



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

October 13th , 2023

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
- Free COVID + Flu + RSV Combo Test
- Reporting COVID-19 Point of Care Tests to IDPH
- Transmission-Based Precautions: What Type of Precautions & Who can Room Together??
- Open Q & A

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, October 27 th	Construction in the LTCF	https://illinois.webex.com/weblink/register/r55d125651a378d3edd32aaa55e881d1e
Friday, November 17 th	Common Skin Infections and Infestations in LTC	https://illinois.webex.com/weblink/register/rf5035ca8ad676765d583d94723585739
Friday, December 1 st	Top 10 IDPH Deficiencies and How to Prevent Them	https://illinois.webex.com/weblink/register/reb1e9a25e7c184016208f4a60327f18f

Free COVID + Flu + RSV Combo Test for SNFs

- 1-swab multiplex
- Lab-based PCR test
- Adults & children \geq 2yo
- Each SNF **eligible for 100 test kits**
- Use **for outbreak response** if rapid covid test is negative
- Store tests onsite, collect sample & call LabCorp for pick-up
- Results w/clinical follow-up in 24-48hrs

Sign-up to receive your kits today:

<https://redcap.dph.illinois.gov/surveys/?s=8DWNMHNDKADDXM9R>

Questions?: DPH.AntigenTesting@illinois.gov

 **labcorp**
OnDemand





Reporting COVID-19 Point of Care Tests to IDPH

Charlotte Picard
Informatics and Surveillance Epidemiologist

October 13th, 2023

Requirements

- Reporting positive COVID-19 point of care tests to IDPH is still required!
- Reporting of total numbers of tests performed does not meet this requirement

National Healthcare Safety Network (NHSN)

- Facilities with SAMS level 3 access may report individual test results using the Point of Care Test Reporting Tool within the COVID-19 module
- Data automatically submitted to IDPH

SimpleReport

- SimpleReport is a free tool created by the CDC
- Data automatically submitted to IDPH
- If you would like to sign up for SimpleReport, please contact the IDPH ELR team at DPH.ELRResp@illinois.gov

Have questions about reporting your test results?

Contact the IDPH ELR team at
DPH.ELRResp@illinois.gov

Transmission-Based Precautions: What Type of Precautions & Who can Room Together??

Karen Trimberger RN, MPH, NE-BC, CIC, LTC-CIP

IDPH Grantee/Hektoen Institute of Medicine

Infection Prevention Consultant



Objectives:

- Determine the type of Transmission-Based Precautions warranted for resident(s) with various pathogens and care needs
 - Understand cohorting options for residents with various pathogens and care needs
 - Recognize the resources available for consultation with complex room placement decisions
- 

Types of Transmission-Based Precautions (TBP)

- CDC TBP Categories: Airborne, Droplet, Contact, Enhanced Barrier Precautions
- Today's discussion: Contact & Enhanced Barrier Precautions (EBP)
- Paradigm Shift in Long-term Care Facilities (LTCFs)
- Continue to follow CDC Isolation Guidelines Appendix A for certain diseases
- Old way vs. New way
 - EBP looks like “old Contact Precautions”

**CDC releases EBP
July 26, 2019**

**SARS-CoV-2
Pandemic
March 2020**

**Healthcare Infection Control Practices Advisory Committee (HICPAC)
HICPAC document
released June 2021**

**Last reviewed
August 2023**



**CDC & HICPAC
meet-November
2019**

**CDC releases updated
EBP July 12, 2022**

**A little background....in
case, this is all new to
your facility...**



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

Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes

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Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.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 Body 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 otherwise apply Wounds and/or indwelling 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
Contact Precautions	All residents infected or colonized with a MDRO in any of the following situations: <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 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.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

 **EBP:** Wear PPE for high contact activities

 **Contact:** Wear PPE every time you enter the room

CDC's statement from [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)

Residents are infected with an MDRO and on treatment.

Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, who by definition have no symptoms of illness. MDRO colonization may persist for long periods of time (e.g., months) [10] which contributes to the silent spread of MDROs.

With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that the traditional implementation of Contact Precautions in nursing homes is not implementable for most residents for prevention of MDRO transmission.

This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of MDROs, including as part of a public health [response](#). For the purposes of this guidance, the 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 [9, 10].

Examples of MDROs Targeted by CDC include:

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

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

This document is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.



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 Coordinator, Division of Patient Safety and Quality

Date: June 21, 2023

Subject: Use of Transmission-Based Precautions and Room Placement Options for Extensively Drug-Resistant Organisms in Skilled Nursing Facilities

-
- Resource from IDPH
 - Published June 21, 2023
 - Link below

The control of multidrug-resistant organisms (MDROs), extensively drug-resistant organisms (XDROs), and emerging pathogens is particularly challenging in skilled nursing facilities (SNFs). The purpose of the attached document is to summarize best practices for the use of transmission-based precautions in SNFs and to assist with decision-making regarding the placement of residents with organisms of concern. The guidance will help with determining whether to place a resident on Contact Precautions or Enhanced Barrier Precautions in SNFs.

Additional resources will be available in the near future. Please direct any questions to dph.xdroregistry@illinois.gov.

[20230621-transmission-based-precautions.pdf \(illinois.gov\)](#)

Note:

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*.**

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

Difference in Terminology

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



How Do You Determine the TBP 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
- 



Pathogen-based Approach

1. Pathogen-based

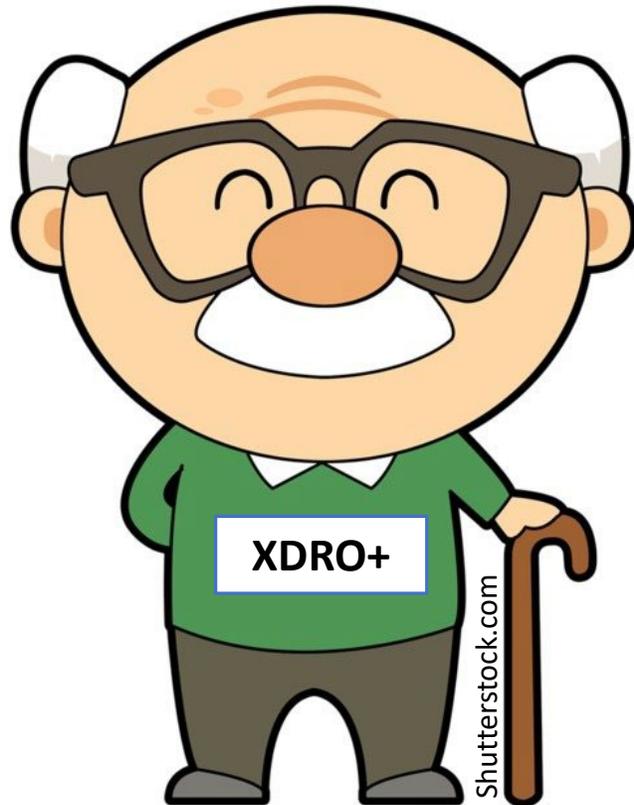
- a) **XDROs:** EBP should be used for residents with an XDRO unless the resident has draining wounds that can't be contained (e.g., residents who cannot maintain adequate hygiene) and/or diarrhea, in which case contact precautions would be indicated.
- b) **MDROs:** A facility should use a risk-based approach to determine what type of precautions (contact or EBP), if any, are warranted for a resident colonized or infected with MDROs. A risk-based approach takes into consideration the resident's clinical situation, and the prevalence or incidence of MDROs in the facility. Consider this approach for residents with organisms not previously encountered in the facility.

Key for the Abbreviations Shown on Residents

(Karen's Abbreviations-
Not official medical abbreviations)

UNK	Unknown
NEG	Negative
XDRO+	Positive with an extensively drug-resistant organism
IMCP	Immunocompromised
INDW D	Indwelling device
Wound w/D	Wound with dressing

XDROs: EBP should be used for residents with an XDRO **UNLESS** the resident has draining wounds that can't be contained (e.g., residents who cannot maintain adequate hygiene) and/or diarrhea, in which case contact precautions would be indicated.



<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

MDROs: A facility should use a risk-based approach to determine what type of precautions (contact or EBP), if any, are warranted for a resident colonized or infected with MDROs. A risk-based approach takes into consideration the resident's clinical situation, and the prevalence or incidence of MDROs in the facility. Consider this approach for residents with organisms not previously encountered in the facility.



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

- If resident is immunocompromised, do they have indwelling medical devices, or wounds requiring a dressing? - perhaps Contact or EBP are warranted.
- Are organism(s) considered endemic for the building? 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.

Risk-based Approach

1. Risk-based

- 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

Wounds requiring Dressing or Indwelling Medical Device



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.



<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

<https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf>

Enhanced Barrier Precautions

Duration of precautions:

- For residents on EBP due to 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 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

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.



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[20230621-transmission-based-precautions.pdf \(illinois.gov\)](#)

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)^{ii, 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) ^{ii, 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) ^{ii, 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.

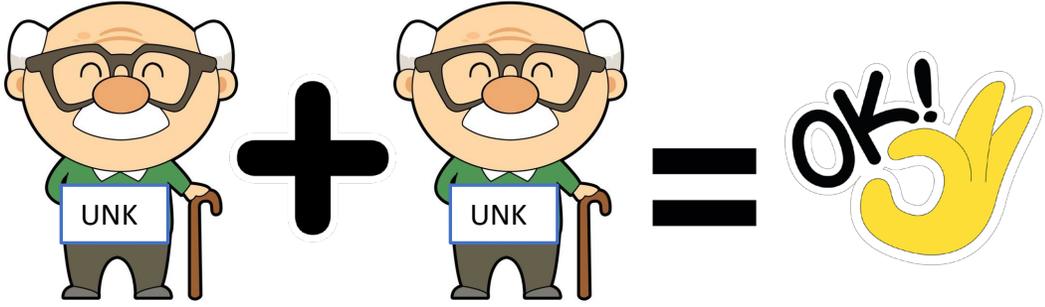
Use the resources available to you!

- LHD guidance
- IDPH guidance
- CDC guidance

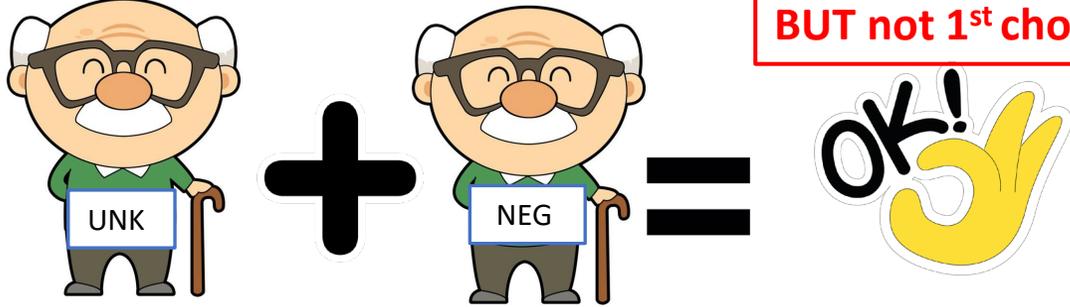
Cohorting/Room Placement Option #1

1. Facilities should cohort/place residents **without evidence of MDRO or XDRO colonization/infection** together when possible.
(both are negative on screening or never screened)
- Ideally, cohort two residents who were negative on screening together before placing someone who is negative with an individual with unknown XDRO/MDRO status (i.e., someone who has never been tested or screened).

Roommate Options

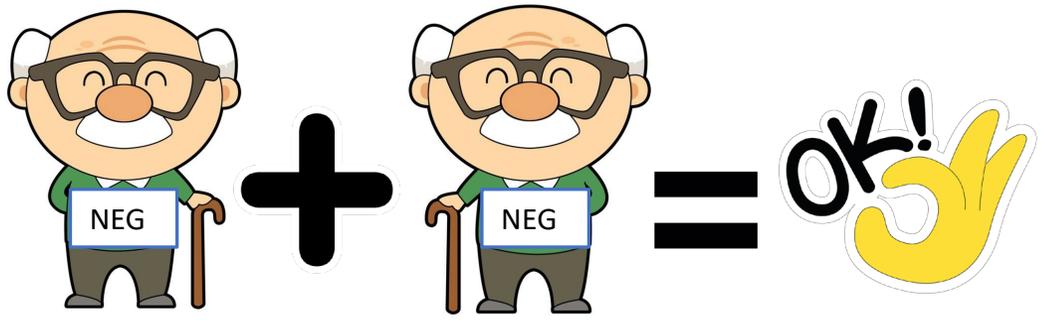


Neither resident have been screened (unknown status)



Acceptable if no rooms available BUT not 1st choice

One resident is unknown status and other is negative



Both residents screened negative

Exceptions to Option #1

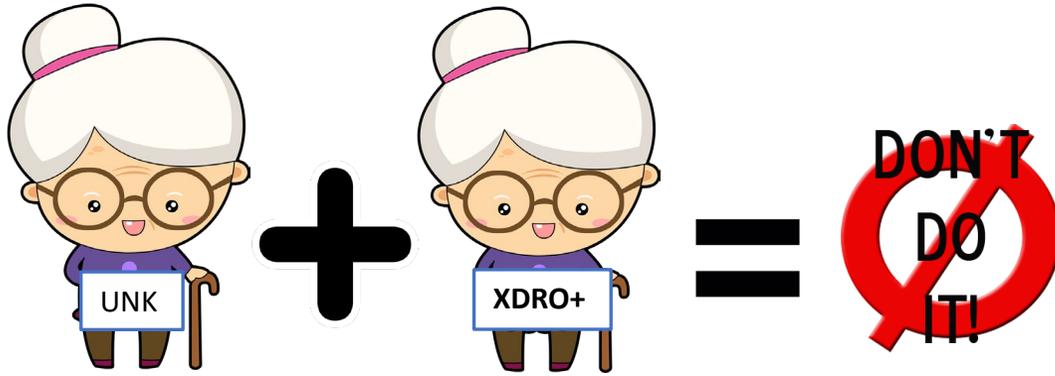
1. Facilities should cohort/place residents **without evidence of MDRO or XDRO colonization/infection** together when possible. (both are negative on screening or never screened)

EXCEPT

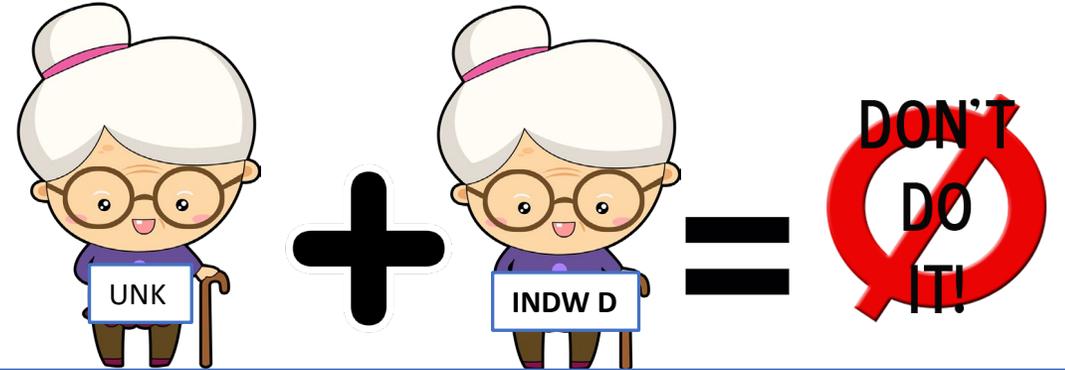
- Do not cohort someone **without evidence of an XDRO colonization/infection** (never screened) with someone:
 - a) Positive for XDRO colonization or infection
 - b) Immunocompromised
 - c) With indwelling medical devices
 - d) With wound requiring dressings

This is an IDPH recommendation!

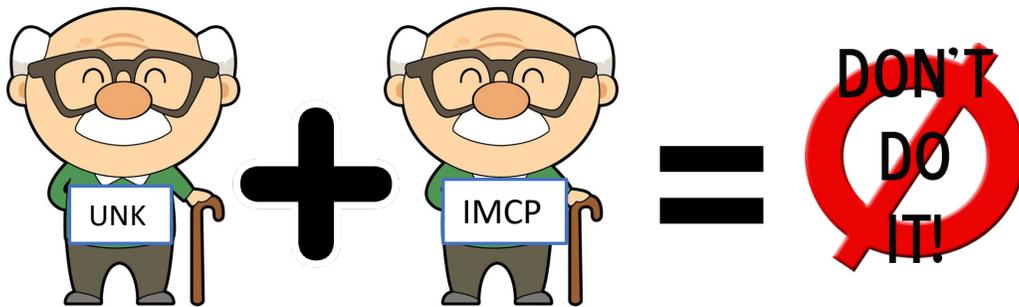
Exceptions



Do not cohort someone **without evidence of an XDRO colonization/infection** (never screened) with someone positive for **XDRO** colonization or infection.



Do not cohort someone **without evidence of an XDRO colonization/infection** (never screened) with someone with indwelling medical devices.



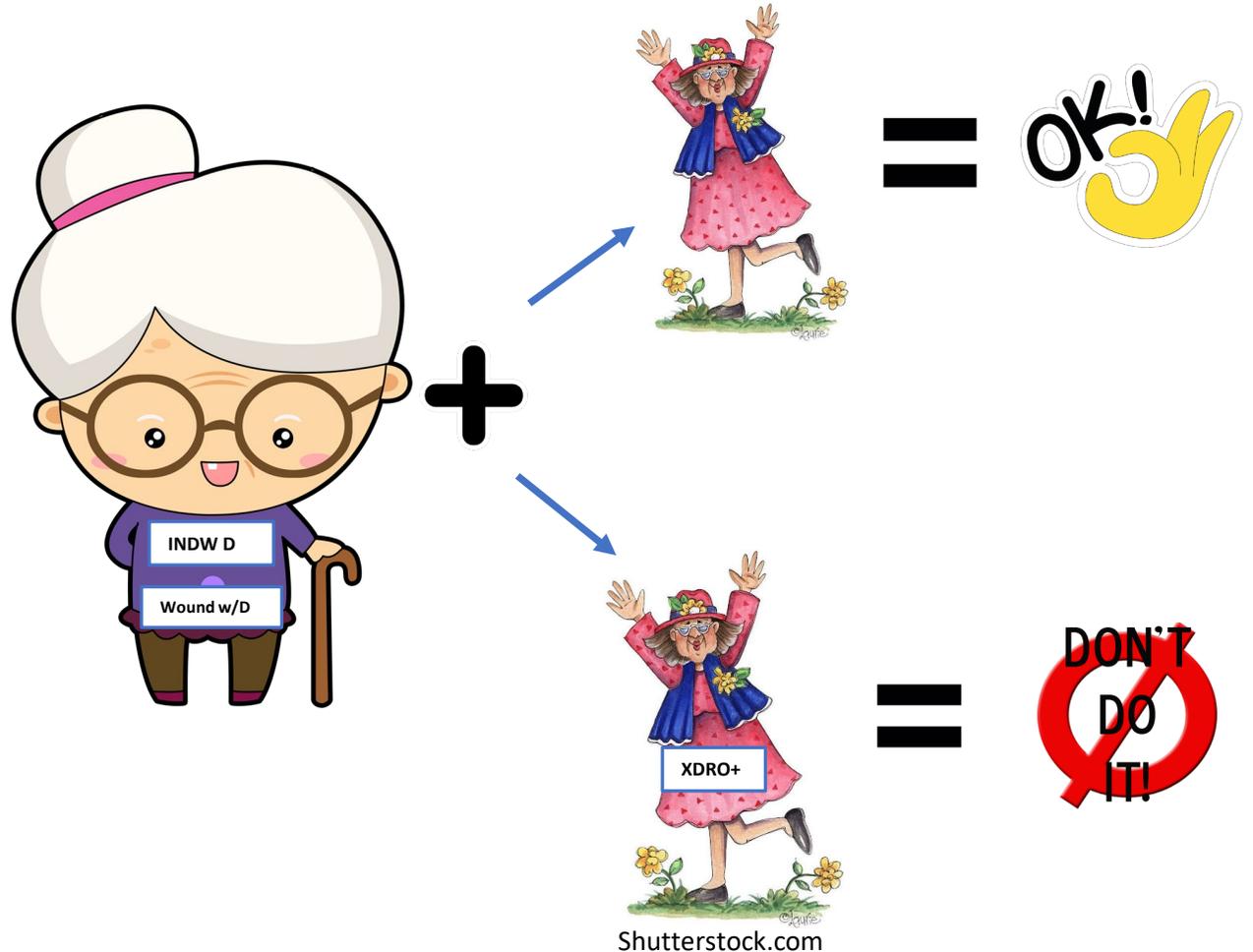
Do not cohort someone **without evidence of an XDRO colonization/infection** (never screened) with someone immunocompromised.



Do not cohort someone **without evidence of an XDRO colonization/infection** (never screened) with someone with wound requiring dressings.

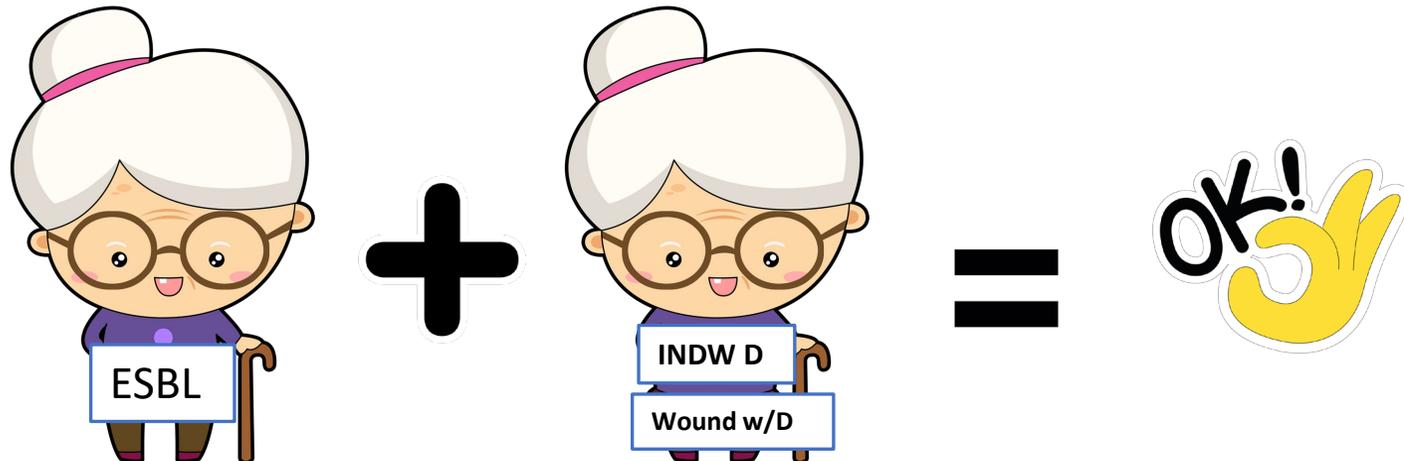
Cohorting/Room Placement Option #2

- Residents with indwelling devices and contained drainage can be roomed with others unless the other individual has an XDRO.



Cohorting Option #3

- May cohort residents together who have similar epidemiologically important MDROs (e.g., MRSA, ESBL-producing Enterobacterales, VRE, multidrug-resistant *P. aeruginosa*, and drug resistant *S. pneumoniae*---even if one of the roommates has an indwelling medical device or wound requiring a dressing **if the drainage can be contained.**



Room Placement & Cohorting Options for Residents with XDROs (in order of preference)— **EXCEPT for those with *C. auris***

1. Single or private room when feasible
2. May cohort residents with similar XDROs and similar resistance mechanisms—
 - Residents with carbapenemase-producing organisms (CPOs) with endemic mechanisms (e.g., CRE-KPC, CRAB OXA-23, or CRAB OXA-24/40) or unknown mechanisms can be roomed together.
 - Residents with CPOs with rare or low prevalence mechanisms (e.g., non-KPC CRE such as NDM, VIM) should only be cohorted with other residents with identical organism-mechanism combinations.

Pay Special Attention to *C. auris*

- Residents colonized or infected with *C. auris* and no other organism(s) should be placed in a single or private room or cohort together with other residents colonized or infected with *C. auris* only and no other organism(s).
- Residents with co-infections involving any endemic CPOs (e.g., CRE-KPC, CRAB OXA-23, or CRAB OXA-24/40) and *C. auris* can be cohorted with other residents with endemic CPOs and *C. auris* co-infections.
- Residents with co-infections involving any rare CPOs (e.g., non-KPC CRE such as NDM, VIM) and *C. auris* can be cohorted with other residents with rare CPO and *C. auris* co-infections.



NO ROOMMATES IS BEST OR CAN ONLY ROOM WITH RESIDENTS WITH *C. auris* or the SAME CO-INFECTIONS!

This is an IDPH Recommendation!

Ask for Help

- Cohorting decisions should consider how movement of residents may impact the spread of organisms. Changing room placement can be challenging. In facilities with a high prevalence of XDROs, the risks associated with movement may outweigh the benefits. Decisions should be made in the context of the overall risk of exposure.
- Before making changes involving complex cohorting decisions, facilities should contact their local health department (LHD). The LHD can assist in determining appropriate cohorting options based upon facility prevalence, types of XDROs in the facility, and bed availability.

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 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 MDRO OR those at an increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).

Cohorting Scenario

You have two residents under Enhanced Barrier Precautions (EBP). One is under EBP for Carbapenem-resistant *Acinetobacter baumannii* (CRAB) and the other is under EBP for a wound (no known XDRO colonization/infection). Can they room together?

- a) Yes, because they are both under EBP
- b) No, putting them together is a recipe for disaster
- c) I don't know

Cohorting Scenario: Answer

No, putting them together is a recipe for disaster

- Someone with a known XDRO should not be placed in a room with someone who has a wound and/or indwelling device, unless they also have the same XDRO (including same mechanism)
- You put someone with an XDRO under EBP to prevent transmission of the XDRO to others
- You put someone with a wound/indwelling device under EBP to prevent acquisition of XDROs and other infections

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 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 MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization.
- This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO 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 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 MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization.



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

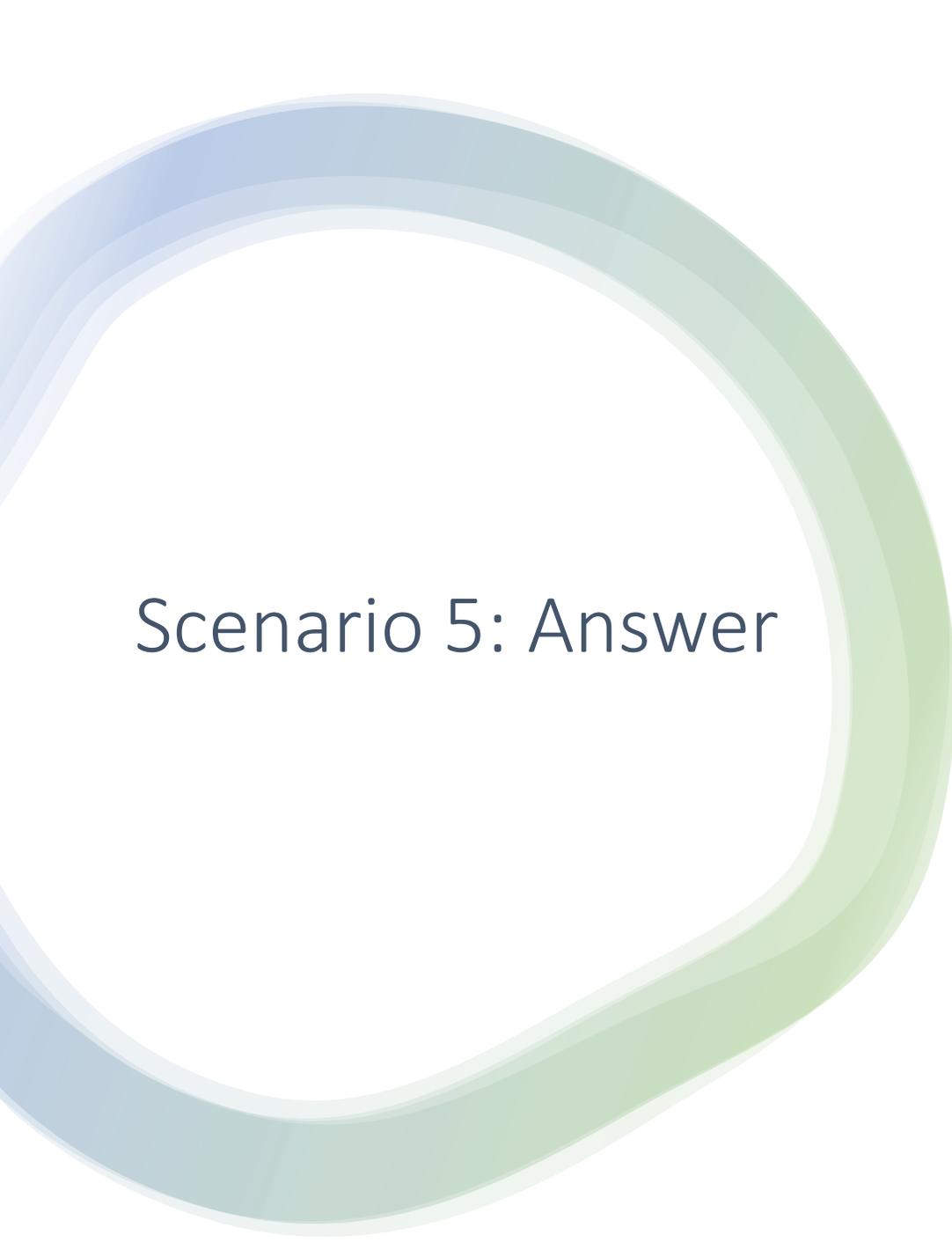
Scenario 5

- Mrs. Lawrence has a history of having a pressure ulcer. The wound has healed and there is no history of an 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

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