STOP

See nurse before entering the room

Vea al enfermera(o) antes de entrar al cuarto

Enhanced Barrier Precautions

Medidas de Precaución Reforzadas

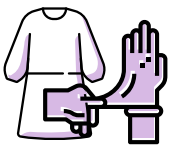
EVERYONE MUST:

TODOS DEBEN:

- **Wash your hands before entering the room**
  Lavarse las manos antes de entrar al cuarto
- **Wash your hands when leaving the room**
  Lavarse las manos al salir del cuarto

PROVIDERS & STAFF MUST ALSO:

LOS PROVEEDORES Y EL PERSONAL TAMBIÉN DEBEN:



- **Wear a gown and gloves during resident care activities that involve frequent contact**
  Usar una bata y unos guantes durante las actividades de atención a los residentes que impliquen un contacto frecuente

THE 6 MOMENTS OF ENHANCED BARRIER PRECAUTIONS

LOS 6 MOMENTOS EN LOS QUE SE DEBEN REFORZAR LAS MEDIDASD DE PROTECCIÓN

Activities of daily living (dressing, grooming, bathing, changing bed linens)
Actividades de la vida diaria (al vestirse, asearse, bañarse, cambiarse las sábanas)

Toileting & changing incontinence briefs
Asistencia para ir al baño y cambio de pañales para la incontinencia

Caring for devices & giving medical treatments
Cuidado de los dispositivos y la administración de tratamientos médicos

Wound care
Cuidado de las heridas

Mobility assistance & preparing to leave room
Asistencia con la movilidad y preparación para salir del cuarto

Cleaning the environment
Limpieza del ambiente

LONG BEACH HEALTH & HUMAN SERVICES

Enhanced Barrier Precautions

The 6 Moments of Enhanced Barrier Precautions

1. Morning & Evening Care
2. Toileting & changing incontinence briefs
3. Caring for devices, giving medical treatments
4. Wound Care
5. Mobility Assistance
6. Cleaning the Environment

These precautions should be used during high contact resident care activities when caring for residents with 1 or more of these high-risk characteristics for MDRO transmission and colonization, even if MDRO status is unknown:

- ☐ **Functional Disability**
  Totally dependent on others for assistance with activities of daily living (ADLs), for example ambulation, bathing, dressing, grooming, eating, toileting.

- ☐ **Incontinence**
  Habitual soiling with stool and/or wetting with urine

- ☐ **Presence of indwelling devices**
  Urinary catheter, feeding tube, tracheostomy tube, vascular catheters

- ☐ **Ventilator-dependence**

- ☐ **Wounds or presence of pressure ulcer (unhealed)**

DURATION OF PRECAUTION: _____

PRECAUTIONS/COMMENTS: _____

_____

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