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

The following infection prevention and control recommendations and considerations should be provided to other post-acute long-term care settings (e.g., assisted living facilities) upon identification of a confirmed *Candida (Candidozyma) auris* (*C. auris*) case. These recommendations are **not** intended for nursing homes; refer to NJDOH's *C. auris* Infection Prevention & Control Recommendations for Nursing Homes document. Recommendations are the same regardless of case subtype (i.e., clinical case vs. screening case). Please note that while the Centers for Disease Control and Prevention (CDC) currently only recommends the use of Enhanced Barrier Precautions in nursing homes, NJDOH recommends that other post-acute long-term care facilities, such as assisted living facilities, consider adapting the use of Enhanced Barrier Precautions for residents with a known history of *C. auris* and/or completing an Infection Control Risk Assessment to determine what (if any) additional infection control measures are appropriate for this particular setting.

Case Patient Still Admitted to the Facility

1. Transmission-Based Precautions
    a. Utilize gowns and gloves when providing care to this resident or entering their living space to provide high-contact resident care activities (e.g., changing linens, assisting with toileting).
    b. Consider implementing and maintaining Enhanced Barrier Precautions for residents with *C. auris* colonization or infection that do not otherwise require Contact Precautions.
2. 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 resident's room(s) and other areas where they receive care (e.g., physical therapy).
        ii. Track the resident'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).
3. Equipment provision and storage of supplies
    a. Provide the resident with as much dedicated and/or disposable equipment as possible.
    b. Store dedicated wound care supplies in the resident's room if/when possible.

Dispose of any unused wound care supplies dedicated to this resident after the conclusion of their stay at your facility.

4. Minimizing foot traffic
    a. To the extent possible, have staff entering multiple rooms ('rounding') enter the room of the *C. auris*+ resident last.
5. 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 residents 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.
6. Communication
    a. When transferring a resident with *C. auris* to another service/department/unit/building within the same facility, notify the receiving service/department/unit/building of the resident's *C. auris* status, the necessary Transmission-Based Precautions, and the appropriate disinfectant product(s) to utilize.
    b. When transferring a resident with *C. auris* to another healthcare facility, notify the receiving facility of the resident's *C. auris* status, the necessary Transmission-Based Precautions, and the appropriate disinfectant product(s) to utilize.
    c. Flag the resident'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 resident's medical record to alert healthcare personnel of the resident's *C. auris* status/history and to instruct providers to implement Enhanced Barrier Precautions immediately upon readmission or to utilize gowns and gloves during provision of care.
2. Track the resident's prior room assignments and ensure thorough cleaning and disinfection occurs in those rooms and in other areas where the resident received care (e.g., physical therapy) 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 resident 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.