

IMPLEMENTATION OF PERSONAL PROTECTIVE EQUIPMENT USE IN NURSING HOMES TO PREVENT THE SPREAD OF MULTIDRUG-RESISTANT ORGANISMS

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April 4, 2024

https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html



- Provide background information (rational) for guidance on use of PPE in nursing homes
- Describe Enhanced Barrier Precautions
- Discuss implementation of those precautions
- Describe variations in CDC recommendations and CMS requirements
- ►Q&A



STANDARD PRECAUTIONS

Implementation of **Standard Precautions** constitutes the primary strategy for the prevention of healthcareassociated transmission of infectious agents among patients and healthcare personnel





The Large Burden of MDROs in Nursing Homes



Slide acknowledgement CDC presentation

BACKGROUND



- Residents in nursing homes are at increased risk of becoming colonized and developing infections with multidrugresistant organisms (MDROs)
- S. aureus and MDRO colonization prevalence among residents in skilled nursing homes is estimated at greater than 50%, with new acquisitions occurring frequently
- Implicated in outbreaks
- Invasive devices and wounds increase risk for colonization and/or acquisition
- Transmission via healthcare personnel hands, or clothing

https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html



BACKGROUND

- Available evidence suggests routine use of EBP for residents with wounds or indwelling medical devices would reduce the transmission of *S. aureus* and MDROs (a randomized clinical trial¹).
- Quasi-experimental study² routine use of EBP during high-risk care of residents with wounds or indwelling devices reduced acquisition and transmission of both methicillin-susceptible and methicillin-resistant *S. aureus*

¹Mody L, Krein SL, Saint S, et al. A Targeted Infection Prevention Intervention in Nursing Home Residents with Indwelling Devices: A Randomized Clinical Trial. JAMA Internal Medicine 2015;175:714-23 ²Lydecker AD, Osei PA, Pineles L, et al. Targeted Gown and Glove Use to Prevent Staphylococcus aureus Acquisition in Community-Based Nursing Homes: A Pilot Study. Infection Control & Hospital Epidemiology 2020:1-7.





CHALLENGES

- Implementation of contact precautions
- Focus on <u>active infection</u> alone fails to address risk of transmission from residents with MDRO colonization
- Growing evidence that the traditional implementation of contact precautions in nursing homes is not implementable for most residents for prevention of MDRO transmission

CONTACT PRECAUTIONS

Contact Precautions:

- All residents with an <u>MDRO</u> when there is <u>acute diarrhea</u>, <u>draining</u> wounds or other sites of secretions/excretions that cannot be contained</u> or covered
- On units or in facilities where ongoing transmission is documented or suspected
- C. *difficile* infection
- Norovirus
- Shingles when resident is immunocompromised, and vesicles cannot be covered
- Other conditions as noted in Appendix A- Type and Duration of Precautions Recommended For Selected Infections and Conditions
- Gown and gloves upon <u>ANY room entry</u>
- Room restriction except for medically necessary care







TRANSMISIÓN POR CONTACTO

Family/Visitors should not visit if having signs or symptoms of an infection or a communicable disease. Visitation also based on facility's policy. Los familiares y visitantes no deben visitar si tienen señales o síntomas de infección o de una enfermedad contagiosa. Las visitas también dependen de la política de la instalación.

> Follow instructions below before entering room. ntes de entrar a la habitación, siga las instrucciones a continuació

Everyone must:

Clean hands before entering and when leaving room.

Todos deben: Lavarse las manos antes de entrar y antes de salir de la habitación.

All Healthcare Personnel must: Todo el personal de atención médica debe:

Wear gloves when entering room and remove before leaving room.

Usar guantes al entrar a la habitación y quitárselos antes de salir de la habitación.

Wear a gown when entering room and remove before leaving. Usar una bata al entrar a la habitación y quitársela antes de salir.

Use patient-dedicated or single-use disposable equipment. If shared equipment is used clean and disinfect between patients. Usar equipo desechable de un solo uso o designado al

paciente. Si se utiliza equipo compartido, limpiar y desinfectar entre pacientes.

Additional PPE may be required per Standard Precautions. Es posible que se exija utilizar equipo de protección personal adicional según las precauciones estándar.

Translated by UNC Health Interpreter Services

REVISED DATE: 1/20/22

Contact Precautions

Remove sign after room is terminally cleaned upon discharge or discontinuation of precautions.

Common conditions (per CDC guidelines)

Methicillin-resistant *Staphylococcus aureus* (MRSA) Vancomycin-resistant *Enterococcus* (VRE) Carbapenem-resistant *Enterbacterales* (CRE) Extended spectrum beta lactamase producers Gram Negative Rods (ESBL-GNR) *Candida auris* (C. auris) Other multidrug resistant organisms Scables Uncontained draining wounds or abscesses RSV

Room Placement:

Use private room when available. When private rooms are unavailable, place together in the same room persons who are colonized or infected with the same pathogen.

Personal Protective Equipment

Put on in this order
Alcohol based handrub or wash with soap and water if visibly soiled
Gown- secure ties and tie in back (bow should not be tied in front of the gown)
Gloves- pull over the cuffs of gown

Take off and dispose in this order

(Do NOT wear same gown and gloves for multiple patients/residents)

Gloves- Carefully remove to prevent contamination of hands upon removal

Gown- Carefully remove to prevent contamination on clothing or skin

· Alcohol based hand rub or wash hands with soap and water if visibly soiled

Dishes/Utensile:

No special precautions. Should be managed in accordance with routine procedures.

Room Cleaning:

Follow facility policy for Contact Precautions

Trash and Linen Management:

Bag linen and trash in patient/resident room (double bagging of trash or linen is not necessary unless outside of bag visibly contaminated).

Transport

Essential transport only. Place patient/resident in a clean gown. Clean and disinfect transport equipment. Alert receiving department regarding patient/resident isolation precaution status.

Duration of Precautions:

For all multidrug resistant organisms, follow guidance and recommendations from CDC (Management of Multidrug-Resistant Organisms in Healthcare Settings) and SHEA (Duration of Contact Precautions for Acute-Care Settings).

For other guidance for duration of precautions, follow Appendix A- Type and Duration of Precautions Recommended for Selected Infections and Conditions within the CDC's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

Print version: Implementation of PPE in Nursing Homes to Prevent Spread of MDROs [PDF – 7 pages]

Summary of Recent Changes:

- Added additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrugresistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status).
- Expanded MDROs for which EBP applies.
- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission.

On this P	age
Backgrou	nd
Descriptio	on of Precautions
Summary Restriction	of PPE Use and Room
Implemen	itation
Reference	S

https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



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

Ref: QSO-24-08-NH

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



ENHANCED BARRIER PRECAUTIONS (EBP)

- Expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated (i.e. Standard Precautions)
- Refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing



ENHANCED BARRIER PRECAUTIONS CDC AND CMS

Applies to ALL residents with ANY of the following:

- ► Infection <u>OR</u> colonization with a <u>MDRO</u> when <u>Contact Precautions do not apply</u>
- Wounds and/or indwelling medical devices (e.g., central lines, urinary catheter, feeding tube, tracheostomy/ventilator) <u>REGARDLESS</u> of MDRO colonization status and *regardless of wherever they reside in the facility*
- Gown and gloves prior to the high contact care activity (cannot reuse gown, must change between residents)
 - Additional PPE (i.e., eye protection) based standard precautions.

No room restriction and not restricted or limited from participation in group activities



CDC RECOMMENDS ENHANCED BARRIER PRECAUTIONS (EBPs)

- Targeted Multi-drug Resistant Organism (MDROs)
 - Pan-resistant organisms:
 - Resistant to all current antibacterial agents Acinetobacter, Klebsiella pneumonia, pseudomonas aeruginosa
 - Carbapenemase-producing Enterobacterales
 - Carbapenemase-producing Pseudomonas spp.
 - Carbapenemase-producing Acinetobacter baumannii and
 - Candida auris
- Epidemiological Important MDROs
 - Methicillin-resistant Staphylococcus aureus (MRSA),
 - ESBL-producing Enterobacterales,
 - Vancomycin-resistant Enterococci (VRE),
 - Multidrug-resistant Pseudomonas aeruginosa,
 - Drug-resistant Streptococcus pneumoniae





CMS REQUIRES ENHANCED BARRIER PRECAUTIONS (EBPs)

- CDC's Targeted Multi-drug Resistant Organism (MDROs)
 - Pan-resistant organisms:
 - Resistant to all current antibacterial agents Acinetobacter, Klebsiella pneumonia, pseudomonas aeruginosa
 - Carbapenemase-producing Enterobacterales
 - Carbapenemase-producing Pseudomonas spp.
 - Carbapenemase-producing Acinetobacter baumannii and
 - Candida auris

Facility has discretion for MDROs not targeted by CDC



Photo credit: <u>Public Health Image Library (PHIL)</u>



IMPLEMENTATION STRATEGIES

CMS and CDC: Facility has clear expectations for staff related to hand hygiene, gown/glove use, initial and ongoing training and access to appropriate supplies

- PPE and ABHR available
- Communication with staff
- Facilities with rooms containing multiple residents should provide staff with training and resources to ensure that they change their gown and gloves and perform hand hygiene in between care of residents in the same room.
- Periodic monitoring and assessment of adherence to practice
- Educate residents and visitors

Other recommended practices-environmental cleaning and cleaning and disinfection resident care equipment



ENHANCED BARRIER PRECAUTIONS CDC AND CMS

Examples of <u>high-contact</u> resident care activities requiring gown and glove use:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene (brushing teeth, combing hair, and shaving) primarily bundled with am or pm care
- 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







Invasive devices



Wounds



INDWELLING MEDICAL DEVICES CDC AND CMS



► CDC

Examples of indwelling medical devices include central line, urinary catheter, feeding tube, and tracheostomy/ventilator;

► CMS

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.

WOUNDS CDC AND CMS

► CDC

Any skin opening requiring a dressing

CMS and CDC

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.















SHARED ROOMS



- 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 feet between beds to reduce opportunities for inadvertent sharing of items between the residents,
 - use of privacy curtains to limit direct contact,
 - cleaning and disinfecting any shared reusable equipment,
 - cleaning and disinfecting environmental surfaces on a more frequent schedule, and
 - changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

DURATION OF EBPS CDC AND CMS

- Because Enhanced Barrier Precautions 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





CONSIDERATIONS DURING SHORTAGES OF GOWNS OR GLOVES-CDC

- When PPE supply chains are strained during extraordinary circumstances such as the COVID-19 pandemic, facilities may encounter shortages of gowns or gloves.
- Neither extended use nor reuse of gowns and gloves is recommended for mitigating shortages in the context of EBP.
- To optimize PPE supply, facilities can consider substituting disposable gowns with washable cloth isolation gowns that have long sleeves with cuffs.
- Healthcare personnel can reduce PPE consumption by bundling multiple care activities in the same resident interaction.

https://www.cdc.gov/hicpac/pdf/EnhancedBarrierPrecautions-H.pdf



SUMMARY

- Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs.
- Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use *during high contact resident care activities.*
- EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO.
- Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.
- Standard Precautions, which are a group of infection prevention practices, continue to apply to all residents



CDC RESOURCES FOR ENHANCED BARRIER PRECAUTIONS

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

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

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed31 1ec8c868e1e03c50297

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-508.pdf

Enhanced Barrier Precautions Letter to Nursing Home Staff https://www.cdc.gov/hai/pdfs/containment/letter-nursing-home-staff-508.pdf



RESOURCES-CDC

Letter to residents, family, volunteers

Keeping Residents Safe - Use of Enhanced Barrier Precautions

A message from:

Dear Residents, Families, Friends, and Volunteers:

You may have noticed new signs on some doors that say "Enhanced Barrier Precautions" and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Help Keep Our Residents Safe – Enhanced Barrier Precautions in Nursing Homes

A message from:

Dear Valued Staff:

You will soon see an increase in the circumstances when we are asking you to wear a gown and gloves while caring for residents. This is based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from multidrug-resistant organisms (MDROs), which can cause serious infections and are hard to treat. These new recommendations are called Enhanced Barrier Precautions, or EBP.





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



NHANCED

Gean their hands, including before entering and when leaving the man

IDERS AND STAFF MUST ALSO

More than

50%

of nursing home residents carry a

multidrug-resistant organism.

200

STOP

BARRIER

PRECAUTIONS EVERYONE MUST

STOP

TAL

Multidrug-resistant organisms (MDROs) are a threat to our residents.

Enhanced Barrier Precautions (EBP) Steps **Dispose of Gown &** Perform Hand Hygiene Wear Gown Wear Gloves **Gloves in Room** Use EBP during high-contact care activities for residents with: Indwelling Medical Devices 0 (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) 2 Wounds Colonization or Infection 3 with a MDRO Protect residents and Scan to watch an EBP video stop the spread of germs. L CDC bit.ly/PPE-NursingHomes

https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

ADDITIONAL RESOURCES

CMS QSO-24-08-NH

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

https://www.cms.gov/files/document/qso-24-08nh.pdf

NC Statewide Program for Infection Control and Prevention (SPICE)

https://spice.unc.edu/





