## **Pre-Implementation Tool—Enhanced Barrier Precautions (EBP)**

(For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool is designed to be used prior to implementation of EBP in your facility (either a unit, wing, or entire facility) as a guide for developing a successful plan for the implementation of EBP during high-contact resident care activities. It is intended for use in skilled nursing facilities/nursing homes.

This tool can be customized to meet facility-specific needs. EBP can be implemented in a manner that works best for your facility. While implementation of EBP for all residents who meet criteria is the goal, this may not initially be feasible for your facility. If, during the development of your implementation plan, challenges arise for facility-wide implementation, you may choose to implement EBP on a unit or wing first, preferably one where most residents would meet criteria for the use of EBP (e.g., residents with indwelling medical devices, wounds, or known MDRO infection or colonization).

HCP can reduce personal protective equipment (PPE) consumption by bundling multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens).

Facility Name:		
Da	te of Assessment:	
1.	Does your facility currently have a developed timeline for implementation of EBP?	
	Yes	
	No	
	Unknown	
	If yes, when do you expect to begin implementation?	
	In 3–4 weeks	
	In 1–2 months	
	In >2 months	
2.	If question 1 is answered "Yes", have you developed a policy and procedure document for the use of EBP?	
	Yes	
	No	
	Unknown	
	If no, what challenges are you having with the development of a policy and procedure document?	
	Staffing shortages	
	Leadership input	
	Other, please specify:	
3.	Does your facility currently have an interdisciplinary team (IDT) that manages facility infection prevention and control practices?	
	Yes	
	No	
	Unknown	
	If yes, who currently serves on the facility's IDT? (Select all that apply)	
	Medical director	
	Director of Nursing	
	Nurse (RN, LPN, LVN)	
	Environmental services	
	Certified nursing assistant	
	Other, please specify:	



4.	Does your facility currently have a process for storing personal protective equipment (PPE) where resident care is provided (e.g., outside the resident room in PPE carts or isolation caddies)?
	Yes No Unknown
	If yes, who is responsible for tracking and restocking PPE? (Select all that apply)  Infection Preventionist  Nurse/Unit Manager  Nurse  Environmental services  Certified nursing assistant  Other, please specify:
	At what frequency is tracking and restocking occurring?  Hourly Every shift Daily As needed
5.	Does your facility currently provide HCP access to alcohol-based hand sanitizers (ABHS) where resident care is provided (e.g., immediately outside the resident room, inside the resident room)?  Yes  No  Unknown
	If yes, who is responsible for tracking and replenishing ABHS? (Select all that apply) Infection Preventionist Nurse/Unit Manager Nurse Environmental services Certified nursing assistant Other, please specify:
	At what frequency is tracking and replenishing occurring?  Hourly  Every shift  Daily  As needed
	PPE and ABHS should be made available in areas where resident care is provided. Designating staff to be responsible for monitoring and restocking supplies on a consistent basis will promote staff adherence
6.	Poes your facility have an established tool for documentation of residents who would meet criteria for EBP?  Yes No Unknown  If yes, which criteria do you include? (Select all that apply) Indwelling medical device Wound
	MDRO (colonization or infection)

Review <a href="https://www.cdc.gov/hai/containment/faqs.html">https://www.cdc.gov/hai/containment/faqs.html</a> for clarification of indwelling medical devices and wounds in the context of EBP

boes your facility have a designated person for commining which residents meet EDF criteria:
Yes
No
Unknown
If yes, who will identify which residents meet EBP? (Select all that apply)
Infection Preventionist
Nurse/Unit Manager
Nurse
Environmental services
Certified nursing assistant
Other, please specify:
The facility should decide who will be responsible for identifying residents, newly admitted and current, who meet EBP criteria and for maintaining the list. This list should be reviewed periodically (e.g., daily, weekly) for consistency.
Does your facility have an infection preventionist (IP) on-site?
Yes
No
Unknown
If yes, which best describes their dedicated time on-site?
Part-time
Full-time
Other, please specify:
One or more individuals with training in infection control should provide on-site management of the infection prevention and control program. This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services.
Has your facility developed a plan that specifically addresses communication with residents, their families, and visitors about EBP implementation?
Yes
No
Unknown
If yes, does this plan include newly admitted and current residents?
Yes
No
Unknown
Communicating EBP information including the use of PPE as a means to prevent the spread of resistant germs and to protect residents should be included as part of your EBP implementation plan.

8.

9.

10. Has your facility developed an education plan for providing EBP education and training for staff working in the facility?
Yes
No
Unknown
If yes, who has received education and training? (Select all that apply)
Medical director
Administration
Clinical leadership (DON, DNS, ADON)
Nurse (RN, LPN, LVN)
Environmental services
Certified nursing assistant
Therapy (PT, OT, ST)
Other, please specify:
Facilities should develop processes to ensure all facility staff understand and are competent in infection prevention and control measures Training should be provided before implementing EBP and at least annually as a refresher. Training should be job-specific and include how and when EBP should be used.
1. Does your facility currently monitor adherence to infection prevention and control (IPC) practices?
Yes
No
Unknown
If yes, what practices are routinely audited (i.e., monitor and document)? (Select all that apply)
Hand hygiene
Use of PPE
Cleaning and disinfection of environmental services
Cleaning and disinfection of mobile equipment
Other, please specify:
If yes, do you currently follow a process to provide real time feedback for adherence?
Yes
No
Unknown
Audits include direct observations and monitoring of staff adherence to job-specific infection prevention and control measures to provide opportunities for real-time feedback and additional training when lapses occur.