

**Welcome, before we begin,  
Answer in the chat....  
What is your New Year's Resolution?**

- **Instructions for Contact Hour**
  - Update your Zoom name to reflect your full name
  - Zoom name MUST match your evaluation name
  - Enjoy the entire program
  - Complete the post-evaluation by January 26, 2024, 5:00 PM (available on the last slide)
  - Certificate will be emailed to you by February 15, 2024

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# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed

Coordinated by the County of San Diego  
Healthcare-Associated Infections (HAI) Program

# Reminders



Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



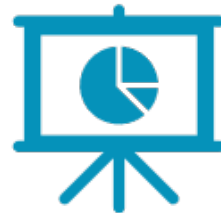
Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



“Right click” to rename



Type into the chat your:

- Name
- Title
- Facility

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# Land Acknowledgement



**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

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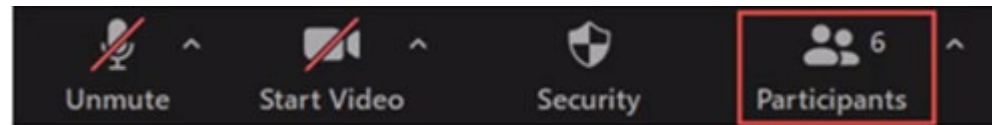


# Reminders

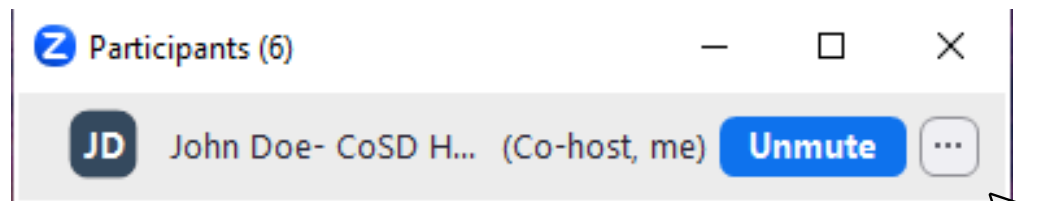


## Please update your name on the participant list

1. Find your name on the participant list

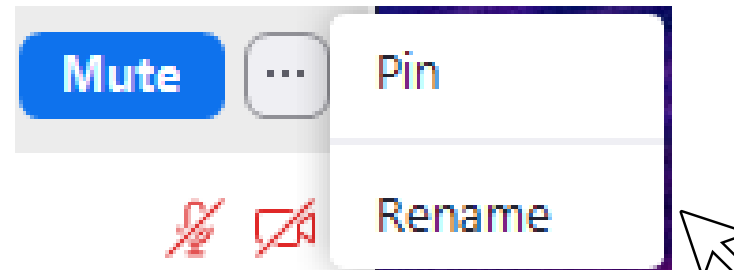


2. Hover over your name and click "..."



3. Click "Rename"

4. Type your full name



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# Agenda



**Welcome**

**General Updates**

**Announcements**

**Featured Topic: “*Candida auris*: The New Kid on the Block”**

**Next Collaborative**

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To: CAHAN San Diego Participants

Date: January 12, 2024

From: Public Health Services

Health Advisory Update #2: Outbreak of Norovirus Disease linked to Consumption of Raw Oysters

#### Key Messages

- San Diego County Epidemiology Unit is investigating an outbreak of norovirus illness linked to consumption of raw oysters harvested in Sonora, Mexico.
- Please advise patients at risk for severe outcomes to avoid consuming raw oysters, in general, but especially imported from Bahia Salina, Sonora, Mexico.
- Consider testing for [other pathogens commonly linked to raw oyster consumption](#) (e.g., *Vibrio* spp.) in persons reporting oyster exposure but having more severe symptoms.

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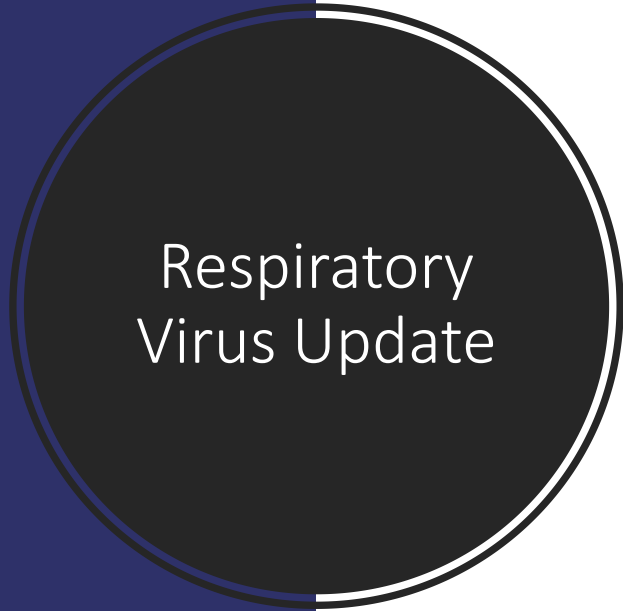


# San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

January 18, 2024



## COVID-19

Cases  
**34,719**

Deaths  
**210**

Outbreaks\*  
**322**

7/2/2023 – 1/13/2024

## Influenza

Cases  
**11,396**

Deaths  
**27**

Outbreaks\*  
**17**

7/2/2023 – 1/13/2024

## RSV

Cases  
**4,318**

Deaths  
**10**

Outbreaks\*  
**7**

7/2/2023 – 1/13/2024

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Respiratory  
Virus Update

Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=34,719)

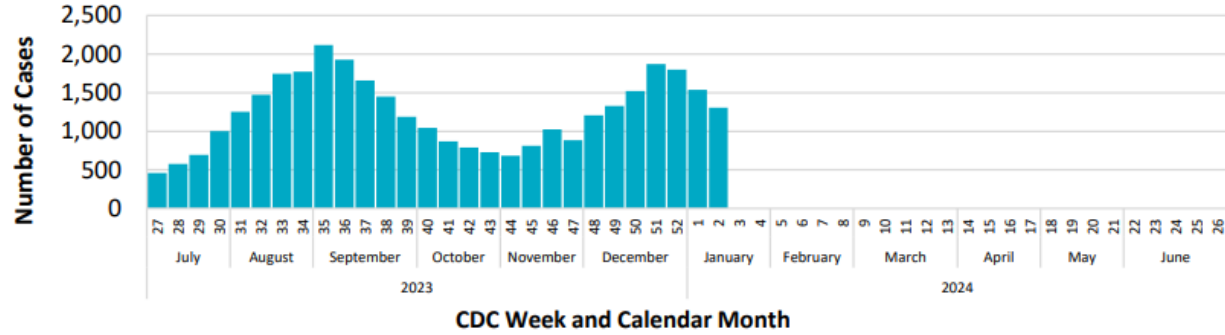


Figure 1.2. San Diego County Influenza Cases (N=11,396)

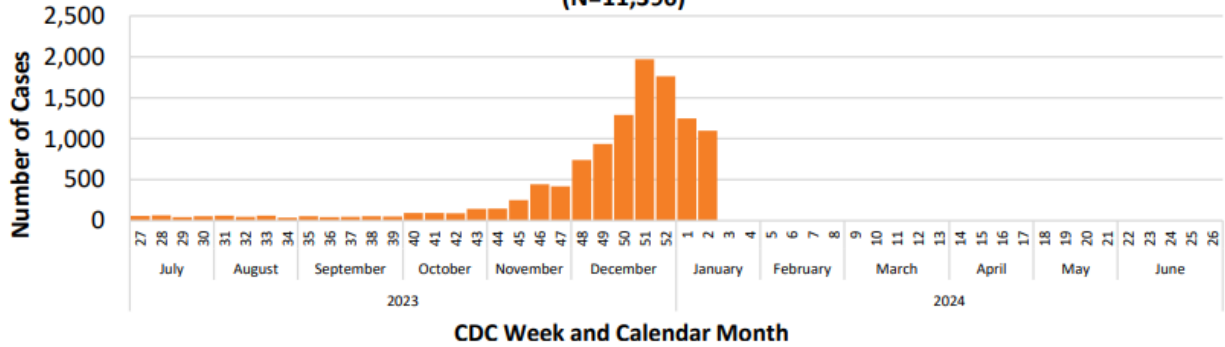
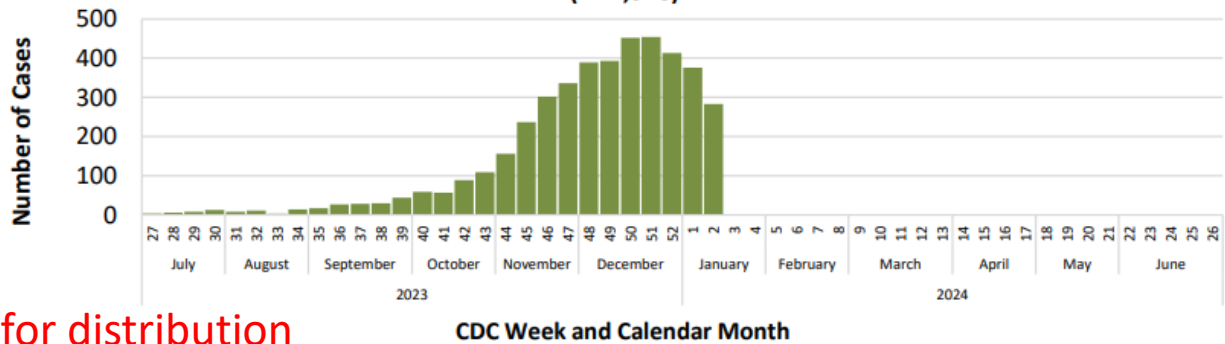


Figure 1.3. San Diego County RSV Cases (N=4,318)



# NEW CDPH COVID Isolation Guidance



## GENERAL PUBLIC GUIDANCE

### Recommendations for people who test positive

1. **Stay home if you have COVID-19 symptoms**, until you have not had a fever for 24 hours without using fever reducing medication AND other COVID-19 symptoms are mild and improving.
  - If you do not have symptoms, you should follow the recommendations below to reduce exposure to others.
2. **Mask** when you are around other people indoors for the 10 days\* after you become sick or test positive (if no symptoms). You may remove your mask sooner than 10 days if you have two sequential negative tests at least one day apart. Day 0 is symptom onset date or positive test date.
3. **Avoid contact with people at higher-risk for severe COVID-19 for 10 days\***. Higher-risk individuals include the elderly, those who live in congregate care facilities, those who have immunocompromising conditions, and that put them at higher risk for serious illness.
4. **Seek Treatment**. If you have symptoms, particularly if you are at higher risk for severe COVID-19, speak with a healthcare provider as soon as you test positive. You may be eligible for antiviral medicines or other treatments for COVID-19. COVID-19 antiviral medicines work best if taken as soon as possible, and within 5-7 days from when symptoms start.
  - Call 1-833-422-4255 if you are unable to contact a healthcare provider, or use the treatment options to find one.

\*The potential infectious period is 2 days before the date of symptoms began or the positive test date (if no symptoms) through Day 10. (Day 0 is the symptom onset date or positive test date).

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx>

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# CDPH COVID-19 Guidance, continued....



## Workplace Settings

In the workplace, employers are subject to the [Cal/OSHA COVID-19 Non-Emergency Regulations](#) or in some workplaces the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#) (PDF) and should consult those regulations for additional applicable requirements. In certain healthcare situations or settings and other covered facilities, services and operations, surgical masks or respirators are required.

## Healthcare Settings

This guidance does not apply to healthcare personnel. Healthcare personnel in general acute care hospital, acute psychiatric hospital, and skilled nursing facilities should follow recommendations as set forth in [AFL 21-08.9](#). Healthcare personnel working in settings not covered by [AFL 21-08.9](#) may also follow the guidance outlined in [AFL 21-08.9](#). Healthcare facilities should follow the guidance for management of exposed or infected patients/residents in the [CDC COVID-19 Infection Prevention and Control Recommendations](#).

*LHJs, facilities, or other organizations such as high-risk congregate settings (list found in Updated COVID-19 Testing Guidance) may continue to implement additional requirements that are more protective than this statewide guidance based on local circumstances, including in certain higher-risk settings or during certain situations that may require additional isolation and quarantine requirements (for example, during active outbreaks in high-risk settings).*

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx>

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# County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
  - Monthly 4th Wednesday @ 3PM-4PM
  - Next webinar is on **1/24/2024**
- **County LTC Sector COVID Monthly Telebriefing:**
  - Monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **1/25/2024**
- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3<sup>rd</sup> Tuesday @ 11:30AM-12:30PM
  - Next session is **2/20/2024**



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# Save the Date: March 20-21, 2024



San Diego County's Healthcare-Associated Infections (HAI) Program presents:

## Infection Prevention 2-day Course

March 20-21, 2024  
8:00 am - 5:00 pm  
5560 Overland Ave, San Diego, CA 92123

- In-person 2-day event
- No cost to attend
- 14 CEUs

**Suggested Audience:**  
Individuals responsible for infection prevention control programs in SNFs

**More information to come soon!**

Questions? Email [p hs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov) or visit [www.sdhai.org](http://www.sdhai.org)

- **Infection Prevention 2-day Course**
- **In-person at County Operations Center**
- **No-cost to attend**
- **14 CEUs or IPU s**
- **For individuals responsible for IPC in SNFs**

**Registration will be announced by email and [www.sdhai.org](http://www.sdhai.org) mid-February**

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# POLL



## What would you like to learn about next?

- Please complete the Poll question.

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# Contact Hour Instructions

Ensure

Ensure your full name identifies you on Zoom

Enjoy

Enjoy the full presentation

Complete

Complete the post-evaluation



**Mara Rauhauser, BSN, RN, PHN, CIC**  
**Senior Public Health Nurse**  
County of San Diego  
Healthcare-Associated Infections Program



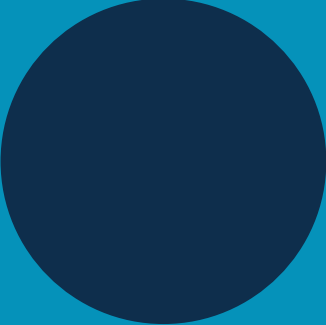
**Shelby Canino, BSN, RN, PHN**  
**Senior Public Health Nurse**  
County of San Diego  
Healthcare-Associated Infections Program





# *Candida auris:* The new kid on the block

SNF IP Collaborative January 24, 2024



Mara Rauhauser BSN, RN, PHN, CIC  
Shelby Canino BSN, RN, PHN

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# Objectives

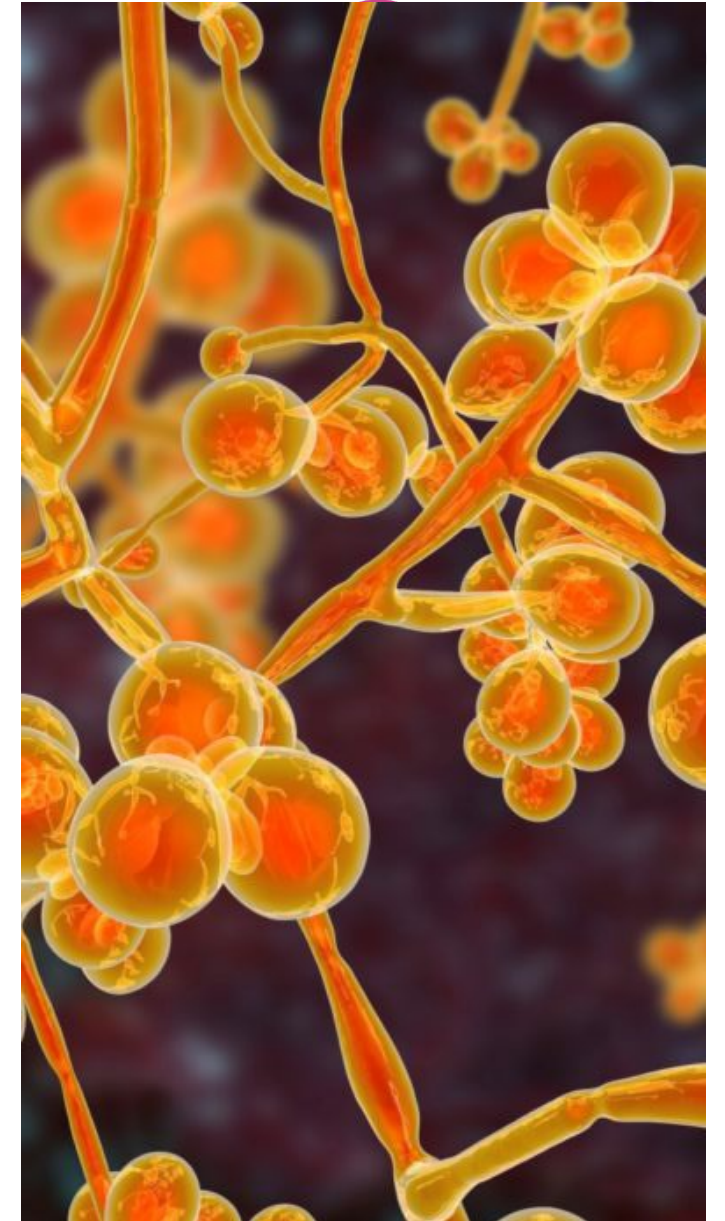


After completing this training, the participant will be able to:

- State 3 characteristics about *Candida auris* that are problematic in a healthcare setting.
- List 3 important infection prevention measures that should be emphasized when dealing with a *Candida auris* positive case.
- Verbalize 2 important communication actions to take when discharging a *Candida auris* positive resident.

# *Candida auris* Background

- *Candida auris* (*C. auris*) is an **emerging** multi-drug resistant fungus
- It was **discovered in 2009** in the ear of a patient in Japan
- Looking at stored specimens showed it had been present at least **since 1996**
- Opportunistic pathogen that causes outbreaks in healthcare settings
- Invasive infections have a high mortality rate

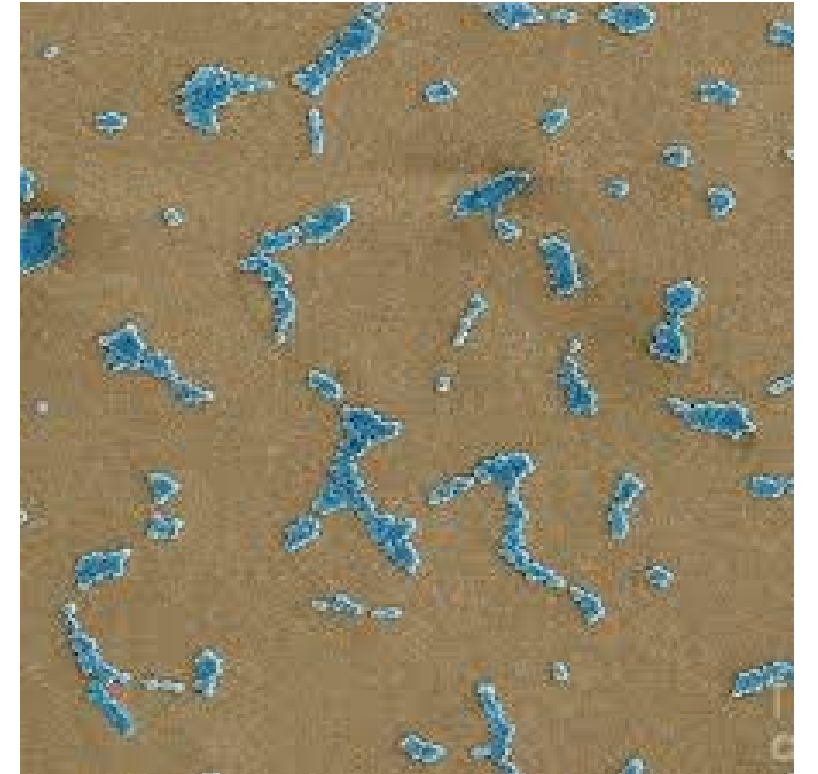




# Colonization



- Asymptomatic
- Can be a source of transmission
- Indefinite duration
- Can be present in many areas of the body including respiratory tract or skin.
- Cases often starts as colonization and moves into active infection
- Can live on environmental surfaces for weeks
- Effective Disinfectants can be found on [EPA List P](#)



## Scenario:


You are an Infection Preventionist at a skilled nursing facility. On 12/20/2023, you read through the medical record of a new admission (John Doe) who is on his way from the acute care hospital now. You note the following information:

- Admitted from: Fungus Among-us Hospital
- Positive *Candida auris* admission screen on 12.5.2023
- He was on contact plus precautions at the ACH
- No other MDRO history





State of Washington  
 Department of Health  
 Public Health Laboratories  
 1610 NE 150th Street  
 Shoreline, WA 98155-9701  
 Phone: (206) 418-5478  
 Fax: (206) 364-0072  
 ARLN Laboratory Results  
 Final Report

CLIA#: 50D0661453  
 License#: MTS-1327  
  
 ARLN@DOH.WA.GOV



Fungus Mongus Hospital  
 Attn: Infection Prevention  
 100 Patient Care Blvd  
 San Diego CA 92021

PHL Sample #: WA0000000  
 Collected Date: 12/05/2023  
 Received Date: 12/06/2023  
 Report Date: 12/06/2023

Submitter County: San Diego  
 Phone: 619-444-4444  
 Fax: 619-444-4444  
 Submitter Specimen#:

Specimen Type: Swab  
 Specimen Site: Skin  
 Specimen Source: Axilla/Groin  
 Submitter ID:

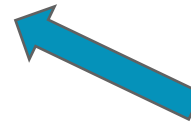
Patient Name: Doe, John  
 Date of Birth: 01/01/1984  
 Patient County:

Patient ID:  
 Age: 82 Years  
 Sex: male

PHL Sample #: WA0000000

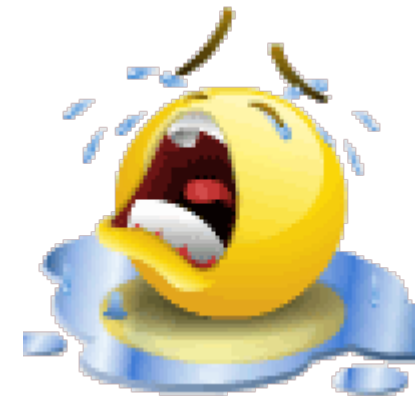
Candida auris real time PCR

Detected\*





# What is the first thing you would do?



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)



**“Let us never consider ourselves finished nurses.... We must be learning all of our lives”**

**Florence Nightingale**

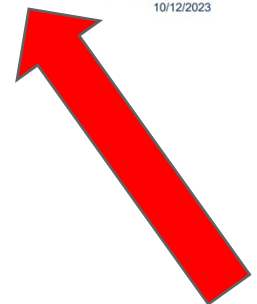






## Things to consider:

- Place Mr. Doe on contact precautions
  - Where is the best room placement currently?
- What disinfectants are currently being used?
  - By floor staff (wipes)
  - By EVS
- Circle back to admission staff to find any communication gaps that need to be addressed



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# CDPH Cohorting Guidance

## Cohorting Guidance for Patients or Residents Infected or Colonized with Multidrug-resistant Organisms

Multidrug-resistant organisms (MDRO) are bacteria or fungi resistant to multiple classes of antimicrobials. When there is more than one patient or resident colonized or infected with MDRO in a facility, cohorting those with the same MDRO into dedicated units or areas of the facility is a strategy that is known to prevent transmission. MDRO targeted for cohorting include *Candida auris* (*C. auris*), carbapenemase-producing organisms (CPO), and other emerging MDRO.<sup>1</sup> CDPH recommends obtaining carbapenemase-testing for all carbapenem-resistant organisms (CRO) to inform cohorting.

MDRO cohorts include patients or residents who are known to be infected or colonized with the same MDRO.<sup>2</sup> Two types of MDRO cohorts can be implemented in a healthcare facility:

1. **A within-room cohort** is where patients or residents with the same MDRO or carbapenemase (e.g., KPC, NDM) are placed within one room, regardless of specimen source, infection, or colonization status.
2. **A multi-room cohort** is a designated area of the facility that contains multiple within-room cohorts with the same MDRO or carbapenemase; e.g., multiple within-room cohorts are placed together at the end of a hallway, unit, or floor.

What does Contact Plus Precautions mean?

Table 1. Principles of Patient or Resident Cohorting by MDRO Type

Organism	Examples	Cohorting Recommendations
<i>Candida auris</i> ( <i>C. auris</i> )	N/A	Always cohort patients or residents with <i>C. auris</i> together with others that have <i>C. auris</i>

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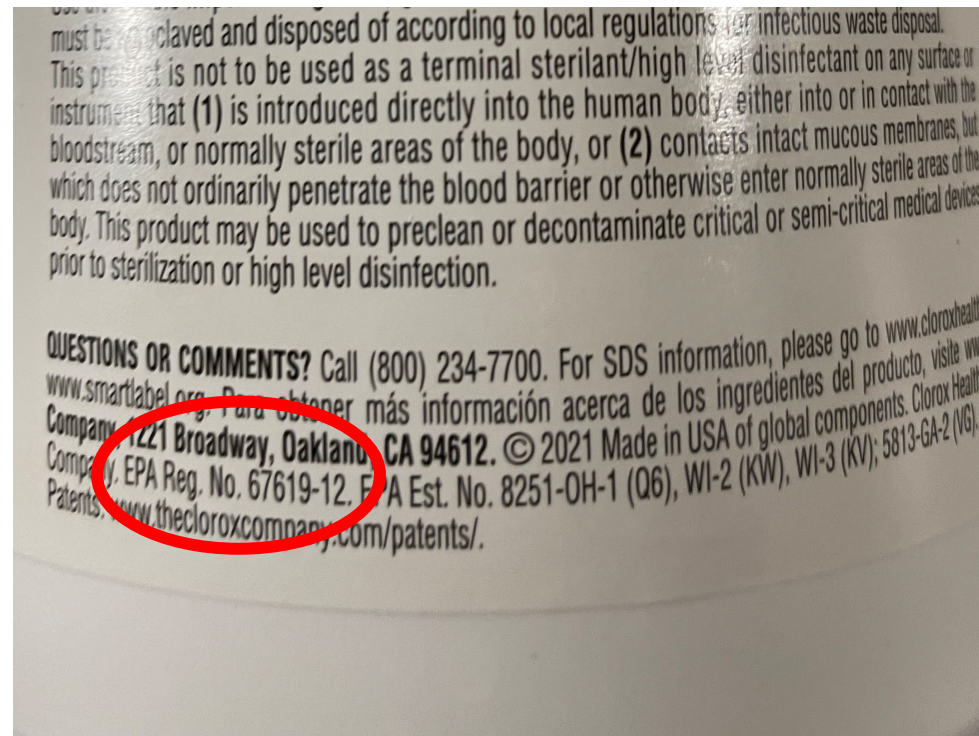
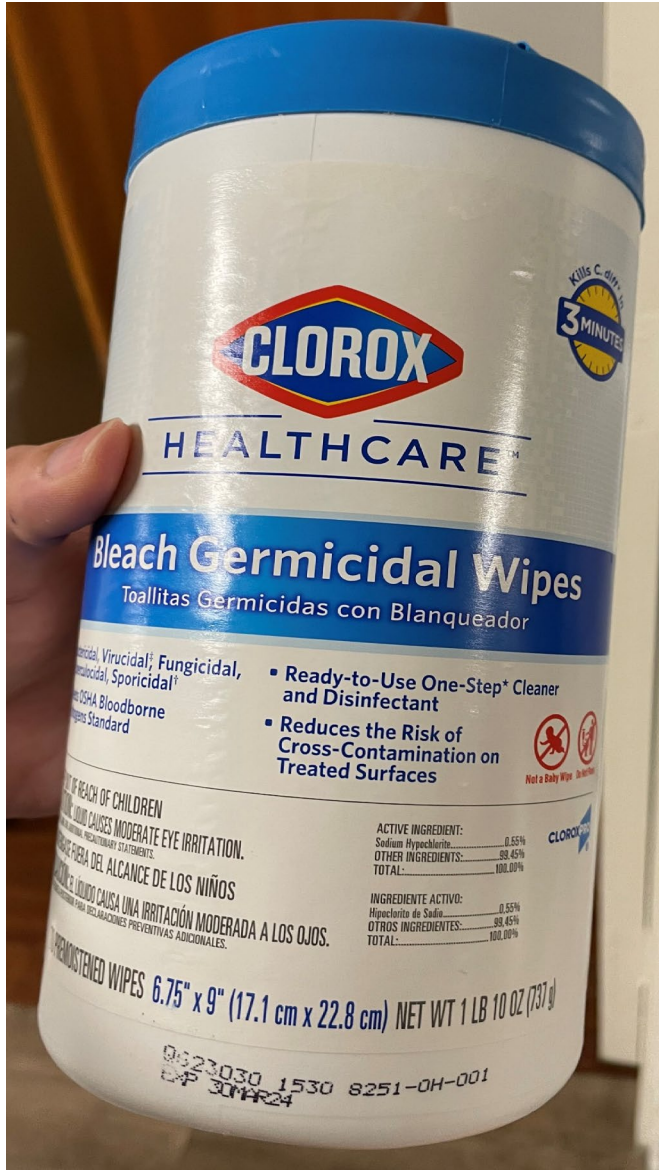


## Scenario:

How do I know what disinfectants are being used in the facility?



# What we are looking for.....



- ✓ Is it a disinfectant?
- ✓ What is the EPA Reg #?
- ✓ What are the label claims?
- ✓ What is the contact time/s?

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## Consult with EVS manager or maintenance director:

- What disinfectants are currently being used
- When and how do each EVS staff member use these disinfectants
- What disinfectant wipes are being used by floor staff



# EPA List P

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The screenshot shows the EPA website header with the EPA logo and "United States Environmental Protection Agency" text. A search bar is located in the top right. Below the header is a navigation menu with "Environmental Topics", "Laws & Regulations", "Report a Violation", and "About EPA". The main content area features a "Pesticide Registration" link and a "CONTACT US" link. The main heading is "List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris". Below this is a section "On this page:" with four links: "Products on List P", "How to use List P products effectively", "How to check if a product is on List P", and "Additional Resources". At the bottom, a section titled "Products on List P" begins with the text "The following products are registered for use with *Candida auris* (*C. auris*). EPA has reviewed laboratory testing data demonstrating that these products kill *C. auris*."



# EPA List P



Registration	Active Ingredient	Product Brand Name	Company	Contact Time (minutes)	Formulation Type	Surface Types	Use sites
56392-7	Sodium Hypochlorite	Dispatch Hospital Cleaner Disinfectant with Bleach	Clorox Professional Products Company	3	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential
63761-13	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Sterilex PAA 5.9	Sterilex	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-12	Sodium Hypochlorite	CPPC Tsunami	Clorox Professional Products Company	3	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-24	Hydrogen Peroxide	Blondie	Clorox Professional Products Company	2	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential

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# Looking up the EPA Approval Letter



U.S. Environmental Protection Agency  
<https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:...>

**Labels for CPPC TSUNAMI (67619-12) | US EPA**

**Web** EPA Reg. No. Product Name Accepted Date; **67619-12: CPPC TSUNAMI: January 31, 2022**  
 (PDF) **67619-12: CPPC TSUNAMI: April 05, 2021** (PDF) **67619-12: CPPC TSUNAMI: ...**

EXPLORE FURTHER

- List A: Antimicrobial Products Registered with the EPA as ... [epa.gov](https://epa.gov)
- Chemical Disinfectants** | Disinfection & Sterilization ... [cdc.gov](https://cdc.gov)

Recommended to you based on what's popular • Feedback

## Labels for CPPC TSUNAMI (67619-12)

You will need Adobe Reader to view some of the files on this page. See [EPA's PDF page](#) to learn more.

Provided below is the information for the Product/Registration number selected.

Labels Chemical Alt. Brand Name Inactive Alt. Brand Name Transfer History Site

Pest

EPA Reg. No.	Product Name	Accepted Date
67619-12	CPPC TSUNAMI	<a href="#">January 31, 2022 (PDF)</a>
67619-12	CPPC TSUNAMI	<a href="#">April 05, 2021 (PDF)</a>
67619-12	CPPC TSUNAMI	<a href="#">September 03, 2020 (PDF)</a>



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# EPA Letter



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

January 31, 2022

Tony Herber  
Authorized Representative  
Clorox Professional Products Company  
c/o PS&RC; P.O. Box 493  
Pleasanton, CA 94566-0803

Subject: PRIA Label Amendment – Additional Virucidal Claims  
Product Name: CPPC Tsunami  
EPA Registration Number: 67619-12  
Received Date: 05/04/2021  
Action Case Number: 00300221

Dear Mr. Herber:

The amended label referred to above, submitted in connection with registration under the Federal Insecticide, Fungicide and Rodenticide Act, as amended, is acceptable. This approval does not affect any conditions that were previously imposed on this registration. You continue to be subject to existing conditions on your registration and any deadlines connected with them.

A stamped copy of your labeling is enclosed for your records. This labeling supersedes all previously accepted labeling. Pursuant to 40 CFR 156.10(a)(6), you must submit one copy of the final printed labeling before you release the product for shipment with the new labeling. In accordance with 40 CFR 152.130(c), you may distribute or sell this product under the previously approved labeling for 18 months from the date of this letter. After 18 months, you may only distribute or sell this product if it bears this new revised labeling or subsequently approved labeling. "To distribute or sell" is defined under FIFRA section 2(gg) and its implementing regulation at 40 CFR 152.3.

Should you wish to add/retain a reference to the company's website on your label, then please be aware that the website becomes labeling under FIFRA and is subject to review by the Agency. See FIFRA section 2(p)(2). If the website is false or misleading, the product would be misbranded and unlawful to sell or distribute under FIFRA section 12(a)(1)(E). 40 CFR 156.10(a)(5) lists examples of statements EPA may consider false or misleading. In addition, regardless of whether a website is referenced on your product's label, claims made on the website may not substantially differ from those claims approved through the registration process, FIFRA section 12(a)(1)(B). Therefore, should the Agency find or if it is brought to our attention that a website contains false or misleading statements or claims substantially differing from the EPA approved registration, the website will be referred to the EPA's Office of Enforcement and Assurance.

PRIA Non-New-Use Label Acceptable v. 20170120

### Label Identification

CPPC Tsunami, EPA Reg. No. 67619-12

R0618275

9:30 1/14/22

**ACCEPTED**

01/31/2022

Under the Federal Insecticide, Fungicide  
and Rodenticide Act as amended, for the  
pesticide registered under  
EPA Reg. No. 67619-12

### Formatting notes (applicable for all claims)

**Now(!)** -and/or- **New(!y)!** -and/or- **Improved(!)** may be added anywhere to a claim and will only be used for the first 6 months of product on shelf.

**Bold, italicized text** is information for the reader and is not part of the label.

Optional text may be placed anywhere on the label -and/or- container.

Bracketed information is optional text.

All footnotes are on the last page, unless they are part of EPA's mandated text.

The word "and" may be substituted with "&". Plural words may be used in their singular form or singular words may be used in their plural form unless otherwise specified in 40 CFR.

All directions may be written in numbered form or in paragraph form.

All use surfaces and/or use sites on the label may be listed in conjunction with an image of the use surface and/or use site.

Highlighted text is new. Strike-through text means removed.

# CPPC Tsunami

**KEEP OUT OF REACH OF CHILDREN**

**CAUTION:** Liquid causes moderate eye irritation.

See back label for additional precautionary statements

### ACTIVE INGREDIENT:

Sodium Hypochlorite ..... 0.55%<sup>(1)</sup>

Other Ingredients: ..... 99.45%

Total: ..... 100.00%

[Available Chlorine...0.52%]

[5200 PPM [Parts Per Million] Available Chlorine]

Contains no phosphorus

### Additional statement for single count wipe pouch:

See carton for additional directions for use.

-or- Read carton before use.

[Net] [Contents]

Each package type and size will bear the

actual net contents in pounds and ounces

Premoistened Wipes

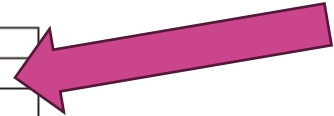
[Individually Packaged]

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Organism Table

<b>Bacteria</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
Acinetobacter baumannii	[ATCC 15308]	30 sec[onds]
Bordetella pertussis	[ATCC 12743]	30 sec[onds]
Campylobacter jejuni	[ATCC 29428]	30 sec[onds]
Carbapenem-resistant Klebsiella pneumoniae [(CRKP)]	[ATCC BAA-1705]	30 sec[onds]
Community Associated Methicillin resistant Staphylococcus aureus [CA-MRSA]	[NARSA NRS123] [Genotype USA400]	30 sec[onds]
Community Associated Methicillin resistant Staphylococcus aureus [CA-MRSA]	[NARSA NRS384] [Genotype USA300]	30 sec[onds]
Klebsiella aerogenes <i>tested as Enterobacter aerogenes</i>	[ATCC 13048]	30 sec[onds]
Enterobacter cloacae	[ATCC 13047]	30 sec[onds]
Enterococcus faecalis, vancomycin resistant -or- Vancomycin resistant Enterococcus faecalis [(VRE)]	[ATCC 51575]	30 sec[onds]
Enterococcus hirae	[ATCC 10541]	30 sec[onds]
ESBL (Extended Spectrum Beta Lactamase) producing Escherichia coli (ESBL producing E. coli)	[ATCC BAA-196]	30 sec[onds]
ESBL (Extended Spectrum Beta Lactamase) producing Klebsiella pneumoniae (ESBL producing K. pneumoniae)	[CDC 700603]	30 sec[onds]
Escherichia coli O157:H7	[ATCC 35150]	30 sec[onds]
Escherichia coli [(E. coli)]	[ATCC 11229]	30 sec[onds]
Escherichia coli New Delhi Metallo-Beta Lactamase-1 [(NDM-1)] [NDM-1 E. coli]	[CDC 1001728]	30 sec[onds]
Klebsiella pneumoniae	[ATCC 4352]	30 sec[onds]
Klebsiella pneumoniae New Delhi Metallo-Beta Lactamase-1 [(NDM-1)] [NDM-1 K. pneumoniae]	[CDC 1000527]	30 sec[onds]
Legionella pneumophila [(Legionella)]	[ATCC 33153]	30 sec[onds]
Linezolid resistant Staphylococcus aureus [(LRSA)]	[NRS 119]	30 sec[onds]
Listeria monocytogenes [(Listeria)]	[ATCC 19117]	30 sec[onds]
Methicillin resistant Staphylococcus aureus [(MRSA)]	[ATCC 33592]	30 sec[onds]
Multi-drug resistant Enterococcus faecium [(MDR E. faecium)] <sup>(1)</sup>	[ATCC 51559]	30 sec[onds]
Proteus mirabilis	[ATCC 9240]	30 sec[onds]
Pseudomonas aeruginosa [(Pseudomonas)]	[ATCC 15442]	30 sec[onds]
Salmonella enterica <i>tested as Salmonella choleraesuis</i>	[ATCC 10708]	30 sec[onds]
Salmonella enterica serovar typhi	[ATCC 6539]	30 sec[onds]
Serratia marcescens	[ATCC 14756]	30 sec[onds]
Shigella dysenteriae	[ATCC 11835]	30 sec[onds]
Staphylococcus aureus	[ATCC 6538]	30 sec[onds]
Staphylococcus epidermidis [(Coagulase-negative Staphylococci)]	[ATCC 12228]	30 sec[onds]
Streptococcus pneumoniae [(Strep)]	[ATCC 6305]	30 sec[onds]
Streptococcus pyogenes [(Strep)]	[ATCC 12344]	30 sec[onds]
Vancomycin intermediate resistant Staphylococcus aureus [(VISA)]	[CDC HIP 5836]	30 sec[onds]
Vancomycin resistant Staphylococcus aureus [(VRSA)]	[NARSA VRS1]	30 sec[onds]
<b>Spore-forming Bacterium</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
Clostridioides difficile <sup>x</sup> -or- C. difficile <sup>y</sup> -or- C. diff <sup>x</sup> [(C. diff)] spores	[ATCC 43598]	3 min[utes]



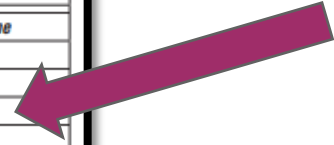
- ✓ What does it kill?
- ✓ How long does the surface have to stay wet to kill that organism?
- ✓ What can it be used to disinfect?



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<b>Mycobacterium</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
Mycobacterium bovis [(BCG)] (Tuberculosis -or- TB) (22.5°C -or- 72.5°F)		3 min[utes]
<b>Mold, Mildew, Fungi</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
Aspergillus brasiliensis [(mildew)]	[ATCC 16404]	5 min[utes]
Candida albicans	[ATCC 10231]	3 min[utes]
Candida auris <sup>V</sup>	[CDC AR-0381]	3 min[utes]
Candida glabrata	[ATCC 32312]	3 min[utes]
Trichophyton interdigitale <i>tested as Trichophyton mentagrophytes</i> [(Athlete's Foot Fungus)]	[ATCC 9533]	3 min[utes]
<b>Viruses Enveloped</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
†Avian Influenza A Virus	[ATCC VR-2072]	1 min[ute]
‡, ##HIV [Human Immunodeficiency Virus] [Type 1]	[Strain HTLV-IIIB]	30 sec[onds]
†[Human] Coronavirus [(additional) causative agent of the common cold]	[ATCC VR-740] [Strain 229E]	1 min[ute]
‡, ##[Human] Hepatitis B Virus [(HBV)] (as duck HBV)		1 min[ute]
‡, ##[Human] Hepatitis C Virus [(HCV)] (as bovine diarrhea Virus)	[ATCC VR-1422]	1 min[ute]
†[Human] Herpes Virus [Type 2] -or- Herpes simplex Virus [Type 2]	[ATCC VR-734] [Strain G]	1 min[ute]
†Human Influenza A virus (H1N1)	[A/PR/8/34]	30 sec[onds]
†Influenza A Virus [(representative of the common flu virus)]	[ATCC VR-544] [Strain A/Hong Kong/8/68]	1 min[ute]
†Influenza B Virus	[ATCC VR-823] [Strain B/Hong Kong/5/72]	1 min[ute]
†Measles Virus	[ATCC VR-24]	1 min[ute]
†MERS - Coronavirus [(Middle East Respiratory Syndrome Coronavirus)] [(MERS-CoV)]		1 min[ute]
†Respiratory Syncytial Virus [(RSV)] [(causes colds)]	[ATCC VR-26] [Strain Long]	1 min[ute]
†SARS - Associated Coronavirus [(SARS - CoV)]	[ZeptoMetrix/CDC CDC#200300592]	1 min[ute]
†SARS-CoV-2 [(cause of COVID-19)]	[Strain USA-WA1/2020]	1 min[ute]
†SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Alpha/204820464/2020 [(B.1.1.7)] [(NR-54000)]	1 min[ute]
†SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Beta/KRISP-EC-K005321/2020 [(B.1.351)] [(NR-54008)]	1 min[ute]
†SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Alpha/CA_CDC_5574/2020 [(B.1.1.7)] [(NR-54011)]	1 min[ute]
<b>Viruses Large Non-enveloped</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
†Adenovirus [Type 2] [(causes colds)]	[ATCC VR-846] [Strain Adenoid 6]	1 min[ute]
†Rotavirus [(causative agent of viral diarrhea)]	[Strain WA]	1 min[ute]
<b>Viruses Small Non-enveloped</b>	<b>Strain and/or ATCC</b>	<b>Contact Time</b>
†, ##Canine Parvovirus	[ATCC VR-2017] [Strain Cornell]	3 min[utes]
†Enterovirus Type D68	[NR-49132][Strain US/KY/14-18953]	1 min[ute]
†, ##Feline Parvovirus [(Feline Panleukopenia Virus)]	[ATCC VR-648] [Strain Phillips-Roxane]	3 min[utes]
†[Human] Hepatitis A Virus [(HAV)]	[Strain HM-175]	1 min[ute]
†Norovirus <sup>o</sup> [(as Feline Calicivirus)]	[ATCC VR-782]	1 min[ute]
†Poliovirus [Type 1]	[ATCC VR-1000] [Strain Brunhilde]	1 min[ute]
†Rhinovirus [Type 37] [(a leading) causative agent of the common cold]	[ATCC VR-1147] [Strain 151-1]	1 min[ute]



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## Scenario:

Everyone has questions about *C. auris*. Should you be caring for a resident with this history? How would you respond?



## Any SNF should be able to care for residents who have an MDRO history

- Seek education as the Infection Preventionist
- Accept support from the HAI Team
- Educate staff
- Ensure all recommendations have been implemented or are in process
- You will be up to speed for the next time





TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
State Public Health Officer & Director

# State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM  
Governor

AFL 22-21



Healthcare  
Associated  
Infections  
Program



October 5, 2022

**TO:** Skilled Nursing Facilities (SNF), and General Acute Care Hospitals (GACH) with a SNF Distinct Part (DP)

**SUBJECT:** Enhanced Standard Precautions for Skilled Nursing Facilities, 2022  
(This AFL Supersedes AFL 19-22)

**AUTHORITY:** [Title 22 California Code of Regulations \(CCR\) section 72523, 72321, and 72515](#)  
[Title 42 Code of Federal Regulations \(CFR\) section 483.80](#)

## All Facilities Letter Summary

This AFL supersedes AFL 19-22, and releases updated guidance on Enhanced Standard Precautions for Skilled Nursing Facilities.

This AFL distributes the updated "Enhanced Standard Precautions for Skilled Nursing Facilities, 2022" (PDF). The document includes updated guidance to SNFs for safely caring for residents with medical devices and unhealed wounds who are at increased risk for transmission of multidrug-resistant organisms (MDRO) in compliance with state and federal regulations. This guidance is intended to be advisory only and has been developed to assist SNF infection control programs.

[Title 22 CCR section 72515](#) requires SNFs, "accept and retain only those patients for whom they can provide adequate care." [Title 42 CFR section 483.80](#) requires that nursing facilities "must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." All SNFs in compliance with state statute and federal regulations must be able to provide care for residents with MDROs.

The California Department of Public Health (CDPH) updated Enhanced Standard Precautions (ESP) guidance in 2022 to simplify and facilitate implementation, and reflect substantial changes in the epidemiology of MDRO in California SNFs since its previous publication in 2019. Increased MDRO prevalence and large, sustained, regional outbreaks of previously novel or rare MDRO, including *Candida auris*, highlight the role of ESP as a prevention strategy before transmission and outbreaks occur, as well as a need for new guidance for transitioning from Contact Precautions to ESP as part of long-term outbreak mitigation and management.

"Enhanced Standard Precautions for Skilled Nursing Facilities, 2022" (PDF) provides a practical, resident-centered and activity-based approach to implement measures to prevent MDRO transmission. This guidance is intended to be advisory only and is not intended to be used as a basis for the use of force and

## Scenario:

There are so many infection prevention and control measures. It is not possible to focus on all of them. Which actions are most important in this situation?





# PREVENTION & CONTROL PRIORITIES



- Consistent **EVS** (housekeeping) process that prevents cross contamination with a whole house List P agent
- Use of effective disinfectant by floor staff and EVS to disinfect **shared equipment** and **high touch** surfaces **outside** the resident rooms
- **Frequent Hand hygiene** by residents and staff
- Proper **PPE** use by HCWs
- Adherence to **contact precaution** protocol
- **Adherence monitoring** for these protocols and with feedback to encourage compliance





# STRATEGIES TO CONSIDER



- Prioritize
- Teamwork
- Delegate
- Communicate



## Scenario:

Mr. Doe is a dialysis patient. What needs to be done to facilitate transportation and treatment in this situation?





## Actions to take:

- Communicate contact isolation and *C. auris* positive status to the dialysis facility
- Communicate contact isolation and *C. auris* positive status to the transportation company
- If either have questions that you are struggling to answer, ask them to email or call the HAI Team
- Ensure the resident is bathed regularly and thoroughly
- Emphasize hand hygiene for the resident, particularly when leaving the room for the dialysis appointment
- Mr. Doe should have on clean clothes and linen





## Scenario:

This morning Mr. Doe requires transfer to an acute care hospital. What should be done in addition to typical discharge protocol?



## Steps to take:

- Use an interfacility transfer form that has isolation status, MDRO history and other relevant information
- The Infection Preventionist should call the IP team at the receiving facility to communicate isolation status and *C. auris* history
- Email or call HAI team to communicate date and location of discharge





The HAI Program strongly recommends communicating the information included in the Interfacility Transfer form by phone, in advance of transfer, for patients with the following high-priority multidrug-resistant organisms (MDRO):

- *Candida auris*
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, Enterobacterales, and *Pseudomonas aeruginosa* (CP-CRE)
- Pan-resistant MDRO (specifically, MDRO that are resistant to all antimicrobial drugs tested)

**HEALTHCARE FACILITY TRANSFER FORM**  
Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

**Patient Name (Last, First):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MRN: \_\_\_\_\_ Transfer Date: \_\_\_\_\_

**Receiving Facility Name (if known):** \_\_\_\_\_

Contact Name (optional): \_\_\_\_\_ Contact Phone (optional): \_\_\_\_\_

**Sending Facility Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PRECAUTIONS**

**Patient currently on precautions?** If yes, check all that apply:  
 Yes  No  Airborne  Contact  Droplet  Enhanced Standard\*

\*Long-term care facilities may implement [Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) for patients with multidrug-resistant organisms (MDROs) or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact Precautions in acute care settings.

**ORGANISMS (Include copy of lab results with organism ID and antimicrobial susceptibilities.)**

Patient is **NOT** known to be colonized or infected with any multidrug-resistant or other organisms requiring precautions (skip section)

Patient has MDRO or other lab results requiring precautions (record organism(s), specimen source, collection date)

Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> ( <i>C. auris</i> )			
<input type="checkbox"/> <i>Clostridioides difficile</i> ( <i>C. diff</i> )			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles ( <i>Herpes zoster</i> ), norovirus, influenza, tuberculosis)			

\*\*Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Last updated May 2023

CDPH Interfacility Form:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx>



## Scenario:

Mr. Doe's family is insisting he be rescreened. What should I do?





## Rescreening is generally NOT recommended by CDC, CDPH or COSD

- Colonization status can fluctuate from detected to not detected to detected many times over a long period of time
- The case would still be considered a positive case, even if the rescreen was negative
- Currently there is not a decolonization strategy for *C. auris* or other MDROs
- Uses finite lab resources
- Consider pointing out the actionable steps that the family can take to affect the resident's health





## Scenario:

It has been 3 weeks since Mr. Doe was readmitted to my facility. He is ready to be discharged home. What do I need to do differently than a typical discharge?



# Education and Communication

- Educate resident and family on *C. auris*
- Answer questions regarding care provided by family members
- Recommend that family communicate *C. auris* positive history to medical providers, including emergency staff, home health staff, dialysis care staff, PCP
- Communicate isolation status and *C. auris* positive history with HH agency
- Email/call HAI team the date and discharge location (home)



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## Scenario:

This is the first case of *C. auris* I have dealt with as an Infection Preventionist. What resources are available?



# Resources

- CDPH HAI *C. auris* page: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx>
- CDPH Cohorting Guidance: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROcohorting.pdf>
- CDPH SNF Cohorting Guidance: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROcohortingSNF.pdf>
- CDPH AFL main page: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx>
- San Diego County HAI: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hai-program/ar.html#auris>
- San Diego County HAI TBP signs: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hai-program/resources.html#signage>
- CDC *Candida auris* page: <https://www.cdc.gov/fungal/candida-auris/index.html>

## HAI Team



# What can the HAI Program do to help?



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# Contact Hour Instructions

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- **Ensure your Zoom name is your full name**
- **Complete the January 26<sup>th</sup> , 5:00PM**
- **Expect your certificate by February 15<sup>th</sup>**



# Next Collaborative



## *Waterborne Pathogens and Legionella in SNFs*

February 28, 2024 11:00 am - 12:00 pm

### Presenter



Margaret M. Turner M.Ed., BSN, PHN, FAPIC, CIC

**\*\*\*February 28, 2024\*\*\***

**11:00AM – 12:00PM**

**ZOOM**

**1 Contact Hour Offered**

**Submit questions about  
or**

**Feedback about today's  
collaborative meeting to:**

**[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)**

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# Contact us at:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

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