Pennsylvania
Department of Health

Candida auris Infection Prevention and Control Practices in Acute Care Hospitals

This information is designed for infection preventionists in acute care hospitals. The following infection prevention and control (IPC) strategies are recommended to reduce the spread of *Candida auris* in your facility.

Background

C. auris is a multidrug-resistant fungus that is classified as an emerging threat by the Centers for Disease Control and Prevention (CDC). *C. auris* spreads from colonized or infected patients through direct or indirect contact with contaminated hands or surfaces.

IPC Strategies

Hand Hygiene

- ☐ Promote, monitor, and provide feedback on hand hygiene.
- ☐ Ensure supplies are available and accessible.
- ☐ Educate staff, patients, and visitors on the key moments for hand hygiene.

Contact Precautions

- ☐ Place all patients colonized or infected with *C. auris* on contact precautions.
- ☐ Promote, monitor, and provide feedback on adherence to contact precautions.
- ☐ Keep contact precautions in place during the patient's hospitalization. Use chart flags to help ensure use of contact precautions during future hospitalizations.

Staff and Visitor Education

- ☐ Educate staff, patients, and visitors about preventing transmission of *C. auris.*
- ☐ Post clear and concise signs for contact precautions on the door.

Minimize the Use of Invasive Devices

- ☐ Promote discontinuation of devices (e.g., foley catheters, central lines) promptly when no longer medically necessary.

Timely Notification

- ☐ Laboratories should have timely notification protocols to alert appropriate health care personnel of a specimen positive for *C. auris*.
- ☐ Internal protocols should be in place to ensure patients with *C. auris* are promptly placed on contact precautions and ensure *C. auris* status is known to all bedside staff.

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Antimicrobial Stewardship

- ☐ Work closely with your antimicrobial stewardship team to ensure antimicrobials are used for appropriate durations and the narrowest spectrum antimicrobial is used.

Environmental Cleaning and Disinfection

- ☐ Ensure the use of Environmental Protection Agency (EPA) registered List P products.
- ☐ Work closely with environmental services (EVS) to ensure thorough daily and terminal cleaning of rooms with List P products.
- ☐ Ensure rooms for patients with *C. auris* are cleaned at the end of the cleaning schedule.
- ☐ Ensure frontline staff dedicate patient-care equipment (e.g., stethoscope) when applicable.

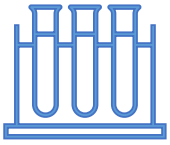
Patient and Staff Cohorting

- ☐ Promote placement of patients colonized or infected with *C. auris* in single-patient rooms when possible.
- ☐ Ideally, cohort colonized or infected patients and the staff that care for them, even if patients are in single rooms.

Screening Contacts of *C. auris* Patients

- ☐ Screen patients with epidemiologic links to patients newly identified as colonized or infected with *C. auris.* Coordinate with your state or local public health department.

Active Colonization Screening



- ☐ Screen high-risk patients at admission as resources allow.
- ☐ Contact your state or local public health department about the availability of active colonization screening tests for *C. auris* at public health laboratories.

Communication of *C. auris* Status at Discharge and Transfer

- ☐ Share information with the accepting facility when patients colonized or infected with *C. auris* are transferred to another health care facility. Provide the Department's handout titled, Discharge Information for *Candida auris* Patients Returning Home.

More information can be found at:

https://www.pa.gov/agencies/health/healthcare-and-public-health-professionals/haip/mdro.html

If you have questions, contact us at RA-DHHAI@pa.gov.