Enhanced Standard Precautions for Skilled Nursing Facilities
Objectives

- Discuss why the guidance document *Enhanced Standard Precautions for SNF, 2019* was updated
- Describe the 6 moments of Enhanced Standard precautions for SNF
- Define the who, what, when, where, and how of Enhanced Standard precautions in SNF
- List examples for applying Enhanced Standard precautions
What Have We Learned about Multidrug-Resistant Organisms (MDRO) in SNF since 2010?

• Prevalence of MDRO is increasing in California

• SNF are important reservoirs for MDRO colonization that is often unknown to the facility

• SNF residents at increased risk of MDRO colonization and transmission are readily identified by certain characteristics

• Some SNF are hesitant to accept transfers of residents known to be colonized with MDRO
Unrecognized MDRO Carriage in Nursing Homes

Facilities with skilled units (n=14)
- 58% MDRO carriage
- Documented MDRO: 17%

Facilities with ventilator units (n=4)
- 76% MDRO carriage
- Documented MDRO: 20%

MRSA Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

- **Highest Risk:**
  - Dressing
  - Transferring
  - Providing hygiene
  - Changing linens
  - Toileting

- **Lowest Risk:**
  - Giving Meds
  - Glucose monitoring

Roghmann M. Infect Control Hosp Epidemiol 2015; 36(9): 1050-1057
Resistant Gram-negative Bacteria (RGNB) Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

- **Highest Risk:**
  - Showering
  - Hygiene
  - Toileting
  - Wound dressing changes

- **Lowest Risk:**
  - Assist feeding
  - Giving meds
  - Glucose monitoring

What Have We Learned about Contact Precautions for MDRO in SNF since 2010?

- It is impractical to place all residents known to be MDRO-colonized on Contact precautions in the absence of ongoing transmission within a facility
  - There are few single occupancy rooms in SNF
  - Asymptomatic colonization with MDRO can be prolonged
  - There is no defined method to determine when Contact precautions can be discontinued for MDRO colonization

- SNF need to provide resident-centered, activity-based care in a clean, comfortable, safe, and home-like environment

- SNF need user-friendly, practical guidance
How Do We Think about Preventing Transmission of Infectious Agents in SNF?

The **health-care zone** includes all physical surfaces outside the resident zone.

**Critical sites** such as body sites or devices within the **resident zone** are associated with the risk of infection.

The **point of care** is exactly where the action takes place and is defined as “the place where three elements come together: the resident, healthcare personnel (HCP), and care or treatment involving contact with the resident”

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2012 WHO Hand Hygiene in Outpatient and Home-based and Long-term Care Facilities (www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/en/)
What is 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:
  - Gloves and gowns are used during specific care activities with greatest risk for MDRO contamination of HCP 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 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 and transmission**
  - Risk factors for MDRO colonization and transmission are included in the CMS resident assessment inventory (RAI) performed on admission
  - Risk factors should be re-assessed periodically when there is a change in resident condition
Use Enhanced Standard Precautions if a Resident has 1 or more of these Characteristics that are Associated with Increased Risk for MDRO Colonization and Transmission

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Section of CMS RAI*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Functional Disability:</strong></td>
<td>G, GG, H</td>
</tr>
<tr>
<td>Totally dependent on others for assistance with activities of daily living (ADLs), for example, ambulation, bathing, dressing, grooming, eating, toileting</td>
<td></td>
</tr>
<tr>
<td><strong>Incontinence:</strong></td>
<td>H</td>
</tr>
<tr>
<td>Habitual soiling with stool and/or wetting with urine</td>
<td></td>
</tr>
<tr>
<td><strong>Presence of indwelling devices:</strong></td>
<td>H, K, O</td>
</tr>
<tr>
<td>Urinary catheter, feeding tube, tracheostomy tube, vascular catheters</td>
<td></td>
</tr>
<tr>
<td><strong>Ventilator-dependence</strong></td>
<td>O</td>
</tr>
<tr>
<td><strong>Wounds or presence of pressure ulcer (unhealed)</strong></td>
<td>M</td>
</tr>
</tbody>
</table>

Enhanced Standard Precautions is a shift from bacteria-centered care...

...to resident-centered care
## Comparing Standard, Enhanced Standard, Transmission-based Precautions

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Principle</th>
<th>Implementation</th>
</tr>
</thead>
</table>
| **STANDARD**               | Use of hand hygiene, gowns, gloves, face protection when anticipate exposure to BBF prevents transmission | • Hand hygiene, don and doff personal protective equipment (PPE) within room, before and after care activity  
  • All residents, everywhere |
| **Focus:** Unsuspected infectious agents in all blood and moist body fluids (BBF) |           |                                                                                  |
| **ENHANCED STANDARD**      | SNF residents with certain characteristics have increased risk of MDRO colonization and transmission; MDRO status is often unknown | • Perform resident assessment for risk of MDRO colonization and transmission  
  • Hand hygiene, don and doff PPE within room, before and after specified care activities  
  • Some residents may leave room |
| **Focus:** Resident risk factors for MDRO colonization or transmission in a homelike environment |           |                                                                                  |
| **TRANSMISSION-BASED**     | Infection or colonization with certain infectious agents require additional precautions: Droplet, Contact (MDRO), Airborne | • Hand hygiene, don and doff PPE upon room entry and exit  
  • Confine resident to room  
  • Single bedroom or cohort residents with same infection |
| **Focus:** suspected or confirmed infectious agents, specific modes of transmission, ongoing MDRO transmission in a facility |           |                                                                                  |
What are the “Tools” of Enhanced Standard Precautions?

- Hand hygiene (hand sanitizer or soap and water)
- Personal protective equipment (PPE): gloves, gowns
  - If splash anticipated, add face protection:
- Environmental cleaning
The goal of donning PPE: **Assure complete Coverage** (see handout)

### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. **MASK OR RESPIRATOR**
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. **GOGGLES OR FACE SHIELD**
   - Place over face and eyes and adjust to fit

4. **GLOVES**
   - Extend to cover wrist of isolation gown

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[ CDC PPE Sequence (PDF) (www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) ]
The goal of doffing PPE:
Avoid self Contamination (see handout)

CDC PPE Sequence (PDF)
(www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
The goal of doffing PPE:
Avoid self Contamination, cont’d.
(see handout)
Enhanced Standard Precautions in Multi-bed Rooms

- Treat each resident space as a separate room, changing PPE and using hand hygiene between contacts with each resident.

Failure to perform hand hygiene between contacts with residents in the same room results in between-resident transmission of germs on their skin or clothing.

WHO Guidelines on Hand Hygiene in Health Care
(apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf?sequence=1)
**When: 6 Moments of Enhanced Standard Precautions**

- Use hand hygiene, gowns and gloves during each of the 6 moments
- Perform hand hygiene, don PPE within room, before engaging in activity
- Remove PPE, perform hand hygiene in 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, Changing Incontinence Briefs, Peri-Care

- Use hand hygiene, gowns and gloves during toileting, changing incontinence briefs and performing peri-care
- Move from clean to dirty areas preferably; if necessary, to move from dirty to clean areas, use hand hygiene and don clean gloves between tasks
Moment 3: Care of Indwelling Devices and Providing 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 his/her 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, Preparation for Leaving the Room

- Use hand hygiene, gown and gloves when **assisting with mobility** and when **preparing** resident to leave room
- HCP do not wear gown and gloves outside of the room
Moment 6: Environmental Cleaning

- Use hand hygiene, gowns and gloves when cleaning the environment surrounding the resident
How to Implement Enhanced Standard Precautions
When is a SNF ready to implement Enhanced Standard Precautions?

- Engaged SNF leadership
- Trained infection preventionist
- Entire SNF staff educated and understand when to perform hand hygiene and how to use PPE
- Hand sanitizer dispensers placed near points of contact with each resident in all rooms
- Well-trained environmental services (EVS) staff
- Adherence monitoring of hand hygiene and environmental cleaning with feedback to frontline staff
## APPENDIX A. RESIDENT RISK ASSESSMENT TO DETERMINE THE NEED FOR ENHANCED USE OF GOWNS AND GLOVES BY HCP

<table>
<thead>
<tr>
<th>MDRO Transmission Risk Assessment</th>
<th>Sections of CMS Resident Assessment Inventory (RAI) that Evaluate Resident Characteristics</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk if any one of the below:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Functional Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally dependent on others for assistance with activities of daily living, for example, requires assistance to (all of the following):</td>
<td>G, GG, H</td>
<td></td>
</tr>
<tr>
<td>(1) Ambulate or use wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Dress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Bathe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Groom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Eat</td>
<td>I, J</td>
<td></td>
</tr>
<tr>
<td>(6) Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incontinence</strong></td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Habitual soiling with stool or wetting with urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indwelling device (any one)</strong></td>
<td>H, K, O</td>
<td></td>
</tr>
<tr>
<td>(1) Urinary catheter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Feeding tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Tracheostomy tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Vascular catheters</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ventilator-dependent</strong></td>
<td>O</td>
<td></td>
</tr>
<tr>
<td><strong>Wound or Pressure Ulcer (unhealed)</strong></td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

MDRO known: Yes  No  If yes, what is the MDRO? _______________
Enhanced use of glove and gowns needed: Yes  No  Date implemented: ___________
Room placement determination: Single bed  Multi-bed  Roommate(s): ___________

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**Document in Resident Record**
### How to Implement Enhanced Standard Precautions: Room Placement

<table>
<thead>
<tr>
<th>Care Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Single bed room preferred</td>
<td>• Single bed room priority for ongoing transmission of CRE, <em>Candida auris</em>, other MDRO</td>
</tr>
<tr>
<td>• Prioritize single bed rooms for residents known to have highly resistant or unusual MDRO</td>
<td>• Single bed room priority for a high risk resident known to be colonized with a newly emergent or pan resistant MDRO</td>
</tr>
<tr>
<td>• Cohort like conditions, compatible roommates</td>
<td>• When known, cohort residents with the same MDRO and the same resistance mechanism</td>
</tr>
<tr>
<td>• Treat each bed space as a different room</td>
<td></td>
</tr>
</tbody>
</table>
## How to Implement Enhanced Standard Precautions: Resident Hygiene

<table>
<thead>
<tr>
<th>Care Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resident performs hand hygiene:</td>
<td>• Resident may not visit common areas if:</td>
</tr>
<tr>
<td>o Before meals</td>
<td>o On Contact precautions, for example with <em>C. difficile</em> infection</td>
</tr>
<tr>
<td>o Before and after social activities such as visiting common areas</td>
<td>o Body fluids, excretions cannot be contained</td>
</tr>
<tr>
<td>o After toileting</td>
<td>• Consistent implementation of protocols for bathing residents and</td>
</tr>
<tr>
<td>o Frequently throughout the day</td>
<td>standardization of bath products</td>
</tr>
<tr>
<td>o Before leaving the room</td>
<td></td>
</tr>
<tr>
<td>• Change clothes before leaving room</td>
<td></td>
</tr>
<tr>
<td>• Educate resident’s family members and visitors on the need for resident</td>
<td></td>
</tr>
<tr>
<td>hygiene, encourage them to assist</td>
<td></td>
</tr>
</tbody>
</table>
**How to Implement Enhanced Standard Precautions: Gowns and Gloves**

<table>
<thead>
<tr>
<th>Care practices</th>
<th>Examples</th>
</tr>
</thead>
</table>
| • HCP perform hand hygiene and use gloves and gowns when:  
  o Performing any care activity where close contact with the resident is expected to occur  
  o Contact with environmental surfaces likely contaminated by the resident’s secretions or excretions | • HCP perform hand hygiene, don gloves and gowns in room before:  
  o Bathing the resident  
  o Toileting, changing incontinence briefs, peri-care  
  o Emptying urinary catheter drainage/leg bag  
  o Changing wound dressings  
  o Providing respiratory treatments  
  o Administering tube feedings |

• HCP remove, discard PPE, perform hand hygiene in room when finished
How to Implement Enhanced Standard Precautions: Gloves *without* Gowns

<table>
<thead>
<tr>
<th>Care Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HCP perform hand hygiene and put on gloves without gown at or upon resident room entry, <strong>when physical contact with the resident and environment is unlikely</strong></td>
<td>• Passing meal trays</td>
</tr>
<tr>
<td>• Perform hand hygiene after glove removal</td>
<td>• Passing books, magazines, or newspapers</td>
</tr>
<tr>
<td></td>
<td>• Turning off alarms</td>
</tr>
<tr>
<td></td>
<td>• Making a social visit where physical contact with the resident and environment is limited, for example, standing and talking</td>
</tr>
</tbody>
</table>
### How to Implement Enhanced Standard Precautions: Medical and Patient Care Equipment, High Touch Surfaces

<table>
<thead>
<tr>
<th>Care Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dedicate daily care equipment, as much as possible, to the high-risk resident</td>
<td>• Dedicated equipment: commodes, stethoscopes, blood pressure cuffs, thermometers, pulse oximeter probes</td>
</tr>
<tr>
<td>• Clean, disinfect shared items between uses</td>
<td>• Shared equipment that must be cleaned and disinfected between uses: bladder scanner, weigh scales, glucometer, resident lifts</td>
</tr>
<tr>
<td>• Regularly clean, disinfect high touch surfaces using Environmental Protection Agency (EPA)– approved healthcare grade product</td>
<td></td>
</tr>
<tr>
<td>• Assign each cleaning task to specific staff (nurse, EVS, RT)</td>
<td></td>
</tr>
</tbody>
</table>
## How to Implement Enhanced Standard Precautions: Resident Transfers within the Facility (*Intrafacility*)

### Care Practices

- **Before transport:**
  - Contain all body fluids
  - Assist resident with hand hygiene and place clean outer garment on resident
  - Use clean linen that has not been stored in resident’s room
  - Clean, disinfect items accompanying resident
- **HCP use gown and gloves when assisting resident into the wheelchair or gurney, then remove PPE and perform hand hygiene**
- **Transporting HCP should have clean gloves available during transport if needed (for example, to wear while managing excretions or secretions that breach containment measures)**

### Examples

- **Transport to another area within the facility, for example**
  - Rehabilitation Therapy
  - Radiology
  - A room in another building or hallway of the facility
### How to Implement Enhanced Standard Precautions: Resident Transfers to Another Facility (*Interfacility*)

<table>
<thead>
<tr>
<th>Care Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In addition to those for intrafacility transfer:</td>
<td>• Ambulance/Medi-Van transport</td>
</tr>
<tr>
<td>o May use gloves to assist resident into transport vehicle (van, car,</td>
<td>• Transport to another facility for admission or for a day visit such as</td>
</tr>
<tr>
<td>ambulance)</td>
<td>a dialysis center, a physician’s office or clinic</td>
</tr>
<tr>
<td>o Communicate resident risk factors for transmission to receiving facility</td>
<td></td>
</tr>
<tr>
<td>o Use <strong>interfacility transfer form</strong>; assign responsibility for completion</td>
<td></td>
</tr>
<tr>
<td>o Phone call to receiving personnel for key MDRO such as CRE, <em>C. auris</em></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B. EXAMPLES OF INTERFACILITY INFECTION CONTROL TRANSFER FORMS
Form B1. COMPREHENSIVE HEALTHCARE FACILITY TRANSFER FORM
Use this form for all transfers to an admitting healthcare facility.

**Patient Name** (Last, First):

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>MRN:</th>
<th>Transfer Date:</th>
</tr>
</thead>
</table>

Receiving Facility Name:

Sending Facility Name:

Contact Name:  
Contact Phone:

### ISOLATION PRECAUTIONS

**Patient currently on isolation precautions?**

- Yes
- No

If yes, check all that apply:
- Contact precautions
- Droplet precautions
- Airborne precautions

Personal protective equipment (PPE) to consider at receiving facility:

- Gloves
- Gowns
- Masks

### ORGANISMS

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?

- Yes
- No
Considerations for Accepting New or Returning Residents

• A positive MDRO test is NOT a reason to deny admission as long as the facility can provide needed supportive and restorative care

• SNF in compliance with state statute and federal regulations must be able to provide care for residents with MDRO

• Document decisions for Enhanced Standard or Transmission-based precautions, room placement and roommate selection
  – Communicate and educate all HCP about reasons for decisions

• Ensure appropriate instructions are provided to all HCP
Recommendations for Enhanced Standard Precautions in California Skilled Nursing Facilities (SNF)*, 2019

California Department of Public Health (CDPH)

* Not for Acute care or long term acute care hospitals

Recommendations for Enhanced Standard Precautions in California Skilled Nursing Facilities (SNF)*, 2019
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)
Outline of Document

• Introduction

• Recommended Infection Prevention and Control Practices
  – For all residents, regardless of transmission risk or MDRO status
  – For **high risk residents**: determine the need for enhanced use of gowns and gloves by HCP based on readily identifiable characteristics
  – Considerations for accepting new or returning residents: MDRO is not a basis for refusal

• Tables
  – 1. Characteristics of Residents at High Risk for MDRO Colonization and Transmission
  – 3. Implementation of Enhanced Standard Precautions to Care for High-Risk SNF Residents

• Glossary

• Companion guidance and resources

• Appendices
Let’s Practice………..

• You are working at a SNF that has a section for residents who are on ventilators (vSNF)
• You are informed that a 78 year old man will be transferred to your facility from an LTAC where he was receiving care for injuries incurred in a motor vehicle accident
• What do you want to know about the patient when planning for his arrival and room placement at your SNF?
Preventing MDRO Transmission in SNF: The MOST Important Things

**Ongoing MDRO transmission**
- Use **Contact precautions** for residents with known MDRO
- Single bed room preferred
- If shared room, choose roommates according to MDRO status
- Hand hygiene performed and PPE put on or removed upon entry, upon exit from room
- Keep in room except when medically necessary to leave
- Complete interfacility transfer form when resident is transferred to another facility

**No MDRO transmission suspected**
- Assess resident for MDRO colonization, transmission risk factors
- If risk factors present, use **Enhanced Standard precautions** whether or not MDRO status is known
- Hand hygiene performed and PPE put on or removed in room at time of care activity
- Single bed room preferred
- If shared room, choose roommate carefully
- Resident may go to common areas if criteria met
- Complete interfacility transfer form when resident is transferred to another facility
Six Moments of Enhanced Standard Precautions

The Six Moments of Enhanced Standard Precautions

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)
Enhanced Standard Precautions in Skilled Nursing Facilities Trifold Flyer

**The Six Moments for Enhanced Standard Precautions**

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

1. Morning & evening care
2. Toileting & changing incontinence briefs
3. Caring for devices & giving medical treatments
4. Cleaning the environment
5. Wound care
6. Mobility assistance & preparing to leave room

**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.

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

The Six Moments of Enhanced Standard Precautions
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)
Enhanced Standard Precautions in Skilled Nursing Facilities Trifold Flyer, cont’d

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:

- Complete dependence on others for assistance with activities of daily living (ADL)
- Habitual incontinence of urine or stool
- Presence of indwelling devices such as urinary catheters, hemodialysis catheters, central venous catheters, tracheostomy tubes, or feeding tubes
- Ventilator dependence
- 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
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)
Summary

• Prevalence of MDRO colonization of residents in SNF is high and may not be identified or known to the facility.

• Certain SNF residents have risk factors that increase the possibility of colonization and transmission of MDRO to others.

• Enhanced Standard precautions is a risk factor based, resident-centered strategy to prevent transmission of MDRO in SNF.

• Hand hygiene and use of PPE during the 6 moments of Enhanced Standard precautions and increased environmental cleaning in SNF can allow residents to participate in the activities in their home-like environment while minimizing risk of MDRO transmission.
**Questions?**

For more information, please contact

**HAIProgram@cdph.ca.gov**

Include “SNF IP Basics Class” in the subject line

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**Post Test**

Now that you have completed this module, Click on the “Post Test” link when it pops up To Return to Learning Stream and take the post test

*If the Post Test link does not pop up, you will be sent a link via e-mail*