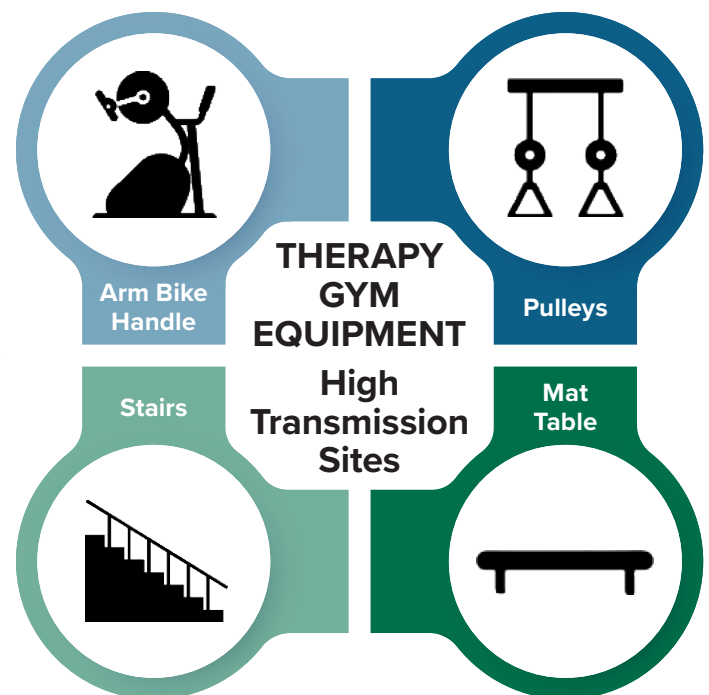


AHCA/NCAL Infection Preventionist Hot Topic Brief

When are Physical Therapy, Occupational Therapy or Speech-Language Pathology Services Considered to be "High-Contact" Resident Care Activities Requiring Enhanced Barrier Precautions in Long-Term Care?

The purpose of Enhanced Barrier Precautions (EBP) is to lower the risk of spreading multidrug-resistant organisms (MDROs) in nursing homes. EBP was recommended by the Centers for Disease Control and Prevention (CDC) to address the unique needs of nursing homes that are both a person's home and a medical facility and where Contact Precautions for those with an infection, colonization or at high risk would lead to isolation from events and activities that are important to quality of life. The risk of healthcare professionals spreading MDROs between residents via their hands or clothing increases with the intensity and duration of the activity contact.

A recent study by Mody¹ et al (2025) found transmission rates of MDROs occurred during one in six (16.5%) therapy visits. Clearly, no contact removes all chances of an organism spreading from a healthcare professional to a resident, but that is not practical in many therapy interventions and also does not prevent spread to environmental surfaces or therapy equipment. In fact, the same study found that bike handles, pulleys, stairs, and mats were the most contaminated equipment. It should also be noted that EBP is in addition to Standard Precautions, and those still apply such as: using hand hygiene before and after glove don/doff, using a hospital-grade approved cleaning and disinfectant product to clean and disinfect any environmental surfaces or therapy equipment that the resident came in contact with before another resident uses them and the proper disposal of personal protective equipment (PPE) or other contaminated materials.



During interactive therapy visits, the less intense and shorter the time, the less likely the transmission occurs. The text box provides background summary information about the risks associated with MDRO transmission in the nursing home environment. CDC has tried to address the use of EBP during therapy in their FAQs. However, many questions about specific situations encountered by therapy practitioners remain. In this guide, we are applying the principles from CDC's EBP guidance and FAQs and what is known about transmission to common therapy situations.

Background²

Residents in skilled nursing facilities are disproportionately affected by MDRO infections, because the majority have spent time in an acute care hospital and have high risk conditions for MDRO colonization.³ Colonization can lead to infections. Infections caused by MDROs are problematic as treatment options are limited. In point prevalence surveys, *S. aureus* and MDRO colonization is frequently found in about 50% of residents with newly acquiring colonization during their nursing home stay.^{4,5} In addition, over one-third of surfaces in resident's rooms (e.g., hand rails, curtains, etc.) have been found to be contaminated with a MDRO.¹ Resident-to-resident pathogen transmission in skilled nursing facilities occurs, in part, via healthcare personnel, who may transiently carry and spread MDROs on their hands or clothing during resident care activities.^{6,7} It also can occur with transmission from contaminated surfaces or equipment.^{7,8} Residents who have complex medical needs involving wounds and/or indwelling medical devices are at higher risk of being or becoming colonized with MDROs.^{7,8} Residents who are colonized with MDRO can be overlooked because information from hospitals or prior to SNF admission is potentially lacking key information.⁹ The transmission of MDROs to residents after admission occurs frequently. According to one study, over 40% of residents admitted to a SNF acquire an MDRO during their stay, most often because of an interactive visit such as PT/OT or dining room or dialysis session.¹

CDC FAQs

Is Physical or Occupational Therapy considered a "high-contact" resident care activity?¹⁰

Depending on the activity, therapy may be considered "high-contact" resident care. Therapy practitioners should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident's room if they anticipate prolonged, close body contact where transmission of MDROs to the therapy practitioner's clothes is possible. EBP should not limit a resident's ability to continue their medical therapy, so while the use of a gown and gloves is generally discouraged in hallways and other common areas, there may be individual circumstances (e.g., therapy that has to occur outside of the resident's room or therapy gym) that prompt an evaluation for the need to use personal protective equipment (PPE) outside of the room or gym, depending on the degree of assist/close contact.

Gown + Gloves for EBP



CDC FAQs (continued)

As part of Standard Precautions, gowns and gloves should be removed and hand hygiene performed when moving to work with another resident. Therapy practitioners should also ensure reusable therapy equipment is cleaned and disinfected after each use and surfaces in the therapy gym receive routine cleaning and disinfection.

What activities are included under "providing hygiene"?¹⁰

Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving. Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions with the resident throughout the day. Isolated combing of a resident's hair that is not otherwise bundled with other high-contact resident care activities would not generally necessitate use of a gown and gloves.

The CDC has posted FAQs for the use of EBP, which address several questions about therapy practices or discuss the importance of distinguishing between the time and intensity of the interaction, not just the activity itself. The CDC recognizes that healthcare professionals should use their clinical judgment when deciding which situation may warrant EBP and which do not. We have used our professional experience coupled with what is known about MDRO transmission and EBP to outline when EBP may be necessary and when it may not be necessary.

A few considerations:

- There is no explicit duration of time for high-contact activity that triggers EBP
 - Some activities with low intensity or short duration would not likely trigger the need for EBP but the same activity with high intensity or prolonged duration of contact would likely trigger the need for EBP. If the activity is bundled with other high-contact activities, it would generally necessitate EBP. If the activity is isolated and not bundled with other high-contact resident care activities, it would likely not necessitate EBP. For example, CDC states in FAQ Q#21 and Q#24 that isolated interactions bundled with other high-contact resident activities would generally necessitate EBP such as combing of a resident's hair. Policy and procedure documents should allow for flexibility for therapy personnel to consider duration and intensity factors for any given treatment session and permit the therapy professional to exercise situational professional judgment for using EBP.
 - Surveyors will judge compliance against the language used in the policy and procedure document as long as it's consistent with CMS and CDC guidance. CDC's FAQs, as mentioned above allow for activities that may be on the high-contact resident care list but when done in isolation may not trigger the need for gown or gloves for EBP purposes (Standard Precautions still apply) if the facility has addressed this in their policy and procedure.

- While CDC provides guidance for activities occurring in the hallway, lounge or gym, it is often the intensity and duration of contact that should first be considered by therapy personnel rather than a specific location or specific activity. For example:
 - Gait training may occur in a hallway requiring prolonged level and duration of contact and would more likely require EBP.
 - Considerations of resident rights and privacy may need to be additional considerations for determining when and where interventions requiring EBP take place.
- PPE should not leave the room where it is used. Ideally, if the therapist is working with a resident and they transition into a hallway or other area, new PPE should be donned (with hand hygiene in between) before going to a new space to avoid cross-contamination. However, the immediate safety of the residents (such as during gait training) needs to be taken into consideration and a determination made if changing PPE is feasible. Another option may be to have a “clean” second person to touch clean surfaces to avoid contamination of the hallway environment.
- Group activities are still permitted for residents on EBP, and emphasize the use of standard precautions during any group activities regardless of what type of activity the group is participating in. Given the frequency of questions about the intensity, duration and type of activities therapy practitioners use with residents that would trigger the use of EBP, we aim to provide some guidance for specific situations not directly mentioned in CDC FAQs. Regardless, therapy practitioners need to use professional judgment given the myriad combinations of types of therapy, intensity and duration. The general rule of thumb is if the contact is short in duration and isolated (e.g., not bundled with other high contact care activities), the use of gown and gloves may not be necessary for purposes of EBP. That said, here are some guidelines that therapy practitioners and Infection Preventionists may find helpful. In the Table below, when the contact is considered “unlikely” to be prolonged, EBP typically would not be required but those classified as “likely” to result in prolonged contact, EBP should be considered regardless of location. Also note that while contact may be short or not intense, contact with equipment¹ (e.g., arm bike handles, gait belts, weights, etc.) may result in transfer of MDROs requiring appropriate cleaning and disinfection.

VARIABLES FOR CONSIDERATION		
<i>Therapy practitioner judgement should be used to consider each variable and CDC recommendations.</i>		
Variable	Less Likely Need PPE	More Likely Need PPE
Duration of Activity/Contact	Brief	Anything more than short or that is repeated during session
Intensity of Activity/Contact	Low	High
Number of Activities/Contact	Single	Bundled

It's imperative for therapy practitioners and all healthcare workers to remember to perform hand hygiene before and after each resident, regardless of the use of gown or gloves, given the high frequency of MDRO contamination of common environmental surfaces in residents' rooms and equipment used by residents who frequently are infected or colonized with a MDRO.

Specific situations therapy practitioners may encounter that may or may not trigger use of gown and gloves as part of EBP policy		Likelihood of involving prolonged contact with therapy practitioner's hands/clothes
Activity: EXAMINATION AND EVALUATION	Initial Physical Therapy, Occupational Therapy or Speech-Language Pathology examination and evaluation with unknown levels of contact assistance required (unless initial assessment does not involve physical contact).	Likely
	Initial or Subsequent Physical Therapy, Occupational Therapy, or Speech-Language Pathology examination and evaluation with known levels of contact assistance.	Likely or Unlikely depending on known situational factors. (See below for examples.)
Activity: GAIT TRAINING	Simple, single touch to cue movement.	Unlikely
	Walking with contact guard/hand on gait belt or general supervision.	Unlikely
	Walking with minimal assistance (or higher) for support or to move their legs or provide body to body contact.	Likely
Activity: BALANCE TRAINING	Static balance standing or sitting on mat with contact guard or general supervision.	Unlikely
	Dynamic balance standing or sitting on a mat with contact guard or general supervision.	Unlikely
	Static balance standing or sitting where minimal assistance (or more) may be needed for support.	Likely
	Static standing or sitting where minimal assistance (or more) may be needed for support.	Likely
	Any sitting or standing balance activity that involves the therapy practitioners sitting on the resident's bed.	Likely

Specific situations therapy practitioners may encounter that may or may not trigger use of gown and gloves as part of EBP policy		Likelihood of involving prolonged contact with therapy practitioner's hands/clothes
Activity: RANGE OF MOTION (ROM) OR RESISTANCE EXERCISE	Active ROM or exercise with contact guard, cueing or brief contact.	Unlikely
	Active-assisted ROM of joints that involve providing support of extremity.	Likely
	Passive ROM of joints that involve providing support for the extremity.	Likely
Activity: TRANSFER TRAINING	Single transfer with brief contact guard to moderate assistance to chair or mat and back after therapy completion.	Unlikely
	Transfer training with repeated brief need for contact guard or supervision.	Unlikely
	Transfer training with repeated prolonged need for minimal assistance or higher.	Likely
Activity: ACTIVITIES OF DAILY LIVING (ADL) TRAINING	Care for a single activity such as brushing teeth, washing face that involve set up or supervision.	Unlikely
	Care bundled such as brushing teeth, washing face that involve contact guard/minimal assist or higher.	Likely
	A single dressing activity that requires set up or supervision only.	Unlikely
	Any dressing activity that requires contact guard/minimal assist or higher or multiple components (bundled care).	Likely
	Any bathing activity regardless of level of assistance.	Likely
	Food preparation activities that require set up or supervision.	Unlikely
	Food preparation activities that require prolonged contact guard/minimal assistance or higher.	Likely

Specific situations therapy practitioners may encounter that may or may not trigger use of gown and gloves as part of EBP policy		Likelihood of involving prolonged contact with therapy practitioner's hands/clothes
Activity: FEEDING, EATING AND SWALLOWING	Activities that require supervision, coaching or brief touch contact.	Unlikely
	Activities that may require prolonged hands-on support or contact such as tactile cueing, swallowing, or sharing equipment such as speech-generating devices.	Likely
Activity: UNRELATED TO THERAPY	Helping a resident change their sweater or jacket as a single activity.	Unlikely
	Providing water or snack as a single activity.	Unlikely

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