


CMS Enhanced Barrier Precaution Guidance for LTC

The Centers for Medicare & Medicaid Services (CMS) issued new guidance to providers and state survey agencies regarding enhanced barrier precautions (EBP), effective April 1, 2024. Providers and surveyors must use personal protective equipment during high-contact care activities as a regular part of infection prevention and control standards to prevent broader transmission of multidrug resistant organisms (MDROs) and to help protect residents with chronic wounds and indwelling devices.

HIGH-CONTACT CARE ACTIVITIES		
Bathing	Device care	Dressing
Hygiene provision	Linen changes	Toileting assistance
Transfers	Underwear changes	Wound care

The new guidance calls for the use of EBP in residents with any of the following:


- ▶ Infection or colonization with an MDRO when contact precautions do not otherwise apply
- ▶ Indwelling medical devices (even if it isn't known whether the resident is infected or colonized with an MDRO):
 - ▶ Central lines (including PICC)
 - ▶ Feeding tubes
 - ▶ Tracheotomies
 - ▶ Urinary catheters
- ▶ Chronic wounds:
 - ▶ Diabetic foot ulcers
 - ▶ Unhealed surgical wounds
 - ▶ Venous stasis ulcers
 - ▶ Chronic wounds such as pressure ulcers



EBP is not necessary for peripheral intravenous lines.

It is important to note that facilities have some discretion regarding the use of EBP for residents without chronic wounds or an indwelling catheter, even if they have an MDRO not currently targeted by the CDC. CDC-targeted MDROs include:

- ▶ Pan-resistant organisms
- ▶ Carbapenemase-producing carbapenem-resistant Enterobacterales
- ▶ Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp
- ▶ Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- ▶ *Candida auris*



Shorter-term wounds, such as skin breaks or tears covered with an adhesive bandage or other dressing, don't require EBP.

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More than half of nursing home residents may be colonized with an MDRO, according to CMS.

Nonetheless, the agency says that facilities can use some discretion when employing EBP to balance the need to maintain a homelike environment for residents with preventing the spread of infections.



EBPs are not the same as contact precautions. Instead, they are intended to be upheld for the length of the resident's stay or until the wound resolves or indwelling medical device no longer is necessary.

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 without 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 without 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, and 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 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	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 pathogen.

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