

Enhanced Barrier Precautions in Nursing Homes

Enhanced Barrier Precautions (EBP) are an infection prevention and control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes, including the routine use of gloves and gowns during all high-contact resident care activities. When EBP are indicated based on a resident's history of colonization or infection with a novel or targeted MDRO, EBP should be implemented and maintained for the entire duration of their admission and all future readmissions, regardless of subsequent test results. Colonization with novel and targeted MDROs (e.g., *Candida auris*, carbapenemase-producing organisms) lasts for a prolonged period, perhaps indefinitely, even following treatment of a clinical infection. Colonized individuals may intermittently have negative results followed by a positive result. For this reason, public health does not recommend rescreening individuals with a history of novel or targeted MDROs. Negative results for an individual with any prior history of novel or targeted MDROs should not be used to discontinue EBP within nursing homes.

Precautions to Disrupt Transmission of Pathogens Spread via Contact

Transmission-Based Precautions are used when pathogen transmission is not interrupted by Standard Precautions alone. Transmission-Based Precautions are informed by the facility's policies and procedures, approved by the Infection Control Committee, and may refer to the Centers for Disease Control and Prevention (CDC) [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#). Standard Precautions apply to all healthcare encounters and are the foundation for Transmission-Based Precautions.

STANDARD PRECAUTIONS
Indicated for the care of all residents based on a risk assessment and makes use of routine infection prevention and control practices and personal protective equipment (PPE) during all healthcare encounters.
CONTACT PRECAUTIONS
Indicated with the presence of acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained pending clinical assessment or for an infection (e.g., <i>Clostridioides difficile</i> , norovirus, bronchiolitis, acute viral conjunctivitis) or condition warranting Contact Precautions. Contact Precautions are intended to be used for a limited time and, when implemented, should include a plan for discontinuation or de-escalation.
ENHANCED BARRIER PRECAUTIONS
Indicated for residents known to be colonized or infected with an MDRO deemed novel or targeted by the CDC , when Contact Precautions do not otherwise apply, or when the resident has an indwelling medical device or wound .

Examples of CDC novel or targeted MDROs include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

Facilities that choose to expand the use of EBP should prioritize local epidemiologically important MDROs in New Jersey, which include:

- Pan-non-susceptible organisms,
- Carbapenem-resistant Enterobacterales,
- Carbapenem-resistant *Pseudomonas*, and
- Carbapenem-resistant *Acinetobacter baumannii*

Implementation

Facilities must establish and communicate clear expectations for healthcare personnel to safely and effectively care for residents requiring EBP. Facilities should routinely assess the need for EBP. Refer to the [Enhanced Barrier Precautions in Nursing Homes Algorithm](#) to determine whether EBP applies to an individual resident. When caring for a resident who requires EBP, a private room is **not** required; however, administrative and nursing staff should work with the Infection

Preventionist to review cohorting policies and procedures to determine the most suitable placement. Residents being cared for with EBP may participate in group activities and should not be restricted to their rooms. EBP should be maintained for the entire duration of their stay for residents with a history of infection or colonization with a novel or targeted MDRO or until the wound(s) have healed or the indwelling medical device(s) that placed them at high risk have been removed. In addition to following Standard Precautions, a gown and gloves should be worn during the following high-contact resident care activities:

- Dressing
- Changing linens
- Bathing/showering
- Toileting/incontinent care
- Transferring
- Wound care
- Providing hygiene
- Indwelling device care or use

Facilities must identify a clear communication system to recognize residents on EBP. This may include signage on the door or wall outside of the room indicating the type of precautions, required PPE, and indications for PPE use.

Implementation Checklist

Before implementing EBP, ensure staff are aware of the facility's expectations regarding hand hygiene and the use of gowns and gloves. Staff should be provided with initial and refresher competency-based training and have access to appropriate supplies.

<input type="checkbox"/>	Ensure a clear system to communicate the use of EBP (e.g., signage, symbolism).
<input type="checkbox"/>	Make PPE, including gowns and gloves, available at point of use.
<input type="checkbox"/>	Ensure access to alcohol-based hand rub, ideally both inside and outside of the room.
<input type="checkbox"/>	Position a trash can inside the resident's room and near the exit for discarding PPE after removal.
<input type="checkbox"/>	Provide education to residents and visitors on EBP, including hand hygiene and PPE use.
<input type="checkbox"/>	Incorporate periodic audits of adherence to recommended infection prevention and control practices.
<input type="checkbox"/>	Define a process to routinely reassess for changes that would require Contact Precautions or discontinuation of EBP.

Definitions

Indwelling medical device: A device that provides a direct pathway for pathogens in the environment to enter the body and cause infection (e.g., central lines, hemodialysis catheters, indwelling urinary catheters, feeding tubes, endotracheal tubes). Fully embedded devices without components that communicate with the outside, such as pacemakers, ostomies, continuous glucose monitors, and insulin pumps, would not be considered indwelling medical devices.

Multidrug-resistant organisms (MDROs): Pathogens that are resistant to one or more classes of antimicrobial agents.

Novel or Targeted MDROs: MDROs newly introduced or emerging in a locality or region. These include pan-resistant organisms, *Candida auris*, and carbapenemase-producing organisms (e.g., the presence of genes including blaNDM, blaKPC, blaVIM, blaIMP, blaOXA-48, blaOXA-23, blaOXA-24/40, blaOXA-58 with or without a specific organism identified).

Providing hygiene: Refers to practices such as brushing teeth, combing hair, and shaving. Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions throughout the day.

Wound: Any skin opening requiring a dressing, such as chronic wounds (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, chronic venous stasis ulcers). This does not include shorter-lasting wounds, such as skin breaks or skin tears, covered with a simple dressing.

References

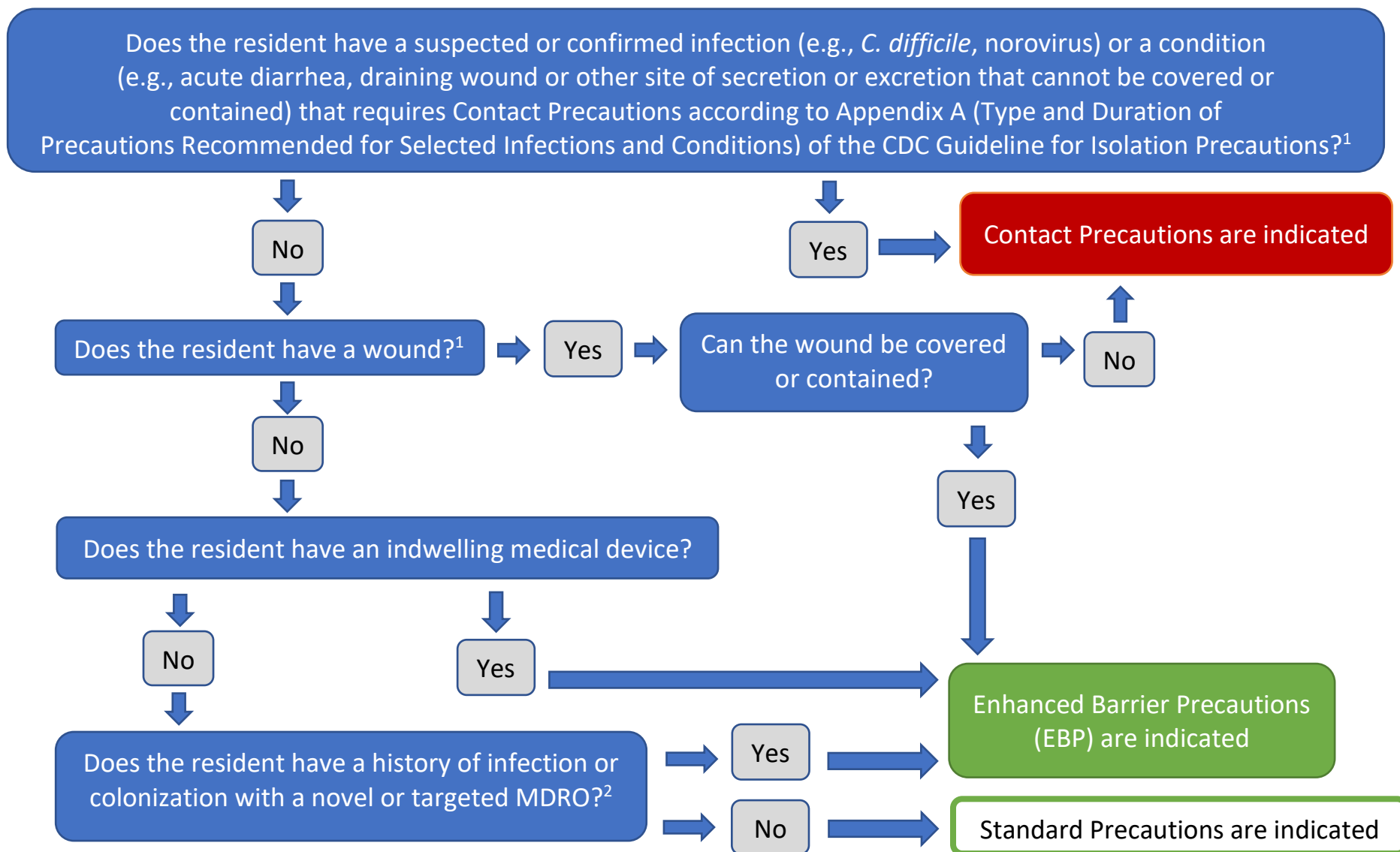
U.S. Centers for Disease Control and Prevention. (April 2, 2024). Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs). U.S. Department of Health and Human Services. <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>

Centers for Medicare & Medicaid Services. (March 20, 2024). Enhanced Barrier Precautions in Nursing Homes (QSO-24-08-NH). U.S. Department of Health and Human Services. <https://www.cms.gov/files/document/qso-24-08-nh.pdf>

The New Jersey Department of Health, Infection Control Healthcare & Environmental Epidemiology Program would like to acknowledge the Virginia Department of Health as an inspiration for the development of this resource.

Enhanced Barrier Precautions in Nursing Homes Algorithm

Use this resource to determine whether EBP apply to an individual resident. Periodic assessment will inform which level of precautions should be used.



¹Continue to use this algorithm to re-assess the resident throughout their stay for changes that would require Transmission-Based Precautions. Refer to CDC Guideline for Isolation Precautions: [Appendix A](#).

²When EBP are indicated based on a resident's history of colonization or infection with a novel or targeted MDRO, EBP should be implemented and maintained for the entire duration of their admission and all future readmissions.