

# Frequently Asked Questions

## Original Question

**Are EBPs recommended for MRSA and other MDROs if the resident does not also have an indwelling medical device or wound?**

While Enhanced Barrier Precautions were initially intended for those colonized with or at risk for colonization with novel or targeted MDROS, CDC's updated guidance now provide facilities and jurisdictions the flexibility to implement Enhanced Barrier Precautions for residents colonized or infected with any epidemiologically important MDRO.

## Original Question

**Are EBPs recommended for MRSA and other MDROs if the resident does not also have an indwelling medical device or wound (cont.)?**

For this reason, facilities may consider Enhanced Barrier Precautions for more common MDROs such as MRSA. If implemented, Enhanced Barrier Precautions for residents with known MRSA colonization should be utilized in the same manner as Enhanced Barrier Precautions for novel or targeted MDROs and should not replace other interventions targeted at preventing invasive MRSA infection and transmission.

## Updated Question

For which MDROs are EBP recommended, if the resident does not also have an indwelling medical device or wound?

At a minimum, Enhanced Barrier Precautions are intended to be used for residents colonized or infected with novel (e.g., those newly introduced or emerging in a locality or region) MDROs or MDROs targeted by CDC.

The Enhanced Barrier Precautions guidance also provides facilities and jurisdictions the flexibility to implement Enhanced Barrier Precautions for residents colonized or infected with additional MDROs that may be epidemiologically important locally.

## Updated Question

For which MDROs are EBP recommended, if the resident does not also have an indwelling medical device or wound (cont.)?

Determinations about an organism being epidemiologically important may be influenced by factors that include:

local epidemiology

presence of ongoing or past outbreaks

propensity for transmission in healthcare facilities

association with severe outcomes, or

targeting for local prevention efforts

## Original Question

### What is the definition of “indwelling medical device”?

An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes. Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions.

## Updated Question

What is the definition of “indwelling medical device”?

An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to, central vascular catheters (including hemodialysis catheters, peripherally-inserted central catheters (PICCs)), indwelling urinary catheters, feeding tubes, and tracheostomy tubes. Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions.

## Updated Question

What is the definition of “indwelling medical device” (cont.)?

Although the data are limited, CDC does not currently consider peripheral I.V.s (except for midline catheters), continuous glucose monitors, and insulin pumps as indications for Enhanced Barrier Precautions. An ostomy in a resident without an associated indwelling medical device, would not be considered an indication for Enhanced Barrier Precautions.



## Original Question

**The guidance describes that “all residents with wounds” would meet the criteria for Enhanced Barrier Precautions. What is the definition of a “wound” in relation to this guidance?**

In the guidance, wound care is included as a high-contact resident care activity and is generally defined as the care of any skin opening requiring a dressing. However, the intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. This generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing.

## Original Question

**The guidance describes that “all residents with wounds” would meet the criteria for Enhanced Barrier Precautions. What is the definition of a “wound” in relation to this guidance (cont.)?**

Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers.

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## Updated Question

The guidance described that “all residents with wounds” would meet the criteria for Enhanced Barrier Precautions. What is the definition of a “wound” in relation to this guidance (cont.)?

Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, ~~unhealed surgical wounds~~, and chronic venous stasis ulcers. Ostomies, such as colostomies or ileostomies, are not defined as a wound for Enhanced Barrier Precautions.

## Original Question

### Is Physical or Occupational Therapy considered a “high-contact” resident care activity?

Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident’s room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.

As part of Standard Precautions, gowns and gloves should be removed and hand hygiene performed when moving to work with another resident.

Therapists should also ensure reusable therapy equipment is cleaned and disinfected after each use and surfaces in the therapy gym receive routine cleaning and disinfection.

## Updated Question

Is Physical or Occupational Therapy considered a “high-contact” resident care activity?

Depending on the activity, therapy may be considered "high-contact" resident care. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident's room if they anticipate prolonged, close body contact where transmission of MDROs to the therapist's clothes is possible.

## Updated Question

Is Physical or Occupational Therapy considered a “high-contact” resident care activity (cont. 1)?

EBP should not limit a resident's ability to continue their medical therapy, so while the use of a gown and gloves is generally discouraged in hallways and other common areas, there may be individual circumstances (e.g., therapy that has to occur outside of the resident's room or therapy gym) that prompt an evaluation for the need to use PPE outside of the room or gym, depending on the degree of assist/close contact.

## Updated Question

Is Physical or Occupational Therapy considered a “high-contact” resident care activity (cont. 2)?

As part of Standard Precautions, gowns and gloves should be removed and hand hygiene performed when moving to work with another resident. Therapists should also ensure reusable therapy equipment is cleaned and disinfected after each use and surfaces in the therapy gym receive routine cleaning and disinfection.