

Enhanced Barrier Precautions in Long-term Care Facilities

Bureau of Infectious Diseases

Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Bureau of Survey and Certification

Provider Resources and Education Program (PREP)

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Objectives

- Define multidrug resistant organisms (MDROs).
- Define enhance barrier precautions (EBPs).
- Determine what activities and criteria trigger the need for enhanced barrier precautions for residents.
- Discuss why enhanced barrier precautions are used in long-term care-like settings.



Learning Objectives (cont.)

- Identify and apply the federal regulations and State of Ohio rules regarding enhanced barrier precautions.
- Identify the Bureau of Survey and Certifications' survey process for enhanced barrier precautions.
- Using citation findings and solution examples, learners will be able to identify gaps and determine opportunities for their long-term care facility to improve patient care regarding enhanced barrier precautions.



Continuing Education Requirements/Learner Outcome

To earn continuing education, the learner must:

- Register to attend.
- Attend 100% of the presentation.
- Receive an 80% pass rate on the knowledge check.
- Complete an evaluation.

Other participants will receive a certificate of completion.

Desired learner outcome: 100% of the learners will self-report increased knowledge regarding enhanced barrier precautions in long-term care facilities.



Disclosure Statement

No one with the ability to control the content of this activity has a relevant financial relationship with an ineligible company.



Provider Statement

- The Ohio Department of Health is approved as a provider of nursing continuing professional development by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- The Ohio Department of Health Bureau of Environmental Health and Radiation Protection is an approved provider of continuing education for Registered Environmental Health Specialists and Environmental Health Specialists in training.



Agenda

- Multidrug Resistant Organisms (MDROs).
- Enhanced Barrier Precautions (EBP).
- Implementation and Communication regarding EBP.
- EBP federal regulations and state rules.
- BOSC survey processes, potential citations, survey statistics, and common findings with potential solutions.



Acronyms

- Antimicrobial Resistance (AR).
- Bureau of Infectious Diseases (BID).
- Bureau of Survey and Certification (BOSC).
- Centers for Disease Control and Prevention (CDC).
- Centers for Medicare and Medicaid Services (CMS).
- Enhanced Barrier Precautions (EBP(s)).
- Infection Prevention and Control Program (IPCP).
- Multidrug-Resistance Organism (MDRO).
- Ohio Department of Health (ODH).
- Personal Protective Equipment (PPE).

Federal Emblem & State Logo



[Source:](#) CMS



Multidrug Resistant Organisms (MDROs)



What are MDROs?

- MDROs are microorganisms that are resistant to one or more classes of antimicrobials intended to treat them.
 - This is known as antimicrobial resistance (AR).
- Antimicrobials include antibiotics, antivirals, antifungals, and anti-parasitic medications.
- MDRO infections can be clinical (symptomatic) or colonized (asymptomatic carrier) case.



Target MDROs

The Centers for Disease Control and Prevention (CDC)'s list of targeted MDROs include:

- Pan-resistant organisms with potential for spread.
- Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE).
- Carbapenemase-producing *Acinetobacter baumannii* (CP-CRAB).
- Carbapenemase-producing *Pseudomonas* spp. (CP-CRPA).
- *Candida auris*.



Image source: <https://www.cdc.gov/drugresistance/biggest-threats.html#u-threats>



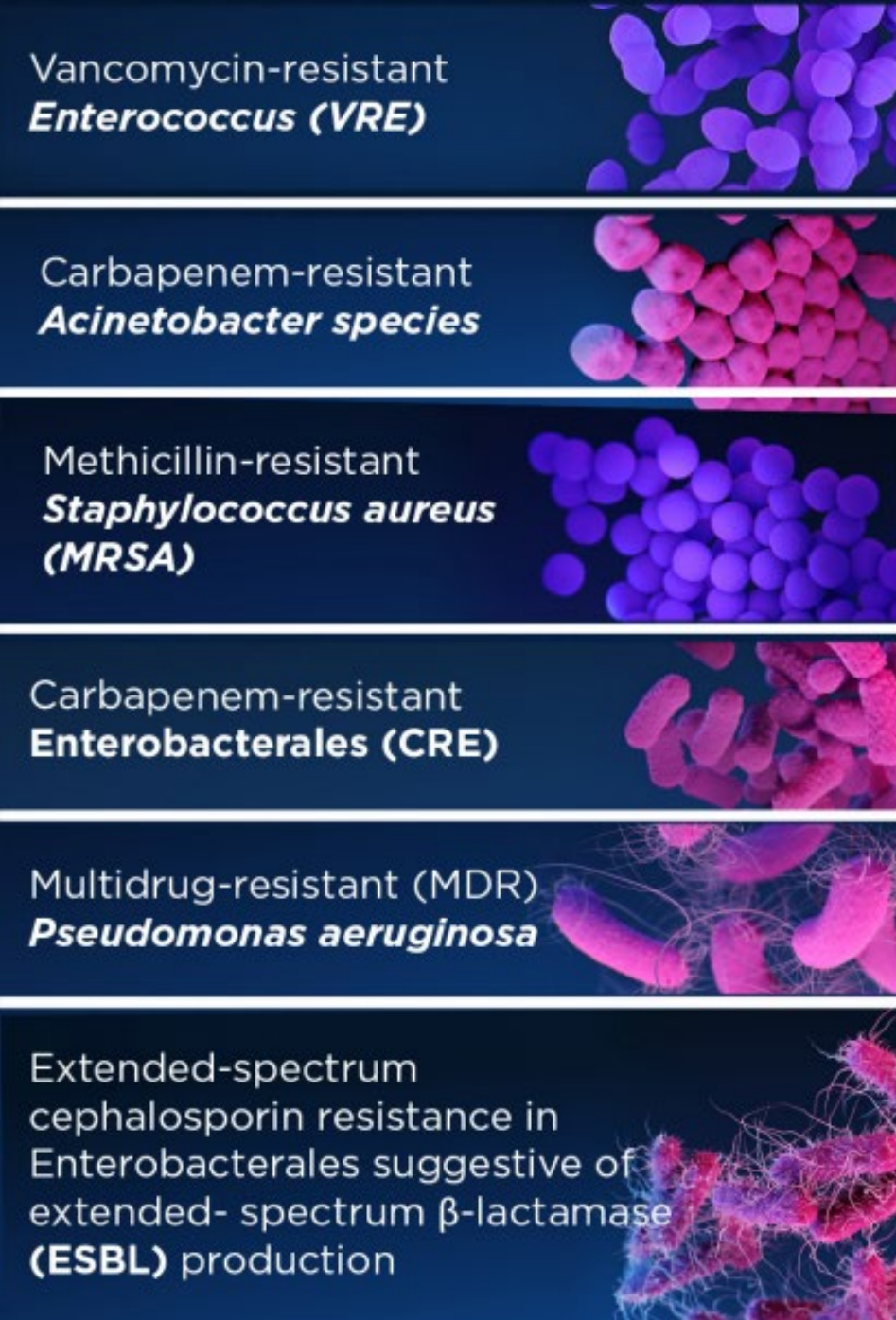


Infection vs Colonization

- Residents with an active MDRO infection will present symptoms differently based on the pathogen, resistance types, and location (wound, urine, blood).
- Residents who are colonized are asymptomatic but can be a source of infection to others.



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Burden of MDROs

- At least 2.8 million people have an AR infection annually.
 - At least 35,000 people died consequently.
- Approximately \$4.6 billion in annual treatment cost.
- While the [2019 Antimicrobial Resistance Threats Report](#) shows an improvement from its 2013 predecessor:
 - Resistant hospital-onset infections and death increased approximately 15% in the first year of the COVID-19 pandemic.



Enhanced Barrier Precautions (EBP)



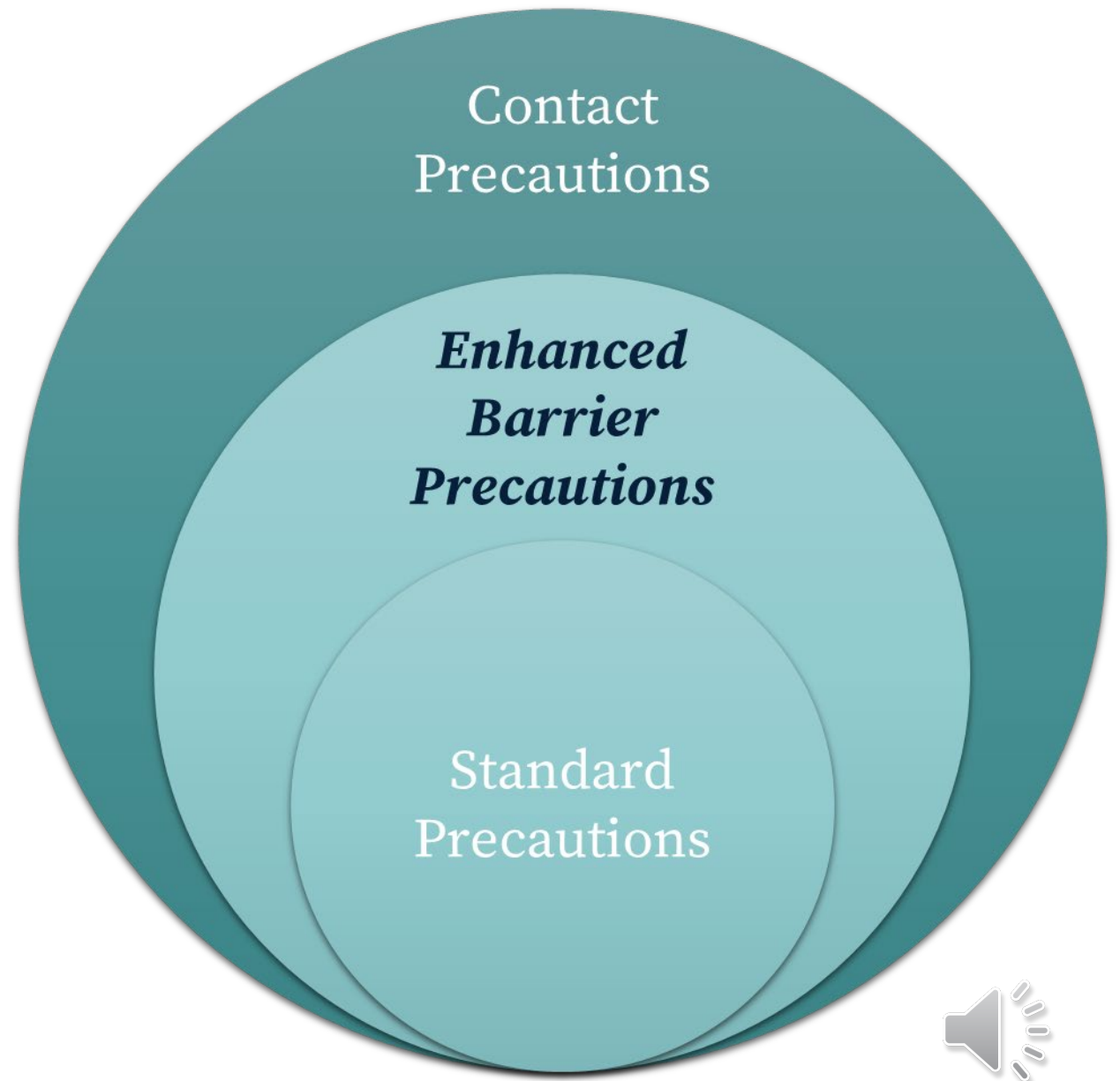
What are EBPs?

- Personal protective equipment (PPE), such as gowns and gloves, for use during high-contact resident care activities for residents at high risk of colonization.

EBPs are used:

- In addition to standard precautions.
- For use only in long-term care facility (LTCF) settings.
- Specifically with targeted MDROs.

EBPs can allow for continued resident-participation in communal activities dependent on case-by-case basis.





ENHANCED BARRIER PRECAUTIONS 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.



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Control and Prevention

EBPs are:

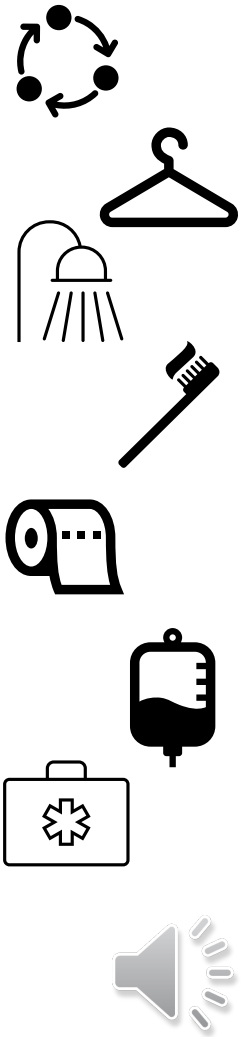
- Intended to protect residents from transmission of MDROs via direct or indirect contact.
- Designed to be less restrictive for LTCF residents due to possible impacts of contact precautions.
 - Reducing needs for contact precautions can help facilities save on PPE use and costs.
- Used for some residents who are high-risk for transmission, colonization, and/or active infection.
- Used depending on the type of care being provided.



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What are Considered High-Contact Resident Care Activities?

- Transferring.
- Dressing.
- Bathing/showering.
- Providing hygiene.
- Changing briefs or assisting with toileting.
- Device care or use.
- Wound care.



Which Residents Should Be on EBP?



Residents with an MDRO infection or colonization, when contact precautions do not otherwise apply.



Residents with an open wound requiring nursing intervention, wound measurements, or wound care. This does not need to apply to small scrapes/abrasions or skin tears covered with a band-aid or tegaderm.



Residents with indwelling medical devices such as central lines, foley catheters, dialysis ports, feeding tube, and tracheostomy or ventilator.



Facilities experiencing an outbreak or continued transmission may consider placing high-risk individuals (i.e., immunocompromised) in EBP.



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CONTACT PRECAUTIONS



EVERYONE MUST:



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

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.

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



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.



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When EBP Does Not Apply

Contact precautions should be used for residents infected or colonized with an MDRO who also have:

- Acute diarrhea (more than two loose stools in 24 hours, not caused by other underlying conditions or treatments).
- Draining wound or site of secretions that cannot be covered or contained.

Note: Units or facilities investigating a suspected or confirmed MDRO outbreak may consider using contact precautions for a limited time.



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MDRO Colonization and Infection

Contact precautions (transmission-based precautions) are used for residents infected or colonized with MDROs in the following situations:

- When a resident has wounds, secretions, or excretions that are unable to be covered or contained.
- On units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring.



Cohorting

- When available, a private room is preferred for residents that are positive (clinical and colonized) for an MDRO.
- For residents with carbapenemase producing organisms (CPO), evaluate mechanism of resistance as well as organism. Cohorting individuals with different resistance mechanisms increases the chances of dual resistance mechanisms in the organism.
- If a private room is not available, a roommate should be selected carefully, assessing for criteria that would mark them as high-risk (immunosuppressed, open wounds, indwelling medical devices, etc.).
- Education should be given to all roommates about infection prevention and control interventions to reduce possibilities of transmission.



Implementation and Communication



Leadership Implementation

Include in planning:

- Training and education for staff, residents, and families/visitors.
- Ordering PPE and signage.
- Identifying residents with qualifying criteria, maintaining list.
- Documenting (line list, care plan).
- Determining audit process.
- Drafting a new policy if it does not already exist.
- Walking through facility to look for:
 - Number, size, placement, and type of cart (rolling carts, door caddy etc.).
 - Possible addition of alcohol-based hand rub (ABHR) dispenser locations.



Set-Up

- Ensure adequate access to ABHR for hand hygiene during donning/doffing PPE.
- Place PPE carts outside of rooms.
- Place trash can inside room near exit.
- Provide cleaning and disinfecting wipes with easy access to staff for increased adherence (i.e., lock in PPE cart).
- Establish “who cleans what”.



PPE Storage for EBP vs TBP

Enhanced Barrier Precautions

- May be stored near the resident's room but must be *readily accessible* to staff (one storage cart for two rooms).
- Could be stored within the resident's room but not recommended:
 - Must avoid contamination.
 - Must not be used for other residents.

Transmission-Based Precautions

- Should be stored outside of resident's room (one storage cart for one room).
- Cannot be stored within the resident's room and must be donned prior to entering the room.



PPE Storage

Unused PPE taken into a resident's room is considered contaminated and cannot be used for another resident or returned to facility stock!!



PPE Use and Disposal

PPE used for each resident during high-contact resident care activities should be removed and discarded after each resident care encounter.



Scan to view
an EBP video.



Learn more at
bit.ly/PPE-NursingHomes

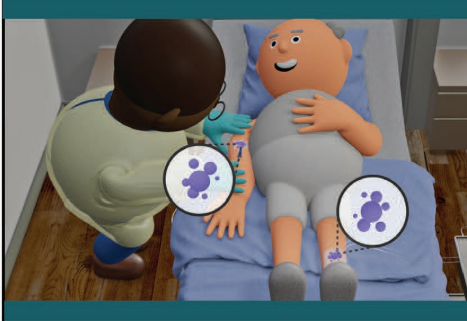
Use of Enhanced Barrier Precautions (EBP)

Use EBP for residents with indwelling medical devices, wounds, or those who are colonized by or infected with a multidrug-resistant organism (MDRO).

Use EBP when:

- Dressing or bathing
- Transferring
- Changing linens
- Assisting with toileting
- Accessing indwelling medical devices
- Providing wound care
- Other high-contact resident care activities

Enhanced Barrier Precautions (EBP) Pocket Guide



Key Steps:

Before entering a resident's room with an EBP sign:

1. Gather all needed supplies & materials
2. Clean hands
3. Correctly put on a gown and gloves
4. After care, throw away gown and gloves
5. Clean hands again

Finish all steps before moving on to another resident.



Staff Education

- Define EBP.
- Who, when, where, what, and why.
- Setting up an EBP room.
- MDRO-EBP care plan.
- Non-MDRO-EBP care plan.
- Developed and delivered to specific disciplines.
- Audits should be performed to ensure staff compliance.
 - Review audits timely to identify any learning gaps or needs.



Enhanced Barrier Precautions

How We Keep Our Residents Safe



What's New

We are using Enhanced Barrier Precautions to help protect our residents from infection. You may notice:

- New signs throughout the facility
- Staff wearing gowns and gloves for high-contact care activities

Why We're Making These Changes

We are taking action to protect our residents from dangerous germs. These germs can cause infections that are hard to treat.

Enhanced Barrier Precautions allow us to provide safe, high quality care and help stop the spread of germs within our facility.

How to Help When You Visit

You can help stop the spread of germs by cleaning your hands with alcohol-based hand sanitizer or soap and water.

Learn more about Enhanced Barrier Precautions:
bit.ly/PPE-NursingHomes



More than
50%
of nursing home residents carry a
multidrug-resistant organism.



Family Communication

- Communication removes some stigma surrounding precautions.
- Consider providing a letter/flyer to residents and family members.
- Focus on safety and be sure to use friendly, person-centered language.
 - “For your protection” instead of “to protect us from you”.
- Remind family members that EBPs:
 - Do not require isolation in the room or exclusion from participating in group/communal activities.
 - Provide protection to self, staff, and other residents.



Inter-facility Communication

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	E-mail
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 <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Enterobacteriaceae (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i>) producing-Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Candida auris</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Does the person* currently have any of the following? (Check here ☐ if none apply)

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Cough or requires suctioning | <input type="checkbox"/> Central line/PICC (Approx. date inserted) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hemodialysis catheter |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary catheter (Approx. date inserted) |
| <input type="checkbox"/> Incontinent of urine or stool | <input type="checkbox"/> Suprapubic catheter |
| <input type="checkbox"/> Open wounds or wounds requiring dressing change | <input type="checkbox"/> Percutaneous gastrostomy tube |
| <input type="checkbox"/> Drainage (source): | <input type="checkbox"/> Tracheostomy |

Inter-facility Infection Control Transfer Form

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES

Type of Precautions (check all that apply) ☐ Contact ☐ Droplet ☐ Airborne

☐ Other:

Reason for Precautions:

Is the person* currently on antibiotics? ☐ NO ☐ YES (current use)

Antibiotic, dose, route, freq.	Treatment for:	Start date	Anticipated stop date	Date/time last dose

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PPSV23)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV13)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

*Refers to patient or resident depending on transferring facility

Name of staff completing form (print):

Signature: Date :

If information communicated prior to transfer:

Name of individual at receiving facility:

Phone of individual at receiving facility:



Department of Health

Frequently Asked Questions (FAQs)

Are EBPs recommended for a whole facility or just units where a resident is known/suspected to be infected or colonized with an MDRO?

- EBPs are recommended for residents infected/colonized with an MDRO, and those who have a wound or indwelling medical device, regardless of MDRO status.
- Residents with indwelling medical devices or wounds are at higher risk for carrying or acquiring a MDRO.
- Many colonized individuals are asymptomatic and can continue to spread MDROs.



Frequently Asked Questions (FAQs)

If a resident with a known MDRO infection/colonization is on contact precautions, should other residents in the facility with indwelling medical devices and wounds be on EBP?

- Yes, EBPs are recommended for these high-risk residents, based on their own risk factors.
- If a resident with a known MDRO infection/colonization resides on a unit with other high-risk residents, the high-risk residents should be placed on EBP due to their increased risk of carrying or acquiring a MDRO.



FAQs

Do residents cared for with EBPs require a private room?

- No. Single person rooms should be prioritized for residents with acute communicable diseases, those on contact precautions, etc.
- Residents with known MDRO infections can be cohorted based on pathogen and resistance results.

Remember:

- Roommate considerations.
- Be sure to implement strategies to help reduce transmission between roommates.



How long should a resident remain on EBP?

- EBP for known MDRO infection/colonization should be used for the duration of the resident's stay.
- Residents placed on EBP solely for an indwelling medical device or wound care may transition to Standard Precautions once the medical device is removed or wound healed.



If a facility is receiving a resident known to be colonized, should contact precautions be continued, or can EBP be used?

- Unless the resident is actively experiencing acute diarrhea, draining wounds, or other secretions that are unable to be covered or contained, EBPs is appropriate.
- If the facility is investigating a suspected or confirmed MDRO outbreak, contact precautions could be considered.

What defines a wound in relation to EBP guidance?

- Wounds that require nursing intervention, wound measurement, dressing changes, wound clinic follow up, etc., should be placed on EBP.
- Skin breaks, skin tears, small abrasions, etc., that can be covered with a band-aid, tegaderm, or similar dressing do not require EBP.



FAQs

Is physical or occupation therapy considered a “high-contact” resident care activity?

- Yes. Therapists should use gown and gloves when interacting with residents on EBP, either in the therapy gym or resident room, whenever close physical contact is anticipated (i.e., transfers, mobility, assist, or any high contact activity).

Should PPE used for EBP be discarded in regular trash or hazardous red bagged waste?

- The Occupational Safety and Health Administration (OSHA) [Bloodborne Pathogen Standard](#) requires special handling for potentially infectious waste removal.
- Most PPE used during resident care would not fall into the category of regulated medical waste.



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/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC_AAref_Val=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/long-term-care-facilities/hcp/prevent-mdro/faqs.html?CDC_AAref_Val=https://www.cdc.gov/hai/containment/faqs.html.

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities <https://www.cdc.gov/hicpac/media/pdfs/EnhancedBarrierPrecautions-508.pdf>.

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers <https://www.cdc.gov/long-term-care-facilities/media/pdfs/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>.

Enhanced Barrier Precautions Letter to Nursing Home Staff <https://www.cdc.gov/long-term-care-facilities/media/pdfs/Letter-Nursing-Home-Staff-508.pdf>.



Enhanced Barrier Precaution Resources (cont.)

Sign: [Enhanced Barrier Precautions](#)

Sign: [Contact Precautions](#)

Poster: [Enhanced Barrier Precautions: How We Keep Our Residents Safe](#)

Poster: [Multidrug-resistant organism \(MDROs\) are a threat to our residents.](#)

Pocket Guide: [Enhanced Barrier Precautions \(EBP\) Pocket Guide](#)

Form: [Inter-facility Infection Control Transfer Form](#)



Enhanced Barrier Precautions

Federal Regulation and State Rule



Federal Regulations and State Rules



Federal Regulation §483.80 (a) (e) (f)

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all.
- Written standards, policies, and procedures for the program.



[Source: CMS](#)



Federal Regulation §483.80 (a) (e) (f) (cont.)

- A system for recording incidents identified under the facilities program and the corrective actions taken by the facility.
- A system to handle, store, process, and transport linens to prevent the spread of infection.
- An annual review of the infection prevention and control program and update the program, as necessary.



[Source:](#) CMS



Federal Regulation §483.80 (a) (2)

The written standards, policies, and procedures for the program, must include, but are not limited to:

- A system of surveillance.
- When and to whom possible incidents of communicable disease or infections should be reported.
- Standard and transmission-based precautions to be followed to prevent the spread of infections.



[Source: CMS](#)



Federal Regulation §483.80 (a) (2) (cont.)

- When and how isolation should be used for residents, including:
 - The type and duration of the isolation, depending upon the infectious agent organism involved.
 - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- Hand hygiene procedures to be followed by staff involved in direct resident contact.



Source: CMS



Key Elements of Noncompliance for F880 for EBP

To cite deficient practice at F880, regarding EBP, the surveyor's investigation will generally show the facility failed to do one or more of the following:

- Establish and maintain an Infection Prevention and Control Plan designed to provide a safe, sanitary, and comfortable environment and to help prevent development and transmission of disease and infection.
- Review the IPCP at least annually and update as necessary.
- Implement a system of preventing, identifying, reporting, investigating, and controlling infections and communicable diseases based on the facility assessment and following accepted national standards.



Key Elements of Noncompliance for F880 for EBP (cont.)

- Develop and implement written IPCP standards, policies, and procedures that are current and based on national standards including:
 - Developing and implementing a system of surveillance to identify infections or communicable diseases.
 - How to use standard precautions (to include appropriate hand hygiene) and how and when to use transmission-based precautions.
- Maintain a system for recording identified incidents and taking appropriate corrective actions.



Ohio Administrative Code 3701-17-11 (A)

Each nursing home shall establish and implement:

- Appropriate written policies and procedures to assure a safe, sanitary and comfortable environment for residents and to control the development and transmission of infections and diseases.



Ohio Administrative Code 3701-17-11 (A) (cont.)

- An Infection Control Program to monitor compliance with the home's infection control policies and procedures, to investigate, control and prevent infections, and to institute appropriate interventions.
- An appropriate licensed health professional with competency in infection control to serve as the Infection Control Coordinator.



Ohio Administrative Code 3701-17-11 (D) (1)

Each nursing home shall use appropriate infection control precautions. At a minimum, individuals working in a nursing home shall:

- Wash hands vigorously with soap and water or use an alcohol-based product accepted by the CDC:
 - After using the toilet.
 - Before direct contact with a resident, dispensing medication, or handling food.
 - Immediately after touching body substances.
 - After handling potentially contaminated objects.
 - Between direct contact with different residents.
 - After removing gloves.



Ohio Administrative Code 3701-17-11 (D) (2), (3), & (4)

Each nursing home shall use appropriate infection control precautions as evidenced by:

- Proper disposal of contaminated articles.
- Wearing disposable gloves.
- Wearing an impervious cover gown.



Ohio Administrative Code 3701-17-11 (E)

Each nursing home shall follow the current guidelines for isolation requirements issued by the United States CDC when caring for residents.



BOSC Survey Process



BOSC Survey Process



CMS Guidance

- Using guidance from the Infection Prevention, Control, and Immunizations Facility Task Pathway.
- Observing whether PPE is readily available for staff to use, and that staff are using it appropriately.
- Interviewing staff for awareness of which residents require the use of EBP prior to providing high-contact care activities.



Observation of Residents

Surveyors will be observing for proper EBP use as evidence by:

- Notification of resident EBP need.
- Readily available PPE.
- Proper PPE use during care.
- Proper PPE disposal after care.



[Source: Creative Commons](#)



Record Review for Residents

Surveyor is looking for resident documentation to support there is/are:

- A physician/provider order for EBP.
- Documentation on the Treatment Administration Record (TAR) for EBP implementation.
- Care plan interventions for EBP.



[Source: Request Copies of Your Medical Records](#)

The Minimum Data Set (MDS) currently has no EBP entry requirements.



Interview with Residents

Surveyors will be inquiring for:

- What resident care activities the facility staff wear the PPE for.
- What PPE the facility staff wear.
- If visitors wear PPE when assisting residents with high-contact resident care activities.
- What education has been provided to residents and visitors regarding EBP.



[Source: Seniors](#)



Interview with Staff

Surveyors will be inquiring for:

- Communication of resident enhanced barrier precaution need.
- Availability of personal protective equipment (PPE).



[Source: Bing](#)



Interview with Staff (cont.)

Enhanced barrier precaution training:

- What enhanced barrier precautions are.
- What residents are required to have EBP.
- How resident EBP need is communicated.
- What PPE is needed and where it is stored.
- What high-contact care activities require the use of EBP.
- Where and how PPE is properly disposed.



[Source: Bing](#)



Interview with Infection Preventionist

The Infection Preventionist (IP) may be interviewed regarding:

- Periodic monitoring and assessment of adherence to recommended infection prevention practices.
- Concerns with enhanced barrier precautions in the facility.



[Source: Pic Server](#)



Interview with Administration

The facility administration may be interviewed regarding concerns with enhanced barrier precautions.



[Source: Wikimedia](#)



Record Review of Facility Policy

Review of facility policy to ensure they meet the federal requirements for enhanced barrier precautions.



[Source: Book Binders free stock photo](#)



Potential Citations



F880 (Infection Prevention and Control)

Surveyor's investigation will show the facility failed to:

- Develop, maintain, or follow policies and procedures for EBP.
- Ensure effective communication regarding the resident's need for enhanced barrier precautions.



[Source: Pic Server](#)



F880 (Infection Prevention and Control) (cont.)

- Ensure appropriate PPE was *readily available for use* during high-contact resident care activities.
- Ensure appropriate PPE was *used* during high-contact resident care activities.
- Ensure PPE was *disposed of* properly following high-contact resident care activities.



[Source: Pic Server](#)



Additional Potential Citations

F550 – Resident Rights/Exercise of rights.

- Overuse of transmission-based (“isolation”) precautions.

F603 – Free from Involuntary Seclusion.

- Inappropriate transferring of rooms unnecessarily.

F675 – Quality of Life.

- Inappropriate use of PPE such as gloves when used unnecessarily and the resident indicates they feel “untouchable, dirty or unclear”.

Additional Potential Citations (cont.)

Comprehensive Resident Centered Care Plan:

- F655 – Baseline Care Plan.
- F656 – Development/Implement Comprehensive Care Plan.



[Source: picpedia](#)



Additional Potential Citations (cont.)

Quality of Care:

- F684 – Quality of Care.
- F686 – Treatment/Services to Prevent/Heal Pressure Ulcers.
- F690 – Bowel/Bladder Incontinence, Catheter, UTI.
- F694 – Parenteral/IV Fluids.
- F695 – Respiratory /Tracheostomy Care and Suctioning.



Additional Potential Citations (cont.)

Nursing services:

- F725 – Sufficient Nursing Staff.
- F726 – Competent Nursing Staff.



[Source: Nurses Uniform Free Stock](#)



Additional Potential Citations (cont.)

Quality Assurance and Performance Improvement:

- F867 – QAPI/QAA Improvement Activities.

Training Requirements:

- F945 – Infection Control Training.



[Source: Technofaq](#)



BOSC Survey

Statistics and Common Findings



BOSC Citations and Common Findings/Solutions



ODH/BOSC 2024 Statistics 04/01 – 05/13/2024

- F880 - Infection Prevention and Control (EBP):
 - D level = seven times.



[Source:](#) CMS



Common F880 EBP Citation Findings & Solutions

Common BOSC Findings:

- Not placing residents, who meet the EBP requirement, in EBP.
- Not providing appropriate signage and communication of resident EBP need.
- Not utilizing PPE during high-contact resident care activities.

Potential Solutions:

- Screening all residents (new admissions and established residents) for EBP needs.
- Placing appropriate signage outside of the resident's room and communicating during shift report.
- Educating staff on EBP PPE, ensuring staff are aware of who require EBP, providing the PPE and directing them to use appropriate PPE.

Common F880 EBP Citation Findings & Solutions (Cont.)

Common BOSC Findings:

- Not utilizing all the required PPE.
- Not utilizing new PPE for each occurrence of high-contact resident care activities.
- Not educating staff regarding EBP.

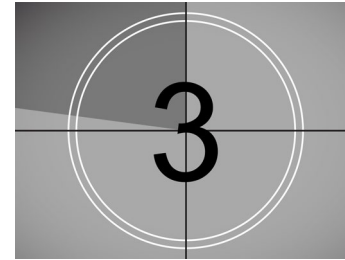
Potential Solutions:

- Educating staff on requirement of wearing both gloves and gown for EBP residents.
- Educating staff to not permit used PPE to come outside of room or reuse.
- Providing the needed staff education regarding EBP.



Three, Two, One

- Three reasons enhanced barrier precautions are important.
- Two things your facility is doing correctly.
- One area your facility needs assistance with.



Source: Microsoft Stock Images



QUESTIONS?

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