

AHCA/NCAL Clinical Scenarios

Enhanced Barrier Precautions

Scenario

Michelle, the infection preventionist in this facility, did not arrive at work as early as she had planned, leaving her with little to no time to prepare for the morning standup. She quickly reviewed the week's tasks and upcoming meetings before grabbing her clipboard and heading to the conference room, thinking, "Mondays." During the meeting, a colleague reminded the team about the upcoming QAPI meeting and requested reports to finalize the agenda. Michelle quickly realized she still needed to complete infection control rounds for both last week and this week. Grateful for the reminder, she gathered her audit tools and headed out, determined to conduct thorough infection control rounds with a focus on ensuring compliance with Enhanced Barrier Precautions (EBP). As she worked, she kept in mind something the corporate Infection Control nurse had said not long ago: "CMS will be focusing on interviewing staff to determine if they know which residents require EBP before providing high-contact care." She knew they would also assess whether PPE was readily available to staff and ask where to find more if there was a short supply.

Reviewing the list of new resident admissions, she considers Mr. Buchanan, a resident with urinary incontinence and a family reported history of a "colonization infection with something they called an MDRO."

Questions for the Audience

1. Would this situation require the use of Enhanced Barrier Precautions and why or why not?

- a. Yes, because of the history of colonization.
- b. Yes, because he is incontinent.
- c. Maybe — it depends on the type of resistant organism.**
- d. No because it's too cumbersome.

Explanation: There isn't enough information provided here for a definitive answer. A history of colonization alone is not a sufficient reason for requiring EBP, nor is incontinence.



Not all MDROs trigger the requirement for EBP. MDROs that CDC classifies as “targeted” would trigger a requirement for the use of EBP. MDROs that are deemed “epidemiologically important” may or may not trigger EBP, as CDC leaves it up to the facility to determine if “epidemiologically important” MDROs should trigger EBP (see CDC FAQs Q15 for list of MDRO organisms). If a specific “epidemiologically important” MDRO is included in the facility policy, then EBP would be required. MDRO colonization should not include repeat testing to determine whether the person is still colonized is NOT recommended by CDC to determine if EBP are necessary. Colonization testing is notoriously subject to false negatives.

Because he just arrived, they had not made the determination for EBP. While walking down the hallway, Michelle observed that the nursing assistant, Myrtle, was wearing gloves but not a gown while assisting Mr. Buchanan with toileting using a bedside commode. Michelle has worked with Myrtle for many years and knows how meticulous she is with hygiene because she does not want to get other residents sick. Myrtle is careful not to allow Mr. Buchanan to touch her clothing. After the task was completed, Myrtle removed her gloves but did not perform hand hygiene before touching the bedrail.

2. How many key infection control breaches did Michelle witness?

a. Just one — failure to wear a gown as part of a high contact activity.

b. Just one — failure to perform hand hygiene immediately after glove removal.

c. Two — both failure to wear a gown and perform hand hygiene.

d. None.

Explanation: Since it’s unknown if this person triggers EBP, using standard precautions would be the default. It’s unclear if not wearing a gown when providing high contact personal care is required. The nursing assistant’s failure was skipping hand hygiene after glove removal, which increases the risk of spreading germs after a task is done, regardless of EBP requirement. Even when you use gloves, cleaning your hands afterward is important since your hands are often contaminated with germs during glove removal.

After digging through the medical record to identify the type of MDRO the family reported that he was colonized with in the past, she learns that he was colonized with a targeted MDRO. They place Mr. Buchanan on EBP. Michelle takes this opportunity to provide real-time education to Myrtle, saying *“Moving forward, for residents on Enhanced Barrier Precautions, gowns and gloves should be worn when providing personal care like toileting, even when you feel you are being very careful to minimize contact. Also, remember to clean your hands immediately after removing gloves to prevent contamination of surfaces or risking transmission of germs to other residents.”* Michelle reminded

Myrtle that the State surveyors will likely ask her and others for an example of which type of residents require EBP. This would be a good working example to keep in mind.

Moving to another hallway, Michelle noticed a medication nurse, Nick, preparing to enter Room 208 to give oral medications to a resident on EBP for a chronic wound. He performed hand hygiene, donned gloves and prepared the medication. He places the medications on the resident's side table in a paper cup. The resident takes the medications with some water. Nick does not don a gown.

3. Is Nick required to wear a gown to administer oral medications to a resident on EBP?

Why or why not?

a. No, the regulations are clear that administering oral medications is never a high contact activity.

b. **Maybe, this is not listed as a specific high contact activity, however if the nurse needed to assist this resident to sitting position with an arm behind their back to support them and they generally need assistance to the bathroom, it could require a gown too because of the high contact.**

c. Yes, entering the room of someone on EBP requires a gown and gloves.

Explanation: EBP requires a gown and gloves for high-contact resident care activities that increase the risk of germ transmission, such as wound care, toileting, or indwelling device management. Medication administration alone does not require EPB practices unless direct contact with bodily fluids is expected (Where standard Precautions are indicated). However, if during medication administration is coupled with other activities considered high contact, then the use of gowns and gloves would be required.

Sometimes, we start out with a low-contact activity such as medication administration, which can escalate quickly into a high-contact activity, which would require stopping, performing hand hygiene, and donning a gown and gloves.

As Michelle completes her rounds, she checks supply stations to ensure ample gowns, gloves, and hand hygiene products are available outside resident rooms. She also reviews signage to confirm clear, standardized notifications are posted for staff without stigmatizing the residents. Michelle stops another nursing assistant, George, and asks who he would contact if he noticed PPE was getting low?

Gown + Gloves for EBP



4. What would be George's best response?

- a. "I would notify the charge nurse, who would then contact the manager to determine if there is a shortage and order more supplies."
- b. "I would inform the nursing assistant supervisor."
- c. Go to another unit to get some additional PPE for his unit.

d. All of above.

Explanation: All the above may be appropriate responses but it would also depend on if the facility had a policy and procedure. While a policy and procedure are not required for notification of PPE shortages, it's a good practice to make sure there is a process to report and replenish PPE. In most facilities the charge nurse would be able to work with the individual who orders supplies and or work with staff to be sure supplies are being replaced. Generally, staff aren't going to order the supplies, and while borrowing from another unit may meet an emergent need that does not absolve the needs to notify the supervisor or the person responsible for stocking PPE, it does not ensure that the unit is re-supplied correctly in the future.

Next, Michelle stops by a resident's room where another nursing assistant, Sherry, is preparing to assist a resident with transferring from the bed to a wheelchair. The resident has a chronic wound without any drainage requiring regular dressing changes and is on Enhanced Barrier Precautions to reduce the risk of multidrug-resistant organism (MDRO) transmission, and Scott is not wearing PPE. Michelle reminds him that since this resident requires wound care and assistance with transfers, gowns and gloves are required to prevent potential MDRO spread. Michelle further explains. *"Even if there's no direct wound contact, Enhanced Barrier Precautions apply to high-contact resident care activities."* While donning a gown and gloving Sherry asks, *"So, if I'm just transferring the resident from their wheelchair to a chair in the dining room, do I still need to wear a gown and gloves?"*



STOP

**ENHANCED
BARRIER
PRECAUTIONS**

EVERYONE MUST:



STOP



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.



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5. Should staff wear a gown and gloves when transferring a resident in a common area if the resident is on Enhanced Barrier Precautions?

a. Generally, no, Enhanced Barrier Precautions is primarily intended to apply to care that occurs within a resident's room where high-contact resident care activities, including transfers, are bundled together with other high contact care activities, such as part of morning or evening care.

b. Yes, it's a high contact activity and they are on EBP, so no clinical judgement is indicated

Explanation: Generally, gowns and gloves are not recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Enhanced Barrier Precautions is primarily intended to apply to care that occurs within a resident's room or elsewhere such as in a therapy session where high-contact resident care activities, including transfers, are bundled together with other high-contact activity, such as part of morning or evening care. This extended contact with the resident and their environment increases the risk of a MDRO spreading to staff hands, clothes, and the environment (furniture or medical equipment). Outside the residents' rooms, Enhanced Barrier Precautions should be followed when performing transfers and 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. Hand hygiene is recommended before and after resident contact.

As Michelle and Sherry finish discussing EBP, a physical therapist walks up and catches the tail end of the conversation. The PT asks if she and her team always have to wear a gown and gloves for every therapy session, or only in certain situations.

6. Do physical and occupational therapists need to wear a gown and gloves when working with residents on EBP?

a. Yes, therapy is always a high contact activity

b. No, they never have to wear PPE in therapy

c. Maybe, it depends on the activities and contact that would result.

Explanation: Therapists only need to wear a gown and gloves when providing close contact assistance to a resident on EBP. Some activities with low intensity or short duration would not likely trigger the need for EBP but the same activity with high intensity or prolonged duration of contact would likely trigger the need for EBP (See AHCA Hot Topic on therapy and EBP here). If the activity is bundled with other high-contact activities, it would generally necessitate EBP. If the activity is isolated and not bundled with other high-contact resident care activities, it would likely not necessitate EBP.

For example, CDC states in FAQ Q#21 and Q#24 that isolated interactions bundled with other high-contact resident activities would generally necessitate EBP such as combing of a resident's hair along with assisting the resident with toileting and dressing. Policy and procedure documents should allow for flexibility for therapy personnel to consider duration and intensity factors for any given treatment session and permit the therapy professional to exercise situational professional judgement for using EBP.

Michelle heads back to her office, feeling good about her rounds and confident the staff got the EBP message loud and clear. Pulling up the blank compliance report, Michelle considers getting some coffee but sighs and starts typing what went well and what needs work. Not the most thrilling part of the job, but at least now she's earned that cup of coffee.

Finally, she meets with the charge nurse, Jay, to discuss education gaps and plans a quick refresher in the next staff huddle on when and how to apply EBP correctly and will add the process for when PPE stock runs low in the facility.

7. What key points would Michelle include in her report to QAPI to provide education and assess compliance when staff are delivering safe patient care to be prepared for a CMS survey? Choose all that apply.

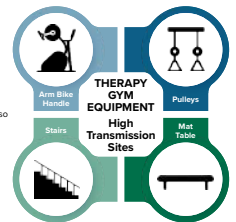
- a. **EBP applies to residents with chronic wounds, indwelling devices, or MDROs (targeted or epidemiologically important).**
- b. **Gloves and gowns should be worn for high-contact care activities, but not necessarily for routine interactions like medication administration.**
- c. Michelle will discipline Myrtle and have a meeting with Jay to determine if he is doing his rounds to ensure compliance with EBP to increase leadership enforcement.
- d. **Hand hygiene before and after glove use is critical to prevent MDRO transmission.**
- e. **If someone suspects a PPE shortage, please contact herself, the DON or the Administrator, who would be able to assess the situation and ensure the necessary supplies are restocked or arrange for alternative options.**

AHCA/NCAL Infection Preventionist Hot Topic Brief

When are Physical Therapy, Occupational Therapy or Speech-Language Pathology Services Considered to be "High-Contact" Resident Care Activities Requiring Enhanced Barrier Precautions in Long-Term Care?

The purpose of Enhanced Barrier Precautions (EBP) is to lower the risk of spreading multidrug-resistant organisms (MDROs) in nursing homes. EBP was recommended by the Centers for Disease Control and Prevention (CDC) to address the unique needs of nursing homes that are both a person's home and a medical facility and where Contact Precautions for those with an infection, colonization or at high risk would lead to isolation from events and activities that are important to quality of life. The risk of healthcare professionals spreading MDROs between residents via their hands or clothing increases with the intensity and duration of the activity contact.

A recent study by Mody¹ et al (2025) found transmission rates of MDROs occurred during one in six (16.5%) therapy visits. Clearly, no contact removes all chances of an organism spreading from a healthcare professional to a resident, but that is not practical in many therapy interventions and also does not prevent spread to environmental surfaces or therapy equipment. In fact, the same study found that bike handles, pulleys, stairs, and mats were the most contaminated equipment. It should also be noted that EBP is in addition to Standard Precautions, and those still apply such as: using hand hygiene before and after glove don/doff, using a hospital-grade approved cleaning and disinfectant product to clean and disinfect any environmental surfaces or therapy equipment that the resident came in contact with before another resident uses them and the proper disposal of personal protective equipment (PPE) or other contaminated materials.



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Explanation: A, B, D, E are all correct. She observed issues with staff needing additional education to be sure they are compliant with regulations and using EBP appropriately. She specifically observed uncertainty among staff with when to use PPE, hand hygiene and handling a PPE shortage. Disciplining staff does not create a welcoming culture and does not recognize the reasons staff may not be consistently compliant with EBP nor is meeting with Jay to ask about doing compliance rounds. One approach to enhance compliance rounds done in a collaborative manner is the use of “[shift coaches](#).” These are peers on each unit on each shift who watch their colleagues and provide reminders when they see non-compliance or seek to learn what issues contributed to the non-compliance. They work with the IP to improve overall consistent and accurate use of EBP and other infection control practices.



Reference for all content: [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#) | LTCFs | CDC.

[The Shift Coach Program](#) | AHCA NCAL | AHCA Education.

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