Resident Evaluation Tool for Enhanced Barrier Precautions (EBP)

Resident Name: _____

Completed By: _____ Date: _____

Section A: Multi-drug Resistant Organism (MDRO) Status

	Assessment		Comments or Corrective Actions
Does resident require transmission-based precautions (TBP)/isolation (see next page for list)? • **If yes,** stop assessment and initiate TBP/isolation and ensure gown and gloves are used. See the Centers for Disease Control and Prevention (CDC) Appendix A.  **Complete the remainder of this assessment once the active infection is resolved.**	Yes	No	
Does the resident have a history of a MDRO infection or known colonization? • **If yes**, continue assessment.	Yes	No	
List the targeted MDRO from the list below and onset date (if known). A negative culture does not eliminate the need for EBP.	☐ Unknown Date: _____		Name of targeted MDRO:

Section B: Indwelling Medical Devices

	Assessment		Comments or Corrective Actions
Does the resident have one or more of the following indwelling medical devices (exclude those entirely covered by skin, peripheral IVs, hypodermoclysis, continuous glucose monitors, insulin pumps, ostomies).			
Central venous line/peripherally inserted central catheter (PICC) or midline catheter	Yes	No	
Hemodialysis catheter (external)	Yes	No	
Indwelling urinary catheter	Yes	No	
Feeding tube	Yes	No	
Tracheostomy tube/ventilator	Yes	No	
Drain	Yes	No	
Nasogastric/rectal tube (per facilities' definition according to duration of indwelling device)	Yes	No	
Other (list):	Yes	No	
If yes, implement EBP in high-contact care areas identified in Section D.			

Section C: Chronic Wounds

	Assessment		Comments or Corrective Actions
Does the resident have one or more of the following wounds (Exclude stage I pressure injuries, small skin breaks/tears/abrasion that can be covered with a simple adhesive bandage.)			
Pressure injury (exclude stage I)	Yes	No	
Diabetic foot ulcers	Yes	No	
Chronic venous stasis/arterial ulcers	Yes	No	
Neurogenic wounds	Yes	No	
Burns with blister/open area	Yes	No	
High risk considerations for resident care plan: history of surgical site infection (SSI) or slow wound/incision healing, antibiotic use, inadequate nutrition, immunocompromised (medications, cancer treatment, primary immunodeficiencies etc). Residents with high risk for falls, residents with dementia, emergency situations, how personal protective equipment (PPE) will be doffed when leaving/entering room with resident that is already ambulating.	Yes	No	
If yes, implement EBPs in high-contact care areas identified in Section D. **If resident does not have targeted MDRO, indwelling medical device or chronic wounds, stop assessment and continue to use standard precautions.**			

Section D. High-contact Care Activities

	Assessment		Comments or Corrective Actions
Does the resident require assistance with the following care activities?			
Dressing	Yes	No	
Bathing/showering	Yes	No	
Hygiene (brushing teeth, combing hair, shaving)	Yes	No	
Transferring	Yes	No	
Changing soiled linens (washed per normal facility policy)	Yes	No	
Changing briefs or assisting with toileting	Yes	No	
Indwelling device care or use	Yes	No	
Wound care (chronic wounds rather than skin tears and abrasions).	Yes	No	
Therapy disciplines during high-contact activities	Yes	No	
Tube feeding: care, medication administration, feeding	Yes	No	

If yes, EBP applies for in room, shower/bathroom/therapy room. Does not apply to common areas, hallways or outside of the facility. Phlebotomy alone is not considered a high-contact activity unless it is paired with other high contact activities.

Section E. Additional Interventions

	Assessment		Comments or Corrective Actions
Additional interventions to consider, may need to be adapted per facility policy.			
EBP added to care plan.	Yes	No	
EBP added to Kardex/sheets/point of care (POC).	Yes	No	
EBP added to electronic medica record (EMR)/Face Sheet.	Yes	No	
EBP signage posted at room entrance.	Yes	No	
PPE and alcohol-based hand rub (ABHR) placed at the room entrance/anteroom.	Yes	No	
Resident and/or Resident Representative Education has been provided.	Yes	No	
Resident/Resident Representative Signature.	Yes	No	

Current Targeted MDROs from CDC:

- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant *Enterobacterales*
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- *Candida auris*

Epidemiologic important MDROs may include but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Extended-spectrum beta-lactamase (ESBL)-producing *Enterobacterales*
- Vancomycin-resistant *Enterococci* (VRE)
- Multidrug-resistant Pseudomonas aeruginosa
- Drug-resistant *Streptococcus pneumoniae*
- Other determined epidemiologically important organism (based on state/local public health and identified by facility infection control risk assessment)

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