

Enhanced Standard Precautions for Skilled Nursing Facilities

ESP Guidance, Revised 2022



Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Objectives

- Discuss why CDPH updated *Enhanced Standard Precautions for Skilled Nursing Facilities, 2022*
- Define the *who, what, when, where, and how* of Enhanced Standard Precautions (ESP) in skilled nursing facilities (SNF)
- Describe the 6 moments of ESP

Why Do We Need ESP?

- Limit transmission of multidrug-resistant organisms (MDRO) in SNF
 - Accounting for residents with unidentified MDRO colonization
- Improve outcomes by facilitating resident mobility and quality of life
- Provide California-specific guidance for implementing CDC's Enhanced Barrier Precautions



What Have We Learned About New and Emerging MDROs Since 2019?

What Have We Learned About New and Emerging Organisms Since 2019?

- Epidemiology of MDRO in California has changed considerably due to the COVID-19 pandemic
 - Prevalence of MDRO is increasing in California
 - Large, sustained, regional outbreaks of previously novel or rare MDRO
- Continued challenges with SNF hesitant to accept transfers of residents known to be colonized with MDRO



Antimicrobial Resistant (AR) pathogens spread across the continuum, fueled by antibiotic exposure.

- Healthcare
- Community
- Environment/Farm animals

Facilities work together to protect patients.

Common Approach *(Not enough)*

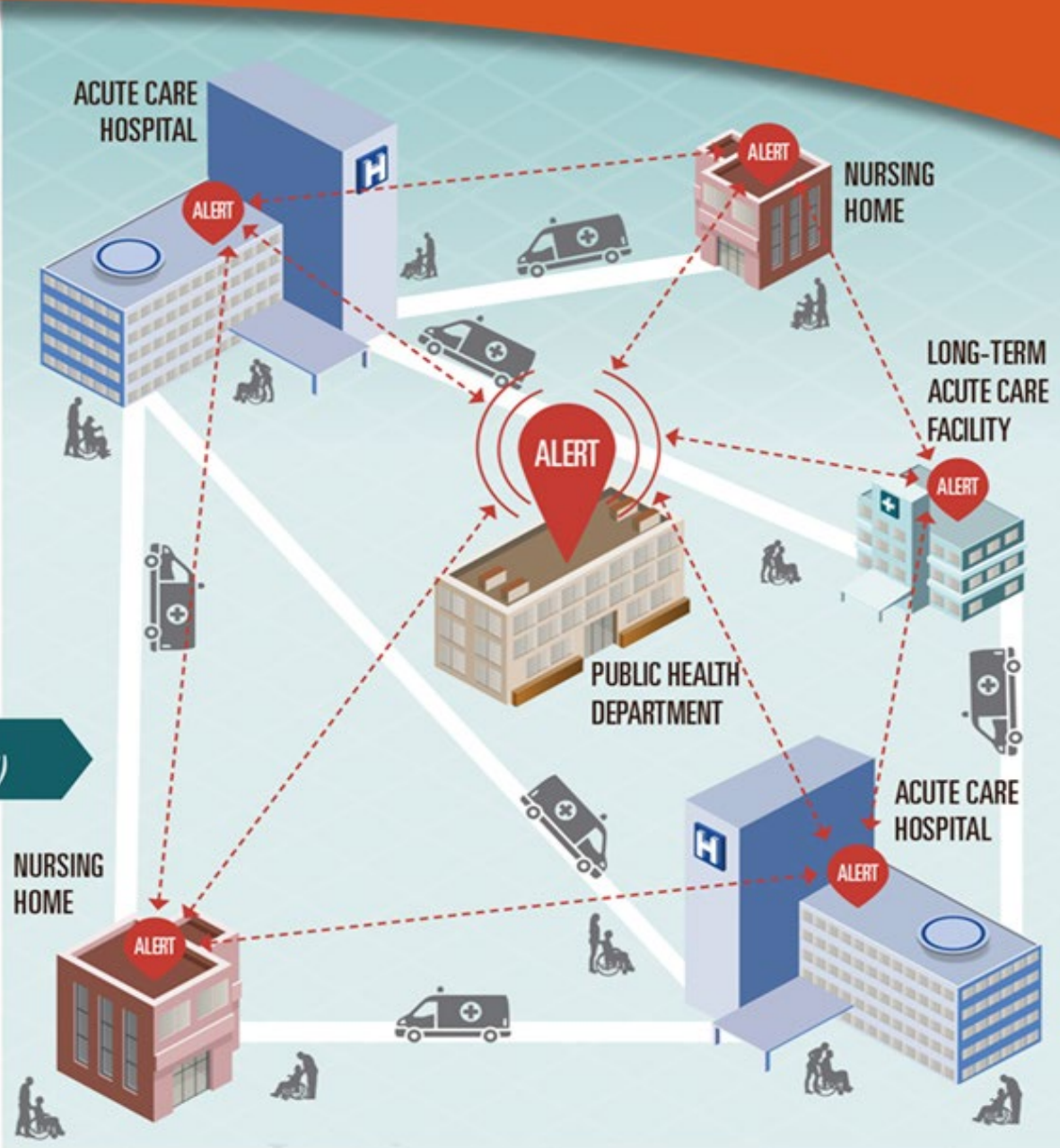
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



[CDC Vital Signs, Making Health Care Safer](https://www.cdc.gov/vitalsigns/making-health-care-safer)
([cdc.gov/vitalsigns/stop-spread/index.html#anchor_1490282293](https://www.cdc.gov/vitalsigns/stop-spread/index.html#anchor_1490282293))

Substantial Increases in Target MDROs in U.S. During the Pandemic



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%)

**Candida auris* was not included in the hospital-onset rate calculation of 15%. See [Data Table](#) and [Methods](#) for more information on this pathogen.

Why do we care?

- Without effective antibiotics to treat infections, there will be more hospitalizations and deaths

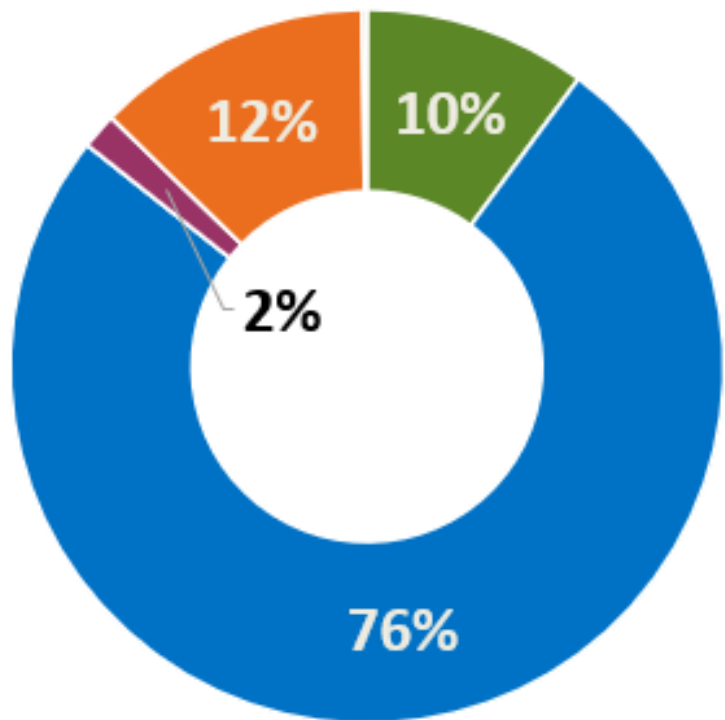


New and Emerging MDROs

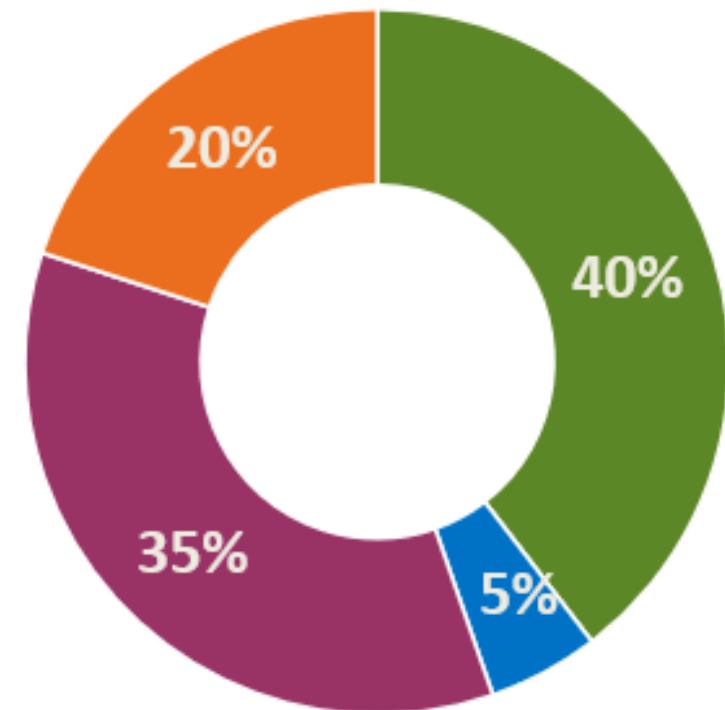


Most *C. auris* Cases Identified in LTACH and vSNF, While Most NDM CRAB Cases Identified in Acute Care Hospitals (ACH) and SNF

Candida auris



NDM CRAB



C. auris Cases are Concentrated in Southern CA, but Moving North

February, 2019



December, 2019



June, 2020



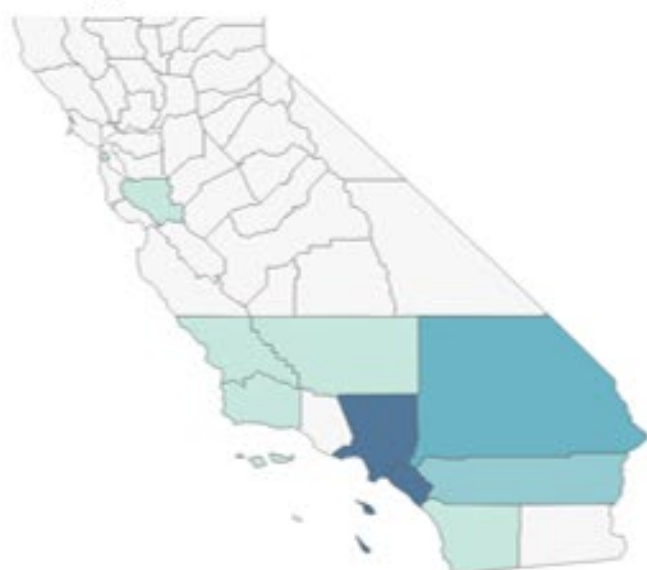
January, 2021



August, 2021



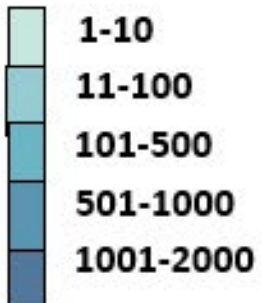
January, 2022



September, 2022



Number of cases



A Phased Approach to MDRO Containment Based on Local Epidemiology

- **Phase 1 (naïve): prevention in all facilities**
 - Build strong foundation for lab surveillance, **core infection prevention and control (IPC) practices**, antimicrobial stewardship, and interfacility communication
 - Public health-led

[CDPH Regional *C. auris* Prevention and Response Strategy](#) (PDF)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Cauris_Phases.pdf)

A Phased Approach to MDRO Containment Based on Local Epidemiology - Continued

- **Phase 2 (new cases): early detection and aggressive response in affected facilities**
 - Investigate, reinforce **core IPC practices**, conduct screening and onsite IPC assessments, ensure communication
- **Phases 3 and 4 (endemic): mitigation and maintenance to prevent further spread**
 - Focus on strengthening **all prevention activities**
 - Facility-led

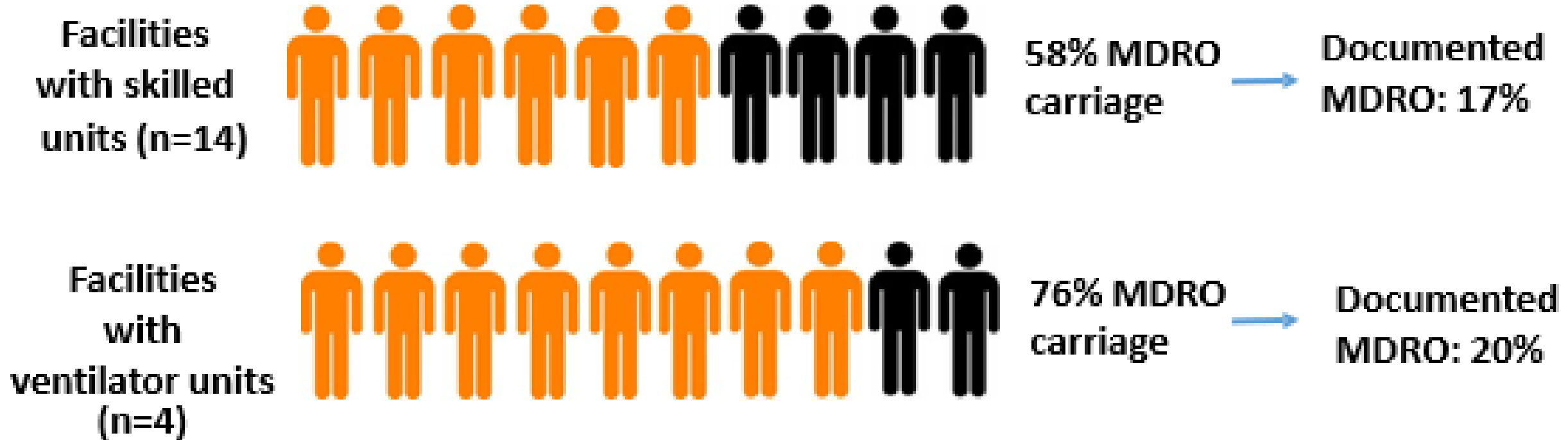
[CDPH Regional *C. auris* Prevention and Response Strategy](#) (PDF)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Cauris_Phases.pdf)

Challenges Using Contact Precautions in SNFs

- Impractical to place all known MDRO-colonized residents on Contact Precautions **in the absence of ongoing transmission** within a facility
 - SNF have few single occupancy rooms
 - Asymptomatic colonization with MDRO can be prolonged
 - No standard guidance for discontinuing Contact Precautions for MDRO colonization
 - PPE fatigue
 - Resident/family satisfaction

What We Have Learned: Unrecognized MDRO Carriage in Nursing Homes



Even when roommates are negative, other residents in facility may be positive

SNF Resident Care Goals for MDRO Management

- SNFs need to provide **resident-centered, activity-based care** in a clean, comfortable, safe, and **home-like** environment
- SNF need user-friendly, practical guidance



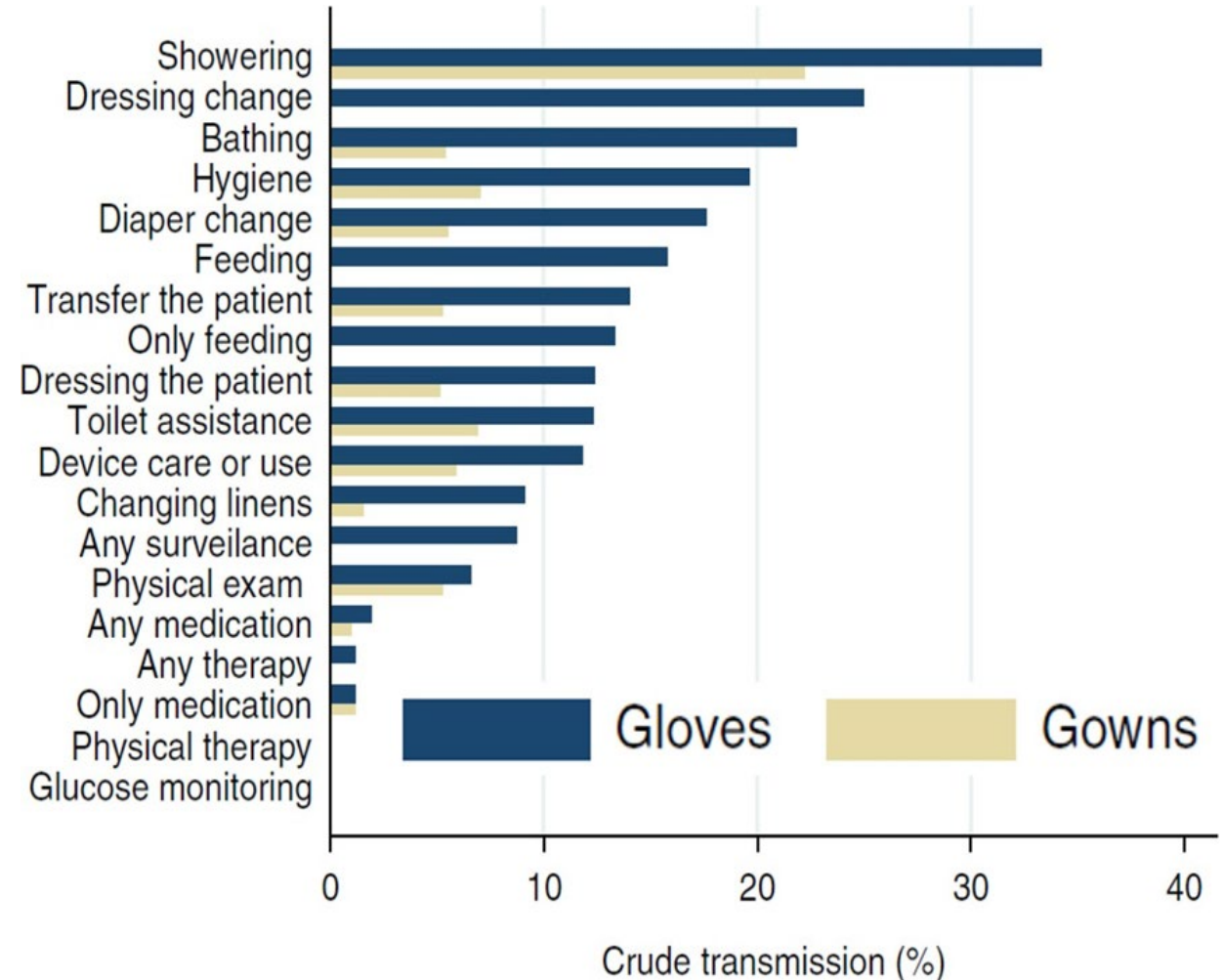
Residents at Higher Risk for MDRO

- Indwelling medical devices
 - Urinary catheter
 - Central lines/intravenous catheters
 - Artificial ventilation
 - G-tubes
 - Other external devices
- Unhealed wounds
 - Drainage
 - Environmental contamination

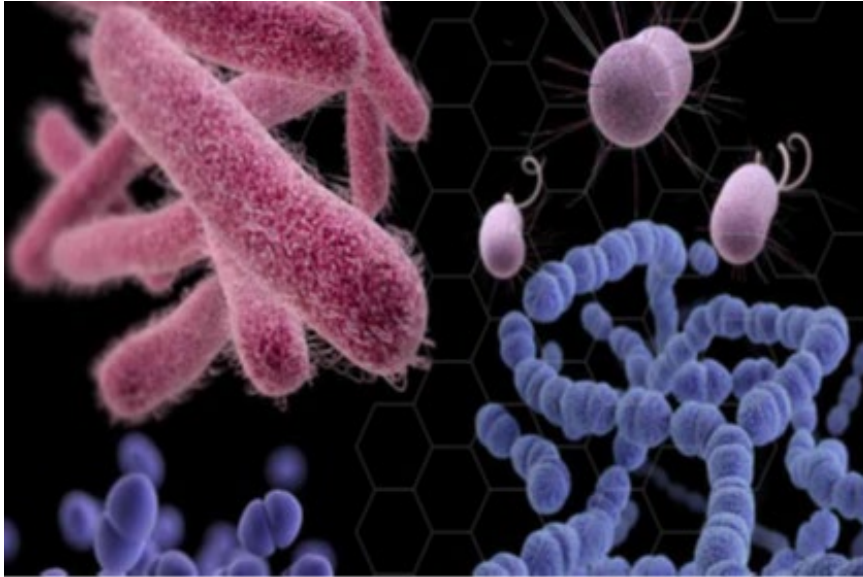


When are Resistant Gram-Negative Bacteria Transmitted to HCPs?

- **Highest Risk:**
 - Showering
 - Hygiene
 - Toileting
 - Wound dressing changes
- **Lowest Risk:**
 - Assist feeding
 - Giving meds
 - Glucose monitoring



Enhanced Standard Precautions is a Shift from Bacteria or Fungal-Centered Care...



...to Resident-Centered Care.

What are Enhanced Standard Precautions?

- A **resident-centered, risk factor-based approach** to prevent MDRO transmission in SNF
- For residents at high risk of MDRO colonization and transmission use PPE for high-contact care activities based upon the risk
- Does not rely on knowledge of resident MDRO colonization status
- Allows residents with adequate hygiene and containment of body fluids to leave room and participate in group activities

Who Needs Enhanced Standard Precautions?

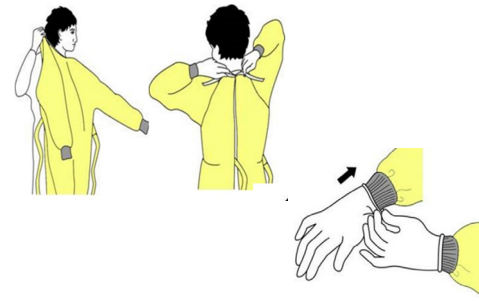
- Residents who have **one or more** characteristics associated with increased risk for MDRO colonization or transmission
 - Residents with indwelling medical devices or unhealed wounds
 - Risk factors should be re-assessed periodically when there is a change in resident condition

What are the Tools of Enhanced Standard Precautions?

Hand hygiene (hand sanitizer or soap and water)



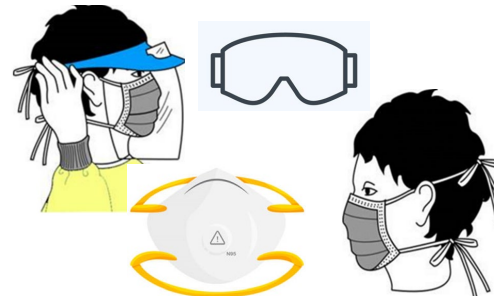
Personal protective equipment (PPE): gloves, gowns



Environmental cleaning



Personal protective equipment (PPE): mask or N95 and eye protection*



***If splash anticipated, or if the resident has an infection that is transmitted via respiratory secretions, add mask or N95 and eye protection**

When are the 6 Moments of Enhanced Standard Precautions?

- Bundle high-contact activities
- Perform hand hygiene and don PPE within room before engaging in activity
- Use hand hygiene, gowns, and gloves during each of the 6 moments
- Remove PPE and perform hand hygiene inside room when activity is complete



Moment 1: Morning and Evening Care

- Use hand hygiene, gowns, and gloves during **morning and evening care**
 - Dressing
 - Grooming
 - Bathing
 - Oral care, brushing teeth
 - Changing bed linens



Moment 2: Toileting and Changing Incontinence Briefs, Peri-Care

- Use hand hygiene, gowns and gloves during **toileting, changing incontinence briefs, and performing peri-care**
 - When moving from dirty to clean areas, remove gloves, **use hand hygiene, and don clean gloves** between tasks when necessary



Moment 3: Caring for Devices & Giving Medical Treatments

- Use hand hygiene, gowns, and gloves during **care of indwelling devices** such as
 - Urinary catheters
 - Intravascular catheters
 - Endotracheal/tracheostomy tubes
 - Feeding tubes
- Medical treatments that require close contact with a high-risk resident and their environment such as **respiratory** treatments, administering tube feedings



Moment 4: Wound Care

- Use hand hygiene, gowns and gloves during **care of wounds and dressing changes**



Moment 5: Mobility Assistance and Preparing to Leave Room

- Use hand hygiene, gown and gloves when **assisting with mobility** and when **preparing** a resident to leave the room
- HCP do not wear gown and gloves outside of the room



Moment 6: Cleaning and Disinfecting the Environment

- Use hand hygiene, gowns and gloves when **cleaning the environment** surrounding the resident



Enhanced Barrier Precautions and Enhanced Standard Precautions

- **Enhanced Barrier Precautions (EBP)** is an approach of targeted gown and glove use during high-contact resident care activities, designed to reduce transmission of *S.aureus* and MDROs
- ESP provides comprehensive guidance for implementing EBP
 - Specific considerations for EVS workers
 - Guidance for transitioning from Contact Precautions to ESP during an outbreak response
 - Considerations for CHG bathing
- ESP and EBP are aligned
 - Based on the same principles

[Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](http://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html#:~:text=Enhanced%20Barrier%20Precautions%20(EBP)%20is,aureus%20and%20MDROs)

([www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html#:~:text=Enhanced%20Barrier%20Precautions%20\(EBP\)%20is,aureus%20and%20MDROs](http://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html#:~:text=Enhanced%20Barrier%20Precautions%20(EBP)%20is,aureus%20and%20MDROs))

What is the Difference Between Standard, Enhanced, and Transmission-Based Precautions?

Comparing Standard, Enhanced Standard, Transmission-Based Precautions: Underlying Principles

Precautions	Underlying Principles
STANDARD	<ul style="list-style-type: none">• Unsuspected infectious agents in all blood and moist body fluids (BBF)
ENHANCED STANDARD	<ul style="list-style-type: none">• MDRO in residents with the following high-risk characteristics: unhealed wounds or presence of medical devices, (e.g., vascular catheters, feeding tubes, urinary catheters, endotracheal tubes)
TRANSMISSION-BASED	<ul style="list-style-type: none">• Suspected or confirmed infectious agents, specific modes of transmission, ongoing MDRO transmission in a facility

Comparing Standard, Enhanced Standard, Transmission-Based Precautions: Implementation

Precautions	Implementation
STANDARD	<ul style="list-style-type: none">• Hand hygiene, change PPE within room, before and after care activity• All residents, everywhere
ENHANCED STANDARD	<ul style="list-style-type: none">• Perform resident assessment for risk of MDRO colonization and transmission• Hand hygiene, change PPE within room, before and after high-contact care activities• Residents may leave room if they are able to observe required hygiene practices
TRANSMISSION-BASED	<ul style="list-style-type: none">• Hand hygiene, change PPE <i>upon room entry and exit</i>• Confine resident to room• Single-bed room or cohort residents with same infection

Comparing Standard, Enhanced Standard, Transmission-Based Precautions

Precautions	Principle	Implementation
STANDARD Focus: Unsuspected infectious agents in all blood and moist body fluids (BBF)	Use of hand hygiene, gowns, gloves, face protection when anticipate exposure to BBF prevent transmission	Hand hygiene and doff personal protection (PPE) within room, confidentiality
ENHANCED STANDARD Focus: MDRO in residents with the following high-risk characteristics: unhealed wounds or presence of medical devices, (e.g., vascular catheters, feeding tubes, urinary catheters, endotracheal tubes)	SNF residents with certain characteristics: MDRO colonization, MDRO status	Use of gown and gloves, transmission based PPE within room, contact care if they are able to perform practices
TRANSMISSION-BASED Focus: suspected or confirmed infectious agents, specific modes of transmission, ongoing MDRO transmission in a facility	Infection control and prevention (ICAP) principles: Droplet (MDRO), Airborne	Hand hygiene and doff PPE upon room and exit <ul style="list-style-type: none"> • Confine resident to room • Single bedroom or cohort residents with same infection

Table comparing Standard, Enhanced Standard, and Transmission-Based Precautions is available in the Toolkit

During MDRO Outbreak

- Use **Contact Precautions**
- Single-bed room preferred
- If shared room, cohort according to MDRO status
- Perform hand hygiene upon entry and exit from room and use PPE
- Isolate in room except when medically necessary to leave
- Complete interfacility transfer form

No Known Ongoing MDRO Transmission

In consultation with LHD discuss transitioning from Transmission-Based Precautions to ESP

- Assess resident for transmission risk factors
- If risk factors present, use **Enhanced Standard Precautions**
- Perform hand hygiene and use PPE at time of high-contact care activity
- Single-bed room preferred
- Cohort with other ESP residents
- Resident may go to common areas if criteria met
- Complete interfacility transfer form

Preview: ESP Implementation Training

- Recommendations for screening high-risk residents
- Room placement
- Resident hygiene
- Appropriate use of PPE
- Intrafacility and interfacility resident transfers
- Environmental cleaning protocols and action
 - Appropriate use of cleaning products
 - High-touch surface cleaning
 - Shared medical equipment

Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022

California Department of Public Health (CDPH)

Not for acute care or long-term acute care hospitals

Document Outline

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ESP Adherence Monitoring Tool

[CDPH HAI Program Adherence Monitoring Tool](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringTool_ESP_110521.pdf) (PDF)
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringTool_ESP_110521.pdf)



Healthcare-Associated Infections Program Adherence Monitoring
Enhanced Standard Precautions (ESP)

Assessment completed by: _____
Date: _____
Unit: _____

Regular monitoring with feedback of results to staff can maintain or improve adherence to ESP practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of resident care location where residents are on ESP. Refer to the grid at the back of this tool to determine if ESP is indicated for the resident.

Instructions: Observe 3-4 residents on ESP. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of "Yes" for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

Enhanced Standard Precautions Practices		ESP Resident 1		ESP Resident 2		ESP Resident 3		ESP Resident 4		Adherence by Task	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# Yes	# Observed
ESP1.	PPE including gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP2.	6 Moment/ESP sign is clear and visible. Sample signage is available at CDPH website : (https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP3.	If a private room is not available, resident is cohorted with a compatible roommate (such as a resident with the same MDRO or resistance mechanism, if present and known).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP4.	If multi-bed room, each resident's bed space is treated as a separate room (e.g., care provider performs hand hygiene and changes PPE between caring for each resident in the room).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP5.	Hand hygiene is performed before entering the resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP6.	Gloves, gown and other necessary PPE are donned before performing high-contact tasks (6 moments).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP7.	Hand hygiene is performed after PPE is removed, before leaving the resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ESP8.	Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another resident according to manufacturers' instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

of Correct Practices Observed ("# Yes"): _____

Total # ESP Observations ("# Observed"): _____
(Up to 32 total)

Adherence: _____%
(Total "# Yes" ÷ Total "# Observed" x 100)

If practice could not be observed (i.e. cell is blank), do not count in total # Observed.

6 Moments of Enhanced Standard Precautions Sign

[The Six Moments of Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)



ESP in SNF Trifold Pamphlet

HOW can you help?

Visitors and family members are key in helping residents understand the importance of personal hygiene and Enhanced Standard precautions.



We ask visitors to:

- Perform hand hygiene frequently, and always when entering the resident's room and when leaving the room. Waterless, alcohol-based hand sanitizer is highly effective in killing germs when hands are not visibly soiled.
- Use gowns and gloves after hand hygiene when assisting staff members with providing care, or if having contact with blood, body fluids, or skin that has breakdown areas.
- Follow any other precautions listed on the door sign if a resident is on Contact or Droplet precautions.

The Six Moments for Enhanced Standard Precautions

You will see this sign on a resident door when Enhanced Standard precautions is required.



Enhanced Standard Precautions in Skilled Nursing Facilities Information for Residents and Families



Our staff want to keep all of our residents safe. We use **Enhanced Standard precautions** to prevent spread of antibiotic resistant germs. These precautions allow most residents to leave their rooms and take part in activities with others in common areas. Enhanced Standard precautions are not as restrictive as Contact precautions used in hospitals for isolating patients with resistant germs.

This brochure explains Enhanced Standard precautions and how they are used in our facility.

[The Six Moments of Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

For more information visit
www.cdph.ca.gov/hai



ESP in SNF Trifold Pamphlet - Continued

WHAT are Enhanced Standard precautions? This is what our staff does:

- **Use hand hygiene, gloves, and gowns during care activities that require close contact**

Perform hand hygiene



Wear gloves and gowns for contact with residents



- **Frequent and Effective Environmental Cleaning**

Clean the environment surrounding the resident, especially high-touch surfaces

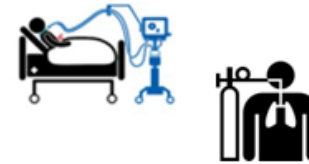


WHO is managed with Enhanced Standard precautions?

Some residents have conditions (risk factors) that increase the chance that antibiotic resistant germs could be spread into the environment and to other residents. We reduce that risk by using Enhanced Standard precautions.

Enhanced Standard precautions is used if **one or more of the following risk factors** is present:

- Presence of indwelling devices such as tracheostomy tubes, central venous catheters, hemodialysis catheters, urinary catheters, or feeding tubes
- Unhealed wounds or pressure ulcers



WHEN do our staff use Enhanced Standard precautions?

There are six groups of high contact care activities for which Enhanced Standard precautions should be used for certain residents. These activities take place in the resident's room or bathroom.



1. **Morning & evening care**
Dressing, grooming, bathing, changing bed linens



2. **Toileting & changing incontinence briefs**



3. **Caring for devices & giving medical treatments**



4. **Wound care**



5. **Mobility assistance & preparing to leave room**



6. **Cleaning the environment**

[The Six Moments of Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

Summary

- Prevalence of MDRO colonization among SNF residents is high and may be unknown to the facility
- Certain SNF residents have risk factors that increase the possibility of colonization and transmission of MDRO to others
- ESP is a **risk factor-based, resident-centered** strategy to prevent transmission of MDRO in SNF
- Hand hygiene, use of PPE during the 6 moments of ESP, and increased environmental cleaning and disinfection in SNF can allow residents to participate in the activities in their home-like environment while minimizing risk of MDRO transmission

Questions, Answers, and Discussion

What are your barriers?

1. Choose the perceived barriers your facility may have when considering ESP implementation. *Choose all that apply.*

- A. Cost of PPE (includes laundry, waste removal)
- B. Lack of leadership buy-in
- C. Lack of staff buy-in
- D. Resident/family will not accept ESP
- E. No time for implementation
- F. Other (share your other barrier in the chat)
- G. PPE storage adjacent to care site

What are your resources?

2. What resources do you have in place to successfully implement ESP?
 - A. Facility leadership buy-in
 - B. Availability of PPE resources
 - C. Motivated staff
 - D. Family and resident support for ESP Program
 - E. Corporate support
 - F. Other (share your ideas in the chat)

Q&A Discussion

What's Next?

- Attend:
 - ESP Session One: ESP for SNF – **Complete!**
 - ESP Session Two: ESP Implementation
 - Assess readiness to start an ESP Program
 - Discuss how to implement ESP
 - Explore and discuss use of ESP tools
 - Review ESP resources