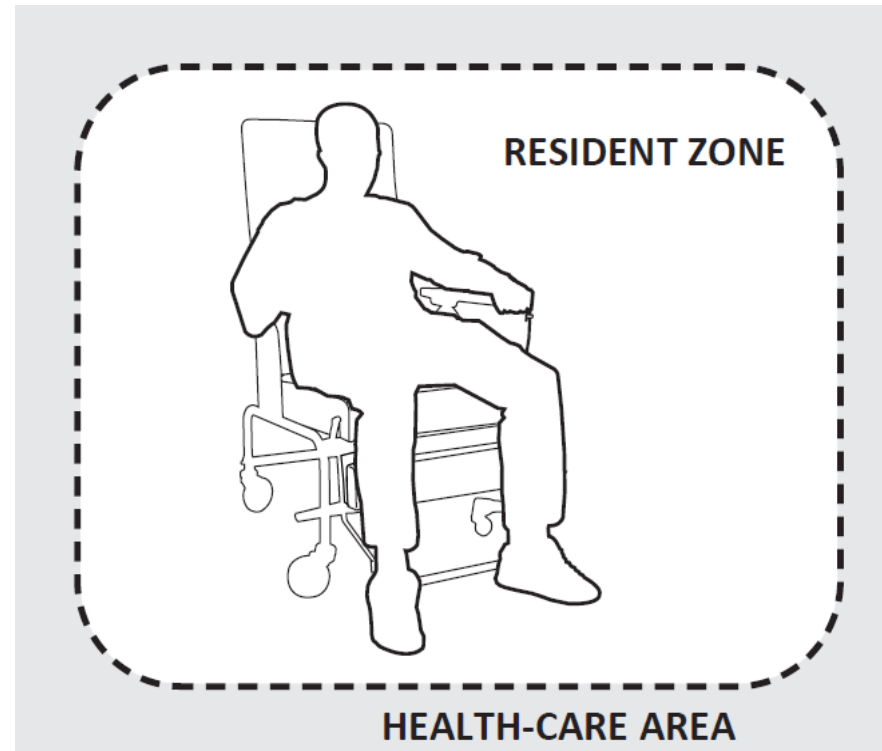


What Have We Learned about Contact Precautions for MDRO in SNF since 2010 ?

- It is impractical to place all residents known to be MDRO-colonized on Contact precautions **in the absence of ongoing transmission** within a facility
 - There are few single occupancy rooms in SNF
 - Asymptomatic colonization with MDRO can be prolonged
 - There is no defined method to determine when Contact precautions can be discontinued for MDRO colonization
 - SNF need to provide **resident-centered, activity-based care** in a clean, comfortable, safe, and **home-like** environment
 - SNF need user-friendly, practical guidance
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How Do We Think about Preventing Transmission of Infectious Agents in SNF?

The **health-care zone** includes all physical surfaces outside the resident zone



Critical sites such as body sites or devices within the **resident zone** are associated with the risk of infection

The **point of care** is exactly where the action takes place and is defined as “the place where three elements come together: the resident, healthcare personnel (HCP), and care or treatment involving contact with the resident”

What is Enhanced Standard Precautions?

- A **resident-centered, risk factor-based approach** to prevent MDRO transmission in SNF
- Implemented throughout the facility in the absence of an outbreak
- **For all residents at high risk of MDRO colonization and transmission:**
 - **Gloves and gowns are used during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and environment**
- Does not rely on knowledge of resident MDRO colonization status
- Allows residents with adequate hygiene and containment of body fluids to leave room and participate in group activities

Who Needs Enhanced Standard Precautions?

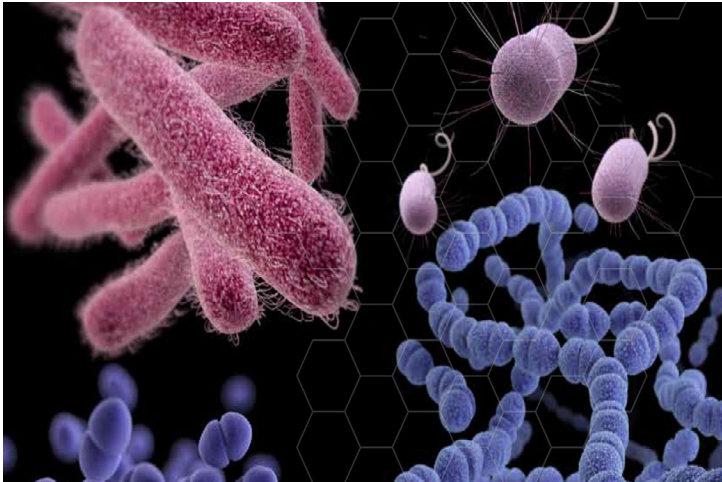
- Residents who have **one or more characteristics associated with increased risk for MDRO colonization and transmission**
 - Risk factors for MDRO colonization and transmission are included in the CMS resident assessment inventory (RAI) performed on admission
 - Risk factors should be re-assessed periodically when there is a change in resident condition

Use Enhanced Standard Precautions if a Resident has 1 or more of these Characteristics that are Associated with Increased Risk for MDRO Colonization and Transmission

Characteristic	Section of CMS RAI*
Functional Disability: Totally dependent on others for assistance with activities of daily living (ADLs), for example, ambulation, bathing, dressing, grooming, eating, toileting	G, GG, H
Incontinence: Habitual soiling with stool and/or wetting with urine	H
Presence of indwelling devices: Urinary catheter, feeding tube, tracheostomy tube, vascular catheters	H, K, O
Ventilator-dependence	O
Wounds or presence of pressure ulcer (unhealed)	M

*[CMS Resident Assessment Inventory \(RAI\)](https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf) (PDF)
 (downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf)

Enhanced Standard Precautions is a shift from bacteria-centered care...



...to resident-centered care

Comparing Standard, Enhanced Standard, Transmission-based Precautions

Precautions	Principle	Implementation
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in all blood and moist body fluids (BBF)</p>	Use of hand hygiene, gowns, gloves, face protection when anticipate exposure to BBF prevents transmission	<ul style="list-style-type: none"> • Hand hygiene, don and doff personal protective equipment (PPE) within room, before and after care activity • All residents, everywhere
<p>ENHANCED STANDARD</p> <p>Focus: Resident risk factors for MDRO colonization or transmission in a homelike environment</p>	SNF residents with certain characteristics have increased risk of MDRO colonization and transmission; MDRO status is often unknown	<ul style="list-style-type: none"> • Perform resident assessment for risk of MDRO colonization and transmission • Hand hygiene, don and doff PPE within room, before and after specified care activities • Some residents may leave room
<p>TRANSMISSION-BASED</p> <p>Focus: suspected or confirmed infectious agents, specific modes of transmission, ongoing MDRO transmission in a facility</p>	Infection or colonization with certain infectious agents require additional precautions: Droplet, Contact (MDRO), Airborne	<ul style="list-style-type: none"> • Hand hygiene, don and doff PPE upon room entry and exit • Confine resident to room • Single bed room or cohort residents with same infection

The goal of donning PPE: *Assure complete Coverage*

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene




[CDC PPE Sequence](https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) (PDF)
(www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)

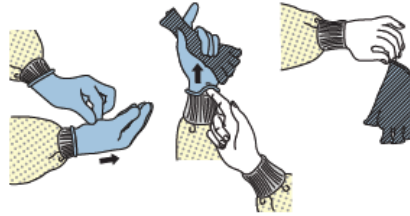
The goal of doffing PPE: *Avoid self-contamination*

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

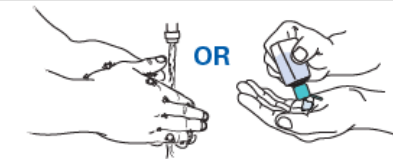


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



[CDC PPE Sequence \(PDF\)](https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
(www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)

The goal of doffing PPE: *Avoid self-contamination*

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

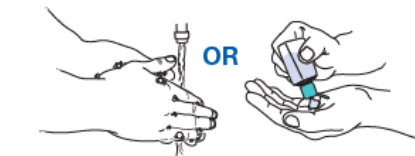


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

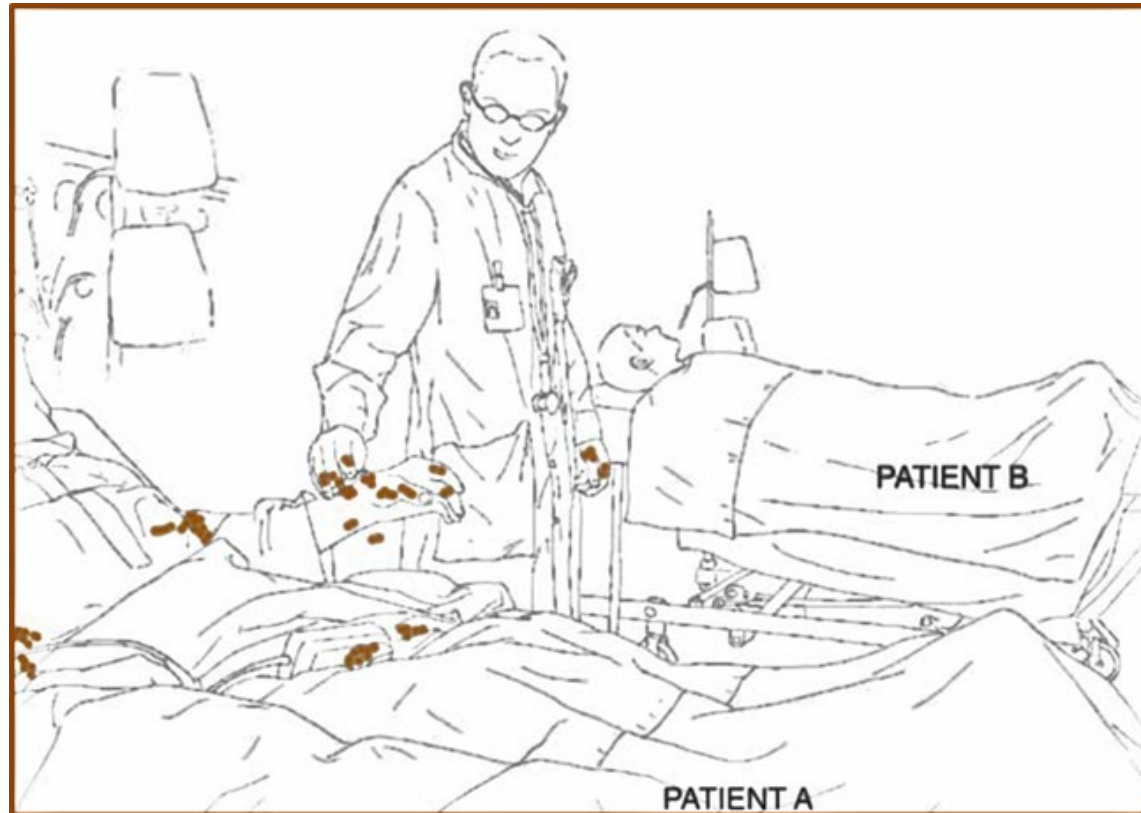


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[CDC PPE Sequence \(PDF\)](https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
(www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)

Enhanced Standard Precautions in Multi-bed Rooms

- Treat each resident space as a separate room, changing **PPE** and using **hand hygiene** between contacts with each resident



Failure to perform hand hygiene between contacts with residents in the same room results in between-resident transmission of germs on their skin or clothing

[WHO Guidelines on Hand Hygiene in Health Care](https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=141C0C9A77F8B70EF2FA2947B76D2C5?sequence=1)

(apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=141C0C9A77F8B70EF2FA2947B76D2C5?sequence=1)

When: 6 Moments of Enhanced Standard Precautions

- Use hand hygiene, gowns and gloves during each of the 6 moments
- Perform hand hygiene, don PPE within room, before engaging in activity
- Remove PPE, perform hand hygiene in room when activity is complete



Moment 1: Morning and Evening Care



- Use hand hygiene, gowns and gloves during **morning and evening care**
 - Dressing
 - Grooming
 - Bathing
 - Oral care, brushing teeth
 - Changing bed linens



Moment 2: Toileting, Changing Incontinence Briefs, Peri-Care



- Use hand hygiene, gowns and gloves during **toileting, changing incontinence briefs and performing peri-care**
- Move from clean to dirty areas preferably; if necessary to move from dirty to clean areas, use hand hygiene and don clean gloves between tasks



Moment 3: Care of Indwelling Devices and Providing Medical Treatments



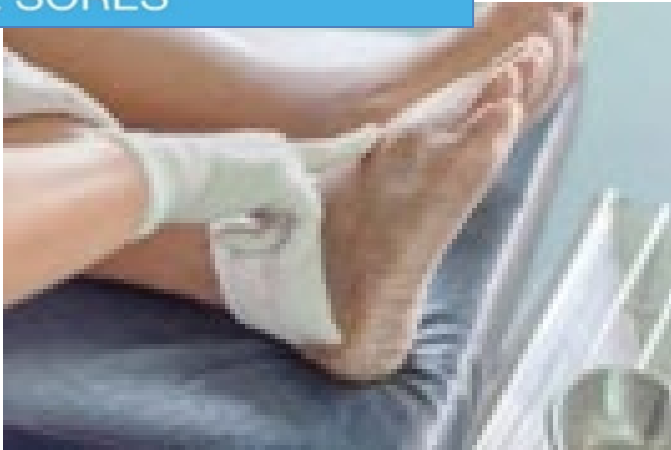
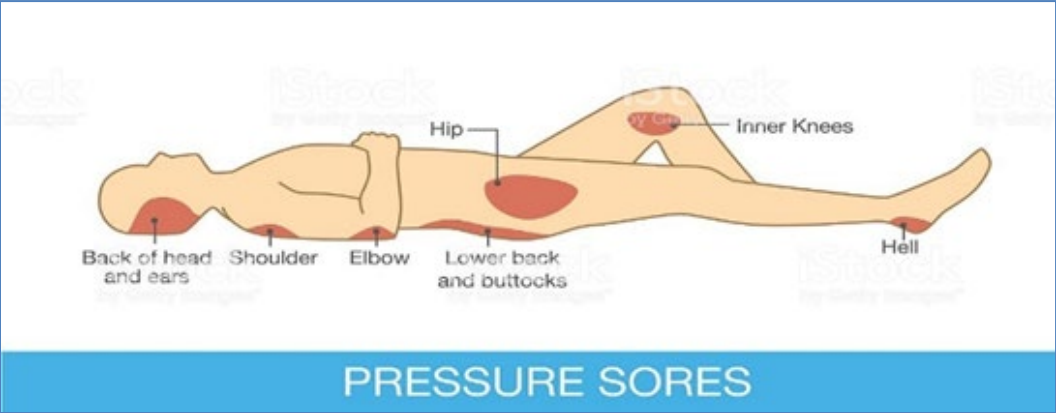
- Use hand hygiene, gowns and gloves during **care of indwelling devices** such as
 - Urinary catheters
 - Intravascular catheters
 - Endotracheal/tracheostomy tubes
 - Feeding tubes
- Medical treatments that require close contact with a high-risk resident and his/her environment such as **respiratory** treatments, administering tube feedings



Moment 4: Wound Care



- Use hand hygiene, gowns and gloves during **care of wounds** and **dressing changes**



Moment 5: Mobility Assistance, Preparation for Leaving the Room



- Use hand hygiene, gown and gloves when **assisting with mobility** and when **preparing** resident to leave room
- HCP do not wear gown and gloves outside of the room



Moment 6: Environmental Cleaning



- Use hand hygiene, gowns and gloves when **cleaning the environment** surrounding the resident





How to Implement Enhanced Standard Precautions



Enhanced Standard Precautions: Where Resident Characteristics and 6 Moments of Care Intercept

Resident Characteristics	Six Moments of Care
<ol style="list-style-type: none"> 1. Functional disability : total assist with ADL 2. Habitual Incontinence 3. Indwelling devices (urinary catheter, central line) 4. Ventilator-dependence 5. Wounds or presence of pressure ulcer (unhealed) 	<ol style="list-style-type: none"> 1. Morning and Evening Care 2. Toileting and changing incontinent briefs 3. Caring for devices & giving medical treatments 4. Wound care 5. Mobility assistance 6. Cleaning the environment

When a resident meets the characteristics on the left column, and any of the 6 moments of care are being performed on the right column, Enhanced Standard Precautions should be applied

When is a SNF *ready to implement* Enhanced Standard Precautions?

- Engaged SNF leadership
 - Trained infection preventionist
 - Entire SNF staff educated and understand when to perform hand hygiene and how to use PPE
 - Hand sanitizer dispensers placed near points of contact with each resident in all rooms
 - Well-trained environmental services (EVS) staff
 - Adherence monitoring of hand hygiene and environmental cleaning with feedback to frontline staff
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Implementation Examples

How to Implement Enhanced Standard Precautions: Room Placement

Care Practices	Examples
<ul style="list-style-type: none"> • Prioritize single bed rooms for residents known to have highly resistant or unusual MDRO • Cohort like conditions, compatible roommates • Treat each bed space as a different room 	<ul style="list-style-type: none"> • Single bed room priority for ongoing transmission of CRE, <i>Candida auris</i>, other MDRO • Single bed room priority for a high-risk resident known to be colonized with a newly emergent or pan-resistant MDRO • When known, cohort residents with the same MDRO and the same resistance mechanism

How to Implement Enhanced Standard Precautions: Resident Hygiene

Care Practices	Examples
<ul style="list-style-type: none"> • Resident performs hand hygiene: <ul style="list-style-type: none"> ○ Before meals ○ Before and after social activities such as visiting common areas ○ After toileting ○ Frequently throughout the day ○ Before leaving the room • Change clothes before leaving room • Educate resident's family members and visitors on the need for resident hygiene, encourage them to assist 	<ul style="list-style-type: none"> • Resident may not visit common areas if: <ul style="list-style-type: none"> ○ On Contact precautions, for example with <i>C. difficile</i> infection ○ Body fluids, excretions cannot be contained • Consistent implementation of protocols for bathing residents and standardization of bath products

How to Implement Enhanced Standard Precautions: Gowns and Gloves

Care practices	Examples
<ul style="list-style-type: none"> • HCP perform hand hygiene and use gloves and gowns when: <ul style="list-style-type: none"> ○ Performing any care activity where close contact with the resident is expected to occur ○ Contact with environmental surfaces likely contaminated by the resident’s secretions or excretions 	<ul style="list-style-type: none"> • HCP perform hand hygiene, don gloves and gowns in room before: <ul style="list-style-type: none"> ○ Bathing the resident ○ Toileting, changing incontinence briefs, peri-care ○ Emptying urinary catheter drainage/leg bag ○ Changing wound dressings ○ Providing respiratory treatments ○ Administering tube feedings • HCP remove, discard PPE, perform hand hygiene in room when finished



How to Implement Enhanced Standard Precautions: **Gloves without Gowns**

Care Practices	Examples
<ul style="list-style-type: none">• HCP perform hand hygiene and put on gloves without gown at or upon resident room entry, when physical contact with the resident and environment is unlikely• Perform hand hygiene after glove removal	<ul style="list-style-type: none">• Passing meal trays• Passing books, magazines, or newspapers• Turning off alarms• Making a social visit where physical contact with the resident and environment is limited, for example, standing and talking

How to Implement Enhanced Standard Precautions: **Medical and Patient Care Equipment, High Touch Surfaces**

Care Practices	Examples
<ul style="list-style-type: none"> • Dedicate daily care equipment, as much as possible, to the high-risk resident • Clean, disinfect shared items between uses • Regularly clean, disinfect high touch surfaces using Environmental Protection Agency (EPA)-approved healthcare grade product • Assign each cleaning task to specific staff (nurse, EVS, RT) 	<ul style="list-style-type: none"> • Dedicated equipment: commodes, stethoscopes, blood pressure cuffs, thermometers, pulse oximeter probes • Shared equipment that must be cleaned and disinfected between uses: bladder scanner, weigh scales, glucometer, resident lifts



How to Implement Enhanced Standard Precautions: **Resident Transfers** within the Facility (*Intrafacility*)

Care Practices	Examples
<ul style="list-style-type: none"> • Before transport: <ul style="list-style-type: none"> ○ Contain all body fluids ○ Assist resident with hand hygiene and place clean outer garment on resident ○ Use clean linen that has not been stored in resident’s room ○ Clean, disinfect items accompanying resident • HCP use gown and gloves when assisting resident into the wheelchair or gurney, then remove PPE and perform hand hygiene • Transporting HCP should have clean gloves available during transport if needed (for example, to wear while managing excretions or secretions that breach containment measures) 	<ul style="list-style-type: none"> • Transport to another area within the facility, for example <ul style="list-style-type: none"> ○ Rehabilitation Therapy ○ Radiology ○ A room in another building or hallway of the facility



How to Implement Enhanced Standard Precautions: Resident Transfers to Another Facility (*Interfacility*)

Care Practices	Examples
<ul style="list-style-type: none"> • In addition to those for intrafacility transfer: <ul style="list-style-type: none"> ○ May use gloves to assist resident into transport vehicle (van, car, ambulance) ○ Communicate resident risk factors for transmission to receiving facility ○ Use interfacility transfer form; assign responsibility for completion ○ Phone call to receiving personnel for key MDRO such as CRE, <i>C. auris</i> 	<ul style="list-style-type: none"> • Ambulance/Medi-Van transport • Transport to another facility for admission or for a day visit such as a dialysis center, a physician’s office or clinic



Interfacility Transfer Form

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx)

HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

Affix patient labels here.






Patient Name (Last, First): _____		
Date of Birth: _____	MRN: _____	Transfer Date: _____
Receiving Facility Name: _____		
Contact Name: _____	Contact Phone: _____	
Sending Facility Name: _____		
Contact Name: _____	Contact Phone: _____	

PRECAUTIONS

Patient currently on precautions? Yes No

If yes, check all that apply: Airborne Contact Droplet Enhanced Standard*

Personal protective equipment (PPE) to consider at receiving facility*:

				
<input type="checkbox"/> Gloves	<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N95/PAPR	<input type="checkbox"/> Eye Protection

*Long-term care facilities may implement [Enhanced Standard Precautions](#) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?

Yes (record organism(s), specimen source, collection date) No

Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

CLINICAL STATUS

Patient has any of the following symptoms or clinical status?

Yes No

If yes, check all that currently apply:

<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Total dependence for activities of daily living [§]
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Rash consistent with an infectious process (e.g., vesicular)
<input type="checkbox"/> Acute diarrhea or incontinent stool [§]	<input type="checkbox"/> Draining wounds [§]
<input type="checkbox"/> Incontinent of urine [§]	<input type="checkbox"/> Other uncontained bodily fluid / drainage

ANTIBIOTICS/ANTIFUNGALS

Patient is currently on antibiotics/systemic antifungals?

Yes No

If yes, specify:

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

DEVICES[§]

Patient currently has any of the following devices?

Yes No

If yes, check all that currently apply:

<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Wound VAC
<input type="checkbox"/> Hemodialysis catheter	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Fecal management system	<input type="checkbox"/> Urinary catheter, Date inserted:
<input type="checkbox"/> Percutaneous gastrostomy feeding tube	<input type="checkbox"/> Suprapubic catheter
	<input type="checkbox"/> Mechanical ventilation

IMMUNIZATION STATUS

Patient received immunizations (e.g., Pneumococcal, Influenza, COVID-19) in the past 12 months? (Attach immunization record, if available.)

Yes (specify below) No

Vaccine	Date(s)

[§] Risk factors for MDRO transmission per [Enhanced Standard Precautions](#) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

Considerations for Accepting New or Returning Residents

- A positive MDRO test is NOT a reason to deny admission as long as the facility can provide needed supportive and restorative care
 - SNF in compliance with state statute and federal regulations must be able to provide care for residents with MDRO
 - Document decisions for Enhanced Standard or Transmission-based precautions, room placement and roommate selection
 - Communicate and educate all HCP about reasons for decisions
 - Ensure appropriate instructions are provided to all HCP
-
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Recommendations for Enhanced Standard Precautions in California Skilled Nursing Facilities (SNF)*, 2019

California Department of Public Health (CDPH)

* Not for acute care or long-term acute care hospitals

[Recommendations for Enhanced Standard Precautions in California
Skilled Nursing Facilities \(SNF\)*, 2019](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

The Six Moments of Enhanced Standard Precautions

For these six groups of care activities, use hand hygiene, gloves, and gowns.



[The Six Moments of Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

HOW can you help?

Visitors and family members are key in helping residents understand the importance of personal hygiene and Enhanced Standard precautions.

**We ask visitors to:**

- Perform hand hygiene frequently, and always when entering the resident's room and when leaving the room. Waterless, alcohol-based hand sanitizer is highly effective in killing germs when hands are not visibly soiled.
- Use gowns and gloves after hand hygiene when assisting staff members with providing care, or if having contact with blood, body fluids, or skin that has breakdown areas.
- Follow any other precautions listed on the door sign if a resident is on Contact or Droplet precautions.

The Six Moments for Enhanced Standard Precautions

You will see this sign on a resident door when Enhanced Standard precautions is required.



For more information visit

[The Six Moments for Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

Enhanced Standard Precautions in Skilled Nursing Facilities

Information for Residents and Families



Our staff want to keep all of our residents safe. We use Enhanced Standard precautions to prevent spread of antibiotic resistant germs. These precautions allow most residents to leave their rooms and take part in activities with others in common areas. Enhanced Standard precautions are not as restrictive as Contact precautions used in hospitals for isolating patients with resistant germs.

This brochure explains Enhanced Standard precautions and how they are used in our facility.

WHAT are Enhanced Standard precautions? This is what our staff does:

- Use hand hygiene, gloves, and gowns during care activities that require close contact

Perform hand hygiene



Wear gloves and gowns for contact with residents



- Frequent and Effective Environmental Cleaning

Clean the environment surrounding the resident, especially high-touch surfaces



WHO is managed with Enhanced Standard precautions?

Some residents have conditions (risk factors) that increase the chance that antibiotic resistant germs could be spread into the environment and to other residents. We reduce that risk by using Enhanced Standard precautions.

Enhanced Standard precautions is used if one or more of the following risk factors is present:

- Complete dependence on others for assistance with activities of daily living (ADL)
- Habitual incontinence of urine or stool
- Presence of indwelling devices such as urinary catheters, hemodialysis catheters, central venous catheters, tracheostomy tubes, or feeding tubes
- Ventilator dependence
- Unhealed wounds or pressure ulcers



WHEN do our staff use Enhanced Standard precautions?

There are six groups of high contact care activities for which Enhanced Standard precautions should be used for certain residents. These activities take place in the resident's room or bathroom.



1. Morning & evening care
Dressing, grooming, bathing, changing bed linens



2. Toileting & changing incontinence briefs



3. Caring for devices & giving medical treatments



4. Wound care



5. Mobility assistance & preparing to leave room



6. Cleaning the environment

Summary



- Prevalence of MDRO colonization of residents in SNF is high and may not be identified or known to the facility
- Certain SNF residents have risk factors that increase the possibility of colonization and transmission of MDRO to others
- Enhanced Standard precautions is a **risk factor based, resident-centered** strategy to prevent transmission of MDRO in SNF
- Hand hygiene and use of PPE during the 6 moments of Enhanced Standard precautions and increased environmental cleaning in SNF can allow residents to participate in the activities in their home-like environment while minimizing risk of MDRO transmission

Enhanced Standard Precautions: Where Resident Characteristics and 6 Moments of Care Intercept

Resident Characteristics	Six Moments of Care
<ol style="list-style-type: none"> 1. Functional disability : total assist with ADL 2. Habitual Incontinence 3. Indwelling devices (urinary catheter, central line) 4. Ventilator-dependence 5. Wounds or presence of pressure ulcer (unhealed) 	<ol style="list-style-type: none"> 1. Morning and Evening Care 2. Toileting and changing incontinent briefs 3. Caring for devices & giving medical treatments 4. Wound care 5. Mobility assistance 6. Cleaning the environment

When a resident meets the characteristics on the left column, and any of the 6 moments of care are being performed on the right column, Enhanced Standard Precautions should be applied

CDC's Enhanced Barrier Precautions: a Comparison - 1

Component	Enhanced Barrier Precautions	Enhanced Standard Precautions
Developed by:	CDC 2019	CDPH 2010, updated 2019
Applies to:	<ul style="list-style-type: none"> All residents known to be infected or colonized with MDRO when Contact Precautions does not apply. May also choose to implement for residents with risk factors for colonization and transmission when MDRO status is unknown 	All residents with 1 or more risk factors for colonization and transmission of MDRO when there is no transmission in the facility
Risk Factors for colonization/transmission	Wounds, Indwelling devices	Totally dependent on others for ADLs, habitual incontinence, ventilator dependence, indwelling devices, unhealed wounds
Activities for which HH, gowns and gloves recommended	Morning, evening care, changing linens, toileting/changing incontinence briefs, device care or use, wound care, transferring	Morning, evening care, changing linens, toileting/changing incontinence briefs, device care or use, wound care, transferring, mobility assistance, preparing to leave room, cleaning the environment

CDC's Enhanced Barrier Precautions: a Comparison -2

PPE required	<ul style="list-style-type: none"> • Hand hygiene; gowns, gloves put on in room before high risk activity, removed after activities complete hand hygiene performed • Perform hand hygiene, change PPE before caring for another resident 	<ul style="list-style-type: none"> • Hand hygiene; gowns, gloves put on in room before high risk activity, removed after activities complete hand hygiene performed • Treat each bed space as separate room
Room restriction	None	Only if resident is unable to have secretions contained and cannot perform hand hygiene and personal hygiene
Cohorting, choice of roommates	Not addressed	<ul style="list-style-type: none"> • Single bed room preferred • Cohort residents with same MDRO and resistance mechanism when known • Cohorting decisions case by case
Interfacility transfer communication	Not addressed	Complete interfacility transfer form and send with resident

Let's Practice...

- You are working at a SNF that has a section for residents who are on ventilators (vSNF)
 - You are informed that a 78 year-old man will be transferred to your facility from an LTACH where he was receiving care for injuries incurred in a motor vehicle accident
 - What do you want to know about the patient when planning for his arrival and room placement at your SNF?
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Questions?

Contact HAIProgram@cdph.ca.gov

Next Steps

- Fill out the **course evaluation**
 - Schedule your **onsite baseline assessment** (Goal: complete by June 30, 2022)
 - Form a team** and identify key staff (vSNF Champions!)
 - Stay tuned for **workshop** announcements
 - Visit the resources on the [vSNF webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
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HEALTHCARE

vSNF Workgro

This webpage is a resource guide for the vSNF workgroup. It provides information on the vSNF improvement project, materials, and best practices to limit the spread of infections.

Quality Improvemen

Each participating vSNF will follow a workbook and project timeline. Meetings will be held monthly (or more frequent) to discuss progress and challenges.

- Quality Improvement (QI) Plan
- Project Timeline (Word):

Staff Training and

Use the following materials to train staff on the importance of and use of personal protective equipment (PPE).

Workgroup Materials

The vSNF Workgroup will meet monthly by webinar. Materials from each session will be posted here.

Cohort 1	Cohort 2
<ul style="list-style-type: none"> • Workgroup Information Packet (PDF) (includes Introduction Letter, Commitment Form, and Project Plan) • October 13, 2021 Kickoff Workshop <ul style="list-style-type: none"> ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • November 3, 2021 Workshop #2 <ul style="list-style-type: none"> ◦ Topic: Infection Prevention Fundamentals (Part 1): Hand Hygiene and Environmental Cleaning and Disinfection ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • November 10, 2021 Workshop #3 <ul style="list-style-type: none"> ◦ Topics: Infection Prevention Fundamentals (Part 2): PPE; Introduction to Multidrug-Resistant Organisms (MDRO) ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • November 17, 2021 Workshop #4 <ul style="list-style-type: none"> ◦ Topic: Enhanced Standard Precautions in Skilled Nursing 	<ul style="list-style-type: none"> • Workgroup Information Packet (PDF) (includes Introduction Letter, Commitment Form, and Project Plan) • April 21, 2022: Kick off (12-1PM) <ul style="list-style-type: none"> ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • May 4, 2022: Infection Prevention Fundamentals – Part 1 <ul style="list-style-type: none"> ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • May 11, 2022: Infection Prevention Fundamentals – Part 2, Introduction to MDRO <ul style="list-style-type: none"> ◦ Webinar Recording (Opens in YouTube) ◦ Slideset (PDF) • May 18, 2022: Enhanced Standard Precautions • June 15, 2022: Creating a Risk Assessment or Infection Control Plan • July 13, 2022: TBA • August 10, 2022: Preventing Respiratory Infections in Ventilated Residents

[vSNF webpage](#)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

Thank you!

Questions?

Contact Erin Garcia at Erin.Garcia@cdph.ca.gov