

**Questions and Answers from  
CDC's Office Hours on Enhanced Barrier Precautions  
June 5, 2024**

**Can reusable gowns be used for EBP?**

Cloth gowns can be used but cannot be reused. They will need to be placed in a bin for laundering as soon as the resident has received care. Reuse and prolonged use is not recommended.

**Do we have to use red biohazard bags to dispose of gowns etc. for enhanced barrier precautions? The expense and clutter of doing that for roughly 30 residents would be very burdensome.**

No. Red biohazard bags are not needed unless there is a local ordinance that would supersede CDC recommendations. Primarily, if the gowns and gloves are not heavily soiled, a regular garbage bag may be used.

**For chronic pressure wound that can be covered/contained, what is the time frame before the need to move from standard to enhanced barrier precautions?**

If the resident has a chronic wound that has not healed, the resident would need to remain on EBP for the duration of their stay unless the wound heals.

**We are under the impression that C. Auris requires isolation even if colonized. Is this now saying they can go to activities without EBP even?**

If a person is colonized with C. auris, the use of EBP is sufficient unless there is ongoing transmission of C. auris or the local or state public health has indicated the resident needs to be on a different type of precautions.

**Can the resident decline the use of EBP's after being fully educated regarding their risk?**

No

**Would a cholecystostomy tube require EBP?**

Yes. If there is a component that is both internal and external to the body, EBP would need to be used.

**Is it acceptable to have all PPE available at the nurses' station instead of by the door?**

No. We do not recommend this practice since this is not considered at the "point of care."

**Just for confirmation, a noninfected healing surgical site no longer needs EBP and was removed from the list?**

A surgical wound that is taking the primary path of healing and is not determined to be an infected or prolonged, chronic surgical wound would not necessitate the use of EBP.

**So, CDC has a targeted list, then why do we need to contact our local Department of health for a list of MDRO's if all the MDRO's listed by CDC need EBP?**

We would like for you to work with the department of health for choosing the epidemiologically important MDROs that are relevant to your local region and/or facility.

**What if the wound (cancer wound) is open to air, no treatment, no wound dressing, it is chronic, does it require EBP?**

Yes. Residents with the presence of chronic wounds are at a higher risk of acquiring or already having a MDRO (although it may not be clearly known to the resident or facility at the time) and would necessitate the use of EBP.

**If a patient has no wounds or catheters but has a history of MDRO's , can I take them off EBH or are they on it for life?**

They would be on it (EBP) for the duration of the stay.

**May someone that is on EBP continue to share room with someone who is not on EBP?**

Yes