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# Enhanced Barrier Precautions (EBP) for Preventing Multi-Drug-Resistant Organisms (MDROs)



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.

Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs.

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 the care of all residents, regardless of suspected or confirmed infection or colonization status.

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacterales
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.
- 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*

Summary of PPE Use and Room Restriction When Caring for Residents Colonized or Infected with MDROs in Nursing Homes

| 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, or facemask or eye protection<br><br>(Change PPE before caring for another resident)  | None                                     |
| <b>Enhanced Barrier Precautions</b> | All residents with any of the following: <ul style="list-style-type: none"> <li>Infection or colonization with an MDRO when Contact Precautions do not apply</li> <li>Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status</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<br><br>(Change PPE before caring for another resident)<br><br>(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 in any of the following situations: <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., C. difficile, 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<br><br>(Don before room entry, doff before room exit; change before caring for another resident)<br><br>(Face protection may also be needed if performing activity with risk of splash or spray) | Yes, except for medically necessary care |

- 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.



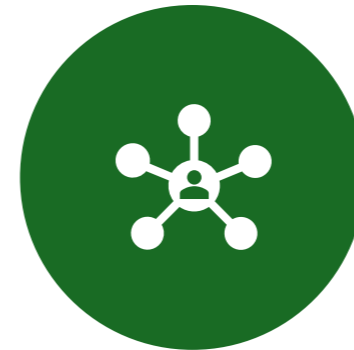
In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration.



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.

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# Implementation

- When implementing **Contact Precautions** or **Enhanced Barrier Precautions**, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:
- Post clear [signage](#) on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves)
  - For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves
- Make PPE, including gowns and gloves, available immediately outside of the resident room
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education
- Provide education to residents and visitors
- Additional resources: [https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html#:~:text=Enhanced%20Barrier%20Precautions%20\(EBP\)%20are,high%20contact%20resident%20care%20activities.](https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html#:~:text=Enhanced%20Barrier%20Precautions%20(EBP)%20are,high%20contact%20resident%20care%20activities.)



# 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.



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

### 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-LTCFs](https://bit.ly/PPE-LTCFs)



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

## Enhanced Barrier Precautions (EBP) Steps



Perform Hand Hygiene



Wear Gown



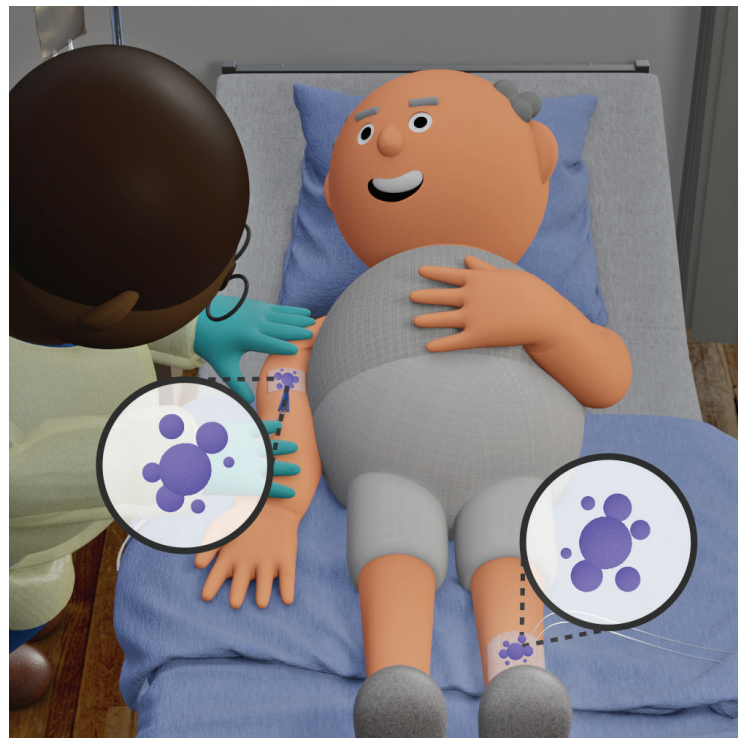
Wear Gloves



Dispose of Gown & Gloves in Room

Use **EBP** during high-contact care activities for residents with:

- 1** Indwelling Medical Devices  
(e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- 2** Wounds
- 3** Colonization or Infection with a MDRO



Protect residents and  
stop the spread of germs.

[bit.ly/PPE-LTCFs](https://bit.ly/PPE-LTCFs)

Scan to watch  
an EBP video.







# 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.**

CS19-306149-A



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# 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.

### **WHY are we implementing Enhanced Barrier Precautions at this facility?**

Studies have shown that more than 50% of nursing home residents have MDROs on or in their body, especially in wounds or medical devices like urinary catheters. Most of the time people never know they are carrying these germs, but under certain conditions they can cause serious infections.

These germs can be transferred from one resident to another on staff hands, if they aren't cleaned between caring for residents, and on staff clothing during activities involving a lot of physical contact with the resident. A gown and gloves can keep these germs from getting on staff clothing and, in combination with cleaning hands with alcohol-based hand sanitizer, can prevent transfer to other residents.

This approach focuses our efforts on the residents and activities that pose highest risk for spread of MDROs.

### **WHAT are Enhanced Barrier Precautions?**

Enhanced Barrier Precautions require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or spreading an MDRO.

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 often 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)

Unlike the residents who are on Contact Precautions, such as for acute diarrhea, residents on Enhanced Barrier Precautions do not require placement in a private room, they can continue to participate in group activities, and they will remain on Enhanced Barrier Precautions for the duration of their stay in the facility.

**Please NOTE:** *The gown and gloves used for each resident during high-contact resident care activities should be removed and discarded after each resident care encounter. Hand hygiene should be performed and new gown and gloves should be donned before caring for a different resident.*

### **HOW will I know when to use Enhanced Barrier Precautions?**

We will be posting signs on the doors of residents for whom EBP are recommended. The signs will also include reminders of the activities during which a gown and gloves should be worn.

Additional information, including frequently asked questions, are available on [CDC's website](#). We will also be scheduling several trainings to tell you more about how we will be implementing Enhanced Barrier Precautions in our facility and sending letters to residents and their families to proactively address any concerns.

We know we have asked a lot of you over the last two years and the thought of another new practice is exhausting. However, we truly believe this intervention is critical to keep both you and our residents safe.

**We thank you for your ongoing support.**

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# 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.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

- 1. Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
- 2. Using gowns and gloves.** Since we can’t wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn’t mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

### Please contact us with additional questions at:

Sincerely,

To learn more about Enhanced Barrier Precautions, please visit **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>.

# Pre-Implementation Tool—Enhanced Barrier Precautions (EBP)

## (For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool is designed to be used prior to implementation of EBP in your facility (either a unit, wing, or entire facility) as a guide for developing a successful plan for the implementation of EBP during high-contact resident care activities. It is intended for use in skilled nursing facilities/nursing homes.

This tool can be customized to meet facility-specific needs. EBP can be implemented in a manner that works best for your facility. While implementation of EBP for all residents who meet criteria is the goal, this may not initially be feasible for your facility. If, during the development of your implementation plan, challenges arise for facility-wide implementation, you may choose to implement EBP on a unit or wing first, preferably one where most residents would meet criteria for the use of EBP (e.g., residents with indwelling medical devices, wounds, or known MDRO infection or colonization).

HCP can reduce personal protective equipment (PPE) consumption by bundling multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens).

Facility Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**1. Does your facility currently have a developed timeline for implementation of EBP?**

- Yes
- No
- Unknown

**If yes, when do you expect to begin implementation?**

- In 3–4 weeks
- In 1–2 months
- In >2 months

**2. If question 1 is answered “Yes”, have you developed a policy and procedure document for the use of EBP?**

- Yes
- No
- Unknown

**If no, what challenges are you having with the development of a policy and procedure document?**

- Staffing shortages
- Leadership input
- Other, please specify: \_\_\_\_\_

**3. Does your facility currently have an interdisciplinary team (IDT) that manages facility infection prevention and control practices?**

- Yes
- No
- Unknown

**If yes, who currently serves on the facility's IDT? (Select all that apply)**

- Medical director
- Director of Nursing
- Nurse (RN, LPN, LVN)
- Environmental services
- Certified nursing assistant
- Other, please specify: \_\_\_\_\_



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4. Does your facility currently have a process for storing personal protective equipment (PPE) where resident care is provided (e.g., outside the resident room in PPE carts or isolation caddies)?

- Yes
- No
- Unknown

If yes, who is responsible for tracking and restocking PPE? (Select all that apply)

- Infection Preventionist
- Nurse/Unit Manager
- Nurse
- Environmental services
- Certified nursing assistant
- Other, please specify: \_\_\_\_\_

At what frequency is tracking and restocking occurring?

- Hourly
- Every shift
- Daily
- As needed

5. Does your facility currently provide HCP access to alcohol-based hand sanitizers (ABHS) where resident care is provided (e.g., immediately outside the resident room, inside the resident room)?

- Yes
- No
- Unknown

If yes, who is responsible for tracking and replenishing ABHS? (Select all that apply)

- Infection Preventionist
- Nurse/Unit Manager
- Nurse
- Environmental services
- Certified nursing assistant
- Other, please specify: \_\_\_\_\_

At what frequency is tracking and replenishing occurring?

- Hourly
- Every shift
- Daily
- As needed

PPE and ABHS should be made available in areas where resident care is provided. Designating staff to be responsible for monitoring and restocking supplies on a consistent basis will promote staff adherence

6. Does your facility have an established tool for documentation of residents who would meet criteria for EBP?

- Yes
- No
- Unknown

If yes, which criteria do you include? (Select all that apply)

- Indwelling medical device
- Wound
- MDRO (colonization or infection)

Review <https://www.cdc.gov/hai/containment/faqs.html> for clarification of indwelling medical devices and wounds in the context of EBP



**7. Does your facility have a designated person for confirming which residents meet EBP criteria?**

- Yes
- No
- Unknown

**If yes, who will identify which residents meet EBP? (Select all that apply)**

- Infection Preventionist
- Nurse/Unit Manager
- Nurse
- Environmental services
- Certified nursing assistant
- Other, please specify: \_\_\_\_\_

The facility should decide who will be responsible for identifying residents, newly admitted and current, who meet EBP criteria and for maintaining the list. This list should be reviewed periodically (e.g., daily, weekly) for consistency.

**8. Does your facility have an infection preventionist (IP) on-site?**

- Yes
- No
- Unknown

**If yes, which best describes their dedicated time on-site?**

- Part-time
- Full-time
- Other, please specify: \_\_\_\_\_

One or more individuals with training in infection control should provide on-site management of the infection prevention and control program. This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services.

**9. Has your facility developed a plan that specifically addresses communication with residents, their families, and visitors about EBP implementation?**

- Yes
- No
- Unknown

**If yes, does this plan include newly admitted and current residents?**

- Yes
- No
- Unknown

Communicating EBP information including the use of PPE as a means to prevent the spread of resistant germs and to protect residents should be included as part of your EBP implementation plan.

**10. Has your facility developed an education plan for providing EBP education and training for staff working in the facility?**

- Yes
- No
- Unknown

**If yes, who has received education and training? (Select all that apply)**

- Medical director
- Administration
- Clinical leadership (DON, DNS, ADON)
- Nurse (RN, LPN, LVN)
- Environmental services
- Certified nursing assistant
- Therapy (PT, OT, ST)
- Other, please specify: \_\_\_\_\_

Facilities should develop processes to ensure all facility staff understand and are competent in infection prevention and control measures. Training should be provided before implementing EBP and at least annually as a refresher. Training should be job-specific and include how and when EBP should be used.

**11. Does your facility currently monitor adherence to infection prevention and control (IPC) practices?**

- Yes
- No
- Unknown

**If yes, what practices are routinely audited (i.e., monitor and document)? (Select all that apply)**

- Hand hygiene
- Use of PPE
- Cleaning and disinfection of environmental services
- Cleaning and disinfection of mobile equipment
- Other, please specify: \_\_\_\_\_

**If yes, do you currently follow a process to provide real time feedback for adherence?**

- Yes
- No
- Unknown

Audits include direct observations and monitoring of staff adherence to job-specific infection prevention and control measures to provide opportunities for real-time feedback and additional training when lapses occur.

# Enhanced Barrier Precautions (EBP) Implementation—Observations Tool

## (For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool should be used only after you have established the use of Enhanced Barrier Precautions (EBP) in your facility (either in a unit, wing, or entire facility), and can be customized to meet the needs of the skilled nursing facility/nursing home. This tool is designed to support the conducting of observations of healthcare personnel (HCP) using EPB during high-contact resident care activities as a part of auditing and feedback. Responses should refer to current practices.

Facility Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

### Observations

In general, these observations should be conducted covertly (i.e., HCP are not aware they are being observed), and the observer should collect information on as many EBP practices as feasible across a variety of HCP types and care units (if EBP has been implemented in more than one unit). While the observer should aim to assess as many of the listed elements as possible, ofte, only partial observations can be made, such as only observing a HCP don (put on) but not doff (take off) personal protective equipment (PPE). However, this can still provide valuable information on overall EBP practices in a facility.

#### 1. Title or role of person conducting observation

Nurse (RN, LVN, LPN)

Nurse—Unit manager or above

Nurse Practitioner/Physician Assistant (NP/PA)

Wound care staff

Administrative staff

Student (nurse, physician, other)

Certified Nursing Assistant/Patient Care Associate/Patient Care Technician (CNA/PCA/PCT)

Physician

Infection Preventionist

Housekeeping/Environmental Services Staff

Other, please specify:

\_\_\_\_\_

#### 2. Specify, as applicable, where the EBP observation occurred

Unit: \_\_\_\_\_

Room: \_\_\_\_\_

Bed identification (ex. A, B, 1, 2) if multiple beds per room: \_\_\_\_\_

#### 3. Criteria for the use of EBP (Select all that apply)

Wound

Indwelling medical device—Type:

Central line/Peripherally inserted central catheter (PICC)

Urinary catheter

Feeding tube

Tracheostomy tube

Ventilator

Multidrug-resistant organism (MDRO) colonization or MDRO infection

Other, please specify: \_\_\_\_\_

Unknown: \_\_\_\_\_



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4. If question is answered as “Unknown”, please specify what the facility is doing to determine the process for tracking residents meeting criteria for EBP:

EBP refer 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

5. Title or role of person providing high-contact resident care

- Emergency medical service personnel
- Nurse (RN, LVN, LPN)
- Nursing assistant (CNA, PCT, PCA)
- Licensed provider (MD, DO, DDS, Podiatrist, NP, PA)
- Physical/Occupational/Speech Therapist
- Phlebotomist/Lab technician
- Sitter/personal caregiver (hired)
- Other contractual staff not employed by facility
- Student
- Other/unknown, please specify: \_\_\_\_\_

6. High-contact resident care activity being observed (Select all that apply)

- Dressing
- Bathing/Showering
- Transferring
- Changing briefs or assisting with toileting
- Providing hygiene
- Changing linens
- Indwelling medical device care or use
- Wound care
- Other, please specify: \_\_\_\_\_

HCP can reduce gown and gloves consumption by bundling multiple care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens) in the same resident interaction. In the next resident interaction, indwelling medical device care or use might be bundled with wound care in resident interaction with other HCP in the same room.

7. During the high-contact resident care activity, was a gown and/or gloves used throughout the activity?

**Gloves**

- Yes
- No
- Unknown

**Gown**

- Yes
- No
- Unknown

**8. If a gown and/or gloves was not used, during which high-contact resident care activities was a gown and/or gloves not used?**  
(Select all that apply)

- Dressing
- Bathing/Showering
- Transferring
- Changing briefs or assisting with toileting
- Providing hygiene
- Changing linens
- Indwelling medical device care or use
- Wound care\*
- Other, please specify: \_\_\_\_\_

\*Review <https://www.cdc.gov/hai/containment/faqs.html> for clarification of wounds in the context of EBP

**9. Is an appropriate\* EBP sign present near the resident room door?**

- Yes
- No
- Unknown

**If yes, is the sign clearly visible?**

- Yes
- No
- Unknown

\*Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of Precautions and the recommended PPE to be worn when caring for the resident. The EBP sign should also include a list of the high-contact resident care activities for which PPE (gown and gloves) should be worn. Generic signs that instruct individuals to speak to the nurse are not adequate to ensure EBP are followed. Signs should not include information about a resident's diagnosis or the reason for the use of EBP (e.g., presence of a resistant germ, wound).

**10. Are gowns and gloves readily available to the staff entering the resident(s) room?**

- Yes
- No
- Unknown

**If yes, what is available?**

- Gown
- Gloves
- Other, please specify: \_\_\_\_\_

**If yes, where is the PPE located? (Select all that apply)**

- Immediately outside the room
- Inside the room
- Other, please specify: \_\_\_\_\_

PPE supplies should be well-stocked and easy to access prior to room entry: "Ensure that healthcare personnel have immediate access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others."  
Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC) <https://www.cdc.gov/hicpac/pdf/core-practices.pdf>

**11. Is alcohol-based hand sanitizer (ABHS) readily available to the HCP entering the resident(s) room?**

- Yes
- No
- Unknown

**If yes, where is the ABHS located?** *(Select all that apply)*

- Immediately outside the room
- Inside the room
- Other, please specify: \_\_\_\_\_

The 2002 Guideline for Hand Hygiene in Healthcare Settings states, "Easy access to hand hygiene supplies...is essential for optimal adherence to hand hygiene recommendations." Easy access should include placement within the HCP workflow and proximity to point of use. "To improve hand-hygiene adherence among personnel who work in areas in which high workloads and high intensity of patient care are anticipated, make an alcohol-based hand rub available at the entrance to the patient's room or at the bedside, in other convenient locations, and in individual pocket-sized containers to be carried by HCWs."

Sources: [Core Practices](#) | [HICPAC](#) | [CDC Hand Hygiene](#) | [Guidelines Library](#) | [Infection Control](#) | [CDC](#) and [Information about fire safety requirements is available at: Fire Safety and ABS](#) | [Hand Hygiene](#) | [CDC](#)

**12. Is a trash receptacle available for staff to discard used PPE?**

- Yes
- No
- Unknown

**If yes, where is the trash receptacle located?** *(Select all that apply)*

- Inside the room
- Outside of the room
- Other, please specify: \_\_\_\_\_

Use trash receptacles lined with plastic bags that can be securely tied shut. Trash bags should not be overfilled. Place trash in an area separated from the living spaces, preferably in trash bins. Have waste pick-ups scheduled frequently—daily, if possible.

**13. Is the room where high-contact resident care is being observed a multi-resident room (i.e., semi-private)?**

- Yes
- No
- Unknown

**13a. If yes, is the HCP planning to provide care to another resident in the same room?**

- Yes
- No
- Unknown

**14. If question 13a is answered "Yes", did the HCP complete the following before providing care to another resident in the same room?  
Gown and gloves are doffed (removed) after the HCP completes care with the first resident**

- Yes
- No
- Unknown

**Hand hygiene is performed after doffing (removing) gown and gloves**

- Yes
- No
- Unknown



15. If question 13a is answered "Yes", is the next resident who is going to be provided care also using EBP?

- Yes
- No
- Unknown

16. If question 15 is answered "Yes", did the HCP complete the following before providing care to the next resident in the same room?  
Gown and gloves are donned (put on) before providing high-contact resident care?

- Yes
- No
- Unknown

17. After completing care for the resident, was the used gown and gloves discarded in the nearest trash receptable?

- Yes
- No, please specify what was seen: \_\_\_\_\_
- Unknown

If yes, where was the trash receptable located?

- Inside the room
- Outside of the room
- Other, please specify: \_\_\_\_\_

18. After completing care for the resident and discarding the gown and gloves, did the HCP perform hand hygiene?

- Yes
- No, please specify what was seen: \_\_\_\_\_
- Unknown

EBP require the use of gown and gloves only for high-contact resident care activities (unless otherwise indicated as part of Standard Precautions). Residents on EBP are not restricted to their rooms and do not require placement in a private room. EBP also allow residents to participate in group activities.

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.

Source: <https://www.cdc.gov/hai/containment/faqs.html>

19. If any opportunities for improvement were observed, was real-time feedback provided to the staff member?

- Yes
- No
- Unknown

20. If question 19 is answered "No", please briefly describe any plans to summarize observations and provide feedback to HCP another time