



Infection Prevention Education Enhanced Barrier Precautions

Staff need to understand when to use Enhanced Barrier Precautions (EBP) in nursing homes. The concepts in this training apply to all nursing homes where EBP are needed.



Enhanced Barrier Precautions

Upon finishing this education module, participants should:

1. Understand what enhanced barrier precautions are and why they are necessary
2. Be able to implement Enhanced Barrier Precautions when needed
3. Know what activities are considered high-contact resident care activities

Brief Overview and Background Information for Trainers

Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) in nursing homes. EBP involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).

High-contact resident care activities include:

- 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

Differences between Enhanced Barrier Precautions and Standard Precautions

As part of Standard Precautions, which apply to the care of all residents, the use of PPE is based on the "anticipated exposure" to blood, bodily fluids, secretions or excretions. For example, gloves are recommended when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin or contaminated equipment could occur. A gown is recommended to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, bodily fluids, secretions or excretions.

EBP expand the use of gown and gloves beyond anticipated blood and bodily fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of health care personnel, even if blood and bodily fluid exposure is not anticipated. Standard Precautions still apply while using EBP. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves.

Background Information for Trainers continued

Differences between Enhanced Barrier Precautions and Contact Precautions

Contact Precautions require the use of gown and gloves on every entry into a resident's room, regardless of the level of care being provided to the resident. The resident is given dedicated equipment (e.g., stethoscope and blood pressure cuff) and is placed in a private room. When private rooms are not available, some residents (e.g., residents with the same pathogen) may be roomed together. Residents on Contact Precautions are recommended to be restricted to their rooms except for medically necessary care, including restriction from participation in group activities. Contact Precautions are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.

EBP require the use of gown and gloves only for high-contact resident care activities (unless otherwise indicated as part of Standard Precautions). Residents are not restricted to their rooms and do not require placement in a private room. EBP also allow residents to participate in group activities. Because EBP does not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

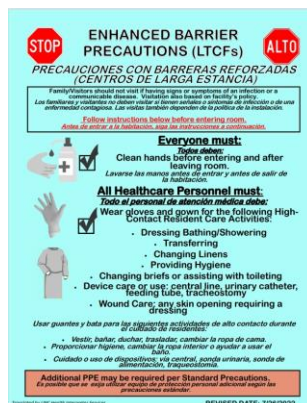
When should nursing home staff use Contact Precautions versus Enhanced Barrier Precautions for a resident with a MDRO?

Contact Precautions are recommended if the resident has acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained, or for a limited period of time during a suspected or confirmed MDRO outbreak investigation. If neither criteria are met and the resident does not have another indication for Contact Precautions (see [CDC Isolation Precautions](#)), then EBP could be used, unless otherwise directed by public health authorities.

How long should a resident be on Enhanced Barrier Precautions?

Leadership and/or clinically trained staff within a facility should determine which residents need to be placed on EBP. Additionally, leadership and/or clinically trained staff should decide when a resident can be removed from EBP. For MDROs, a resident should be on EBP the entire time they live at your facility. For residents on EBP due to a wound or medical device, EBP may be removed after the wound heals or the device is taken out.

When a patient is on EBP, a sign must be used to communicate the need to staff. This informs staff which patients are on EBP and when they have been removed. In North Carolina, one of the two following signs are typically used in facilities: [CDC](#) or [NC SPICE](#).



For more information, please visit: [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC](#)

Facilitation: Preparation

Follow these guidelines to successfully facilitate this training session. **Read this in its entirety before presenting to ensure adequate preparation.**

Preparation	Details
Slide deck	<p>Most of this module relies on a slideshow presentation. Plan ahead if a computer or projector is not available.</p> <p>Link to website with slide decks: https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/information-health-departments-and-providers/infection-prevention-education</p>
Welcome	Start the slideshow before participants arrive.
Pre-assessment <i>*For a shortened version, ask participants to complete this activity as they walk in</i>	<p>https://forms.office.com/g/swQ9i2PAJK</p> <p>If participants do not have a smartphone or computer, print out copies of this link to hand out at the end of the session. Ask participants to complete the post-assessment when they have access to the internet.</p>
KWL Chart (Know, Want to know, Learned) <i>*For a shortened version, skip both KWL activities</i>	<p>Supplies: Flipchart, sticky notes, markers or use a virtual whiteboard</p> <p>Create the outline for the KWL chart before the scheduled start time of the module. See what a KWL chart should look like on slide 3. Have the sticky notes and markers already distributed to different tables in the room.</p>
Scenarios	Print scenarios ahead of time. There are two versions of scenarios to choose from depending on your audience, frontline staff or facility leadership. Print enough copies so that participants can share in groups of three. You will pass these out after completing the slideshow. Print one answer key for the facilitator.
KWL Chart	Use the same KWL chart from earlier in the module.
Post-assessment <i>*For a shortened version, let participants scan the QR code on their way out</i>	<p>https://forms.office.com/g/VfQ8S5z5vW</p> <p>If participants do not have a smartphone or computer, print out copies of this link to hand out at the end of the session. Ask participants to complete the post-assessment when they have access to the internet.</p>

We appreciate your feedback! Send us comments, questions, pictures of your KWL chart to
Infectionprevention@dhhs.nc.gov

Facilitation: Activities and Steps

Follow these guidelines to successfully facilitate this training session. **Read this in its entirety before presenting.** For questions or guidance, please reach out to infectionprevention@dhhs.nc.gov



Time	Activity	Details
	Slide deck	Link to website with slide decks: https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/information-health-departments-and-providers/infection-prevention-education
	Welcome	Welcome participants to the class.
7 min	Pre-assessment <i>*For a shortened version, ask participants to complete this activity as they walk in</i>	Go to slide 2. Ask participants to use their smartphones to complete the pre-assessment via the QR code on the screen. If participants do not have a smartphone, ask them to partner with someone else. Allow five minutes for participants to answer the questions. Remind everyone that their responses will be kept anonymous. If they ask the purpose of this assessment, share with them that this allows the infection prevention team to monitor the impact of our education. https://forms.office.com/g/swQ9i2PAJK
10 min	KWL Chart (Know, Want to know, Learned) <i>*For a shortened version, skip this activity</i>	<i>Supplies: Flipchart, sticky notes, markers or use Canva Whiteboard</i> Go to slide 3. Share with participants that before we start today's education, we will complete the first two sections of a KWL chart. A KWL chart is a Know, Want to Know, Learned chart. The Know and Want to Know sections should be completed before the education to gather a sense of where your participants knowledge-base lies. This can help inform you, the facilitator, which sections to focus on and which don't need as much time and attention. Create the outline for the KWL chart before the scheduled start time of the module. Have the sticky notes and markers already distributed to different tables in the room. Ask participants to work in groups of three to identify what they already know about Enhanced Barrier Precautions and what they would like to know. Give the groups seven minutes to brainstorm ideas and write them on the sticky notes. After seven minutes, ask groups to have one person share and then place the sticky notes on the KWL chart in the front of the room.

Facilitation: Activities and Steps

Follow these guidelines to successfully facilitate this training session. For questions or guidance, please reach out to infectionprevention@dhhs.nc.gov



Time	Activity	Details
15 min	Slideshow presentation	Present the information in slides 4-21. Refer to the slide notes when available.
10 - 20 min	Scenarios <i>*For a shortened version, discuss the scenarios as a group instead of breaking into small groups</i>	Prior to the scheduled module, print out multiple copies of the real-life scenarios (Scenario 1 and 2 for EBP). Ask participants to get back into their groups of three and pass out the handouts. Tell participants that you will start with Scenario 1. As a group, they will have ten minutes to read all the scenarios and answer the questions. After ten minutes, the groups will come back together. Ask them to share their answers with the entire group. Make sure to correct any answers that may be incorrect and share additional information when necessary (refer to the facilitator key for the discussion questions).
10 min	KWL Chart <i>*For a shortened version skip this activity</i>	<i>Supplies: Flipchart, sticky notes, markers or use Canva Whiteboard</i> Go to slide 23. In their same groups, ask participants to brainstorm a few new things they learned about EBP. Ask them to write this on the provided sticky notes. After seven minutes, ask each group to have a representative share with the larger whole and put their group's sticky notes on the KWL chart. Take a picture of the KWL chart to keep for records.
7 min	Post-assessment <i>*For a shortened version, let participants scan the QR code on their way out</i>	Go to slide 24. Ask participants to use their smartphones to complete the post-assessment via the QR code on the screen. If participants do not have a smartphone, ask them to partner with someone else. Allow five minutes for participants to answer the questions. Remind everyone that their responses will be kept anonymous. If they ask the purpose of this assessment, share with them that this allows the infection prevention team to monitor the impact of our modules. https://forms.office.com/g/VfQ8S5z5vW
	Final Remarks/Thank you/Conclusion	Go to slide 25. Thank participants for completing today's module on EBP. Ask if there are any lingering questions at this time. If not, they can always reach out to infectionprevention@dhhs.nc.gov in the future.

Facilitation: Frequently Asked Questions

Below you will find FAQ and answers for this module. For more information, please visit CDC's [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#). For additional questions or clarification, please reach out to infectionprevention@dhhs.nc.gov

Do housekeeping staff need to wear gowns when cleaning and disinfecting an EBP room?

Current guidance is based on research that evaluated high-contact resident care activities. The research did not look specifically at the risk of MDRO transmission to the hands or clothing of Environmental Services (EVS) or housekeeping personnel. However, changing linen is considered a high-contact resident care activity; gowns and gloves should be worn by EVS personnel if they are changing the linen of residents on Enhanced Barrier Precautions. Gowns and gloves could be considered for additional environmental services or housekeeping responsibilities that involve extensive contact with the resident or the resident's environment. Gown and glove use by EVS should be based on facility policy and for anticipated exposures to bodily fluids, chemicals or contaminated surfaces. It is important to remember that gowns and gloves should be worn by EVS personnel when cleaning and disinfecting the rooms of residents on contact precautions.

What about wearing gowns and gloves in the hallways? Aren't we supposed to not wear gowns and gloves in the halls?

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.

Do I really need to take off my gown and gloves and put on new ones to work with the roommate? Aren't they already exposed to the same germs?

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 three feet between beds to reduce opportunities for inadvertent sharing of items between the residents, use of privacy curtains to limit direct contact, cleaning and disinfecting any shared reusable equipment, cleaning and disinfecting environmental surfaces on a more frequent schedule, and changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

Should I wear a gown when checking somebody's blood sugar?

Per EBP, blood glucose monitoring alone (with no other high-contact activities) does not require a gown to be worn by staff. However, gloves and other necessary PPE should be worn when there is possible contact with blood and bodily fluids per standard precautions.

EBP have been recommended for a while. Have they made any difference?

CDC: The evidence that EBP are effective at preventing MDRO transmission is summarized in the document, [Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](#).

If a resident is on EBP, do I need to wear PPE to take out their plate or the trash?

No, going into the resident's room to take their plate is not considered a high-contact activity so this can be handled as you would any resident's plate. Similarly, trash should be considered contaminated in all situations, so you would handle the trash of a resident on EBP as you would all other trash (using gloves, and other necessary PPE per Standard Precautions). Perform hand hygiene after handling resident items and/or when leaving the resident's room.

Should residents on EBP be allowed to participate in group activities like puzzles where they will touch other residents?

Yes, residents on EBP can participate in group activities. Hand hygiene should always be encouraged for residents when in common areas and when participating in group activities.

How should PPE for EBP be stored?

Best practice is to store PPE immediately outside the resident room to avoid contamination.

Facilitation: Outlining appropriate PPE use

Table: Summary of PPE Use and Room Restriction When Caring for Residents Colonized or Infected with MDROs in Nursing Homes (<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>)

Precautions	Applies to	PPE used for these situations:	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> • Blood • Bodily fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> • Infection or colonization with an MDRO when Contact Precautions do not apply • Wounds and/or in-dwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status 	During high-contact resident care activities: <ul style="list-style-type: none"> • 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 	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None

Facilitation: Outlining appropriate PPE use

Table: Summary of PPE Use and Room Restriction When Caring for Residents Colonized or Infected with MDROs in Nursing Homes (<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>)

Precautions	Applies to	PPE used for these situations:	Required PPE	Room restriction
Contact Precautions	<p>All residents infected or colonized with a MDRO in <i>any of the following situations</i>:</p> <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities <p>All residents who have another infection (e.g., <i>C. difficile</i>, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions</p>	Any room entry	<p>Gloves and gown</p> <p>(Don before room entry, doff before room exit; change before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	Yes, except for medically necessary care