



Infection Prevention and Control Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

February 23rd, 2024

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- The VRD Project
- Introducing the Enhanced Barrier Precautions (EBP) Toolkit
- Open Q & A

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, March 8 th	XDRO Registry	https://illinois.webex.com/weblink/register/r056d09e7de7cd2636e1ce6fb09225ab1
Friday, March 22 nd	Outbreak	https://illinois.webex.com/weblink/register/r480c00e92e9f64c1d2353511a025e5bc
Friday, April 12 th	UTI	https://illinois.webex.com/weblink/register/ra0785b4cb7cd573f2c99b56ea60ac805
Friday, April 26 th	Water management	https://illinois.webex.com/weblink/register/r48bcffe10d541a98e5414dce2e14d76e



The VRD Project: An Approach to Combating Viral Respiratory Diseases in Illinois Long Term Care Facilities

Ronald Hershov, MD

Director, Division of Epidemiology and Biostatistics

School of Public Health



A Multifaceted Approach



Training

- School of Public Health Outbreak Investigation Training
- Viral Respiratory Disease Bootcamps
- Viral Respiratory Disease Toolkit



Consultation

- Ticketing system to link LTCF safety officers with public health experts during outbreaks



TRAINING

SPH
Outbreak
Investigation
Training

20 online modules presenting outbreaks in many settings **including long-term care facilities**, providing you with **interesting stories** of how they were dealt and what was learned.

Emphasis on **viral respiratory disease outbreaks**

Developed and taught by Dr. Mark Dworkin



TRAINING

SPH
***Outbreak
Investigation
Training***

MODULE 1: INTRODUCTION TO OUTBREAK INVESTIGATION

MODULE 2: LEGIONNAIRES DISEASE

MODULE 3: COVID-19 AND VACCINE EFFICACY

MODULE 4: PERTUSSIS

MODULE 5: RSV AND ADENOVIRUS

MODULE 6: HEPATITIS B

MODULE 7: MEASLES

MODULE 8: RHINOVIRUS

MODULE 9: INFLUENZA

MODULE 10: PNEUMONIA

MODULE 11: TUBERCULOSIS

MODULE 12: MULTIDRUG RESISTANT ORGANISMS AND CANDIDA AURIS

MODULE 13: COVID-19 AND AN ASSESSMENT TOOL

MODULE 14: MUMPS

MODULE 15: SHIGELLOSIS

MODULE 16: ENTERIC REVIEW ARTICLE

MODULE 17: CRYPTOSPORIDIUM

MODULE 18: A WEDDING TO REMEMBER

MODULE 19: NOROVIRUS

MODULE 20: MYSTERY ILLNESS IN PANAMA



TRAINING

Viral Respiratory Disease Bootcamp

8 online Bootcamp modules provide practical guidance on how to prevent, investigate, monitor, and respond to outbreaks

Detailed explanation of guidance rationale, content, and implementation

Coupled with access to the **outbreak investigation toolkit** – a compendium of IDPH and CDC Guidance on VRD Control in LTCFs

Participants introduced to a **novel Excel-based tracker tool** that facilitate outbreak monitoring and collects the collection of data that must be reported to the National Healthcare Safety Network



TRAINING

Viral Respiratory Disease Bootcamp

MODULE 1: PREPARING FOR AN OUTBREAK

MODULE 2: IDENTIFYING AN OUTBREAK

MODULE 3: MANAGING AN OUTBREAK

MODULE 4: STANDARD PRECAUTIONS P.1

MODULE 5: STANDARD PRECAUTIONS P.2

MODULE 6: ISOLATION, QUARANTINE, AND TBP

MODULE 7: ADDITIONAL MITIGATION STRATEGIES

MODULE 8: MANAGING STAFFING SHORTAGES

WEBSITE

VRD Website Overview

Combating Viral Respiratory Diseases in Illinois Long Term Care Facilities

Log In

or

Sign Up

Hello, and welcome, to the UIC-IDPH Viral Respiratory Disease Outbreak Project Website!

The project is a partnership between the Illinois Department of Health and Family Services (IHFS), the Illinois Department of Public Health (IDPH), and the School of Public Health.

Registration for this program provides access to two online training programs and consultative services for facilities that need timely assistance with an active or recent VRD outbreak in their facility. Training materials (e.g., videos and quizzes) and the consultative service can be accessed within this website.

A brief description of our training programs can be found below. Full details are outlined in each training program's syllabus.

1. Outbreak Prevention and Control Training

- This training provides an introduction to the basic principles and steps involved in investigating and controlling infectious disease outbreaks in general, with special attention to LTCFs and respiratory outbreaks. Trainees will develop an understanding of many diseases (respiratory and non-respiratory) and methods of control and prevention. The course will increase trainees' familiarity with real outbreak investigations, the role that health department personnel play, the application of infection control practices to hasten the end of an outbreak, and emphasize the importance of motivating optimal prevention and control behavior.

2. Viral Respiratory Disease Bootcamp

- This training has been designed to increase familiarity, knowledge, and understanding of current policies, guidelines and resources for the prevention, mitigation, and control of viral respiratory pathogens in Illinois LTCFs. Special emphasis is provided for SARS-CoV-2, influenza, and respiratory syncytial (RSV) viruses given their prevalence and importance to long-term care populations. Participants will also have access to an accompanying toolkit which outlines state and federal guidelines and resources for preventing and responding to outbreaks of SARS-CoV-2, influenza, and RSV.

Please note, a monetary incentive will be provided to participants who complete a minimum of 15 Outbreak Prevention and Control Training modules and 6 Bootcamp modules, equivalent to approximately 75% of the offerings in each training program, and complete a brief survey about their experience with the trainings. Qualifying participants will receive a communication with instructions on how to obtain their honorarium. Please note, participants will be required to provide their SSN to UIC using a secure data transfer to receive payment.

For questions about this project or the training programs, please contact vr_d_questions@uic.edu

Thank you for registering and we hope you enjoy our trainings!

- The UIC Team



WEBSITE

Registration

Combating Viral Respiratory Diseases in Illinois Long Term Care Facilities

Sign Up

All fields are required.

First Name:

Last Name:

Email Address:

Password:

Your password can't be too similar to your other personal information.
Your password must contain at least 4 characters.
Your password can't be a commonly used password.
Your password can't be only your name.

Password confirmation:

Enter the same password twice, for verification.

Credentials (e.g., MDM, CDC):

Job title:

Organization type:

- Long Term Care Facility
- Health Department
- Other Employer

Institution name:

Institution zip:

Which of the following best describes your previous experience working on infectious disease outbreak investigations?

What motivated you to participate in this project? (select all that apply)

- I work in an organization that has been significantly or recently affected by a respiratory disease outbreak.
- I have a personal or professional interest in the topic.
- I want to learn the monetary incentive.
- I want to learn about state and federal guidelines related to infectious disease prevention, control, and reporting.
- My institution/department/organization participates in activities closely tied to ICDPH.
- I am required to participate as part of my employment.
- I am interested in public health (e.g., individual and/or community-level) as a career field.
- The training is free.
- I am curious to see how data science is being utilized through this program.
- Other (specify in remarks).

Do you identify as Hispanic/Latino?

- Yes
- No
- I don't know or prefer not to answer

What race(s) do you identify with? (select all that apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White/Hispanic
- Other
- Unsure
- Prefer not to identify

Do you currently identify as a woman, a man, or in some other way?

- Man
- Woman
- In some other way
- Prefer not to identify

Which age group do you belong to?

- <23
- 23-29
- 30-39
- 40-49
- 50-59
- 60+

Which of the following was the most recent COVID-19 immunization that you received?

- The new jabster (COVID-19 booster)
- The jab (you received 11/17/21 booster)
- The COVID-19 primary series
- I did not receive either COVID-19 primary series

WEBSITE

Home Page

HOME

ABOUT

FAQS

TOOLKIT

HELP

ADMIN

Welcome

| LOGOUT

Overall Progress



Registration



Bootcamp



Outbreaks



Survey



Honorarium

Bootcamp

- Preparing for an Outbreak
- Identifying an Outbreak
- Managing an Outbreak
- Standard Precautions Part 1
- Standard Precautions Part 2
- Transmission-Based Precautions & Isolation and Quarantine Guidance
- Additional Mitigation Strategies
- Managing Staffing Shortages

Outbreaks

- | | |
|---|---|
| Introduction <input type="radio"/> | Tuberculosis <input type="radio"/> |
| Legionnaire's <input type="radio"/> | MDRO <input type="radio"/> |
| COVID-19 and Vaccine Efficacy <input type="radio"/> | COVID Assessment Tool <input type="radio"/> |
| Pertussis <input type="radio"/> | Mumps <input type="radio"/> |
| RSV & Adenovirus <input type="radio"/> | Shigellosis <input type="radio"/> |
| Hepatitis B <input type="radio"/> | Enteric Outbreaks <input type="radio"/> |
| Measles <input type="radio"/> | Cryptosporidium <input type="radio"/> |
| Rhinovirus <input type="radio"/> | A Wedding to Remember <input type="radio"/> |
| Influenza <input type="radio"/> | Norovirus <input type="radio"/> |
| Pneumonia <input type="radio"/> | Panama <input type="radio"/> |

Combating Viral Respiratory Diseases in Illinois Long Term Care Facilities

Toolkit

Disclaimer Regarding COVID-19 Guidance:

The COVID-19 guidance below is specifically intended for facilities as defined in the Nursing Home Care Act (210 ILCS 40), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State Operated Developmental Centers (SOCDC), Mentally Complex/Developmentally Disabled Facilities (MAGDD), and Illinois Department of Veterans Affairs Facilities.

Supported Living Facilities, Assisted Living Facilities, Shared Housing Arrangements, Sheltered Care Facilities, and Specular/Mental Health Rehabilitation Facilities, whose staff provide non-skilled personal care, should refer to state guidelines for Assisted Living and Care. Higher Risk Community Organizational Living Settings, Community Integrated Living Arrangements (CILA) of eight or less, unrelated individuals and other small congregate settings should also review Suggested COVID-19 Guidelines for Small Congregate Settings provided by the Illinois Department of Human Services.

Surveillance

Preparing for Outbreaks

Reporting

Monitoring an Evolving Outbreak (Line Lists)

Respiratory Syncytial Virus (RSV)

Vaccination

Screening and Admissions

Staffing Shortages

IDPH generally does not support NCP working while ill, as sickness presentism, or working while ill increases risk of errors and COVID-19 transmission. If a facility is allowing NCP who are positive to work, they must be **WELL** and **well enough to work**. [Whole Department of Public Health](#)

For guidance on managing staffing shortages, refer to this IDPH [document](#).

Further guidance can be found on this CDC [web page](#).

- The below strategies are designed to be implemented sequentially.
- Each strategy is designed to increase the available staffing at all times for a) the safety and care of residents and b) to maintain a safe working environment.

1. Conventional Strategies

2. Contingency Capacity Strategies

3. Crisis Capacity Strategies

Visitors and Essential Caregivers

Additional Guidance and Resources

State and Federal Policy Documents (Sources)

WEBSITE

Training and Bootcamp View

Course / Outbreak Investigation Training / COVID-19 and Vaccine Efficacy

< Previous Next >

Module 3 - COVID-19 and Vaccine Efficacy

[Bookmark this page](#)

[Return to Dashboard](#)

Video

A Tale of Two Outbreaks

1. A Large Outbreak in a Nursing Home
2. An Outbreak in a Skilled Nursing Facility in Which the Vaccine Helps to Control Spread

Hurraß et al., 2022 & Morris et al., 2020

0:00 / 10:19 ⏪ ⏩

Additional Materials

- Explosive COVID-19 outbreak in a German nursing home and the possible role of the air ventilation system
- Investigation of A SARS-CoV-2 Delta (B.1.617.2) Variant Outbreak Among Residents of a Skilled Nursing Facility and Vaccine Effectiveness Analysis — Maricopa County, Arizona, June–July 2021

[Return to Dashboard](#)

WEBSITE

Consultative and Help Request Form

UIC UNIVERSITY OF ILLINOIS CHICAGO

School of Public Health

VRD Helpdesk

Please complete the survey below to request a consultation from the UIC-IDPH-HFS Viral Respiratory Disease Outbreak Prevention Program team or to request help with an IT/website related matter.

For any questions related to the course materials or toolkit, please email vrd_questions@uic.edu.

First Name
* must provide value

Last Name
* must provide value

Please enter an email address where you can be reached.
* must provide value

Please provide a phone number where you can be reached.

What type of request are you submitting?
* must provide value
Consultative Request

Organization Name
* must provide value

Organization Zipcode
* must provide value

What is the subject of the issue/request?
* must provide value

Please describe the issue/request.

Please provide as much detail as possible. If this pertains to an outbreak, indicate:

- which virus(es) is causing the outbreak.
- confirmed and suspected case numbers.
- number of hospitalizations or deaths.

Expand

**IMPLEMENTING PERSONAL PROTECTIVE EQUIPMENT IN
NURSING HOMES TO PREVENT THE SPREAD OF
EXTENSIVELY DRUG-RESISTANT ORGANISMS (XDROS) &
MULTIDRUG RESISTANT ORGANISMS (MDROS) PART 2:
INTRODUCING THE ENHANCED BARRIER
PRECAUTIONS (EBP) TOOLKIT**

Karen Trimberger RN, MPH, NE-BC, CIC
Infection Prevention Consultant
Hektoen Institute/Illinois Department of Public Health

Introducing Enhanced
Barrier Precautions

OBJECTIVES



Digitallearning.eletsonline.com

- Describe the contents of the EBP Toolkit
- Provide the necessary resources for a facility implementing Enhanced Barrier Precautions (EBP)
- Differentiate between Multidrug-resistant organisms (MDROs) and Extensively drug-resistant organisms (XDROs) terminology within the IDPH toolkit
- Explain the two ways to determine (assessing risk) if Transmission-based Precautions (TBP) are needed and what type of TBP to use if warranted
- Provide Cohorting options for facilities to follow with bed placement

WHY ENHANCED BARRIER PRECAUTIONS?

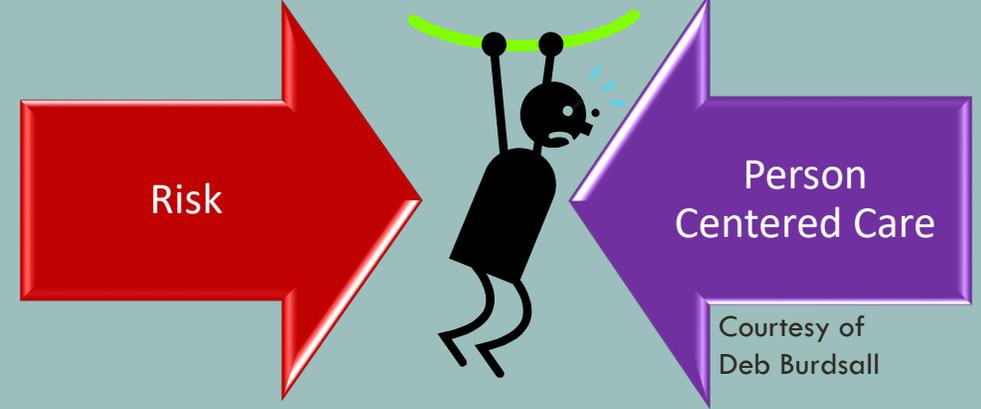


Contact Precautions alone has failed to control the transmission of multidrug-resistant organisms in nursing homes.

Facilities need an approach to gown/glove use that is less restrictive than Contact Precautions and can be sustained for prolonged periods of time.

A category of TBP that balances “patient-centered care” and “risk.”

EBP BALANCES PERSON-CENTERED CARE & RISK?



Patient-centered

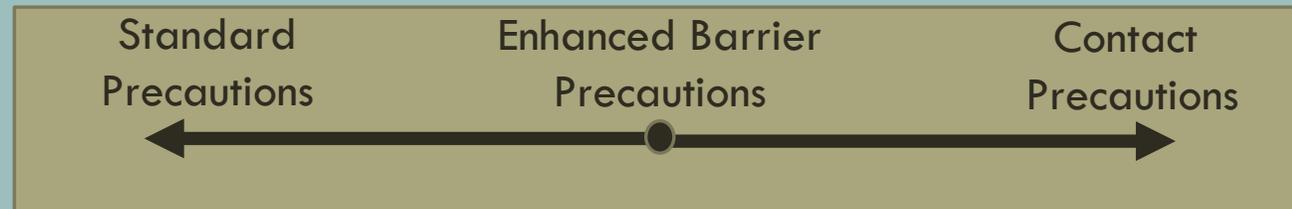
- Residents' need to socialize and to participate in communal dining, group activities.
- Isolation is scary and can be stigmatizing if required to stay in their room and not come out unless medically necessary.
- Residents on Enhanced Barrier Precautions are not restricted to their rooms and may leave their room to participate in communal dining and group activities.

Risk

- Is the resident colonized or infected with an XDRO or MDRO?
- Does the resident have an indwelling medical device, open wounds, or are they immunocompromised?
- EBP helps protect residents at risk for acquiring colonization (those with wounds, indwelling devices, etc.).

WHAT ARE ENHANCED BARRIER PRECAUTIONS (EBP)?

- EBP expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated
- EBP falls between standard precautions and contact precautions on the continuum of care
- EBP requires the use of gown and gloves *when performing high-contact resident care activities*
- EBP do NOT require gown and gloves if NOT performing a high contact activity
- Room restrictions are not required with EBP
- Participation in group activities is allowed with EBP
- Offers better protection for the resident (prevention)



WHAT ARE ENHANCED BARRIER PRECAUTIONS?

Enhanced Barrier Precautions

- Use of gown and gloves during high-contact resident care activities
- No private room required
- Residents can participate in group activities
- Intended to be used for resident's entire length of stay



The infographic features a bright orange background. At the top, two red octagonal 'STOP' signs flank the title 'ENHANCED BARRIER PRECAUTIONS' in large, bold, black letters. Below the title, the text 'EVERYONE MUST:' is written in white. The first instruction is 'Clean their hands, including before entering and when leaving the room.' This is accompanied by an icon of a hand being washed with blue soap. The second instruction is 'PROVIDERS AND STAFF MUST ALSO:' in white. This is followed by two sub-sections. The first is 'Wear gloves and a gown for the following High-Contact Resident Care Activities.' This is accompanied by icons of blue gloves and a blue gown. The activities listed are: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, and Device care or use: central line, urinary catheter, feeding tube, tracheostomy, and Wound Care: any skin opening requiring a dressing. The final instruction is 'Do not wear the same gown and gloves for the care of more than one person.' At the bottom right, there is a logo for the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**

EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

  Wear gloves and a gown for the following High-Contact Resident Care Activities.

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

Do not wear the same gown and gloves for the care of more than one person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

THE EBP TOOLKIT



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

To: Skilled Nursing Facilities

CC: Local Health Departments, IDPH Office of Health Care Regulation

From: Caroline Soyemi, RN, HFSN, MSN, DNP
Healthcare-Associated Infections/Antimicrobial Resistance Program Coordinator,
Division of Patient Safety and Quality

Date: January 31, 2024

Subject: Toolkit for Implementing Personal Protective Equipment in Nursing Homes to Prevent the Spread of Multidrug- and Extensively Drug-Resistant Organisms

The control of multidrug-resistant organisms (MDROs), extensively drug-resistant organisms (XDROs), and emerging pathogens is particularly challenging in skilled nursing facilities. In response, the Illinois Department of Public Health is releasing [A Toolkit for Implementing Personal Protective Equipment in Nursing Homes to Prevent the Spread of Multidrug- and Extensively Drug-Resistant Organisms](#). The document provides necessary tools and resources to implement Enhanced Barrier Precautions (EBP) for residents with wounds requiring dressings or indwelling medical devices and successfully admit and care for those residents with an XDRo or epidemiologically important MDRO.

The toolkit includes:

- directions on how to query the XDRo registry,
- examples of interfacility transfer forms,
- Transmission-Based Precautions (TBP) signs,
- algorithms for determining the appropriate TBP category and required personal protective equipment (PPE) for residents,
- cohorting options when room availability is limited, and
- resources for training staff (PowerPoint presentation, in-service attendance sheet, and post-test).

This document is not intended for use in acute care, long-term acute care hospitals (LTACH), or assisted living (AL) communities and does not replace existing guidance regarding the use of contact precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.

Please direct any questions to dph.xdrregistry@illinois.gov.



A Toolkit for Implementing Personal Protective Equipment in Nursing Homes to Prevent the Spread of Multidrug- and Extensively Drug-Resistant Organisms

January 17, 2024

Created by the Illinois Department of Public Health and Karen Trimmer RN, MPH, CIC, Infection Prevention Consultant for the Hektoen Institute of Medicine/IDPH grantee, in collaboration with the Chicago Department of Public Health, DuPage County Health Department, Lake County Health Department, Will County Health Department, and Infection Prevention Consultants for the Hektoen Institute of Medicine.

EBP TOOLKIT CONTENTS

- Introduction and description as to WHY Enhanced Barrier Precautions (EBP) is recommended by the CDC
- Definitions for MDRO and XDRO (organisms)
- Summary of best practices
- Algorithms for decision-making for the type of Transmission-based Precautions necessary
- Directions on how to query the XDRO registry
- Interfacility transfer forms (examples)
- CDC isolation signs
- Cohorting options for resident placement (roommate options)
- Education and competency resources (in-service attendance sheet, a PowerPoint presentation on EBP, a post test, directions on how to don and doff PPE and a competency validation/checklist for donning and doffing PPE)

Appendices.....	17
Appendix A: List of Definitions and Acronyms.....	17
Appendix B: Directions on Accessing the XDRO Registry.....	18
Appendix C: Interfacility Transfer Forms	22
Appendix D: Algorithm for New Admissions.....	25
Appendix E: Algorithm for Newly Identified Positive Specimen (Novel or Targeted XDROs).....	26
Appendix F: Table 1. Room Placement and Type of Transmission-Based Precautions Required for Residents with MDROs or XDROs.....	27
Appendix G: Enhanced Barrier Precaution Sign	28
Appendix H: Contact Precaution Sign	29
Appendix I: Droplet Precaution Sign	30
Appendix J: Airborne Precaution Sign.....	31
Appendix K: Checklist for Selection of Disinfectant.....	32
Appendix L: In-service Attendance Sign-In Sheet	33
Appendix M: PowerPoint Education	34
Appendix N: Post In-Service Exam	35
Appendix O: Post-Test Key	36
Appendix P: CDC Donning and Doffing Sequence.....	37
Appendix Q: Personal Protective Equipment (PPE) Competency Validation	40

CDC RECOMMENDATIONS FOR EBP

STATEMENT from the CDC *Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)* guidance that needs to be emphasized:

“MDROs for which the use of EBP applies are based on local epidemiology.
At a **minimum**, they should include resistant organisms targeted by CDC
but **can also include other epidemiologically important MDROs.**”

TERMINOLOGY (TAKEN FROM EBP TOOLKIT)

When referring to a novel or targeted XDRO, the Illinois Department of Public Health (IDPH) is referring to organisms that are being entered into the Illinois XDRO registry:

- *Candida auris*, carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant *Acinetobacter baumannii*, and carbapenemase-producing *Pseudomonas aeruginosa*.

When referring to other epidemiologically important pathogens or MDROs, IDPH is referring to the following organisms:

- Methicillin-resistant *Staphylococcus aureus* (MRSA), ESBL-producing Enterobacterales, vancomycin-resistant *Enterococci* (VRE), multidrug-resistant *Pseudomonas aeruginosa*, and drug-resistant *Streptococcus pneumoniae*.

CDC does not use the term XDRO. This is specific to the IL XDRO registry.

When referring to a novel or targeted XDRO, the Illinois Department of Public Health (IDPH) is referring to organisms that are being entered into the Illinois XDRO registry:

- *Candida auris*, carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant *Acinetobacter baumannii*, and carbapenemase-producing *Pseudomonas aeruginosa*.

When referring to other epidemiologically important pathogens or MDROs, IDPH is referring to the following organisms:

- Methicillin-resistant *Staphylococcus aureus* (MRSA), ESBL-producing Enterobacterales, vancomycin-resistant *Enterococci* (VRE), multidrug-resistant *Pseudomonas aeruginosa*, and drug-resistant *Streptococcus pneumoniae*.

CDC does not use the term XDRO. This is specific to the IL XDRO registry.

These statements (above) are different from CDC resources.

IDPH recognizes that all multidrug-resistant organisms are considered MDROs and that extensively drug-resistant organisms (XDROs) are a subset of MDROs but for ease of use, IDPH bucketed these pathogens into 2 categories.

XDROs reflect those organisms required to be reported into the IL XDRO Registry and MDROs are other epidemiologically important pathogens. See above.

TERMINOLOGY (SAME INFORMATION BUT IN TABLE FORMAT)

Difference in Terminology

“MDROs for which the use of EBP applies are based on local epidemiology. At a minimum, they should include resistant organisms **targeted by CDC** but can also include other epidemiologically important MDROs.” (CDC)

Implementing EBP in Illinois SNF/vSNFs	CDC terminology for these organisms	IDPH terminology for these organisms
Pan resistant organisms, Candida auris, carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant Acinetobacter baumannii, and carbapenemase-producing Pseudomonas aeruginosa.	Novel, or <u>targeted</u> MDRO	Extensively drug-resistant organisms being entered into the Illinois XDRO registry or <u>XDROs</u>
Methicillin-resistant Staphylococcus aureus (MRSA), ESBL-producing Enterobacterales, vancomycin-resistant Enterococci (VRE), multidrug-resistant Pseudomonas aeruginosa, and drug-resistant Streptococcus pneumoniae.	Additional epidemiologically important MDROs	Other epidemiologically important pathogens or MDROs

CDC DEFINITIONS

Novel MDRO: “An organism with a resistance phenotype (i.e., pattern of resistance to different antimicrobial agents) or a resistance mechanism that has never or very rarely been identified in the United States. Often, experience with these organisms is limited and a more extensive evaluation is needed to define the risk for transmission.”

“In the Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrugresistant Organisms (MDROs), these are classified as Tier 1 organisms and mechanisms. Tier 1 organisms and mechanisms are uniform across the U.S.”

Targeted MDRO: “An organism resistant to most or all available antimicrobials and with the potential to spread widely. Intensive public health actions are required to slow the spread of targeted MDROs. Current examples of targeted MDROs for much of the United States include pan-resistant organisms with potential for spread, carbapenemase-producing *Enterobacterales* (CP-CRE), carbapenemase-producing *Pseudomonas spp.* (CP-CRPA), carbapenemase-producing *Acinetobacter baumannii* (CP-CRAB), and *Candida auris*.”

“In the Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrugresistant Organisms (MDROs), these are classified as Tier 2 and above; in some jurisdictions, targeted MDROs may be endemic. The organisms and mechanisms classified as targeted MDROs may vary among different U.S. regions.”

MANAGEMENT OF MULTIDRUG-RESISTANT ORGANISMS IN HEALTHCARE SETTINGS, 2006

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf>

V.A.5.c.i. **In acute-care hospitals**, implement Contact Precautions routinely for all patients infected with target MDROs and for patients that have been previously identified as being colonized with target MDROs (e.g., patients transferred from other units or facilities who are known to be colonized). (11, 38, 68, 114, 151, 183, 188, 204, 217, 242, 304) *Category IB*

V.A.5.c.ii. **In LTCFs**,

1. * Consider the individual patient's clinical situation and prevalence or incidence of MDRO in the facility when deciding whether to implement or modify Contact Precautions in addition to Standard Precautions for a patient infected or colonized with a target MDRO. *Category II*
2. * For relatively healthy residents (e.g., mainly independent) follow Standard Precautions, making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and ostomy tubes/bags. (78-80, 85, 151, 367, 368) *Category II*
3. * For ill residents (e.g., those totally dependent upon healthcare personnel for healthcare and activities of daily living, ventilator-dependent) and for those residents whose infected secretions or drainage cannot be contained, use Contact Precautions in addition to Standard Precautions. (316, 369, 370) *Category II*
4. * For MDRO colonized or infected patients without draining wounds, diarrhea, or uncontrolled secretions, establish ranges of permitted ambulation, socialization, and use of common areas based on their risk to other patients and on the ability of the colonized or infected patients to observe proper hand hygiene and other recommended precautions to contain secretions and excretions. (151, 163, 371) *Category II*

V.A.5.d. **In ambulatory settings**, use Standard Precautions for patients known to be infected or colonized with target MDROs, making sure that gloves and

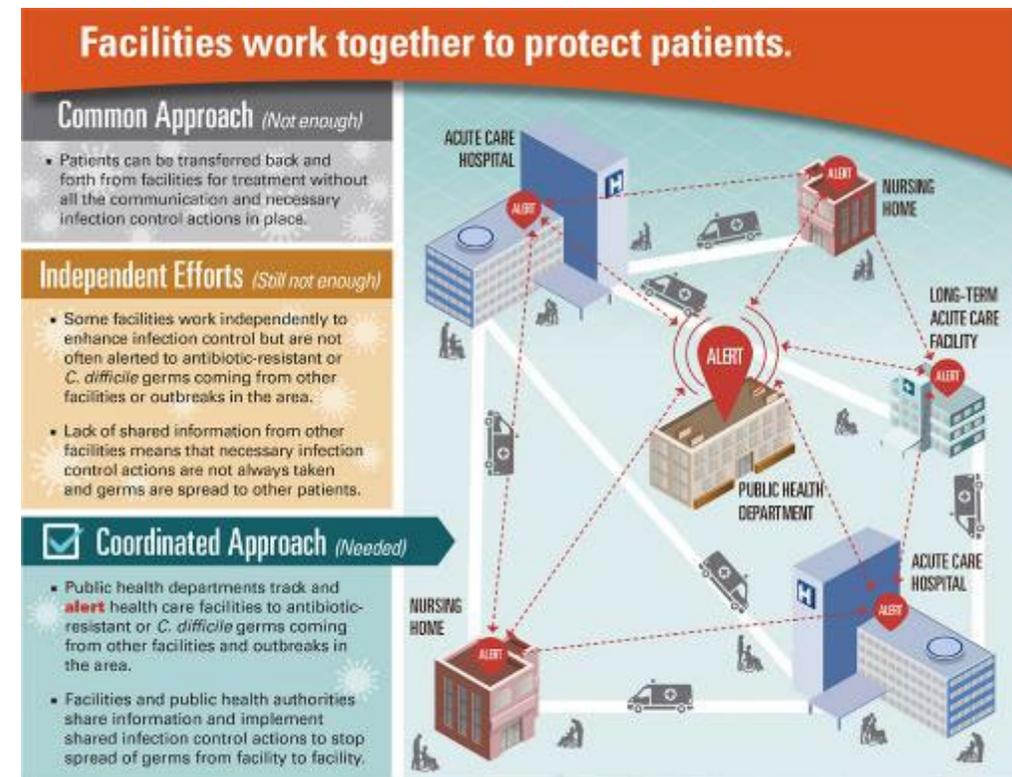
How Do You Determine if Transmission-based Precautions (TBP) is warranted, and which type to use ?

When implementing TBP among residents in long-term care facilities, **consider both of the following facility-level approaches, to determine if TBP are warranted** for a resident, keeping in mind that standard precautions should be used on all residents during all care.

1. Pathogen-based
2. Risk-based

Assessing Risks

- All organisms are not the same!
- Many of the XDRO organisms are a serious threat to public health.
- Many of these infections are difficult to treat and have been associated with higher mortality rates.
- “Due to the movement of patients throughout the healthcare system, if **(insert organism)** are a problem in one facility, then typically they are a problem in other facilities in the region as well.” (CDC)



<https://www.cdc.gov/hai/prevent/prevention.html>

Assessing Risk:

Pathogen-based Approach

You should evaluate every resident admitted to your facility to determine if TBP are warranted.

Start by looking at the pathogen

- Is the resident colonized or infected with an **XDRO pathogen** (using IDPH terminology) ?
- Is the resident colonized or infected with an **MDRO pathogen** (using IDPH terminology)?



ASSESSING RISK: PATHOGEN-BASED

Does the resident have an XDRO?

If a resident has an XDRO *there is a risk* of spreading this organism to others (transmission).

A resident with an XDRO should be cared for using standard precautions and at a minimum Enhanced Barrier Precautions to prevent the potential transmission of this organism to other residents that are ill or immunocompromised or at risk

HOWEVER

If the resident with an XDRO pathogen has wounds with drainage that *can NOT be contained* or diarrhea the resident should be cared for with standard precautions and Contact Precautions to prevent the potential transmission of this organism



ASSESSING RISK: PATHOGEN-BASED

DOES THE RESIDENT HAVE AN MDRO?
NOT ALL MDROS WILL REQUIRE TBP.

Look at the resident's clinical situation

- Do they have an active infection?
- Are they immunocompromised?
- Do they have indwelling medical devices, or wounds requiring a dressing?

If the answer is yes, consider caring for the resident with standard precautions and EBP.

The prevalence or incidence of MDROs in the facility

- Have you encountered this organism before in the building? Any issues maintaining control? Was there transmission or spread?
- Is the organism considered endemic in your area? If so, perhaps no TBP is required—this would be a facility decision.
- If organism is “new” to the building, perhaps you would want to place in EBP to prevent possible transmission of the organism.



How is the resident doing?
Do we have many MDROs in
our building? Have we ever
had anyone with this
organism before?

WHAT DOES IT MEAN TO BE ENDEMIC?

en·dem·ic. ADJECTIVE

“(of a disease) regularly occurring within an area or community.”

[define endemic - Search \(bing.com\)](#)

Endemicity: “Cases are regularly identified in healthcare facilities across the region, including those in different transfer networks.”

<https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-H.pdf>

HOW WOULD A FACILITY KNOW IF A PATHOGEN IS CONSIDERED ENDEMIC?

Contact your local health department to discuss pathogens within your facility and in your area (other healthcare networks, county, etc.).

If you don't currently have a line list of the pathogens within the facility, this is the time to start developing that list. ([Basic Organism Line List](#)) (created by Hektoen). This list is extremely helpful when determining bed placement, and identifying clusters, and outbreaks.

Consider using the [Facility Organism Risk Assessment](#) (created by Hektoen) when creating facility policies and procedures for EBP.

FACILITY ORGANISM RISK ASSESSMENT

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.hektoen.org%2Fwp-content%2Fuploads%2F2024%2F02%2FSample-Facility-Organism-Risk-Assessment_2_15_24.docx&wdOrigin=BROWSELINK

Insert Facility Name
Facility Organism Risk Assessment
Insert Date

Insert Facility Name utilizes the Illinois Department of Public Health *Toolkit for Implementing Personal Protective Equipment in Nursing Homes to Prevent the Spread of Multidrug- and Extensively Drug-Resistant Organismsⁱ* to guide implementation of Transmission Based Precautions including Enhanced Barrier Precautions.

We routinely admit residents with these multidrug-resistant organisms (MDRO): **insert organisms**. As a result of these organisms being prevalent in the facility, residents with these organisms who have covered wounds, contained drainage, and can maintain adequate hygiene will be cared for on Standard Precautions.

These MDROs are uncommon at **Insert Facility Name: insert organisms**. Following facility policies and procedures, in addition to Standard Precautions residents will be assessed to determine whether Contact Precautions or Enhanced Barrier Precautions will be implemented.

Enhanced Barrier Precautions will be used for residents with the following extensively drug-resistant organisms (XDRO): **insert organisms** when the resident has covered wounds, contained drainage, and can maintain adequate hygiene. Mechanisms of resistance, when known, will also be considered in the decision to implement Enhanced Barrier Precautions. When residents with the identified XDROs have wounds that cannot be covered, uncontained drainage, or cannot maintain adequate hygiene, they will be placed on Contact Precautions. A plan for de-escalation of Contact Precautions will be documented in the Care Plan.

ⁱ Illinois Department of Public Health. A Toolkit for Implementing Personal Protective Equipment in Nursing Homes to Prevent the Spread of Multidrug- and Extensively Drug-Resistant Organisms. Available at: [toolkit-for-implementing-ppe-mdros-1-17-24.pdf \(illinois.gov\)](https://www.idph.gov/~/media/IDPH/files/2024/02/Toolkit-for-Implementing-PPE-MDROs-1-17-24.pdf).

ASSESSING RISK: RISK-BASED APPROACH

The Risk-based Approach looks at other factors that contribute to the resident potentially acquiring an XDRO or MDRO

What factors put the resident at an increased risk? (regardless of MDRO colonization or infection status).

- Wounds requiring dressings
- Indwelling medical devices

FACTORS PUTTING RESIDENT(S) AT RISK

WOUNDS REQUIRING A DRESSING

WHAT TYPE OF WOUNDS ARE WE TALKING ABOUT?



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CDC does not typically include a skin break/tear that would be covered by a band-aid or another type of dressing similar to a band-aid as a wound requiring a dressing.

CDC considers the following as “wounds requiring a dressing”

pressure ulcers

diabetic foot ulcers

unhealed surgical wounds

other wounds, such as chronic venous stasis ulcers.

These are surgical wounds that aren't healing...NOT a fresh post-op surgical wound for total joints, etc.

FACTORS PUTTING RESIDENT(S) AT RISK

INDWELLING MEDICAL DEVICES

WHAT TYPE OF MEDICAL DEVICES ARE WE TALKING ABOUT?

CDC defines indwelling medical devices as those that **communicate** to the outside.

CDC would not classify a dialysis fistula as an indwelling medical device if it has healed, but it does include hemodialysis catheters that have direct access to the outside.

CDC considers the following as “indwelling medical devices”

- central lines

- urinary catheters

- feeding tubes

- hemodialysis catheters

- tracheostomies

- ventilators



www.sciencephotolibrary



Cathetersupply.com



Nuhospitals.com

An ostomy or stoma (fresh or mature) are **NOT** an indication for EBP.

DETERMINING THE TYPE OF TBP NECESSARY

a) Use EBP for residents with wounds requiring dressings (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) **UNLESS** the drainage from the wound cannot be contained (e.g., residents who cannot maintain adequate hygiene), or the resident is colonized or infected with an infection or condition listed in CDC's Guideline for Isolation Precautions Appendix A where Contact Precautions are recommended.

b) Use EBP for residents with any indwelling devices (e.g., central lines, urinary catheters, feeding tubes, hemodialysis catheters, tracheostomies, and ventilators) **UNLESS** the resident is colonized or infected with an infection or condition listed in CDC's Appendix A where Contact Precautions are recommended.

Ready Reference for Required Transmission-based Precautions

Pathogen	MDRO or XDRO	Transmission-based Precautions Required
<p>Carbapenemase-producing carbapenem-resistant Enterobacterales</p> <p>Carbapenemase-producing carbapenem-resistant Pseudomonas spp.</p> <p>Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii</p> <p>Candida auris</p>	XDRO	<p>EBP is required (at a minimum)</p> <p>Use Contact Precautions if resident has wounds with drainage that can NOT be contained or diarrhea, or has a pathogen listed in CDC Appendix A (e.g., scabies, norovirus)</p>
<p>Methicillin-resistant Staphylococcus aureus (MRSA)</p> <p>Vancomycin-resistant Enterococci</p> <p>Multidrug-resistant Pseudomonas aeruginosa</p> <p>ESBL-producing Enterobacterales</p> <p>Drug-resistant Streptococcus pneumoniae</p>	MDRO	<p>Is resident co-infected with an XDRO? If so, requires EBP at a minimum. Use Contact Precautions if resident has wounds with drainage that can NOT be contained or diarrhea, or has pathogen listed in CDC Appendix A (e.g., scabies, norovirus)</p> <p>If has an MDROs (and not coinfected with an XDRO) then evaluate the prevalence and incidence of the pathogen to determine if TBP are warranted BUT also assess whether resident is at risk (has a wound requiring a dressing or an indwelling medical device). If they do, then EBP is warranted to protect the resident. Use Contact Precautions if has wounds with drainage that can NOT be contained or diarrhea, or has pathogen listed in CDC Appendix A (e.g., scabies, norovirus)</p>

HOW TO IMPLEMENT EBP

- Develop policies and procedures before you implement EBP.
- Provide EBP education and training to staff.
- Validate competency of staff on PPE use for EBP.
- Start Slow! (e.g., start with one unit and ensure everyone understands the principles of EBP before moving to the next unit).
- Select a unit that has a higher burden of XDROs or MDROs or a unit where ventilators or trach residents reside.
- Consider using the [CDC Pre-implementation tool for EBP](#) to assess readiness.



RESOURCES

Pre-Implementation Tool—Enhanced Barrier Precautions (EBP)

<https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf>

Implementation Guide

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

FAQS

<https://www.cdc.gov/hai/containment/faqs.html>

PowerPoint Presentation by CDC

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdc.gov%2Fhai%2Fpdfs%2Fcontainment%2FEBP-Presentation-July2022.pptx&wdOrigin=BROWSELINK>

Letter to share with residents and families

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

Letter to share with staff

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

YouTube Video from CDC on Implementation of Enhanced Barrier Precautions

<https://www.youtube.com/watch?v=WD87c4PP6pE&list=PLvrp9iOILTQayOi5lgk08QDgv3GHROtCf&index=23>

Enhanced Barrier Precautions (EBP) Implementation—Observations Tool

<https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf>

DECISION-MAKING

Facilities will need to make decisions as to how to address a few things:

1. Organisms you consider endemic to your building (discuss with LHD first).
2. What type of precautions you use when a resident is actively being treated for an infection—if a resident has an XDRO or an MDRO and is on antibiotics, based on the CDC recommendations, the resident could technically be on EBP; however, we have heard many facilities state that they would leave the resident on Contact Precautions until they are done with the antibiotics. If the organism is an XDRO they could transition to EBP, but if the organism is an MDRO then they may transition to either Standard Precautions or EBP based on the organism and facility risk assessment. This is acceptable. This is a facility decision on how you handle these situations. Just make sure your policies reflect this and you are consistent.

DECISION-MAKING (cont.)

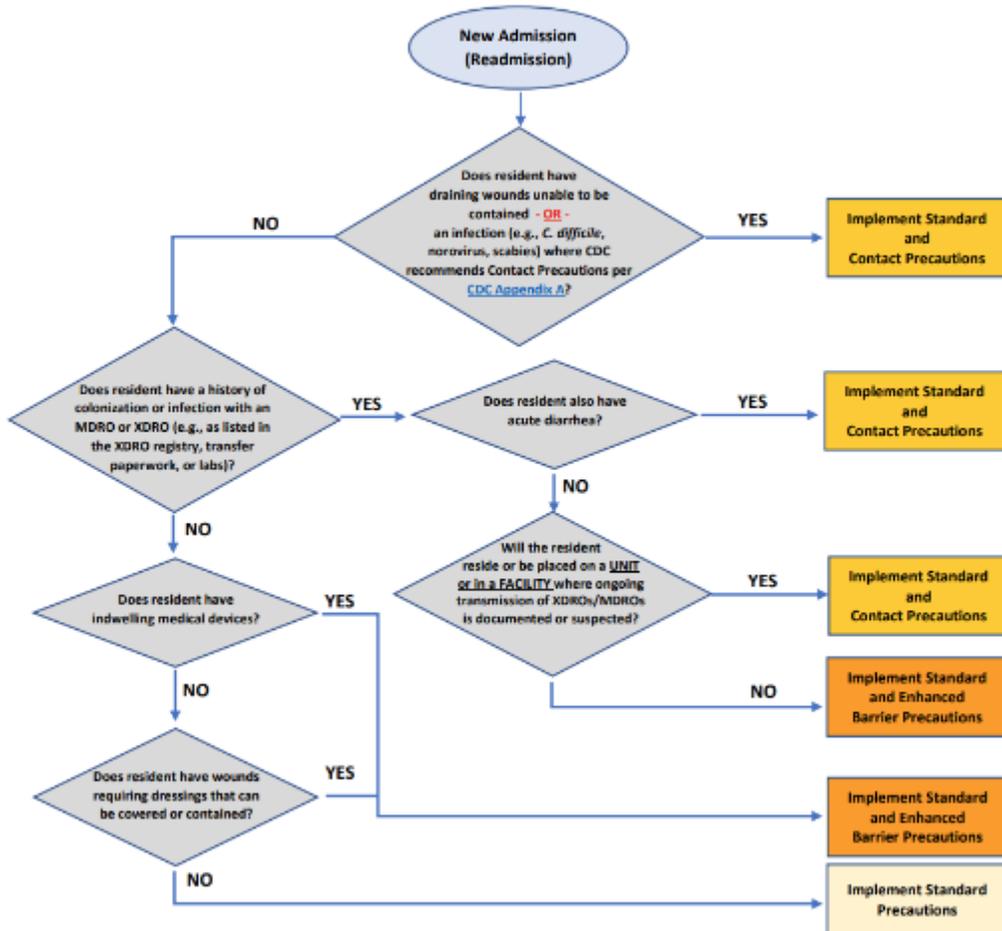
3. ESBLs-Lots of concerns about several residents having had an ESBL in urine but have been treated so why should these residents need to be on EBP. If it is the first ESBL in your building, use EBP unless Contact Precautions are warranted (disease from CDC Appendix A).

If residents have a history of ESBLs of urine and urine can be contained, then you may decide they do not need EBP. (facility-decision); **HOWEVER** if you notice there is an increase in cases, a cluster or an outbreak, then you should implement EBP and investigate.

4. Determining the type of TBP to use will require some critical thinking and discussion with your local health departments. Resources are available in the toolkit to help make your decisions easier but there will always be “a case” that doesn’t quite fit the example so you will have to talk through what to do with someone---use your resources!!

Appendix D: Algorithm for New Admissions

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of XDROs
NEW ADMISSIONS (Readmissions)

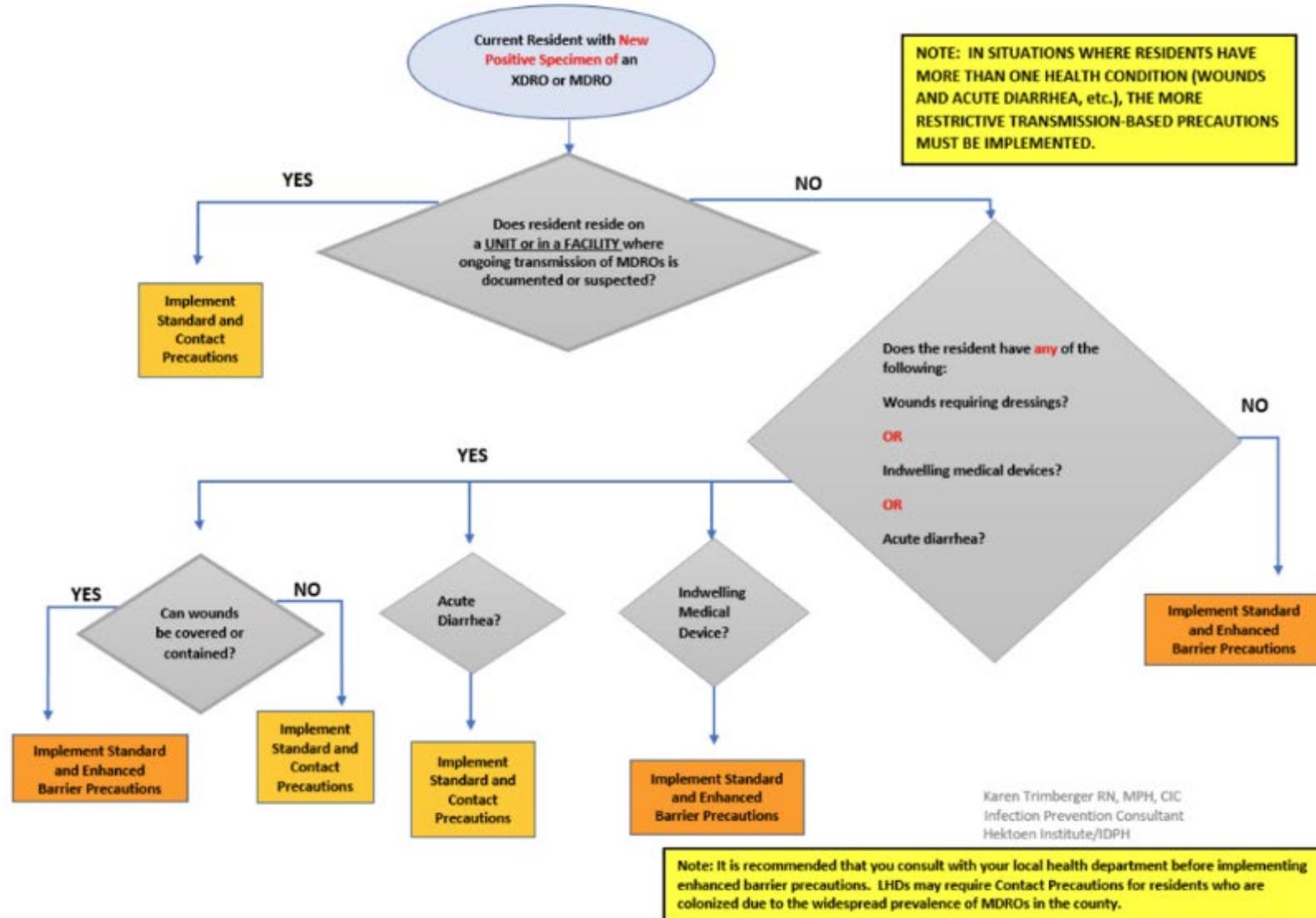


NOTES: In situations where residents have more than one health condition (e.g., wounds AND acute diarrhea), THE MORE RESTRICTIVE TRANSMISSION-BASED PRECAUTIONS MUST BE IMPLEMENTED.

It is recommended that you consult with your local health department (LHD) before implementing enhanced barrier precautions. LHDs may require Contact Precautions for residents who are colonized due to the widespread prevalence of MDROs in the county.

ALGORITHM FOR NEW ADMISSIONS TAKEN FROM EBP TOOLKIT

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of XDROs
NEWLY IDENTIFIED POSITIVE SPECIMEN (XDROs or MDROs)



ALGORITHM
FOR NEWLY
IDENTIFIED
POSITIVE
XDRO/MDRO
FROM EBP
TOOLKIT

Enhanced Barrier Precautions

Duration of precautions:

- For residents on EBP due to XDRO/MDRO colonization or infection, EBP should remain in place for the duration of the resident's stay
- For those on EBP due to an indwelling medical device or a wound requiring a dressing--- until device is removed or the wound no longer requires a dressing

Room Restrictions: NONE

Goal of EBP for residents with MDROs: To prevent transmission of MDROs/XDROs to others

Contact Precautions

Duration of precautions: Contact Precautions are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation. Facility prevalence of the organism(s) and containment success should be included in decision making about de-escalation.

Room Restrictions: Yes. Residents are restricted to their rooms except for medically necessary care and are not allowed to participate in communal dining and group activities.

Goal of CP for residents: To prevent transmission of MDROs/XDROs to others

Duration of Transmission-based Precautions for Enhanced Barrier Precautions and Contact Precautions

Approach (both approaches must be used)	Factors influencing decisions for type of TBP	Enhanced Barrier Precautions	Contact Precautions (CP)
Pathogen-based Approach	XDRO	<p>EBP is required at a minimum for residents colonized or infected with an XDROs and should be in place for the duration of the resident’s stay</p> <p align="center">HOWEVER</p> <p>If the resident with an XDRO pathogen has wounds with drainage that can NOT be contained or diarrhea the resident should be cared for with standard precautions and Contact Precautions to prevent the potential transmission of this organism</p>	<p>Some facilities may place residents with an XDRO on CP when residents are on antibiotics and <u>transition to EBP</u> after treatment. If this approach is used, CP is used for duration of therapy. EBP for duration of resident’s stay.</p> <p>If the residents’ wounds have healed or drainage is contained, or no longer has diarrhea, a facility may <u>transition to EBP</u> for duration of residents stay.</p>
Pathogen-based Approach	MDRO	Duration of the resident’s stay (it is a facility decision to determine if EBP is warranted for an MDRO)	<p>Some facilities may place residents on CP when resident is on antibiotics and transition to EBP after treatment. If this approach is used, CP is used for duration of therapy. EBP for duration of resident’s stay.</p> <p>*This statement applies if facility determines TBP is warranted for certain MDROs in their buildings.</p>
Pathogen-based Approach	Diseases from CDC Appendix A	EBP has not been incorporated into CDC Appendix A yet.	See Appendix A for specific disease recommendations. Contact Precautions are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.
Risk-based Approach	Wound requiring a dressing (resident not colonized or infected with XDRO/MDRO)	EBP until wound has healed	Not applicable
Risk-based Approach	Indwelling medical device (resident not colonized or infected with XDRO/MDRO)	EBP until indwelling medical device has been removed	Not applicable

Document

- Be sure to document in the residents' care plan that you have “considered” the risks and what type if any TBP are necessary.
- If a facility is implementing EBP slowly---make sure your Infection Control Risk Assessment speaks to this----or are you doing as a Process Improvement Program (PIP)? Ensure documentation addresses risks.
- Be mindful of your policies—what do they say about EBP and Contact Precautions and when you will use them? Especially, if you have only partially implemented EBP in the building—don't want you to be cited for not following policy.
- Consider using the [Facility Organism Risk Assessment](#) (created by Hektoen) when creating facility policies and procedures for EBP.

Room Placement & Cohorting Options

**Illinois Department of Public Health
Use of Transmission-Based Precautions and Room Placement Options
for Extensively Drug-Resistant Organisms
Skilled Nursing Facilities (SNF) and Ventilator Skilled Nursing Facilities (vSNF)**

Table 1: Room Placement and Type of Transmission-Based Precautions Required for Residents with MDROs or XDROs

Pathogens or Risk factors	Room Placement for Residents with Specified Pathogens	Type of Transmission-Based Precautions	Duration of Isolation
Pathogens requiring contact precautions (e.g., <i>C. difficile</i> , norovirus, scabies) or a condition for which contact precautions are recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC guideline for isolation precautions.	Ideally a single or private room. Cohorting may be done with like organisms when necessary.	Contact precautions	Duration of illness: Use CDC Appendix A document for duration of isolation.
Wounds with uncontained drainage and/or diarrhea.	Single or private room.	Contact precautions	Until drainage can be contained or wound heals or closes.
Non-ambulatory/bedbound residents on vent floor (vSNFs) with confirmed XDRO regardless of mechanism (e.g., CRE, CRAB, <i>C. auris</i>).	Ideally a single/private room. Cohorting may be done with like organisms when necessary.	Enhanced barrier precautions	Duration of a resident's stay in the facility.
NOTE: Do not cohort residents with positive XDRO colonization or infection with residents who have negative or unknown MDRO or XDRO and are immunocompromised or have indwelling devices or wounds. (IDPH recommendation)^{i,iv}			
The following residents with XDRO pathogens and specific mechanisms may be cohorted or placed together in the same room.			
May Cohort: Endemic XDRO pathogens: CRE-KPC, CRAB OXA-23, CRAB OXA-24/40, or other CPOs with unknown mechanisms and/or indwelling medical devices or wounds. (IDPH recommendation) ^{i,iv}	Residents may be placed in a single/private room or in a multi-occupancy room.	Enhanced barrier precautions	Duration of a resident's stay in the facility.
May Cohort: Rare or low-prevalence XDRO pathogens (e.g., CRE-NDM or CRE-VIM) and/or indwelling medical devices or wounds. (IDPH recommendation) ^{i,iv}	Residents may be placed in a single/private room or in a multi-occupancy room.	Enhanced barrier precautions	Duration of a resident's stay in the facility.
May Cohort: Residents with co-infections involving any CPOs and <i>C. auris</i> can be cohorted with other residents with CPOs and <i>C. auris</i> co-infections. NOTE: Do not cohort residents unless the co-infections are identical, and the facility consults with the LHD.	Residents may be placed in a single/private room or in a multi-occupancy room.	Enhanced barrier precautions	Duration of a resident's stay in the facility.

Use the resources available to you!

- LHD guidance
- IDPH guidance
- CDC guidance

SCENARIOS

Let's work through
some scenarios!



Scenario 1

- Mr. Rich has C difficile and is being treated for his infection.

Should Mr. Rich be placed into EBP?

Yes or No



Scenario 1: Answer

No. Mr. Rich should be placed into Contact Precautions per CDC.

Enhanced Barrier Precautions are intended for XDRO/MDROs (other than *Clostridioides difficile*) and do not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, scabies, norovirus) and conditions in nursing homes. Refer to Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions for a list of infections and other conditions where Contact Precautions is recommended.

- The resident should be placed in a private room
- Contact precautions signage must be placed on the resident's door
- Staff must wear a gown and gloves upon every entry to the room, regardless of whether they will be performing a high-contact resident care activity
- Residents with *C. diff* should be restricted to their rooms for the duration of their illness

Scenario 2

A resident has an indwelling urinary catheter. The resident does not have any wounds, diarrhea, or other site secretions or excretions that are unable to be covered or contained. What type of transmission-based precautions should be used for this resident?

- a) Contact
- b) Droplet
- c) Airborne
- d) Contact & Droplet
- e) Enhanced Barrier Precaution

Scenario 2: Answer

e) Enhanced Barrier Precautions

Enhanced Barrier Precautions should be used during high-contact resident care activities for residents known to be colonized or infected with an XDRO/MDROs OR those at an increased risk of XDRO/MDROs acquisition (e.g., residents with wounds or indwelling medical devices).

Scenario 3

- Mrs. Smith is in her room, sitting in the chair, waiting to be taken to the dining room for lunch. She has a large ulcer on her lower leg that is contained and covered with a dressing. She has not been identified as having any XDRO/MDROs.

Should Mrs. Smith be placed in EBP?

Yes or No



Scenario 3: Answer

Yes

- Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of XDRO/MDROs colonization or infection and regardless of whether others in the facility are known to have XDRO/MDROs colonization.
- This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a XDRO/MDROs and many residents colonized with a XDRO/MDROs are asymptomatic or not presently known to be colonized.

Scenario 4:

- Mr. Jones is a resident of Western Village Care Community. He is on a ventilator and receives on-site dialysis and has a central line. His admission screening cultures were negative for XDROs/MDROs.

Should Mr. Jones be placed into EBP?

Yes or No



Scenario 4: Answer



Yes. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of XDRO/MDRO colonization or infection and regardless of whether others in the facility are known to have XDRO/MDROs colonization.

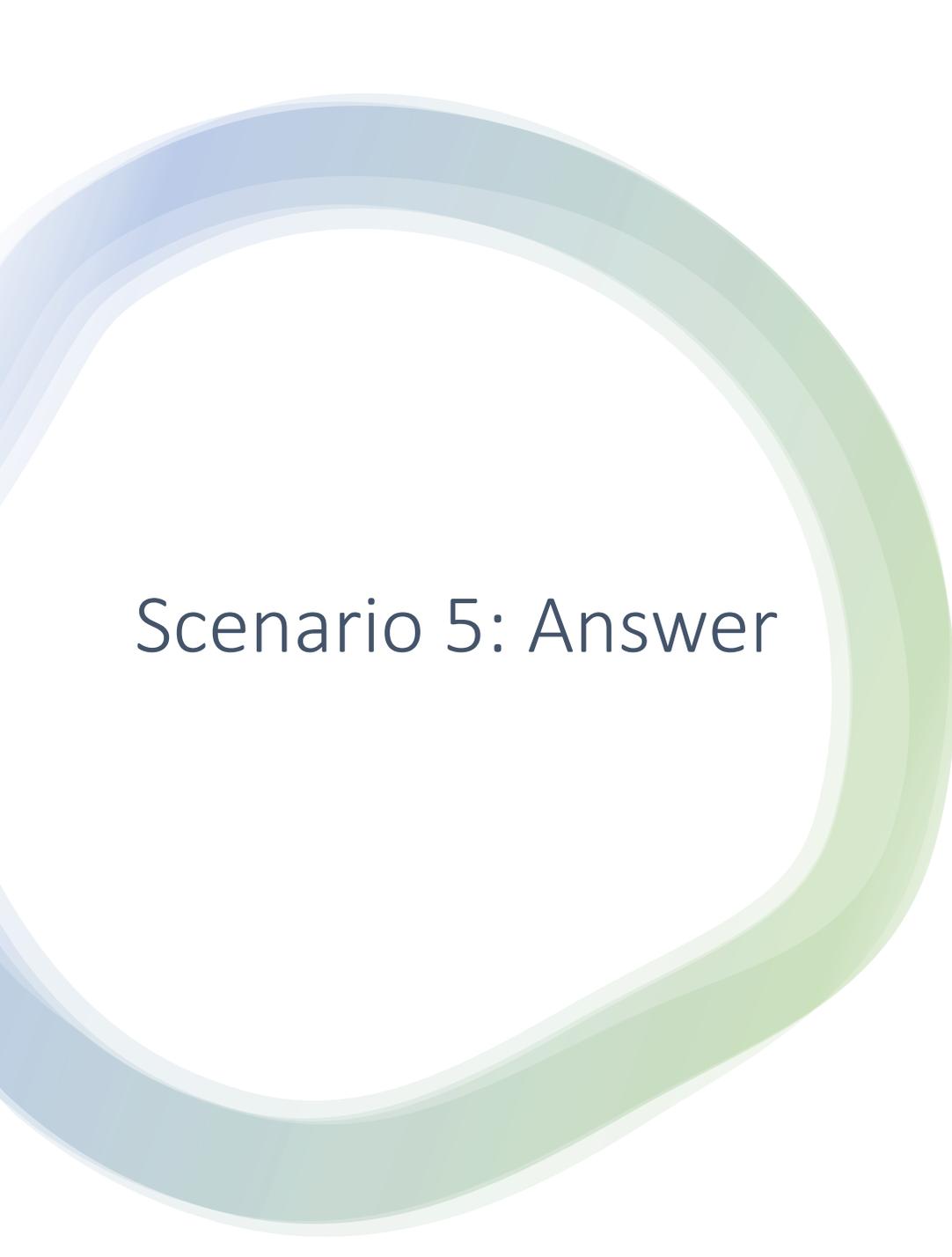


This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a XDRO/MDRO and many residents colonized with a XDRO/MDROs are asymptomatic or not presently known to be colonized.

Scenario 5

- Mrs. Lawrence has a history of having a pressure ulcer. The wound has healed and there is no history of an XDRO/MDRO.
Should Mrs. Lawrence be placed into EBP?
Yes or No





Scenario 5: Answer

- No. Mrs. Lawrence had a wound, but it has healed.
- Staff can use Standard Precautions for her care.
- A transition back to Standard Precautions, alone, might be appropriate for residents placed on Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device when the wound has healed, or the device is removed.

Questions?

Thank you!



Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- For continuing education credit, please fill out the evaluation survey upon end of webinar
 - <https://forms.office.com/g/C5R9HiFVU9?origin=lprLink>
- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- Telligen Resources:
 - Project Firstline Trainings: <https://www.telligenqconnect.com/infectionpreventionandcontrol/>
 - Contact Telligen: nursinghome@telligen.com

Enhanced Barrier Precautions-
Introducing the EBP Toolkit

