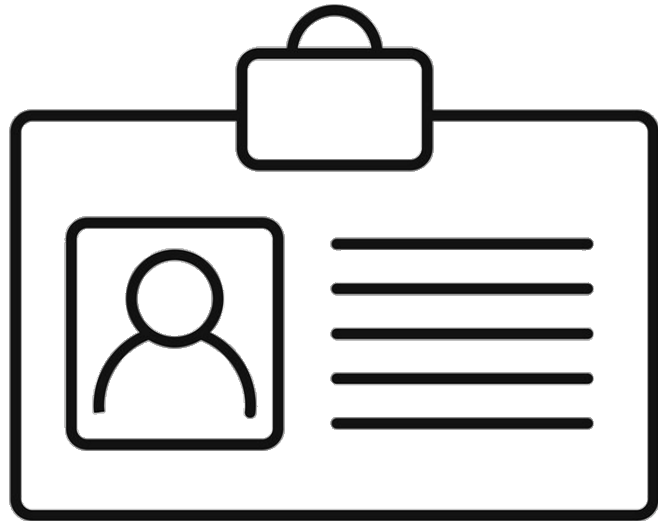




Georgia Department of Public Health:
Strike & Support Team Office Hours for Skilled Nursing Care Centers,
Hospice, ICFs, and Medical Directors
September 16, 2022

Meet the Team:



Panelist:

Melody Brown, MSM

Patient Safety Manager
Alliant Health Solutions

Presenters:

Teresa Fox, BS, MT (ASCP) M.Ed., CIC

Infection Preventionist, Department of Public Health

Renee Miller, MSN, RN, CIC

Infection Preventionist, Department of Public Health

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



**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

Teresa Fox, BS, MT(ASCP) M.Ed., CIC



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

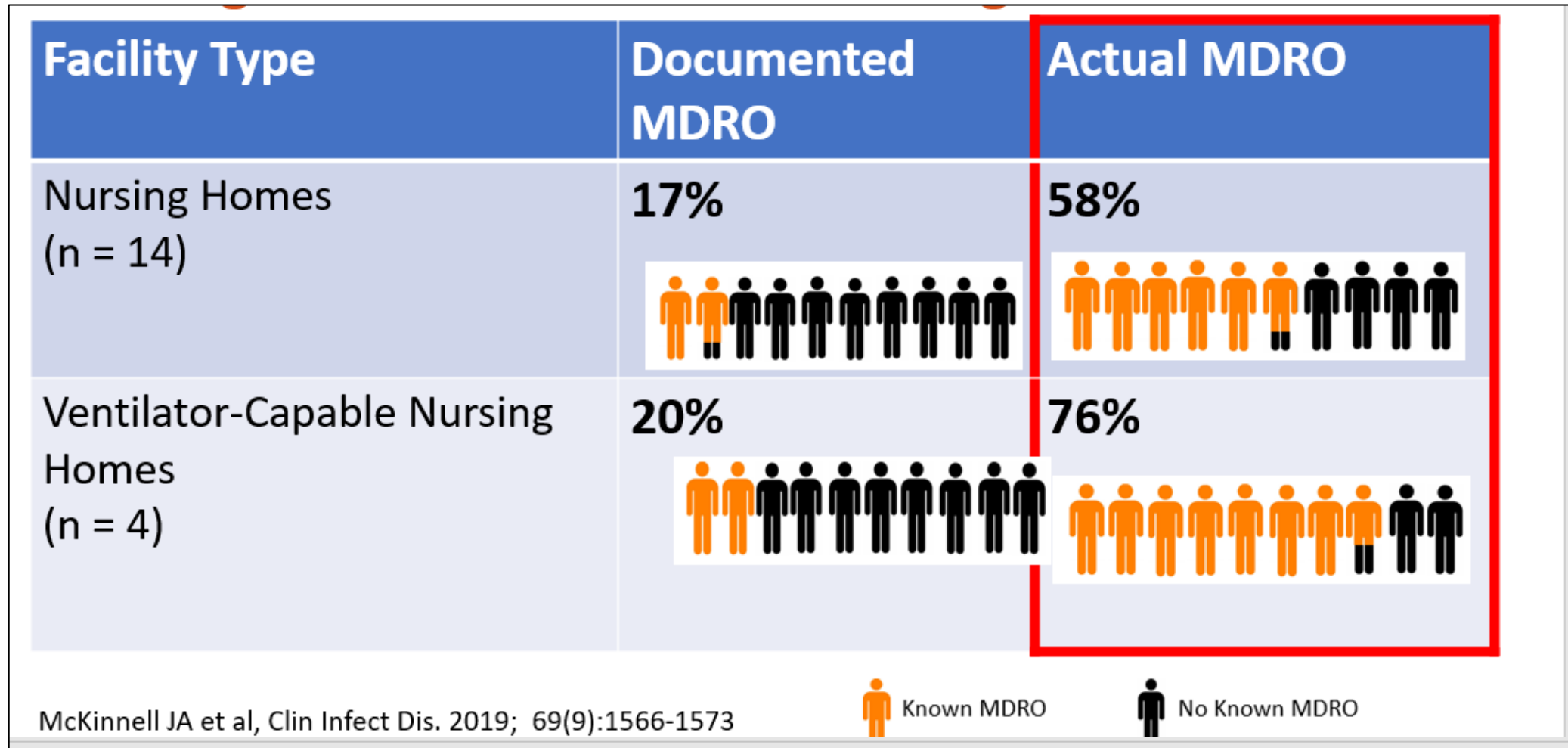
Objectives

- 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



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** **STOP**
(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.

DPH | ALLIANT HEALTH SOLUTIONS | UNIVERSITY OF GEORGIA

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

ENHANCED BARRIER PRECAUTIONS

Targeted gown and glove use during high contact resident care activities. Wounds or indwelling medical devices, regardless of MDRO colonization status Infection or colonization with MDRO.

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions (refer to Facility Policy):

- These include the following residents:
 - Residents known to be infected or colonized with an MDRO
 - Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status
 - Residents with a wound, regardless of their MDRO status
- High-contact resident care activities where a gown and gloves should be used, which are open bundled together as part of morning or evening care, include:
 - Bathing/showering
 - Transferring residents from one position to another (for example, from the bed to wheelchair)
 - Providing hygiene
 - 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)

Room placement and Activities:

- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.
- Bag linen in resident's room.

Dishes/Utensils:

- No special precautions. Kitchenware sanitized dishwasher.

Equipment and Supplies:




- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.
- Bag linen in resident's room.

Personal Protective Equipment:

Standard and Tear-away Gown	Three-part Gown
Put ON in this order: 1. <u>Wash or gel hands</u> 2. Gown 3. Gloves	Put ON in this order: 1. <u>Wash or gel hands</u> 2. Gown 3. Gloves
Take OFF & dispose in this order: 1. Gloves 2. Gown 4. <u>Wash or gel hands</u> (even if gloves used)	Take OFF & dispose in this order: 1. Gown and Gloves at the same time (grab gown and pull off gloves in one movement) 2. <u>Wash or gel hands</u> (even if gloves used)

Follow facility policy for Enhanced Barrier Precautions disinfection and curtain change requirements.

Discontinuation: EBP should remain place for the duration of a resident's stay or until resolution of the wound or discontinuation of the indwelling medical device.

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

RESIDENT, FAMILY, AND VISITORS

Enhanced Barrier Precautions



You or your loved one is in Enhanced Barrier Precautions. These precautions prevent spread of infection between residents in Long Term Care Facilities (LTCFs). This type of infection is spread by directly touching the resident or something they have touched.

An orange sign saying "Enhanced Barrier Precautions" is outside the room letting staff, families, and visitors know what they can do to help keep resident safe.

As a resident, family, or visitor you must help by:

- Cleaning hands when you enter and leave the room.
- Limit where you go outside the room unless given permission by the nurse so that germs are not spread to other residents, visitors, and staff.
- Asking doctors and staff to wash their hands as they enter and leave the room even if they are using gloves.

You will see doctors and staff doing the following:

Hand Hygiene <ul style="list-style-type: none">• Cleaning hands before and after caring for the resident.	Group Activities <ul style="list-style-type: none">• Does not require a private room and they may continue with group activities
Gloves, Gowns, Masks, Goggles <ul style="list-style-type: none">• They will wear gloves and gown when providing high contact activities and remove them before leaving. They might also wear mask and goggles.	

If you have additional questions about Enhanced Barrier Precautions, ask your nurse.

DPH | ALLIANT HEALTH SOLUTIONS | UNIVERSITY OF GEORGIA

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



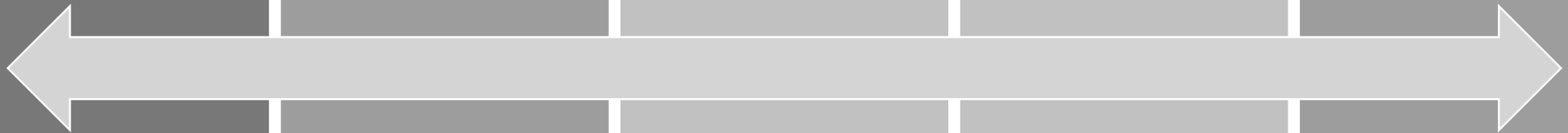
Enhanced
Barrier
Precautions



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

Inter-Facility Infection Control Transfer Form			
This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer. Please attach copies of latest culture reports with susceptibilities if available.			
Sending Healthcare Facility:			
Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
Name/Address of Sending Facility		Sending Unit	Sending Facility Phone
Sending Facility Contacts	Contact Name	Phone	Email
Transferring RN/Unit			
Transferring Physician			
Case Manager / Admin / SW			
Infection Preventionist			
Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or History (Check if YES)	Active Infection on Treatment (Check if YES)	
Methicillin-resistant Staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	
Vancomycin-resistant Enterococcus (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	

https://quality.allianthealth.org/wp-content/uploads/2021/02/AQ_InterFacility-Transfer-Form_12SOW-AHSQIN-QIO-TO1NH-21-491_508.pdf

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>

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes
<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>

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends.pdf>

Enhanced Barrier Precautions Letter to Nursing Home Staff
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf>

Georgia Department of Public Health HAI Team Contacts

State Region/Districts	Contact Information
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



**UNIVERSITY OF
GEORGIA**

Making Health Care Better



@AlliantQIO



Alliant Health Solutions



@AlliantQIO



AlliantQIO

This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021.

quality.allianthealth.org