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# ENHANCED BARRIER PRECAUTIONS IN NURSING HOMES INTRODUCTION TO THE CMS QSO 24-08-NH

- Concern
- Guidance
- Indication for Use (Overview)
- High Contact Care (Overview)
- Locations (Overview)
- Targeted versus Non-Targeted MDROs (Overview)



## The Large Burden of MDROs in Nursing Homes

Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17% 	58% 
Ventilator-Capable Nursing Homes (n = 4)	20% 	76% 



Known MDRO



No Known MDRO

McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

# CONCERN

## 2019 REPORT

ACTUAL NUMBER MAY HAVE INCREASED DURING THE PANDEMIC?

THE SHIELD ORANGE COUNTY PROJECT: MULTIDRUG-RESISTANT ORGANISM PREVALENCE IN 21 NURSING HOMES AND LONG-TERM ACUTE CARE FACILITIES IN SOUTHERN CALIFORNIA - PMC (NIH.GOV)

# REGULATIONS AND GUIDANCE

- CDC; Introduced the guidance in 2019 - To prevent the spread of novel or targeted multidrug resistant organisms
- **CMS QSO 24-08-NH document dated March 20, 2024**
- [QSO-24-08-NH \(cms.gov\)](https://www.cms.gov/files/document/qso-24-08-nh.pdf)  
<https://www.cms.gov/files/document/qso-24-08-nh.pdf>
- Effective April 1, 2024
- EBP for residents with chronic wounds or indwelling medical devices during HIGH CONTACT care activities REGARDLESS of their MDRO status
- Incorporated into the F880 Infection Prevention and Control



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**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

Ref: QSO-24-08-NH

**DATE:** March 20, 2024  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** Enhanced Barrier Precautions in Nursing Homes

**Memorandum Summary**

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

**Background:**

Multidrug-resistant organism (MDRO) transmission is common in long term care (LTC) facilities (i.e., nursing homes), contributing to substantial resident morbidity and mortality and increased healthcare costs. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs.

In 2019, CDC introduced a new approach to the use of personal protective equipment (PPE) called Enhanced Barrier Precautions (EBP) as a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission and did not involve resident room restriction.

As described in the Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper, "[Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](#)" dated June 2021, more than 50% of nursing home residents may be colonized with an MDRO. This report noted that the use of contact precautions to prevent MDRO transmission involves restricting residents to their rooms, which may negatively impact a resident's quality of life and psychosocial well-being. As a result, many nursing homes only implemented contact precautions when residents are infected with an MDRO.

In July 2022, the CDC released updated EBP recommendations for "[Implementation of PPE Use in nursing homes to prevent spread of MDROs](#)," and therefore, CMS is updating its infection prevention and control guidance accordingly. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply.

This new guidance related to EBP is being incorporated in F880 Infection Prevention and Control to assist LTC surveyors when evaluating the use of enhanced barrier precautions in nursing homes. We note that facilities have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents.

**Regulations and Guidance:**

**F880**

**§483.80 Infection Control**

**The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.**

**§483.80(a) Infection prevention and control program.**

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

**§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;**

**GUIDANCE**

**"Enhanced Barrier Precautions" (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.**

EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.

Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing. Examples of

chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.

Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.

EBP should be used for any residents who meet the above criteria, wherever they reside in the facility.

Facilities **have discretion** in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

**Table 1: Implementing Contact versus Enhanced Barrier Precautions**

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO <b>without</b> a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO <b>without</b> a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, <b>and</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, <b>without</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:

- 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

**Note:** In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

Residents are not restricted to their rooms or limited from participation in group activities. Because EBP do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Facilities have discretion on how to communicate to staff which residents require the use of EBP. CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help maintain a home-like environment, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities.

Facilities should ensure PPE and alcohol-based hand rub are readily accessible to staff. Discretion may be used in the placement of supplies which may include placement near or outside the resident's room. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do **not** engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident.

Information regarding CDC-targeted MDROs and current recommendations on EBP are available on the CDC's webpage, "Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)," at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.

**Survey Procedures**

Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.

CMS will update associated survey documents which will be found under the "[Survey Resources](#)" link in the Downloads Section of the CMS Nursing Homes webpage and will also be added to the Long-Term Care Survey Process software application.

**Contact:**

For questions or concerns relating to this memorandum, please contact  
[DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov).

**Effective Date:** April 1, 2024.

/s/  
David R. Wright  
Director, Quality, Safety & Oversight Group

**Resources to Improve Quality of Care:**

*Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to specific provider types and intended to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.*

*Learn to:*

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

*See the [Quality, Safety, & Education Portal Training Catalog](#), and select *Quality in Focus*.*

## Example of Resources Available for EBP

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

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

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
<b>Standard Precautions</b>	All residents	Any potential exposure to: <ul style="list-style-type: none"> <li>• Blood</li> <li>• Body fluids</li> <li>• Mucous membranes</li> <li>• Non-intact skin</li> <li>• Potentially contaminated environmental surfaces or equipment</li> </ul>	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
<b>Enhanced Barrier Precautions</b>	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> <li>• Infection or colonization with an MDRO <i>when Contact Precautions do not otherwise apply</i></li> <li>• Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i></li> </ul>	During high-contact resident care activities: <ul style="list-style-type: none"> <li>• Dressing</li> <li>• Bathing/showering</li> <li>• Transferring</li> <li>• Providing hygiene</li> <li>• Changing linens</li> <li>• Changing briefs or assisting with toileting</li> <li>• Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</li> <li>• Wound care: any skin opening requiring a dressing</li> </ul>	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
<b>Contact Precautions</b>	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> <li>• Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained</li> <li>• 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</li> <li>• When otherwise directed by public health authorities</li> </ul> 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

# TRAINING AND REFERENCE RESOURCES ARE AVAILABLE

[Table: Summary of Personal Protective Equipment \(PPE\) Use and Room Restriction When Caring for Residents in Nursing Homes: \(cdc.gov\)](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)

# Example of Resources Available for EBP

## Precauciones de barrera mejoradas Cómo protegemos a nuestros residentes



### Novedades

Estamos utilizando precauciones de barrera mejoradas para ayudar a proteger a nuestros residentes contra las infecciones. Es posible que note:

- Nuevas señales en las instalaciones
- Miembros del personal con batas y guantes para las actividades asistenciales de alto contacto

### El motivo de estos cambios

Estamos tomando medidas para proteger a nuestros residentes de gérmenes peligrosos. Estos gérmenes pueden causar infecciones difíciles de tratar.

Las precauciones de barrera mejoradas nos permiten ofrecer una atención segura y de alta calidad y ayudan a detener la propagación de gérmenes dentro de nuestras instalaciones.

### Cómo ayudar cuando nos visita

Puede ayudar a detener la propagación de gérmenes limpiándose las manos con un desinfectante de manos a base de alcohol o con agua y jabón.

Obtenga más información sobre las precauciones de barrera mejoradas: [bit.ly/PPE-NursingHomes](http://bit.ly/PPE-NursingHomes)



Más del **50%** de los residentes de hogares de ancianos son portadores de algún organismo multirresistente.



## 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.



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





# COMAGINE HEALTH RESOURCES FOR EBP

- 20-minute video - succinct
- Slide set
- [New Mexico Infection Prevention Collaborative - Archive \(padlet.com\)](#)
  - <https://padlet.com/SBIPPComagine/new-mexico-infection-prevention-collaborative-archive-c2clp2cdg47ws89x/wish/2808092124>
- [New Mexico Infection Prevention Collaborative - Archive \(padlet.com\)](#)
  - <https://padlet.com/SBIPPComagine/new-mexico-infection-prevention-collaborative-archive-c2clp2cdg47ws89x/wish/2808092124>

# CDC EBP RESOURCES

■ [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)

- Letters for staff
- Info for residents and families
- Letters for volunteers, leadership
- Implementation guides
- Pocket guides for staff
- English and Spanish
- Observation tools
- Presentations





# FINANCIAL CONSIDERATIONS?

## Cost Considerations

- PPE
  - Training
  - Time to Don and Doff
  - Signage
  - Educational Materials.
- 
- An economic analysis of a randomized controlled trial involving the use of EBP in a bundle to prevent catheter-associated urinary tract infections estimated net savings of approximately \$15,000 per year per facility.
  - <https://www.cdc.gov/hicpac/pdf/EnhancedBarrierPrecautions-H.pdf>

## HIGH CONTACT CARE (EXAMPLES)

- ❑ 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
1. No restriction to room or from activities
  2. Signage and communication should be subtle to alert staff who requires EBP
  3. Common areas requiring quick transfers, such as dining, would not require the donning of PPE
  4. Therapy close contact may require the donning of PPE.

# WHICH MDROS?

## CDC Targeted Organisms

- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacterales (CRE)
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- *Candida auris*

## Others to consider

- MRSA
- ESBL Producing Enterobacterales
- VRE
- MDR *Pseudomonas aeruginosa*
- Drug Resistant *Streptococcus pneumoniae*
- Others epidemiologically important in your community
- \_\_\_\_\_?

# THANK YOU

Let us know how we can help.

Send your questions for the next meeting to

[ICCNM\\_admin@iccnm.net](mailto:ICCNM_admin@iccnm.net)

