

Enhanced Barrier Precautions Webinar Hosted by Kansas Health Care Association, LeadingAge Kansas, and Kansas Adult Care Executives (KACE) on March 28, 2024.

Questions & Answer Document

Unanswered Questions:

1. The regulation states "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." So, could we technically place the PPE cart just inside the resident's room, so we don't turn our hallways into a clutter of PPE carts?
 - a. Brenda Davis - The guidance for infection prevention is, that it is best practice to not to store any PPE in the rooms due to risk of contamination. This question has also been sent to the Fire Marshal for comment.
2. Will there be a CMS guideline by next week? – Bill Tofflemire sent the QSO memo to the attendee who asked. Linked here as well. [Ref: QSO-24-08-NH](#)
3. If EBP is also for colonized MDROs, how far back do you go to find info if someone had an MDRO in the past?
 - a. Brenda Davis - I do not know of any specific guidance on this but it was the guidance addressed by KDHE that said 6 months to 1 year.
4. If a resident refuses to have EBP stored in the hallway outside of their room due to privacy do resident rights override this?
 - a. Brenda Davis - This will need to be addressed by KDADS and has been sent to KDADS for comment. This might also be viewed as a resident rights issue, but unsure per my expertise and background.
5. My question is more along the lines of covered vs non covered wounds?
 - a. Brenda Davis - The guidance does not state covered vs. non-covered but rather draining and able to be contained or not.
6. Is there any education about this regulation going into effect April 1st going out to different care types, such as Hospices who are coming into our buildings to care for our residents? Or is the burden of that education with all our Hospices, etc. on us as well?
 - a. Brenda Davis - I am not aware of whether this is being done or not. I would think it would be like anyone else coming into the facility in that they are expected to adhere to the posted signs for resident care.

7. Dialysis access, colostomies?

- a. Brenda Davis - From the CDC EPB FAQ **“What is the definition of “indwelling medical device”?**

An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes. Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions.”

8. Why EBP on the last one? it is not targeted and has no drainage that is unable to be contained. It would seem contact precautions while doing the dressing change, catheter care etc., but then no EBP indicated.

- a. Brenda Davis – QSO language states:

Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. No to contact precautions but yes to EBP on the chart.

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.

9. If an elder is infected with a targeted MDRO and that elder lives in a neighborhood setting, then do all elders in that neighborhood go on EBP? What if that elder is colonized with a targeted MDRO and must remain on EBP for the duration of their stay? Do all elders then in that same neighborhood need to stay on EBP also for the duration of stay?

- a. Brenda Davis - Response from KDHE - Do the residents still have their own rooms and bathrooms? Do they just share a living room/activity area/kitchen area?

From KDHE:

If they do not share rooms then I would say only the resident who has tested positive for an MDRO needs to be placed under EBP. If they are worried about possible transmission we can always do colonization screening of the entire neighborhood. Routine cleaning and disinfection would be highly recommended in the shared living spaces. If a resident with an MDRO has a roommate I would recommend colonization screening of that roommate.

While a private room is not required for a resident who has tested positive for an MDRO, it would be best practice to help prevent transmission. If they must

have a roommate consider placing another resident in that room who has tested positive for the same MDRO (OXA-23 CRAB with an OXA-23 CRAB, I can discuss this more if needed) or place a resident in that room who is at low risk of adverse outcomes if they were to become colonized. Ensure staff know to perform hand hygiene and remove PPE used with the infected/colonized resident before assisting a roommate.

10. Should there also be a basket inside the room for linens?

- a. From Brenda Davos - This would not require a difference in how you handle the lines; you would do it as you do for others, whether that included putting directly into the linen cart or putting in a clear plastic bag and transporting to the linen cart. It should not go into a red bag. When your laundry staff are processing the linens, they should always have appropriate PPE on, including gown, gowns and face shield or goggles if there is a chance of splash.

11. I thought the QSO said MRSA had to be on EBP if colonized?

- a. From Benda Davis – From the CDC EBP FAQ #15
Are Enhanced Barrier Precautions recommended for methicillin-resistant Staphylococcus aureus (MRSA) and other MDROs if the resident does not also have an indwelling medical device or wound?
While Enhanced Barrier Precautions were initially intended for those colonized with or at risk for colonization with novel or targeted MDROs, CDC's updated guidance now provide facilities and jurisdictions the flexibility to implement Enhanced Barrier Precautions for residents colonized or infected with any epidemiologically important MDRO. For this reason, facilities may consider Enhanced Barrier Precautions for more common MDROs such as MRSA. If implemented, Enhanced Barrier Precautions for residents with known MRSA colonization should be utilized in the same manner as Enhanced Barrier Precautions for novel or targeted MDROs and should not replace other interventions targeted at preventing invasive MRSA infection and transmission.

12. Does a blank piece of paper need to be hung over the signage on the resident's door?

- a. From Brenda Davis - No the guidance states that having the signage is not a violation of HIPPA or resident's rights as long as you are not putting the name of the infection, the name of the resident, or any other identifiable information. That is addressed specifically in the FAQ document, which was cited in the presentation.

13. What about therapy workers?

- a. From Brenda Davis - The guidance is the same for them, they are also to adhere to EBP.

14. If brushing their teeth inside the room requires a gown, but helping them eat with a fork outside of the room does not require a gown, do we have to wear a gown if helping them eat with a fork INSIDE their room?
- a. From Brenda Davis - the guidance is all related to the amount of interaction, helping them eat in the dining room is not close care but you are in contact only with the communal dining room. In the resident's room, brushing teeth, and/or feeding them, you would need to look at what care was being provided and how much assistance you are providing and how much of their environment you are coming into contact with.
15. So, if the resident goes to the therapy gym. The therapy dept would need an isolation cart for the gym for EBP to be followed.
- a. From Brenda Davis - That is correct.
16. Is emailed education for families, residents, & visitors on this topic sufficient?
- a. From Brenda Davis - Like anything else you e-mail, I would want to discuss with the family if they had received the information.
17. What if the resident insists that staff not wear gowns to care for them after educating them on the purpose?
- a. From Brenda Davis - This will need to be addressed by KDADS and has been sent to KDADS for comment.
18. So, a wound that is covered you don't use EBP? But a wound with no secretions and it isn't being covered you need EBP?
- a. From Brenda Davis - This will need to be addressed by KDADS and has been sent to KDADS for comment.
19. Do dirty linens for those on EBP need to be handled or transferred any different than regular linens?
- a. From Brenda Davis – From KDHE and concurred with by Brenda Davis: if they follow recommended IPC practices, such as bagging laundry/placing in a container to transport to another location and laundry staff are ensuring their washer temps are staying within the correct parameters for the detergents that are in use then these organisms would be destroyed during the reprocessing. As well as ensuring laundry staff are wearing the correct PPE during handling soiled linen and they perform proper hand hygiene after doing so then again there should not be an issue of transmission.

20. Also, can we clarify with foley catheters what care you need to gown for? What if just changing linen?
 - a. From Brenda Davis - Changing linens is one of the areas that is addressed specifically as requiring EBP.

Questions for the Fire Marshal – Pending as of 4.2.24

1. How will the fire marshal handle this? We got into trouble during Covid times for a table being at the end of the hallway with supplies such as PPE, items that are stationary cannot be in the hallways unless they move every 30 minutes per the Fire Marshal.
2. Can isolation be stored outside each resident room on both sides of the hall, or will this interfere with Fire Marshal regulations?
3. An additional question about the PPE cart/storage in the hallway. The Fire Marshal states we are prohibited from "storing" carts and equipment in the hallway. The direction that you have given us to store the PPE in the hallway, directly violates Fire Marshal life safety code. What is another storage option? Why can we not store the PPE right inside the resident's room, away from the area that we provide care?
4. The regulation states "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." So, could we technically place the PPE cart just inside the resident's room, so we don't turn our hallways into a clutter of PPE carts?
 - a. From Brenda Davis and to be added with Fire Marshal comments, it is not said that you have to have a PPE cart at each room. 2 or more rooms could use the same cart for the PPE but it would still be put on prior to entering the room and removed prior to coming out of the room.

Comments Only

1. Not a question but thank you for emphasizing the importance of the science behind the presentation and the EBP use.
2. To provide a person-centered care environment that is safe. Preserve dignity of our residents.
3. This is directly out of the memo: 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.

4. I'm worried about the psychological aspect this will have on residents.