

## Initial Assessment for Healthcare Facility with Reported Case of *Candida auris* (*C. auris*)

Upon receiving a report of *C. auris* in a healthcare facility, the local, regional, or state investigator should contact the facility to conduct this quick assessment of staff knowledge of *C. auris*. Based on this initial evaluation, decide if further support by phone or a site visit is needed. A more comprehensive evaluation tool is available as a guide for site visits or in-depth phone interviews. Please contact DHHR's Office of Epidemiology and Prevention Services (OEPS), Healthcare Associated Infection (HAI) staff if you have additional questions or would like assistance: (304) 558-5358 ext. 2.

Facility name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person in charge: \_\_\_\_\_

Y N N/A

### Infection Control Measures

1. Are you aware of *C. auris* positive residents in your facility?  
If YES: How many: \_\_\_\_\_
2. Are you aware of the Centers for Disease Control and Prevention (CDC) resources for infection prevention and control for *C. auris*?  
If NO, email this link to the facility:  
[www.cdc.gov/candida-auris](http://www.cdc.gov/candida-auris)
3. Do you have those patients under contact precautions?  
If YES, how long have they been under contact precautions? \_\_\_\_\_  
If these patients are under contact precautions for *C. auris*, they should be under contact/enhanced barrier precautions indefinitely.  
[www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html)
4. Does the facility have a monitoring protocol in place for adherence to infection control? (e.g., hand hygiene and PPE audits)
5. Does the facility have adequate supplies to perform enhanced barrier precautions?
6. Does the facility provide any staff or resident education on *C. auris*?  
Education sheets are available on the OEPS website.
7. Is appropriate signage posted on the patients' door to alert healthcare personnel and visitors of recommended precautions?
8. Are hand sanitizer dispensers placed throughout the facility?

### Bed Placement

- 9. Are the *C. auris* infected or colonized residents in single rooms?  
   If no, are they cohorted with residents who have similar illness?
- 10. Do the *C. auris* infected or colonized residents have dedicated non-critical patient-care equipment?

### Environmental Cleaning

- 11. Is the disinfectant used in the facility a [List P](#) Environmental Protection Agency (EPA) registered disinfectant effective against *C. auris*?  
Name of product: \_\_\_\_\_
- 12. Are healthcare personnel trained on cleaning and disinfecting patient equipment including frequency and correct contact time?
- 13. Is cleaning and disinfection of patients' rooms and other areas where patients receive care being performed at a minimum, daily?

### Screening

- 14. Does the facility screen or plan to screen patients with epidemiologic links to newly identified *C. auris* colonized or infected patients? Colonization screening information can be found here: [www.cdc.gov/candida-auris/hcp/screening-hcp/](http://www.cdc.gov/candida-auris/hcp/screening-hcp/)

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_