

Best Practice Guideline	Enhanced Barrier Precautions in Long-Term Care and Assisted Living
Date	July 31, 2023
Reviewed Date	June 3, 2024
Revised Date	March 7, 2025

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Site Applicability

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

Scope of Practice

All Staff and caregivers, include family and private companions.

Purpose

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

Background

Enhanced Barrier Precautions are measures designed to minimize the spread of organisms transmitted through direct or indirect contact, particularly during high-risk activities involved in direct patient care. These precautions are crucial due to antibiotic resistance and the limited treatment options available for such organisms.

Enhanced Barrier Precautions employs targeted Personal protective equipment (PPE) used 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.

Procedure

Enhanced Barrier precautions to be used by staff and caregivers during close contact care which include:

- Dressing
- Bathing/Showering
- In room transferring/repositioning
- 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
<ul style="list-style-type: none"> • Place Enhanced Barrier Precautions signage inside the resident room in an area that is visible to all caregivers. • Initiate a resident care plan if the resident is colonized with CPO or <i>C. auris</i>
Resident
<ul style="list-style-type: none"> • Encourage the resident to perform hand hygiene when leaving their room, prior to meals and after toileting. • Maintain residents on Enhanced Barrier Precautions for the duration of their stay. Consult with an Infection Control Practitioner (ICP) if further guidance is required. • Should the resident develop an infection with CPO or <i>C. auris</i>, place the resident on additional precaution as per BPG Carbapenemase Producing Organisms or BPG Candida auris.
Equipment
<ul style="list-style-type: none"> • Dedicate equipment where possible. • Bring only necessary care items into the resident environment. • Single use equipment is preferred for residents. <ul style="list-style-type: none"> ▪ 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). • Discard any unused supplies or items that cannot be cleaned and disinfected or maintain supplies in the resident room.
Admissions and Transfers
<ul style="list-style-type: none"> • For admitting residents colonized with CPO or <i>C. auris</i> 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.

<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> Staff and caregivers to wear a new gown and gloves for the following high-contact resident care activities: <ul style="list-style-type: none"> Dressing Bathing/Showering In room transferring/repositioning 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
<ul style="list-style-type: none"> Routine environmental cleaning is required for colonized residents using the appropriate cleaning solutions effective against the confirmed organism. For residents with an active infection, enhanced cleaning is required until infection resolved as per BPG Carbapenemase Producing Organisms or BPG Candida auris. <ul style="list-style-type: none"> VCH Owned and Operated Sites: ICP to initiate product change for <i>C. auris</i> using the <u>Enhanced Cleaning</u> form indicating use of a product effective against <i>C. auris</i>, 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 <i>C. auris</i>.
Family and Visitors
<ul style="list-style-type: none"> Provide support and education to family members/visitors on donning/doffing and hand hygiene. Ensure caregivers know how to use PPE for close contact care; see definitions.

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](#)