

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

California Department of Public Health (CDPH)

Table of Contents

OUTLINE OF CHANGES	2
INTRODUCTION	3
RECOMMENDED INFECTION PREVENTION AND CONTROL PRACTICES	4
Table 1: Definitions of Standard Precautions, Enhanced Standard Precautions, and Transmission-Based Precautions	7
Table 2. Guide for Using Enhanced Standard Precautions to Care for High-Risk SNF Residents	8
BACKGROUND	13
GLOSSARY.....	15
COMPANION GUIDANCE AND RESOURCES.....	17
APPENDIX: TWO EXAMPLES OF INTERFACILITY INFECTION CONTROL TRANSFER FORMS.....	18

OUTLINE OF CHANGES

1. Updated summary of epidemiology of targeted MDRO demonstrating increased prevalence in California (Introduction, p.3).
2. Consolidated risk factors for MDRO colonization and transmission to include presence of unhealed wounds and medical devices, in alignment with CDC’s most recent recommendations for Enhanced Barrier Precautions¹ (p. 3).
3. Described a process for transition from Transmission- Based Precautions for individuals colonized or infected with MDROs during an outbreak to Enhanced Standard Precautions after the outbreak has been contained (p. 5)
4. Added chlorhexidine (CHG) bathing considerations (p. 3; Table 2, p.10)
5. Included COVID-19 considerations for room placement and cohorting (p.3; Table 2, p. 8)

¹ [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) (www.cdc.gov/hai/containment/ppe-nursing-homes.html, posted July 12, 2022)

INTRODUCTION

Why did Enhanced Standard Precautions need to be updated in 2022?

Since the publication of *Enhanced Standard Precautions for Skilled Nursing Facilities, 2019*², the epidemiology of multidrug-resistant organisms (MDRO) in California skilled nursing facilities (SNF) has changed considerably, in part due to healthcare challenges related to the COVID-19 pandemic.³ There has been a substantial increase in reported carbapenemase-producing organisms (e.g., KPC-producing *Klebsiella pneumoniae*, NDM-producing *E. coli*, VIM-producing *Pseudomonas aeruginosa*, OXA-23-producing *Acinetobacter baumannii*).⁴ In addition, large, sustained, regional outbreaks of previously novel or rare MDRO, including *Candida auris* and NDM-producing *Acinetobacter baumannii* have occurred in SNF and high-acuity long-term care facilities such as ventilator-equipped skilled nursing facilities (vSNF).⁵ Both *C. auris* and *A. baumannii* are easily transmissible among residents and particularly persistent in the healthcare environment; once identified in a healthcare facility, they can be difficult to contain. CDPH has adopted a comprehensive strategy to prevent, contain, and mitigate these MDRO in California SNF and other healthcare settings. Enhanced Standard Precautions (ESP) is a core component of this strategy, both during the prevention and mitigation phases. Increased MDRO prevalence and outbreaks in California highlight the role of ESP as a prevention strategy before transmission and outbreaks occur, as well as a need for new guidance included in this update for transitioning from Contact Precautions to ESP as part of long-term outbreak mitigation and management.

Additionally, in 2019 the Centers for Disease Control and Prevention (CDC) introduced Enhanced Barrier Precautions (EBP), which recommends gown and glove use for nursing home residents with wounds and indwelling devices during specific high-contact resident care activities associated with MDRO transmission. CDC initially recommended EBP as a containment strategy to interrupt the spread of novel or targeted MDRO once identified in a facility, then updated their guidance in 2022 to expand use of EBP as a routine approach to infection control in SNF.⁶ To simplify and facilitate implementation of CDPH's ESP, we have consolidated the risk factors for identifying residents at high risk for MDRO colonization and transmission to include unhealed wounds and medical devices, in alignment with CDC's EBP. We have also added chlorhexidine bathing as a consideration for residents on ESP based on more recent data to support safety and the benefits for reducing transmission of MDROs and infections associated with MDROs in long term care facilities.⁷

² [Enhanced Standard Precautions for Skilled Nursing Facilities, 2019](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)

³ [CDC. COVID-19: U.S. Impact on Antimicrobial Resistance, Special Report 2022. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2022](https://www.cdc.gov/drugresistance/covid19.html) (www.cdc.gov/drugresistance/covid19.html)

⁴ [CDPH Carbapenem-resistant and Carbapenemase-producing Organisms webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CRE_InfectionPreventionStrategies.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CRE_InfectionPreventionStrategies.aspx)

⁵ [Antimicrobial Resistance-related California Health Advisories](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CAHAN.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CAHAN.aspx)

⁶ [Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](http://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html) (www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html) (posted June 2021); [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](http://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html) (www.cdc.gov/hai/containment/PPE-Nursing-Homes.html) (posted 7/12/2022)

⁷ Huang SS. Chlorhexidine-based decolonization to reduce healthcare-associated infections and multidrug-resistant organisms (MDROs): who, what, where, when, and why? *J Hospital Infection* 2019; 103: 235-43. doi.org/10.1016/j.jhin.2019.08; Lin MY. The Effectiveness of Routine Daily Chlorhexidine Gluconate Bathing in Reducing

RECOMMENDED INFECTION PREVENTION AND CONTROL PRACTICES

Identify residents at high risk for MDRO colonization and transmission:

CDPH recommends the use of ESP, primarily the use of gowns and gloves for specific high contact care activities, based on the resident's characteristics that are associated with a high risk of MDRO colonization and transmission:

- Presence of indwelling devices (e.g., urinary catheter, feeding tube, endotracheal or tracheostomy tube, vascular catheters)
- Wounds or presence of pressure ulcer (unhealed)

Functional disability and total dependence on others for assistance with activities of daily living (ADL) is also recognized as a risk factor for MDRO transmission and may be considered for residents who do not have an indwelling device or wounds, for example, during transition from Contact Precautions to ESP for residents identified with MDRO colonization during an outbreak.

Implement Enhanced Standard Precautions for high-risk residents:

- Place the high-risk resident in a single-bed room. When a single-bed room is not available, cohort the resident with a compatible roommate based upon MDRO status (if known). In the absence of known MDRO, residents may be cohorted together regardless of transmission risk factors, i.e., a resident with an indwelling device or wound may be cohorted together with a resident with or without an indwelling device or wound.
- Wear gowns and gloves while performing the following high-contact tasks associated with the greatest risk for MDRO contamination of HCP hands, clothes, and the environment:
 - Morning and evening care
 - Device care, for example, urinary catheter, feeding tube, tracheostomy, vascular catheter
 - Any care activity where close contact with the resident is expected to occur such as bathing, peri-care, assisting with toileting, changing incontinence briefs, respiratory care
 - Changing bed linens
 - Any care activity involving contact with environmental surfaces likely contaminated by the resident, including cleaning and disinfection performed by environmental services (EVS) personnel.
 - In multi-bed rooms, consider each bed space as a separate room and change gowns and gloves and perform hand hygiene when moving from contact with one resident to contact with another resident; EVS may not need to change gowns and gloves during routine daily cleaning in a multi-bed room, but should change gown and gloves between bed spaces when performing terminal cleaning.
 - Bundle high-contact care activities whenever possible.

Klebsiella pneumoniae Carbapenemase–Producing Enterobacteriaceae Skin Burden among Long-Term Acute Care Hospital Patients. *Infect Control Hosp Epidemiol.* 2014 April ; 35(4): 440–442. [doi:10.1086/675613](https://doi.org/10.1086/675613); [Decolonization of Non-ICU Patients With Devices](#) (PDF) (www.ahrq.gov/sites/default/files/wysiwyg/hai/abate/introduction/intro-overview.pdf)

- Gowns and gloves should always be removed inside the room when the care activity is complete. Gowns and gloves should not be worn outside of the room when resident care is not being performed.
- Dedicate daily-care equipment such as blood pressure cuffs, pulse oximeters, thermometers, and stethoscopes for use by only a single resident. Disinfect shared equipment after use on a resident and before removal from the room.
- High-risk residents who can be maintained in hygienic condition and don clean clothes may leave room to participate in activities.
- Determine when the use of gowns and gloves for daily care may be discontinued based upon periodic (for example, weekly, or when a resident has a change in condition) reassessment of the resident's transmission risk. See Table 2 for examples.
- Visitors do not need to routinely wear gowns and gloves when visiting a resident on ESP; however, visitors should wear gowns and gloves if participating in high-contact care activities (e.g., assistance with bathing or toileting), especially if interacting with multiple residents.

Implement Transmission-Based Precautions as necessary during an outbreak or for specific indications:

For example, Droplet Precautions are indicated for residents with suspected or confirmed influenza infection and Contact Precautions should be used for residents with diarrhea associated with acute *C. difficile* infection and for residents infected or colonized with an MDRO during an outbreak with ongoing transmission. In addition, public health may recommend Contact Precautions for residents infected or colonized with an MDRO not previously identified, or newly emerging in California or in the local health jurisdiction.⁸

Transition from Transmission-Based Precautions to ESP:

Transition from Transmission-Based Precautions to ESP for MDRO-colonized high-risk residents during outbreak response can be considered once transmission has been contained following the acute phase of an outbreak response. For example, containment can be demonstrated by less than two new cases *Candida auris* or CRAB identified on monthly or less frequent point prevalence surveys for three consecutive months during the mitigation phase of outbreak response. Other factors to consider include the quality of environmental cleaning and disinfection practices, and ongoing adherence monitoring of infection prevention practices.

SNF residents known to be MDRO colonized but who do not have indwelling devices or unhealed wounds can generally be transitioned to Standard Precautions. However, ESP should be considered for such residents who have functional disability with high levels of dependence on others for assistance with activities of daily living.

Resumption of Transmission-Based Precautions should be considered if there is a substantial increase in cases of MDROs on periodic point prevalence surveys or during ongoing surveillance of clinical cultures.

⁸ [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](https://www.cdc.gov/hai/containment/guidelines.html) (updated January 2019) (www.cdc.gov/hai/containment/guidelines.html)

For all residents, regardless of transmission risk or MDRO status:

Always follow Standard Precautions,⁹ including hand hygiene; use of gowns, gloves, masks, or eye shields when contact with moist body fluids is likely; injection safety practices; respiratory hygiene/cough etiquette; and recommended environmental infection control practices¹⁰ in all care settings for all residents (see glossary).

- Perform hand hygiene in accordance with CDC or World Health Organization guidance.¹¹ Hand hygiene before and after touching any resident is critical under all circumstances. Hand hygiene should be performed with a waterless alcohol-based hand rub or by washing hands with soap and water when hands are visibly soiled or if there is concern for an infection (e.g., *C. difficile*, norovirus) that may be resistant to the alcohol in waterless hand rubs. Educate and instruct residents, HCP, students, visitors, and volunteers regarding hand hygiene procedures.
- Use gloves, gowns and masks based on the nature of the resident interaction and potential for exposure of HCP to blood, body fluids and/or infectious material.

SNF residents known to be MDRO colonized but who do not have unhealed wounds or medical devices are not at high risk for transmission and can generally be managed with Standard Precautions in the absence of an outbreak and may be cohorted with residents who are known to harbor the same organism or resistance mechanism.

Considerations for accepting new or returning residents:

There are no state or federal requirements for one or more negative tests for any MDRO, including *C. difficile*, prior to accepting new or returning residents. There is no reason to deny admission based on a positive MDRO test if the facility can provide appropriate supportive and restorative care. SNFs should:

- Document the decision for Enhanced Standard or Transmission-Based precautions, and room placement or roommate selection.
- Ensure that the appropriate instructions are provided to all HCP who will be providing care.
- Communicate and educate all HCP about the reason for choosing a single-bed room or roommate selection.

⁹ [Standard Precautions for all Patient Care](http://www.cdc.gov/infectioncontrol/basics/standard-precautions.html) (www.cdc.gov/infectioncontrol/basics/standard-precautions.html)

¹⁰ [Options for Evaluating Environmental Cleaning](http://www.cdc.gov/hai/toolkits/Evaluating-Environmental-Cleaning.html) (www.cdc.gov/hai/toolkits/Evaluating-Environmental-Cleaning.html)

¹¹ [CDC: Hand hygiene guidance](http://www.cdc.gov/handhygiene/providers/guideline.html) (www.cdc.gov/handhygiene/providers/guideline.html); [WHO: Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities](http://www.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf%3Bjsessionid%3D405B42D9844E60A524F54F7808C3A4C0?sequence=1)

(apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf%3Bjsessionid%3D405B42D9844E60A524F54F7808C3A4C0?sequence=1)

Table 1: Definitions of Standard Precautions, Enhanced Standard Precautions, and Transmission-Based Precautions

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in blood and body fluids (BBF)</p>	<ul style="list-style-type: none"> • All BBF except sweat may contain infectious agents • Used for all resident care, based on anticipated BBF exposure • Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP • Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents 	<ul style="list-style-type: none"> • Assess each planned resident care activity for risk of BBF exposure • Perform hand hygiene and don PPE within the room, before beginning activity <ul style="list-style-type: none"> ○ Gloves to protect hands ○ Gown to protect body, clothes ○ Mask/goggles/shield to protect face, eyes • Remove, discard PPE, and perform hand hygiene in room when activity is complete
<p>ENHANCED STANDARD</p> <p>MDRO in residents with high-risk characteristics</p>	<ul style="list-style-type: none"> • Some SNF residents have unhealed wounds or medical devices that are high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known • Expanded use of gloves and gowns in SNF based on resident risk, likelihood of MDRO colonization, and transmission during specific high-contact care activities with greatest risk for MDRO contamination of HCP hands, clothes, and the environment • Meets need to provide a safe, clean, comfortable, and homelike environment • High-risk residents who can be maintained in hygienic condition and don clean clothes may leave room to participate in activities 	<ul style="list-style-type: none"> • Assess residents for presence of unhealed wounds and medical devices upon admission and when there is a change in clinical condition • Perform hand hygiene and don PPE within room, before beginning activity <ul style="list-style-type: none"> ○ Gloves to protect hands ○ Gown to protect body, clothes ○ Mask/goggles/shield to protect face, eyes ○ Place appropriate sign at room entry • Remove, discard PPE, and perform hand hygiene in room when activity complete
<p>TRANSMISSION-BASED</p> <p>Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p>	<ul style="list-style-type: none"> • Additional precautions are needed for certain infectious agents known to be transmitted by specific routes • Contact for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown • Droplet for respiratory infections (influenza): mask, goggles, face shield • Airborne for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR) 	<ul style="list-style-type: none"> • Place resident in single bedroom or cohort with residents with same agent; confine to room • Individual HCP uses PPE based on specific precautions in place (sign at room entry) • Perform hand hygiene and don PPE before or <i>upon entry</i> into the resident's room • Remove, discard PPE, and perform hand hygiene at exit from room

Table 2. Guide for Using Enhanced Standard Precautions to Care for High-Risk SNF Residents

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
<p>Room Placement</p>	<ul style="list-style-type: none"> • To the extent possible, place residents who might need Enhanced Standard Precautions or Transmission-based Precautions into a single-bed room while awaiting clinical assessment • If available, place a high-risk resident in a single-bed room • If limited availability, prioritize single-bed rooms for residents with known highly resistant or unusual MDRO • When a single-bed room is not available, cohort the resident with a compatible roommate based upon MDRO status (if known) • In multi-bed rooms, treat each bed space as a different room; HCP must change gown and gloves and perform hand hygiene between caring for residents in the same room • When residents with COVID-19 are present in the facility, prioritize cohorting of residents and HCP by COVID-19 status. Residents with the same suspected or confirmed MDRO should be cohorted together within the same COVID-19 area. 	<ul style="list-style-type: none"> • Availability of single-bed rooms in SNF is often limited • Use of single-bed rooms is not the most important intervention for the control of MDRO transmission in SNF • Cohorting decisions should be based upon MDRO status (if known); in the absence of known MDRO, residents may be cohorted together regardless of transmission risk factors 	<ul style="list-style-type: none"> • Examples of highly resistant and unusual MDRO to prioritize for single-bed rooms include carbapenemase-producing organisms and <i>Candida auris</i> • Examples of compatible roommates include residents with the same known MDRO or resistance mechanism, for example, MRSA, VRE, ESBL, multidrug-resistant <i>Acinetobacter</i> or <i>Pseudomonas</i>, and KPC, NDM or other carbapenemase-producing organisms

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Use of Gloves and Gowns	<ul style="list-style-type: none"> • Ensure that hand hygiene supplies and gloves and gowns are available and adequately stocked for each resident bed space or room and all patient care areas • Perform hand hygiene and put on gloves and gowns before: <ul style="list-style-type: none"> ○ Performing morning and evening care ○ Performing device care ○ Performing any care activity where close contact with the resident is expected to occur ○ Contact with environmental surfaces likely contaminated by the resident’s secretions or excretions • Perform hand hygiene after removal of gowns and gloves • Follow proper methods for putting on and removing gloves and gowns¹² 	<ul style="list-style-type: none"> • Hand hygiene, gowns and gloves prevent the transfer of infectious agents from the resident’s skin, clothing, bedding and environmental surfaces to the HCP skin and clothing 	<ul style="list-style-type: none"> • Examples of when to wear gloves and gowns: <ul style="list-style-type: none"> ○ Bathing the resident ○ Performing peri-care, including changing incontinence briefs ○ Emptying urinary catheter drainage/leg bag ○ Accessing or caring for central venous catheters ○ Assisting with ADL ○ Cleaning environmental surfaces ○ Assisting the resident to the commode or restroom ○ Transferring the resident to a wheelchair or gurney ○ Changing dressings ○ Providing wound care ○ Providing respiratory therapy treatments ○ Providing ventilator care ○ Providing trach care ○ Administering tube feedings
Use of Gloves without Gowns	<ul style="list-style-type: none"> • In some situations, gloves may be used without gowns (see examples) • When physical contact with the resident and environment is unlikely, perform hand hygiene and put on gloves without gown at or upon resident room entry • Perform hand hygiene after glove removal 	<ul style="list-style-type: none"> • Contamination of HCP skin and clothing is unlikely when contact with the resident and any environmental surfaces in close proximity to the resident can reliably be avoided 	<ul style="list-style-type: none"> • Examples of when it may be acceptable to wear gloves without gowns: <ul style="list-style-type: none"> ○ Passing meal trays ○ Passing books, magazines, or newspapers ○ Turning off alarms ○ Making a social visit where physical contact with the resident and environment is limited, for example, standing and talking

¹² [Sequence for donning and doffing personal protective equipment](http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) (PDF) (www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
<p>Resident Hygiene</p>	<ul style="list-style-type: none"> • Residents perform hand hygiene: <ul style="list-style-type: none"> ○ Before meals ○ Before and after therapy and social activities, e.g., visiting common areas ○ After toileting ○ Frequently throughout the day ○ Before leaving the room • Educate resident’s family members and visitors on the rationale for resident hygiene, and encourage them to assist the resident • Residents should have contained urine/fecal excretions and wound drainage when visiting common areas • Residents should wear clean clothing, changed daily, immediately after soiling, or just before leaving room to visit common areas; surfaces touched by the resident in common areas should be cleaned and disinfected after departure • All residents should bathe regularly (at least twice weekly) or should be bathed regularly by HCP when unable to perform task independently • Consider bathing residents on ESP with a chlorhexidine (CHG) product according to manufacturer’s instructions, e.g., swap soap used for showers with a CHG solution; see implementation guides¹³ • Consider CHG bathing for residents on ESP upon admission and for their regularly scheduled bathing 	<ul style="list-style-type: none"> • A resident’s ability to minimize hand contamination and self-perform hand hygiene when needed reduces the MDRO burden on their hands and the risk of transmission • MDROs are recovered frequently from the skin; therefore, regular bathing reduces the skin reservoir • Daily bathing with an antiseptic-containing cloth, such as chlorhexidine-containing wipes, has been associated with a reduction in bloodstream infections and transmission of MDROs in some settings; recent data also support the use of CHG bathing for reducing transmission of MDROs and infections associated with MDROs in long term care facilities (footnote references here). Regular bathing preserves skin health and is important for prevention of wounds and skin infections 	<ul style="list-style-type: none"> • Examples of residents who should not visit common areas include: <ul style="list-style-type: none"> ○ Residents requiring Contact Precautions for diarrhea from <i>C. difficile</i> infection ○ Residents whose urine/fecal excretions or wound drainage cannot be contained • Develop protocols for bathing residents and standardize products used for bathing • Educate HCP and residents on bathing techniques, especially around devices and wounds • Bed baths may be performed using liquid 4% CHG and a mesh sponge or a CHG impregnated cloth; do not use cotton cloths with CHG • When impregnated cloths are used, do not rinse off and allow to air dry • When liquid CHG is used in the shower or as a bed bath, apply twice and wait two minutes before rinsing. • Do not use cotton cloths, as cotton will bind the CHG and prevent action on the skin. • When central venous catheters are in place, clean the catheter dressing site within 6 inches of the point of entrance

¹³ [Staff training videos](http://www.ahrq.gov/hai/tools/abate/training/videos.html) (www.ahrq.gov/hai/tools/abate/training/videos.html)

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Medical and Patient Care Equipment, High-Touch Surfaces	<ul style="list-style-type: none"> • Dedicate daily care equipment, as much as possible, to each high-risk resident • Consider using single-resident use, disposable, non-critical devices • Clean and disinfect non-dedicated equipment after use, before using on another resident, and before removal from the resident’s room • Limit supplies in resident’s room to essential items; do not remove unused supplies or place them back with community supplies • Wipe down equipment such as shower chairs, Geri chairs, wheelchairs, or gurneys with a disinfectant after resident use • Regularly clean and disinfect high-touch surfaces with an Environmental Protection Agency (EPA) approved healthcare grade disinfectant. Refer to EPA-registered disinfectants lists¹⁴ to determine which agents are active against the MDRO of concern 	<ul style="list-style-type: none"> • Medical equipment, especially items in close proximity to the resident, maybe contaminated and serve as a reservoir for MDRO transmission • Environmental surfaces, especially high-touch surfaces may be contaminated and transfer infectious agents to HCP skin and clothing 	<ul style="list-style-type: none"> • Examples of dedicated or single-resident use, disposable daily care equipment: <ul style="list-style-type: none"> ○ Commodes ○ Thermometers ○ Blood pressure cuffs ○ Pulse oximeter probes ○ Stethoscopes • Examples of non-dedicated equipment that must be cleaned and disinfected between uses: <ul style="list-style-type: none"> ○ Bladder scanner ○ Weigh scales ○ Glucometer ○ Resident lifts • For <i>Candida auris</i>, use an EPA-registered disinfectant on List P¹⁵ (agents effective against <i>C. auris</i>), or List K¹⁶ (agents effective against <i>C. difficile</i>) or bleach if not accessible.

¹⁴ [Selected EPA-Registered Disinfectants](http://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants) (www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants)

¹⁵ [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris](http://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris) (www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris)

¹⁶ [List K: EPA’s Registered Antimicrobial Products Effective against Clostridium difficile Spores](http://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium) (www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium)

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Intrafacility Transport (transport to an area within the same facility)	<ul style="list-style-type: none"> • Wear gloves and gowns to prepare the resident for transport • Contain urine and fecal excretions and wound drainage • Assist the resident with hand hygiene and place a clean outer garment on the resident prior to transport • Use clean linen that has not been stored in the resident room • Wear gloves and gowns while assisting the resident to a clean wheelchair or gurney • Remove gloves and gowns and perform hand hygiene prior to transport • Transporting HCP should have clean gloves available if needed (for example, to wear while managing excretions that breach containment measures) during transport 	<ul style="list-style-type: none"> • Contain potential sources of MDRO, for example, feces, urine, wound drainage, to reduce the risk of contamination of HCP and the environment while transporting residents 	<ul style="list-style-type: none"> • Transport to another area within the facility (for example, rehab, radiology, a room in another unit, hallway, or building, common areas)
Interfacility Transfer (transport to a different facility)	<ul style="list-style-type: none"> • Follow the same infection control measures as for intrafacility transport, plus: <ul style="list-style-type: none"> ○ Communicate transmission risk factors and known MDRO status and infection control precautions followed to receiving facility and transport service ○ Complete an interfacility infection control transfer form (Appendix) ○ Include transmission risk factors and MDRO status when calling in a report ○ Ensure that receiving personnel are aware of MDRO and infection control precautions needed ○ Contact the receiving facility's infection preventionist by phone before transferring residents with known highly resistant MDRO 	<ul style="list-style-type: none"> • Contain potential sources of MDRO, for example, feces, urine, wound drainage, to reduce the risk of contamination of HCP and the environment while transporting residents • Communication before transfer helps ensure appropriate prevention measures can be promptly implemented upon the resident's arrival at another facility 	<ul style="list-style-type: none"> • Types of transfers include: <ul style="list-style-type: none"> ○ Ambulance/Medi-Van transport ○ Transport to another facility for admission or for a day visit such as a dialysis center, a physician's office, or clinic • Transport for a day visit does not require an interfacility infection control transfer form; a phone communication will suffice • Examples of highly resistant and unusual MDRO to communicate by phone to a receiving facility include carbapenemase-producing organisms and <i>Candida auris</i>

BACKGROUND

What is the purpose of Enhanced Standard Precautions?

California regulations require SNF to “adopt, observe and implement written infection control policies and procedures” (22 CCR § 72321). In addition, the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Medicare and Medicaid-certified nursing facilities require that written standards, policies, and procedures include “standard and transmission- based precautions to be followed to prevent spread of infections.” CMS Conditions of Participation also require that “isolation should be the least restrictive possible for the resident under the circumstances.”

Standard precautions include use of gowns, gloves, masks, face/eye shields when contact with any blood or moist body fluids is likely. Transmission-Based precautions, for example Contact precautions, are typically used for residents with specific MDRO (for example, *Clostridioides difficile*) for which measures in addition to Standard precautions are required to prevent transmission. Contact Precautions include placement of residents in single-bed rooms and HCP use of gloves and gowns *upon room entry* and for *all* care interactions. The patient is allowed to leave their room only when medically necessary. **Enhanced Standard Precautions provides SNFs a framework for reducing MDRO transmission through HCP use of gowns and gloves while caring for patients at high risk for MDRO transmission at the point of care during specific activities with greatest risk for MDRO contamination of HCP hands, clothes, and the environment.** Enhanced Standard Precautions allows high-risk SNF residents to participate in activities outside of the room under specified conditions.

The recommendations may be adapted to other long-term care facilities (LTCF) with residents at risk for colonization and transmission of MDROs. This guidance is advisory and supersedes AFL 19-22 *Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2019*. SNFs should use *Enhanced Standard Precautions for Skilled Nursing Facilities, 2022*, in addition to Core Infection Prevention and Control for Safe Health Care Delivery in All Settings.¹⁷

What is the scientific and practical basis for Enhanced Standard Precautions?

Studies have demonstrated that a high proportion of California SNF residents are colonized with MDRO, but most MDRO colonization is not identified routinely or known to the SNF. In SNFs, identifying residents with MDRO is hampered by the absence of active surveillance testing, limited use of laboratory diagnostics, and incomplete or absent communication about MDRO history at care transitions. SNFs must therefore implement measures to prevent MDRO transmission from residents who might harbor an unidentified MDRO. SNFs must also balance infection control measures with the frequent need for more than one occupant in a room, resident participation in physical and occupational therapy and social activities, the potential for adverse consequences of isolation and confinement in a facility that is considered the resident’s “home,” and the changing status of resident needs for infection control precautions during the course of a prolonged stay.

¹⁷[Core Infection Prevention & Control Practices for Safe Healthcare Delivery in All Settings –Reccs of the Healthcare Infection Control Practices Advisory Committee](https://www.cdc.gov/hicpac/pdf/core-practices.pdf) (PDF) (www.cdc.gov/hicpac/pdf/core-practices.pdf) 3/15/2017

Studies have also shown the risk of MDRO colonization and transmission is associated with readily identifiable clinical and functional resident characteristics (Table 1). MDROs contaminate the skin and immediate environment of residents who are dependent upon assistance for activities of daily living, ventilator dependent, have indwelling medical devices, wounds, and frequent soiling. The use of gown and gloves for specific care activities for such residents reduces contamination of HCP and subsequent transmission to other residents. Transmission can therefore be reduced by infection control measures that do not require performing active surveillance testing and are less restrictive than Contact Precautions.

GLOSSARY

Cohorting: The practice of grouping patients infected or colonized with the same infectious agent (for example, influenza, CRE) together in multi-bed rooms or areas of the facility to confine their care to one area and prevent contact with susceptible patients. It is important to treat each bed space in a cohort separately, performing hand hygiene and changing PPE between contacts with individuals in the cohort.

Colonization: Carriage of an organism on skin, in stool, on mucosal surfaces without having any sign of disease. In most cases, colonizing organisms cannot be eradicated by treatment with antimicrobial agents.

Healthcare Personnel (HCP), also referred to as Healthcare Workers (HCWs): All paid and unpaid persons who work in a healthcare setting; for example, any person who has professional or technical training in a healthcare-related field and provides patient care in a health care setting or any person who provides services that support the delivery of health care such as dietary, housekeeping, engineering, and maintenance personnel.

High-Risk Residents: For the purpose of this document, residents who have an increased risk of colonization and transmission of MDROs based on the presence of unhealed wounds and medical devices.

High-Touch Surfaces: Surfaces in a resident room that have frequent hand contact, such as *doorknobs*, bedrails, light switches, wall areas around the toilet in the patient's room, and the edges of privacy curtains. These surfaces should be cleaned/disinfected more frequently than surfaces with infrequent hand contact (floors, ceilings).

Infection: Symptomatic disease caused by a microorganism that requires treatment with an active antimicrobial agent for cure.

Injection Safety Practices:

(www.cdc.gov/infectioncontrol/guidelines/isolation/recommendations.html) Included in Standard Precautions. A set of recommended practices that protect patients from harm associated with injection of medications that includes:

- Aseptic technique to avoid contamination of sterile injection equipment
- Not administering medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed
- Use of fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use
- Use of single-dose vials for parenteral medications whenever possible
- Not administering medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use
- Not using bags or bottles of intravenous solution as a common source of supply for multiple patients

Multidrug-Resistant Organisms (MDRO): Microorganisms or germs, such as bacteria or fungi, that are resistant to the killing activity of more than one class of antimicrobial agents used for treatment of infections caused by those organisms. Examples of MDRO include:

carbapenemase-producing carbapenem-resistant Enterobacterales (CRE), *Pseudomonas aeruginosa* (CRPA), and *Acinetobacter baumannii* (CRAB); *Candida auris*; methicillin-resistant *Staphylococcus aureus* (MRSA); and vancomycin-resistant *Enterococcus* (VRE). MDRO are *clinically* important because the infections associated with them are more difficult to treat resulting in increased morbidity and mortality than infections caused by susceptible organisms. MDRO are *epidemiologically* important because these resistant organisms can be transmitted from patient to patient in the absence of effective infection control precautions.

Point of Care

(apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf%3Bjsessionid%3D405B42D9844E60A524F54F7808C3A4C0?sequence=1) The point of care is defined by WHO as “the place where three elements come together: the resident zone, the healthcare zone, and care or treatment involving contact with the resident.” The patient zone contains the patient and his/her immediate surroundings and includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. The healthcare zone is everything outside of the resident zone, including other patients.

Respiratory Hygiene/Cough Etiquette

(www.cdc.gov/infectioncontrol/guidelines/isolation/recommendations.html): Included in Standard Precautions. A combination of measures to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings. Respiratory hygiene/cough etiquette includes:

- Covering the mouth and nose during coughing and sneezing
- Using tissues to contain respiratory secretions with prompt disposal into a no-touch receptacle
- Turning the head away from others and maintaining spatial separation, ideally 6 feet or more, when coughing
- Performing hand hygiene after contact with respiratory secretions or items contaminated with respiratory secretions
- Offering a facemask to persons who are coughing to decrease contamination of the surrounding environment

Standard Precautions:

(www.cdc.gov/infectioncontrol/guidelines/isolation/recommendations.html): include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These practices include hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; room placement; safe injection practices, respiratory hygiene/cough etiquette; environmental cleaning and disinfection; and safe management of textiles and laundry.

Transmission: Passage of an infectious agent that is in a person’s blood or body fluids to another person either directly or, more commonly indirectly via HCP hands or via medical equipment that has not been cleaned and disinfected adequately between patients.

COMPANION GUIDANCE AND RESOURCES

General Infection Control

- [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee](http://www.cdc.gov/hicpac/pdf/core-practices.pdf) (PDF)
(www.cdc.gov/hicpac/pdf/core-practices.pdf)

Hand Hygiene

- [Hand Hygiene in Healthcare Settings](http://www.cdc.gov/handhygiene/providers/index.html)
(www.cdc.gov/handhygiene/providers/index.html)
- [Guideline for Hand Hygiene in Health-Care Settings](http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf) (PDF)
(www.cdc.gov/mmwr/PDF/rr/rr5116.pdf)
- [Hand Hygiene in Outpatient and Home-based and Long-term Care Facilities](http://apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf;jsessionid=405B42D9844E60A524F54F7808C3A4C0?sequence=1)
(apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf;jsessionid=405B42D9844E60A524F54F7808C3A4C0?sequence=1)

Standard and Transmission-Based Precautions

- [Standard Precautions for All Patient Care](http://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)
(www.cdc.gov/infectioncontrol/basics/standard-precautions.html)
- [2007 Guideline for Isolation Precautions: Prevention Transmission of Infectious Agents in Healthcare Settings](http://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf) (PDF)
(www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf)

Environmental Cleaning and Disinfection

- [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](http://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf) (PDF)
(www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf)
- [Guidelines for Environmental Infection Control in Health-Care Facilities, 2003](http://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf) (PDF)
(www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf)

Containment of MDRO

- [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](http://www.cdc.gov/hai/containment/guidelines.html)
(www.cdc.gov/hai/containment/guidelines.html)

CDC Guidance for Long-Term Care Facilities

- [Nursing Homes and Assisted Living \(Long-term Care Facilities \[LTCFs\]\)](http://www.cdc.gov/longtermcare/index.html)
(www.cdc.gov/longtermcare/index.html)

APPENDIX: TWO EXAMPLES OF [INTERFACILITY INFECTION CONTROL TRANSFER FORMS](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx)

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

SNF may use either form as presented or modify them.

Form 1. Comprehensive Healthcare Facility Transfer Form

Affix patient labels here.

HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.






Patient Name (Last, First): _____		
Date of Birth: _____	MRN: _____	Transfer Date: _____
Receiving Facility Name: _____		
Contact Name: _____		Contact Phone: _____
Sending Facility Name: _____		
Contact Name: _____		Contact Phone: _____

PRECAUTIONS

Patient currently on precautions? If yes, check all that apply:

Yes No Airborne Contact Droplet Enhanced Standard*

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

				
<input type="checkbox"/> Gloves	<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N95/PAPR	<input type="checkbox"/> Eye Protection

*Long-term care facilities may implement [Enhanced Standard Precautions](#) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?	
<input type="checkbox"/> Yes (record organism(s), specimen source, collection date)	<input type="checkbox"/> No
<input type="checkbox"/> Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)	

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Last updated June 2021

Affix patient labels here.

CLINICAL STATUS

Patient has any of the following symptoms or clinical status?
 Yes No

If yes, check all that currently apply:

<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Total dependence for activities of daily living [§]
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Rash consistent with an infectious process (e.g., vesicular)
<input type="checkbox"/> Acute diarrhea or incontinent stool [§]	<input type="checkbox"/> Draining wounds [§]
<input type="checkbox"/> Incontinent of urine [§]	<input type="checkbox"/> Other uncontained bodily fluid / drainage

ANTIBIOTICS/ANTIFUNGALS

Patient is currently on antibiotics/systemic antifungals?
 Yes No

If yes, specify:

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

DEVICES[§]

Patient currently has any of the following devices?
 Yes No

If yes, check all that currently apply:

<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Wound VAC
<input type="checkbox"/> Hemodialysis catheter	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Fecal management system	<input type="checkbox"/> Urinary catheter, Date inserted:
<input type="checkbox"/> Percutaneous gastrostomy feeding tube	<input type="checkbox"/> Suprapubic catheter
	<input type="checkbox"/> Mechanical ventilation

IMMUNIZATION STATUS

Patient received immunizations (e.g., Pneumococcal, Influenza, COVID-19) in the past 12 months? (Attach immunization record, if available.)
 Yes (specify below) No

Vaccine	Date(s)

[§] Risk factors for MDRO transmission per [Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

Form 2. Abbreviated Healthcare Facility Transfer Form






Affix patient labels here.

HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Patient Name (Last, First): _____		
Date of Birth: _____	MRN: _____	Transfer Date: _____
Receiving Facility Name: _____		
Contact Name: _____	Contact Phone: _____	
Sending Facility Name: _____		
Contact Name: _____	Contact Phone: _____	

PRECAUTIONS

Patient currently on precautions?	If yes, check all that apply:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard*			
Personal protective equipment (PPE) to consider at receiving facility*:				
				
<input type="checkbox"/> Gloves	<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N95/PAPR	<input type="checkbox"/> Eye Protection

*Long-term care facilities may implement [Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?
<input type="checkbox"/> Yes (record organism(s), specimen source, collection date) <input type="checkbox"/> No
<input type="checkbox"/> Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Last updated June 2021