



# IMPROVING COMPLIANCE WITH HAND HYGIENE AND ENHANCED BARRIER PRECAUTIONS

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## Objectives

- To identify three strategies to support hand hygiene compliance.
- To define enhanced barrier precautions (EBP).
- To describe CDC and CMS guidelines on when and how enhanced barrier precautions need to be implemented.

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3 Enhanced Barrier Precautions

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Enhanced Barrier Precautions

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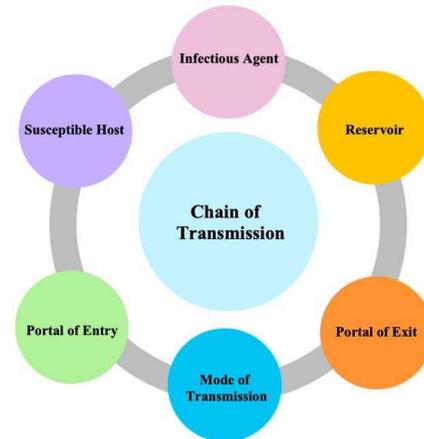
The image shows a dark blue background with the word "Why?" written in various colors (white, blue, green, purple) and sizes. Some are in a 3D font, while others are flat. There are also several question marks scattered around the text.

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## Why EBP?

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- Prevent the spread of multi-drug-resistant organisms (MDRO) – residents colonized or infected with MDRO
- Focus on residents with risk factor for infection with MDRO
  - ▣ Indwelling device
  - ▣ Wounds



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## Indwelling device

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### YES

- Central lines – PICCs, hemodialysis catheters
- Midlines
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomies
- Ventilators

### NO

- Peripheral IV
- Shunts and fistulas for dialysis
- Continuous glucose monitors
- Insulin pumps
- Ostomy without an associated indwelling device
- Devices fully embedded in the body without components that communicate with the outside

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## Wound

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- 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 bandage or similar dressing. 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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## Why?

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- Per CDC, 50% of nursing home residents may be colonized with an MDRO
- We don't always know who is colonized and who isn't or when they are colonized (i.e., transient colonization)
- Colonized residents can transmit pathogen to others
- We don't know who is going to be susceptible to getting sick and who isn't

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## Enhanced Barrier Precautions

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Use gowns and gloves when providing high-contact care to resident

- 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

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## Enhanced Barrier Precautions

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CMS allows flexibility for placement of PPE and how residents are designated as being on EBP (i.e., signage)



**STOP ENHANCED BARRIER PRECAUTIONS STOP**  
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

-  Wear gloves and a gown for the following High-Contact Resident Care Activities.
  - Dressing
  - Bathing/Showering
  - Transferring
  - Changing Linens
  - Providing Hygiene
  - Changing briefs or assisting with toileting
-  Device care or use:
  - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

**Do not wear the same gown and gloves for the care of more than one person.**

 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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## CMS Regulations

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### Resident's rights, precautions, and signs

- Resident does not have the right to infringe on the rights of another resident (F558)
- F583 - Resident privacy and communication of precautions
  - ▣ *“Posting signs in residents’ rooms or in areas visible to others that include clinical or personal information could be considered a violation of a resident’s privacy. This does not prohibit the display of resident names on their doors...(This does not include isolation precaution information for public health protection, as long as the sign does not reveal the type of infection).”*

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## High Contact Care

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## Therapy and EBP

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- Continue to strive for no PPE in hallways.
- Holding a gait belt or pulling/pushing wheelchair behind someone is not high contact care.
- Don't forget the importance of hand hygiene and the need for alcohol-based hand rub to be accessible.
- Moderate to maximal level of assistance may require gowns and gloves.
- If the hallway is needed for walking, designate low traffic hallway and re-route other residents from being in that area during therapy time.

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## Per CMS Apply Enhanced Barrier Precautions

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Wounds

Indwelling devices

Colonization or infection with targeted MDRO

Discretion for other epidemiologically important organisms

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## Enhanced Barrier Precautions

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For novel and targeted MDROs

- Pan-resistant organisms,
- Carbapenemase-producing Enterobacteriales,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida auris*

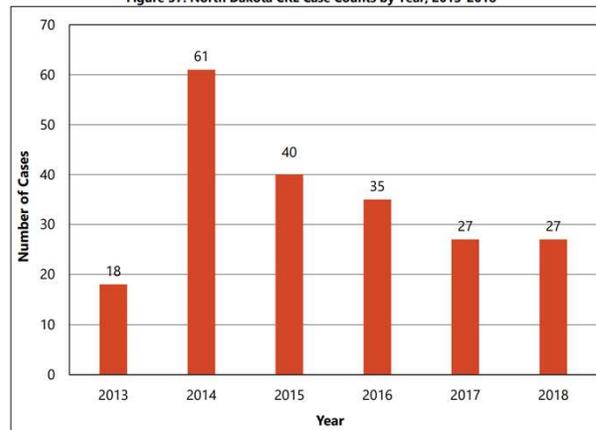
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## North Dakota 2018 Epidemiology Report

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In North Dakota, all Carbapenem - Resistant organisms became reportable in 2018.

Figure 37: North Dakota CRE Case Counts by Year, 2013-2018



[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20\\_Final.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20_Final.pdf)

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## North Dakota 2018 Epidemiology Report

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The Carbapenem-resistant Enterobacterales (CRE) organisms reported for North Dakota in 2018 include:

- *Enterobacter cloacae*, *Enterobacter aerogenes*, and *Enterobacter amnigenus*
- *Serratia marcescens*
- *Citrobacter freundii*
- *Enterobacter aerogenes*
- *Escherichia coli*
- *Klebsiella Aerogenes*

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## North Dakota 2018 Epidemiology Report

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- Carbapenem-resistant Enterobacterales
  - CRE was identified in 14 counties.
  - CRE incidence was 3.57 cases per 100,000 people in 2018.
  - The counties with the highest incidence of CRE cases per 100,000 people were Sioux: 91.41, Golden Valley: 55.90 and Oliver: 51.55
- KPC producers were identified in Burleigh, Cass, Mercer and Oliver counties.

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20\\_Final.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20_Final.pdf)

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## North Dakota 2018 Epidemiology Report

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- Carbapenem-resistant *Pseudomonas aeruginosa* (CRKP)
  - ▣ There were 57 cases were reported in 2018 in 23 counties and one homeless person.
  - ▣ The incidence rate was 7.55 per 100,000 people.
  - ▣ The counties with the highest incidence rate of carbapenem resistant pseudomonas cases per 100,000 people were Cavalier 53.16, Logan 52.14 and Oliver 51.55.
- 5 KPC producers in Cass, Stutsman and Richland counties

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20\\_Final.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Epidemiology%20%26%20Pump%20Handle/Epi%20Report%202018%20_Final.pdf)

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## Enhanced Barrier Precautions - Discretion

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Additional epidemiologically important MDROs may include, but are not limited to;

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

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## Which MDROs for EBP?

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Which epidemiologically important organisms should I include in EBP in my facility?

- Which MDROs are most prevalent in your facility?
- Which MDRO is putting your residents at greatest risk for morbidity or mortality?
- Consider including ESBL since ESBL production is often precursor in the pathway for development of carbapenem resistance.

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## Enhanced Barrier vs. Contact Precautions

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If a resident is on contact precautions in the hospital, do I need to continue contact precautions when they arrive at my facility?

- Are body fluids contained?
- Do they have a GI illness that requires contact precautions per CDC?

An infection with MDRO does not require contact precautions. EBP can be used as long as body fluid is contained.

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## Enhanced Barrier vs. Contact Precautions

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- Consider different room set up for EBP vs. Contact precautions.
- Provide visual cues for staff to recognize the difference.
- It takes more than education!

ENHANCED BARRIER PRECAUTIONS VS CONTACT:  
WHAT IS THE DIFFERENCE?

### ENHANCED BARRIER PRECAUTIONS

When providing care, wear gown and gloves  
Gowns in bag on back of door  
Resident can leave their room

### CONTACT PRECAUTIONS

EVERY TIME you go into the room  
You must wear gown and gloves  
Isolation cart outside of the room with gown and gloves  
Resident **MUST** stay in their room

Both types of precautions help keep bacteria that may be drug resistant from getting on you and spreading to other residents. We don't always know when we have infectious germs on us because they don't always make us sick. People with catheters, other devices, and wounds are more vulnerable to becoming sick.

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## Contact Precautions

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### MUST STILL BE IMPLEMENTED FOR:

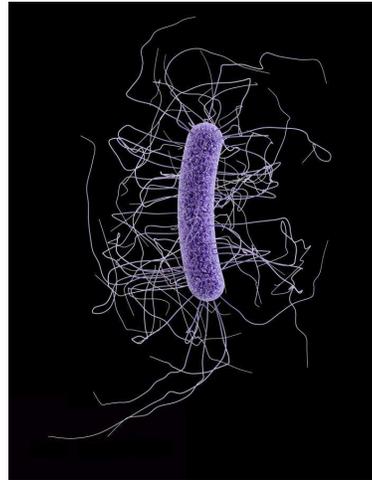
- Acute diarrhea;
- Draining wounds or other sites of secretions or excretions that are unable to be covered or contained;
- On units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring; and
- Any other infection listed in Appendix A that requires contact precautions.

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## Contact Precautions

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- Hand hygiene may vary by type of pathogen.
- Disinfection product may vary by type of pathogen.



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## Enhanced Barrier vs. Contact Precautions

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CMS Appendix PP 07-09-2025 page 797 - 798

- EBP are indicated for residents with any of the following:
  - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply.
- Facilities have discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

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## Duration of Enhanced Barrier Precautions

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Resident with history of selected MDRO remains on EBP for duration of stay even with negative cultures.

Resident who no longer has a device or wound may be removed from EBP.

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## Don't forget Standard Precautions!

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- Applies to any potential exposure to blood, body fluids, secretions or excretions, mucous membranes, non-intact skin, and potentially contaminated environmental surfaces or equipment.
- PPE selected and worn based on anticipated exposures – Gloves, gown, face mask, and eye protection
- Enhanced barrier precautions are in addition to standard precautions.
  - If potential for splash and spray, then need to protect the face

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## Do residents placed on EBP require placement in a single room?

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

- Priority for single rooms
  1. Acute infection with transmissible disease
  2. Residents needing contact precautions
  3. Residents needing EBP

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## If No Single Room for EBP Resident

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Priority placement of residents requiring EBP

1. Roommate pairs based on MDRO colonization (residents with same MDRO may be placed in the same room together)
2. If multiple residents have the same novel or targeted MDRO, best practice is to cohort them together on one unit/wing to decrease the direct movement of healthcare personnel from colonized or infected residents to those who are not known to be colonized.

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## If No Single Room for EBP Resident

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3. If necessary to place MDRO resident on EBP with resident who is not colonized with same MDRO, then avoid placement with a resident at increased risk of adverse outcome from infection or increased risk of transmission
  - Immunocompromised
  - Wounds
  - Indwelling devices

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## EBP Resident with Non EBP Resident

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- Maintain spatial separation of at least 3 feet between beds to reduce opportunities for inadvertent sharing of items between the residents
- Use privacy curtains to limit direct contact (i.e., pull closed between residents)
- PPE must be discarded in between care of each resident
- Maintain core prevention practices – cleaning equipment between use, hand hygiene between care of each roommate

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## Hand Hygiene

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## Hand Hygiene

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- Key strategy to prevent the spread of infections
- According to CDC, on average healthcare workers clean their hands half the number of times that they should.



<https://www.cdc.gov/clean-hands/hcp/clean-hands-count/index.html>

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**GLOVES ARE NOT ENOUGH**

Wearing gloves is **NOT** a substitute for cleaning your hands.



- ▶ Your hands can get contaminated while wearing or removing gloves.
- ▶ Cleaning your hands after removing your gloves will help prevent the spread of potentially deadly germs.

Protect Yourself.  
Protect Your Patients.

**CLEAN  
HANDS  
COUNT**

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Hand Hygiene

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**Alcohol based hand rub is the  
PREFERRED  
way to clean your hands  
EXCEPT...**

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## Hand Hygiene

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**...When hands are visibly soiled, for *C. difficile* infections, and infectious diarrhea.**

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## Perform Hand Hygiene

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Before and after contact with the resident

Before performing an aseptic task

After contact with blood, body fluids, or potential contact with body fluid

When moving from a dirty task/body site to clean task

After contact with the resident's immediate environment and visibly soiled surfaces

After removing personal protective equipment (e.g., gloves, gown, facemask)

After using the restroom

Before meals

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# To use alcohol based hand rub (ABHR)

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**TECHNIQUE MATTERS WHEN CLEANING YOUR HANDS**



**ALCOHOL-BASED HAND SANITIZER**

**It only counts if you use the right amount, the right way.**

- ▶ Use enough alcohol-based hand sanitizer to cover all surfaces of your hands.
- ▶ You might need more than one pump.
- ▶ For alcohol-based hand sanitizer, your hands should stay wet for **around 20 seconds** if you used the right amount.

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# ABHR

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Make sure you cover your fingertips, thumbs, and between your fingers.

**CLEAN HANDS COUNT** FOR HEALTHCARE PROVIDERS

**KNOW THE TRUTH TO PROTECT YOURSELF AND PROTECT YOUR PATIENTS**



**TRUTH:** Alcohol-based hand sanitizer is more effective and less drying than using soap and water.

**THE NITTY GRITTY:** Compared to soap and water, alcohol-based hand sanitizers are better at reducing bacterial counts on hands and are effective against multidrug-resistant organisms (e.g., MRSA). Additionally, alcohol-based hand sanitizers cause less skin irritation than frequent use of soap and water.

**TRUTH:** Alcohol-based hand sanitizer does not kill *C. difficile*, but it is still the overall recommended method for hand hygiene practice.

**THE NITTY GRITTY:** Always use gloves when caring for patients with *C. difficile*. In addition, when there is an outbreak of *C. difficile* in your facility, wash your hands with soap and water after removing your gloves.

**TRUTH:** Some healthcare providers miss certain areas when cleaning their hands.

**THE NITTY GRITTY:** Using alcohol-based hand sanitizer becomes a habit and sometimes healthcare providers miss certain areas.

**MORE EFFECTIVE** + **LESS DRYING**

**RAD GERMS** vs **GOOD GERMS**

**TRUTH:** Using alcohol-based hand sanitizer does NOT cause antibiotic resistance.

**THE NITTY GRITTY:** Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. There is no chance for the germs to adapt or develop resistance.

**FINGERTIPS**

**THUMBS**

**BETWEEN FINGERS**

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## Soap Dispensers

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- Refilling or "topping off" containers of liquid soap has been associated with outbreaks of pathogenic bacteria. Soap should not be added to partially empty soap dispensers.

<https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html>

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## Resident Hand Hygiene

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Ensure policy addressing resident hand hygiene

Staff should assist with resident hand hygiene

- After toileting,
- Before meals, and
- Use of ABHR or soap and water at other times when indicated.

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# Competency vs. Compliance

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## Competency

- Demonstration of all steps in the process in a controlled situation
- Did you perform all the steps for washing your hands with soap and water correctly?

## Compliance

- Performance of the correct action for the situation
- Did you perform hand hygiene when you were supposed to?
  - Yes/No

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# Competency vs. Compliance

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Can you tell me what your hand hygiene compliance was for June, July, and August?

| Month           | # Performed/Complied | Total Observations | Percent Compliant |
|-----------------|----------------------|--------------------|-------------------|
| June            | 6                    | 10                 | 60%               |
| July            | 15                   | 20                 | 75%               |
| August          | 8                    | 15                 | 53%               |
| Quarter 3 Total | 29                   | 45                 | 64%               |

\*Specify observation type – Going in and out of resident rooms vs during a procedure like dressing change

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# Hand Hygiene Compliance

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- In **ADDITION** to educating staff and validating competency, monitor for compliance. Are staff performing hand hygiene when they are supposed to?
- In **ADDITION** to 1:1 coaching provide feedback to the group on progress towards reaching goal.
  - ▣ Set a goal – To have 95% compliance with hand hygiene by March 31, 2026, and sustain compliance through the end of the year.
  - ▣ Post progress updates throughout the facility.

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# Score Cards

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Hand hygiene goal: **95%** at room exit

EBP goal: **100%** compliance

| June 2025    | Hall A | Hall B | Hall C |
|--------------|--------|--------|--------|
| Hand hygiene | 80%    | 90%    | 75%    |
| EBP          | 60%    | 90%    | 80%    |

| July 2025    | Hall A     | Hall B | Hall C |
|--------------|------------|--------|--------|
| Hand hygiene | <b>95%</b> | 90%    | 85%    |
| EBP          | 95%        | 90%    | 80%    |

| Aug 2025     | Hall A      | Hall B      | Hall C |
|--------------|-------------|-------------|--------|
| Hand hygiene | <b>95%</b>  | <b>100%</b> | 85%    |
| EBP          | <b>100%</b> | <b>100%</b> | 85%    |

| Sept 2025    | Hall A      | Hall B | Hall C     |
|--------------|-------------|--------|------------|
| Hand hygiene | <b>95%</b>  | 90%    | <b>95%</b> |
| EBP          | <b>100%</b> | 90%    | 95%        |

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## Hand Hygiene Compliance

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- Easily accessible alcohol-based hand rub and soap & water
  - ▣ Ensure re-stocked when needed
  - ▣ Staff satisfaction with product in dispenser
- Process measure – set goal for compliance
- Training and competency validation
- Monitor compliance
- Feedback to staff – 1:1 and group/facility-based feedback
- Positive reinforcement (and accountability when needed)

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## Observation Tools and Apps

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Do you have an app or tool that you like to use for tracking observations?



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## CDC Education Materials

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**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](http://bit.ly/PPE-NursingHomes)

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

**STOP ENHANCED BARRIER PRECAUTIONS STOP**  
Use appropriate hand hygiene and wear appropriate PPE.  
**PROVIDERS AND STAFF MUST ALSO:**  
• Wear gowns and gloves for high-contact care activities.  
• Perform hand hygiene before and after high-contact care activities.  
• Perform hand hygiene before and after contact with the resident's environment.  
• Perform hand hygiene before and after contact with the resident's care equipment.

CDC

- Educate residents and their representatives

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

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## Resource Links

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- CDC Appendix A  
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
- CDC's EBP Guidelines  
<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- CDC's EBP FAQs  
<https://www.cdc.gov/hai/containment/faqs.html>
- CDC Hand Hygiene  
<https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html>

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# Q & A

□ Questions???



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*Thank you for your participation.*



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