



HAI Updates

CMS QSO-24-08-NH:

Enhanced Barrier Precautions (EBP)

- [CMS QSO-24-08-NH](#) updated guidance on March 20, 2024, to align with CDC's Enhanced Barrier Precautions (EBP) recommendations for "[Implementation of PPE Use in NHs to Prevent Spread of MDROs.](#)"
- EBP is designed to reduce multidrug-resistant organism (MDRO) transmission through targeted gown and glove use during high-contact resident care activities.
- 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 resident is not known to be infected or colonized with a MDRO.
- CMS updated the [survey critical element pathways](#) (CEPs) due to the enforcement of EBP.

CDC= Centers for Disease Control and Prevention

CMS. QSO-24-08-NH. <https://www.cms.gov/files/document/qso-24-08-nh.pdf>

2 CDC. EBPs. 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

CDC. CEPs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

What About CDPH's Enhanced Standard Precautions (ESP)?

- Because California nursing homes are now required per [CMS QSO-24-08-NH](#) to implement CDC's EBP, CDPH is “retiring” its **Enhanced Standard Precautions (ESP) guidance**.
- CDPH's ESP was based on the same core principles as EBP, so **SNFs that previously implemented CDPH's ESP should be well-positioned to be in compliance with the CMS requirements for EBP implementation**.
- California skilled nursing facilities (SNFs) should **refer to CDC's EBP guidance and FAQs**: *(note updated URLs)*
 - <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html>
 - <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>

EBP Frequently Asked Questions (FAQs)

- CDC FAQs:
<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>
- AHCA FAQs:
<https://www.ahcancal.org/Quality/Clinical-Practice/Documents/AHCA%20EBP%20FAQ.pdf>



Enhanced Barrier Precautions (EBP) Frequently Asked Questions (FAQ)

On March 20, 2024, the Centers for Medicare and Medicaid Services (CMS) issued [QSO-24-08-NH](#), providing guidance for State Survey Agencies (SSAs) and long-term care facilities (LTCFs) on the use of EBP to align with nationally accepted standards. This guidance is incorporated into F880 Infection Prevention and Control and was effective April 1, 2024.

Below are many of the frequently asked questions received from AHCA members with associated answers based on the QSO, information available on the CDC website and responses from CMS and the CDC received via emails or posted on association community message boards.

Question	Answer
Are staff required to glove/gown every time they enter the room for a resident on EBP?	PPE for EBP 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. ¹
Are facilities required to place gloves/gowns outside the door for every resident on EBP?	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. ¹
Are staff required to glove/gown for all ADL care for residents on EBP?	For residents for whom EBP are indicated, EBP is employed when performing the following 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 (does not include shorter-lasting wounds such as skin breaks or tears covered with an adhesive bandage or similar dressing or surgical wounds (unless there are complications or delayed healing). <p>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</p>

Why did CDC expand EBP to include all residents with wounds or indwelling medical devices, regardless of MDRO status?

- More than 50% of nursing home residents may be colonized with an MDRO, and these residents can serve as sources of MDRO transmission and outbreaks within the facility.
 - Residents' MDRO colonization status is frequently unknown to the facility.
- **Indwelling medical devices and wounds are risk factors for colonization with an MDRO.**
- Use of EBP for residents with wounds or indwelling medical devices is intended to **protect these high-risk residents both from acquisition and from serving as a source of transmission** if they have already become colonized.

Do residents placed on EBP precautions require placement in a single-person room?

- **No. Residents on EBP may share rooms with other residents;** however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization (if known) may choose to do so.
- If there are multiple residents with a novel or targeted MDRO, consider **cohorting** them together in one wing or unit to decrease the direct movement of staff from colonized or infected residents to those who are not known to be colonized.

Do residents placed on EBP precautions require placement in a single-person room? (cont.)

- When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including:
 - Maintaining spatial separation of at least 3 ft. between beds to reduce inadvertent sharing of items between residents.
 - Use of privacy curtains to limit direct contact.
 - Cleaning and disinfecting any shared reusable equipment.
 - Cleaning and disinfecting environmental surfaces more frequently.
 - Changing PPE (if worn) and performing hand hygiene when switching care from one roommate to another.
- **In other words, treat each bedspace as a separate room.**

Are staff required to glove/gown every time they enter the room for a resident on EBP?

- **No. PPE for EBP is only necessary when performing high-contact care activities and does 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.

Are staff required to glove/gown for all ADL care for residents on EBP?

- 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
 - ✓ Wound care
 - ✓ Device care or use: central line, urinary catheter, tracheostomy/ventilator, feeding tube
- In general, gowns and gloves are **not recommended in hallways or when performing transfers in common areas** (i.e., dining or activity rooms) where assist/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 shower room** and when engaging in **high-contact activities with residents in the therapy gym**.

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

- Depending on the activity, **therapy may be considered “high-contact.”**
- Therapists should use gowns and gloves when working with residents on EBP in the gym or in the resident's room **if they anticipate prolonged, close body contact** where transmission of MDROs to the therapist’s clothes is possible.
- In situations where a therapist isn’t anticipating “prolonged, close body contact,” general guidance similar to hallways, where HCP should not routinely wear gloves and gowns but should **have clean gloves and gowns available for them to use in case needed.**

Does posting signs specifying the type of precautions and recommended PPE outside the resident room violate HIPAA and resident dignity?

- **No.** Signs signal to individuals entering the room the actions they should take to protect themselves and the resident.
- Signs must contain information about the type of precautions and recommended PPE.
- Signs should not include information about the resident's diagnosis or the reason for the precautions; inclusion of that information would violate HIPAA and resident dignity.
- CDC example signs:
 - [Transmission-Based Precautions](#)
 - [Enhanced Barrier Precautions](#)

