Meet the Team:

Panelist:

Melody Brown, MSM
Patient Safety Manager
Alliant Health Solutions

Presenters:

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Infection Preventionist, Department of Public Health
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
Purpose

- These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) and SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!

- Each month, we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long-term care.

- Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and barriers.
Trainings

There are two training sessions per year focused on relevant infection prevention topics, updates, and best practices shared.

- **Training 2:**
  - SNF Infection Prevention
    - October 25, 2022 | 8:30-11:30 a.m. ET
  - SNF Respiratory Protection
    - October 27, 2022 | 8:30-9:30 a.m. ET
Your Opinion Matters

Share in CHAT what is keeping you up at night related to infection prevention.

We want to provide you with information that is relevant to what you are doing every day.
Hot off the Press

• At this time, the bivalent vaccine is for booster use only. It is not to be used as the initial two-dose COVID vaccine.

• The FDA recommends the Pfizer bivalent booster for individuals aged 12 and older and the Modern bivalent booster for adults aged 18 and older.
Implementation of Enhanced Barrier Precautions
Definitions of Common Terms and Abbreviations

• Multidrug-Resistant Organism (MDRO): bacteria or fungi resistant to multiple antimicrobials

• Colonization: germ is found on or in the body but is not causing infection
Objectives

• Describe the impact and burden of MDROs in nursing homes
• Discuss the need for Enhanced Barrier Precautions (EBP)
• Discuss indications for and use of EBP
• Suggest how to be successful with EBP implementation
MDROs Have Significant Impact in Nursing Homes

• Many nursing home residents are unknowingly colonized with an MDRO, especially residents with risk factors like indwelling medical devices or wounds.

• Residents with an MDRO can develop serious infections, remain colonized for long periods and spread MDROs to others.

• Health care personnel can spread MDROs through contaminated hands and clothing.
### Burden of MDROs in Nursing Homes

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Documented MDRO</th>
<th>Actual MDRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes (n = 14)</td>
<td>17%</td>
<td>58%</td>
</tr>
<tr>
<td>Ventilator-Capable Nursing Homes (n = 4)</td>
<td>20%</td>
<td>76%</td>
</tr>
</tbody>
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McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573
Need for Enhanced Barrier Precautions (EBP)

- Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO
- Need for a broader approach to reduce the spread of MDROs without isolating residents for extended periods
- Recent studies have indicated that the use of EBP can effectively reduce the spread of MDROs
Indications for Enhanced Barrier Precautions

- EBP is indicated for nursing home residents with any of the following:
  - Infection or colonization with an MDRO when contact precautions do not otherwise apply
  - Wounds and/or indwelling medical devices

- EBP is not limited to outbreaks or specific MDROs
MDROs-Enhanced Barrier Precautions

**MDROs targeted by CDC:**
- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacterales
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- *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*
If a Nursing Home Is Receiving a Resident Known To Be Colonized With an MDRO From an Acute Care Hospital, Should They Continue Contact Precautions in the Facility or Can EPB Be Used?

Maintain Contact Precautions if:

• Acute diarrhea
• Draining wounds
• Other sites of secretions or excretions that are unable to be covered or contained
• Limited time period during a suspected or confirmed MDRO outbreak investigation.

**If none of these are present,** EBP would typically be appropriate for managing this resident, unless otherwise directed by public health authorities.
What Activities Are Included Under “Providing Hygiene”?

Hygiene activities include:

• Bathing/showering
• Transferring residents from one position to another (for example, from the bed to the wheelchair)
• Providing hygiene (for example, brushing teeth)
• Changing bed linens
• Changing briefs or assisting with toileting
• Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care)
• Performing wound care (for example, any skin opening requiring a dressing
What Is the Definition of an “Indwelling Medical Device”?

An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection.

Examples of indwelling medical devices include, but are not limited to:
• Central vascular lines (including hemodialysis catheters)
• Indwelling urinary catheters
• Feeding tubes and tracheostomy tubes
Is Physical or Occupational Therapy Considered a “High-Contact” Resident Care Activity?

Yes

Therapists should use gowns and gloves when working with residents on EBP in the therapy gym or the resident’s room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.
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 the resident’s entire length of stay

Stop

Enhanced Barrier Precautions
(In addition to Standard Precautions)
(If you have questions, ask nursing staff)

Everyone Must:
Clean hands when entering and leaving room

Doctors and Staff Must:
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.
EBP: Staff Instructions

Back of EBP signs

- Instructions for posting on residents’ doors
- Common conditions for use
- List of high-contact activities
- Room placement
- Handling of dishes and utensils
- Criteria for discontinuation

**Common Conditions for Use**

- Resident is known to be infected or colonized with an organism, especially those associated with multidrug-resistant organisms (MDROs).
- Resident is known to be infected or colonized with a drug-resistant organism (DRO).
- Resident is known to be infected or colonized with a pathogen associated with increased risk of infection or colonization in long-term care settings (e.g., Clostridium difficile).
EBP: Resident, Family and Visitors Education

Provide education factsheet and answer residents’ and families’ questions as the TBPs are implemented.

Document the resident’s medical record, the date, time and type of education provided.

FYI: These materials will be included in the UGA LTCF toolkit.
Differences Between EBP and Contact Precautions

**Contact Precautions**

Require the use of a gown and gloves on every entry into a resident’s room, regardless of the level of care being provided to the resident.

Dedicated equipment (e.g., stethoscope and blood pressure cuff).

Placed in a private room or cohorted with residents with the same MDRO.

Restricted to their rooms except for medically necessary care, including restriction from participation in group activities.

Intended to be time-limited and, when implemented, should include a plan for discontinuation or de-escalation.

**EBP**

Require the use of gowns and gloves only for high-contact resident care activities.

Not restricted to their rooms and do not require placement in a private room.

Residents to participate in group activities.

Intended to be in place for the duration of a resident’s stay in the facility or until the resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.
Is EBP Recommended for Residents With *Clostridioides difficile* Infection or Scabies?

No

EBPs are intended for MDROs (other than *Clostridioides difficile*) and do not replace existing guidance regarding using Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, scabies, norovirus) and conditions in nursing homes.
Is EBP Recommended for Health Care Settings Other Than Nursing Homes, Such As Long-Term Acute Care Hospitals or Assisted Living Communities?

NO

Currently, the CDC has not recommended the implementation of EBP in other health care settings; however, the evaluation for broader application of EBP to other health care settings is ongoing.
If a Resident Does Not Have a History of an MDRO but Does Have an Indwelling Medical Device or Wound, Should They Still Be Placed on EBP?

Yes

EBP is recommended for residents with:

• Indwelling medical devices
• Wounds

NOTE: Devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring an MDRO. Many residents colonized with an MDRO are asymptomatic or not presently known to be colonized.
How To Be Successful

- Hand Hygiene
- Environmental Cleaning and Disinfection
- Enhanced Barrier Precautions
- Auditing
- Communication
Communications-Interfacility Infection Control Transfer Form

Transfer information should be shared with facilities and other entities (i.e., transport).

The form should include items such as:

- Organisms
- Symptoms
- Antibiotics
- Treatments
- Type of transmission-based precautions (isolation)
- Immunizations
- Medical devices

Questions?
**Resources for Enhanced Barrier Precautions**

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) [https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes [https://www.cdc.gov/hai/containment/faqs.html](https://www.cdc.gov/hai/containment/faqs.html)

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities [https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed311ec8c868e1e03c50297](https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed311ec8c868e1e03c50297)


Enhanced Barrier Precautions Letter to Nursing Home Staff [https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf](https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf)
<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
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| North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10 | Sue.bunnell@dph.ga.gov (404-967-0582)  
Mary.Whitaker@dph.ga.gov (404-967-0578) |
| Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4 | Teresa.Fox@dph.ga.gov (404-596-1910)  
Renee.Miller@dph.ga.gov (678-357-4797) |
| Central (Dublin, Macon, Augusta) Districts 5-1, 5-2, 6, 7 | Theresa.Metro-Lewis@dph.ga.gov (404-967-0589)  
Karen.Williams13@dph.ga.gov (404-596-1732) |
| Southeast (Columbia, Albany) Districts 8-1, 8-2 | Connie.Stanfill1@dph.ga.gov (404-596-1940) |
| Southwest (Valdosta, Savannah, Waycross) Districts 9-1, 9-2 | Regina.Howard@dph.ga.gov (404 967-0574) |
| Backup/Nights/Weekends | Jeanne.Negley@dph.ga.gov (404-657-2593)  
Joanna.Wagner@dph.ga.gov (404-430-6316) |
Save the Date

Next Office Hours:
October 21, 2022
11 a.m.
Thanks Again…

• Georgia Department of Public Health
• University of Georgia