Enhanced Barrier Precautions (EBP)

Competency Checklist

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| --- | --- | --- | --- |
| Procedure | Date | Initial | Comments |
| What does EBP stand for?  |  |  |  |
| What does MDRO stand for?  |  |  |  |
| List the PPE required for EBP1. Gown
2. Gloves
 |  |  |  |
| A resident that has not been diagnosed with an MDRO may still require EBP TF |  |  |  |
| List 5 conditions that require EBP for all cares and services regardless of MDRO colonization:1. Wounds with a dressing
2. Central line
3. Urinary catheter
4. Feeding tube
5. Tracheostomy/ventilator
 |  |  |  |
| If a resident requires EBP and has a roommate, it is acceptable to use the same PPE for all residents in a room T F |  |  |  |
| What precautions are required for the following conditions: 1. Infected or colonized with any MDRO and has secretions that are unable to be covered or contained

 Contact Precautions1. 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

 EBP1. 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

 At the discretion of the facility1. Has a wound or indwelling medical device and secretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO

 Contact Precautions unless/until a specific organism is identified EBP if they do not meet the criteria for Contact Precautions1. 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

 EBP |  |  |  |
| List 7 cares that require the use of EBP if/when a resident meets the criteria for EBP1. Dressing
2. Bathing/showering
3. Transferring
4. Providing hygiene
5. Changing linen
6. Changing briefs or assisting with toileting
7. Device care or use for medical devices
 |  |  |  |
| EBP is not necessary for transferring a resident in a common area/dining room TF |  |  |  |
| Residents on EBP are to be isolated to his/her room T F |  |  |  |
| A resident will remain on EBP for the duration of the resident’s stay in the facility T F |  |  |  |

Observer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Name Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_