

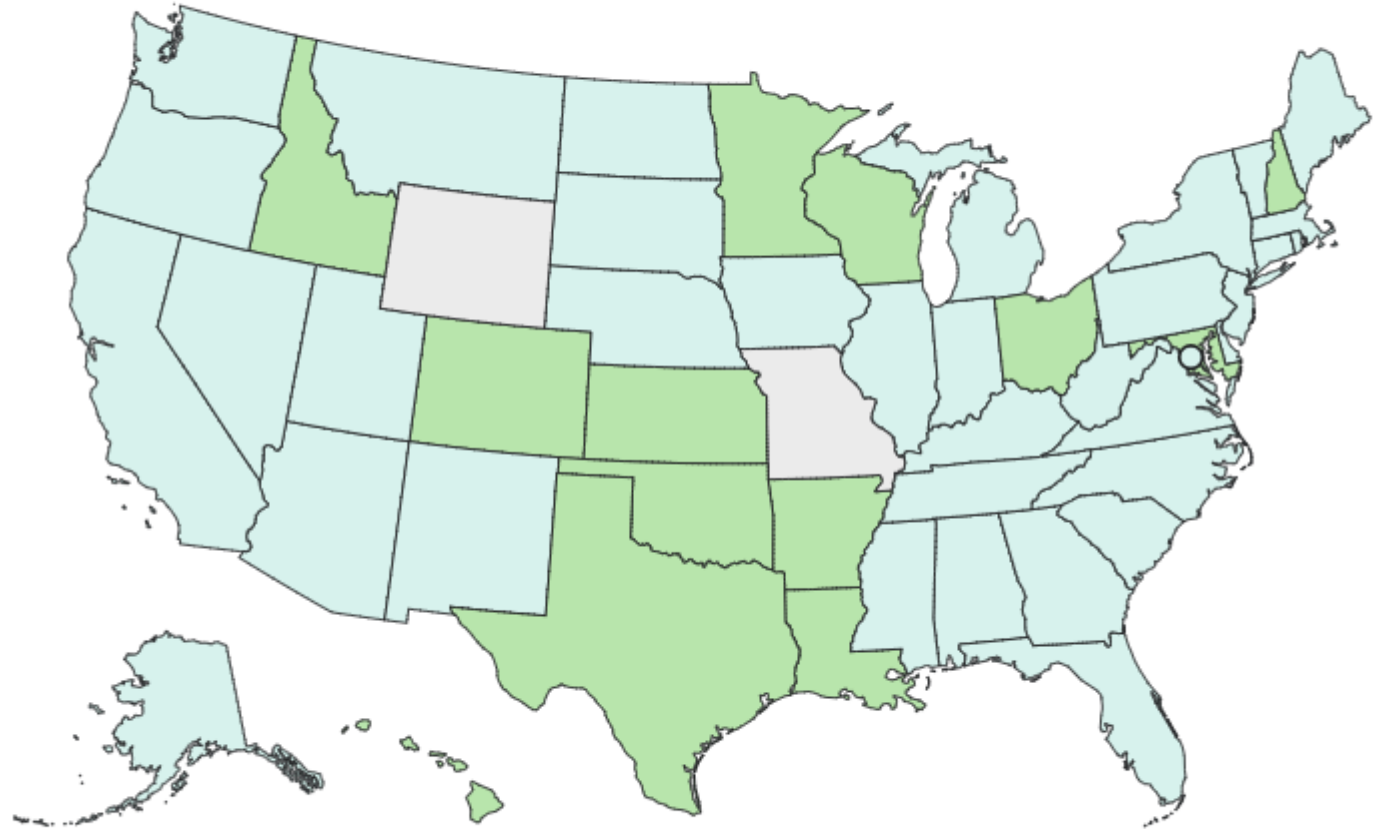
PDPH/LTCF Conference Call Wednesday, 5/21/25

Agenda

- Respiratory Virus Surveillance Update
- PDPH Health Notification 5/15/25: Healthcare Worker COVID-19 Vaccine Update
- Antibiotic Stewardship Survey for SNF Consultant Pharmacists
- Implementation and Use of Enhanced Barrier Precautions
 - Presentation developed in collaboration with APIC Consulting Services
- Enhanced Barrier Precautions Staff Survey Findings
- Resources and Services

Acute Respiratory Illness

Acute Respiratory Illness



U.S. Territories



Guidance Updates



Philadelphia Department of Public Health **Division of Disease Control**

PALAK RAVAL-NELSON, PhD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

JESSICA CAUM, MA, MPH, CPH
Acting Director, Division of Disease Control

Health Notification

Healthcare Worker COVID-19 Vaccine Update

May 15, 2025

hip.phila.gov/document/5394/PDPH-HealthNotification-COVIDVaccineRescission-05.15.2025.pdf/

PDPH Health Alert

- In August 2021, the Philadelphia Board of Health (BOH) passed a regulation requiring healthcare workers, people working in healthcare settings, and people associated with institutions of higher education to receive COVID-19 vaccine to enhance the protection of both these individuals and patients against COVID.
- The regulation was amended in 2023 to exclude institutions of higher education from this mandate.
- The federal Public Health Emergency for COVID-19 expired on May 11, 2023. While other COVID-related mandates were previously rescinded to align with the end of the emergency, this regulation remained in place.
- Since the COVID-19 Public Health Emergency ended, COVID has become endemic, and rates of hospitalizations and deaths are similar to those caused by seasonal influenza.

PDPH Health Alert

- PDPH and the Philadelphia BOH strongly support healthcare institutions in creating and enforcing appropriate vaccine requirements for staff. There are no current regulations that mandate other vaccines. Given the change in COVID epidemiology and severity, the BOH voted to align COVID vaccine with other vaccines and rescind the regulation. In effect, this means that healthcare workers should follow the specific policies of their employer or the healthcare institution where they work, volunteer or study regarding COVID vaccination.
- The Philadelphia BOH and PDPH continue to encourage age-appropriate vaccines for all Philadelphians, including updated COVID-19 vaccination.
- Vaccination continues to provide the best protection against COVID and is essential for protecting people who are most at risk for severe disease, including older adults and persons with certain underlying medical conditions.

Help Your Pharmacists Make an Impact!

Share Our Survey to Strengthen Antibiotic Stewardship in SNFs

Lea Widemann

Antibiotic Stewardship Epidemiologist

Division of Disease Control – HAI/AR Program



Department of
Public Health
CITY OF PHILADELPHIA

About the Survey



Brief: 5-10 minutes



Anonymous: cannot be linked back to your facility or the participating pharmacist



Beneficial to your facility:

- Help us develop resources that address real needs identified by pharmacists
- Contribute to improved antibiotic stewardship practices at Philadelphia SNFs
- Support citywide efforts to reduce antibiotic resistance and improve patient outcomes

Next Steps



Forward PDPH's survey to your consultant pharmacists



Email will be sent out immediately following this call

Implementation and Use of Enhanced Barrier Precautions

Philadelphia Department of Public Health
Healthcare-Associated Infections and
Antimicrobial Resistance Program

Disclosure & Acknowledgement

I have no actual or potential conflict of interest in relation to this program or presentation.

This presentation was developed by the Association for Infection Prevention and Control (APIC) Consulting Services with the aid of Lisa Pessolano, BSN, RN, CIC.

Objectives

The learner will be able to:

1. Consistently apply Standard and Transmission-Based Precautions (TBP)
2. Implement Enhanced Barrier Precautions (EBP)
3. Acknowledge similarities and differences between Contact TBP and EBP

Standard Precautions

- Hand Hygiene
- Use of personal protective equipment (PPE)
- Respiratory hygiene or cough etiquette
- Ensure appropriate resident placement
- Handling, cleaning, and disinfecting equipment and environment
- Handling textiles and process laundry
- Safe injection practices



Transmission-Based Precautions (TBP)

- Additional precautions in addition to standard precautions to prevent transmission
 - Contact - glove and gown
 - Droplet – procedure mask and eye protection
 - Airborne – AIIR and N95 respirator or higher
- Combination of multiple TBP

[2007 Guideline for Isolation Precautions:
Preventing Transmission of Infectious Agents in Healthcare Settings](#)



What are Enhanced Barrier Precautions (EBP)?

- Falls between Standard and Contact precautions
- Reduces the spread by use of gowns and gloves during high-contact resident care activities
- Private room not required
- Continued participation in group activities
- Used for the entire length of stay for those with MDROs
- Used for those with devices and wounds, until device removal or the wound heals



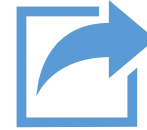
High-Contact Resident Care Activities



Dressing



Bathing/Showering



Transferring



Changing
Linens



Providing
Hygiene



Changing
briefs or
assisting with
toileting



Indwelling
device care or
use







Wound Care

Why Do We Need Enhanced Barrier Precautions (EBP)?

- High incidence of MDRO colonization in nursing home residents
- Previous interventions focused on active MDRO infections only
- A broader approach was needed to reduce the spread of MDROs without long-term isolation

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% 

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



Known MDRO



No Known MDRO

When to Use EBP

- Infection or colonization with a CDC-targeted multi-drug-resistant organism (MDRO) or epidemiologically important MDRO
- Residents at higher risk of acquiring an MDRO:
 - Unhealed wounds
 - Presence of an indwelling device
- When contact precautions do not apply
- Directed by public health authorities

CDC Targeted MDROs

- Pan-resistant organisms
- *Candida auris* (*C. auris*)
- Carbapenem Resistant Organisms (CRO)
 - Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)
 - Carbapenemase-producing carbapenem-resistant Pseudomonas (CP-CRP)
 - Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii (CP-CRAB)



Epidemiologically Important MDROs

Additional MDROs may include:

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

Facility Determination:

- Conduct a risk assessment
- Reportable pathogens
- Local spread and public health priority
- The facility's MDRO activity within the building, past and current.

EBP for Indwelling Devices

Included:



- Central vascular lines
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomy tubes

Not Included:

- Peripheral IVs
- Port not accessed
- Insulin Pumps
- Pacemakers



EBP for Wounds



- Wound with a dressing
- Longer lasting wounds
 - Pressure ulcers
 - Diabetic foot ulcers
 - Unhealed surgical wounds
 - Chronic venous stasis ulcers
- Contained drainage

When to Implement Contact vs. EBP for MDROs

Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO without a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

CDC PPE Use and Room Restriction

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> Infection or colonization with an MDRO <i>when Contact Precautions do not otherwise apply</i> Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> 	During high-contact resident care activities: <ul style="list-style-type: none"> 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)	None
Contact Precautions	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in 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)	Yes, except for medically necessary care



EBP Cohorting

Strategies to minimize transmission between roommates include:

- Three feet spatial separation between beds
- Do not share items
- Use of privacy curtains
- Cleaning and disinfecting shared medical equipment
- Cleaning and disinfecting environmental surfaces more frequently
- Change PPE and perform hand hygiene when switching care from one roommate to another
- Avoid sharing bathrooms / clean bathrooms more frequently

EBP Gloves and Gown Access

- Outside the room, like other TBP
- Inside the room
- Combination of both inside and outside the room
 - PPE must be kept in a clean location
 - PPE must be held in the original container
 - Hands must be clean prior to accessing the PPE
- Document the decision using a risk assessment

Hand Hygiene

- Alcohol-based hand sanitizer or soap and water
- Availability of products
- Wearing gloves is not a substitute for hand hygiene
- Audits to track compliance
- Real-time feedback



EBP Cleaning and Disinfection

There is no change in when or how to clean and disinfect surfaces.

Maintain and adhere to:

- Equipment manufacturer's instructions for use
- Proper storage of shared medical equipment
- Deep or terminal cleaning schedule
- Validating responsibility and frequency of cleaning surfaces, equipment, and shared spaces
- Cleaning and disinfecting equipment and cart at the end of the shift
- Enhanced cleaning based on the pathogen



Contact TBP Cleaning and Disinfection

Consider adopting Contact TBP standards **if**:

- HAI transmission is occurring
- Inconsistent application of cleaning policies or procedures
- Dependent on the pathogen
- Direction of local or state DPH

Additional actions:

- Clean the EBP rooms after non-isolation rooms
- Change the glove and gown after each resident's space
- Only the necessary cleaning equipment and supplies enter the room
- Consider dedicated cleaning supplies or equipment

EBP Cleaning and Disinfection

- Validate that the disinfectant is:
 - Environmental Protection Agency (EPA) and hospital or healthcare approved
 - Effective to kill the MDRO using the EPA Lists
- Contact, dwell, or wet time is known and followed
- Application of the agent is consistent with the manufacturer's IFU

Visitors and Resident Education

Enhanced Barrier Precautions How We Keep Our Residents Safe

What's New

We are using Enhanced Barrier Precautions to help protect our residents from infection. You may notice:

- New signs throughout the facility
- Staff wearing gowns and gloves for high-contact care activities

Why We're Making These Changes

We are taking action to protect our residents from dangerous germs. These germs can cause infections that are hard to treat.

Enhanced Barrier Precautions allow us to provide safe, high quality care and help stop the spread of germs within our facility.

How to Help When You Visit

You can help stop the spread of germs by cleaning your hands with alcohol-based hand sanitizer or soap and water.

Learn more about Enhanced Barrier Precautions:
bit.ly/PPE-NursingHomes



More than
50%
of nursing home residents carry a
multidrug-resistant organism.

Keeping Residents Safe – Use of Enhanced Barrier Precautions

A message from:

Dear Residents, Families, Friends, and Volunteers:

You may have noticed new signs on some doors that say "Enhanced Barrier Precautions" and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

1. **Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
2. **Using gowns and gloves.** Since we can't wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn't mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

Please contact us with additional questions at:

Sincerely,

Any resident who develops an HAI must be notified of the event or their designee.

Successful Use of EBP



<https://www.cdc.gov/hai/pdfs/containment/EBP-Presentation-July2022.pptx>

Tools, Resources, and References

Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities

<https://www.cdc.gov/hicpac/pdf/EnhancedBarrierPrecautions-H.pdf>

CMS QSO-24-08-NH Enhanced Barrier Precautions in Nursing Homes

<https://www.cms.gov/files/document/qso-24-08-nh.pdf>

Standard Precautions for All Patient Care

<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

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

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities

<https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html>

CDC Appendix A-Type and Duration of Precautions Recommended for Selected Infections & Conditions

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>

CDC Enhanced Barrier Precautions Pocket Guide

<https://www.cdc.gov/hai/pdfs/containment/EBP-MDROs-Poster-508.pdf>

CDC Enhanced Barrier Precautions Sign

<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

Tools, Resources, and References

CDC Pre-Implementation- Enhanced Barrier Precautions

<https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf>

CDC Enhanced Barrier Precautions Implementation- Observations Tool

<https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf>

CDC EBP—How We Keep Our Residents Safe Poster

<https://www.cdc.gov/hai/pdfs/containment/EBP-KeepResidentsSafe-Poster-508.pdf>

CDC Keeping Residents Safe—Use of Enhanced Barrier (Residents, families, and volunteers)

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

CDC Help Keep Our Residents Safe—Enhanced Barrier in Nursing Homes (Staff)

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

CDC MDROs Are a Threat to Our Residents Poster

<https://www.cdc.gov/hai/pdfs/containment/EBP-MDROs-Poster-508.pdf>

CDC Frequently Asked Questions and EBP in Nursing Homes

<https://www.cdc.gov/hai/containment/faqs.html>

For Questions, Please Contact:

- Philadelphia Department of Public Health, Division of Disease Control | Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program
- Email: HAI.PDPH@Phila.gov
- Phone: (215) 685-4501
 - Tiina Peritz, MS, BSN, RN, CIC | Program Manager
 - Jane M. Gould, M.D. | Medical Director

Enhanced Barrier Precautions (EBP) Survey Results

Briana Bowen, MPH

Council of State and Territorial Epidemiologists Applied Epidemiology Fellow





5

*Facilities
Participated*



115

*Staff Member Responses
Collected*



3

Domains Covered

Who took the survey?



52

CNAs



24

LPNs



16

RNs



10

EVS



1

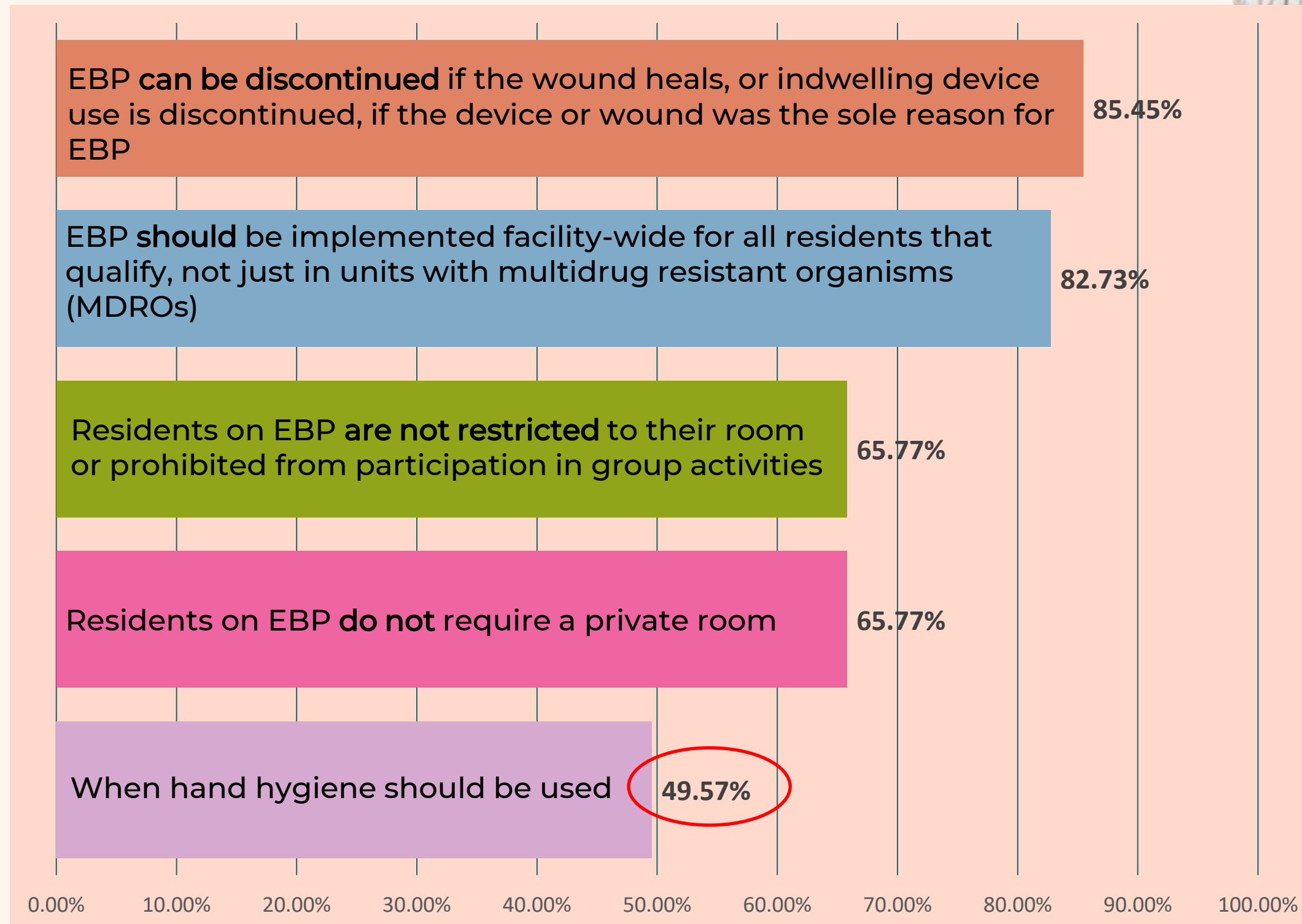
Administrator

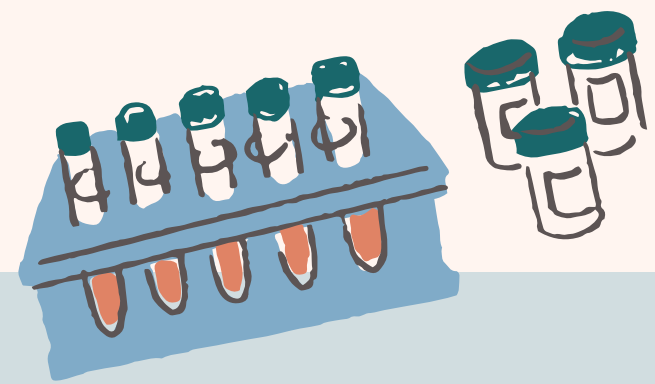


Domain 01.

Knowledge of
EBP

Most Understood

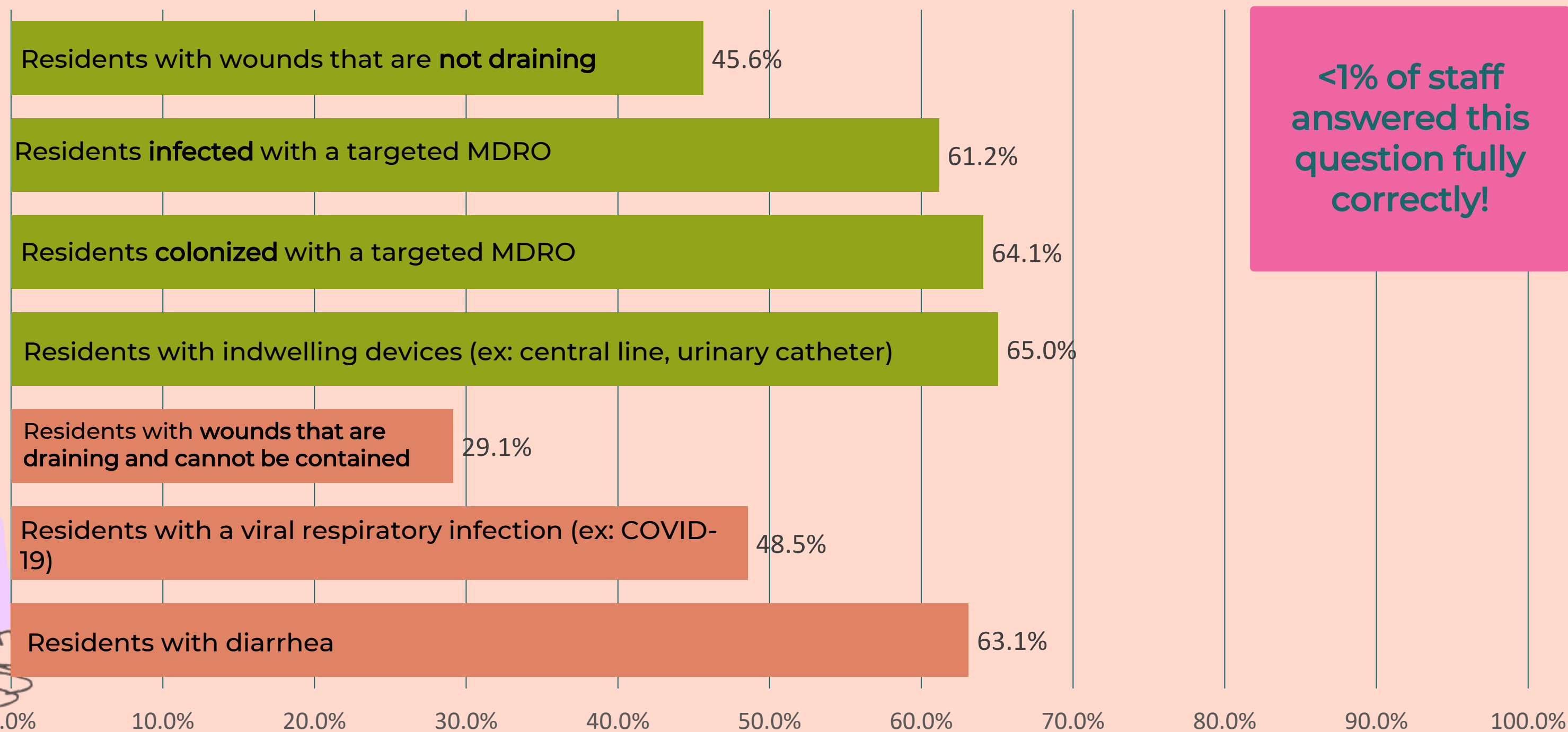


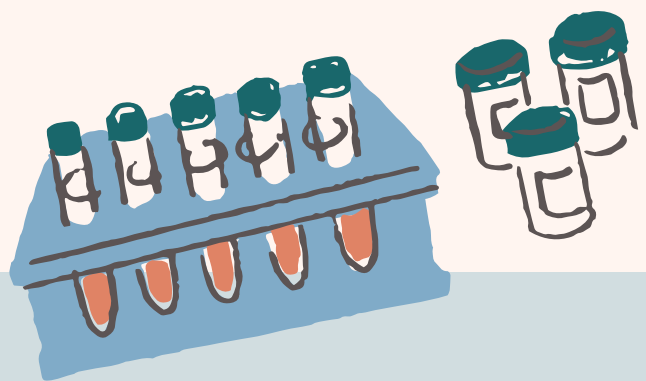


Least Understood



Residents that should be placed on EBP:

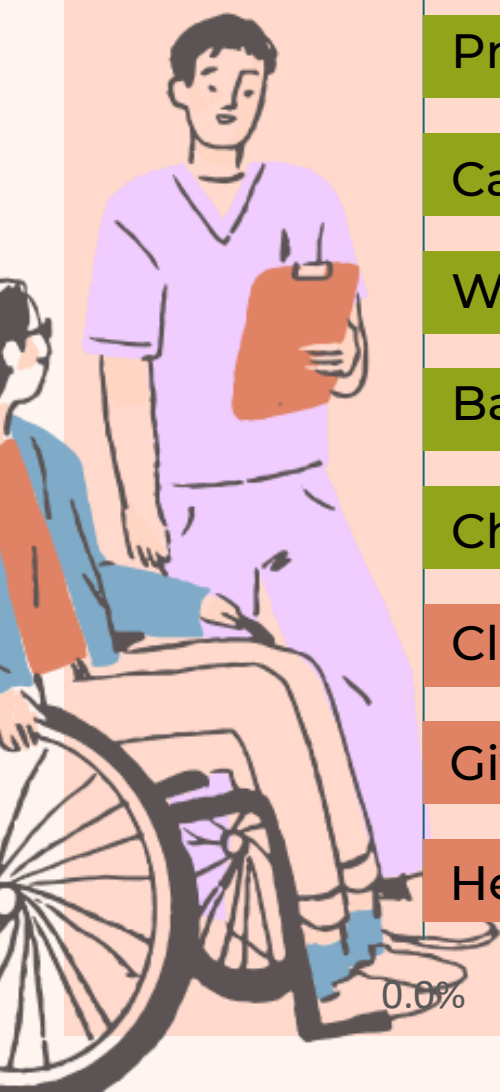
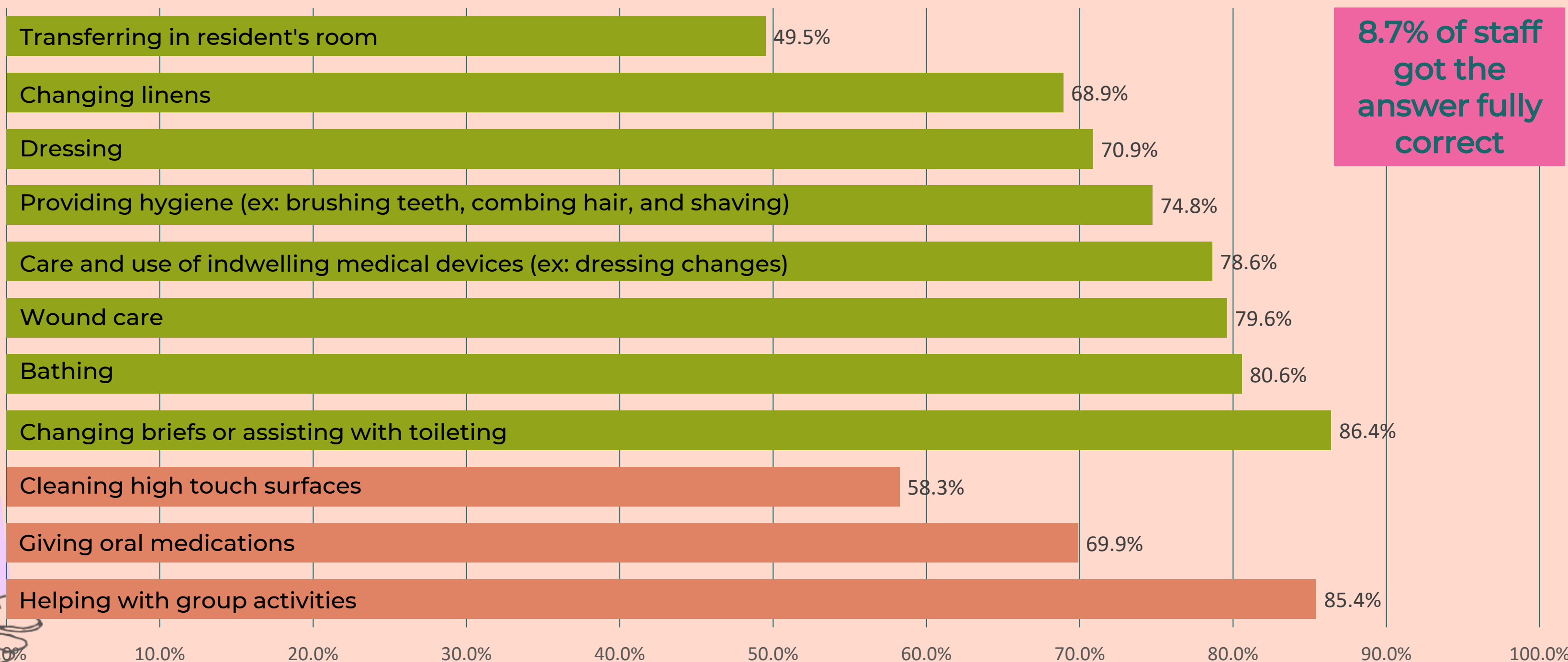


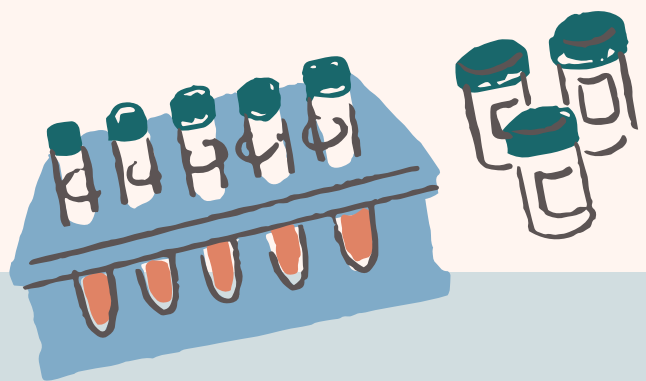


Least Understood



High contact resident care activities include:





Least Understood



Contact Precautions, rather than EBP, should be used when:

A resident has acute diarrhea

58.3%

A resident has secretions that **cannot be covered or contained**

66.0%

A resident has a draining wound that **cannot be contained**

68.0%

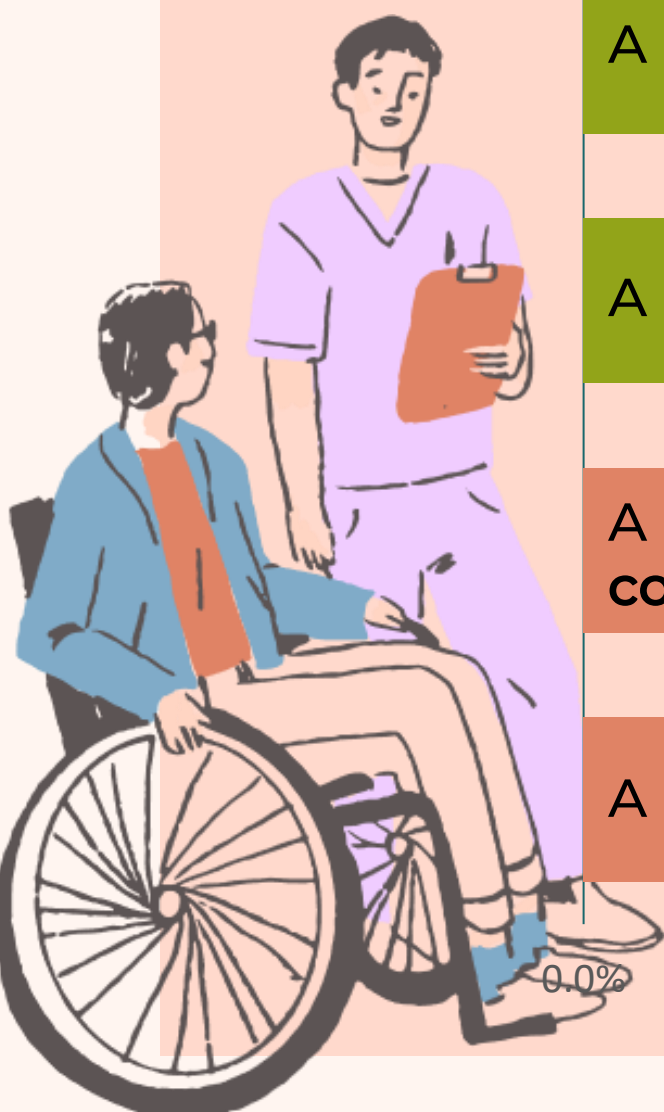
A resident has a PDRO infection, but **secretions are contained**

54.4%

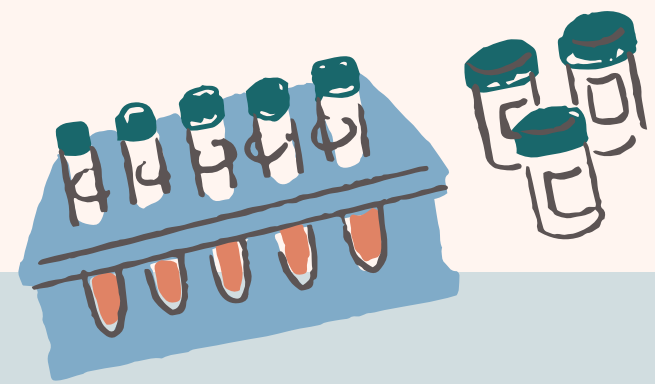
A resident is colonized, not infected, with an MDRO

66.0%

12.6% of staff
got the
answer fully
correct



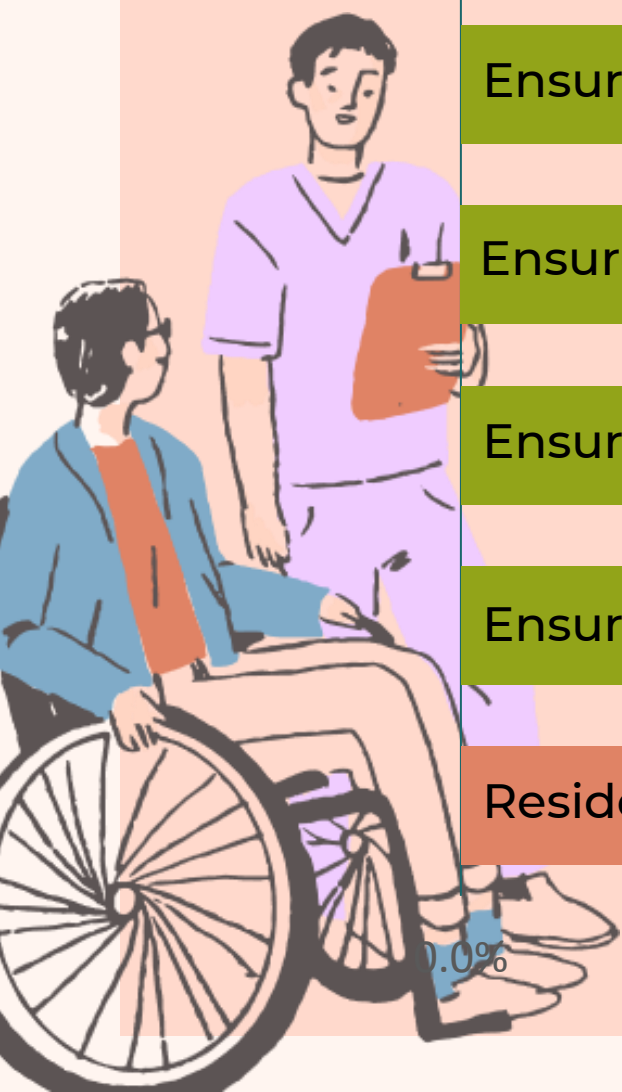
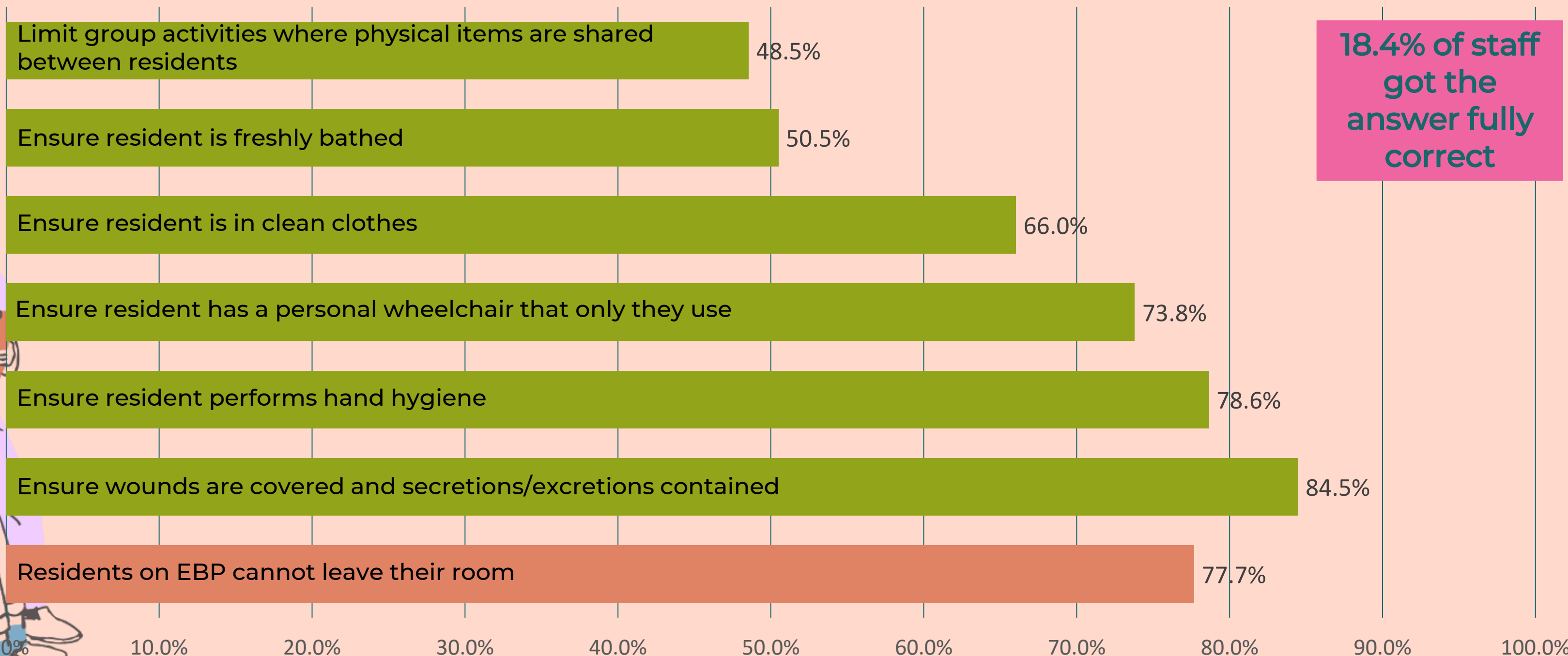
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%

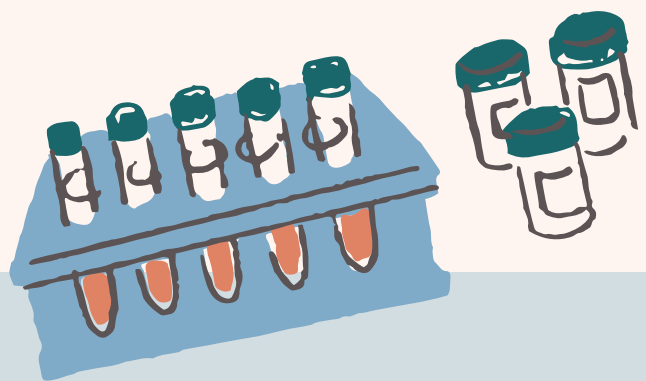


Least Understood



Ways to minimize risk when residents on EBP leave their rooms include:

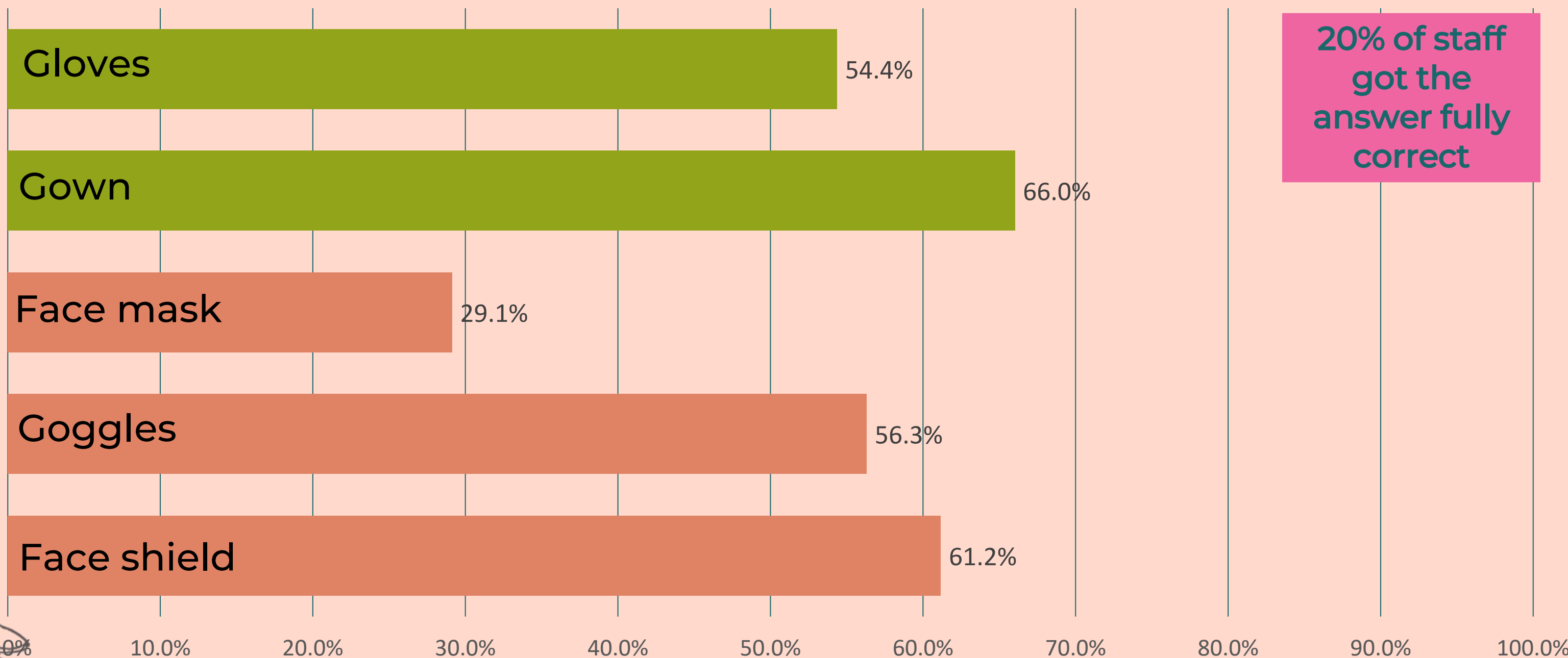


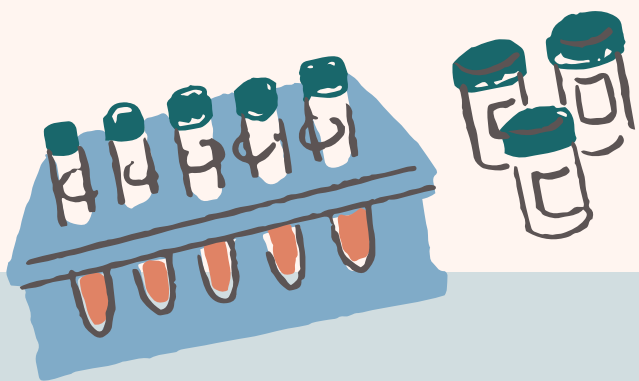


Least Understood

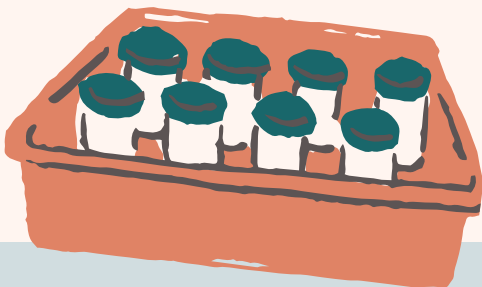


PPE needed for high contact resident care activities includes:





Least Understood



Organisms that require EBP in my facility:

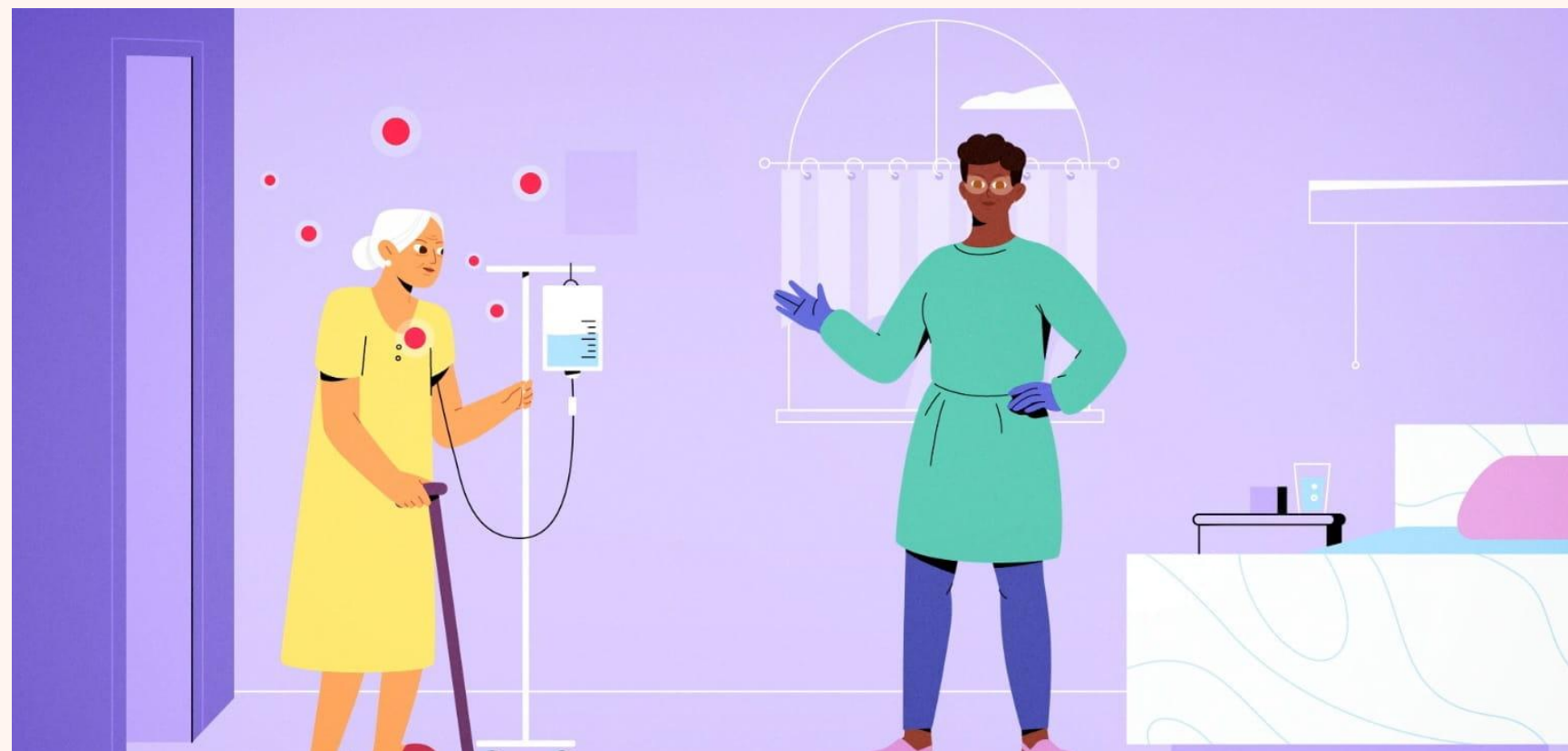
- 55.3% Selected *C. difficile*
 - Should always be on contact precautions

CDC Recommends:

Top Selected Answers
MRSA
<i>C. Difficile</i>
ESBL
VRE



Always Use EBP	Potentially Use EBP
PDROs	MRSA
CP-CRE	ESBL
CP-CRPA	VRE
CP-CRAB	MDR-PA
<i>C. auris</i> *	Resistant <i>S. pneumoniae</i>



Many staff members expressed issues with reading levels and not knowing technical terms which may impact their ability to understand EBP guidance.

Other Findings

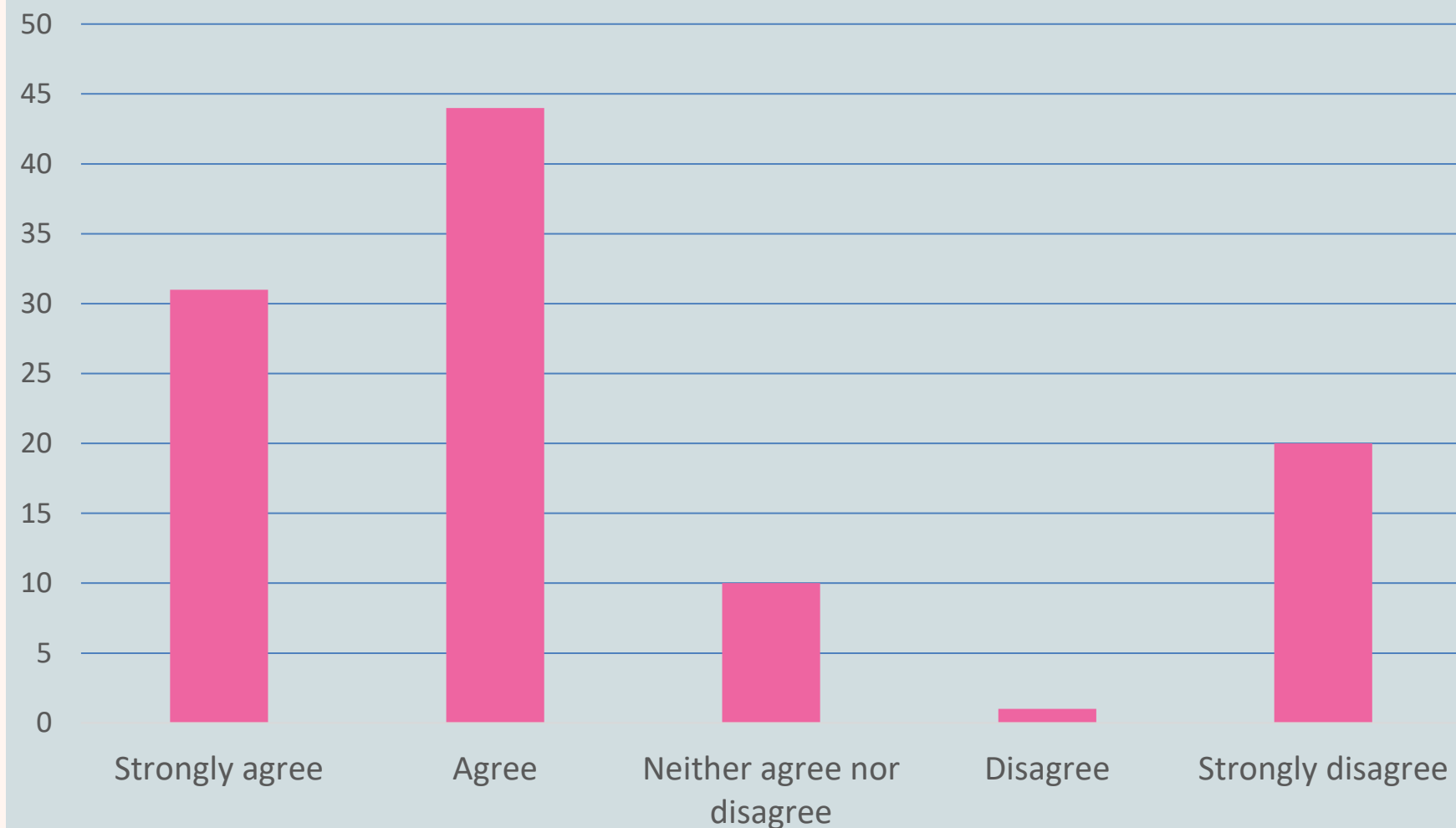


Domain 02.

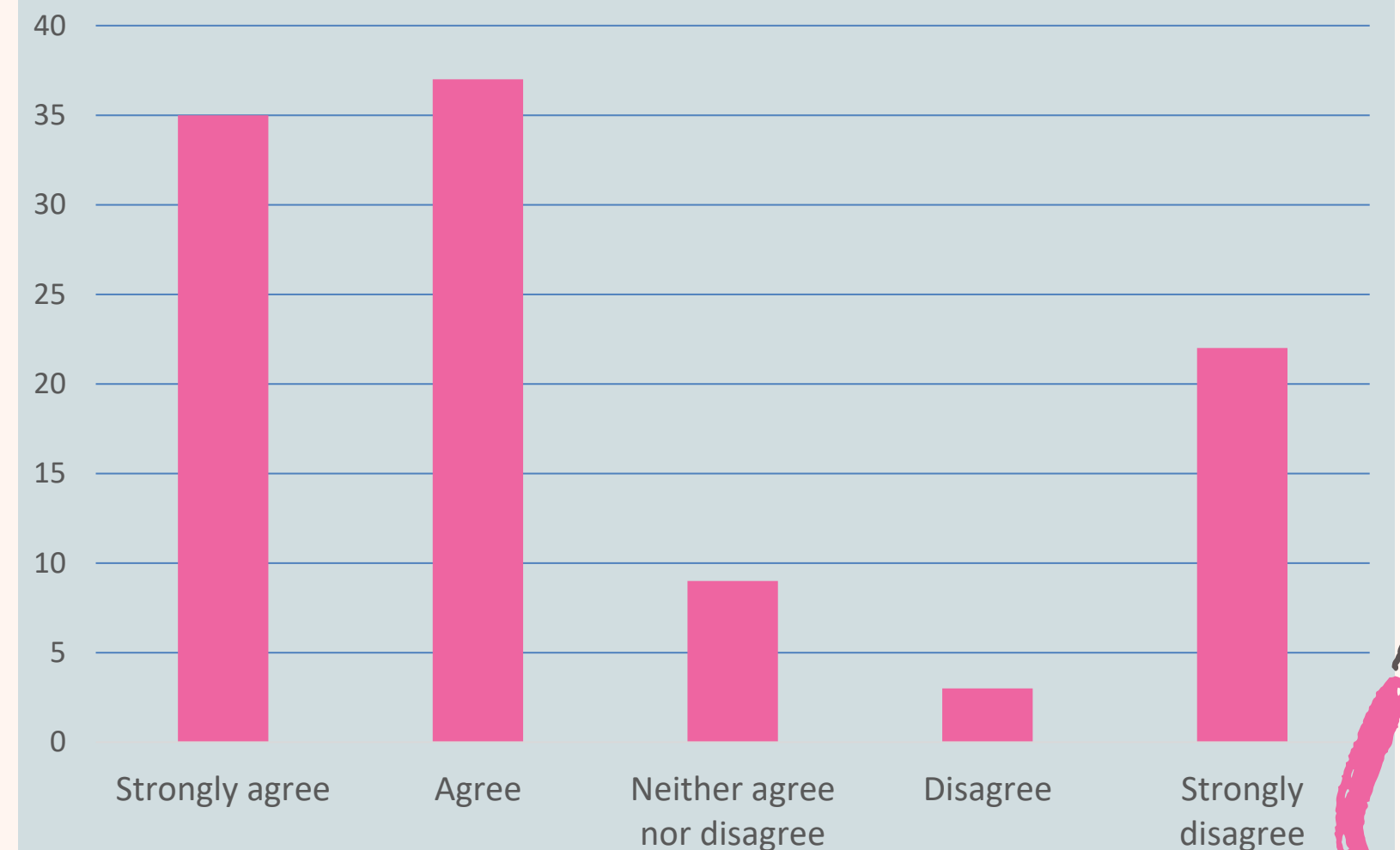
Perceptions of
EBP

EBP Training and Identification

I received sufficient training:



Rooms requiring EBP are easily identifiable:



Most Common EBP Perceptions

I feel that EBP has:

- Improved the quality of life of many residents
- Protected residents from drug resistant organisms
- Improved my ability to perform patient care duties safely

Staff Quotes

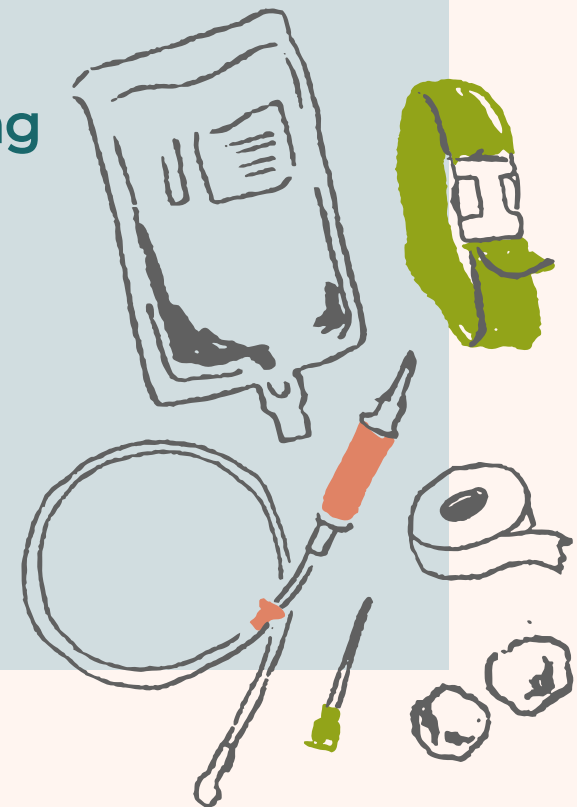
- “[EBP] provides additional protection for our residents.”
- “Improved my ability to perform patient care duties.”
- “I feel EBP should become part of Standard Precautions, but I know the impact it would have on costs and the environment.”

Residents and residents' families:

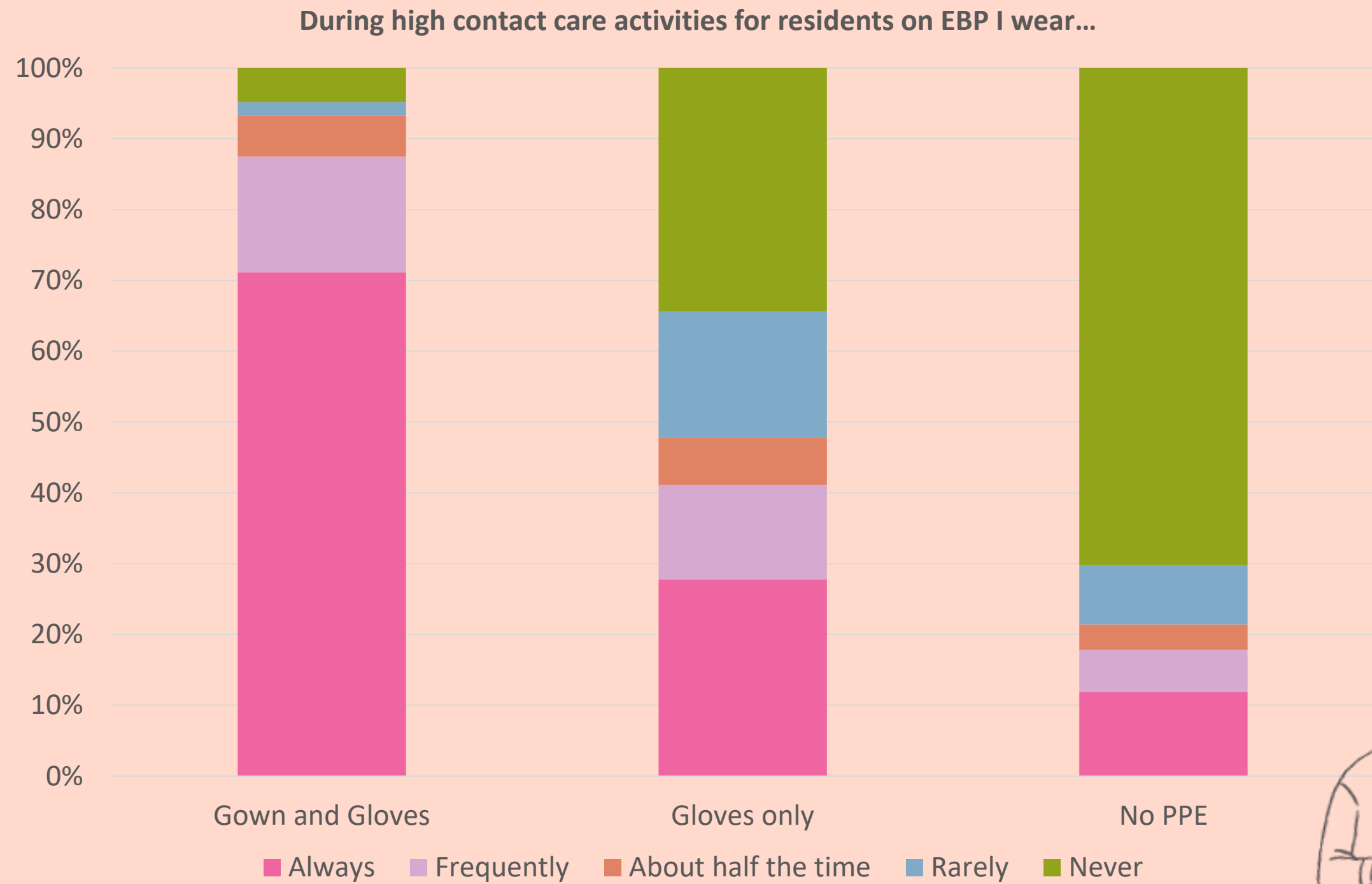
- Understand why staff are using EBP
- Feel that EBP protects them/their loved ones
- Need more education on EBP
- Feel generally positive about the use of EBP

Staff Quotes

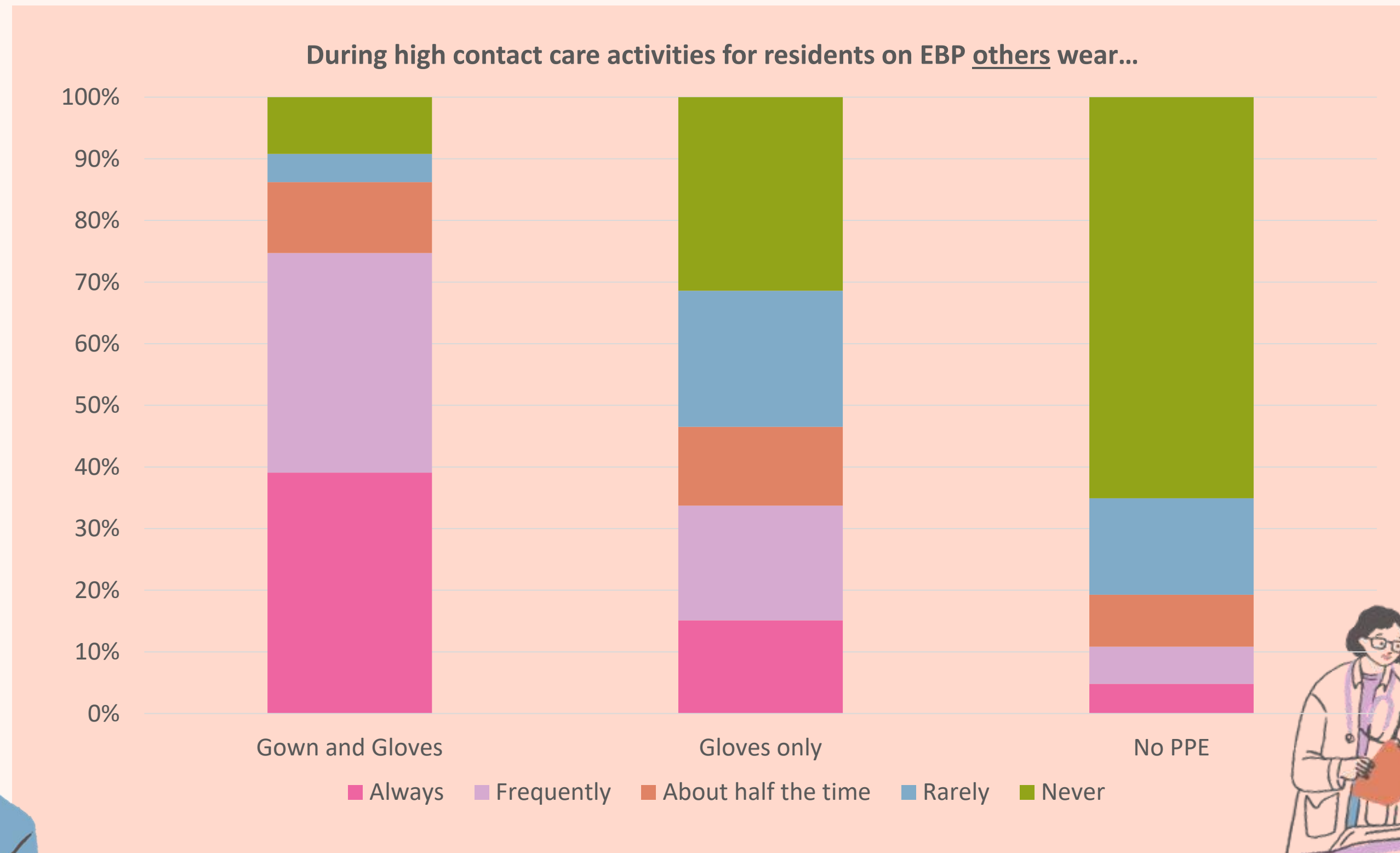
- “A lot of residents and guests are getting confused by the EBP and get scared asking what they have wrong and put the PPE on. Once explained family and guests feel better.”



Gown and Glove Usage

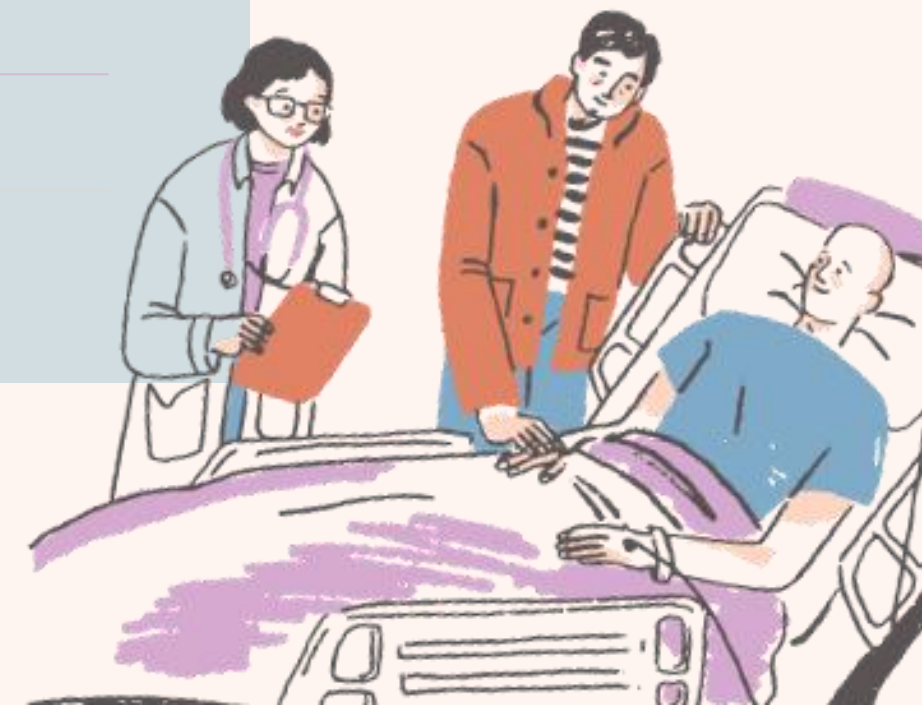
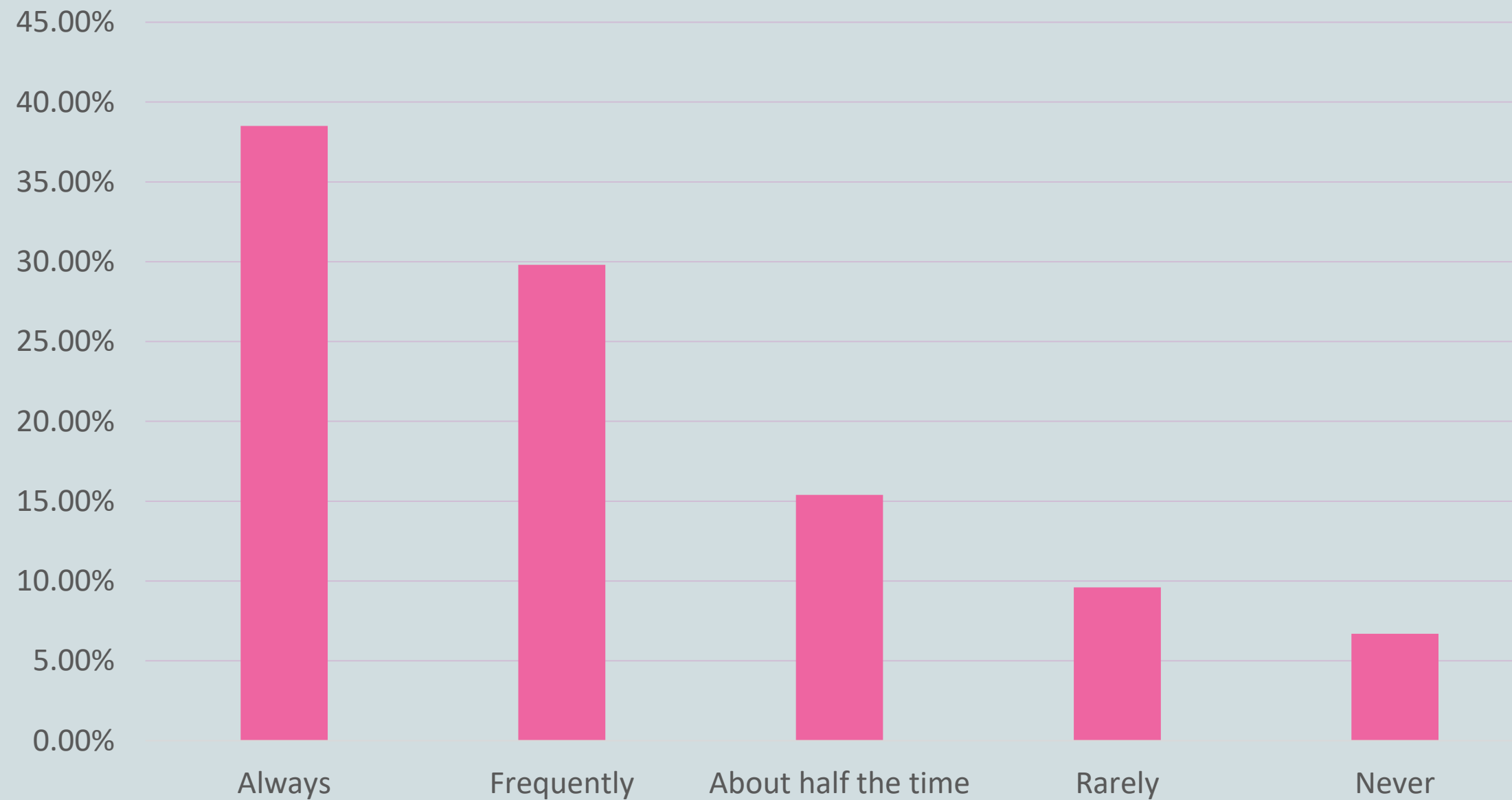


Gown and Glove Usage



Gown and Glove Usage

I observe Environmental Services staff wearing gown and gloves during linen changes for residents requiring EBP:





Domain 03.

Barriers and
Successes

Most Common Successes

Most common successes:

- An adequate supply of PPE is available for staff
- I can easily access PPE outside of resident rooms that require EBP
- Trash cans are available in residents' rooms who require EBP for proper PPE disposal

Staff Comments

- “PPE is always available.”
- “...folks are receptive to education.”
- “I have not experienced any difficulties pertaining to barrier precautions.”
- “I'm sure of the guidelines for EBP.”
- “I know where to find [PPE].”



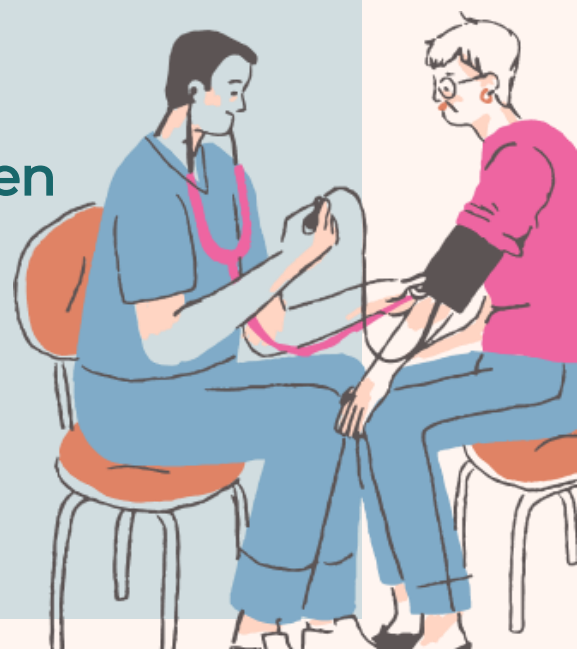
Most Common Barriers

Most common barriers:

- Agency/ temporary staff do not know how to implement EBP
- Other facility staff are not always sure when to use PPE for EBP
- I have completed EBP training, but it has not been adequate

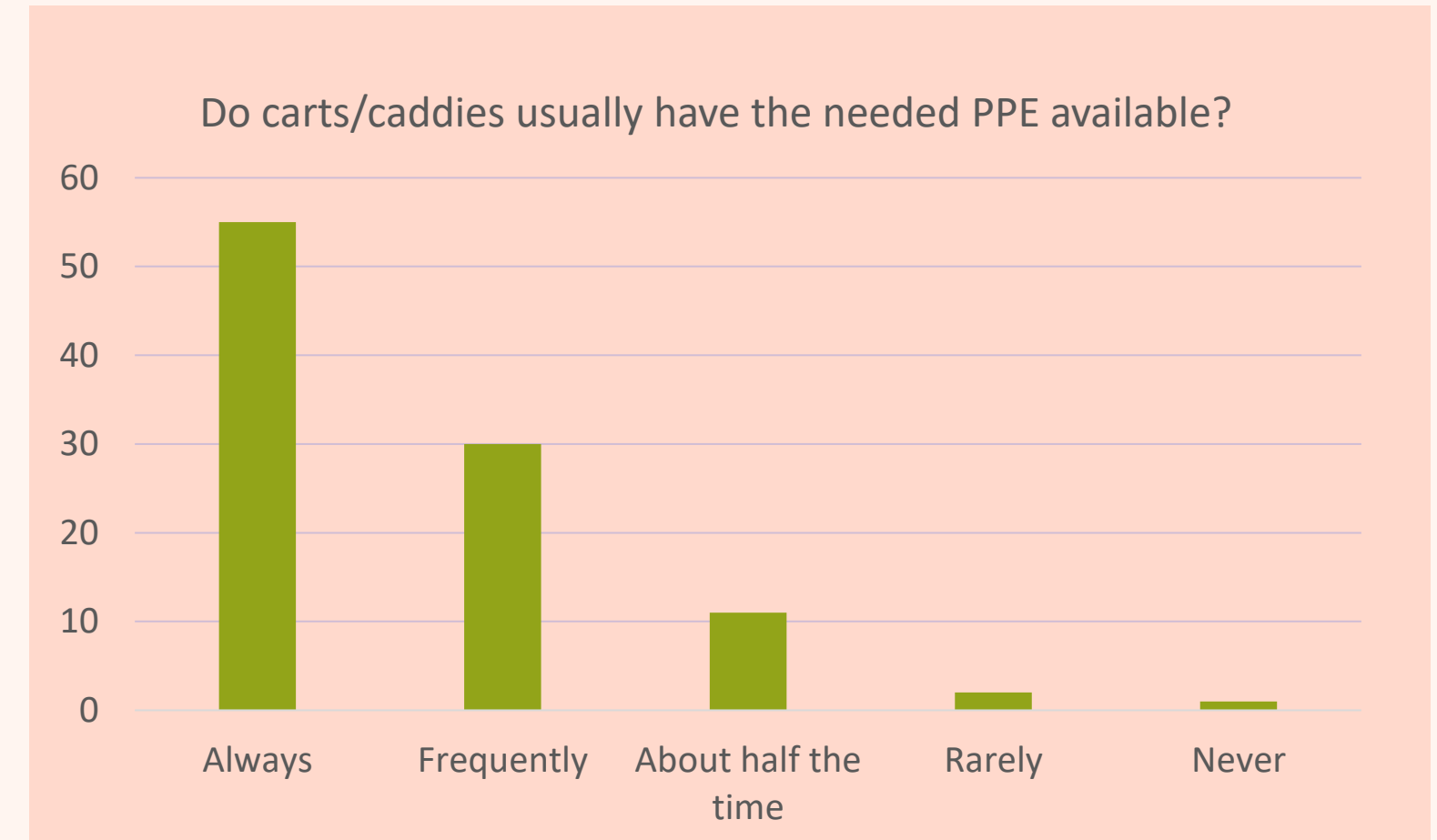
Staff Comments

- “We were not taught about the EBP until we asked.”
- “There will be some nurses no matter the training that will not wear PPE.”
- “The only barrier I've faced was how to wear gloves and gown with one resident and then turn right back around and do it again with another resident in the same room of course **handwashing is involved between both residents and before and after care but that's a barrier to overcome.**”
- “Not enough staff so that I can give residents the proper care.”
- “Administration does not seem to be completely invested in implementing full EBP due to how it makes the community look less home-like.”



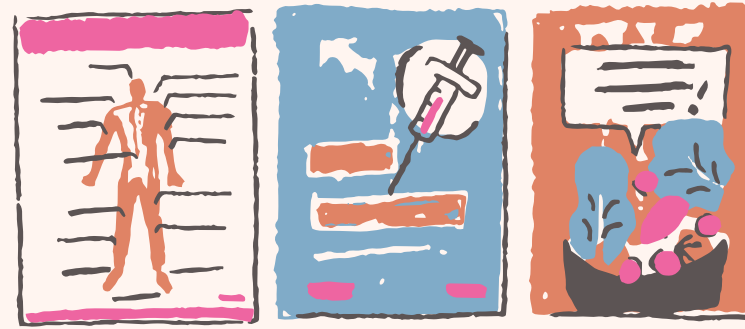
Isolation Carts

Barriers related to isolation carts were minimal



Staff Comments

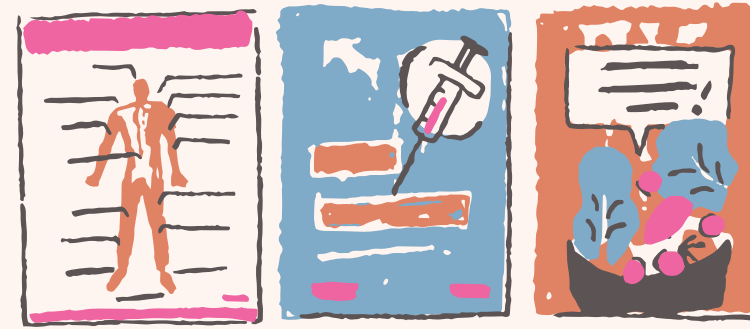
- “[Interferes with] wheelchairs and traffic through the unit because caddy is on both sides of the hall”
- “[Carts] have to be put in hallway sometimes making it difficult to get around them.”
- “Not enough room in the hallways for residents, assistance devices, [medicine] carts, lifts and meal trays”



Staff requested more education on:

- Medical terminology (organisms and devices)
- How to explain EBP to residents and their family
- EBP vs Contact Precautions
- Proper gown use
- Options for gowns and carts
- **Everything about EBP!**

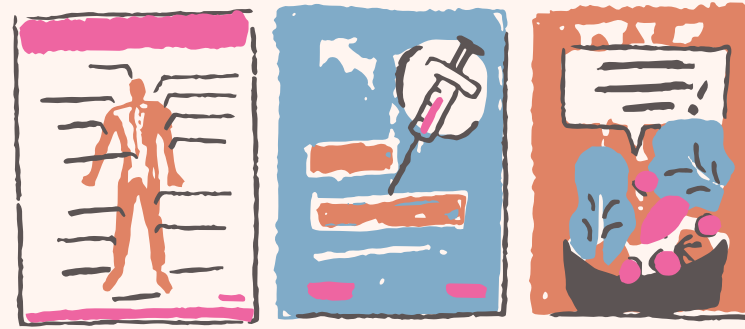




Summary:

- Staff Responses about EBP were generally positive and expressed an understanding of it's importance!
- Most well understood:
 - When EBP can be discontinued
 - EBP is facility wide
- Most commonly reported:
 - Access to adequate PPE and trash cans
 - Using gowns and gloves when appropriate
 - Understanding the importance of EBP
 - Residents and their families understanding the importance of EBP
- Biggest areas for education:
 - Contact Precautions vs. EBP
 - What PPE needs to be worn
 - High contact resident care activities
 - Organisms that require EBP





Next Steps:

- Facility specific reports with recommendations are coming soon
- Developing trainings and tools to address specific gaps identified among facility staff



References

1. [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | LTCFs | CDC](#)
2. [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC](#)
3. [enhancedbarrierprecautions-508.pdf](#)



4. [PowerPoint Presentation](#)
5. [Enhanced Barrier Precautions \(EBP\) Implementation—Observations Tool](#)
6. [Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx](#)
7. [Educational Videos](#)



Questions?

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*Thank you to all facilities
and staff that participated in
this survey!!*





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Resources and Services



APIC Membership

For SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



Over \$200 in value!

Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite Education
 - Onsite Education Topics:
 - Hand Hygiene
 - Environmental Services
 - Personal Protective Equipment
 - *C. auris*
 - Injection Safety
 - Escape Room
 - Virtual Education Topics:
 - Injection Safety
 - *C. auris*
- N95 Qualitative Fit Test Train-the-Trainer
- Quarterly newsletter
- [Sign-Up Form for HAI/AR Services](#)



Department of Public Health
CITY OF PHILADELPHIA

Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Sign-Up Form for HAI/AR Services

Please fill out the fields below.

Thank you!

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>
Phone Number	<input type="text"/>
Facility Name <small>* must provide value</small>	<input type="text"/>

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Thank you!