Candida (Candidozyma) auris Infection Prevention & Control Recommendations for Acute Care Settings

The following infection prevention and control recommendations should be provided to acute care settings (e.g., short term acute care hospitals, long-term acute care hospitals, specialty hospitals, comprehensive rehabilitation hospitals) upon identification of a confirmed *Candida (Candidozyma) auris* (*C. auris*) case. Recommendations are the same regardless of case subtype (i.e., clinical case vs. screening case).

Case Patient Still Admitted to the Facility

1. Transmission-Based Precautions
    a. Immediately place the patient on Contact Precautions.
    b. Contact Precautions should be maintained for the entire duration of the case patient's admission and all future admissions to acute care settings.
2. Room placement
    a. Place the patient in a private room.
    b. If there are other patients with *C. auris* admitted to the facility, patients with *C. auris* can be placed in a shared room.
3. Cleaning and disinfectant product(s) use
    a. Ensure daily and terminal environmental cleaning and disinfection is conducted utilizing a product effective against *C. auris* from EPA List P. If a List P disinfectant is not available, utilize a product from EPA List K.
        i. Perform thorough daily and terminal cleaning and disinfection of the patient's room(s) and other areas where they receive care (e.g., physical therapy, radiology).
        ii. Track the patient's prior room assignments and ensure thorough cleaning and disinfection with an effective product occurs in those rooms and in common areas of the unit.
    b. Ensure routine cleaning and disinfection of patient care equipment, devices, supply carts and workstations on wheels is conducted utilizing a product effective against *C. auris* from EPA List P. If a List P disinfectant is not available, utilize a product from EPA List K.
        i. Reinforce cleaning and disinfection of mobile equipment and devices that are shared between patients (e.g., glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, wound scissors, physical therapy equipment) after each and every use.
    c. Review and re-educate staff on the appropriate contact time and dilution instructions (if applicable).
4. Equipment provision and storage of supplies
    a. Provide the patient with as much dedicated and/or disposable equipment as possible.
    b. Store dedicated wound care supplies in the patient's room if/when possible. Dispose of any unused wound care supplies dedicated to this patient after the conclusion of their stay at your facility.
5. Minimizing foot traffic
    a. To the extent possible, have staff entering multiple rooms ('rounding') enter the room of the *C. auris*+ patient last.

6. Hand hygiene
    a. Increase emphasis on hand hygiene. Alcohol-based hand sanitizer (ABHS) is effective against *C. auris* and is the preferred method for cleaning hands when they are not visibly soiled.
    b. Increase hand hygiene audits on units where patients with *C. auris* are placed. Consider re-educating healthcare personnel on hand hygiene through an in-service or retraining, especially if audits demonstrate low adherence to recommended hand hygiene practices.
7. Communication
    a. When transferring a patient with *C. auris* to another service/department/unit within the same facility, notify the receiving service/department/unit of the patient's *C. auris* status, the necessary Transmission-Based Precautions, and the appropriate disinfectant product(s) to utilize.
    b. When transferring a patient with *C. auris* to another healthcare facility, notify the receiving facility of the patient's *C. auris* status, the necessary Transmission-Based Precautions, and the appropriate disinfectant product(s) to utilize.
    c. Flag the patient's medical record to alert healthcare personnel of the patient's *C. auris* status/history and to implement recommended infection control measures in case of readmission.

Case Patient No Longer Admitted to the Facility

1. Flag the patient's medical record to alert healthcare personnel of the patient's *C. auris* status/history and to instruct providers to implement Contact Precautions immediately upon readmission.
2. Track the patient's prior room assignments and ensure thorough cleaning and disinfection occurs in those rooms and in other areas where the case patient received care (e.g., radiology, operating room, endoscopy) utilizing a product effective against *C. auris* from EPA List P. If a List P disinfectant is not available, utilize a product from EPA List K.
3. Perform thorough cleaning and disinfection of shared equipment and devices on units where the case patient was previously admitted utilizing a product effective against *C. auris* from EPA List P. If a List P disinfectant is not available, utilize a product from EPA List K.