California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 5, 2024

Monthly Call-in Information:

- HSAG NHSN & HAI Tuesday Office Hours
  - Register for June 18 & July 16: https://bit.ly/NHSNHAIofficehoursJantoJuly2024
  - Register for August-October: https://bit.ly/NHSNandHAIOfficeHoursASO2024
  - 3rd Tuesdays every month, 11:30am
- SNF Infection Prevention Wednesday Webinars—hosted every other month
  - July 24, September 25, November 13
  - Register at: https://www.hsag.com/cdph-ip-webinars

CALTCM/HSAG Vaccine Office Hours with the Experts; Register
  - Scheduled every other Thursday: June 27, July 11 & 25

Important Links to State and Federal Guidance	
Important Links to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
CDC's Interim IPC Recommendations for HCP During COVID-19	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/lncafl.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx

Enhanced Barrier Precautions (EBP) Questions & Answers

Q-1: Are nursing homes required to implement CDC's Enhanced Barrier Precautions (EBP) guidance?
A: Yes. CMS QSO-24-08-NH updated guidance on March 20, 2024, to align with CDC's EBP recommendations for "Implementation of PPE Use in NHs to Prevent Spread of MDROs." CMS updated the survey critical element pathways (CEPs) due to the enforcement of EBP. EBP is designed to reduce MDRO transmission through targeted gown and glove use during high-contact resident care activities. EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if resident is not known to be infected or colonized with a MDRO.

Q-2: Should California nursing homes implement CDC's Enhanced Barrier Precautions (EBP) or CDPH's Enhanced Standard Precautions (ESP)?
A: California nursing homes are now required per CMS QSO-24-08-NH to implement CDC's EBP. On June 13, 2024, CDPH released AFL 24-15: Enhanced Barrier Precautions (EBP) to announce that CDPH is retiring its Enhanced Standard Precautions (ESP) guidance and adopting the CDC's EBP guidance and terminology. The AFL also includes a link to CDPH's "EBP: Additional Considerations for California Skilled Nursing Facilities (SNFs)," which provides additional implementation considerations to complement and address aspects not directly addressed by CDC's EBP guidance or FAQs. CDPH's ESP was based on the same core principles as EBP, so SNFs that previously implemented CDPH's ESP should be well-positioned to be in compliance with EBP implementation.

- CDC Implementation of PPE Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs): https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html
- CDC Frequently Asked Questions (FAQs) about EBP in Nursing Homes https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html
- American Health Care Association (AHCA) EBP FAQs https://www.ahcancal.org/Quality/Clinical-Practice/Documents/AHCA%20EBP%20FAQ.pdf

Q-3: Why did CDC expand EBP to include all residents with wounds or indwelling medical devices, regardless of MDRO status?
A: More than 50% of nursing home residents may be colonized with an MDRO, and these residents can serve as sources of MDRO transmission and outbreaks within the facility. Residents' MDRO colonization status is frequently unknown to the facility. Indwelling medical devices and wounds are risk factors for colonization with an MDRO. Use of EBP for residents with wounds or indwelling medical devices is intended to protect these high-risk residents both from acquisition and from serving as a source of transmission if they have already become colonized. Refer to question #14 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-4: What is the definition of "indwelling medical device" when CDC says that EBP are indicated for residents with indwelling medical devices.
A: An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to:

- Central vascular catheters
- Hemodialysis catheters
- Peripherally-inserted central catheters (PICCs)
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomy tubes.

Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for EBP. Although the data are limited, CDC does not currently consider peripheral I.V.s (except for midline catheters), continuous glucose monitors, and insulin pumps as indications for EBP. An ostomy in a resident without an associated indwelling medical device, would not be considered an indication for EBP. Refer to question #22 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-5: Do residents placed on EBP precautions require placement in a single-person room?
A: No. Residents on EBP may share rooms with other residents; however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization (if known) may choose to do so. If there are multiple residents with a novel or targeted MDRO, consider cohorting them together in one wing or unit to decrease the direct movement of staff from colonized or infected residents to those who are not known to be colonized. When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including:

- Maintaining spatial separation of at least 3 feet between beds to reduce inadvertent sharing of items between residents.
- Use of privacy curtains to limit direct contact.
- Cleaning and disinfecting any shared reusable equipment.
- Cleaning and disinfecting environmental surfaces more frequently.
- Changing PPE (if worn) and performing hand hygiene when switching care from one roommate to another.

In other words, treat each bedspace as a separate room. Refer to question #16 on the CDC website, "FAQs about EBP in Nursing Homes". CDPH provides additional guidance in, "Cohorting Guidance for Patients or Residents Infected or Colonized with MDROs" for cohorting multiple residents in the same room or designated area of the facility, based on MDRO status.

Q-6: Are staff required to glove/gown every time they enter the room for a resident on EBP?
A: No. PPE for EBP is only necessary when performing high-contact care activities and does not need to be donned prior to entering the resident's room. For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do not engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident. Refer to page 1 on AHCA EBP FAQs.

Q-7: Are staff required to glove/gown for all activities of daily living (ADL) care for residents on EBP?
A: For residents for whom EBP are indicated, EBP is employed when performing the following **high-contact resident care** activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing (this **does not** include shorter-lasting wounds such as skin breaks or tears covered with an adhesive bandage or similar dressing or surgical wounds, unless there are complications or delayed healing).

In general, gowns and gloves are **not recommended in hallways or when performing transfers in common areas** (i.e., dining or activity rooms) where assist/contact is anticipated to be shorter in duration. Outside the resident's room, **EBP should be followed** when **performing transfers or assisting during bathing in a shared shower room** and when engaging in **high-contact activities with residents in the therapy gym**. Refer to page 1 on AHCA EBP FAQs.

Q-8: Is physical/occupational therapy considered a "high-contact" resident care activity?
A: Depending on the activity, **therapy may be considered "high-contact"** resident care. Therapists should use gowns and gloves when working with residents on EBP in the therapy gym or in the resident's room **if they anticipate prolonged, close body contact** where transmission of MDROs to the therapist's clothes is possible. EBP should not limit a resident's ability to continue their medical therapy, so while the use of a gown and gloves is generally discouraged in hallways and other common areas, there may be individual circumstances (e.g., therapy that has to occur outside of the resident's room or therapy gym) that prompt an evaluation for the need to use PPE outside of the room or gym, depending on the degree of assist/close contact. In situations where a therapist isn't anticipating "prolonged, close body contact," follow general guidance similar to hallways, where HCP should not routinely wear gloves and gowns but should **have clean gloves and gowns available for them to use in case needed**. Refer to question #26 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-9: Does posting signs specifying the type of precautions and recommended PPE outside the resident room violate Health Insurance Portability and Accountability Act (HIPAA) and resident dignity?
A: No. Signs are intended to signal to individuals entering the room the actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of precautions and the recommended PPE to be worn when caring for the resident. Signs should not include information about the resident's diagnosis or the reason for the precautions, because inclusion of that information would violate HIPAA and resident dignity. Examples of signs created by the CDC that can be used or modified by facilities, include:

- Transmission-Based Precautions
- Enhanced Barrier Precautions

Refer to question #28 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-10: Do California nursing homes that have implemented ESP need to change CDPH's ESP signs to EBP now that ESP is retired?
A: CDPH is in the process of reviewing all of their ESP materials (including CDPH's Six Moments of ESP Sign) to see if they can be updated to reflect EBP terminology and utilized moving forward. Stay tuned for future updates. In the meantime, facilities may use CDC's EBP signs.

Q-11: Should residents with arteriovenous (AV) shunts and grafts be on EBP?
A: AV shunts and grafts do not communicate outside of the body, so would not be considered an indication for EBP.

Q-12: Are wound drains, Jackson-Pratt (JP) drains, nephrostomies, and dialysis ports considered indwelling devices, and do they require EBP?
A: CDC defines indwelling medical devices as those that provide a direct pathway for pathogens in the environment to enter the body. Refer to question #22 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-13: How often should privacy curtains be cleaned for residents on EBP?
A: Privacy curtains should be cleaned monthly or when visibly soiled. Refer to tables 9, 24, and 25 on the CDC Environmental Cleaning Procedures website (https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html), Per table 9, privacy curtains/bed curtains should be cleaned monthly, and per tables 24 and 25, privacy curtains should be removed for laundering after patient transfer or discharge (terminal cleaning).

Q-14: Are gowns and gloves for EBP necessary when administering medications to residents with a G-tube?
A: It may be acceptable to use gloves, alone, for some uses of a medical device that involve only limited physical contact between the healthcare worker and the resident (e.g., passing medications through a feeding tube). This is only appropriate if the activity is not bundled together with other high-contact care activities and there is no evidence of ongoing transmission in the facility. Facilities should define these limited contact activities in their policies and procedures and educate HCP to ensure consistent application of EBP. Refer to question #24 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-15: If a family member is assisting an EBP resident with toileting, do they need to wear gloves and a gown?
A: Yes. Toileting is a high-contact resident care activity; therefore, a family caregiver needs to be instructed to wear PPE when assisting with toileting for a resident on EBP.

Q-16: Are CNAs expected to wear gowns and gloves inside the shower room with residents on EBP?
A: Yes. For residents for whom EBP are indicated, EBP is employed when performing high-contact resident care activities, such as bathing/showering.

Q-17: Does EBP need to be implemented for a resident with an ostomy?
A: Per Standard Precautions, PPE (e.g., gloves) would be indicated for staff helping a resident change an ostomy bag. However, the CDC does not consider an ostomy to be a chronic wound and does not consider it an indication for EBP. Refer to page 6 on AHCA EBP FAQs; and to question #23 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-18: Are gowns and gloves needed when feeding a resident requiring EBP inside their rooms?
A: Gown and gloves would not generally be indicated for feeding that is not otherwise bundled with other high-contact resident care activities

Q-19: Is obtaining vitals considered a high-contact resident care activity for a resident on EBP?
A: No, obtaining vitals is not generally considered a high-contact resident care activity and would not require gloves and gown unless it is bundled with other high-contact resident care activities.

Q-20: Is CDC considering a different standard of EBP care for pediatric patients?
A: CDC has acknowledged there are unique challenges present in long-term care settings that serve pediatric patients. The CDC is discussing these challenges with subject matter experts because the studies used to develop the EBP recommendations were completed in adult long-term care. The CDC will share information once further decisions have been made. Consult with your pediatric infectious disease/infection prevention and control lead.

Q-21: Do housekeeping staff need to wear gowns and gloves when cleaning resident rooms?
A: Per CDC's EBP guidance, gown and glove use by environmental services (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. In CDPH's EBP: Additional Considerations for California SNFs, 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.

Q-22: Do residents with a tracheostomy on a ventilator need to be on EBP?
A: Yes. Gowns and gloves are the minimum level of PPE required for these high-contact resident care activities. However, as part of Standard Precautions, additional PPE may be required depending on the resident. For example, face protection would also be required for activities where splashes and sprays are likely (e.g., wound irrigation, tracheostomy care). Refer to question #20 and #22 on the CDC website, "FAQs about EBP in Nursing Homes".

Q-23: Does a resident with a surgical wound need to be placed on EBP?
A: No, EBP would not typically be indicated for a new surgical wound. The intent of EBP is to focus on residents with a higher risk of acquiring or transmitting an MDRO over a prolonged period and this generally includes residents with chronic wounds and not those with shorter-lasting wounds. Refer to page 3 on AHCA EBP FAQs; and to question #23 on the CDC website, "FAQs about EBP in Nursing Homes".