

HAI-Lights Newsletter

An infection prevention and control
resource for academic partners

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HAI-Lights Refresher Question: The Spring 2026 newsletter discussed multidrug-resistant organisms. Answer this question to test your memory; find the **solution on page three**.

True or False - Colonization occurs when *Candida auris* is present on the skin or inside the body and causes severe illness.

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Enhanced Barrier Precautions Overview

[Multidrug-resistant organisms](#) (MDROs) are microorganisms, commonly bacteria, that are **resistant to one or more types of antimicrobial drugs** (CDC, 2006). MDRO transmission is common in skilled nursing facilities (i.e., nursing homes) and substantially contributes to increased healthcare costs and resident illness and death. Enhanced Barrier Precautions (EBP) are infection control guidelines that use designated personal protective equipment (PPE) and ensure appropriate patient placement to reduce the prevalence and transmission of MDROs during specific high-risk activities (i.e., high-contact activities of daily living, including bathing, dressing, and changing bed linens, when providing device care and wound care).

The [Spring 2026 edition of the HAI-Lights Newsletter](#) covered MDROs and related infection prevention and control recommendations. This newsletter covers EBP—infection prevention and control guidelines designed to **reduce transmission of MDROs in nursing homes**.

When to Use Enhanced Barrier Precautions

EBP are not appropriate for every situation. Knowing when to use EBP versus other precautions, such as [Standard](#) or [Transmission-Based Precautions](#), is important. EBP are used for **all nursing home residents with chronic wounds** (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds) **and indwelling medical devices** (e.g., central lines, urinary catheters, feeding tubes, and tracheostomies/ventilators), independent of MDRO [colonization status](#). These precautions also apply to residents with **confirmed MDRO infection or colonization**.



EBP require the use of PPE, such as gloves and gowns, which should be donned (put on) **before high-contact activity** (e.g., dressing, bathing, transferring, changing linens, assisting with toileting, device care). Face protection may be needed when performing activities that involve a risk of splashes or spray (e.g., wound irrigation, tracheostomy care). **EBP do not require room restriction** (i.e., residents may leave their room and participate in group activities).

Standard Precautions are used during the care of all patients and residents. Standard Precautions are based on the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents. The use of PPE such as gowns and gloves is one component of Standard Precautions, along with [hand hygiene](#), facemasks, and eye protection. Standard Precautions do not require room restriction.

[Contact Precautions](#) (a type of Transmission-Based Precaution) are used when Standard Precautions alone are not enough to prevent the transmission of infectious agents, such as MDROs, that spread through direct or indirect contact with the resident or the resident's environment. Contact Precautions require the use of a gown and gloves that are donned before room entry and doffed (taken off) before room exit. Contact Precautions also require the use of dedicated medical equipment (e.g., stethoscope, blood pressure cuff), room restriction, an isolation timeline, and a plan for isolation discontinuation or de-escalation. It is recommended that nursing homes **implement Contact Precautions only when residents are infected with an MDRO and are on treatment**, given the required isolation (CDC, 2022).

Six Tips for Implementing Enhanced Barrier Precautions

1. [Post clear signage](#) on the door or wall outside the resident's room, indicating the type of precaution and the required PPE.
2. Make PPE available immediately outside of the resident room.
3. Ensure **access to alcohol-based hand sanitizer** inside and outside every resident room.
4. Place a trash can inside the resident room near the exit for discarding PPE before exiting the room.
5. Monitor and assess EBP adherence to determine the need for additional training and education.
6. **Provide education** for **residents** and visitors.

Frequently Asked Questions

1. Why does high-contact resident care require EBP?

High-contact resident care requires EBP because resident-to-resident spread of MDROs in skilled nursing facilities occurs, in part, by **healthcare workers who may carry and spread MDROs** on their hands or clothing during resident care activities.

2. What is the definition of “indwelling medical device”?

Indwelling medical devices provide a **direct pathway for environmental pathogens** to enter the body and cause infection (e.g., through central vascular lines, indwelling urinary catheters, feeding tubes, and tracheostomy tubes). Devices that are fully embedded in the body (e.g., pacemakers) would not be considered an indwelling medical device and would not be considered for EBP.



3. How long should EBP remain in place?

Residents can remain colonized with an MDRO for long periods of time; EBP should be used by healthcare staff for **as long as the resident remains in the facility**. EBP should remain in place unless the resident develops a condition that would require Contact Precautions, such as acute diarrhea, draining wounds, or a specific infection (e.g., vancomycin-resistant *Enterococci* (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA), *Candida auris* (*C. auris*), and *Clostridium difficile* (*C. diff*)).

4. What are the benefits of EBP for residents?

EBP offers the **least restrictive environment** for residents with, or at risk for, MDROs to participate in activities and **remain connected** within their communities.

Visit <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html> for more information on the implementation of Enhanced Barrier Precautions in skilled nursing facilities.

CDC Project Firstline

When we practice consistent infection control—every person, every action, every day—lives are saved. The [Healthcare Safety Unit](#) joins [Project Firstline](#), a CDC-led **infection control training collaborative for healthcare workers**.



CDC's Project Firstline released a toolkit making it easier for faculty to bring infection control concepts into the classroom. This toolkit has ready-to-use, adaptable resources that can be integrated into a variety of educational programs and settings. Read about the toolkit resources here: <https://www.cdc.gov/project-firstline/education-toolkit/index.html>

Antimicrobial Stewardship

Antimicrobial stewardship promotes responsible antimicrobial use via shared infection control measures and patient safety goals. Proper infection control precautions **prevent the spread of dangerous antimicrobial-resistant organisms** (e.g., bacteria, fungi) that do not respond to the medications meant to kill them. As a result, infections are reduced.



Implement systems to guide providers to **use appropriate antimicrobial agents** for the clinical situation, such as:

- Computerized physician order entries
- Comments on microbiology susceptibility reports
- Notification from a clinical pharmacist or unit director

Healthcare Safety Unit

The Department of State Health Services' [Healthcare Safety Unit](#) helps protect Texans from infectious diseases and harmful events in healthcare by guiding healthcare facilities to prevent infections, respond to outbreaks, and improve patient outcomes. The unit has two multidisciplinary groups: 1) HAI/AR Epidemiologic Investigations; and 2) Data and Training.

Additional Resources

- [Subscribe to the HAI-Lights Newsletter and provide feedback](#) to help us improve this newsletter
- [CDC Infection Control Basics](#)
- [Association for Professionals in Infection Control and Epidemiology \(APIC\)](#)
- [Texas Society of Infection Control and Prevention \(TSICP\)](#)

HAI-Lights Refresher Answer: False! Colonization occurs when *Candida auris* is present on the skin or inside the body, but causes no symptoms.

Notice: Statute requires facilities to report Preventable Adverse Events

Texas Health and Safety Code Chapter 98 mandates Texas hospitals and ambulatory surgical centers to report Preventable Adverse Events (PAEs) to Texas DSHS, in support of patient safety, transparency, and quality improvement efforts statewide. For more information, visit: <https://www.dshs.texas.gov/disease-surveillance-epidemiology-section/healthcare-safety-unit/preventable-adverse-events>

References

- Centers for Disease Control and Prevention. (2006). *Multidrug-resistant organisms (MDRO) Management Guidelines*. <https://www.cdc.gov/infection-control/hcp/mdro-management/index.html>
- Centers for Disease Control and Prevention. (2022). *Implementation of Personal Protective Equipment (PPE) use in nursing homes to prevent spread of multidrug-resistant organisms (MDROs)*. <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>
- Centers for Disease Control and Prevention. (2024). *Frequently asked questions (FAQs) about enhanced barrier precautions in nursing homes*. <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>