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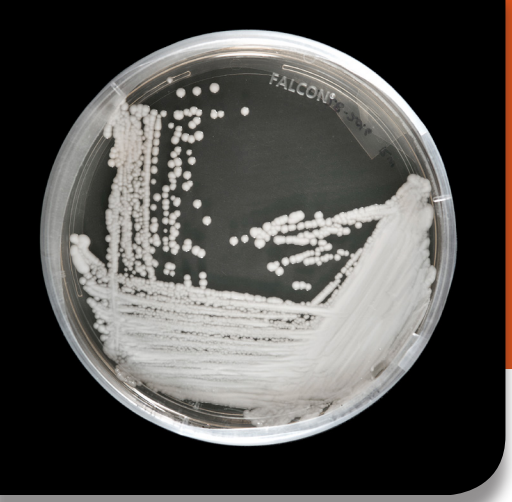

Candida auris:
A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called *C. auris)* is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is *Candida auris* a problem?

It causes serious infections. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.

It's often resistant to medicines. Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.

It's becoming more common. Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.

It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.

It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.

How do I know if I have a *Candida auris* infection?

C. auris is still rare in the United States. People who get invasive *Candida* infections are often already sick from other medical conditions, so it can be difficult to know if you have a *C. auris* infection. The most common symptoms of invasive *Candida* infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose *C. auris* infection. Talk to your healthcare provider if you believe you have a fungal or healthcare-associated infection.

Most people who get serious *Candida* infections are already sick from other medical conditions.

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Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Stopping the spread of *Candida auris*

CDC is working with public health partners, healthcare workers, and laboratories to stop the spread of *C. auris* in healthcare settings. Here's how CDC is asking everyone to help:

Family members and other close contacts of patients with *C. auris*

- Clean your hands with hand sanitizer or soap and water before and after touching a patient with *C. auris* or equipment in his or her room.
- Remind healthcare workers to clean their hands.

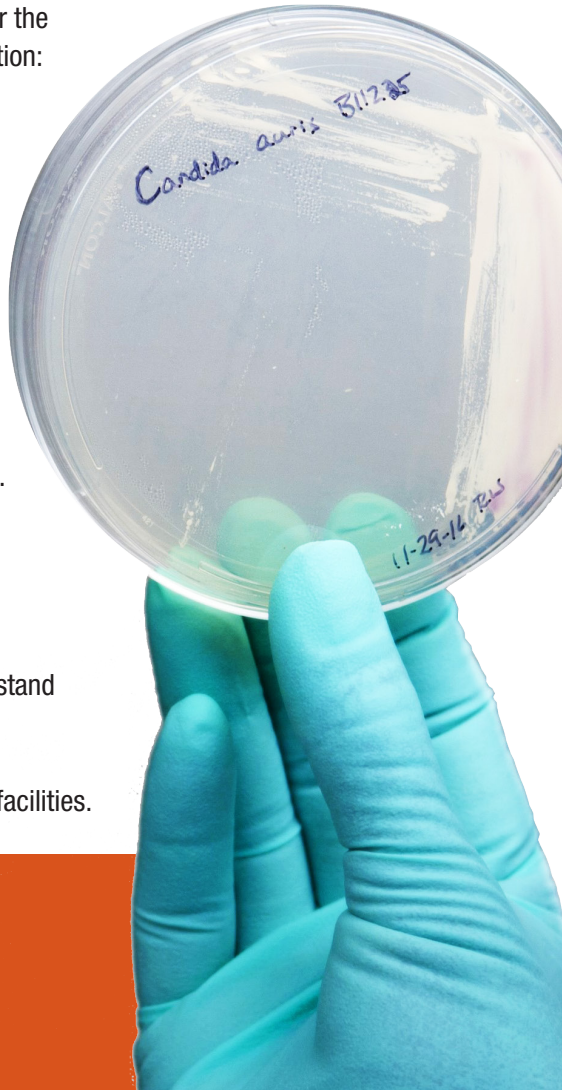
Laboratory staff, healthcare workers, and public health officials

- Know when to suspect *C. auris* and how to properly identify it.
- Report cases quickly to public health departments.
- For healthcare workers, clean hands correctly and use precautions like wearing gowns and gloves to prevent spread.
- Clean patient rooms thoroughly with a disinfectant that works against *C. auris*.
- Investigate *C. auris* cases quickly and determine additional ways to prevent spread.
- Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html.

Scientists are still learning about *Candida auris*

CDC and public health partners are working hard to better understand *C. auris* and answer the following questions so that we can continue to help protect people from this serious infection:

- Why is *C. auris* resistant to antifungal medicines?
- Why did *C. auris* start causing infections in recent years?
- Where did *C. auris* originally come from, and why has it appeared in many regions of the world at the same time?



What is CDC doing?

CDC is collaborating closely with partners to better respond, contain spread, and prevent future infections by:

- Advising healthcare workers and infection control staff on ways to stop the spread of *C. auris* and continually updating this guidance as we learn more about the infection.
- Working with state and local health agencies, healthcare facilities, and clinical microbiology laboratories to ensure that laboratories are using proper methods to detect *C. auris*.
- Testing *C. auris* strains to monitor for resistance to antifungal medicines.
- Examining the DNA of *C. auris* strains using whole genome sequencing to better understand how this germ is spreading in the United States and around the world.
- Working with public health partners in the United States and internationally to learn more about how *C. auris* spreads in healthcare facilities and to eliminate it from those facilities.

For more information:
Centers for Disease Control and Prevention (CDC),
National Center for Emerging and Zoonotic Infectious Diseases
Division of Foodborne, Waterborne, and Environmental Diseases
Telephone 800-CDC-INFO (232-4636) Web http://www.cdc.gov/fungal

Candida auris Colonization

Information for Patients

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

What does it mean to be colonized?

Colonization, or being colonized with *C. auris*, means that a person has the fungus somewhere on their body but does not have an infection or symptoms of infection. A simple test can be done to see who is colonized with *C. auris*. People who are colonized with *C. auris* may not know and can pass the fungus to another person. People colonized with *C. auris* might later get sick from this fungus, so healthcare providers should consider taking extra steps to prevent infection.

To reduce spread to other patients, healthcare personnel should use precautions when caring for patients with *C. auris*, including:

- Placing the patient in a different room.
- Having healthcare personnel or other caregivers wear gowns and gloves during patient care.
- Cleaning the room with different products than usual.
- Having family members and healthcare personnel clean their hands thoroughly after visiting the patient. The patient may also be encouraged to wash their hands often.
- Performing another test later to see if the fungus is still there.

What can I do to help keep *C. auris* from spreading?

Patients and family members should clean their hands thoroughly before and after touching each other or the area around the patient, particularly when leaving a patient's room.

Although the risk of *C. auris* infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with C. auris, they should consider wearing disposable gloves when providing certain types of care like changing the dressing on wounds and helping the patient bathe.

If you are colonized with *C. auris*, tell your healthcare providers when visiting healthcare offices and when admitted to hospitals and nursing homes.

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Want to learn more?

www.cdc.gov/fungal/candida-auris

CS14874-A Feb 03, 2020

Candida auris Testing

Information for Patients

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them. CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying this fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

Why am I being tested for *C. auris*?

You may have come in contact with *C. auris* while you were in this or another healthcare facility.

To keep the fungus from spreading, we are testing patients to see if they are now carrying the fungus. You may be carrying it on your skin without having an infection or symptoms of an infection. This is called colonization.

Fortunately, most people who carry *C. auris* do not get sick from it.

Getting tested for *C. auris* helps our healthcare facility and the health department prevent the fungus from spreading in the facility and in the community.

Why is *C. auris* concerning?

- It can cause serious infections.
- It is often resistant to medicines, making it difficult to treat.
- It is becoming more common.
- It is difficult to identify by routine lab tests.
- It can spread in hospitals and nursing homes.

What should I expect if I get tested?

1. The nurse or doctor will wipe or rub a cotton swab on the skin near your armpits and the area where your leg joins your body (groin). The test is not painful.
2. The swab will be sent to a lab, and in 1 to 2 weeks, the lab will tell your doctor the results.
3. If the test shows you are carrying the fungus, then your nurse or doctor will talk to you about the results and what to do next.

You can choose not to be tested. Talk to your nurse or doctor if you have questions or concerns about testing.

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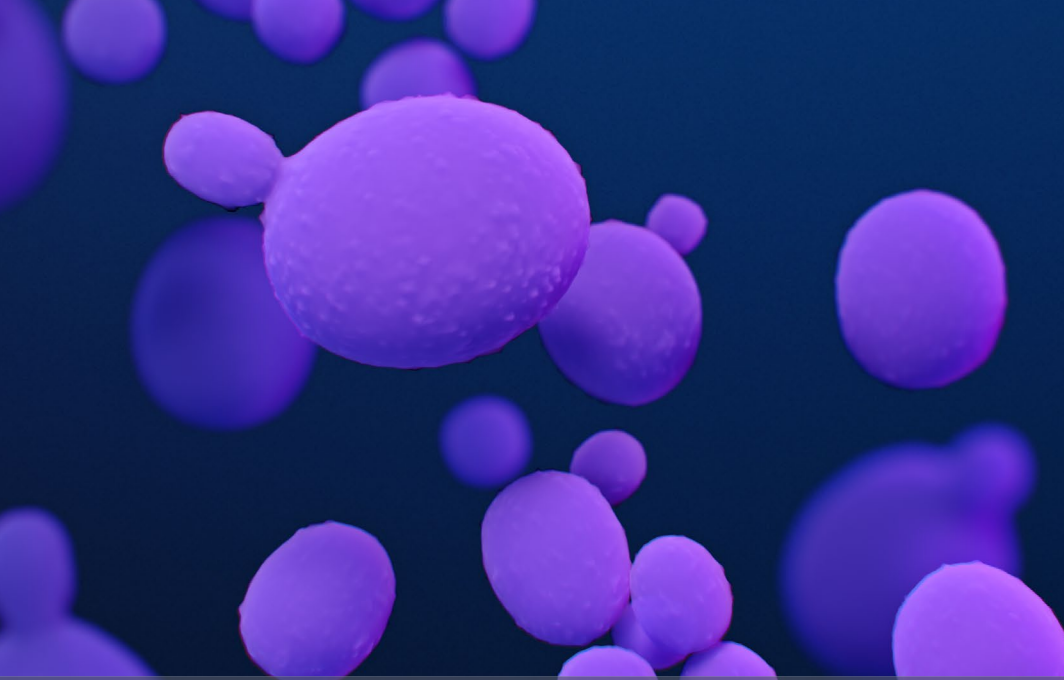
Want to learn more?

www.cdc.gov/fungal/candida-auris

CS293107-A Jun 06, 2018

Accessible version: https://www.cdc.gov/fungal/candida-auris/fact-sheets/c-auris-esting.html



DRUG-RESISTANT *CANDIDA AURIS*

THREAT LEVEL **URGENT**

323 Clinical cases in 2018

90% Isolates resistant to at least **one** antifungal

30% Isolates resistant to at least **two** antifungals

Candida auris (C. auris) **is an emerging multidrug-resistant yeast (a type of fungus). It can cause severe infections and spreads easily between hospitalized patients and nursing home residents.**

WHAT YOU NEED TO KNOW

- *C. auris,* first identified in 2009 in Asia, has quickly become a cause of severe infections around the world.
- *C. auris* is a concerning drug-resistant fungus:
  - Often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals
  - Can cause outbreaks in healthcare facilities
  - Some common healthcare disinfectants are less effective at eliminating it
  - Can be carried on patients' skin without causing infection, allowing spread to others

Data represents U.S. cases only. Isolates are pure samples of a germ.

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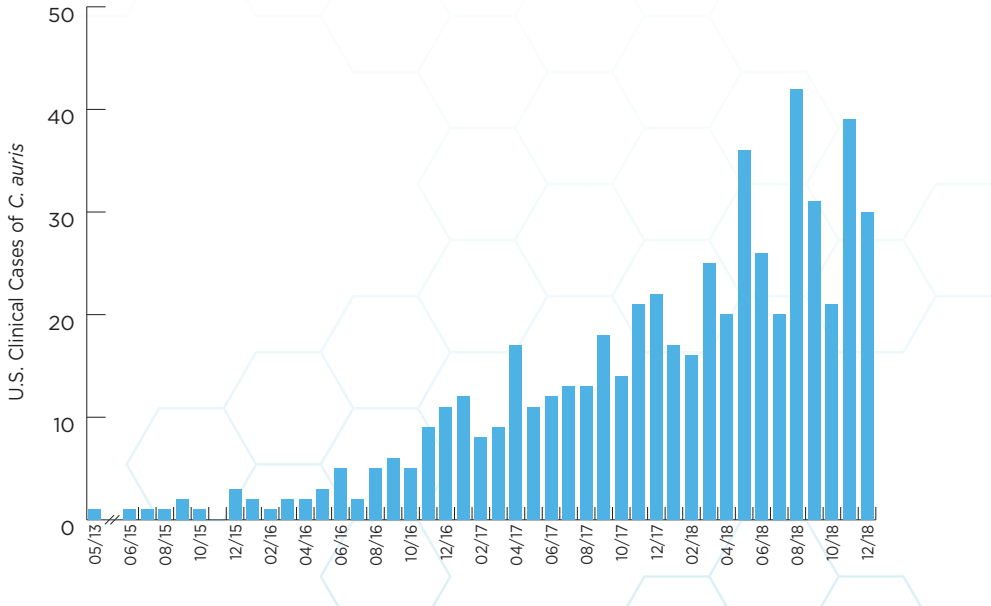
CASES OVER TIME

C. auris began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



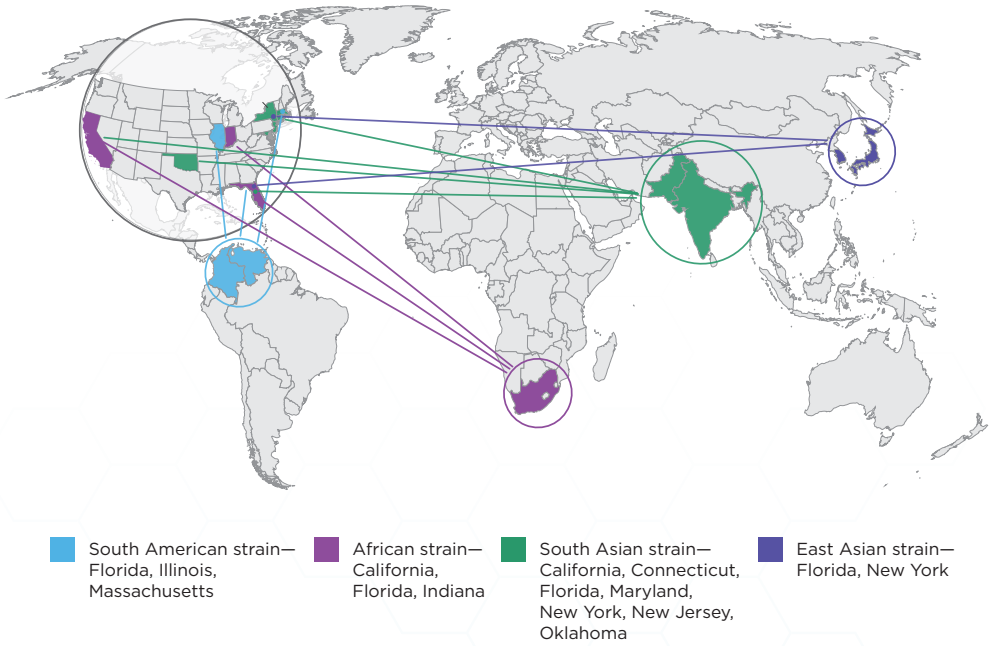
CONTAINING *C. AURIS*

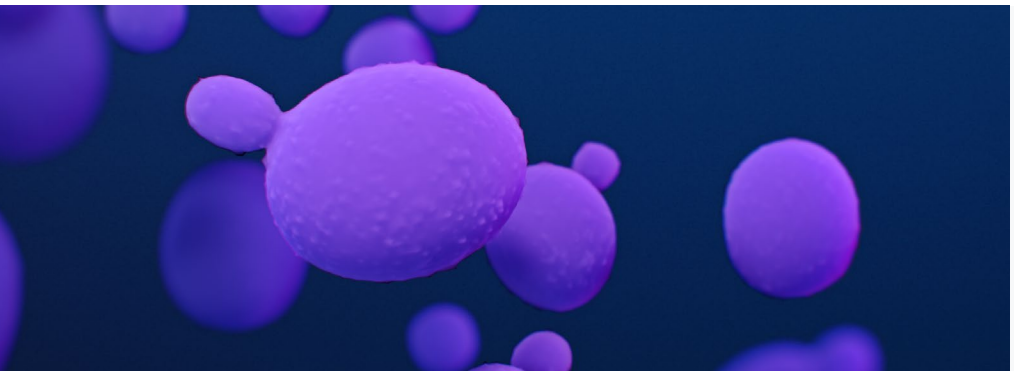
It seemed hard to believe. CDC fungal experts had never received a report describing a *Candida* infection resistant to all antifungal medications, let alone *Candida* that spreads easily between patients. After hearing the news that infections like this were identified by international colleagues in 2016, CDC sounded the alarm in the United States about *C. auris,* a life-threatening *Candida* species.

Disease detectives from CDC and state and local health departments soon investigated some of the first U.S. *C. auris* infections. They learned more about how the fungus spreads, and how CDC, health departments, and healthcare facilities can contain it. A key finding was that *C. auris* spreads mostly in long-term healthcare facilities among patients with severe medical problems. CDC and partners developed new tests to rapidly identify it, and continue to work with healthcare facilities to control spread.

A GLOBAL THREAT

Investigators still do not know why four different strains of *C. auris* emerged around the same time across the globe. All four strains have been found in the United States, likely introduced through international travel and subsequent spread in U.S. healthcare facilities.





ONLINE RESOURCES

About *C. auris*
www.cdc.gov/fungal/Candida-auris/index.html

Information for Laboratorians and Healthcare Professionals
www.cdc.gov/fungal/candida-auris/health-professionals.html

Candida auris: A drug-resistant fungus that spreads in healthcare facilities

A CDC message to infection preventionists

Candida auris is a fungus that causes serious infections and spreads in healthcare facilities. Infection preventionists, healthcare personnel, and laboratory staff can all help prevent it from spreading.

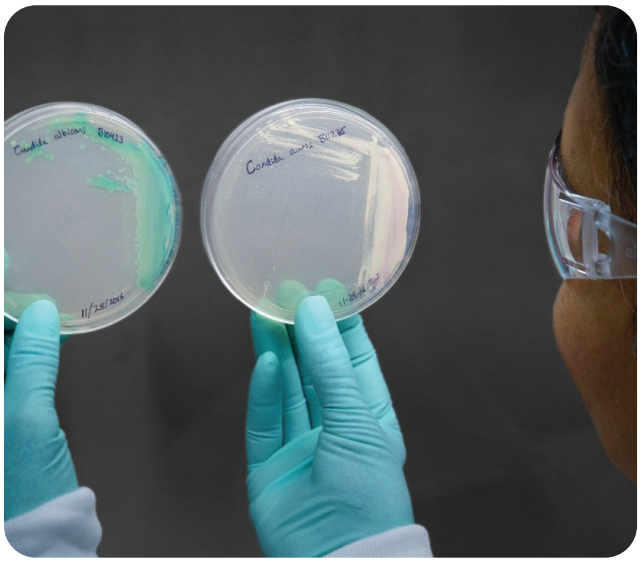
Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have many medical problems. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat other *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, including the United States.
- **It is difficult to identify.** *C. auris* can be misidentified as other types of fungus, unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks.
- **It can spread and cause outbreaks in healthcare facilities.** Just like other multidrug-resistant organisms such as carbapenem-resistant Enterobacteriaceae (CRE) and methicillin-resistant *Staphylococcus aureus* (MRSA), *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand some commonly used healthcare facility disinfectants.

Early detection and infection control can limit the spread of *C. auris*.

Prepare for *C. auris* in your facility

1. Work with your laboratory to ensure the fungus identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
    i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for the organisms that commonly represent a *C. auris* misidentification. See https://www.cdc.gov/fungal/candida-auris/recommendations for common misidentifications by different yeast identification methods.



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Centers for Disease Control and Prevention

CS314876-A Feb 19, 2020

3. Know which patients are at higher risk for *C. auris* infection or asymptomatic colonization. These include:
    i. Patients who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
    ii. Patients recently hospitalized outside the United States, especially in countries with known *C. auris* cases (visit www.cdc.gov/fungal/candida-auris for a map of countries), and patients infected or colonized with carbapenemase-producing bacteria.
4. Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with healthcare personnel, including environmental services.

For more information, please contact the Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases, Division of Foodborne, Waterborne, and Environmental Diseases.

1600 Clifton Road, NE, Mail Stop H24-9, Atlanta, GA 30329-4018
Telephone: 800-CDC-INFO (232-4636)
E-mail: candidaauris@cdc.gov
Web: https://www.cdc.gov/fungal

What should I do if there is *C. auris* in my facility?

1. Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: www.cdc.gov/fungal/candida-auris.
2. Report possible or confirmed *C. auris* test results immediately to your public health department.
3. Ensure adherence to CDC recommendations for infection control, including:
    i. Placing patients infected or colonized with *C. auris* on Transmission-Based Precautions and, whenever possible, in a single room.
    ii. Making sure gown and gloves are accessible and used appropriately.
    iii. Reinforcing hand hygiene.
4. Coordinate with environmental services to monitor and ensure the patient care environment is cleaned using a disinfectant with an Environmental Protection Agency claim for *C. auris* or, if not available, for *Clostridioides difficile*. These products can be found at www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html. Some disinfectants used in healthcare facilities (e.g., quaternary ammonium compounds [QACs]) may not be effective against *C. auris*, despite claims about effectiveness against *C. albicans* or other fungi. Work with the environmental services team to monitor the cleaning process.
5. After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
6. When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient's *C. auris* status to receiving healthcare providers.

CS314876-A Feb 19, 2020

Accessible version: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

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

Updated: July 12, 2022

Summary of Recent Changes:

- Added additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status).
- Expanded MDROs for which EBP applies.
- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission.

Key Points:

1. Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs.
2. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.
3. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following:
   • Wounds or indwelling medical devices, regardless of MDRO colonization status
   • Infection or colonization with an MDRO.
4. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.
5. Standard Precautions, which are a group of infection prevention practices, continue to apply to the care of all residents, regardless of suspected or confirmed infection or colonization status.

Background

Residents in nursing homes are at increased risk of becoming colonized and developing infection with

MDROs [2]. As described further in Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, 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 [1-9]. 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. Thus, many nursing homes only implement Contact Precautions when residents are infected with an MDRO and on treatment.

Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, who, by definition, have no symptoms of illness. MDRO colonization may persist for long periods of time (e.g., months) [10] which contributes to the silent spread of MDROs.

With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that the traditional implementation of Contact Precautions in nursing homes is not implementable for most residents for prevention of MDRO transmission.

This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of MDROs, including as part of a public health response. For the purposes of this guidance, the 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 can also include other epidemiologically important MDROs [9, 10].

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, 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*

This document is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.

Description of Precautions

Standard Precautions are a group of infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents. Proper selection and use of PPE, such as gowns and gloves, is one component of Standard Precautions, along with hand hygiene, safe injection practices, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment. Use of PPE is based on the staff interaction with residents and the potential for exposure to blood, body fluids, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated). More detail about Standard Precautions is available as part of the Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings.

Contact Precautions are one type of Transmission-Based Precaution that are used when pathogen transmission is not completely interrupted by Standard Precautions alone. Contact Precautions are intended to prevent transmission of infectious agents, like MDROs, that are spread by direct or indirect contact with the resident or the resident's environment.

Contact Precautions require the use of gown and gloves on every entry into a resident's room. The resident is given dedicated equipment (e.g., stethoscope and blood pressure cuff) and is placed into a private room. When private rooms are not available, some residents (e.g., residents with the same pathogen) may be cohorted, or grouped together. Residents on Contact Precautions should be restricted to their rooms except for medically necessary care and restricted from participation in group activities.

Because Contact Precautions require room restriction, they are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.

More detail about Transmission-Based Precautions, including descriptions of Droplet Precautions and Airborne Precautions are available in the CDC Guideline for Isolation Precautions. In addition, other infections (e.g. norovirus, *C. difficile*, and scabies) and conditions for which Contact Precautions are indicated are summarized in Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the guideline.

Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing [11-15]. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs [3,5,6]. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization.

Examples of high-contact resident care activities requiring gown and glove use for ***Enhanced Barrier Precautions*** include:

- 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

In general, gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities. Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes:

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with *any of the following*: • Infection or colonization with an MDRO *when Contact Precautions do not otherwise apply* • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube,	During high-contact resident care activities: • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting	Gloves and gown prior to the high-contact care activity (Change PPE before caring for	None

	tracheostomy/ventilator) *regardless of MDRO colonization status*	• Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing	another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	
Contact Precautions	All residents infected or colonized with a MDRO *in any of the following situations*: • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities All residents who have another infection (e.g., *C. difficile*, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

Decisions regarding the use of additional practices to prevent the spread of MDROs can be determined in conjunction with public health. These strategies might differ depending on the prevalence or incidence of the MDRO in the facility and region. Visit state-based HAI prevention to find contact information for your state health department HAI program.

Implementation

When implementing **Contact Precautions** or **Enhanced Barrier Precautions**, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:

- Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves)
    - For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves
- Make PPE, including gowns and gloves, available immediately outside of the resident room
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room
- Incorporate periodic monitoring and assessment of adherence to recommended infection prevention practices, such as hand hygiene and PPE use, to determine the need for additional training and education
- Provide education to residents and visitors

Note: Prevention of MDRO transmission in nursing homes requires more than just proper use of PPE and room restriction. Guidance on implementing other recommended infection prevention practices (e.g., hand hygiene, environmental cleaning, proper handling of wounds, indwelling medical devices, and resident care equipment) are available in CDC's free online course — The Nursing Home Infection Preventionist Training external icon. Nursing homes are encouraged to have staff review relevant modules and to use the resources provided in the training (e.g., policy and procedure templates, checklists) to assess and improve practices in their facility.

References

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ENHANCED BARRIER PRECAUTIONS

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:
  - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

CS19-306149-A

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STOP

CONTACT PRECAUTIONS

STOP

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Put on gloves before room entry.
Discard gloves before room exit.

Put on gown before room entry.
Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.

Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.

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CS19-306149-A

Infection Prevention and Control Safety Huddle

Unit: _____ Date: _____ Time: _____ Charge Nurse Signature: _____

- It is the responsibility of the charge nurse to initiate an infection prevention and control safety "huddle" at the beginning of every shift to pass on relevant safety information about patients/residents, families, and the work environment.
- The information should be shared between charge nurses at the beginning/end of the shift.
- The huddle should be short (2-5 minutes). The goal is to collect and share information about potential IC safety issues and concerns on a daily basis.
- All healthcare providers on the unit should be aware of the issues that need to be addressed with the patients/residents.
- Focus is the concern! This tool is not meant to be a rounding tool but for huddles.

✓ **What is/are the infection prevention and control safety concern/s staff should be aware of today?**

Infection Prevention and Control Safety <u>Concerns</u>	**Please indicate patient/resident (Last name, room # & bed #)**	**Note key items of concern: TBP or EBP signage posted, EPA disinfection products available**

✓ **On the last shift were there any issues related to infection control practices? What needs to be done to address these issues?**

Indiana Department of Health

CDC Environmental Checklist for Monitoring Terminal Cleaning[1]

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):[2]	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces[3]	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces[3]	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

☐ Direct observation ☐ Fluorescent gel
☐ Swab cultures ☐ ATP system ☐ Agar slide cultures

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[1]Selection of detergents and disinfectants should be according to institutional policies and procedures
[2]Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.
[3]Sites most frequently contaminated and touched by patients and/or healthcare workers

Environmental Facts
for *Candida auris* Disinfection Practices

Indiana Department of Health

Candida auris (*C. auris*) is a species of yeast classified by the Centers for Disease Control and Prevention (CDC) as an emerging organism of epidemiological concern. Stringent environmental and device disinfection, robust hand hygiene and wearing proper PPE are needed to stop transmission and prevent the spread of this organism. Surfaces containing *C. auris* need to be disinfected with specific chemicals, as C. auris is naturally resistant to some disinfectants. Here are some examples of best practices for infection control measures and disinfection:

Alcohol Based Hand Rub (ABHR) sanitizer is acceptable to use for hand hygiene with *Candida auris*. All staff including environmental services (EVS) should use ABHR before and after the removal of gloves when cleaning rooms. Also, all staff should wear a gown and gloves to clean the room.

Please focus on disinfecting the following items in unit common spaces at least once every shift

- Phones, computer keyboards and mouse
- Nursing Stations, writing devices and utensils
- Medication carts

Cleaning and Disinfection Practices

- **Use products on EPA List P**. If these are not available, use sporicidal products. ***(See page 2- How to access EPA List P products).***
- Ensure EVS staff know product contact dwell time (wet to dry times) for the product chosen.
    - Refer to instructions for use (IFUs) and manufacturer's guidelines.
- Ensure EVS staff use an adequate number of cleaning cloths according to IFUs for the cleaning agent. ***Note: The number of cleaning cloths per room should be changed with each surface- i.e., bedside table, bed (may require several cloths), etc***.
- Create a workflow plan for cleaning rooms: EVS should be cleaning the *C. auris* rooms **last**.
- Recommend terminal cleaning C. *auris* rooms twice; once by one EVS staff and the second time a different EVS staff.
- EVS cleaning cart reminders: Storage of food, drinks, or personal items is not permitted on carts.
- Staff should disinfect all surfaces of items that come out of the room, i.e., spray bottles or cleaning canisters, including any shared medical equipment

Six steps for Safe and Effective Disinfectant use from EPA

Step 1: Check that your product is EPA-approved: Find the EPA registration number on the product. Then, check to see if it is on the EPA's list of approved disinfectants here: List P
Step 2: Read the directions: Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."
Step 3: Pre-clean the surface: Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.
Step 4: Follow the contact time: You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands: For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting Candida auris. Wash your hands after removing the gloves.
Step 6: Lock up the disinfectants: Keep lids tightly closed and store out of reach of children.

Accessing EPA List P

How to Use list P Products Effectively- List P Approved Products

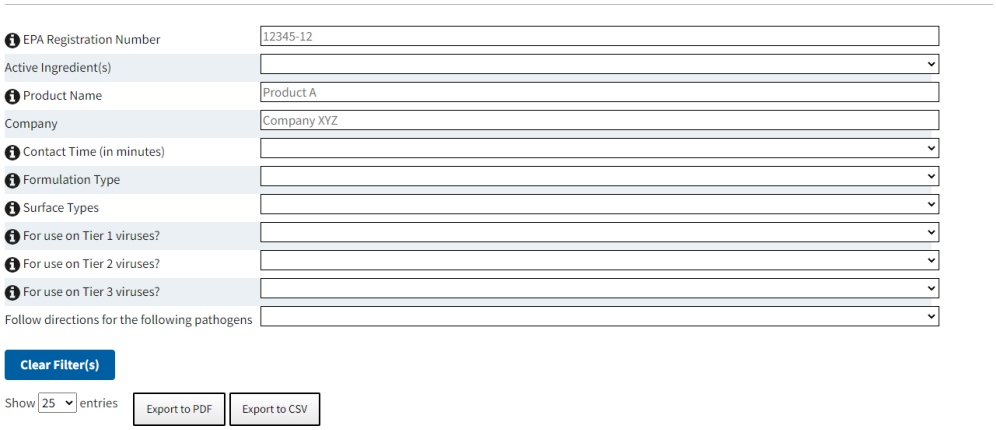
A product's effectiveness can change depending on how you use it. Disinfectants may have different directions for different pathogens. Follow the label directions for *C. auris*, including the contact time.

How to Check if a Product is on List P

Disinfectant products may be marketed and sold under different brand and product names. To determine whether EPA expects a given product to kill *C. auris*, determine whether its primary registration number is on this list:

- First, find the EPA registration number on the product label. Look for "EPA Reg. No." followed by two or three sets of numbers.
- If your product's registration number has **two** parts (ex. 1234-12), it has a **primary registration number**. If this number is on List P, the product is qualified for use against *C. auris*.
- If your product's registration number has **three parts** (ex. 1234-12-123), you have a **supplemental distributor product**. These products have the same chemical composition and efficacy as primary products, but often have different brand or product names.
- **If the first two parts of this registration number (ex. 1234-12) are on List P, the product is qualified for use against *C. auris***. (The **first two parts** of this registration number reflect the primary registration, while the third identifies the distributor's EPA company number.)
- Regardless of whether you are using a primary registration product or a supplemental distributor product, always check that the product's label includes directions for use for against *C. auris*.

Information about listed products is current as of the date on this list. Inclusion on this list does not constitute an endorsement by EPA. If you have 3 subsets of numbers **only search the first 2 subset of numbers**. **Note: It is important that they only enter the first 2 subsets of numbers to find the product, not more. The EPA registration number is very small and hard to find and often found near the bar code or ingredient list.**

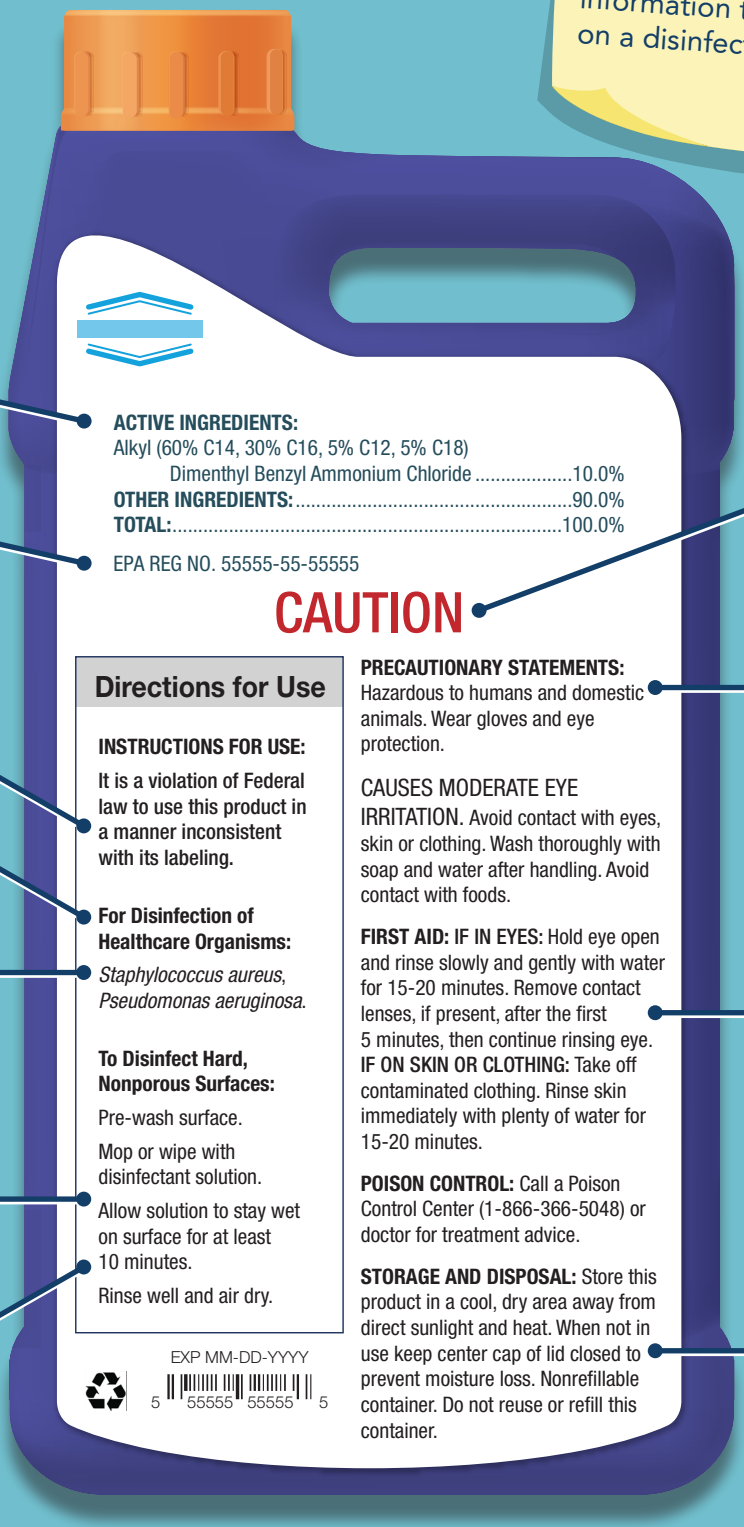


How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label



Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use):
Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?

Signal Words (Caution, Warning, Danger):
How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements:
How do I use this disinfectant safely? Do I need PPE?

First Aid:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

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EPA United States Environmental Protection Agency

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GERMS CAN LIVE ON DRY SURFACES.

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients

- Germs found on the body, in the air, and in stool can often be found on dry surfaces, and some can live for a long time.
- Dry surfaces include "high-touch" surfaces like bed rails, door handles, and light switches. They also include countertops, bed curtains, floors, and things that might not be touched as often.
- Hands can pick up germs from dry surfaces and move them to other surfaces and people.
- Germs from dry surfaces can also get onto devices that are used on or in patients.

Germs That Live on Dry Surfaces

- *Clostridioides difficile* (*C. diff*)
- Norovirus
- *Candida* (including *C. auris*)
- Rotavirus

Healthcare Tasks Involving Dry Surfaces

- Anything involving touch
- Using devices
- Patient transport

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Device sterilization
- Hand hygiene
- Use of personal protective equipment (gloves and gowns)

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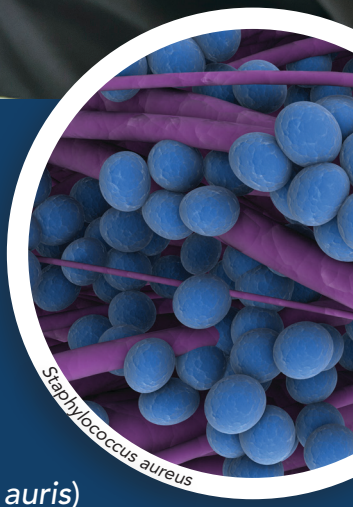
GERMS CAN LIVE ON DEVICES.



WHERE IS THE RISK?

Know where germs live to stop spread and protect patients

- When a device, like a pulse oximeter, is used on a patient's body to provide care, any germs on that device can be spread to places in or on the patient's body.
- When a device is put *into* a patient's body, like an IV needle, endoscope, or artificial hip, any germs on the device can spread into the body.
- If not handled correctly, shared medical devices can spread germs from one patient to another.

Germs That Can Live on Devices

- *Staphylococcus aureus* (staph, including *MRSA*)
- *Streptococcus* (strep)
- *Candida* (including *C. auris*)
- Gut bacteria like *E. coli*, *Klebsiella*, and *C. difficile* (*C. diff*)

Healthcare Tasks Involving Devices

- Surgery and procedures like colonoscopies
- Starting IVs
- Taking vital signs

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Device sterilization
- Hand hygiene
- Use of personal protective equipment (gloves)

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Eric J. Holcomb
Governor
Kristina M. Box, MD, FACOG
State Health Commissioner

Guidance on Inter-Facility Transfer of Individuals with *Candida auris- Hospital to Post Acute Care Key Points*

Background

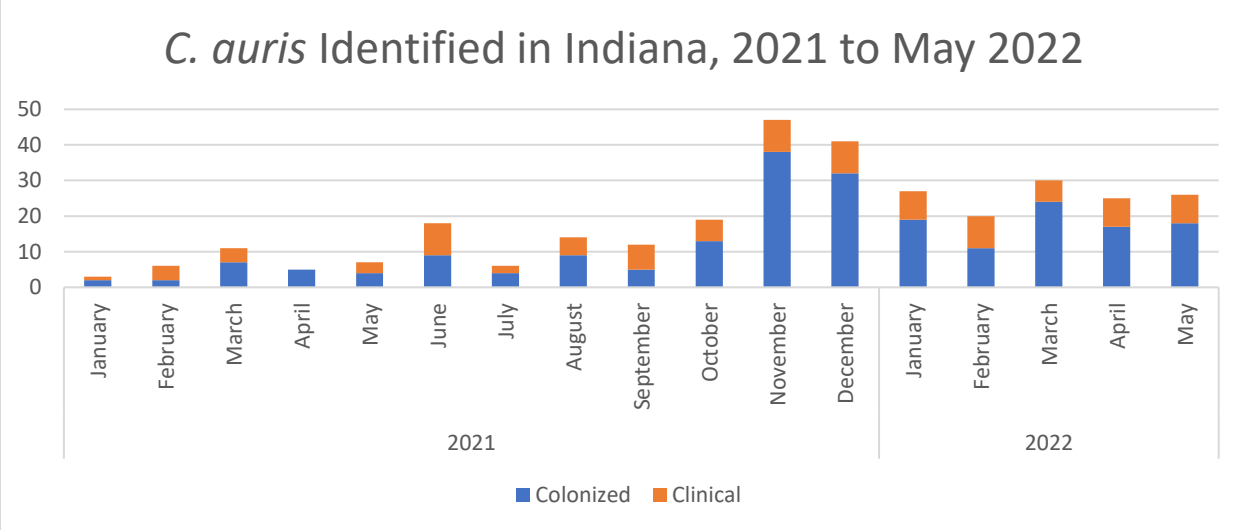
This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC). The purpose of this document is to provide guidance to long-term care facilities (LTCFs), including nursing facilities and skilled nursing facilities, about discharging, admitting, and readmitting a resident from a hospital who has a confirmed colonized or clinical infection from *Candida auris*.

Basics

Candida auris is a yeast that has demonstrated resistance to one or more antifungal medications, with some infections resistant to all three types of antifungal medicines. It can cause serious infections and more than 1 in 3 patients with invasive *C. auris* infection die. It was first discovered in 2009 and has quickly spread to more than a dozen countries. Because it is so new, some laboratories may have difficulty identifying it, and there is still much to learn about it.

Spread

C. auris outbreaks have been documented in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. The first documented case in Indiana occurred in 2017, but it wasn't until 2019 that cases started occurring with regularity. The number of clinical cases of *C. auris* in Indiana has more than doubled from 2020 to 2021 and the total number of cases has increased by 50%.



To promote, protect, and improve the health and safety of all Hoosiers.

Prevention

Primary infection control measures for *C. auris* include:

- Use of Contact Precautions in the Acute and Long-Term Care setting for patients/residents who have positive clinical cases, i.e., urine, blood, sputum etc. cultures.
- Use of Enhanced Barrier Precautions in the Long-Term Care setting for those who are colonized, i.e., skin swabs positive for *C. auris*.
- Perform hand hygiene frequently; use of alcohol-based hand sanitizers and hand washing are both acceptable.
- Cleaning and disinfecting the resident's environment (daily and terminal cleaning) and reusable equipment with a cleaner from EPA's List P.
- Inter-facility communication with regard to a resident's *C. auris* status.
- Screening contacts of newly identified cases with skin swabs for *C. auris*.
- Support by laboratory surveillance to identify new cases.

Interfacility Transfer

It is important for proper communication to occur during hand off to the next facility on the status of colonization or positive clinical cultures for *C. auris* to assure the patient/resident is placed in proper Transmission Precautions, either Contact (clinical case) or Enhanced Barrier Precautions (Colonized case). Some Long-Term Acute Care Hospitals (LTACHs) and acute care facilities have implemented widespread screening processes to identify colonization early due to an increased number of clinical cases in certain regions of our state. This is why it is important to "Ask" on every transfer about the status of any novel pathogen such as, but not limited to, *C. auris*. Our Inter-Facility Infection Control Transfer form has been designed to help with this process.

Resources:

CDC *C. auris* Fact Sheets

Inter-Facility Transfer Form

HAI-AR Webinar Recordings 2021

Indiana Department of Health

Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

Inter-Facility Infection Control Transfer Form

This inter-facility infection control patient transfer form can assist in fostering communication during transitions of care for patients infected with MDROs, COVID-19, etc. The discharging facility should complete this transfer from and sign at the bottom after all fields are completed. Attach copies of pertinent records and latest laboratory reports to send with the patient to the receiving facility. This form has been adapted from the Centers for Disease Control and Prevention (CDC).

Inter-Facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer. Please attach copies of latest culture reports with if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history Colonization Active infection of positive culture of a multidrug-resistant organism (MDRO) or other or history potentially transmissible infectious organism?	Colonization or History (*Check if Yes*)	Active Infection on Treatment (*Check if Yes*)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	☐Yes	☐Yes
Vancomycin-resistant *Enterococcus* (VRE)	☐Yes	☐Yes
Clostridioides difficile	☐Yes	☐Yes
Acinetobacter, multidrug-resistant	☐Yes	☐Yes
Enterobacteriaceae (e.g., f. *coli, Klebsiella, Proteus)* producing- Yes Extended Spectrum Beta-Lactamase (ESBL)	☐Yes	☐Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	☐Yes	☐Yes
Pseudomonas aeruginosa, multidrug-resistant	☐Yes	☐Yes
Candida auris	☐Yes	☐Yes
COVID-19 Choose a Test Type: ☐PCR ☐POC Antigen	☐Yes	☐Yes
Other, specify (e.g., scabies, norovirus, influenza):	☐Yes	☐Yes

Does the person* currently have any of the following? (☐Check here if none apply)

☐ Cough or requires suctioning	☐ Hemodialysis catheter
☐ Diarrhea	☐ Urinary catheter (Approx. date inserted
☐ Vomiting	☐ Suprapubic catheter
☐ Incontinent of urine or stool	☐ Percutaneous gastrostomy tube
☐ Open wounds or wounds requiring dressing change	☐ Tracheostomy
☐ Central line/PICC Approx. date inserted:	
☐ Drainage (source):	

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES

Type of Precautions (check all that apply): ☐ Contact ☐ Droplet ☐Airborne

☐Other:

☐Reason for Precautions:

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)				☐ Yes ☐ No
Pneumococcal (PPSV23)				☐ Yes ☐ No
Pneumococcal (PCV13)				☐ Yes ☐ No
COVID-19				☐ Yes ☐ No
Other:				☐ Yes ☐ No

*Refers to patient or resident depending on transferring facility

Required PPE

☐ 

☐ 

☐ 

Name of staff completing form (print):

Signature:

If information communicated prior to transfer:

Name of individual at receiving facility:

Phone of individual at receiving facility:

Candida auris Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

Reporting Facility: _____ Reporter Name: _____

Address: _____ Phone Number: _____

Patient information

Patient name:	**NBS ID:**
DOB:	**Phone:**
Address:	**County:**
Did the patient die? ☐ Yes ☐ No	**Date of death:**

Laboratory Information ******Attach all laboratory reports and antibiotic susceptibility testing results. ******

Organism:	**Collection date:**
Specimen site:	☐ Clinical culture ☐ Colonization culture

*Clinical information ***Attach all history and physical reports available. ****

Admission date: From: ☐ Transfer form used upon admission		**Discharge date:** To: ☐ Transfer form used upon discharge	
Contact precautions start date: Were bleach cleaning products used? ☐ Yes ☐ No		**Roommates**: ☐ Yes ☐ No Dates:	
Invasive devices at time of specimen collection ☐ Central venus line ☐ Mechanical vent ☐ Tracheostomy ☐ Urinary catheter ☐ Wound VAC ☐ Other:	**Invasive procedures in past 6 months:**	**History of MDROs** ☐ MRSA ☐ VRSA ☐ VRE ☐ ESBL ☐ CRE ☐ Drug-resistant PA ☐ Drug-resistant AB	**Recent travel history** ☐ Yes ☐ No Where: When:
Hospitalized in the last 3 months in acute care hospital or long-term care facility? ☐ Yes ☐ No Facility name:	**Resident of a long-term care facility?** ☐ Yes ☐ No Facility name:	**Antibiotic use in past 30 days** Antibiotic: Start date: Stop date:	**Treatment** Antibiotic: Start date: Stop date:
Preexisting Conditions: ☐ None ☐ Unknown ☐ Diabetes mellitus ☐ Heart failure/CHF ☐ Emphysema/COPD ☐ Chronic renal insufficiency/chronic renal disease ☐ Obesity ☐ Acute/Chronic respiratory failure ☐ Peri/Hemi/Quadriplegia ☐ Wound/Ulcer/Abscess ☐ Chronic/Recurring UTI ☐ Cancer/Malignancy ☐ Other:			

Recommendations

We recommend placing the patient in enhanced barrier contact precautions (if applicable).

Candida auris Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

We recommend the use of an approved cleaning product from EPA List P.
We recommend flagging the patient chart in case the patient is readmitted to limit transmission.
We recommend utilizing a transfer form if patient is transferred.
If the patient had a roommate, we have a concern of transmission. Screening may be recommended.
If you would like additional resources, please visit the HAI/AR Website.