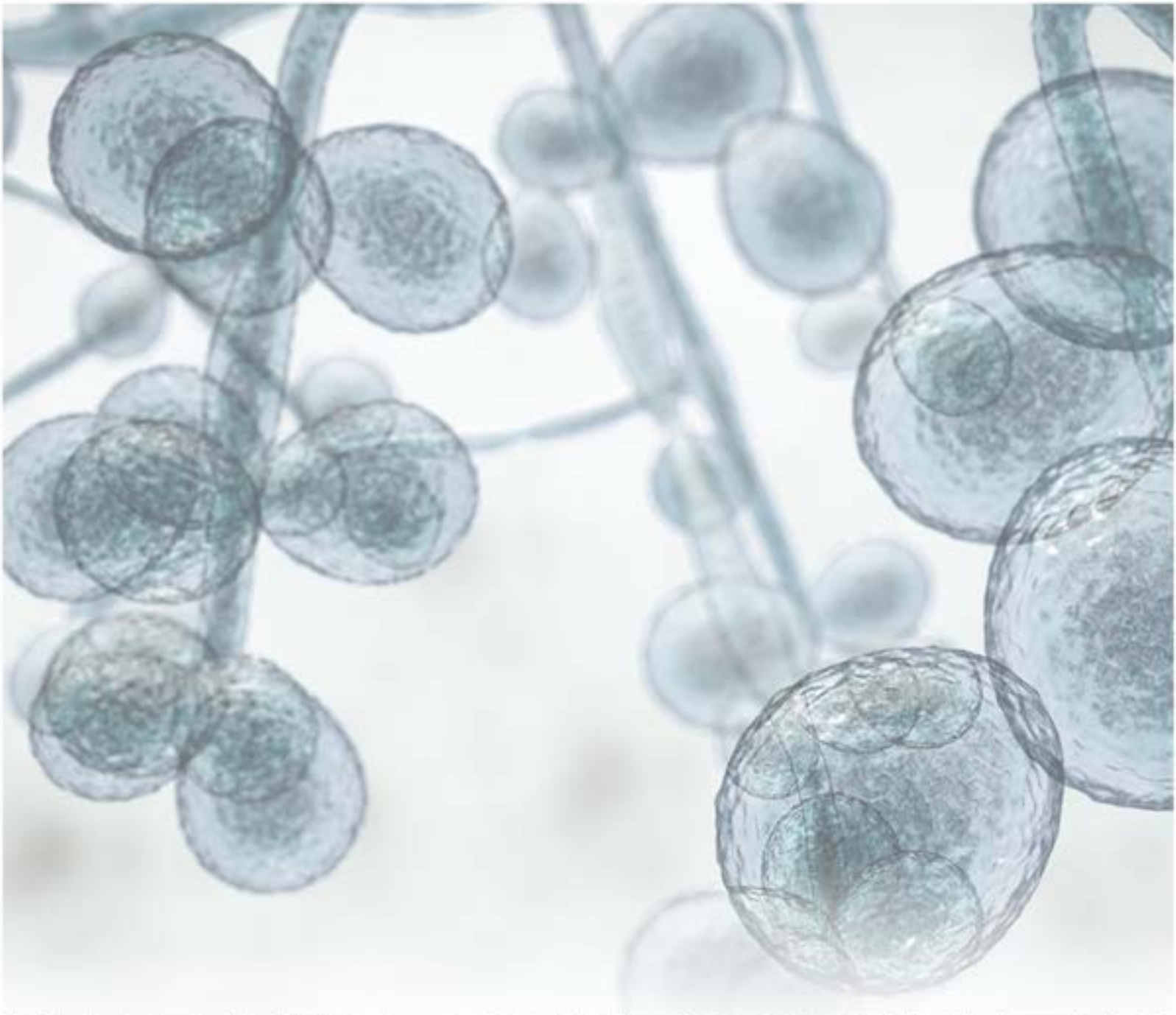


HAMILTON COUNTY

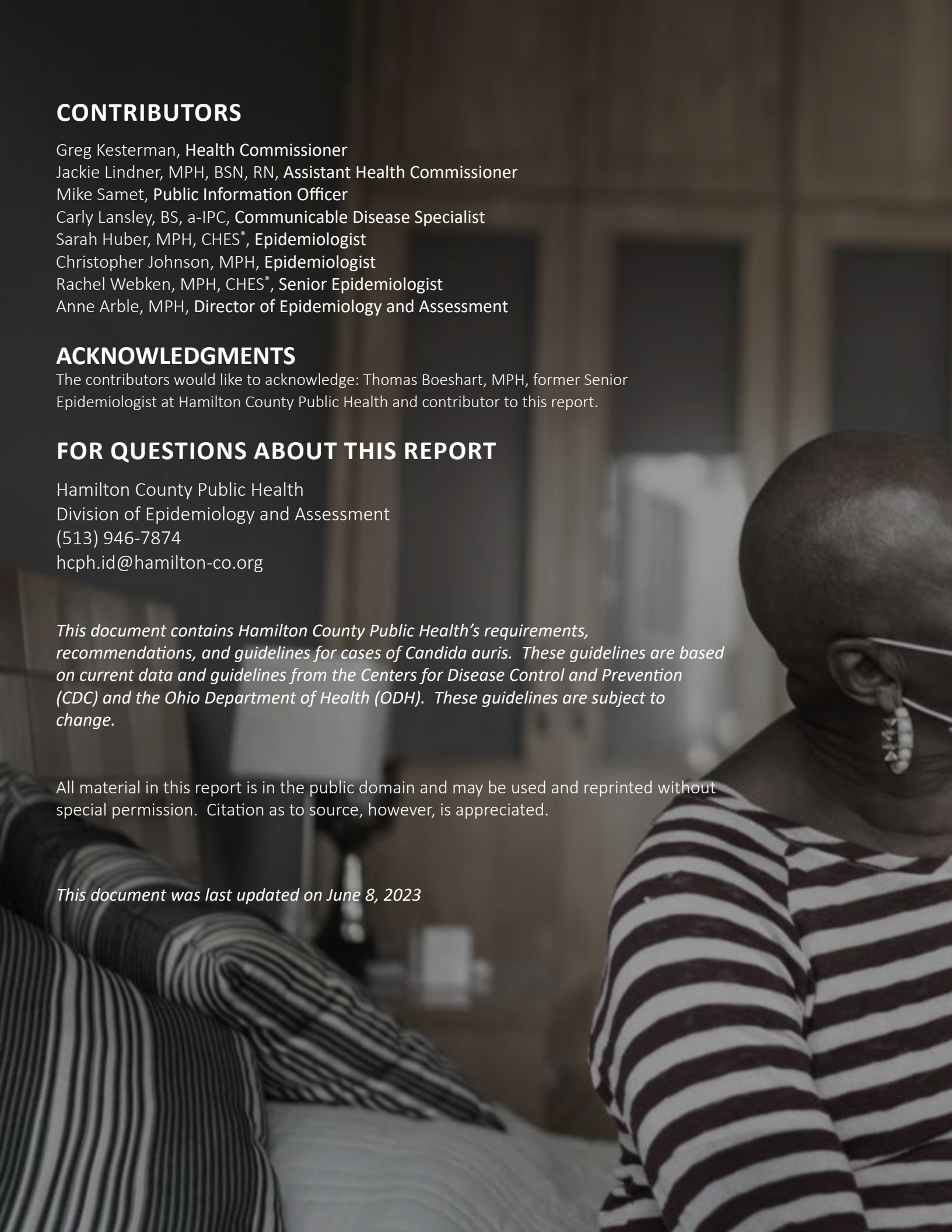
CONGREGATE CARE GUIDANCE FOR *CANDIDA AURIS*

2023

HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

ACCREDITED HEALTH DEPARTMENT • PHAB • PUBLIC HEALTH ACCREDITATION BOARD



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This document contains Hamilton County Public Health's requirements, recommendations, and guidelines for cases of Candida auris. These guidelines are based on current data and guidelines from the Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH). These guidelines are subject to change.

This document was last updated on June 8, 2023

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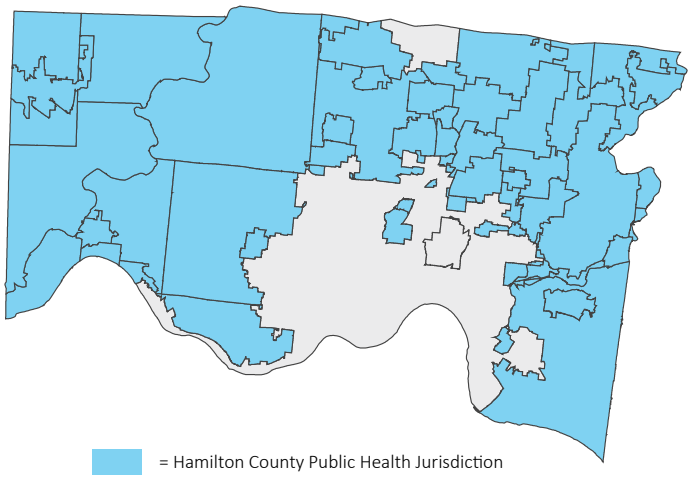
INTRODUCTION

This guide is intended for use by congregate care settings that fall within Hamilton County Public Health's jurisdiction, as shown on the map to the right.

This guide outlines the protocols for congregate care staff to follow when responding to *Candida auris (C. auris)* within their facility.

It is important that congregate care facilities follow all regulations, mandates, or guidance from healthcare organizations and regulating agencies. These organizations and agencies include, but are not limited to, the ODH, local health department (LHD), CDC, Center for Medicaid and Medicare Services (CMS), and Department of Aging.

HAMILTON COUNTY PUBLIC HEALTH JURISDICTION



= Hamilton County Public Health Jurisdiction

CONGREGATE CARE FACILITY RESPONSIBILITY

Congregate care and residential care facilities are responsible for providing the highest practical levels of care for all residents in their facilities while ensuring resident safety and protecting residential rights. This includes providing care in a manner that prevents cross-contamination and protects all residents from potential exposure to communicable diseases.

The Ohio Revised Code, section 3721.01, defines a nursing home and residential care facility as "an institution, residence, or facility that provides, for a period of more than twenty-four hours, whether for a consideration or not, accommodations to three or more unrelated individuals who are dependent upon the services of others." This definition includes nursing homes, residential care facilities, homes for the aging, and veterans' homes.

C. auris mitigation is necessary for congregate care settings, as this population is at a higher risk of infection. This is due to the prevalence of indwelling medical devices such as breathing tubes, feeding tubes, and central venous catheters[1].

CONTACTING LOCAL HEALTH AUTHORITY

It is the responsibility of the congregate care facility to know when they need to contact their local health department and to do so in a timely manner. In the state of Ohio, there are many reportable diseases, including *C. auris*, that are required to be reported by the end of the next business day to the local health department upon the discovery of the disease in either a resident or staff member. Facilities can report diseases to their local health departments by calling, securely emailing, or faxing information about the individual and the disease the individual was diagnosed with.

Hamilton County Public Health recommends that the Multi-Drug Resistant Organism (MDRO) Reporting Form be filled out in its entirety and sent securely in conjunction with a phone call. The Multi-Drug Resistant Organism Reporting Form can be found on Appendix VII. If a facility does not have a secure email option in place, the facility should fax the form and reach out to the local health department to discuss the information.

Facilities should notify Hamilton County Public Health by the end of the next business day if a resident or facility personnel receives a lab result indicating that they have tested positive for C. auris.

ESTABLISHING A POINT OF CONTACT

Hamilton County Public Health recommends that each facility establish a staff member as the point of contact for all communication between Hamilton County Public Health and the facility. While the staff member may change over time, it is recommended that the title or position of the point of contact stay consistent. It is also recommended to establish a secondary point of contact, in the event that the main point of contact is unavailable. The point of contact at the facility should hold one of the following roles:

- Infection Preventionist;
- Director of Nursing;
- Assistant Director of Nursing;
- Administrator.

RESIDENTS' RIGHTS

It is essential that residents are allowed to exercise their rights while receiving services from a congregate care facility. Residents must be allowed to participate in activities that physically and socially promote and enhance their well-being (Ohio Administrative Code 3701-17, 5160-3-16, and Ohio Revised Code 3721.01). These rights shall include, but are not limited to, resident rights provided in the Code of Federal Regulation 42 CFR § 483.10.

During certain circumstances, such as a suspected or confirmed outbreak of a communicable disease, some activities may need to be restricted when the health or safety of residents, staff, or community is at risk. Identification of any suspected illness in a congregate care setting requires prompt infection prevention and control interventions such as transmission-based precautions, relocating residents to other rooms, changing roommates, and/or using disposable dishes.

A quick response helps prevent the spread of infection. However, some infection interventions may infringe on residents' rights. It is crucial that a facility experiencing a suspected or confirmed outbreak promptly report the incident to their licensing contact at the ODH Bureau of Survey & Certification (Hamilton County, Ohio, is part of the Western Region).

CANDIDA AURIS

Candida auris (*C. auris*) grows as a yeast and is a species of ascomycetous fungus, of the Candida genus. The earliest known strain of *C. auris* was discovered in 1996 in South Korea. The fungus was first isolated in 1998 and was finally described in 2009 in Japan[2].

C. auris is reported to be in over 30 countries worldwide, including the United States. There are at least five major groups of *C. auris* that are currently known. These major groups are based on their geographic origin[1]. However, due to the specialized nature of laboratory testing, there are infections that have likely occurred in other countries that have not been reported.

As a recent emerging disease, *C. auris* poses a threat to communities and individuals living in congregate care facilities. The CDC lists *C. auris* as a disease of concern for three main reasons:

- *C. auris* is often multi-drug resistant, which means that it is resistant to multiple antifungal drugs that are commonly used to treat infections. Some are resistant to all available antifungals[1].
- It is difficult to identify using standard laboratory testing. As such, it can be misidentified, which can lead to poor or inappropriate management[1].
  - The most common misidentification of *C. auris* is *Candida haemulonii.*
  - For additional common misidentifications, see CDC's algorithm to identify Candida auris based on phenotypic laboratory method and initial species identification.
- *C. auris* has caused outbreaks in healthcare settings. It is important to quickly identify *C. auris* in a resident so precautions can be implemented to prevent the spread[1].

SIGNS & SYMPTOMS OF *C. AURIS*

Signs and symptoms of individuals who are diagnosed with *C. auris* may vary depending on the area of the body that is affected and can cause a range of different infections, such as bloodstream

infections, wound infections, and ear infections. The most common symptoms that individuals with *C. auris* may have are fever and chills that do not improve after antibiotic treatment.

The symptoms of *C. auris* may not be noticeable due to the treatment of other serious illnesses or conditions. Lab testing is necessary to determine if an individual has *C. auris* as the signs and symptoms can vary greatly[2].

COLONIZATION

Colonization is described as an individual who is found to have the *C. auris* fungus somewhere on their body but does not have an active infection or any symptoms of infection. An individual who is a colonized case has a higher likelihood of becoming symptomatic with signs of an active infection later. Correct infection prevention and control practices are key to reducing the spread of *C. auris* within a facility and keeping residents from becoming colonized[3].

PERIOD OF COMMUNICABILITY

It is currently unknown how long *C. auris* can live on surfaces or objects. *C. auris* can potentially be transmitted to others as long as the organism is present in a person's bodily tissues or fluids[2].

TRANSMISSION OF *C. AURIS*

The fungus that causes *C. auris* has the potential to be transmitted as long as the organism is within a person's bodily tissues or fluids. There is little known about how long *C. auris* can live on surfaces or objects.

C. auris can spread in healthcare settings through contact with contaminated environmental surfaces or equipment. Transmission of *C. auris* also occurs through person-to-person contact. One possible way that *C. auris* can be spread is when a healthcare worker touches an individual with *C. auris* and then touches items such as bed rails and computer keyboards without proper hand hygiene.

C. auris has been identified on many surfaces in residents' rooms, such as bedside tables, bed rails,

and mobile equipment that travels from room to room. Mobile equipment can be things such as glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts. As *C. auris* is a newly emerging infection, further research continues to be done to learn more about how it is spread.

DISTINGUISHING CASE TYPES

There are two major types of *C. auris* cases; clinical cases and colonized cases.

CLINICAL CASE OF *C.AURIS*

A clinical case of *C. auris* is found when an individual has an active infection, and the specimen is collected for the purpose of diagnosing or treating disease in the normal course of care. This includes specimens reflecting invasive infections (ex. blood or cerebrospinal fluid) or specimens from non-invasive sites such as wounds, urine, and respiratory tract. Clinical cases of *C. auris* are often symptomatic and should be placed on Contact or Enhanced Barrierrecautions indefinitely, depending on the healthcare setting.

COLONIZED CASE OF *C.AURIS*

A colonized case of *C. auris* is when an individual does not have an active infection, but they are found to be carrying the organism somewhere on their body. Specimens are typically swabs from skin (e.g., axilla, groin), nares, rectum, or other external body sites.

A person who is colonized with *C. auris* is at risk of developing an invasive infection and becoming a clinical case. A person with *C. auris*, whether they are initially clinical or colonized, generally remain colonized for long periods even after treatment for invasive infections. Because of this, they should continue to be placed on Contact or Enhanced Barrier Precautions indefinitely, depending on the healthcare setting.

INFECTION PREVENTION AND CONTROL MEASURES

TRANSMISSION-BASED PRECAUTIONS

Implementing Transmission-Based Precautions is the second tier of basic infection control and should always be used in addition to the first tier, Standard Precautions. It is recommended that residents who are clinical or colonized cases of *C. auris* be placed on Transmission Based Precautions for the entire duration of their stay in healthcare facilities indefinitely due to the current unknown duration of time someone can remain colonized and spread the fungus.

STANDARD PRECAUTIONS

Standard Precautions for all resident care include basic infection prevention measures that all staff should adhere to when performing duties within the facility. These precautions are based on the idea that all secretions and bodily fluids could potentially contain a transmissible infectious agent, and therefore protections should be in place. Standard Precautions include:

- Performing hand hygiene,
- Performing respiratory hygiene/cough etiquette,
- Properly handling, cleaning, or disposing of used or soiled equipment, including sharps,
- Using personal protective equipment (PPE) whenever there is a possibility of exposure to infectious material,
- Placing residents on proper Transmission-Based Precautions,
- Following safe injection practices,
- Cleaning and disinfecting environmental surfaces,
- Handling soiled laundry carefully.

ENHANCED BARRIER PRECAUTIONS

Enhanced Barrier Precautions are infection prevention measures that are designed to reduce the spread of multidrug-resistant organisms in congregate care settings[4]. Residents with *C. auris* should be placed in Enhanced Barrier Precautions **indefinitely** during any stay in a long-term care facility. Healthcare personnel should wear a gown and gloves during high-contact interactions. Enhanced Barrier Precautions are recommended for individuals who are known to be infected or colonized with the fungus, as well as other residents on the same unit who are at an increased risk which can include individuals with wounds or indwelling medical devices[4].

Residents are not restricted to their rooms as long as they do not have active diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained. However, it is recommended that residents with *C. auris* not have roommates, if possible, in order to reduce the risk of their roommate becoming colonized with the fungus.

Standard Precautions still apply while using Enhanced Barrier Precautions. For example, if splashes or sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves[4].

CONTACT PRECAUTIONS

Contact Precautions are prevention measures that are to be used with residents who have a known or suspected infection that creates an increased risk for contact transmission. During Contact Precautions, it's important to ensure there is appropriate placement of the ill resident within the facility. If feasible, the ill resident should be placed in a single-resident room.

In congregate care facilities, room placement decisions should be made that balance the risks to other residents within the facility. When interacting with the resident, staff and visitors should use PPE appropriately, which includes gloves and gowns. Gloves and gowns should be worn for all interactions that may involve contact with a resident or the resident's environment. Putting on appropriate personal protective equipment before entering a resident's room and discarding properly before exiting is done to help contain any pathogens.

When a resident is under Contact Precautions, the facility should limit transport and movement of the

resident outside of the room to medically-necessary purposes. If the movement or transportation of a resident under Contact Precautions is necessary, the staff member should wear all appropriate personal protective equipment while preparing them for transport, and cover or contain the infected areas of the resident's body. Wearing PPE is not recommended while in the hallways during transport. The staff member should remove and dispose of contaminated personal protective equipment and perform proper hand hygiene before transporting any resident on Contact Precautions. Staff members will need to don (put on) clean personal protective equipment when handling the resident at the transport location.

When a resident is under Contact Precautions it is recommended to use disposable or dedicated resident-care equipment, such as blood pressure cuffs. If this is not feasible and common use of equipment for multiple residents is unavoidable, the facility should clean and disinfect the equipment before using on another resident. The cleaning and disinfection of resident rooms who are on Contact Precautions should be prioritized. The facility should frequently clean and disinfect (e.g., at least daily or prior to use by another resident if in an outpatient setting) focusing on the frequently-touched surfaces and any items in the immediate vicinity of the resident.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment, or PPE, are specialized clothing or equipment that is worn by staff for their protection against infectious materials, such as working with an ill resident. Ensuring all staff who may come in contact with an ill resident are trained on the proper use of PPE, and having enough PPE in stock at the facility is critical to ensuring optimal infection control within the facility. Types of PPE that may be used within a congregate care facility include, but are not limited to, gloves, gowns or aprons, goggles, face shields, face masks, or respirators. To determine the appropriate PPE that should be worn by staff members, it's important to know what type of Transmission-Based Precautions the resident is currently under. Staff should also wear clean clothing daily and change soiled clothing as soon as possible.

PPE STATIONS

Easily accessible and identifiable PPE stations are an important part of mitigating the spread of infectious diseases. Donning (putting on), doffing (removing), and disposal stations should be located at the entrance of the room of every resident who is positive for *C. auris*. The PPE stations should also be located at multiple locations on each unit to ensure the accessibility of PPE and encourage staff use of PPE. PPE stations should be supplied with isolation gowns, gloves, and face protection

in the event of performing activity with the risk of splash or spray. These stations should be checked and stocked regularly to ensure that proper PPE is available when needed. Hand sanitizer should also be available at the PPE stations to ensure staff follow each step of donning and doffing PPE properly and safely. There should be a trash receptacle next to the PPE station to collect any packaging debris, and a trash receptacle located at the door inside of each resident's room who is under precautions to ensure contaminated PPE can be easily disposed of prior to exiting the room.

DONNING AND DOFFING PPE

All staff members should be properly trained on proper PPE usage. Training and practicing using PPE is critical for mitigating the spread of infectious disease. A facility's Infection Preventionist should perform PPE donning and doffing audits often. This auditing should be tracked and monitored in order to track adherence changes over time.

DONNING PPE

The CDC, ODH, and Hamilton County Public Health acknowledge that there is more than one method acceptable for donning PPE. Training, practice, and auditing the facility staff is critical in the mitigation of illness.

The following is one example of donning PPE correctly when taking care of a resident with *C. auris*.

1. Identify and gather the proper PPE to don.
    a. Ensure the gown, gloves, and any other PPE (i.e., mask, eye protection) are all the correct size.
2. Perform hand hygiene using soap and water, or alcohol-based hand sanitizer, whichever is more accessible.
3. Put on the isolation gown.
    a. Make certain that all ties of the gown are secure. Assistance may be needed from another staff member.
4. If conducting a procedure that is likely to generate splash or splatter, put on a mask and eye protection.
    a. If wearing a respirator, the nose-piece should be fitted to the nose with both hands, it should not be bent or tented. Do not pinch the nose-piece with one hand.

    b. The respirator or face mask should be extended under the chin. Both the mouth and nose should be protected.
    c. Do not wear a respiratory or face mask under the chin or store them in the pocket of scrub pants between taking care of residents.
    d. **Respirator:** The top strap should be placed on the crown of the head. The bottom strap should be placed on the base of the neck. Perform a user seal check each time a respirator is put on.
    e. **Face mask:** The top strap should be secured on the crown of the head. The bottom strap should be secured at the base of the neck. If the face mask

has loops, hook them appropriately around the ear.

5. Don gloves. The gloves should cover the cuff (wrist) of the gown.

DOFFING PPE

There is more than one acceptable method to doff PPE. To ensure the spread of infectious diseases is slowed, staff should be trained on the procedure the facility has in place and have the opportunity to practice in order to demonstrate competency. The removal of PPE should be done at the doorway or in the anteroom except for the respirator or face mask. The removal of the respirator or face mask should be done after leaving the room and closing the door.

The following is one example of how to doff PPE correctly when taking care of a resident with *C. auris*.

1. Remove the gloves. Gloves can be removed using a variety of techniques (i.e., bird beak or glove-in-glove).
    a. It is important to remember that the outside of the gloves are considered contaminated.
2. Remove the gown. To remove the gown, unfasten the ties and pull the gown away from the neck and shoulders. Touch only the inside of the gown. Turn the gown inside out and fold or roll into a bundle and discard.
    a. Gowns and gloves can be removed at the same time.
3. If eye protection was worn, carefully remove it by handling the headband or earpieces and pulling upwards away from the head. Place them in a designated receptacle for reprocessing or in a waste container.
4. Perform proper hand hygiene.
5. Staff members may now exit the room.
6. Remove the face mask or respirator by grasping the bottom of the mask or respirator and the top ties or elastic hooks and remove. Discard in a waste container.
7. Perform proper hand hygiene.

If at any time during the donning or doffing process, a staff member touches a contaminated surface, hand hygiene should be performed immediately before continuing.

PPE DISPOSAL

It is important that facilities train employees on how to properly dispose of all used and contaminated PPE. A trash receptacle should be located at the door inside of each resident's room who is under precautions to ensure contaminated PPE can be easily disposed of. After discarding PPE, it is important to perform proper hand hygiene.

REUSE OF PPE

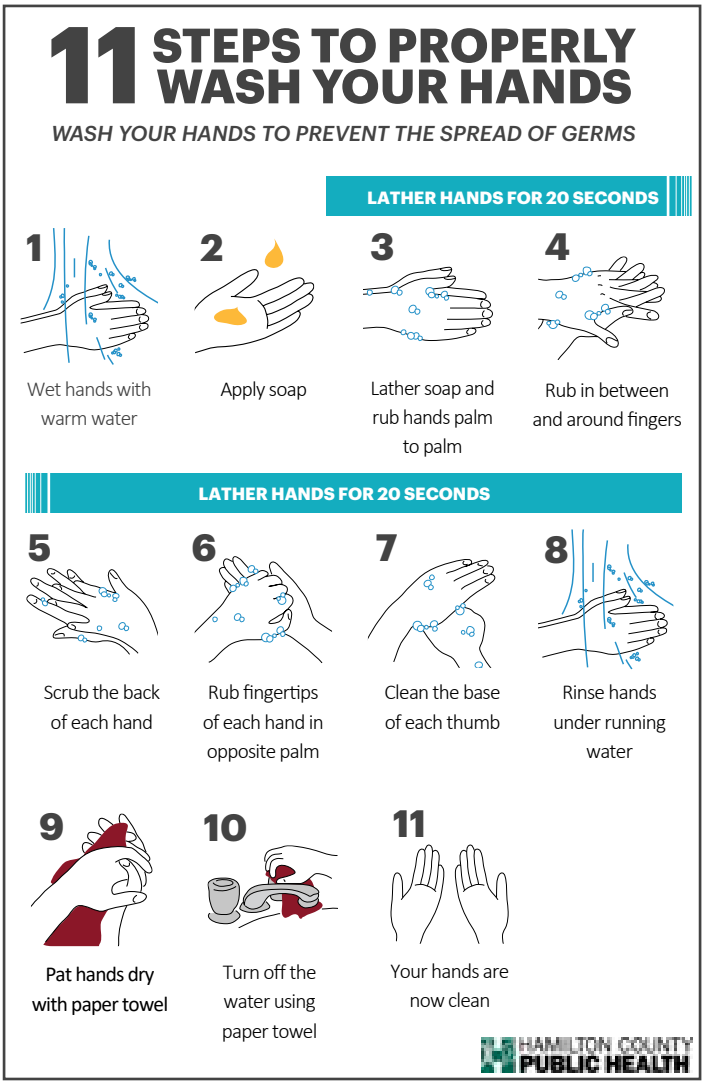
The reuse of PPE is not recommended due to the high transmissibility of *C. auris*. It is unknown

how long the fungus that causes *C. auris* can last on surfaces. *C. auris* can easily spread person-to-person via contact with contaminated surfaces or equipment, including PPE. Hand hygiene should be performed and PPE should be changed between caring for residents.

HAND HYGIENE

Staff, residents, and visitors should perform frequent hand hygiene throughout the day. Reinforce the use of hand sanitizer by providing stations throughout the facility and assign continuous oversight to ensure hand hygiene stations are regularly refilled.

Hand hygiene stations should be easily accessible. Ensuring staff and residents keep their hands clean is one of the best ways to protect everyone from getting sick. Germs on unwashed hands can get into the body through the mouth, nose, and eyes to make people sick.



Create habits of performing hand hygiene at regular intervals during the day, but especially in the following situations:

- Upon entering the building,
- Before contact with a resident,
- Between contact with different residents,
- After contact with blood, bodily fluids, contaminated surfaces or equipment,
- Before and after leaving a resident's room,
- Before and after performing aseptic tasks,
- Before and after removing PPE,
- After using the restroom,
- After sneezing, coughing, or blowing the nose,
- Before and after touching the face,
- Before and after eating or handling food,
- After a break, or
- Whenever visibly soiled.

Hand-washing with soap and water is an effective method against spreading communicable diseases. Scrub hands together for at least 20 seconds, covering all surfaces. Dry hands using a single-use drying material or air dry.

ALCOHOL-BASED HAND SANITIZER

Alcohol-based hand sanitizer is another acceptable option when soap and water are not immediately available for hand hygiene. Alcohol-based hand sanitizer should be at least 60% alcohol to be the most effective. Due to increased compliance, the CDC, ODH, and Hamilton County Public Health encourage the use of alcohol-based hand sanitizers instead of soap and water unless hands are visibly soiled.

CLEANING AND DISINFECTION METHODS

Cleaning an area will remove germs, dirt, and impurities on the surface, while disinfecting will kill germs on surfaces, further reducing the risk of spreading infection.

HOW TO CLEAN AND DISINFECT EXPOSED AREAS

To ensure proper cleaning and disinfecting of any areas that may have been exposed to germs, bacteria, or bodily fluids:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces first, then use disinfectant.
- Ensure disinfectant remains wet on surfaces for the entirety of its contact time to make sure germs are killed.
- Follow instructions on the product's label to ensure safe and effective use. A product's contact time will also be located on the label or instructions.
- Practice routine cleaning and disinfecting on frequently touched surfaces.

More frequent cleaning and disinfection may be required based on the level of use.

For a list of EPA-approved products and instructions, please see: EPA List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*.

TIMING AND LOCATION OF GENERAL CLEANING AND DISINFECTION

Staff, including environmental services, should clean and disinfect frequently touched surfaces (e.g., therapy equipment, door handles, sink handles, hallway rails) within the facility at least daily or as needed when visibly soiled. Use of shared objects (e.g., therapy equipment, art supplies, games) should be limited when possible and cleaned between use.

Cleaning tips for facilities that will help stop the spread of germs:

- Develop a schedule for increased routine cleaning and disinfection.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely.
- Use products that meet EPA disinfection criteria.
- Cleaning products should not be used near residents.
- Staff should ensure there is adequate ventilation when using these products to prevent residents or themselves from inhaling toxic fumes.

HARD (NON-POROUS) SURFACES

If hard surfaces are dirty, they should be cleaned using a detergent or soap and water before disinfection. Once the surface is clean and dried, it should be disinfected with an effective disinfectant. Please follow the manufacturer's instructions for all cleaning and disinfecting products for concentration, application method, and contact time, and to ensure safe and effective disinfection use.

SOFT (POROUS) SURFACES

If soft surfaces such as carpeted floors, rugs, and drapes become dirty, clean the visible contamination (if present). Clean items with appropriate cleaners indicated for use on the surfaces. If applicable, launder the item by the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

LINENS, CLOTHING, AND OTHER ITEMS THAT GO IN THE LAUNDRY

Wash items as appropriate by the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. To minimize the possibility of contaminating the air, do not shake dirty laundry. Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for hard or soft surfaces. Contaminated items should be contained at point of use and not held against staff clothing.

ELECTRONICS

For electronics such as tablets, touch screens, keyboards, remote controls, and ATMs, remove visible contamination if present. Please follow the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% isopropyl alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid the pooling of liquids.

ENVIRONMENTAL CLEANING CHECKLIST

Facilities can use the following checklist to help identify frequently touched surfaces and objects that should be cleaned.

CANDIDA AURIS CLEANING & DISINFECTION CHECKLIST

Clean and disinfect at least daily (or between use as much as possible) frequently touched surfaces and objects such as:

- ☐ Door knobs & handles
- ☐ Stair rails
- ☐ Facility desks & chairs
- ☐ Dining room tables
- ☐ Dining room chairs
- ☐ Countertops
- ☐ Handrails
- ☐ Windowsills
- ☐ Light Switches
- ☐ Sink handles & faucets
- ☐ Drinking fountains
- ☐ Handles on equipment
- ☐ Push-buttons on vending machines & elevators
- ☐ Shared toys or games
- ☐ Shared remote controls
- ☐ Shared telephones
- ☐ Shared desktops
- ☐ Shared computer keyboards and mice*

*Computer keyboards are difficult to clean. Shared computers should have signs posted instructing proper hand hygiene before and after using them to minimize disease transmission. To facilitate cleaning, consider using covers that protect the keys but enable use of the keys.

For more information on environmental infection control guidelines: https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html

EPA REGISTERED CLEANERS AND DISINFECTANTS FOR *C. AURIS*

The Environmental Protection Agency (EPA) has a list of all products that meet the EPA's criteria for use against *C. auris.* To find a product, use the link below:

EPA List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*.

STAFF TRAINING AND AUDITS

Staff should be routinely trained and audited on current infection prevention practices of the facility. Training can include but are not limited to, regular in-service training sessions and refresher training to ensure staff are up-to-date on the current guidance.

This can also be accomplished through messages sent directly to staff members (e.g., emails and other forms of communication services), or holding staff briefings at the beginning of new shifts. Routine audits should be performed for all staff members (e.g., administrative staff, management, nurses, etc.) to ensure staff can properly perform tasks in appropriate and safe ways. These completed audits should be recorded and saved to track progress over time. A sample audit tracking sheet can be found on Appendix X and Appendix XII.

POINT PREVALENCE COLONIZATION SCREENINGS

When a case of *C. auris* is identified at a facility or found to be linked to a facility, it may be recommended to screen every resident in the entire unit in which the case resides or resided on in order to identify asymptomatic carriers. It is recommended that the facility work closely with their local health department to determine who should be included in the initial screening and if additional screenings are necessary.

Screening for *C. auris* is offered through the ODH and the regional Antibiotic Resistance Laboratory Network (ARLN) lab located in Wisconsin (WI). The local health department will coordinate with the ODH and the WI ARLN lab once the following information is received or confirmed:

- Facility name,
- Address,
- Contact person at the facility,
- Contact person's phone number and email address,
- Fax number to receive lab results, and
- Number of individuals to be tested.

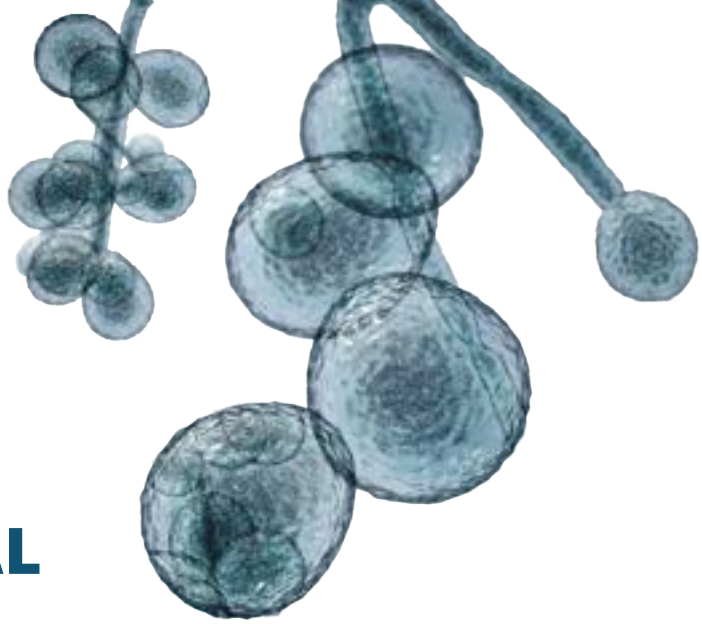
Test kits and instructions will be sent directly to the listed point of contact at the address provided. The ARLN lab will reach out via email to the point of contact at your facility with a requisition form and a fax agreement form that need to be completed and sent back to the lab.

Once you have received the test kits, it is important to follow all instructions provided. Ensure that all residents who are being screened are swabbed on the same day, or as otherwise instructed.

It is not recommended to swab previously positive persons when conducting a point prevalence colonization screening.

Once all specimens have been collected, it is important to ship the specimen back to the lab as soon as possible, as testing on the specimen must be done within 96 hours of collection.

Results will be faxed to the number provided. If there are any positive results from the screening, reach out to the local health department as described on the following page for each positive case. If results are not received within one week after the specimens have been sent, please reach out to your local health department.



CLINICAL TESTING

If clinical testing is conducted and results are positive for *C. auris*, report the result to your local health department as described below.

REPORTING TO THE LOCAL HEALTH DEPARTMENT

C. auris is a Class B reportable disease in the State of Ohio and should be reported to public health by the close of the following business day after receiving the results.

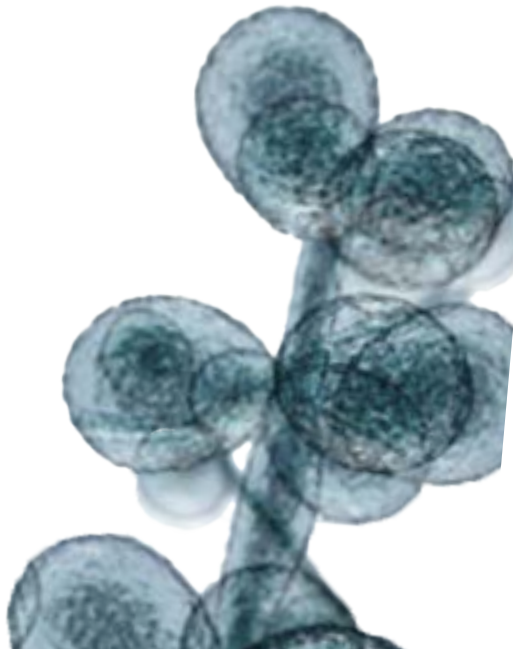
Cases should be reported to the local health department in which the testing facility is located, not based on the resident's home address.

If you are unsure which health department you should be reporting to, you can check your facility's address in the Find My Local Health Department search provided by the ODH.

When reporting a case of *C. auris*, prepare to provide the following information when contacting the local health department:

- Resident's current facility.
- Facilities at which the resident stayed overnight in the past month.
- Facilities at which the resident stayed for more than seven days in the prior three months.
- Has the resident had a roommate (start and end dates)?
- Did the resident have an invasive device placed within two days prior to the specimen collection date?
- Did the resident have evidence of infection when the specimen was collected?
- In the past year, has the resident received any healthcare services, including home health, surgeries, dialysis, admissions to long-term care facilities, or admissions to long-term acute care hospitals? (include all facility information),
- In the past year, has the resident had any antibiotic exposure? (list all antibiotics),
- Has *C. auris* ever been previously isolated in this resident?
- Has the resident ever traveled out of the country?

This information can be provided to the local health department by means of sending a complete *C. auris* line list. An example of the *C. auris* line list can be found on Appendix V.



INFORMING STAFF, RESIDENTS, AND FAMILY MEMBERS

WHEN TO NOTIFY AND WHAT TO INCLUDE

Staff should be kept informed on any current in-house *C. auris* residents that they may encounter to ensure proper infection prevention control practices are implemented. Most importantly, housekeeping staff should be aware of which rooms and areas need to be terminally cleaned and disinfected on a daily basis. Residents with *C. auris* and their families should be made aware of their test results so they are able to make informed decisions. For assistance informing residents and families: https://www.cdc.gov/fungal/candida-auris/patients-qa.html
An example notification letter intended to address residents and families can be found on Appendix VIII and Appendix IX.

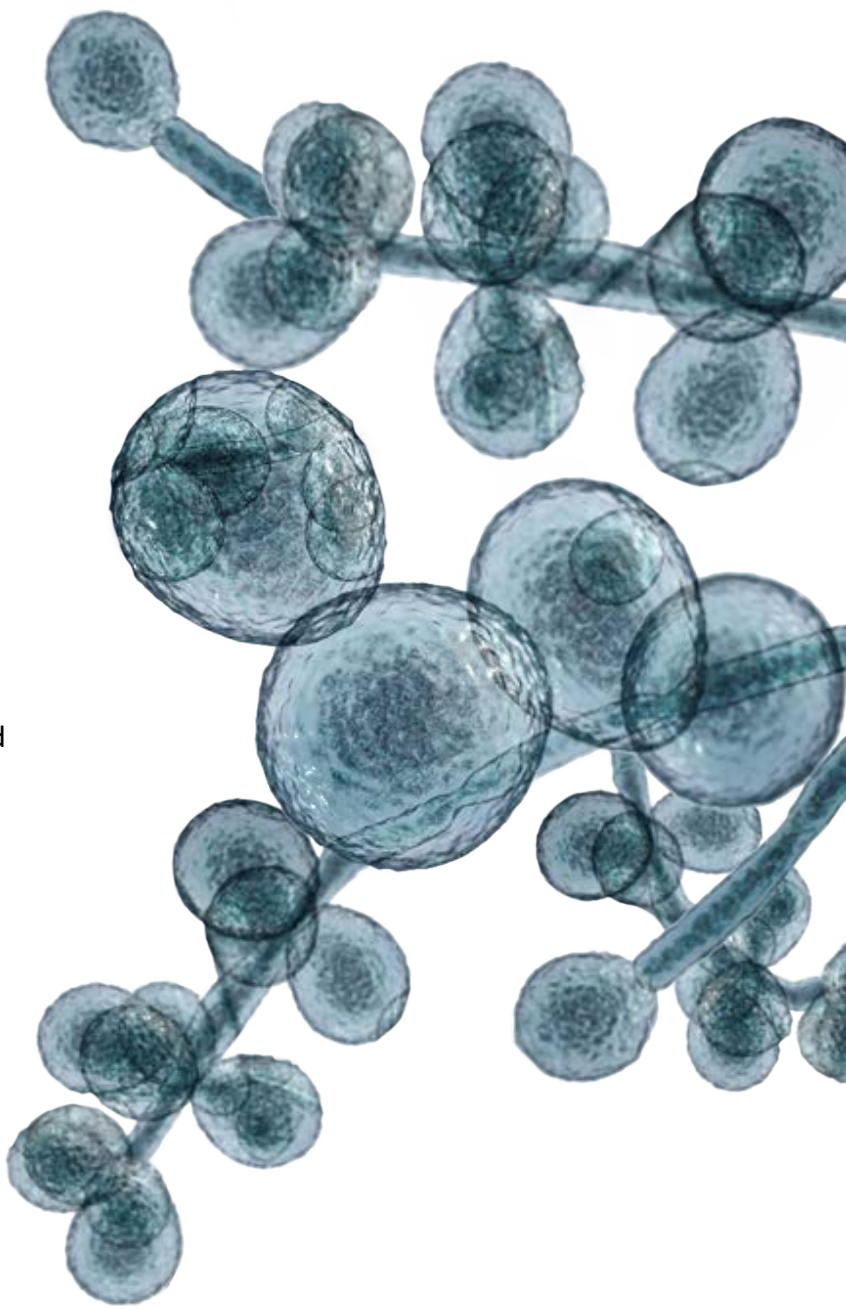
EDUCATION

Staff should be continuously educated on best practices when taking care of residents with *C. auris*. If basic education to staff has not been provided on *C. auris,* we recommend conducting an in-service that includes reviewing:

- The necessary Transmission-Based Precautions for positive residents,
- Implementing Transmission-Based Precautions for other residents on the unit,
- Environmental cleaning and hygiene,
- Shared medical equipment,
- How *C. auris* is spread and how healthcare workers can help in reducing the spread, and
- The seriousness of someone having *C. auris* (colonization, clinical cases, invasive infections, mortality, etc.)

After providing education to staff, periodic auditing is recommended in order to assess the retention of that knowledge and assess the staff's ability to apply the practices properly.

Auditing should be recorded and used to compare staff's performance and adherence to policies over time, allowing administration to determine if initial education was useful or if there should be any adjustments that would encourage staff to adhere to policies better. Additional in-services should be conducted on an as-needed basis based on frequency of cases or results of periodic audits.



ACCEPTING AND DISCHARGING *C. AURIS* RESIDENTS

ACCEPTING NEW RESIDENTS

As with any other MDRO, decisions to discharge an infected or colonized resident from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care - not on the presence or absence of *C. auris* infection or colonization or potential exposure to *C. auris*.

Any susceptible residents on the unit who have indwelling medical devices or wounds and are receiving care from the same staff who are assisting other residents with C. auris should also be placed on Enhanced Barrier Precautions to reduce the risk of transmission.

If Enhanced Barrier Precautions are implemented and followed at all times, the risk of *C. auris* spreading to other residents is greatly reduced and the need to conduct point prevalence screenings is minimal. Staff who accept or take report for new residents for the facility should be advised on proper questioning in order to receive adequate information for *C. auris* residents. The Sample Nursing Intake Questionnatire for New Residents, found on Appendix IV, can be implemented as an admission questionnaire for all new residents to ensure *C. auris* (or any MDROs needing Transmission-Based Precautions) is quickly identified and the resident is placed on precautions immediately upon arriving.

DISCHARGING TO OTHER HEALTHCARE FACILITIES

When a resident who is either colonized or infected with *C. auris* is being discharged from your facility to another healthcare facility (including hospitals), the resident's *C. auris* status should always be communicated to the receiving facility and emphasis should be placed on the resident being in Transmission-Based Precautions (Enhanced Barrier Precautions or Contact Precautions, depending on the type of facility). This information should be communicated verbally to the receiving facility as well as written in their paperwork. Utilizing the Inter-Facility Notification Sheet is a great way to easily provide necessary information to the receiving facility. The Inter-Facility Notification Sheet can be found on Appendix III.

APPENDIX

**Contact Hamilton County Public Health for stand alone files of these documents*

LINKS TO RESOURCES AND SIGNAGE

Facilities can find additional resources and signage that can be used throughout their facility provided by the Centers for Disease Control and Prevention.

- CDC Enhanced Barrier Precautions:
  https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf
- CDC Enhanced Barrier Precautions in Spanish:
  https://www.cdc.gov/hai/pdfs/containment/spanish-enhanced-barrier-precautions-sign-P.pdf
- CDC *Candida auris* Fact Sheet:
  https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Candida_auris_508.pdf
- CDC *Candida auris* Colonization Information for Patients:
  https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_Colonization_H.pdf
- CDC *Candida auris* Testing Information for Patients:
  https://www.cdc.gov/fungal/candida-auris/pdf/C_auris_Patient__Testing_H.pdf
- CDC *Candida auris* Fact Sheet for Infection Preventionists:
  https://www.cdc.gov/fungal/candida-auris/pdf/C-Auris-Infection-Factsheet-H.pdf
- CDC Sequence for Donning & Doffing PPE:
  https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
- CDC Drug Resistant *Candida auris*:
  https://www.cdc.gov/drugresistance/pdf/threats-report/candida-auris-508.pdf
- CDC Frequently Asked Questions about Screening Tests for *Candida auris*:
  https://www.cdc.gov/fungal/diseases/candidiasis/pdf/C-auris-FAQs-template.pdf
- CDC Verbal Consent for Collection of Swab to Assess Colonization with *Candida auris:*
  https://www.cdc.gov/fungal/diseases/candidiasis/pdf/C-auris-assent-for-screening-template.pdf

ENHANCED BARRIER PRECAUTIONS

STOP STOP

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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

INTER-FACILITY NOTIFICATION SHEET

THIS PATIENT SHOULD BE PLACED ON CONTACT PRECAUTIONS

NOTE: Nursing homes may implement Enhanced Barrier Precautions, if appropriate.

This patient has been identified **OR** awaiting to be ruled out colonization or infection of *Candida auris (C. auris). Candida auris* can cause long-lasting outbreaks in healthcare facilities and can live in the environment without proper cleaning and disinfection. Implementation of appropriate transmission-based precautions is necessary to prevent outbreaks. Enhanced Barrier Precautions are not intended for use in acute care or long-term acute care hospitals but are intended for nursing homes for use as part of a containment strategy for *C. auris* while still allowing the case quality of life. Contact Precautions should be implemented at acute care hospitals or long-term care settings when there is acute diarrhea, draining wounds, secretions or excretions that cannot be covered or contained.

Additional recommendations include:

- This patient should be placed in a private room, if available.
- Healthcare personnel interacting with patients on Contact Precautions, or their environment, are required to wear gowns and gloves.
- Healthcare personnel interacting with patients on Enhanced Barrier Precautions are required to wear gowns and gloves during specific high-contact resident care activities.
- Healthcare personnel should conduct diligent hand hygiene during and after contact with this patient/environment; ensure alcohol-based hand rub is readily available.
- All cleaning and disinfection should be performed with a product appropriate for the novel or targeted MDRO. For example, units that house an individual colonized or infected with *Candida auris* should utilize a disinfectant with an Environmental Protection Agency (EPA) registered disinfectant effective against *Candida auris* (List P) or *C. difficile* (List K). Environmental cleaning should include:
    - All equipment should be cleaned and disinfected after contact with this patient (e.g., stethoscopes, X-ray machines, respiratory therapy equipment).
    - This patient's room should be cleaned and disinfected daily and terminally upon discharge.
- Transport vehicles/equipment should be terminally cleaned and disinfected after use.
- Ensure written and verbal communication of isolation status for intra- and inter-facility transfers.
- Upon admission, contact your facility's local health department to discuss your infection prevention and control plan.

SAMPLE NURSING INTAKE QUESTIONNAIRE

Sample Nursing Intake Questionnaire for New Residents

Suggested questions for receiving facility nursing staff to ask of the discharging facility at the time report. A record of answers should be noted in the receiving facilities chart clearly. Consider using this questionnaire or creating a custom form for your facility to use universally for each new resident.

Date Completed: _____ Patient Name: _____
Discharging facility: _____

Answer Y/N and if Y, elaborate.

Does resident have history of MDROs?

Does resident have history of *C. auris*?

Has resident ever been tested for *C. auris*?

Does resident have wounds or indwelling medical devices?

Does resident have compromised immune system, chronic illness, or any notable major conditions not otherwise specified?

Has resident ever traveled outside of the United States?

Has resident ever received healthcare outside of Ohio or the United States?

CANDIDA AURIS TRACKING DOCUMENT

Facilities should maintain a tracking line list document for residents and/or staff. The following fields will be collected from each facility for individuals positive for *C. auris*.

Facility Name: ___________________________

Last Name	First Name	DOB	Sex	Deceased	DOD	Unit/ Room Number	Admit Date	Admit From	Discharge Date	Discharged to	Date of Positive Test	Specimen Type	Specimen ID

CANDIDA AURIS TRACKING DOCUMENT CONTINUED

Facilities should maintain a tracking line list document for residents and/or staff. The following fields will be collected from each facility for individuals positive for *C. auris*.

Positive on Admission Y/N	Previously Negative	Date of Previous Negative Test	Receive RT/ OT/PT/ST	EBP Start Date	Invasive Devices	Vent or Trach	Bed Bound	History of MDROs	History of COVID	Dialysis

Multi-Drug Resistant Organism Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax this form to Hamilton County Public Health, Division of Epidemiology at (513) 946-7930.

Reporting Facility: _____ Reporter Name: _____

Address: _____ Phone Number: _____

PATIENT INFORMATION

Patient Name	
DOB	Phone Number:
Address:	
Did the patient die? ☐ No ☐ Yes – Date of Death:	

LABORATORY INFORMATION ***Attach all laboratory & antibiotic susceptibility testing results. ***

Organism:	Collection Date:
Specimen Site:	

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 ☐ Enhanced Barrier Precautions Start Date:		Did the patient have a roommate(s)? ☐ No ☐ Yes – Dates:	
Invasive devices placed within two days prior to specimen collection: ☐ Central Line or Port ☐ Peripheral Line or PICC ☐ Mechanical vent ☐ Tracheostomy ☐ Feeding tube ☐ Foley ☐ Other:	Evidence of infection at the time of specimen collection? ☐ Yes ☐ No Symptoms of infection:	History of MDROs: ☐ MRSA ☐ VRE ☐ CRE ☐ Drug-Resistant PA ☐ Drug-resistant AB ☐ VRSA ☐ ESBL	Ever traveled out of the country: ☐ Yes ☐ No ☐ Healthcare received while traveling. Where: When:
In the past year, has the patient received any healthcare services, including home health, surgeries, dialysis, admissions to long term care facilities, or admissions to long term acute care hospitals?			Antibiotic use in the past 30 days Antibiotic: Start date: Stop date:
Preexisting conditions: ☐ None ☐ Unknown ☐ Diabetes mellitus ☐ Heart failure/CHF ☐ Emphysema/COPD ☐ Chronic renal insufficiency ☐ Obesity ☐ Acute/Chronic respiratory failure ☐ Peri/Hemi/Quadriplegia ☐ Wound/Ulcer/Abscess ☐ Chronic/Recurring UTI ☐ Cancer/Malignancy ☐ Other:			

Keeping Residents Safe – Use of Enhanced Barrier Precautions

A message from:

Dear Residents, Families, Friends, and Volunteers:

You may have noticed new signs on some doors that say “Enhanced Barrier Precautions” and staff wearing gowns and gloves more often. We’re doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

1. **Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
2. **Using gowns and gloves.** Since we can’t wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn’t mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

Please contact us with additional questions at:

Sincerely,

To learn more about Enhanced Barrier Precautions, please visit **Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)** at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.

CS332498-B

Candida auris (*C. auris*)
Protecting Yourself—Protecting Others

You have been diagnosed with _____*Candida auris*_____

Resistant to the following antifungals: _____

- This yeast (a type of fungus) lives in and on our bodies and can cause infections when it gets into the wrong part of the body.
- When these fungi become resistant to strong antifungals, they are very hard to treat. *C. auris* is often multi-drug resistant, meaning it is resistant to many of the medicines used to treat *Candida* infections, and can be dangerous if spread in health care settings.
- Even after being treated for a *C. auris* infection, you may still carry the fungus in your body for many months. This is called "colonization" and means even if you don't feel sick, you might still pass it on to others.
- Healthy people usually don't get *C. auris* infections. People most at risk for infections from *C. auris* are those whose immune systems are weakened due to underlying medical conditions, surgery, or age, and patients who are taking antibiotics for a long time.

What can I do to prevent spread to other people?

Now that you have been diagnosed with *C. auris*:

- Be sure to notify health care staff every time you go to a medical visit, hospital, nursing home, or dialysis clinic. Bring this paper if you need help remembering the name of the fungus.
- You must be in "contact precautions" while in health care facilities. This means that medical staff will use gowns and gloves when caring for you.
- Wash your hands with soap and warm water before eating or preparing food, after using the toilet, after blowing your nose, coughing, or sneezing and before and after changing wound dressings or bandages. Use alcohol-based hand sanitizer when soap and water are not available. This is good advice for everyone.
- Make sure your caregivers wash their hands before they care for you. They should also wash their hands after contact with wounds, helping you use the bathroom, after cleaning up stool, and before and after handling medical devices (e.g., urinary catheters). Gloves should be used for possible contact with body fluids or blood.

If you have additional questions, ask your health care provider.
For more information, see https://www.cdc.gov/fungal/candida-auris/index.html

Hand Hygiene Auditing Tool

HAND HYGIENE ADHERENCE OBSERVATIONS

Complete as many observations as possible. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff Type	Type of Opportunity	HH Performed?	Comments
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	

**In semi-private rooms observe hand hygiene adherence when moving between residents/patients*

Hand Hygiene Auditing Tool

HAND HYGIENE ADHERENCE OBSERVATIONS

Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff Type	Type of Opportunity	HH Performed?	Comments
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	

**In semi-private rooms observe hand hygiene adherence when moving between residents/patients*

PPE AUDITING TOOL

Personal Protective Equipment Auditing Tool

HAND HYGIENE AND CONTACT PRECAUTION OBSERVATIONS

Staff Type*	Type of Opportunity	HH Performed?	Gown or glove indicated?	Gown/glove used?
	○ Room entry ○ Room exit ○ Before patient/resident contact ○ Before clean/aseptic procedure ○ After patient/resident contact ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown only ○ Glove only ○ Both ○ Neither
	○ Room entry ○ Room exit ○ Before patient/resident contact ○ Before clean/aseptic procedure ○ After patient/resident contact ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown only ○ Glove only ○ Both ○ Neither
	○ Room entry ○ Room exit ○ Before patient/resident contact ○ Before clean/aseptic procedure ○ After patient/resident contact ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown only ○ Glove only ○ Both ○ Neither
	○ Room entry ○ Room exit ○ Before patient/resident contact ○ Before clean/aseptic procedure ○ After patient/resident contact ○ After glove removal ○ Other (specify):	○ ABHS ○ Hand wash ○ None done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown only ○ Glove only ○ Both ○ Neither

*Staff key: MD = Physician, PA = Physician Assistant, NP = Advanced Practice Nurse, RN = Registered Nurse,
LPN = Licensed Practice Nurse, CNA = Certified Nurse Aide or Assistant,
REHAB = Rehabilitation Staff (e.g., physical, occupation, speech therapist),
EVS = Environmental Services or Housekeeping Staff, SW = Social Worker,
UNK = Unknown/Unable to Determine

ENVIRONMENTAL CLEANING CHECKLIST

Resident Room Environmental Cleaning Checklist

Date: _____

Unit / Ward: _____

Room: _____

Initials of EVS Staff[1]: _____

EVALUATE THE FOLLOWING PRIORITY SITES FOR EACH RESIDENT ROOM:

High Touch Surfaces[2]	Cleaned	Not Cleaned	Not Present in Room
Bed rails			
Tray table(s)			
Call button(s)			
Remote controls			
Bedside table			
Bedside chair			
Telephone			
Room light switch			
Room windowsills			
Room inner door knob/door pull			
Closet door knob/door pull			
Bathroom inner door knob/door pull			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink/faucet handles			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			
Shower hand holds			

EVALUATE THE FOLLOWING PRIORITY SITES IF THESE EQUIPMENT ARE PRESENT IN THE ROOM:

High Touch Surfaces[2]	Cleaned	Not Cleaned	Not Present in Room
IV/Tube feeding pump control panel			
Wound Vacuum Control panel			
Wheelchair - especially handles			
Walker/Cane handles			

Common Areas Environmental Cleaning Checklist

Date: _____

Unit / Ward: _____

Initials of EVS Staff[1]: _____

EVALUATE THE FOLLOWING PRIORITY SITES FOR EACH COMMON AREA:

High Touch Surfaces[2]	Cleaned	Not Cleaned	Not Present in Room
Common light switch(es)			
Common call button(s)			
TV remote controls			
Common chair(s)			
Common telephone(s)			
Mechanical lift(s)			
Hall hand rails			
Door knobs/door pulls			
Common closet door knobs/door pulls			
Microwave control panel			
Refrigerator/Freezer handles			
Bathroom inner door knob/door pulls			
Bathroom light switch(es)			
Bathroom handrails by toilet(s)			
Bathroom sink/faucet handles			
Bathroom toilet seat			
Toilet flush handles			
Common tub faucet handles			
Common shower hand holds			
Common bench(es)			

EVALUATE THE FOLLOWING ADDITIONAL SITES IF THESE EQUIPMENT ARE PRESENT:

High Touch Surfaces[2]	Cleaned	Not Cleaned	Not Present in Room
Beauty parlor chair(s)			
PT/OT support bars			
Washer/Dryer knobs			
Activity room tables			

Activity room supplies

Cleaning supplies (broom, dustpan, cart, etc.)

1. Facilities may choose to include identifiers of individual environmental services staff for feedback services
2. Sites most frequently contaminated and touched by residents and/or healthcare workers

INFECTION CONTROL MEASURES CHECKLIST

***Candida Auris* Infection Control Interventions**			
COMMUNICATION	**APPLIED (Y/N)**	**COMPLETED BY**	**DATE**
Facility administration notified			
Facility *C. auris* point of contact and team notified			
Local health department notified			
Staff, residents, and families notified			
INVESTIGATION, MONITORING & TESTING	**APPLIED (Y/N)**	**COMPLETED BY**	**DATE**
Unit screened for *C. auris*			
Screening line list completed			
Floor plan sent to local health department to help map cases			
Update and report all new cases to the local health department.			
INFECTION CONTROL MEASURES	**APPLIED (Y/N)**	**COMPLETED BY**	**DATE**
Proper Transmission-Based Precautions implemented			
Signage for Transmission-Based Precautions in place outside of case's room.			
PPE set up outside of case's room			
Cleaning and disinfecting affected areas			
Enhanced environmental cleaning conducted in affected units.			
Hand sanitizer stationed throughout all units to allow staff plenty of hand hygiene opportunities between resident care			
EDUCATION	**APPLIED (Y/N)**	**COMPLETED BY**	**DATE**
Training provided to all staff regarding *C. auris*, how it's spread, and importance of PPE usage and hand hygiene			
Education materials are provided for staff members			
C. auris control measures are discussed			

IMPORTANT CONTACTS

Facilities can find important contacts for assistance with *C. auris* cases within their facilities.

HAMILTON COUNTY PUBLIC HEALTH

Main Customer Service Line . . . . . (513) 946-7800
Division of Epidemiology . . . . . (513) 946-7874
Epidemiology Fax Line . . . . . (513) 946-7930
Division of Epidemiology Infectious Disease . . . . . hcph.id@hamilton-co.org

OHIO DEPARTMENT OF HEALTH

Bureau of Survery & Certification . . . . . (419) 245-2840
Bureau of Survery & Certification Fax . . . . . (614) 564-2471
Bureau of Infectious Diseases . . . . . (614) 995-5599

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