PDPH/LTCF Conference Call – Wednesday, 6/21/23

Agenda

- **SARS-CoV-2 Surveillance Update**
- **Guidance Updates:**
  - **PAHAN 700: Updated Reporting Requirements for COVID-19 Following the End of the COVID-19 PHE**
  - **PAHAN 701: COVID-19 Outbreak Identification and Reporting for Healthcare Settings**
  - **PDPH Health Advisory, June 12, 2023: Ongoing COVID-19 Surveillance and Reporting in Philadelphia**
- **SNF NHSN Reporting Update**
- **New: PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs**
- **Enhanced Barrier Precautions: CDC Guidance for Nursing Homes**

Department of Public Health
CITY OF PHILADELPHIA

United States COVID-19 Hospitalizations and Deaths

Weekly Update for the United States

Hospitalizations

Hospital Admissions (In Past Week)

6,649

Trend in Hospital Admissions

-7.6% in past week

May 17, 2023 Jun 13, 2023

Deaths

% Due to COVID-19 (In Past Week)

1.2%

Trend in % COVID-19 Deaths

-7.7% in past week

Apr 22, 2023 Jun 10, 2023

Vaccinations

Total Updated (Bivalent) Vaccine Doses Distributed

139,918,910

Total Hospitalizations

6,183,075

Total Deaths

1,132,206

CDC | Hospitalization data through: June 10, 2023; Death data through: June 10, 2023; Vaccination data through: June 14, 2023. Posted: June 15, 2023 7:30 PM ET

COVID-19 New Hospital Admissions

Also available

- Deaths
- ED visits
- Test positivity

State and county level data

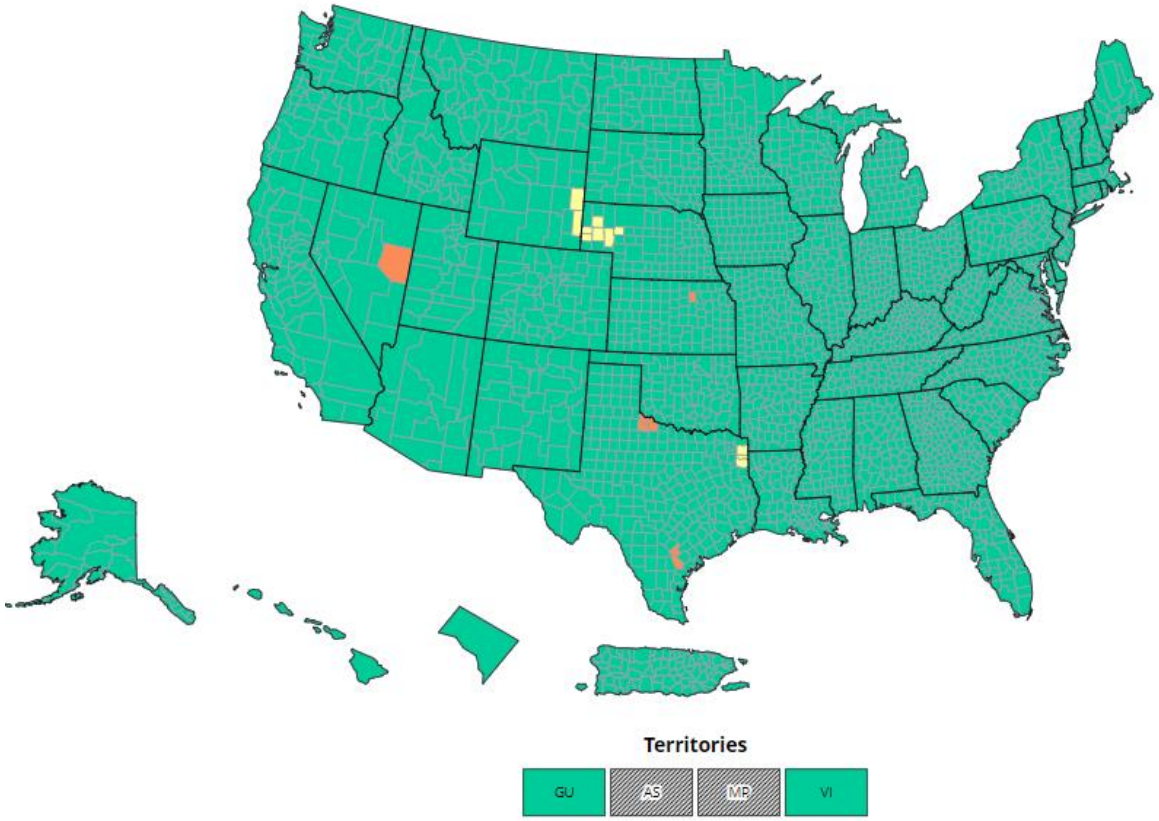
COVID-19 hospital admissions levels in U.S. by county

Based on new COVID-19 hospital admissions per 100,000 population

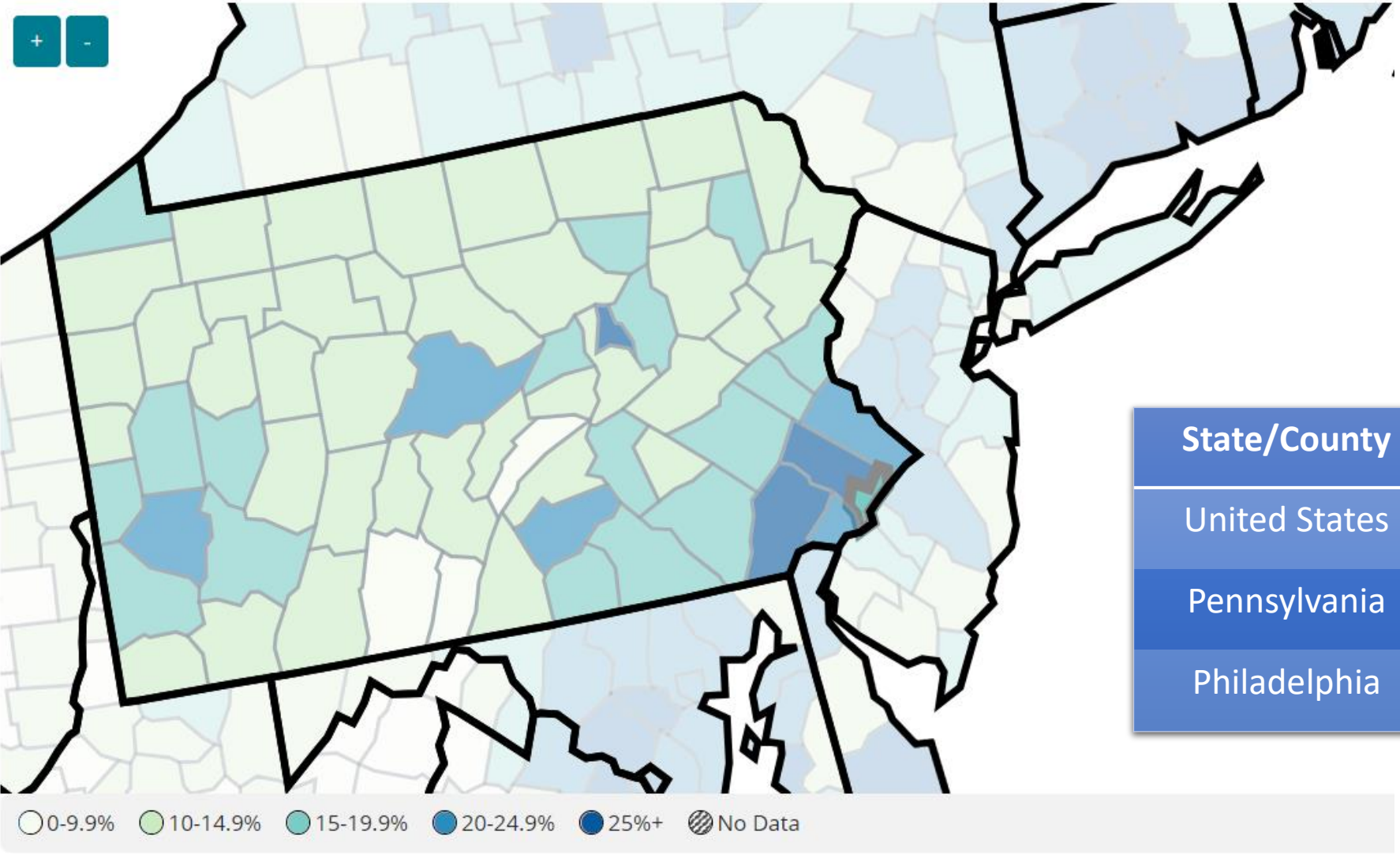
	Total	Percent	% Change
≥ 20.0	7	0.22%	0.06%
10.0 - 19.9	11	0.34%	-0.47%
<10.0	3204	99.44%	0.4%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending June 10, 2023.

U.S. Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



% of Total Population with Bivalent Vaccine Dose



State/County	% with Bivalent Vaccine
United States	17
Pennsylvania	19.8
Philadelphia	17

Guidance Updates

PA HAN 700

PA HAN 701

PDPH Health Advisory 6-12-2023

COVID-19 Reporting: PA HAN 700

pennsylvania
DEPARTMENT OF HEALTH

PENNSYLVANIA DEPARTMENT OF HEALTH
2023-PAHAN-700-06-06-ADV
Updated Reporting Requirements for COVID-19 Following the End of the COVID-19 Public Health Emergency

DATE:	June 6, 2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
SUBJECT:	**Updated Reporting Requirements for COVID-19 Following the End of the COVID-19 Public Health Emergency**
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 700

Summary

- The federal government ended the COVID-19 Public Health Emergency on May 11, 2023.
- With the expiration of the public health emergency, COVID-19 (i.e., SARS-CoV-2 infection) is no longer a mandated reportable condition in Pennsylvania.
- The Pennsylvania Department of Health (Department) requests that laboratories and other COVID-19 reporters continue to voluntarily report persons with positive COVID-19 antigen or nucleic acid results, including hospitalization and death information associated with these cases, in PA-NEDSS.
- The Department requests voluntary reporting of multisystem inflammatory syndrome in children.
- Laboratories and other COVID-19 reporters should discontinue reporting any negative COVID-19 test results.
- COVID-19 remains a reportable condition in the following counties with local health departments established under the Local Health Administration Law of 1951: Philadelphia, Montgomery, and Allegheny.
- The Department strongly recommends utilization of the Department's Health Incident Management System (HIMS) platform (Juvare EMResource) to meet the federal COVID-19 hospital reporting requirement.
- Reporting requirements for completing the Report of Death for COVID-19 in the Electronic Death Registration System (EDRS) remain unchanged.
- Requirements for mandatory reporting of COVID-19 vaccination data into the Commonwealth's immunizations information systems (PhilaVax for Philadelphia, PA-SIIS for the remainder of the Commonwealth) remains unchanged.
- CMS-certified facilities that participate in their corresponding Quality Reporting Program are required to report COVID-19 vaccination data to NHSN.

- CMS certified long-term care facilities (LTCF) are required to report to the LTCF COVID-19 Module Surveillance Pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) on a weekly basis.
- If you have questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

PA HAN 701

PENNSYLVANIA DEPARTMENT OF HEALTH
2023 – PAHAN – 701-06-06-ADV
COVID-19 Outbreak Identification and Reporting for Healthcare Settings

pennsylvania
DEPARTMENT OF HEALTH

DATE:	06/06/2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, Acting Secretary of Health
SUBJECT:	**COVID-19 Outbreak Identification and Reporting for Healthcare Settings**
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 701

The Pennsylvania Department of Health (Department or DOH) is providing updated guidance for healthcare settings on how to identify and report COVID-19 outbreaks originating within the facility.

Key messages for healthcare settings included in the guidance:

- COVID-19 surveillance procedures should be outlined via written policy and implemented in a way that can systematically identify clusters.
- COVID-19 outbreak definitions are provided in this HAN by healthcare facility type.
- According to the Disease Prevention and Control Law of 1955 (DPCL), unusual clusters of disease are reportable to the Department's Bureau of Epidemiology or your local health department. This would include outbreaks of COVID-19 in healthcare settings.
- Public health response including epidemiologic and infection prevention and control recommendations will be routinely provided by the Department and the local public health jurisdictions for COVID-19 outbreaks.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department.

PA HAN 701

TABLE: Definition of an COVID-19 outbreak within healthcare settings

Facility Type	COVID-19 Case	
	Patients or Residents	**Healthcare Personnel**
Hospital	≥2 cases of probable* or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition, with epi-linkage¶	≥3 cases of probable* or confirmed COVID-19 in HCP with epi-linkage§ AND no other more likely sources of exposure for at least 2 of the cases
Long-term Care Facilities	≥1 facility-acquired¶¶ probable* or confirmed COVID-19 case in a resident	≥1 probable* or confirmed COVID-19 case in HCP who was working in the facility while infectious
Outpatient Healthcare Settings	≥3 cases of probable* or confirmed COVID-19 cases in patients with epi-linkage¶ AND no other more likely sources of exposure for at least 2 of the cases	≥3 cases of probable* or confirmed case in HCP with epi-linkage§, AND no other more likely sources of exposure for at least 2 of the cases

PDPH Health Advisory 6-12-2023

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Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

LANDRUS BURRESS, DrPH
Director, Division of Disease Control

Health Advisory

Ongoing COVID-19 Surveillance and Reporting in Philadelphia

June 12, 2023

SUMMARY POINTS

- In Philadelphia, COVID-19 remains a reportable disease by law and reporting should continue as described below.
- PDPH will continue to monitor COVID-19 activity indicators with a focus on severe disease and activity among vulnerable populations.

PDPH Health Advisory 6-12-2023

- ***Congregate living facilities*** including SNFs, assisted living/personal care homes, intermediate care facilities, behavioral health facilities, confinement facilities, shelters, supportive or transitional housing, alcohol and drug rehabilitation centers, and recovery homes should continue to notify PDPH when 1 or more residents or staff test positive for COVID-19 through the facility's assigned COVID-19 Outbreak Coordinator or emailing COVID-GroupSettings@phila.gov.

Federal Reporting Requirements: In addition to local reporting activities, Centers for Medicare and Medicaid Services (CMS)-certified healthcare facilities should continue participation in federally mandated surveillance systems including hospital utilization data reporting through PADOH's Juvare EMResource and direct reporting of COVID-19 vaccination data to the National Healthcare Safety Network (NHSN). CMS-certified SNFs are required to report to the LTCF COVID-19 Module Surveillance Pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) on a weekly basis.

Additional information on COVID-19 surveillance and reporting is available from recent PADOH advisories: 2023-PAHAN-700-06-06-ADV and 2023-PAHAN-701-06-06-ADV. In Pennsylvania, COVID-19 also remains a reportable disease in Montgomery and Allegheny counties with voluntary reporting to PADOH in counties outside those where COVID-19 is reportable.

Facilities with questions about COVID-19 reporting methods can call PDPH at 215-685-6741.

COVID-19 Surveillance Resources

- **PDPH COVID-19 Dashboard:** https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing/testing-data/ (updated monthly)
- **CDC COVID-19 Data Tracker:** https://covid.cdc.gov/covid-data-tracker/#datatracker-home. This dashboard now features data on COVID-19 hospitalizations, deaths, emergency department visits, and when available testing positivity by geographic area.

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SNF NHSN Reporting Updates

June 21, 2023

NHSN Updates

- LTCF COVID-19 Modules: Continue to report to the **LTCF COVID-19 Surveillance Pathways** and the **COVID-19 Vaccination Module**
  - Reporting requirement is set to terminate on December 31, 2024

Reporting Pathway Enhancements

- **Resident Impact and Facility Capacity Pathway**
  - Added Elements:
    - Not up to Date
    - Hospitalizations with a + COVID-19 Test
    - Hospitalizations with a + COVID-19 Test and Up to Date
  - Removed Elements: admissions, vaccinations, influenza, testing availability, and supplies/PPE Shortages

Reporting Pathway Enhancements

- **Staff and Personnel Impact Pathway**
  - COVID-19 Deaths, Influenza, and Staffing shortages data elements have been removed.
- **Therapeutics pathway** removed completely

- LTCF PHE Reporting Guidance Webinar – June 2023 https://www.youtube.com/watch?v=O4ysJGO4VGw
- For further guidance: NHSN LTCF COVID-19 Module webpage.

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APIC Consulting Services ICAR Project for Philadelphia SNFs

PDPH/APIC Consulting Services
ICAR Project for Philadelphia SNFs

Participating facilities receive the following:

- **Initial ICAR assessment**: Your certified consultant will meet with you at your facility, coordinated around your schedule
- Written **report with suggestions for improvement** and supporting **resources**
- **Plan** for improvement **based on your selected focus areas**, including resources
- **Implementation support**: Your consultant will continue to meet with you for the next 3-6 months to assist your facility in addressing your 3-4 focus areas to help you reach your goals

PDPH/APIC Consulting Services
ICAR Project for Philadelphia SNFs

- **Free to SNFs**: Funded by a grant from the Centers for Disease Control and Prevention (CDC) to support infection prevention in long-term care facilities
- **Non-regulatory** and **confidential**
- **Limited time opportunity**: Offer will be provided into the Spring of 2024
- Facility enrollment:
  - Prioritized **based on need** and **health equity** considerations
  - Limited number of slots available
  - Direct outreach to facilities starting in 1-2 weeks

PDPH/APIC Consulting Services
ICAR Project for Philadelphia SNFs

APIC Consulting Services Project Leads:

Nikki Brand, MT(ASCP)^{CM}, MPH, CIC
Project Manager
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DeAnn Richards, RN, BSN, CIC, LTC-CIP, CPHQ, CPPS
Lead Infection Preventionist Consultant
drichardsip@gmail.com

Contact HAI.PDPH@Phila.gov with questions or to express your interest to participate

Enhanced Barrier Precautions
CDC Guidance for Nursing Homes to Prevent the Spread of Multidrug-Resistant Organisms

Healthcare Associated Infection/Antimicrobial Resistance (HAI/AR) Program

Susy Rettig, BSN, RN, CIC

Charlotte Gallagher, BSN, RN

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Objectives

- Explain the need for effective methods to prevent transmission of multi-drug resistant organisms (MDROs) in nursing homes (NHs)
- Describe use of Enhanced Barrier Precautions (EBP) during high-contact resident care activities
- Discuss strategies for implementation of EBP in NHs

Audience Poll #1

Q. Have you heard about the CDCs recommendation to use EBP in NHs to limit the transmission of MDROs?

A. Yes

B. No

C. Not Sure

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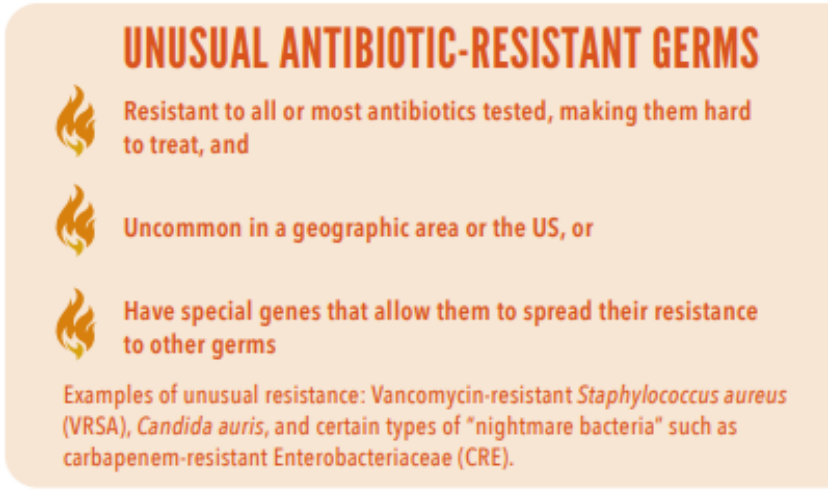
What are Multi Drug Resistant Organisms (MDRO)?

- In general, MDROs are defined as microorganisms, predominantly bacteria, that are resistant to more than 1 class of antimicrobial agents
- MDROs are a public health problem because they can spread easily and can be difficult to treat

https://www.cdc.gov/vitalsigns/pdf/2018-04-vitalsigns.pdf



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Challenges with Detection of MDROs

- Clinical cultures underestimate true prevalence of MDROs
- No active surveillance for MDROs (among new admissions)
- Gaps in communication between healthcare facilities during transfers

Colonization vs. Infection with MDROs

Colonization

Colonization is when organisms are on or in the body but do not make you sick

Infection

Infection is when organisms are in or on the body and make you sick

Sherry L, et al. 2017. *Emerging Infectious Diseases*

Wysocki AACN *Adv Crit Care* (2002)

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The Large Burden of MDROs in Nursing Homes

Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	**17%** 	**58%** 
Ventilator-Capable Nursing Homes (n = 4)	**20%** 	**76%** 

McKinnel JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

 Known MDRO

 No Known MDRO

MDRO Risk Factors for Nursing Home Residents

- Indwelling medical devices (urinary catheter, PEG tube, trach/vent, C/L)
- Wounds or pressure ulcers
- Recent stay in a LTACH or vSNF
- Antibiotic use in previous 3 months, particularly fluoroquinolones
- Recent hospitalization
- Co-morbidities
- Increased functional dependence

MDRO Transmission Occurs Often During High-Contact Resident Care Activities

Highest risk activities for MDRO transmission

- Dressing resident
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Diaper change/toilet assist
- Device care or use

Standard Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
Standard Precautions	Applies to the care of ALL residents regardless of their known infectious disease status.	Use is based on anticipated exposure to blood, body fluids, secretions, or excretions.	Gloves when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated equipment could occur. A gown is recommended to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions. Face protection may also be needed if performing activity with risk of splash or spray

Contact Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
Contact Precautions	***All residents infected or colonized with a novel or targeted multidrug-resistant organism in specific situations:*** • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • On units or in facilities where ongoing transmission is documented or suspected ***For infections (e.g., C. difficile, norovirus, scabies) and other conditions where Contact Precautions is recommended*** • See Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) Face protection may also be needed if performing activity with risk of splash or spray ***Note: Includes consideration for single room or cohorting; and restriction of movement and participation in group activities within the facility***

Difficulty in applying Transmission-Based Precautions for MDROs in Nursing Homes

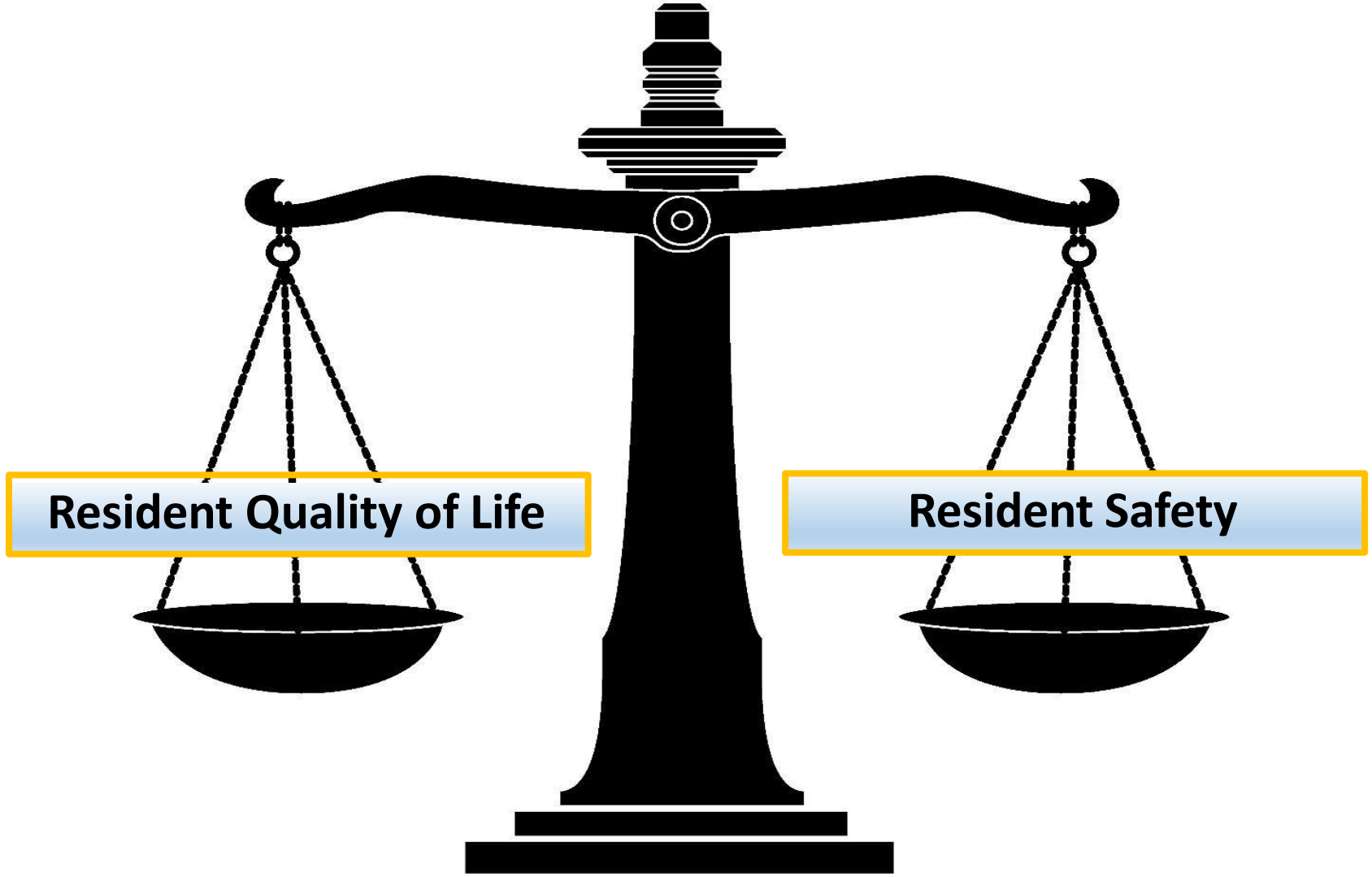
"Transmission-Based Precautions must be used when resident develops signs and symptoms of a transmissible infection"	Colonization ≠ Infection
"Residents on Transmission-Based Precautions should remain in their rooms except for medically necessary care"	Duration of MDRO colonization can be prolonged (>6 months)
"Once the resident is no longer a risk for transmitting the infection… removing Transmission-Based Precautions is required"	Resident remains a risk for transmitting the MDRO even when not actively infected

Department of Health and Human Services. Centers for Medicare and Medicaid Services. Revisions to Appendix PP Interpretive Guidance for Long Term Care Facilities. Rev. 173, 11-22-17. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Need for Enhanced Barrier Precautions (EBP)

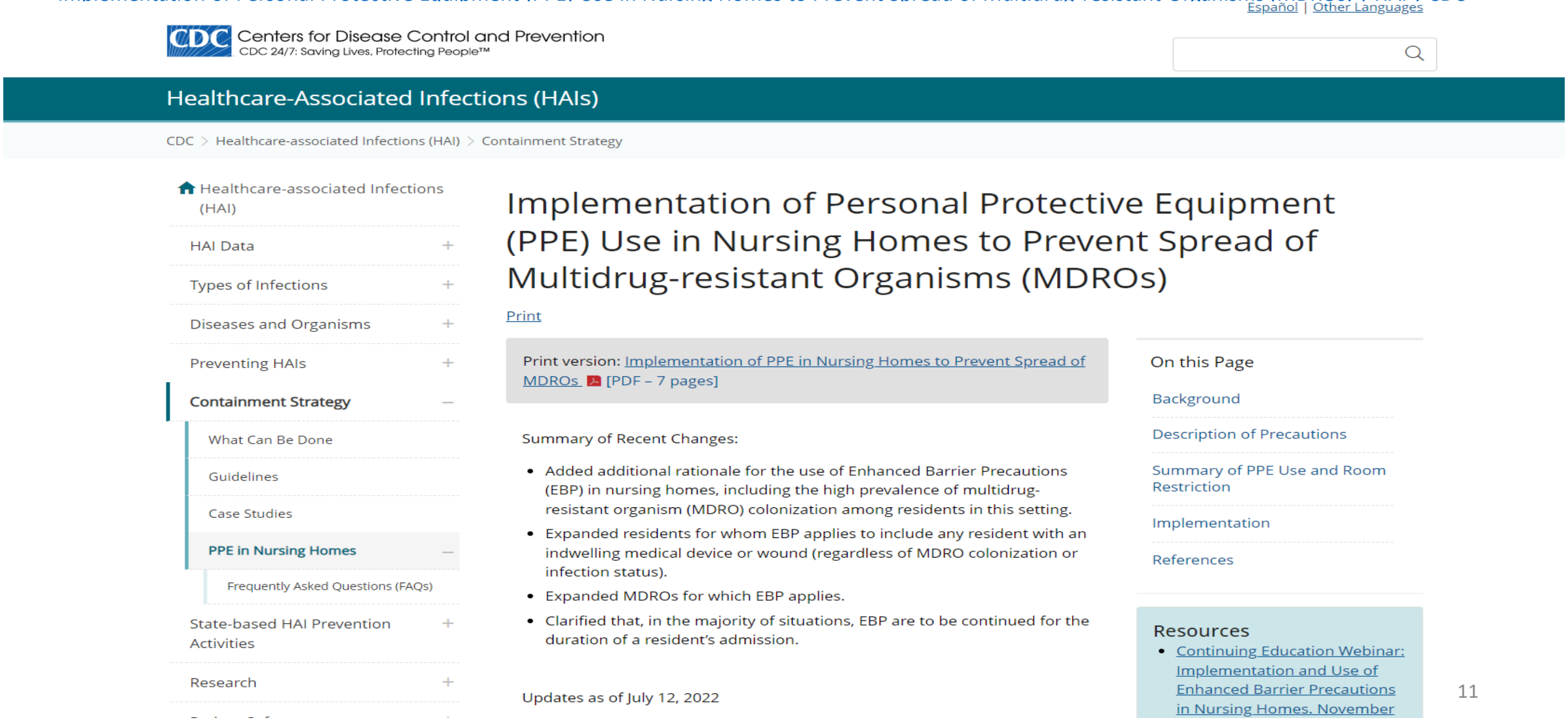
- Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO
- Need for a broader approach to reduce the spread of MDROs without isolating residents for long periods of time
- Recent studies have indicated the use of EBP can effectively reduce the spread of MDROs

The Need for Enhanced Barrier Precautions



Enhanced Barrier Precautions (EBP): Guidance for facilities during MDRO Containment responses

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC



Enhanced Barrier Precautions

"Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing"

Precautions	Applies to:	PPE used for these situations:	Required PPE
Enhanced Barrier Precautions	***All residents with any of the following:*** • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status • Infection or colonization with a novel or targeted MDRO ***when Contact Precautions do not apply***. Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically- important MDROs based on facility policy.	***High-contact resident care activities:*** • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ ventilator • Wound care: any skin opening requiring a dressing	Gloves and gown prior to the high-contact care activity • Change PPE before caring for another resident Face protection may also be needed if performing activity with risk of splash or spray ***Note: Does not require a single room or restrictions of movement/participation within facility***

Use Enhanced Barrier Precautions for Novel or Targeted MDROs

Pan-resistant organisms

Carbapenemase-producing carbapenem-resistant Enterobacterales

(CP-CRE)

Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.

(CP-CRPA)

Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*

(CP-CRAB)

Candida auris

Consider Enhanced Barrier Precautions for these MDROs

- Methicillin-resistant *Staphylococcus aureus (MRSA)*
- ESBL-producing Enterobacterales
- Vancomycin-resistant *Enterococci (VRE)*
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*

Enhanced Barrier Precautions Pluses

- No room restrictions
- Allows group activity participation
- May use communal dining

Audience Poll #2

Q. Has your facility begun using the CDCs recommendations for EBP in any capacity?

A. Yes

B. No

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Implementing Enhanced Barrier Precautions

Implementing Enhanced Barrier Precautions

- Corporate and facility leadership support
  - Medical director, IP, DON, FA, ADON, staff educators, EVS supervisor
- Plan
- Train and educate all staff
  - Clinical and non-clinical
  - Consultants, clergy, activities staff
  - Others-phlebotomy, radiology
- Provide education for residents and families
- Communicate
- Order EPB signs
- Ensure availability of appropriate PPE, alcohol-based hand sanitizer (ABHS), and disinfectant wipes

Implementing Enhanced Barrier Precautions

Which residents?

- Select residents
  - Novel or targeted MDRO's
  - Other organisms of concern
  - Current and new admissions

OR

- All residents who meet criteria
  - Indwelling medical devices
  - Wounds that require a dressing

Where?

- Only on unit(s) with high burden of MDROs or high-risk residents

OR

- Facility wide

Implementing Enhanced Barrier Precautions

- Post clear signage outside of the resident room
- Make PPE immediately available outside of the resident room
- Ensure access to alcohol-based hand sanitizer in every resident room
- Position a trash can inside resident room and near exit for discarding PPE
- Regularly clean and disinfect the environment and resident equipment
- Audit compliance with hand hygiene, PPE use, and environmental cleaning and disinfection

Putting EBP into Practice

- Bundle resident care
- Plan your workflow
- What supplies do I need to care for the resident?
- What PPE do I need to wear and when?
- How many glove changes do I anticipate?
- Are hand hygiene supplies readily available?
- In what order should I perform resident care tasks?

EBP Implementation Questions

- ***How long should EBP be maintained on units with AR colonized or at-risk residents?***
  - EBP was intended to be a **long-term strategy** for gown/glove use during care of residents to be followed for the duration of a resident's stay in a facility given the prolonged, potentially life-long risk of remaining colonized with certain AR pathogen
  - A transition back to Standard Precautions might be appropriate for residents placed in Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device if/when those exposures are gone (i.e., wounds heal, or devices removed)
- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

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

Which activities are included under "providing hygiene"?

- Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving
- Many of the high-contact resident care activities listed in the guidance are **commonly bundled as part of morning and evening care** for the resident rather than occurring as multiple isolated interactions with the resident throughout the day
- Isolated combing of a resident’s hair that is not otherwise bundled with other high-contact resident care activities would not generally necessitate use of a gown and gloves

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 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

The guidance advises using EBP for the "care and use" of indwelling medical devices. What does that mean?

- The safest practice would be to wear a gown and gloves for any care (e.g., dressing changes) or use (e.g., injecting or infusing medications or tube feeds) of the indwelling medical device
- It may be acceptable to use gloves alone for some uses of a medical device that involves only limited physical contact between healthcare worker and resident (e.g., passing meds through a feeding tube)
- Facilities should define these limited contact activities in their policies and procedures and educate healthcare personnel to ensure consistent application of Enhanced Barrier Precautions

Are gowns and gloves recommended for EBP when transferring a resident from a wheelchair to chair in the dayroom or dining room?

- In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration

- Outside the resident's rooms, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility

What if my resident has *C. auris*?

- Private room or cohort with a resident with the same organism
- Continue CP until further consultation with PDPH
- Discuss with PDPH how to safely allow resident to leave their room

Summary: Why are EBPs Needed for Containment in NHs?

High burden of MDRO colonization in nursing homes and with nursing home residents

Many facilities do not know which residents are colonized

Colonized residents are at increased risk of MDRO infection

Provides a method for reducing the spread of MDROs without isolating the resident

Summary: What are EBP?

Thank-you!

Resources

- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC
- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC
- https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf
- https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf

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Thank you!

Call series will resume in the Fall, stay tuned for the calendar invite!