



Current Hot Topics with Infection Prevention and Control in Long-Term Care

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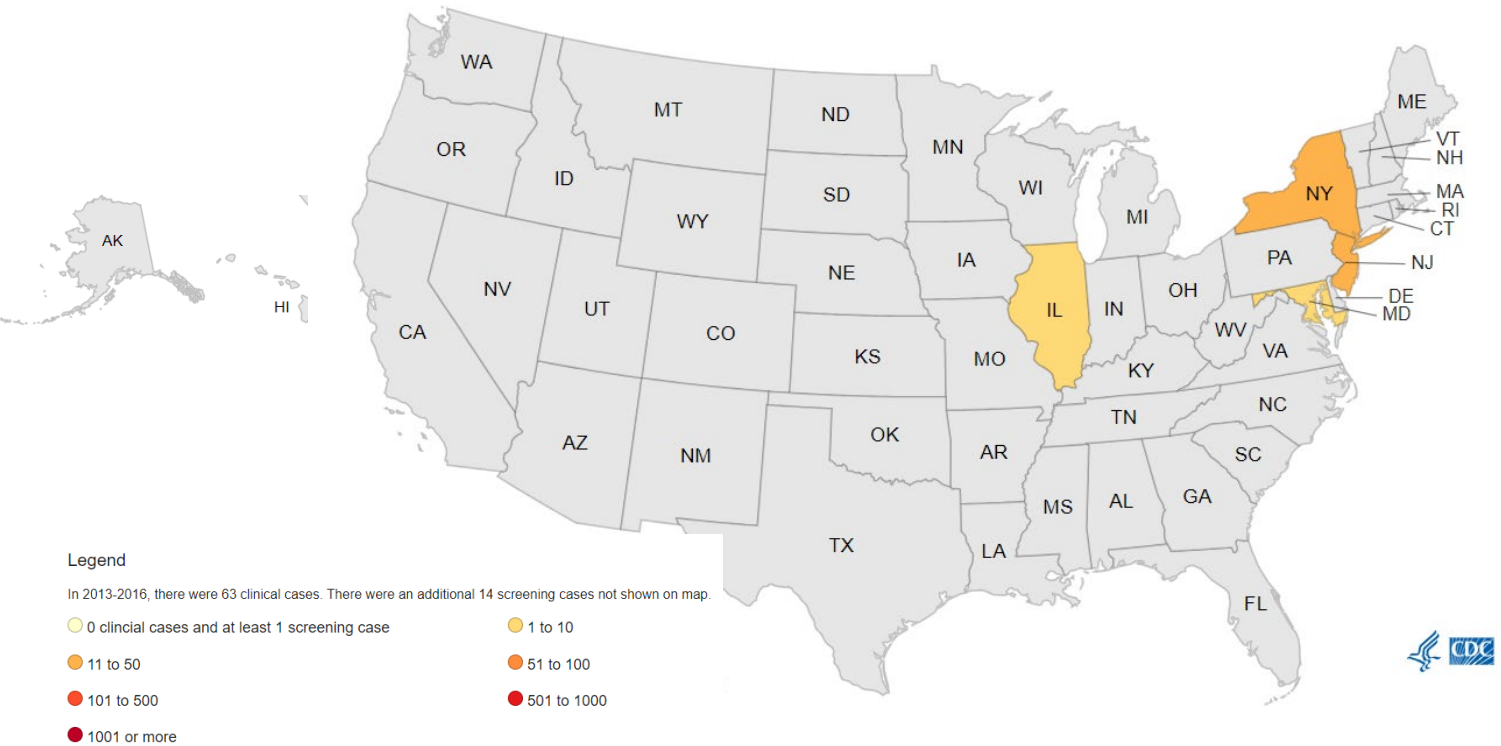
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Division of Healthcare Quality Promotion
Prevention and Response Branch
Long-Term Care Team

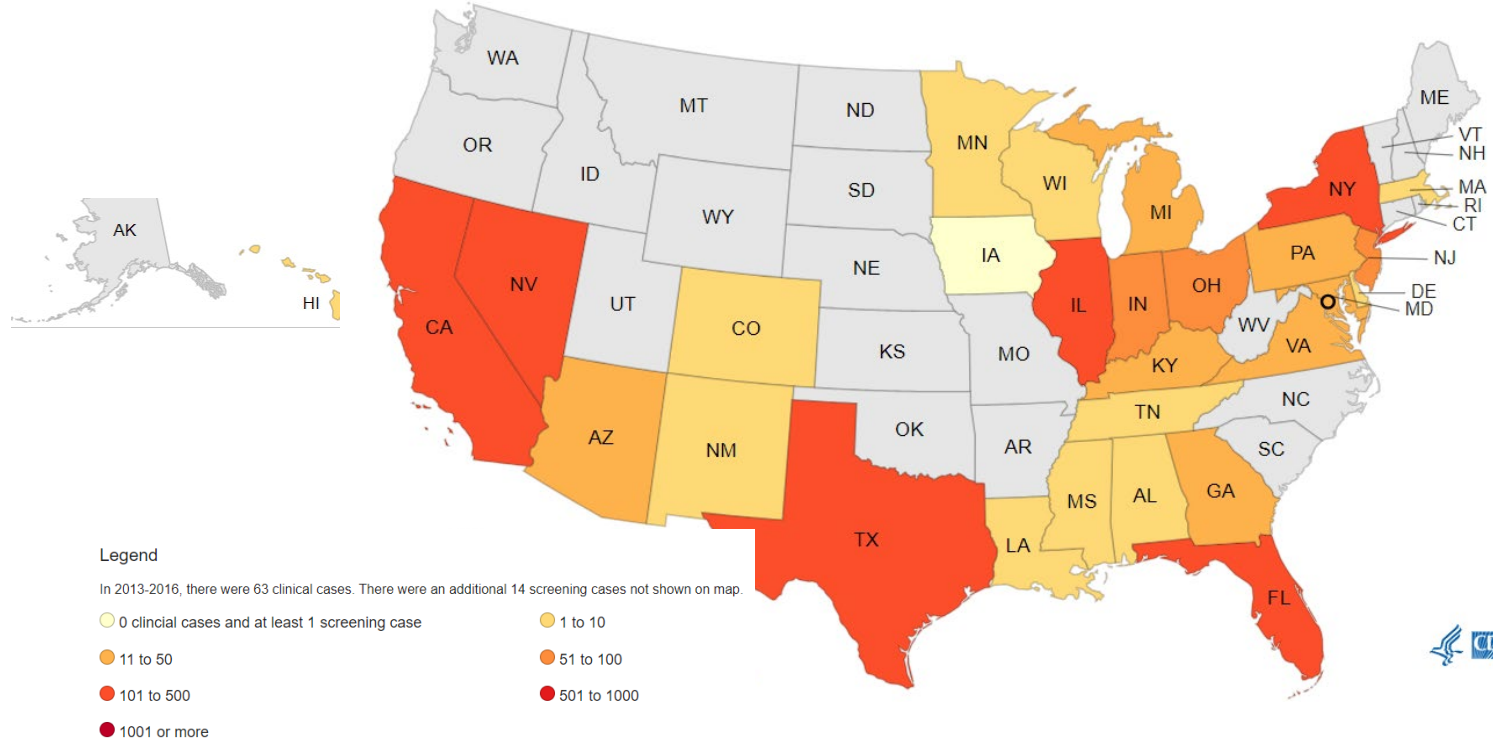
Current Outbreaks

Candida auris

Clinical Cases of *C. auris* Reported in the U.S. (2013-2016)



Clinical Cases of *C. auris* Reported in the U.S. (2022)



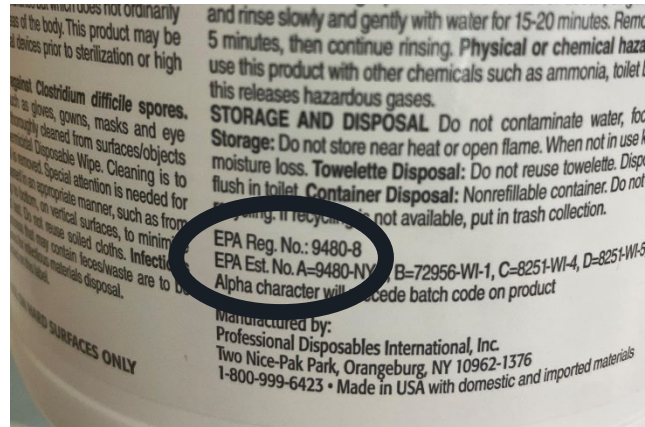
Tips for *Candida auris* IPC

Same IPC Focuses as other MDROs

- **Cleaning Your Hands**
- **Focusing on high-touch surfaces and shared equipment**
- **Communicate across and outside of your facility**
- **Use an appropriate cleaning and disinfection product(s)**
- **Audit the IPC practices on a routine schedule**

Same IPC Focuses as other MDROs cont.

- Use an appropriate cleaning and disinfection product(s)
- Choose a product from the Environmental Protection Agency's (EPA's) List P – Registered Antimicrobial Products Effective Against *Candida auris*



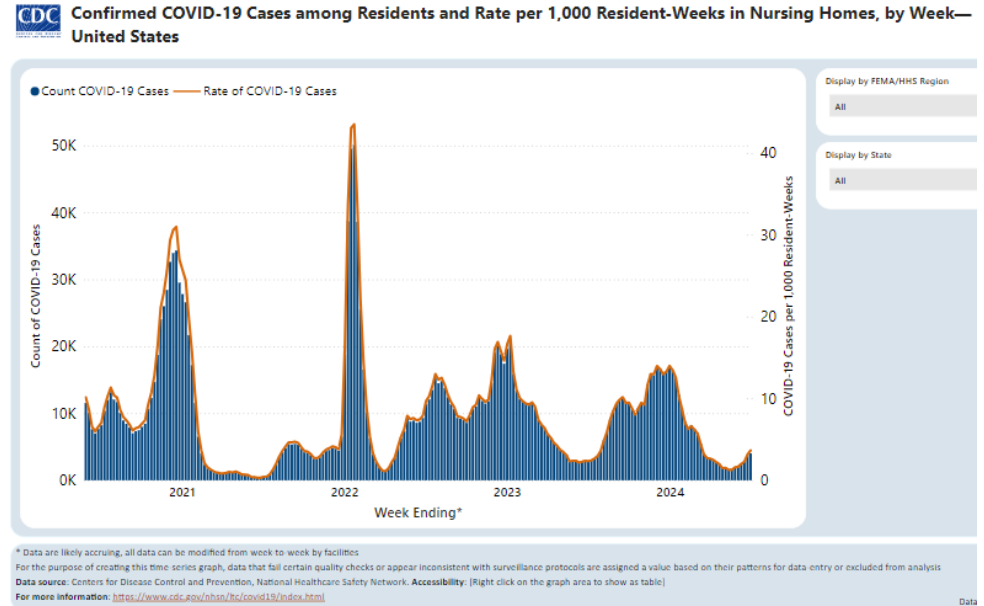
Alternative to List P, if unable to get, is choosing a product from EPA's List K – Registered Antimicrobial Products Effective Against *Clostridioides difficile* (*C. diff*) Spores

Respiratory Viruses

SARS-CoV-2 (COVID-19), Respiratory Syncytial Virus (RSV), and Influenza (Flu)

Current Situation for COVID-19 in U.S. Nursing Homes

Cases are continuing to be reported and outbreaks are occurring during the summer months



Current Situation for RSV

- RSV infections usually increase beginning in the fall and peak in winter
- During the past two RSV seasons, cases started increasing as early as July
- CDC currently recommends an RSV vaccine for those aged 75 or older or if aged 60-75 and have a risk factor for severe RSV disease
- RSV vaccine is not currently an annual vaccine
 - If a person has already received the RSV vaccine, they do not need to get another one at this time

Current Situation for Flu

- Similar to RSV, flu usually increases beginning in the fall and peaks in winter
- Currently seasonal influenza activity remains low nationally
- ACIP currently recommends an influenza high dose or adjuvanted influenza vaccine in adults aged 65 or greater
- Influenza vaccine is currently an annual vaccine
 - If a person received the 2023/2024 influenza vaccine, the person would be recommended to get an updated influenza vaccine this fall

Tips for Respiratory Virus Infection Prevention and Control

ACTION: PREPARE for Respiratory Viruses

- **Vaccinate:** Recommended vaccines help prevent infection and complications such as severe illness and death
- **Allocate resources:** e.g., personal protective equipment (PPE), alcohol-based hand sanitizer (ABHS)
 - Plan for situations that may require increased supplies
- **Monitor and Mask:** When levels in the community are higher, consider having visitors and HCP [wear a mask](#) at all times in the facility and at a minimum, consider having residents wear a mask when outside of their room
- **Educate**
- **Ventilate**
- **Test and Treat:** Develop plans to provide rapid clinical evaluation and intervention to ensure residents receive timely treatment and/or prophylaxis when indicated

ACTION: RESPOND When a Resident or HCP Develops Signs or Symptoms of a Respiratory Viral Infection

- **Prevent Spread**
 - Residents: Apply appropriate Transmission-Based Precautions for symptomatic residents based on the suspected cause of their infection
 - Healthcare Personnel: Develop sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance to discourage presenteeism and allow HCP with respiratory infection to stay home for the [recommended duration of work restriction](#)
- **Test** anyone with respiratory illness signs or symptoms.
- Provide recommended **treatment and prophylaxis** to infected and exposed residents when indicated
 - [Provide antiviral treatment immediately](#) for all residents who have confirmed or suspected influenza.
 - Provide chemoprophylaxis to exposed residents as soon as an influenza outbreak is determined.
 - [Provide COVID-19 treatment](#) for eligible residents with [mild-to-moderate COVID-19](#) with one or more risk factors for severe COVID-19; be aware of potential drug interactions
- **Investigate** for potential respiratory virus spread among residents and HCP

ACTION: CONTROL Respiratory Virus Spread When Transmission is Identified

- **Notify the local or state public health department** when respiratory viral outbreaks are suspected or confirmed.
- Health departments have IPC expertise and might also have access to additional testing resources to identify a potential etiology.
- **Make attempts to control spread**

H5N1

H5N1 Bird Flu: Current Information

- **A total of five (5) human cases have been reported in the United States ever**
 - The first case occurred in 2022 following exposure to presumable infected poultry
- **There have currently been four (4) human cases of influenza A(H5) virus infection reported in 2024**
 - These have been reported in Texas, Michigan, and Colorado following the person's exposure to dairy cattle

Enhanced Barrier Precautions (EBP)

What is Enhanced Barrier Precautions?

Enhanced Barrier Precautions

- Infection prevention and control strategy
- Use of gown and gloves to prevent the spread of multidrug-resistant organisms (MDROs)
- Focused on resident care activities most likely to spread MDROs

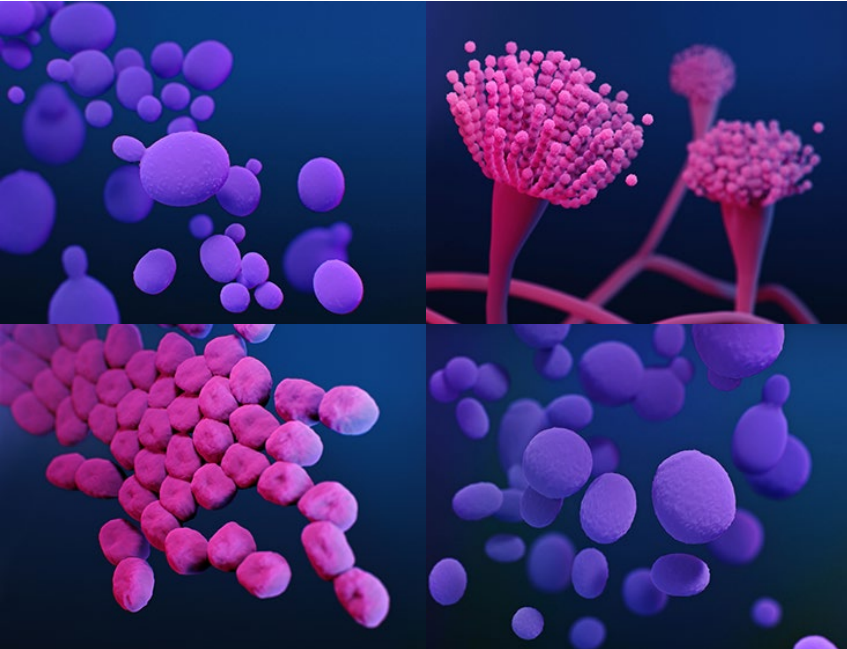


Thinking About Enhanced Barrier Precaution



Who Needs Enhanced Barrier Precautions?

Who Should EBP Be Used For?



- A resident who
- Has an infection or colonization with a CDC Targeted MDRO (*when Contact Precautions do not apply*)

What is a Targeted MDRO?

- A germ that is resistant to most or all available antimicrobial agents* and with the potential to spread widely
- Intensive public health actions are required to slow the spread of targeted MDROs



*Antimicrobial agent: antibiotic or antifungal used to kill a germ

Enhanced Barrier Precautions May Be Used For...

STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
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

Residents who have an indwelling medical device
Examples include, but are not limited to:

- Indwelling foley catheter
- Tracheostomy
- Ventilator
- Central Venous Catheter (CVC), peripherally inserted central catheter (PICC), Midline catheters

Enhanced Barrier Precautions May Also Be Used For...



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
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Residents who have a wound
Examples include, but are not limited to:

- Pressure ulcers
- Diabetic foot ulcers
- Chronic venous stasis ulcers

Who Needs Contact Precautions Instead of Enhanced Barrier Precautions?

The resident has:

- Acute diarrhea
- Draining wounds that cannot be covered or contained
- A condition that recommends **Contact Precautions** to be used (i.e., *Clostridioides difficile* [C. diff], scabies)
- Secretions or excretions that cannot be covered or contained



Situations Where Facilities Might Use Contact Precautions Instead of Enhanced Barrier Precautions





The facility has:

- Suspected or confirmed MDRO outbreak
- Directed by public health authorities



Enhanced Barrier Precautions Tools

CDC EBP Posters and Pocket Guide

 <p>Key Steps:</p> <ol style="list-style-type: none"> 1. Gather all needed supplies & materials 2. Clean hands 3. Correctly put on a gown and gloves 4. After care, throw away gown and gloves 5. Clean hands again <p>Finish all steps before moving on to another resident.</p>	<p>Use of Enhanced Barrier Precautions (EBP)</p> <p>Use EBP for residents with indwelling medical devices, wounds, or those who are colonized by or infected with a multidrug-resistant organism (MDRO).</p> <p>Use EBP when:</p> <ul style="list-style-type: none"> • Dressing or bathing • Transferring • Changing linens • Assisting with toileting • Accessing indwelling medical devices • Providing wound care • Other high-contact resident care activities
<p>Scan to view an EBP video.</p>  <p>Learn more at bit.ly/PPE-NursingHomes</p>	<p>Enhanced Barrier Precautions (EBP) Pocket Guide</p>  

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






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

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

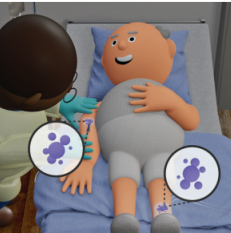
Enhanced Barrier Precautions (EBP) Steps



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-NursingHomes

Scan to watch an EBP video.





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

Enhanced Barrier Precautions FAQs

Recent Updates

Updated Question

For which MDROs are EBP recommended, if the resident does not also have an indwelling medical device or wound?

At a minimum, Enhanced Barrier Precautions are intended to be used for residents colonized or infected with novel (e.g., those newly introduced or emerging in a locality or region) MDROs or MDROs targeted by CDC.

The Enhanced Barrier Precautions guidance also provides facilities and jurisdictions the flexibility to implement Enhanced Barrier Precautions for residents colonized or infected with additional MDROs that may be epidemiologically important locally.

Updated Question

For which MDROs are EBP recommended, if the resident does not also have an indwelling medical device or wound (cont.)?

Determinations about an organism being epidemiologically important may be influenced by factors that include:

local epidemiology

presence of ongoing or past outbreaks

propensity for transmission in healthcare facilities

association with severe outcomes, or

targeting for local prevention efforts

Updated Answer for

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 catheters (including hemodialysis catheters, **peripherally-inserted central catheters (PICCs)**), 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.

Updated Answer for What is the definition of “indwelling medical device” (cont.)?

Although the data are limited, CDC does not currently consider peripheral I.V.s (except for midline catheters), continuous glucose monitors, and insulin pumps as indications for Enhanced Barrier Precautions. An ostomy in a resident without an associated indwelling medical device, would not be considered an indication for Enhanced Barrier Precautions.

Updated Answer for

The guidance describes that “all residents with wounds” would meet the criteria for Enhanced Barrier Precautions. What is the definition of a “wound” in relation to this guidance?

In the guidance, wound care is included as a high-contact resident care activity and is generally defined as the care of any skin opening requiring a dressing. However, the intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. This generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing.

Updated Answer for

The guidance describes that “all residents with wounds” would meet the criteria for Enhanced Barrier Precautions. What is the definition of a “wound” in relation to this guidance (cont.)?

Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, ~~unhealed surgical wounds~~, and chronic venous stasis ulcers. Ostomies, such as colostomies or ileostomies, are not defined as a wound for Enhanced Barrier Precautions.

Updated Answer for Is Physical or Occupational Therapy considered a “high- contact” resident care activity?

Depending on the activity, therapy may be considered "high-contact" resident care. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy 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.

Updated Answer for Is Physical or Occupational Therapy considered a “high- contact” resident care activity (cont. 1)?

EBP should not limit a resident's ability to continue their medical therapy, so while the use of a gown and gloves is generally discouraged in hallways and other common areas, there may be individual circumstances (e.g., therapy that has to occur outside of the resident's room or therapy gym) that prompt an evaluation for the need to use PPE outside of the room or gym, depending on the degree of assist/close contact.

Updated Answer for Is Physical or Occupational Therapy considered a “high- contact” resident care activity (cont. 2)?

As part of Standard Precautions, gowns and gloves should be removed and hand hygiene performed when moving to work with another resident. Therapists should also ensure reusable therapy equipment is cleaned and disinfected after each use and surfaces in the therapy gym receive routine cleaning and disinfection.

Updated Question and Answer

Are Enhanced Barrier Precautions recommended for healthcare settings other than nursing homes?

No, at this time, CDC has not recommended implementation of Enhanced Barrier Precautions (EBP) in other healthcare settings. All healthcare facilities should have practices in place to prevent transmission of multidrug-resistant organisms (MDROs). Acute care facilities routinely use Contact Precautions as one strategy to prevent MDRO transmission.

Updated Question and Answer

Are Enhanced Barrier Precautions recommended for healthcare settings other than nursing homes (cont. 1)?

Contact Precautions has created challenges for nursing homes trying to balance interventions to prevent MDRO transmission with residents' quality of life. EBP is a less restrictive approach to MDRO prevention that places fewer limitations on resident activities than Contact Precautions.

Updated Question and Answer

Are Enhanced Barrier Precautions recommended for healthcare settings other than nursing homes (cont. 2)?

The studies that informed EBP, including defining which care activities most commonly result in transfer of MDROs to staff hands and clothing, were conducted in adult nursing home populations. Such activities and risks might be different among pediatric nursing home populations and additional consideration is needed when implementing EBP in these settings.

Updated Question and Answer

Are Enhanced Barrier Precautions recommended for healthcare settings other than nursing homes (cont. 3)?

Nursing homes with pediatric residents who implement EBP for their pediatric population as part of their MDRO prevention plan may need to redefine high-contact resident care activities based on the anticipated degree of contact and developmental abilities of pediatric residents (e.g., repositioning an infant compared to a young adult may require different levels of assistance).

Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 [cdc.gov](https://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

