

For internal use only, not for distribution.



Instructions for Contact hour

Update your Zoom name to
reflect your full name

Zoom name **MUST** match
your evaluation name

Enjoy the entire program

Complete the post-
evaluation by May 24,
2024, 5:00 PM (available
on the last slide)

Certificate will be emailed
to you by June 15, 2024



Welcome

Before we begin, answer in the chat:

**April showers bring May
flowers...What is
your favorite flower?**



San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

For internal use only, not for distribution.

Reminders



Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



"Right click" to rename



Type into the chat your:

- Name
- Title
- Email

For internal use only, not for distribution.



Land Acknowledgement



Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

For internal use only, not for distribution.

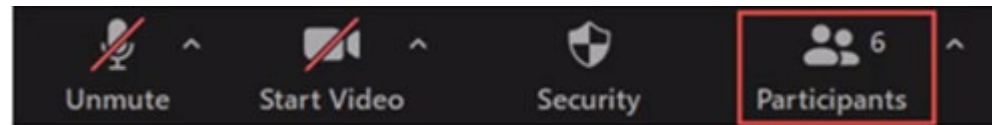


Reminders

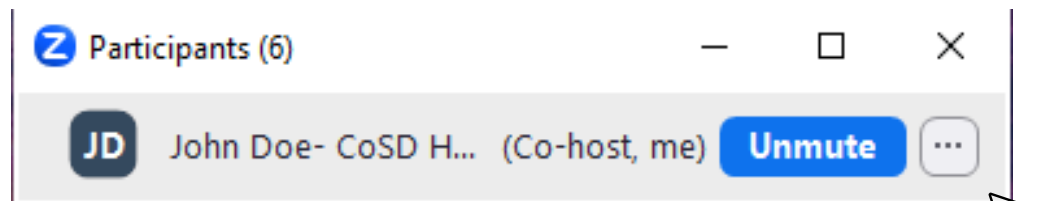


Please update your name on the participant list

1. Find your name on the participant list

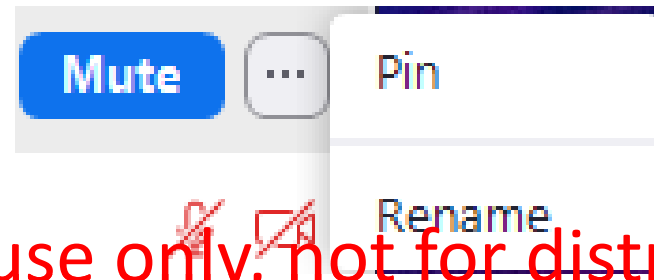


2. Hover over your name and click "..."



3. Click "Rename"

4. Type your full name



For internal use only, not for distribution.



Agenda



Welcome

General Updates

Announcements

Featured Topic: "Enhanced Barrier Precautions and Enhanced Standard Precautions"

Next Collaborative

For internal use only, not for distribution.



SNF IP
Email List



For internal use only, not for distribution.

CAHAN Alerts



To: CAHAN San Diego Participants

Date: May 20, 2024

From: Public Health Services

Health Advisory: Discontinuation of Ciprofloxacin for Invasive Meningococcal Disease (IMD) Post-Exposure Prophylaxis (PEP), San Diego County

Key Messages

- Due to detection of ciprofloxacin-resistant *Neisseria meningitidis* strains, the County of San Diego Epidemiology and Immunization Services Branch recommends discontinuing ciprofloxacin as post-exposure prophylaxis (PEP), for close contacts of patients with invasive meningococcal disease (IMD).
- Providers should report confirmed and suspect invasive meningococcal infections immediately to the San Diego County Epidemiology Unit by calling 619-692-8499 (8 am to 5 pm, Monday through Friday) or 858-565-5255 (after hours and holidays).
- Providers are encouraged to request antimicrobial susceptibility testing (AST), including for ciprofloxacin on all sterile-site isolates from IMD patients.
- Rates of invasive meningococcal disease in the United States increased, in 2023, particularly those caused by the Y serogroup. The percentage of isolates that were resistant to ciprofloxacin has also increased.

For internal use only, not for distribution.



To: CAHAN San Diego Participants

Date: April 24, 2024

From: Public Health Services

Health Advisory: Botulism-like Illness After Cosmetic Injections

Key Messages

- Botulism-like illness was reported in a resident of San Diego County following the injection of potentially counterfeit botulinum toxin.
- Healthcare providers should immediately report cases of botulism to the County Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

CAHAN
Alerts

For internal use only, not for distribution.

Respiratory Virus Update



LIVE WELL
SAN DIEGO

San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

May 9, 2024

COVID-19

Cases
44,319

Deaths
321

Outbreaks*
438

7/2/2023 – 5/4/2024

Influenza

Cases
17,903

Deaths
55

Outbreaks*
30

7/2/2023 – 5/4/2024

RSV

Cases
5,836

Deaths
22

Outbreaks*
10

7/2/2023 – 5/4/2024

*In residential congregate settings

For internal use only, not for distribution.



Respiratory Virus Update

For internal use only, not for distribution.

Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=44,319)

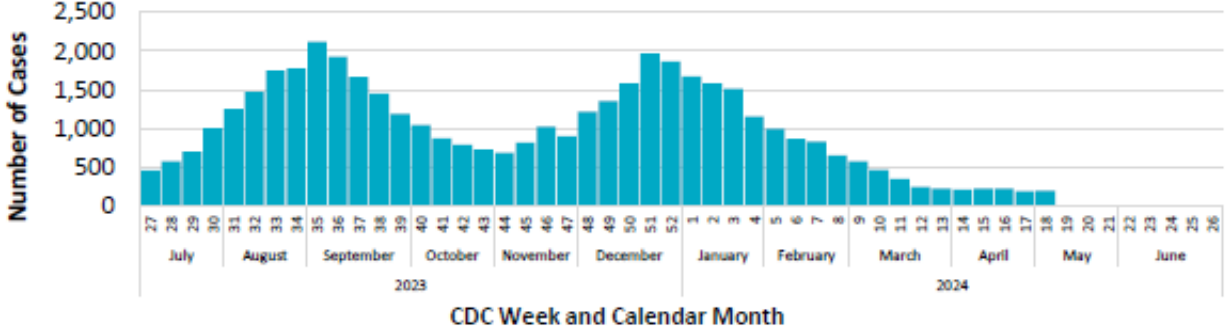


Figure 1.2. San Diego County Influenza Cases (N=17,903)

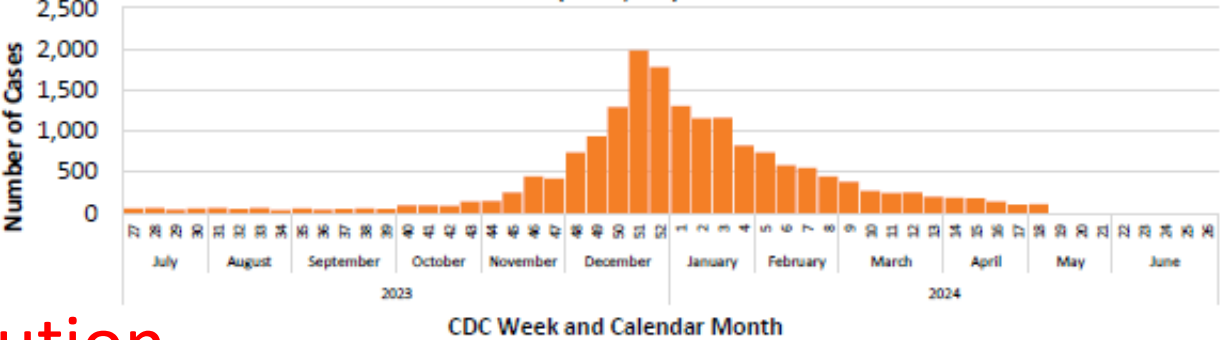
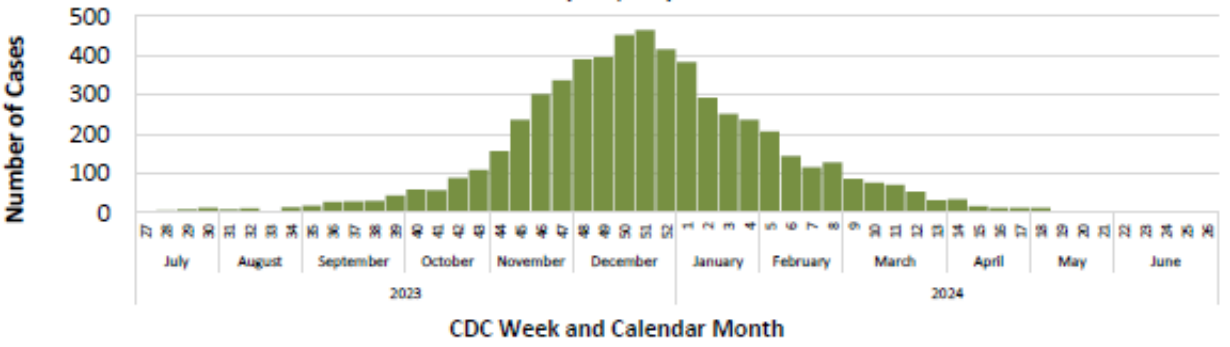


Figure 1.3. San Diego County RSV Cases (N=5,836)



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
 - Bi-monthly 4th Wednesday @ 3PM-4PM
 - Next webinar is on ****5/22/24****
- **County LTC Sector COVID Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - Next briefing is on **5/23/24**
- **NHSN & HAI Nursing Home Office Hours:**
 - Monthly 3rd Tuesday @ 11:30AM-12:30PM
 - Next session is **6/18/24**



For internal use only, not for distribution.



Vaccine Office Hours with CALTCM and HSAG



Vaccine Challenges Office Hours:

2nd and 4th Thursdays monthly at 12PM-1PM

Next webinar is on 5/23/24

CALTCM Physician experts are available to answer questions about vaccines, challenges, vaccine hesitancy

HSAG is available to provide tools and resources

https://us02web.zoom.us/meeting/register/tZUkf-mtrT8jH9JpAKh_qdYOrzRsla10PHZI#/registration



For internal use only, not for distribution.



Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Zoom

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

For internal use only, not for distribution.

Speaker

- **Mara Rauhauser, BSN, RN, PHN, CIC**
- **Senior Public Health Nurse**
- County of San Diego
- Healthcare-Associated Infections Program



For internal use only, not for distribution.



Enhanced Barrier Precautions

Mara Rauhauser BSN, RN, PHN, CIC
Senior Public Health Nurse
County of San Diego Healthcare-Associated Infections (HAI) Program

For internal use only, not for distribution.



Objectives



After completion of this training, the participant will be able to:

1. Verbalize why this program was created.
2. Explain the three criteria used to include a resident in the Enhanced Barrier Precautions program.
3. List three of the high contact activities when a gown and gloves should be worn when providing care to a program participant.
4. Name two requirements of program participants in addition to staff donning gown and gloves during high contact activities.



For internal use only, not for distribution.





TOMÁS J. ARAGÓN, M.D., Dr.P.H.

State Public Health Officer & Director

State of California—Health and Human Services Agency **California Department of Public Health**



GAVIN NEWSOM

Governor

October 5, 2022

AFL 22-21

TO: Skilled Nursing Facilities (SNF), and General Acute Care Hospitals (GACH) with a SNF Distinct Part (DP)

SUBJECT: Enhanced Standard Precautions for Skilled Nursing Facilities, 2022
(This AFL Supersedes AFL 19-22)

For internal use only, not for distribution.



GAVIN NEWSOM
Governor

AFL 22-21



State of California—Health and Human Services Agency **California Department of Public Health**

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

October 5, 2022

[Title 22 CCR section 72515](#) requires SNFs, “accept and retain only those patients for whom they can provide adequate care.” [Title 42 CFR section 483.80](#) requires that nursing facilities “must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.” All SNFs in compliance with state statute and federal regulations **must** be able to provide care for residents with MDROs.

The California Department of Public Health (CDPH) updated Enhanced Standard Precautions (ESP) guidance in 2022 to simplify and facilitate implementation, and reflect substantial changes in the epidemiology of MDRO in California SNFs since its previous publication in 2019. Increased MDRO prevalence and large, sustained, regional outbreaks of previously novel or rare MDRO, including *Candida auris*, highlight the role of ESP as a prevention strategy before transmission and outbreaks occur, as well as a need for new guidance for transitioning from Contact Precautions to ESP as part of long-term outbreak mitigation and management.

For internal use only, not for distribution.



- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)
- [QSO-24-08-NH \(cms.gov\)](#)
- [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)

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

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

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

For internal use only, not for distribution.

Regulations and Guidance:

F880

§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

* * * * *

Effective Date: April 1, 2024

EBP **should** be used for any residents who meet the above criteria, **wherever** they reside in the facility.

For internal use only, not for distribution.

Is It Mandatory?



Q-2: Is EBP now "REQUIRED" for nursing homes because of the new CMS QSO?

A: Yes. Per CMS [QSO-24-08-NH: EBP in Nursing Homes](#), distributed on March 20, 2024, EBP is now required by CMS with an effective date of April 1, 2024. CMS updated the following [survey critical element pathways \(CEPs\)](#) due to the enforcement of EBP. For more information, read the April 3, 2024, AHCA/NCAL article, ["CMS Publishes Updated CEPs to Address EBP"](#). Review the [CMS CEP Revision History](#) to stay up to date on revisions.

For internal use only, not for distribution.

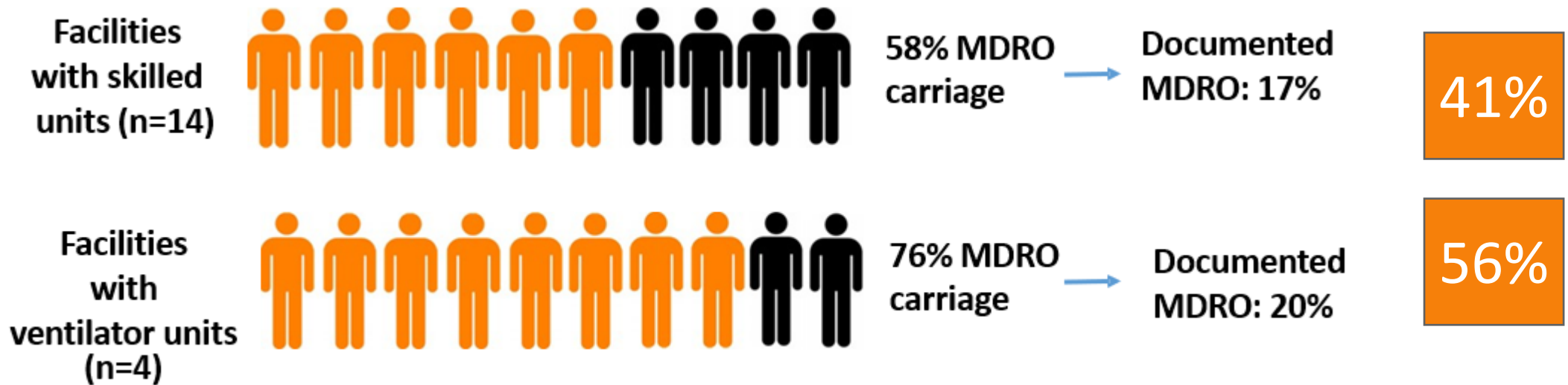
[CDPH Weekly Webinar & Call Notes, March 27, 2024 \(hsag.com\)](#)



Background



Unknown MDRO (multidrug resistant organism) Carriage in Skilled Nursing Facility Residents



Previously Documented MRDO



MRDO Carriage-previously UNKNOWN



No Known MDRO

For internal use only, not for distribution.

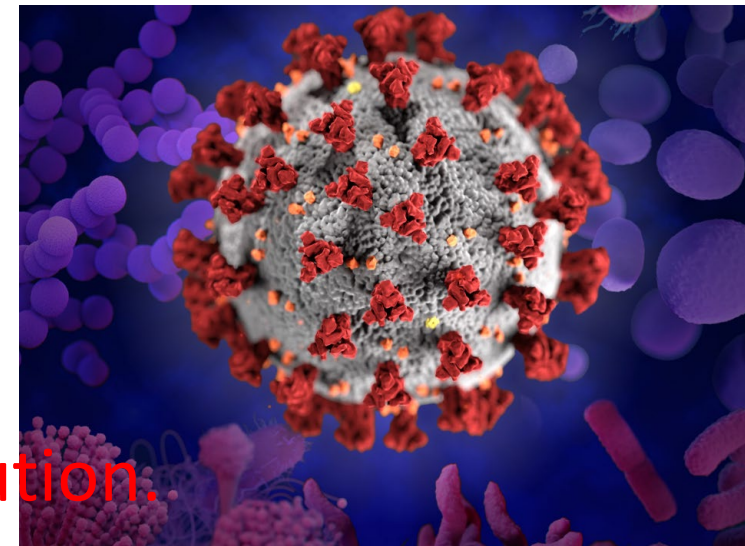


The COVID Effect



Available data show an alarming increase in resistant infections starting during hospitalization, growing at least 15% from 2019 to 2020.

- Carbapenem-resistant *Acinetobacter* (↑78%)
- Antifungal-resistant *Candida auris* (↑60%)*
- Carbapenem-resistant Enterobacterales (↑35%)
- Antifungal-resistant *Candida* (↑26%)
- ESBL-producing Enterobacterales (↑32%)
- Vancomycin-resistant Enterococcus (↑14%)
- Multidrug-resistant *P. aeruginosa* (↑32%)
- Methicillin-resistant *Staphylococcus aureus* (↑13%)



For internal use only, not for distribution.

Additional Challenges



- Prevalence of MDROs in this population is **increasing** and often **unknown**.
- MDROs can cause **serious** infections, are **difficult to treat**, and can spread **rapidly** throughout nursing homes. Preventing their transmission to others is an important public health **priority**
- In the past, interventions in SNFs have been targeted only for residents with active MDRO infections
- MDRO **colonization** is often for a long duration.
- MDRO colonization(asymptomatic) can be a **source of transmission**
For internal use only, not for distribution.



Additional Information



- HCWs hands, uniforms and equipment can become **contaminated** during high contact activities.
- **Single** bed rooms are not typically available in SNFs.
- Some SNFs are **reluctant** to accept residents with known MDROs (whether colonization or active infection).
- A broader approach is needed to reduce the spread of MDROs **without** isolating residents for long periods.
- Recent studies have supported the use of EBP/ESP to **reduce** MDRO transmission.

For internal use only, not for distribution.

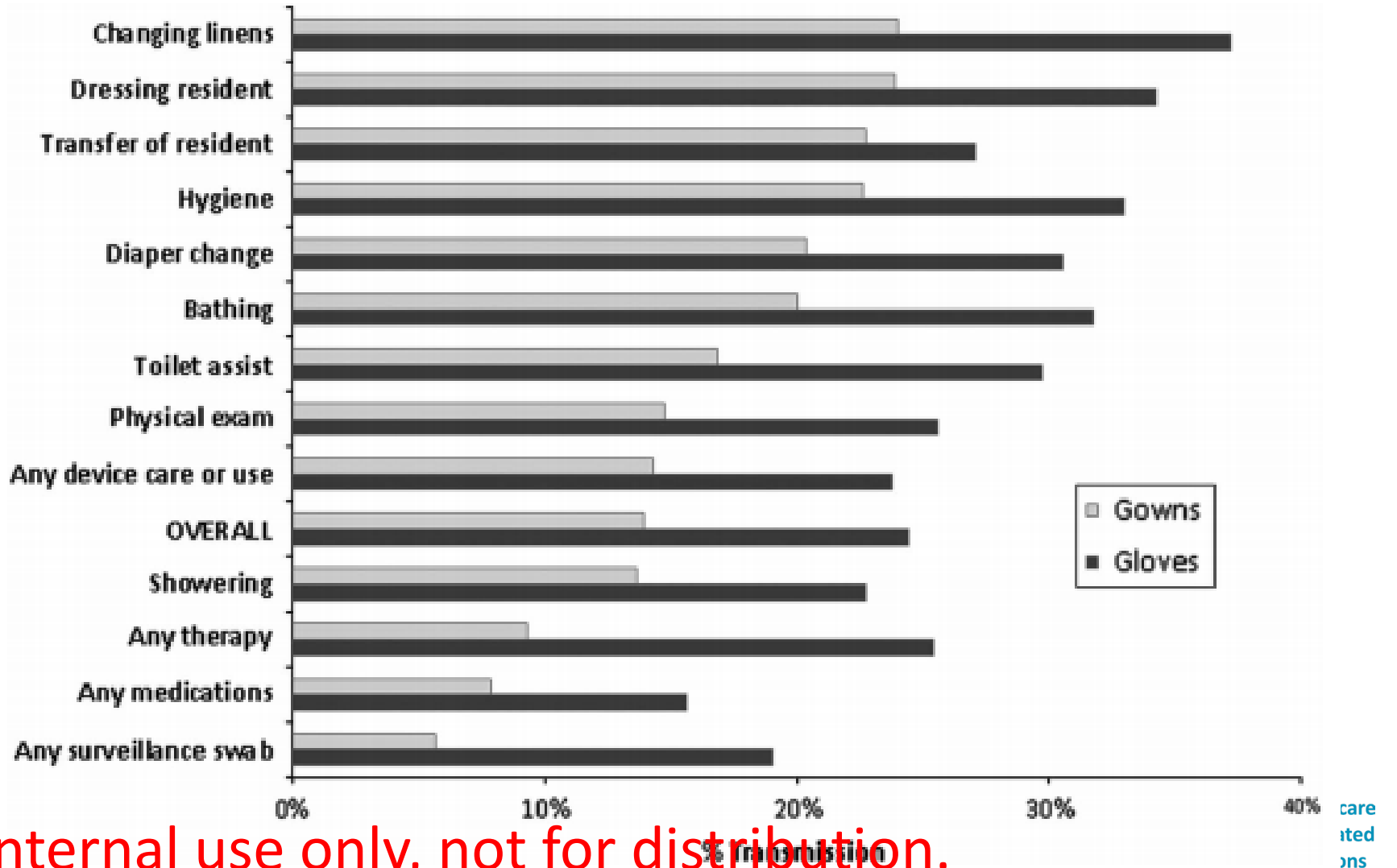
MRSA Transmission



MRSA Transmission from Colonized Resident to gloves or gown of HCS

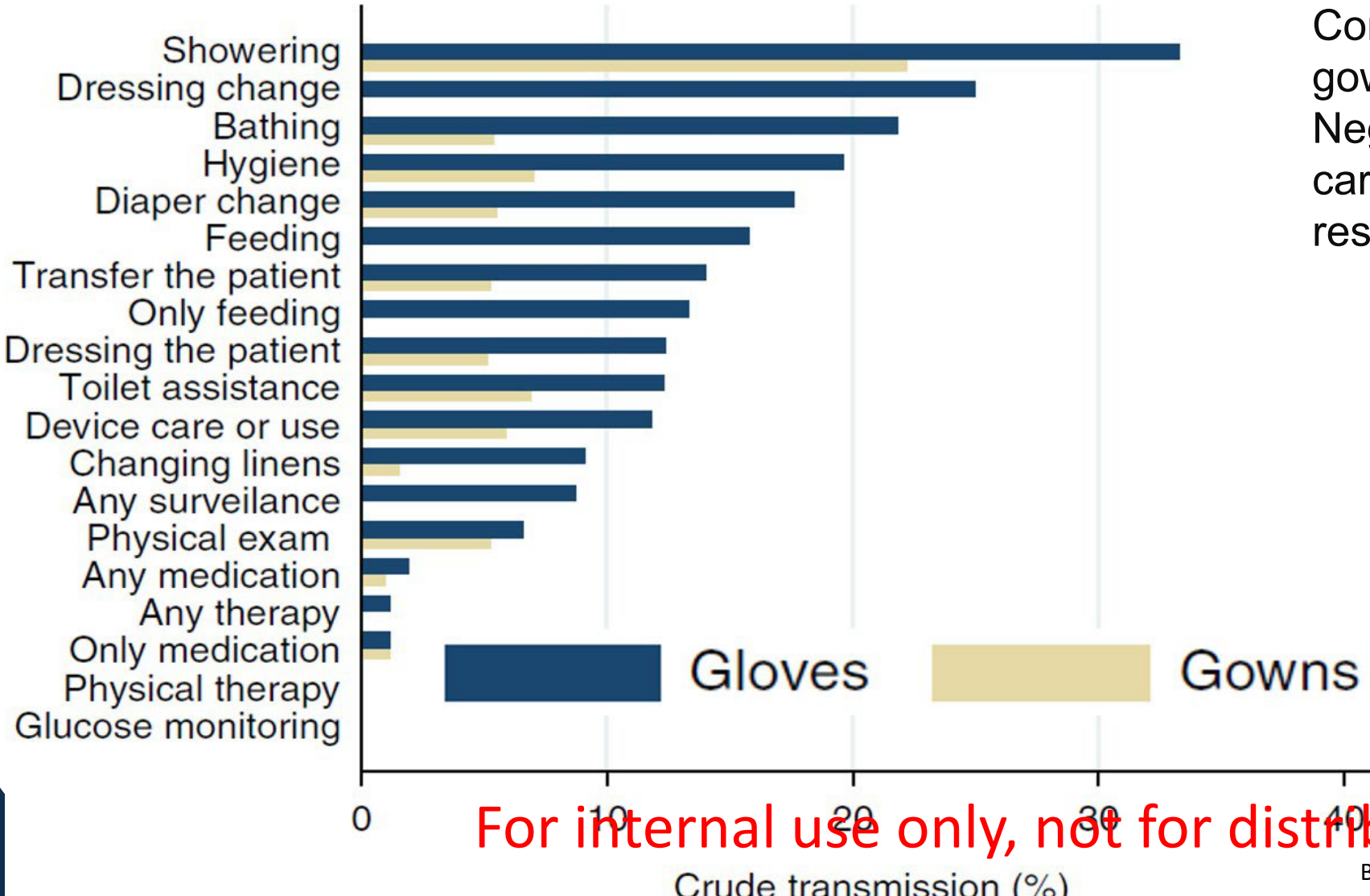
High Risk of Transmission:

- Dressing
- Bathing/showering
- Transfer of resident
- Hygiene
- Changing linens
- Toilet assist/changing briefs
- Device care or use



For internal use only, not for distribution.

Gram Negative Bacteria



Contamination of HCWs gloves and gowns with Resistant Gram-Negative Bacteria(RGNB) during care activities with colonized residents

High risk of transmission:

- Dressing
- Bathing/showering
- Transfer of resident
- Hygiene
- Changing linens
- Toilet assist/changing briefs
- Device care or use
- Wound care

For internal use only, not for distribution.



The Six Moments of Enhanced Standard Precautions

For these six groups of care activities, use hand hygiene, gloves, and gowns.



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.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

For internal use only, not for distribution.



Who is included?



When other Transmission based precautions do not apply, **Enhanced Barrier Precautions are indicated for residents with any of the following :**

- **Infection or colonization** with an MDRO *when Contact Precautions do not otherwise apply*
- **Wounds** (including unhealed surgical wounds, decubitus ulcers or other breaks in skin integrity)
- **Indwelling medical devices** (e.g. urinary catheters, feeding tube, tracheostomy, hemodialysis catheter)

[This Photo](#) by Unknown Author is licensed under [CC BY](#)



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

EBP is meant to stay in effect for the duration of the resident's stay or until the wound is healed or the device is removed.

For internal use only, not for distribution.

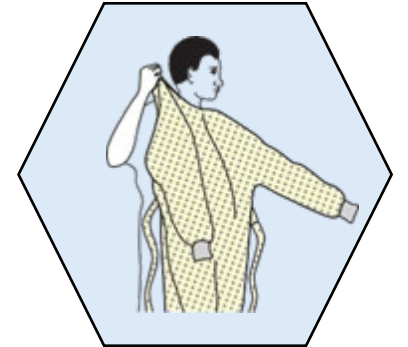


What is EBP?



Enhanced Barrier Precautions is:

- A resident-centered, risk factor-based approach to prevent MDRO transmission in SNFs.
- A facility-wide program
- For residents at **high risk of MDRO colonization** and transmission:
 - **Gloves and gowns** are used during specific care activities with greatest risk for MDRO contamination of HCW hands, clothes and environment
- Does not rely on knowledge of resident MDRO colonization status



• Allows residents with adequate hygiene and containment of body fluids to **leave their room** and **participate in facility activities.**

For internal use only, not for distribution.

What Does the PPE Accomplish?



1. PPE provides a barrier to keep germs off healthcare staff during **high contact activities** with the resident most likely to have an MDRO. This will help **prevent** exposures during care provided to subsequent residents.
2. PPE provides a **barrier** from whatever germs are on the healthcare worker's hands/uniform. This **protects** the most **vulnerable** residents from exposure during high contact activities.



For internal use only, not for distribution.



When to Use Contact Precautions



STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

- Put on gloves before room entry. Discard gloves before room exit.
- Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.
- Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Contact Precautions should be used for All residents infected or colonized with an MDRO who also have:

- Presence of acute diarrhea
- Draining wounds or other sites of secretions or excretions that are unable to be covered or contained
- For a limited time period on units or in facilities during an investigation of a suspected or confirmed MDRO outbreak

[Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#) | Infection Control | CDC

For internal use only, not for distribution.

Examples of Who to Include



Table 1: 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 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

[QSO-24-08-NH \(cms.gov\)](https://www.cms.gov/Regaffairs/PDF/2024/qso-24-08-nh)

For internal use only, not for distribution.

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.



Standard Precautions



Overview	Implementation
<ul style="list-style-type: none">• Used with all resident care• Based on an assessment of risk to protect HCWs and prevent spread of infection	<ul style="list-style-type: none">• Perform Hand Hygiene• Use PPE whenever there is an expectation of possible exposure to infectious material• Follow respiratory hygiene/cough etiquette• Ensure appropriate patient placement• Properly handle equipment and disinfect between residents• Clean and disinfect environment appropriately• Handle textiles and laundry carefully• Follow safe injection practices• Handle needles and sharps safely

For internal use only, not for distribution.



When to use EBP



The Six Moments of Enhanced Standard Precautions

For these six groups of care activities, use hand hygiene, gloves, and gowns.



Use hand hygiene, gown and glove during:

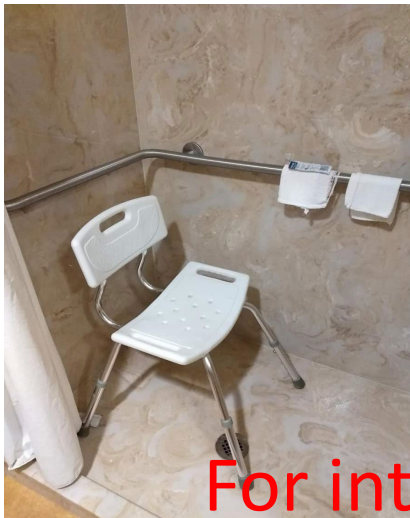
- **Morning and evening care**
 - Dressing, grooming, bathing, oral care, changing bed linens.
- **Toileting**, changing incontinence briefs and peri-care
- **Care of indwelling devices**
 - Urinary catheters, central lines, tracheostomy/ventilator, feeding tubes
- **Medical treatments** that require close contact with the resident and his/her environment
 - Respiratory treatments, tube feedings, emptying a urinary catheter bag.
- **Wound care**
- **Transferring** and mobility assistance and preparation to leave the resident's room
- **Environmental cleaning** in the resident's room

For internal use only, consider bundling high contact activities

Additional Components of EBP



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

- All residents should be **bathed regularly** (at least twice per week)
- Residents should wear **clean clothes**
- Residents should perform **hand hygiene** frequently throughout the day, especially before leaving his/her room
- Residents should have urine/fecal excretions or wound drainage **contained** when visiting common areas
- **Dedicate equipment** to each resident when possible- don't forget Hoyer slings
- **Visitors** do not need to don PPE in the resident's room **unless providing high contact care.**

For internal use only, not for distribution.





- Evaluate **each** resident and **new** admission for inclusion in the program
- **Clear Signage** is present outside the resident room
- Isolation cart with **PPE** is located **outside** the resident room
- **Hand sanitizer** is provided inside and outside the resident room
- **Trash can** should be located inside but at the exit of the room to **do off PPE**
- Staff **education** and **communication**
- **Visitor, resident** and **family** education and communication

For internal use only, not for distribution.

Educate



- Residents/families
- Visitors

Keeping Residents Safe – Use of Enhanced Barrier Precautions

A message from: [redacted]

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: [redacted]

Sincerely,

[redacted signature]

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 \(MDROs\)](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html) at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.

CS30499-8

For internal use only, not for distribution.
[Keeping Residents Safe – Use of Enhanced Barrier Precautions \(cdc.gov\)](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)



Educate



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



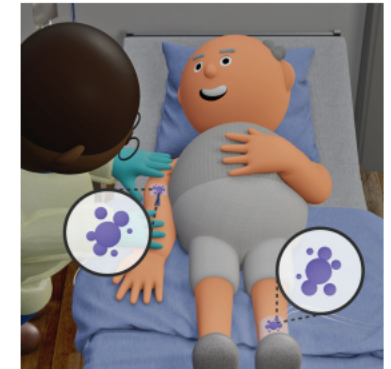
Wear Gloves



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.




Enhanced Barrier Precautions (EBP), How We Keep Our Residents Safe – Poster (cdc.gov)




Healthcare Associated Infections Program


How to Be Successful




Hand Hygiene



Environmental
Cleaning and
Disinfection



Enhanced
Barrier
Precautions



Auditing



Communication

For internal use only, not for distribution.

How to Get Started



Contact HAI Team for assistance and support

Assess

- ✓ Facility situation: adequate staffing, stable leadership, trained Infection Preventionist

Make a plan:

- ✓ Policy and procedures based on the CDC guidance
- ✓ Specific to your facility
- ✓ Consider using CDC Enhanced Barrier Precautions **tools**

Educate

- ✓ **Leadership:** Administrator, DON, Managers
- ✓ Staff: **all** departments
- ✓ Vendors
- ✓ Agency/traveler
- ✓ **Residents and Families**

Implement

Reassess

For internal use only, not for distribution.



Healthcare Associated Infections (HAI) Program



- Partner with facilities to improve infection prevention
- Phone consultation
- Facility site visit
 - Work with IP
 - Work with EVS staff
 - Work with floor staff
- Staff in-service
 - All floor staff
 - **Rehab Staff**
 - Leadership



For internal use only, not for distribution.

Let's Practice: Scenario #1



The EBP sign is present at the resident door. You are a **CNA** preparing to assist the resident with **morning care.** (select all that apply)



- A. You need to do **hand hygiene**
- B. You need to wear a **gown**
- C. You need to wear **gloves**
- D. All of the above

For internal use only, not for distribution.

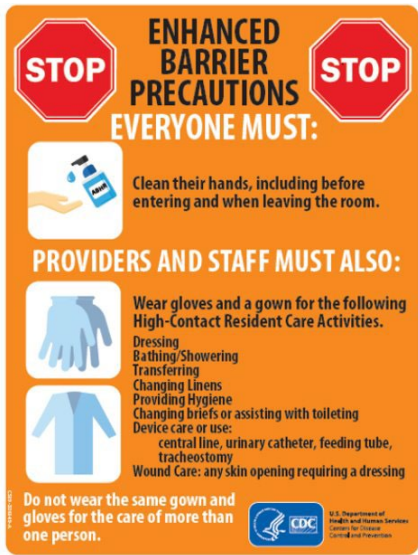


Scenario #2



This **sign** is present at the resident door.
You are a **CNA** preparing to change the bed linens while the resident is in the dining room. (select all that apply)

- A. You need to do **hand hygiene**
- B. You need to wear a **gown**
- C. You need to wear **gloves**
- D. All of the above



For internal use only, not for distribution.



Scenario #3



The **EBP sign** is present at the resident door. You are going into the resident room to deliver a cup of coffee. (select one)

- A. You need to do **hand hygiene**
- B. You need to wear a **gown**
- C. You need to wear **gloves**
- D. All of the above

For internal use only, not for distribution.



Scenario #5



This sign is present at the resident door.
You are an EVS staff(housekeeping) going into the resident room to do a daily room clean. (select all that apply)

- A. You need to do **hand hygiene**
- B. You need to wear a **gown**
- C. You need to wear **gloves**
- D. All of the above



For internal use only, not for distribution.



A few more examples....



For a room that is on **Enhanced Barrier/Standard Precautions**, what should you do in the following situations?

- **Passing meal trays** (just dropping off the tray)
 - Passing out materials from **Activities**
 - **Turning off** a call light
 - Stepping into the room to speak with the resident
-
- Hand hygiene is required in these situations.



For internal use only, not for distribution.

[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



Can we cohort an EBP participant with a resident who is not on EBP?

[MDRO Patient Cohorting \(ca.gov\)](#)

[MDRO SNF Cohorting \(ca.gov\)](#)

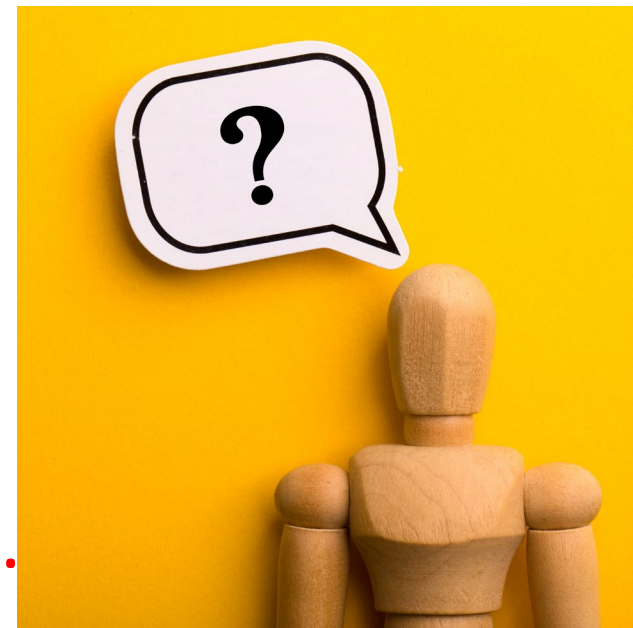


For internal use only, not for distribution.

FAQ



[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC](#)



For internal use only, not for distribution.



For internal use only, not for distribution.

Contact Hour Instructions

- **Ensure your Zoom name is your full name**
- **Complete by May 24th, 5:00PM**
- **Expect your certificate by June 15th.**



For internal use only, not for distribution.

Next Collaborative

*****June 26, 2024*****

11:00AM – 12:00PM

ZOOM

Featured Topic:

Infection Control Risk Assessments

1 Contact Hour Offered

**Submit questions or
feedback about today's meeting to:**

PHS.HAI.HHSA@sdcounty.ca.gov

For internal use only, not for distribution.



Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 27, 2018.

For internal use only, not for distribution.

