HEALTH FACILITY NAME & LOGO

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POLICY TITLE: MANAGEMENT OF *CANDIDA AURIS*

Abbreviations:

ABHS: Alcohol-Based Hand Sanitizer
AR: Antimicrobial Resistance
CDC: Centers for Disease Control and Prevention
EPA: Environmental Protection Agency
EVS: Environmental Services
HAI: Healthcare-Associated Infection
IP: Infection Preventionist
MDRO: Multi-Drug Resistant Organism
MIFU: Manufacturer Instruction For Use
PDPH: Philadelphia Department of Public Health
PPS: Point Prevalence Survey

I. PURPOSE

To identify care and management practices for patients who are colonized or infected with *Candida auris.*

II. BACKGROUND

Candida auris is an emerging, drug-resistant fungus first detected in the US in 2013 and in Philadelphia in 2020. *C. auris* can cause bloodstream infections, wound infections, and other infections, including respiratory and urine. Some residents may be colonized with *C. auris* without showing any symptoms. *Candida auris* infections are often resistant to antifungal medications and can be difficult to treat. Though *C. auris* is a serious threat, residents in nursing homes can be safely cared for regardless of their colonization status or pending test results.

Staff should adhere to guidelines outlined by the Centers for Disease Control and Prevention (CDC), the Pennsylvania Department of Health, and the Philadelphia Department of Public Health (PDPH) to decrease the potential for the transmission of *C. auris*.

Recommended infection prevention and control (IPC) measures are the same for both infection and colonization with *C. auris.* Anyone who has an infection with *C. auris* should be considered colonized after the infection is treated. Colonization may be life-long.

For any *C. auris* positive resident, IPC measures should be maintained for the duration of the resident's stay in the facility, communicated to any receiving facilities upon transfer, and implemented again if the resident is readmitted.

III. PREPARING FOR *C. AURIS* ADMISSIONS

It is recommended that the IPC program take certain steps to ensure that the facility is prepared in the event of a new *C. auris* positive admission, such as:

- Include *C. auris* in the facility's annual risk assessment
- Educate staff on policies and procedures to prevent *C. auris* transmission
- Have reference materials available to educate residents, staff, and visitors
- Ensure proper disinfection and cleaning agents are available within the facility that are effective against *C. auris*.
- Evaluate stock of personal protective equipment including gowns, gloves, and procedure masks
- Plan ahead for room placement challenges
- Develop a communication plan with visitors, ambulance/transport services, and transferring facilities

IV. PROCEDURES FOR MANAGING NEW ADMISSIONS WITH *C. AURIS*

The facility admission coordinator will notify the facility leadership e.g., director of nursing, medical director, infection preventionist, of any **pending** admission who has tested positive for *C. auris.*

The facility will contact the PDPH by calling 215-685-4501 for guidance regarding any new admission with confirmed *C. auris*, preferably *prior to their arrival at the facility.* See section V for reporting guidelines.

The Infection Preventionist should notify Environmental Services (EVS) to arrange for modification of cleaning practices as required. See the EVS section of this document for details.

The Infection Prevention team will educate staff on the receiving unit and facility-wide about IPC measures for *C. auris*, preferably *prior to the resident's arrival at the facility.*

A. Room Placement

A resident with a history of *C. auris* should be placed in a single room whenever possible.

a. If a limited number of single rooms are available, they should be reserved for residents who may be at highest risk of transmitting *C. auris*, particularly residents requiring higher levels of care (e.g., bed-bound, those with uncontained secretions, draining wounds, acute diarrhea, etc.).
b. If a single room is not available, cohort *C. auris* patients together in the same room.
c. While it is preferable to cohort residents with the same MDROs together, the facility may assign rooms based on single (or a limited number of) high-concern MDROs (e.g. *C. auris* or carbapenemase-producing Enterobacterales) without regard to co-colonizing

organisms.[1] This practice should only be utilized if no other room placement is available and there is a high level of confidence that resident movement and subsequent care practices will not increase the risk of pathogen spread between residents.

i. Maintain at least 3 feet between beds
ii. Use privacy curtains to limit direct contact
iii. Strictly enforce that healthcare personnel change personal protective equipment, including gloves and gown, and perform hand hygiene before and after interaction with each roommate. Avoid cohorting residents who are at high risk of acquiring (additional) MDROs, such as residents with wounds, lines or other indwelling medical devices.

B. Precautions for Patient Care

The PDPH recommends that *C. auris* residents be **initially placed on Contact Precautions** in all facilities that are new to managing *C. auris.* Healthcare personnel are required to don a gown and gloves before every room entry and to doff and discard PPE before room exit.

Enhanced Barrier Precautions (EBP) can be used for residents with *C. auris* on a case-by-case basis if they meet criteria for EBP, and staff have received appropriate education on EBP for *C. auris*. EBP involves gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).[2]

Facilities that are new to managing *C. auris* and/or to EBP, should have a **consultation with the PDPH prior to implementing EBP for their *C. auris* residents**. The PDPH HAI/AR program can offer support on education, infection control assessment, and point prevalence surveys. See section V for more information.

Contact Precautions or Enhanced Barrier Precautions should be continued for the entire duration of stay.[1]

Healthcare personnel should perform meticulous hand hygiene before and after contact with a *C. auris* positive resident or their environment. Ensure that alcohol-based hand sanitizer (ABHS) is readily available.

Dedicate medical equipment (e.g., wheelchair, walker, stethoscope, blood pressure cuff, sling) to a resident with *C. auris* and store in their room.

The IP should audit infection control practices on affected unit(s). Provide feedback, education, and additional audits to raise compliance, as needed.

C. Resident Transport Within the Facility

Long-term care residents on EBP should **not** be restricted to their rooms.

When a resident with *C. auris* requires transport within the facility, they will be transported on a clean stretcher or wheelchair, with clean linens. Units should communicate the resident's *C. auris* status to receiving units when transferring within the facility.

The resident's belongings should remain in their room whenever possible.

Residents should leave room wearing clean clothes and after they perform hand hygiene.

Clean and disinfect stretchers and wheelchairs used for a *C. auris* resident after every use with an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* or *C. difficile* spores. Use product according to the manufacturer's instructions for use (MIFU) e.g., correct contact time for *C. auris*.

Resident personal wheelchairs should be cleaned and disinfected after every use, especially if they are leaving their room.

D. Resident Transport Between Healthcare Facilities

When a resident is transferred between healthcare facilities, the receiving facility will be notified in advance of the resident's *C. auris* status and recommended IPC precautions for residents with *C. auris* infection or colonization.

The PDPH Transfer Form, or a similar facility-specific process, should be used to clearly communicate the resident's *C. auris* status to any receiving facility. In addition, verbal report to the receiving facility should include notification of *C. auris* status.
https://hip.phila.gov/document/1698/PDPH_Cauris_TransferLetter_September2020_1_W0bEKgx.pdf/

EMS agencies that are used for transport should be informed in advance regarding the recommended infection control precautions. Specifically, cleaning and decontamination measures for their vehicles and equipment should be communicated. The person who orders transport should be trained to convey the need for continued precautions during transport.

Facilities are encouraged to notify the PDPH when a resident with *C. auris* colonization or infection is transferred to another healthcare facility, especially to other long-term care facilities, so that appropriate support and guidance can be given to the receiving facility.

E. Environmental Services Cleaning and Disinfection

An EPA-registered hospital-grade disinfectant effective against *C. auris* is recommended for all cleaning and disinfection. This includes products from the EPAs LIST P with claims against *C. auris* and List K with claims against *C. difficile* :
List K: Antimicrobial Products Registered with EPA for Claims Against Clostridium difficile Spores | US EPA

List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris | US EPA

Surface disinfectants should be used according to the manufacturer's directions, including ensuring the correct contact time. All Nursing and EVS staff should be educated on the proper use of appropriate disinfectants.

PDPH recommends using cleaning agents effective against *C. auris* unit-wide on units that house *C. auris* patients. Cleaning agents that are not effective against *C. auris* should be removed from stock on these units.

Environmental Services (EVS) staff are responsible for thorough daily and terminal cleaning/disinfection of residents' rooms and areas outside of their room where they receive care.

Reusable non-critical equipment will be dedicated to residents with *C. auris* and stored in their room whenever possible (e.g., stethoscope, blood pressure cuff, etc.). All reusable resident care equipment must be cleaned between resident use, even if not visibly soiled.

The responsibility for cleaning noncritical resident care equipment can be divided between EVS and clinical staff (e.g., nursing, therapy), so it is best practice to clearly define and delineate cleaning responsibilities for all equipment (stationary and portable). Develop a cleaning schedule outlining the method, frequency, and staff responsible for cleaning equipment in resident care areas. Ensure that both EVS and clinical staff are informed of these procedures and what their responsibilities are.

The IP should audit cleaning procedures on affected units. Consider the use of marking and/or direct observations to ensure cleaning effectiveness. Provide feedback to environmental services (EVS) staff.

F. Rehabilitation Therapy Services

If residents with *C. auris* receive Rehabilitation Therapy or other shared services, staff should not work with other residents while working with the affected residents. They should use gown and gloves when they anticipate touching the resident or potentially contaminated equipment.

Therapy should be done in the resident's room if therapy goals can be met with that approach.

Affected residents should be the last to receive therapy on a given day.

Shared equipment should be thoroughly cleaned and disinfected after use with an EPA-registered hospital-grade disinfectant effective against *C. auris.*

G. Visitors

Visitors should be informed of infection prevention and control practices and the importance of following the practices. *C. auris* education should be provided via pamphlets, handouts, or verbally by staff or the infection preventionist.

Visitors will wash with facility-approved antimicrobial soap or use alcohol-based hand sanitizer before entering and after leaving the room.

Visitors who are visiting with a *C. auris* resident should avoid contact with other residents.

V. REPORTING *C. AURIS* TO PDPH

All *C. auris* cases (colonization or infection) must be reported to the Philadelphia Department of Public Health by calling 215-685-6748 (after hours 215-686-4514) within 24 hours. Report all positive cases of *Candida auris* and *Candida haemulonii*, as *C. auris* is commonly misidentified as *C. haemulonii*. Complete a case report form and fax to PDPH at 215-238-6947. The form can be found here:
hip.phila.gov/document/2685/CandidaAuris_ReportForm_Final_Fillable_DNeg65f.pdf/

Isolates should be retained for one month. PDPH will follow up to coordinate further testing as needed.

Further guidance is available on the PDPH Health Information Portal: Candida Auris - PDPH Health Information Portal (phila.gov)

VI. *C. AURIS* OUTBREAK INVESTIGATION AND CONTROL

Components of an outbreak investigation and response to *C. auris* includes collaboration between the facility and the PDPH HAI/AR program. PDPH will support the facility by providing guidance and resources. PDPH may be able to assist with infection control assessment, medical record review, laboratory testing, point prevalence surveys, data analysis, and other activities, on-site or remotely, as appropriate for the investigation.

Point Prevalence Survey (PPS)

A PPS screening may be recommended by PDPH to identify transmission of *C. auris* among residents. If new cases are identified, serial PPS testing may be recommended on units where transmission is suspected. These PPSs may be conducted every 2-4 weeks until at least two sequential PPSs do not identify any new cases. This approach may be modified in consultation with PDPH.

REFERENCES

1. Centers for Disease Control and Prevention. Infection Prevention and Control for *Candida auris.* Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC
2. Centers for Disease Control and Prevention. Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities. https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html.
3. Council for Outbreak Response: Healthcare-Associated Infections (HAIs) and Antimicrobial-Resistant Pathogens (AR). Candida auris Recommended Practices for Healthcare Outbreak Response. Candida-auris-Recommendations-for-Healthcare-Outbreak-Response.pdf (corha.org)
4. Philadelphia Department of Public Health Health Information Portal. Candida Auris. Candida Auris - PDPH Health Information Portal (phila.gov)
5. Association for Professionals in Infection Control & Epidemiology. Candida auris Playbook. C-auris-Playbook_08.22.23.docx (live.com)

6. Centers for Disease Control and Prevention. Candida auris. Candida auris information for patients and family members. Candida auris Information for Patients and Family Members | Candida auris | Fungal Diseases | CDC