LbC9/¢Lhb CONTROL ASSESSMENT

***Candida (Candidozyma) auris* (*C. auris*) Prevention and Control Strategies**

This tool is intended to be used to identify areas of opportunity for further improvement.

	Questions	Facility Practice	Notes (optional)
INFECTION PREVENTION & CONTROL (IPC) INFRASTRUCTURE			
1	Is there a dedicated Infection Preventionist on staff?	☐Yes ☐No	
2	Does this IP have training?	☐Yes ☐No	What training? ☐ CDC ☐ CMS ☐ APIC ☐SHEA ☐ Other: _____
3	Do Infection Prevention & Control policies address *C. auris*?	☐Yes ☐No	
4	Do clinical staff have regular scheduled training in infection prevention?	☐Yes ☐No	How often? ☐12 mo ☐6 mo ☐3 mo ☐1 mo ☐Other:_____
HAND HYGIENE (HH)			
5	Hand hygiene before, during and after the care of patients/residents	☐Yes ☐No	
6	Assure HH dispensers/sinks are available	☐Yes ☐No	
7	Placement of ABHR dispensers **outside** patient/ resident rooms	☐ Every room ☐ If not every room, # per hallway: ____	
8	Placement of ABHR dispensers **inside** patient/ resident rooms	☐Yes ☐No	
9	Have a system in place to educate and audit HH amongst staff (optimally to address different areas, providers and shifts)	☐Yes ☐No	
PERSONAL PROTECTIVE EQUIPMENT (PPE) & PRECAUTIONS			
10	Review Transmission-Based Precautions (TBP) signage	☐Yes ☐No	
11	Ensure PPE is available in proximity to TBP rooms	☐Yes ☐No	
12	Ensure PPE for Standard Precautions (i.e., gloves) is available within patient/resident rooms	☐Yes ☐No	
13	Educate and audit staff relating to: • Understanding of Standard and Transmission-Based Precautions • When to use PPE • Donning and doffing of PPE correctly	☐Yes ☐No	
14	Contracted staff are trained on PPE and TBP	☐Yes ☐No	

ENVIRONMENTAL SERVICES (EVS)			
15	Review cleaning and disinfectant agents	☐Yes ☐No	
16	Where are cleaning products effective against *C. auris* (i.e., EPA List P product) utilized?	☐ In TBP rooms ☐ All PCA ☐Other: _____	
17	Determine contact times of the effective cleaning/disinfection products used in the facility	☐Yes ☐No	
18	EVS staff knowledgeable of contact times for types of disinfectants used	☐Yes ☐No	
19	EVS staff knowledgeable of appropriate concentration for type of disinfectant used (if solution is not pre-mixed)	☐Yes ☐No	
20	Ensure EVS staff utilize PPE correctly	☐Yes ☐No	
21	A system for who cleans which items, or what interval and what agent (e.g. responsibilities clearly delineated between EVS and front line staff) is available to facility staff	☐Yes ☐No	
22	Ensure thorough, appropriate cleaning/disinfection of all reusable equipment and carts on a routine basis	☐Yes ☐No	
23	Infection prevention and control department involved in EVS policies and processes	☐Yes ☐No	
24	Have a system in place to educate and audit EVS	☐Yes ☐No	
25	Evaluate environmental hygiene (i.e., fluorescent marker, ATP bioluminescence)	☐Yes ☐No	
26	Review the frequency and indications (e.g., upon transfer/discharge; when visibly soiled) for changing privacy curtains used within patient/ resident rooms	☐Yes ☐No	How often? ☐12 mo ☐6 mo ☐3 mo ☐1 mo ☐Other:_____
INTER-FACILITY COMMUNICATION			
27	Flag case patients' medical records	☐Yes ☐No	
28	Receive clear precautions information and MDRO infection/colonization history on admission	☐Yes ☐No	
29	Convey clear precautions information and MDRO infection/colonization history on transfer or discharge	☐Yes ☐No	
30	Use of an inter-facility transfer form/sheet	☐Yes ☐No	
EQUIPMENT/DEVICE CLEANING & DISINFECTION			
31	Review systems/processes for indicating shared equipment/devices are clean vs. soiled (e.g., bagging and tagging)	☐Yes ☐No	

32	Review cleaning/disinfection products used by healthcare personnel (i.e., RNs, CNAs, PTs, RTs) for patient care equipment and devices	☐Yes ☐No	
33	Are cleaning products effective against *C. auris* routinely utilized for shared equipment/devices?	☐Yes ☐No	
34	Healthcare personnel (i.e. RNs, LPNs, CNAs, PTs, RTs) are knowledgeable of contact time(s) for disinfectant(s) used	☐Yes ☐No	
35	Have a system in place to audit cleaning and disinfection of shared equipment/devices by healthcare personnel	☐Yes ☐No	
***C. AURIS* CONTROL STRATEGIES & OUTBREAK MITIGATION EFFORTS**			
36	Patients/residents are tested for *C. auris* upon admission to the facility	☐Yes ☐No	
37	Contact Precautions or Enhanced Barrier Precautions are implemented for patients/ residents with *C. auris*	☐Yes ☐No	
38	Dedicated or disposable equipment is provided to patients/residents with a history of *C. auris*	☐Yes ☐No	
39	Review the cohorting of patients/residents	☐Yes ☐No	
40	Staff rounding to multiple rooms enter the rooms of patients/residents with *C. auris* last	☐Yes ☐No	
41	Facility has an established system/process to clearly indicate to frontline staff which patients/ residents are on TBP due to a history of *C. auris*	☐Yes ☐No	
42	Increased audits and direct practice observations of all internal and external staff/service lines	☐Yes ☐No	
STAFF OBSERVATIONS			
43	Hand Hygiene Adherence	____%	
44	Contact Precaution and/or EBP Adherence	____%	
45	Environmental Services (EVS) Adherence Fluorescent Marker check (if used)	____% ____%	

What guidance and/or resources do you need from Public Health to better educate your staff and protect your patients/residents from *C. auris*? How can we help you?

RECOMMENDATIONS
Hand Hygiene
Transmission-Based Precautions & Personal Protective Equipment
Cleaning and Disinfection

ADDITIONAL COMMENTS: