Pennsylvania
Department of Health

Candida auris Infection Prevention and Control Practices in Long-term Care Facilities

This information is designed for infection preventionists or designees in long-term care facilities. 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 residents 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, residents, and visitors on the key moments for hand hygiene.

Enhanced Barrier Precautions (EBP)

- ☐ Place residents colonized or infected with *C. auris* on EBP, unless the resident meets criteria for contact precautions.
- ☐ Promote, monitor, and provide feedback on adherence to EBP.
- ☐ Maintain EBP during the resident's stay. Use chart flags to help ensure the use of EBP during future stays or readmissions.

Staff and Visitor Education

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

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 residents with *C. auris* are cleaned at the end of the cleaning schedule.

- ☐ Ensure frontline staff dedicate resident-care equipment (e.g., stethoscope) when applicable.

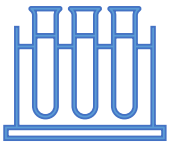
Resident Rooms

- ☐ Promote placement of colonized or infected residents with *C. auris* in single-resident rooms when possible.
- ☐ In multi-resident rooms, maintain separation of at least 3 feet between beds and treat each resident space separately. Change all personal protective equipment and perform hand hygiene before and after interaction with each room occupant.

Screening Contacts of *C. auris* Residents

- ☐ Screen close contacts of residents newly identified as colonized or infected with *C. auris*. Coordinate with your state or local public health department.

Active Colonization Screening



- ☐ Screen high-risk residents at admission as resources allow.
- ☐ Contact your state or local public health department for information 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 residents 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.