

***Candida auris* toolkit: Skilled-nursing facilities**

Candida auris (*C. auris*) is an emerging, often multidrug-resistant organism. It is a type of fungus or yeast. It can cause severe infections and outbreaks in healthcare facilities. Public Health has developed this toolkit to provide Skilled Nursing Facilities (SNF), including Ventilator-Capable Skilled Nursing Facilities (vSNF) with guidance and resources to prepare and care for residents with *C. auris* in your facility.

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Resources and tools to support your facility and laboratory in early identification of <i>C. auris</i> and conducting screening activities such as specimen collection, handling, and shipping.	

Prepare for *Candida auris*

Create a *Candida auris* (*C. auris*) Action Plan

<input type="checkbox"/>	<p><u>Conduct Staff Education and Training- Start NOW.</u></p> <p>Having trained and knowledgeable staff is one of the best protections against <i>C. auris</i> transmission. Everyone in a healthcare setting plays an important role in implementing and sustaining infection control practices.</p> <p>Education topics to include:</p> <ol style="list-style-type: none">1) What is <i>Candida auris</i>?2) Hand Hygiene3) Transmission-based Precautions and Appropriate PPE Use4) Environmental Cleaning and Disinfection for <i>C. auris</i>. Include training on use of EPA list P disinfectants effective against <i>C. auris</i>. <p>Review Appendix A for materials to help with the development of your <i>C. auris</i> staff education and training plan. Public Health is available to support your facility in a variety of ways including providing onsite staff education and training, creation of resources or materials, and conducting onsite staff audits to inform your staff training needs.</p>
<input type="checkbox"/>	<p><u>Plan for resident placement with your infection prevention team.</u></p> <p>Plan for <i>C. auris</i> resident placement and conduct dedicated <i>C. auris</i> training on selected units to allow for rapid implementation of infection control measures in the event of transmission.</p> <p>Your <i>C. auris</i> resident placement plan should include:</p> <ul style="list-style-type: none">• Use of Enhanced-Barrier Precautions.• Use dedicated or disposable equipment where possible. Label and store dedicated equipment and supplies in the resident room.• Residents can participate in group activities and communal dining and go to the therapy gym. This participation can happen if residents have clean hands, clothes, equipment, and contained discharge and drainage. <p>Review Appendix A for resources to support your resident placement plan.</p>
<input type="checkbox"/>	<p><u>Establish a <i>C. auris</i> communication plan.</u></p> <p>Communication is essential for effective infection prevention and response work. A new case of <i>C. auris</i> requires clear, concise, and rapid communication within the facility and across health systems. Review your current communication plan, and ensure the following are included:</p> <ul style="list-style-type: none">• A list of key partners and stakeholders to aid in rapid notification.• Clearly identified key staff roles, responsibilities, and expected communication pathways (Infection Prevention (IP), Leadership, Environmental Services (EVS), Nursing, Lab).

- Action steps to report new *C. auris* cases to Public Health within 24 hours as required per [WAC 246-101-101](#).

Admission planning:

- Review your admission workflow to ensure diagnosis, exposures, recent screening, and transmission-based precautions are collected and documented accurately. These should be communicated to leadership, clinical staff, and infection prevention.
- Provide training for admission staff to ensure residents with *C. auris* are:
 1. Placed on enhanced barrier precautions immediately AND
 2. When possible, placed in a private room; residents on enhanced barrier precautions may share a room
 3. When admitting residents from a facility with known *C. auris* transmission, ensure admission staff ask about possible *C. auris* exposure and recent screening results. Document these details. This information will help inform your facility of appropriate precautions and if *C. auris* screening should occur upon admission.

If you have additional questions about admission planning, please contact Public Health for assistance. WA DOH has an [admission job aid](#) to help with admission planning and training.

Discharge planning:

- Review your inter-facility transfer notification workflow.
 - Identify who is responsible for communicating with the receiving facility.
 - Provide training to those on your discharge planning team to ensure they understand the importance of communicating key discharge information such as diagnosis, treatment, transmission-based precautions and known exposures.
 - Public Health recommends use of CDC's [inter-facility transfer form](#), or other facility transfer forms, to standardize your approach to facility transfer notification and documentation. Be sure to notify the transport company of precautions required during patient transport.
- Consider reaching out to facilities you frequently transfer residents to and from, and discuss inter-facility transfer notification expectations for exposed or confirmed residents/patients with *C. auris*.

Review Appendix B for communication resources and tools to aid in the development of your *C. auris* communication plan.

Create a *C. auris* resident screening plan. Establishing a resident screening plan provides staff with clear expectations of when to screen for *C. auris*. Screening is not recommended for staff. Your screening plan should include:

- Details of when screening should occur, including:
 - Screening residents who had close contact to someone diagnosed with *C. auris*. This may be determined during admission, or upon notification by another healthcare facility, or by Public Health.
 - If you accept a resident with *C. auris*, contact Public Health for additional screening guidance.
 - If transmission of *C. auris* is identified in your facility, contact Public Health for outbreak screening recommendations. Screening activities may include close contacts, unit, or facility-wide screening.
- Reviewing the screening [consent script](#).

	<ul style="list-style-type: none">• Educating staff on <i>C. auris</i> specimen collection and handling.• Obtaining Public Health pre-approval for <i>C. auris</i> screening if using the Washington State Antimicrobial Resistance (AR) Lab. Call Public Health to obtain approval. Once approved, specimen collection kits will be delivered to your facility from the AR Lab. You may also choose to screen using a commercial laboratory (public health does not cover this cost). <p><u>Review Appendix C</u> for specimen collection, handling and transport resources, and materials to support your <i>C. auris</i> screening plan.</p>
<input type="checkbox"/>	<p><u>Develop a <i>C. auris</i> species identification protocol with your lab.</u></p> <p><i>C. auris</i> is difficult to identify using standard lab methods and can be misidentified as other <i>Candida</i> species. This can lead to inappropriate treatment and precautions. Create a species identification plan with your lab and Infection Preventionist to allow rapid identification and management of <i>C. auris</i> residents.</p> <p>Public Health recommends:</p> <ul style="list-style-type: none">• Understanding your lab's <i>Candida</i> testing capabilities and methods.• Reviewing of CDC's Identification of <i>C. auris</i> to identify commonly misidentified <i>Candida</i> species based on your labs testing method.• Establishing a plan with your lab and Infection Preventionist to:<ul style="list-style-type: none">○ Outline when the lab should notify Infection Prevention with a suspect <i>C. auris</i> result.○ When specimens (from sterile and non-sterile sites) should be sent to the Washington State AR Lab for further speciation. <p>Note: specimen species identification does NOT require Public Health approval.</p> <p><u>Review Appendix C</u> for specimen collection, handling, transport resources, and materials to support your <i>Candida</i> species identification protocol creation.</p>

Caring for residents with *Candida auris*

Action	Recommendations
Initiate resident placement plan See Appendix A for resources.	<input type="checkbox"/> Residents with <i>C. auris</i> should be placed on Enhanced-Barrier Precautions. If in a shared room, ensure staff always change gloves and gown, and perform hand hygiene between care for different residents. If a facility admits a resident with <i>C. auris</i> for the first time, it may be appropriate to use Contact Precautions for a short time to allow for staff education, auditing, use of a P list cleaner, and dedicating medical equipment. Contact Precautions are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.
	<input type="checkbox"/> Dedicate staff to care for residents with <i>C. auris</i> (direct and non-direct), when possible. If unable to dedicate staff, encourage staff to cluster care for <i>C. auris</i> residents.
	<input type="checkbox"/> Dedicate equipment and supplies when possible. Label and store dedicated supplies and equipment in the room. Consider using disposable equipment when possible. Equipment that can't be dedicated or disposed of must be thoroughly disinfected using a EPA List P disinfectant.
Reinforce staff education and training See Appendix A for resources	<input type="checkbox"/> Educate staff on appropriate selection and use of disinfectants for <i>C. auris</i>. Refer to EPA List P to identify disinfectants effective against <i>C. auris</i> . If disinfectants on List P are unavailable, you may use disinfectants on EPA List K (for <i>C. difficile</i>). Train staff on the use of any new disinfectants, ensuring they review and follow the manufacturer's instructions with special attention to the manufacturer's listed contact times. <u>Best practice:</u> competency-based training with return demonstration.
	<input type="checkbox"/> Educate staff, volunteers, and visitors on appropriate use, technique and order of putting on and taking off PPE. <u>Best practice:</u> competency-based training with return demonstration.
	<input type="checkbox"/> Educate staff (direct and non-direct) on Enhanced-Barrier Precaution signs and Contact Precaution signs, ensuring understanding of the PPE indicated and when it should be used.
	<input type="checkbox"/> Educate staff (direct and non-direct) on the appropriate technique and moments for effective hand hygiene for both alcohol-based hand rub, and soap and water methods. <u>Best practice:</u> Alcohol-based hand rub is the preferred method for hand hygiene for <i>C. auris</i> , if hands are not visibly soiled. Staff should complete complete competency-based training on effective hand hygiene.
Strengthen environmental cleaning and	<input type="checkbox"/> Perform routine (at least once daily) cleaning and disinfection of <i>C. auris</i> resident rooms using appropriate EPA List P (or List K) products and contact times. Ensure staff move from clean areas to dirty areas and change cloths frequently. Avoid reintroducing a used cloth into a clean wash basin. Immediately place used cloths in the laundry or discard.

<p>disinfection activities</p> <p>See Appendix A for resources.</p>	<input type="checkbox"/>	<p>Perform thorough terminal cleaning of <i>C. auris</i> resident rooms using EPA List P (or List K) products.</p> <p>Evaluate cleaning methods used for all surfaces and equipment in the room—special consideration to equipment such as bed frames, fans, O2 compressors, and therapy equipment. Infection prevention should review terminal cleaning plans with the EVS manager as EPA List P products are effective on non-porous surfaces only.</p>
	<input type="checkbox"/>	<p>Increase frequency of routine staff compliance audits for both daily cleaning and terminal cleaning.</p> <p>Consider Adenosine triphosphate (ATP), florescent markers, or other tools to assess thoroughness. See audit tracking tools in Appendix A.</p> <p><u>Best practice:</u> use audit outcomes to inform staff training needs.</p>
	<input type="checkbox"/>	<p>Perform thorough disinfection of shared equipment/supplies using effective EPA List P (or List K) products.</p> <p><u>Best practice:</u> dedicate, label and store equipment/supplies in the resident room when possible.</p>
	<input type="checkbox"/>	<p>Increase frequency of environmental cleaning to high-touch surfaces on the unit using EPA List P (or List K) products.</p>
	<input type="checkbox"/>	<p>Be sure all staff know <u>WHO</u> is responsible for cleaning and disinfecting <u>WHICH</u> surfaces/equipment and <u>WHEN</u>. Public Health recommends listing common surfaces and equipment used on the unit/facility. Assign staff/teams to be responsible for cleaning and disinfecting each item on the list, indicate the frequency and product to be used. This will ensure all surfaces in the resident room, on the unit and in the facility are disinfected routinely. See Appendix A for a template document.</p>
<p>Reinforce hand hygiene activities</p> <p>See Appendix A for resources.</p>	<input type="checkbox"/>	<p>Increase frequency of routine staff compliance audits of hand hygiene practices. See audit tracking tool in Appendix A.</p> <p><u>Best practice:</u> use audit outcomes to inform staff training needs.</p>
	<input type="checkbox"/>	<p>Ensure locations for hand hygiene activities are clean and well stocked:</p> <ul style="list-style-type: none"> • Soap, paper towels, and alcohol-based hand rub should be well stocked. • Sinks should be clear of clutter, with no personal care items in the splash zone or three feet from the sink.
<p>Ensure appropriate PPE Use</p> <p>See Appendix A for resources.</p>	<input type="checkbox"/>	<p>Increase frequency of routine staff compliance audits of donning and doffing PPE. See audit tracking tool in Appendix A.</p> <p><u>Best practice:</u> use audit outcomes to inform staff training needs.</p>
	<input type="checkbox"/>	<p>Ensure PPE supplies (gown, gloves, masks, eye protection) are well stocked.</p> <ul style="list-style-type: none"> • Each room with transmission-based precautions should be well stocked with PPE. • Include a garbage container right outside the door to allow staff to doff PPE before leaving the room.
	<input type="checkbox"/>	<p>Be sure Enhanced-Barrier Precautions are initiated and consistent for each resident in your facility if indicated. Indication for Enhanced-Barrier Precautions include resident known to be infected or</p>

		colonized with an MDRO or who have wounds, or indwelling devices, even if not colonized or infected with an MDRO.
Initiate Your communication plan See Appendix B for resources.	<input type="checkbox"/>	Notify internal partners and key stakeholders of the resident with <i>C. auris</i> .
	<input type="checkbox"/>	Initiate your discharge plan. When discharging a resident with <i>C. auris</i> , be sure to: <ul style="list-style-type: none"> • Inform the receiving facility of the diagnosis and clearly communicate that contact precautions (hospital) or enhanced barrier precautions (skilled nursing) are required. If transmission is identified in your facility, Public Health recommends notifying receiving facilities for <u>all</u> discharges. Public Health will offer further guidance on facility notification at that time. • Notify the transport company of precautions required during patient transport. Implement use of CDC’s inter-facility transfer form, or other facility transfer forms, to standardize your approach to facility transfer notification and documentation. See Appendix C for additional discharge resources.
	<input type="checkbox"/>	Report suspected or confirmed <i>C. auris</i> cases to Public Health – Seattle & King County within 24 hours at 206-296-4774.
Prepare for additional screening See Appendix C for resources	<input type="checkbox"/>	Public Health may recommend screening activities to assess transmission. Public Health will work closely with your facility to assess risks of transmission and make recommendations.
	<input type="checkbox"/>	Educate staff on <i>C. auris</i> specimen collection, handling, storage, and transport.
	<input type="checkbox"/>	Provide education to residents about <i>C. auris</i> and communicate your facilities screening plan. Consent or assent can be used.
	<input type="checkbox"/>	Notify your facility lab of the increase in screening activity. <i>C. auris</i> confirmation testing is conducted at the Washington State Antimicrobial Resistance Lab; however, facility labs may support electronic ordering submission, specimen packaging and shipping.
	<input type="checkbox"/>	If additional residents with <i>C. auris</i> are identified during screening activities, ensure enhanced barrier precautions are initiated immediately, and report to Public Health. Initiate contact tracing to identify high-risk contacts (including roommates). Consider placing high-risk contacts on enhanced barrier precautions and initiate <i>C. auris</i> screening in consultation with Public Health.

Appendices

APPENDIX A: INFECTION PREVENTION AND TRAINING RESOURCES	
Topic	Resources and Tools
What is <i>Candida auris</i>	<ul style="list-style-type: none"> • About C. auris (for patients) (CDC) • Washington State DOH Recorded C. auris Webinar • Preventing the Spread of C auris (for patients/the public) (CDC)
Hand hygiene	<ul style="list-style-type: none"> • Hand Hygiene in Healthcare Settings (CDC) • Hand Hygiene Basics PowerPoint (WADOH) • Clean Hands in Healthcare Training and Video (CDC) • 5 moments of Hand Hygiene (WHO)
Summary of infection control measures	<ul style="list-style-type: none"> • Infection Prevention Guidance: Candida auris (CDC)
PPE use	<ul style="list-style-type: none"> • Sequence for Putting on and Removing PPE (CDC) <ul style="list-style-type: none"> ○ Specific to gown, mask/respirator, goggles/face shield, and gloves. Does not apply for all patient care scenarios. • PPE Training PowerPoint (CDC)
Transmission precautions	<ul style="list-style-type: none"> • Isolation Guidelines (CDC) • Transmission-Based Precautions (Isolation) Suite of Quick Observation Infection Prevention Tools (CDC) • Contact Precaution Sign (WWSA) • Contact Precautions Sign (CDC) • Enhanced-Barrier Precaution Sign (CDC) • Enhanced-Barrier Precautions F&Q (CDC)
Environmental cleaning and disinfection	<ul style="list-style-type: none"> • EVS Infection Prevention – Basic Principles for EVS Staff (APIC) • Effective Cleaning and Disinfection Start with Preparation Micro-Learn (Project Firstline) • Clean and Safe Carts for Environmental Services Micro-Learn (Project Firstline) • EPA List P: Disinfectants against C. auris • EPA List K: Disinfectants against C. Diff • Unit Cleaning Template (SPICE)
Audit tools	<ul style="list-style-type: none"> • Hand Hygiene Staff Audit Tool • Transmission-based Precaution Set-up Audit (CDC) • Environmental Cleaning and Disinfection Staff Audit Tool (CDC) • CDC Observation Forms (laundry, wound care, injection safety, point-of-care, etc.)
Resources for facility leadership and infection prevention	<ul style="list-style-type: none"> • What to do if you identify a targeted multidrug (WADOH) • MDRO Toolkit (WADOH) • Implementation of PPE use in Nursing Homes to prevent MDRO Transmission (CDC) • Competency-based Training, Audits and Feedback Overview (CDC) • What to expect during an ICAR (WADOH) • Considerations for Use of Enhanced Barrier Precautions (CDC)

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APPENDIX B: COMMUNICATION RESOURCES	
Topic	Resource
CDC's Inter-Facility Transfer Form – Sample	<ul style="list-style-type: none"> Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives (CDC)
Family and patient <i>C. auris</i> frequently asked questions	<ul style="list-style-type: none"> Candida auris FAQ- Information for Patients (DOH)
Family and Patient <i>C. auris</i> Factsheet	<ul style="list-style-type: none"> About Candida Auris (CDC)

APPENDIX C: CANDIDA SPECIES IDENTIFICATION AND SCREENING RESOURCES	
Topic	Resource
Indicators to send specimen to ARLN for <i>Candida</i> speciation	<ul style="list-style-type: none"> Commonly Misidentified Candida Species (CDC)
Instructions for sending specimens to Washington State ARLN Lab for speciation and susceptibility	<ul style="list-style-type: none"> AR Lab Network C. auris screening instructions – sample collection and shipment
Screening: specimen collection Procedure	<ul style="list-style-type: none"> Procedure for collection of patient swabs for Candida auris (CDC) Collection with Pictures (MLDOH)