Enhanced Barrier Precautions: Additional Considerations for California Skilled Nursing Facilities

California skilled nursing facilities (SNFs) should refer to the Centers for Disease Control and Prevention (CDC) website on Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (www.cdc.gov/long-term-carefacilities/hcp/prevent-mdro/ppe.html) and CDC's Frequently Asked Questions (FAQs) (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html) for guidance and tools for implementing Enhanced Barrier Precautions (EBP) per the Centers for Medicare and Medicaid Services (CMS) requirement (QSO-24-08-NH (cms.gov) (PDF) (www.cms.gov/files/document/qso-24-08-nh.pdf).

The California Department of Public Health (CDPH) is providing the following additional EBP implementation considerations to complement and address aspects not directly addressed by CDC's guidance or FAQs; these considerations will be updated periodically as new information becomes available.

Use of EBP by Environmental Services (EVS) Personnel in Rooms with Resident(s) on EBP

Per CDC's EBP guidance, gown and glove use by EVS personnel should generally be based on anticipated exposures to body fluids, chemicals, or contaminated surfaces. CDC indicates that changing bed linens is considered a high-contact activity and recommends EVS personnel use gown and gloves if changing the linen of residents on EBP; CDC also indicates gown and gloves could be considered for additional EVS activities that involve extensive contact with the resident or the resident's environment.

CDPH provides the following specific examples of **high-contact EVS activities** for which EVS personnel should use gown and gloves while cleaning and disinfecting the environment around residents on EBP:

- removing soiled linen
- cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's bedspace
- terminal cleaning and disinfection

EVS personnel need to remove their gown and gloves and perform hand hygiene before cleaning and disinfecting the next resident's bedspace; use of gown and gloves for high-contact cleaning and disinfecting activities around the next resident's bedspace will depend on whether the next resident is also on EBP or on Contact Precautions.

Otherwise, for **routine**, **daily cleaning and disinfection** of the room when the areas immediately surrounding the resident are not touched, e.g., taking out the trash or cleaning and disinfecting high-touch surfaces such as light switches and door handles in common areas of the room, EVS personnel should perform hand hygiene before entering the room and use gloves, but a gown is not generally necessary. When leaving the room, EVS personnel should remove their gloves and perform hand hygiene.

Preparing a Resident on EBP to Leave Their Room

Residents on EBP are not restricted to their rooms or limited from participation in group activities. When preparing a resident on EBP to leave their room, SNF healthcare personnel (HCP) should perform hand hygiene and wear a gown and gloves. HCP need to ensure that the resident's secretions/excretions are contained and that the resident performs hand hygiene and puts on clean personal clothing or a patient gown. HCP should then remove their gown and gloves and perform hand hygiene before assisting the clean resident to leave the room. HCP should <u>not</u> routinely wear gowns and gloves in the hallway. HCP should anticipate the potential need for gloves and/or gown during transport based on the resident's needs (e.g., frequent trips to the bathroom) or the anticipated type of contact during transportation, and should have clean gloves and gowns available for them to use during transport in case needed.

Use of Gown and Gloves by Family Members or Other Visitors of a Resident on EBP

Visitors and family members need to wear gown and gloves only when they are participating in high-contact care activities for a resident on EBP, such as morning and evening care (the same practices as HCP providing such care). Visitors and family members should always perform hand hygiene upon entry to and exit from the room.

Cohorting Residents on EBP with Known MDRO Infection or Colonization

EBP is indicated for residents who are infected or colonized with a CDC-targeted MDRO when Contact Precautions do not otherwise apply. Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO. CDPH provides additional guidance for cohorting multiple residents in the same room or designated area of the facility, based on MDRO status: see COLONIZED WITH MDROS (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROCohorting.pdf).

Transitioning from Contact Precautions to EBP Following an Outbreak

During an MDRO outbreak, Contact Precautions are generally indicated for residents known to be colonized or infected with the outbreak MDRO. SNFs should consult their local health department for guidance on transitioning to EBP following an outbreak. Readiness for transition to EBP includes:

- Demonstration that MDRO transmission has been contained, e.g., two serial point prevalence surveys (PPS), at two-week intervals with negative results
- Consistent staff adherence to core infection prevention and control practices, including hand hygiene, appropriate PPE use, and environmental cleaning and disinfection
- Availability of hand hygiene and PPE supplies at points of care

If there is an increase in MDRO transmission, the facility may need to transition back to using Contact Precautions for residents with the outbreak MDRO based on public health recommendations.