MDHHS Enhanced Barrier Precautions Webinar Frequently Asked Questions

Indications for Enhanced Barrier Precautions (EBP)

1. **When are we required by the CMS guidelines, to have enhanced barrier precautions, specifically with indwelling medical devices and with wounds in which have drainage?**

   Per CMS QSO-24-08, EBP implementation went into effect as of April 1, 2024.

2. **Are surgical incisions considered a wound?**

   The intent of EBP is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. CDC and CMS QSO-24-08-NH provide clarification regarding wounds and state that for the purposes of EBP, wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.

   Residents with unhealed surgical wounds that are open and require a dressing should be placed on EBP. For residents with surgical incision sites that are primarily closed (not open) and do not require a dressing, EBP would not be indicated.

3. **How do we know which MDRO's this applies to? All MDRO's?**

   MDROs for which the use of EBP applies are based on local epidemiology. At a minimum they should include resistant organisms targeted by CDC but may also include other epidemiologically important MDROs.

   Examples of MDROs Targeted by CDC:

   - Pan-resistant organisms,
   - Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE),
   - Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp. (CP-CRPA),
   - Carbapenemase-producing *Acinetobacter baumanii* (CP-CRAB), and
   - *Candida auris*

   Additional epidemiologically important MDROs may include, but *are not limited to*:

   - Methicillin-resistant *Staphylococcus aureus* (MRSA),
   - ESBL-producing Enterobacterales,

- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

Per the CMS QSO-24-08-NH, facilities should implement EBP for residents with infection or colonization with a CDC-Targeted MDRO. In determining "how far back to look in a patient/resident chart", a review of all available medical records is recommended. Facilities have discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

Additional Considerations:

Nursing homes considering implementing EBP for additional MDROs beyond those targeted by CDC should complete a risk assessment to assess their MDRO risks and should consider information regarding their local epidemiology, the patient populations they care for, and the facilities' current or planned mitigation activities to prevent transmission of MDROs. EBP use for targeted MDROs, and any non-targeted MDROs which the facility has decided to include based on their risk assessment, should be included into the facilities' infection control plan and annual assessment processes.

Data sources and activities which may help to inform a facility regarding their local MDRO epidemiology may include:

- Reviewing facility-specific surveillance data for MDRO-related infections and microbiology testing results
- Reaching out to other health care facilities (e.g., acute care hospitals) in their area with which they regularly share patients with to share information on MDRO infection and colonization rates
- Reaching out to their local health department regarding reportable MDRO conditions (i.e., carbapenemase-producing organisms, *Candida auris*, drug-resistant *Streptococcus pneumoniae*) in their jurisdiction
- Review additional regional or statewide data sources, where available. To assist facilities, regional data on MDROs is available from the Michigan Disease Surveillance System (MDSS) and the CDC's National Healthcare Safety Network (NHSN).

4. **Related to the non-targeted MDROs that are colonized such as ESBL, VRE, etc., what is the guidance related to whether or not they need EBP or when they might be able to be off any and all precautions?**

Per CDC and CMS QSO-24-08-NH facilities have the flexibility to implement EBP for residents colonized or infected with any epidemiologically important MDROs who do not otherwise have an indwelling device or wound. Epidemiologically important MDROs may include but are not limited to ESBL, MRSA, and VRE. Facilities should review their local epidemiology and conduct a risk assessment as part of their

EBP implementation plan as described above. Facilities implementing EBP for non-targeted MDROs should follow all guidance in the same manner as for targeted MDROs.

For residents with a targeted MDRO or non-targeted MDRO (if implemented), EBP are intended to be used for the duration of a resident's stay in a facility. CDC does not recommend routine retesting of residents with a history of colonization or infection with an MDRO or discontinuation of EBP after a subsequent negative test.

5. **What is the fastest growing MDRO at this time? What MDRO is the biggest threat to congregate living facilities?**

MDRO prevalence varies by region. Facilities should consider their local epidemiology when considering which MDROs to include in their EBP implementation plan.

Weekly surveillance updates for *Candida auris* can be found at Healthcare-Associated Infections (michigan.gov).

The 2018-2022 CP-CRE Surveillance report is also available at Healthcare-Associated Infections (michigan.gov).

Surveillance information for all reportable communicable diseases in Michigan can be found at MDHHS Communicable Disease Weekly Surveillance Reports. 2022-2023 data for selected MDROs is summarized here.

Facilities can also reach out to their local health departments and other healthcare facilities they share patients with for information on MDROs that are a current concern for their region/area.

6. **What if your area doesn't have a problem with transmission?**

As outlined in the Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) guidance, previous research has shown that 50% of nursing home residents may be unknowingly colonized with an MDRO. Additionally, residents with an indwelling device or a wound are at higher risk of acquiring an MDRO than residents without a device or wound. EBP helps to address the risk by expanding the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

Implementing EBP for targeted MDROs, even in regions with no or low prevalence rates can help to prevent emergence in those regions. For non-targeted MDROs and regions with higher prevalence rates of targeted MDROs, implementation of EBP may help to reduce current prevalence rates and prevent them from becoming an even larger problem in those regions.

7. Does an active MDRO go into Contact or Enhanced Barrier Precautions?

CDC and CMS QSO-24-08-NH guidance highlights when Contact Precautions are indicated verses Enhanced Barrier Precautions, please see Table 1 below.

In brief, residents with an active MDRO infection or colonization who also have presence of either of the following conditions should be placed on Contact Precautions until those conditions have resolved, at which time they may transition to Enhanced Barrier Precautions:

- secretions or excretions that are unable to be covered or contained (e.g., acute diarrhea, draining wounds or drainage from other sites)
- another infection or condition for which Contact Precautions is recommended (Appendix A)

Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
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.	No	Yes
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.	No	At the discretion of the facility
Has a wound or indwelling medical device, **and** secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
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.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

8. **If a wound has been cultured and does not show an MDRO, would they still need EBP? Or a resident with a foley catheter that has had a recent C&S? (as the new guidance states are not known to be infected or colonized)**

   Any skin opening requiring a dressing, regardless of the presence of an MDRO, would fall under the requirements for implementing EBP to minimize risk of acquiring an MDRO.

   A foley catheter is considered an indwelling device and falls under the requirements for implementing EBP to minimize the risk of acquiring an MDRO regardless of the results of a culture and sensitivity.

   Residents colonized or infected with MDRO are intended to remain on Enhanced Barrier Precautions for the duration of their stay in a facility. Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of Enhanced Barrier Precautions after a subsequent negative test is not recommended.

9. **Why isn't this being implemented at the hospitals who have a higher rate of transmission than SNFs?**

   In hospital settings, patients who are colonized or infected with an MDRO are managed under Contact Precautions which is more restrictive than EBP.

   Residents in nursing homes are at increased risk of becoming colonized and developing infection with MDROs. As described in CDC's Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) guidance , more than 50% of nursing home residents may be colonized with an MDRO, nursing homes have been the setting for MDRO outbreaks, and when these MDROs result in resident infections, limited treatment options are available. Implementation of Contact Precautions, as described in the CDC Guideline for Isolation Precautions, is perceived to create challenges for nursing homes trying to balance the use of PPE and room restriction to prevent MDRO transmission with residents' quality of life.

   Therefore, EBP was developed specifically for nursing home settings as a risk-based approach to use PPE to reduce the spread of multidrug-resistant organisms, considering the challenges posed by room restrictions and long lengths of stay, to balance resident safety and quality of life.

High-contact Resident Care Activities

10. **Can you clarify what activities this applies to, giving specific examples. For instance, if therapy is walking a resident down the hall do they need PPE? If a CNA goes into a resident's room to transfer them into bed without needing to do any other care?**

    CDC and CMS QSO-24-08-NH guidance states that for residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Note: In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, **where contact is anticipated to be shorter in duration**. Enhanced Barrier Precautions is primarily intended to apply to care that occurs within a resident's room where high-contact resident care activities, including transfers, are bundled together with other high-contact activity, such as part of morning or evening care. This extended contact with the resident and their environment increases the risk of MDRO spreading to staff hands and clothes.

Outside the resident's room, gowns and gloves should be worn when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

Additional considerations:

In general, staff should avoid wearing PPE in hallways. Generally, assistance with mobility in the hallway is likely to be shorter in duration, and/or with more minimal resident contact.

However, the CDC guidance does acknowledge that there may be individual circumstances that may prompt an evaluation for the need to wear PPE while working with a resident on EBP who needs extensive assistance with mobility (where the extended or prolonged contact may increase the risk of MDRO spread) when that care needs to be provided in the hallway, rather than while in the therapy gym or inside the resident's room.

Facilities should conduct a risk assessment when developing their policies and procedures for the use of gowns and gloves, taking into consideration the type and anticipated extent of assistance with ambulation that is required, duration of anticipated contact, and the location in which that assistance it is provided. Resident-specific accommodations should be documented in the resident's care and therapy plans.

Examples for consideration:

- Therapy staff providing assistance with mobility by holding on to a gait belt while walking beside a resident in a hallway should perform hand hygiene before and after resident contact, but PPE would not be indicated for EBP.

- Therapy staff providing assistance with mobility that requires close physical contact (extensive and prolonged contact where potential contamination of staff hands and clothing is likely) while in the resident's room or the therapy gym, should wear gowns and gloves as indicated for EBP. Gowns and gloves should be removed, and hand hygiene performed when moving to work with another resident.

- Therapy staff providing assistance with mobility that requires close physical contact (extensive and prolonged contact where potential contamination of staff hands and clothing is likely) and that assistance cannot be provided in the resident's room or therapy gym and must occur in a common area like the hallway, the facility should conduct a risk assessment to consider the use of gowns and gloves and other appropriate infection control practices to minimize the risk of MDRO spread (e.g., hand hygiene, cleaning and disinfection of high-touch surfaces, use of a buddy-system).

11. What is transferring referring to and does it just include within the resident room?

Transferring refers to moving a resident from one surface to another. A common example is moving a resident from the bed to a chair.

CDC and CMS QSO-24-08-NH state that gowns and gloves should be worn when assisting with transferring inside the resident's room, particularly when bundled with other high-contact resident care activities. **In general**, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

12. If you are transferring a resident via pivot transfer which requires very limited contact, and when no other cares are being done, do staff need to don a gown and gloves when in the resident's room?

A pivot transfer may involve substantial contact between with the resident and the staff assisting with the transfer for some residents, due to the nature of this type of transfer and depending on the resident's status and techniques utilized. A risk assessment should be performed depending on the resident's situation, considering the level of anticipated contact involved, and duration of the transfer, to determine the need for gown and glove use when performing transferring without additional high-contact resident care activities inside the resident room.

13. Is feeding assistance considered "high contact resident care"? For example, should those assisting residents with meals be donning gowns and gloves during this activity.

Per the CDC EBP guidance, feeding assistance is not a high-contact resident care activity.

14. **Would staff need to wear PPE to take a resident to the dentist?**

    Generally, under EBP guidance, PPE is not worn outside the resident's room. **When outside the resident's room,** PPE should be worn when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.

15. **Would an ostomy fall under a wound or indwelling medical device when considering the use of EBP? Would a hairdresser be required to wear PPE when cutting or washing hair?**

    Per CDC, an ostomy in a resident without an associated indwelling medical device, would not be considered an indication for Enhanced Barrier Precautions.

    Isolated beauty services such as washing, cutting, or styling a resident's hair that is not bundled with other high-contact care activities would not generally necessitate use of a gown and gloves.

Personal Protective Equipment Use and Storage

16. **EBP PPE can be put on once the care giver has entered the room correct ? As opposed to contact precautions when PPE must be put on prior to entering?**

    PPE for EBP is only indicated when performing high-contact care activities and may not need to be put on prior to entering the resident's room for other activities. For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do not anticipate engaging in a high-contact resident care activity would likely not have to put on PPE before entering the room. If during this resident interaction, it was determined that high-contact care was indicated, staff would have to exit the room, conduct hand hygiene and put on the proper PPE prior to providing high-contact resident care.

    PPE for Contact Precautions should be put on prior to room entry for any resident care activity.

17. **Do you have to put on the PPE outside the room with a 2 person room. The other resident is in there without any PPE. Can you put it on when you enter their space?**

    Per CDC guidance, when staff are anticipating performing high-contact resident care for residents on EBP, PPE should be put on prior to entering the room and immediately before providing that care to that resident, regardless of the presence of a roommate. Staff should remove any PPE (if indicated to be worn) and perform hand hygiene when switching care from one resident to another.

18. **Are visitors instructed how to don and doff PPE or are there restrictions for these residents? Do families need to wear PPE or do they just need to be aware of why staff is wearing PPE?**

    Visitors and families do not need to wear PPE while visiting residents. Visitors and families should be educated on practicing good hand hygiene by cleaning their hands with alcohol-based hand sanitizer or soap and water.

    However, if family or visitors are going to be active in providing resident care that falls under high-contact resident care activities, they should be educated on proper PPE usage while assisting with high-contact resident care activities, per facility policies.

19. **Can PPE be stored inside the resident's room?**

    Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (Refer to Implementation Section) recommends that nursing home facilities make personal protective equipment (PPE), including gowns and gloves immediately available **outside** the resident's room.

    CMS QSO 24-08-NH states that facilities should ensure PPE and alcohol-based hand rub are readily accessible to staff. Discretion may be used in the placement of supplies which may include **placement near or outside** the resident's room.

20. **Do we need to place an individual bin with PPE outside each room where a resident who requires EBP or is 1 bin between a couple of rooms enough?**

    For residents placed on EBP, PPE may be placed immediately outside each resident's room or placed intermittently between resident rooms. PPE needs to be readily accessible and adequately stocked to ensure that staff can wear PPE when performing high-contact resident care activities as indicated.

Room Placement

21. **Does a resident require a single room if they are in EBP?**

    CDC guidance (Section 16.) states that residents on EBP may share rooms with other residents; however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization status may choose to do so. Further, if there are multiple residents with a novel or targeted MDRO in the same facility, consider cohorting them together in one wing or unit to decrease the direct movement of healthcare personnel from colonized or infected residents to those who are not known to be colonized.

    When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including: maintaining spatial separation of at least 3

feet between beds to reduce opportunities for inadvertent sharing of items between the residents, use of privacy curtains to limit direct contact, cleaning and disinfecting any shared reusable equipment, cleaning and disinfecting environmental surfaces on a more frequent schedule, and changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

22. What if one resident just has a catheter but the other doesn't? NO history of MDRO for either. The resident with the catheter requires EBP, correct?

CDC and CMS QSO-24-08-NH guidance states that EBP are indicated for residents with indwelling medical devices, even if the resident is not known to be infected or colonized with an MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally-inserted central catheter which is considered to be a central line) is not considered an indwelling medical device for the purpose of EBP.

EBP would not be indicated for residents without any indwelling devices, wounds, or known MDRO infection or colonization.

Signage

23. What is the correct signage - the orange sign from the CDC website?

Facilities may use the CDC EBP signage (also included in the References/Resource section of this document). Per CMS QSO-24-08, facilities have discretion to modify the CDC signage, develop their own signage, or otherwise tailor their communication strategies.

Signage is intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign should contain appropriate information about the type of Precautions and the recommended PPE to be worn when caring for the resident. Signs should not include information about the resident's diagnosis or the reason for the Precautions (e.g., presence of a resistant pathogen); inclusion of that information would violate HIPAA and resident dignity.

24. How are facilities managing privacy and dignity with the signage and education to families, other residents?

Communicating EBP information, including the use of PPE as a means to prevent the spread of resistant germs and to protect residents, should be included as part of your EBP implementation plan.

Facilities may use the CDC EBP signage or develop their own signage. CMS QSO 24-08-NH states that facilities have discretion on how to communicate to staff which residents require the use of EBP. CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help

maintain a home-like environment, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities.

Facilities should provide education regarding EBP, MDROs and the importance of antibiotic stewardship to residents, their families, and other caregivers to assist in alleviating concerns regarding the implementation of EBP. Letter templates, videos, and other tools to facilitate communication are included in the References/Resource section of this document below. Facilities could consider engaging their resident and family councils to share information and hear their concerns and suggestions, as appropriate.

Additional Questions

25. What if a resident begins refusing care and therapy because they do not want staff to be in a gown and gloves during care. How do you handle a resident declining to allow staff to utilize PPE for EBP? Can Federal surveyors accept resident refusal during recertification survey even if care-planned?

For the health and safety of all residents, CMS requirements under §483.80 Infection Control, state that facilities must follow national standards. This includes implementation of Enhanced Barrier Precautions, when indicated. We note that facilities have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents.

26. My understanding is that using EPB with a resident with a wound or line is to prevent staff transferring an MDRO to them. Could that resident have a risk/benefit signed to void the need for EBP?

No, signing a risk/benefit does not exempt for the use of EBP. Determining the resident "concern" with EBP use and providing education is key to success.

27. Who is going to pay for the additional PPE and storage now required? Who is going to pay for the additional time required to implement and maintain compliance?

Per Occupational Safety and Health Administration (OSHA), *"Many Occupational Safety and Health Administration (OSHA) standards require employers to provide personal protective equipment, when it is necessary to protect employees from job-related injuries, illnesses, and fatalities."* The employer is also responsible for providing training to ensure staff know how to properly select, put on PPE and remove PPE. These requirements are based on emphasizing workers' rights to protective equipment and training to help them safely perform their job and minimize risk.

28. Regarding antibiotic stewardship: Should we be discontinuing antibiotics ordered by the hospital for infections that do not meet McGeer's criteria? [i.e.: negative urine culture/chest x-ray, etc.]

Nursing homes should have processes in place for assessing residents with suspected infection, and reviewing antibiotic use, following their facility policies and procedures. Tools and resources for implementing stewardship strategies such as standardized evaluations and communications for residents suspected of infection, 'antibiotic time-out' process, and more can be found at Michigan.gov/AMSinfo.

29. Can you please provide guidance on whether Enhanced Barrier Precautions should be included with "Transmission Based Precautions" for completion of the Matrix CMS-802?

The instructions for completing the transmission-based precautions item on the CMS Roster/Sample Matrix have not changed, and Enhanced Barrier Precautions are not the same as transmission-based precautions and therefore should not be included when completing the matrix.

30. May nursing homes stop using Enhanced Barrier Precautions if we screen the infected or colonized resident and they test negative for the novel or targeted MDRO?

Residents colonized with a novel or targeted MDRO are intended to remain on Enhanced Barrier Precautions for the duration of their stay in a facility. Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, CDC does not recommend routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of Enhanced Barrier Precautions after a subsequent negative test.

31. Is this a recommendation or requirement. Can you please clarify?

The Federal long-term care requirements require that nursing homes establish an infection prevention and control program (IPCP) that must include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases which follows accepted national standards. The CDC has published national standards for the use of Enhanced Barrier Precaution (EBP) use in nursing homes, therefore all CMS certified nursing facilities and skilled nursing facilities must implement EBP that align with national standards and in accordance with requirements in 42 CFR §483.80. Failure to incorporate and implement EBP as part of its' IPCP that aligns with national standards would not meet Federal requirements. As a reminder, all Federal requirements apply to all residents in a CMS-certified facility.

EBP Resources

CDC EBP Guidance:

QSO-24-08-NH (cms.gov)

Consideration for Use of Enhanced Barrier Precautions in Nursing Facilities (CDC)

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC

Signage:

enhanced barrier precautions final rev3 (cdc.gov) (English version)

enhanced barrier precautions final SPANISH rev1 (cdc.gov) (Spanish version)

transmission-based precautions signage (cdc.gov)

Family/Visitor Education:

Enhanced Barrier Precautions (EBP), How We Keep Our Residents Safe – Poster (cdc.gov)

Keeping Residents Safe – Use of Enhanced Barrier Precautions (cdc.gov) (Letter for Residents, Families, Friends and Volunteers)

Help Keep Our Residents Safe - Enhanced Barrier Precautions in Nursing Homes (cdc.gov) (Letter for nursing home staff)

MDHHS Enhanced Barrier Precautions Resources:

Enhanced Barrier Precautions webpage

- Webinar
- Video

Additional Resources:

Personal Protective Equipment - Payment | Occupational Safety and Health Administration (osha.gov)

Teaching Aids | Occupational Safety and Health Administration (osha.gov)