

Best Practice Guideline	Enhanced Barrier Precautions in Long-Term Care and Assisted Living
Date	July 31, 2023
Reviewed Date	
Revised Date	

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Site Applicability

All Vancouver Coastal Health owned, operated and contracted Long-Term Care and Assisted Living providers.

Scope of Practice

All Staff

Purpose

To provide guidance for staff to implement Enhanced Barrier Precautions (EBP) for *Candida auris* (*C. auris*) and *Carbapenemase Producing Organisms*.

Background

Enhanced Barrier Precautions are measures implemented to reduce the transmission of organisms that spread through direct or indirect contact during activities that have demonstrated the highest risk for transmission when providing direct care due to antibiotic resistance and limited treatment options for these organisms.

Enhanced Barrier Precautions employs targeted Personal protective equipment (PPE) use during high contact resident care activities, in addition to routine practices.

Refer to the [VCH Diseases and Conditions Table](#) for *Candida auris* (*C. auris*) and *Carbapenemase Producing Organisms*.

Management of a Resident on Enhanced Barrier Precautions

Used by staff and caregivers (e.g. family and/or private companions) during close contact care which include:

- Dressing
- Bathing/Showering



- In room transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator care
- Wound Care: any skin opening requiring a dressing
- Additional PPE based on point of care risk assessment.

Close contact care does not include:

- Interactions after the resident is dressed and daily hygiene is completed. For example, activities such as delivering snacks, beverages, or items such as books and magazines are low contact and low risk.
- Interacting with the resident in the healthcare environment, including group activities.
- Transferring or repositioning outside the resident room.

Signage

- Place Enhanced Barrier Precautions **signage** inside the resident room in an area that is visible to all caregivers (e.g. staff, family or private companions).
C. auris
CPO

Resident

- Dedicate equipment where possible.
- Maintain residents on Enhanced Barrier Precautions for the duration of their stay.
 - Consult with an Infection Control Practitioner (ICP) if requiring further guidance.
- Should the resident develop an infection with *CPO* or *C. auris*, place the resident on additional precaution as per [BPG Carbapenemase Producing Organisms](#) or [BPG Candida auris](#)
- Bring only necessary care items into the resident environment
- Single use equipment is preferred for residents.
 - If single use equipment is not available, dedicate multi-use equipment.
 - Clean and disinfect multi-use equipment after removing from room with a product that is effective against the confirmed organism. See [Commonly used Disinfectants](#)
 - Colonized residents- Routine environmental cleaning
 - Infected residents- Enhanced cleaning until infection resolved.
- Discard any unused supplies or items that cannot be cleaned and disinfected or maintain supplies in the resident room.
- Encourage the resident to perform hand hygiene prior to meals and after toileting.

Admissions and Transfers



- For admitting residents colonized with *CPO* or *C. auris* to Long-Term Care, the acute care discharge planning team (e.g. Transition Services Team; Care Management Leader) must contact the LTC Infection Control Practitioner (ICP) Team (ICP-LTC@vch.ca) to discuss resident accommodation and planning needs.
- For transport to acute care or another LTC home, ensure receiving facility and transport personnel are aware of the resident's status.

Personal Protective Equipment (PPE)

- Staff to wear a new gown and gloves for the following high-contact resident care activities:
 - Dressing
 - Bathing/Showering
 - In room transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator care
 - Wound Care: any skin opening requiring a dressing
- Use additional PPE as per point of care risk assessment (PCRA) such as mask and eye protection if there is a risk of splashes and/or sprays.
- Remove PPE in the doffing zone and perform hand hygiene.

Environmental Cleaning

- Clean as per routine environmental cleaning with appropriate cleaning solutions effective against the confirmed organism.
 - VCH Owned and Operated Sites: Initiate product change for *C. auris* using the [Enhanced Cleaning](#) form indicating use of a product effective against *C. auris*, daily clean required unless otherwise documented in the care plan.
 - Contracted and Private Site: Site leadership and EVS manager to initiate change to a product effective against *C. auris*.

Family and Visitors

- Provide support and education to family members/visitors on donning/doffing and hand hygiene.
- [Enhanced Barrier Precautions info sheet.](#)

Notification and Documentation

Nursing staff to document in the clinical record, develop a care plan for Enhanced Barrier Precautions, and notify the Clinical Services Manager and Infection Control Practitioner (ICP).



References

1. [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\). \(2022\)](#)
2. [Considerations for Use of Enhanced Barrier Precautions](#)

