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| **Infection Prevention and Control Policy and Procedure** | **Subject: *Candida auris*** |
| **Approved By:**  |  |
| **Effective:** 7/8/2021 | **Reviewed/Revised:** 4/27/2023 |

**POLICY**

It is the policy of this facility to establish guidelines as outlined by the Centers for Disease Control and Prevention (CDC) in order to decrease the potential for the transmission of the multidrug-resistant fungal/yeast, *Candida auris*.

**BACKGROUND**

*Candida auris* is a multidrug-resistant fungal/yeast infection. It is spread through contact with contaminated surfaces and equipment, or from person to person. *C. auris* can remain on surfaces for months. Risk factors for *C. auris* include recent surgery, diabetes, broad-spectrum antibiotic and fungal use, being in a nursing home, have lines/tubes that go into the body (breathing tubes, feeding tubes, and intravenous catheters). *C. auris* can cause bloodstream infections (BSIs), wound infections and ear infections. Appropriate and judicious cleaning and disinfection of patient care items, equipment, room, and hard surfaces with an Environmental Protection Agency (EPA)-approved sporicidal solution and/or wipes will aid in preventing the spread of *Candida auris*.

**PROCEDURE**:

1. The Director of Nursing, Medical Director and Infection Preventionist/Designee will be notified of any admission with active diagnosis or past history of *Candida auris*.
2. A private room, when available, will be allotted to the resident who has an active infection or is colonized.
* Cohorting is permitted only if both residents sharing the room are colonized or actively infected with *Candida auris*.
1. Residents will be placed on **contact precautions** for active infection (symptomatic) and on **enhanced barrier precautions** for colonization.
	* Resident will remain on isolation precautions throughout the duration of their stay at the facility.
	* Appropriate signage will be placed outside of room.
2. Staff will perform hand hygiene prior to donning personal protective equipment (PPEs) and entering the resident’s room.
3. Staff will doff PPEs and perform hand hygiene prior to exiting the resident’s room.
4. Visitors will be provided with education to perform hand hygiene and don and doff required PPEs as appropriate.
5. Care equipment (ex: BP machine/cuff, thermometer, pulse oximeter, glucometer) will be dedicated to the extent possible.
6. Care items that are reusable and/or shared will be disinfected between use and upon transfer/discharge of the affected resident(s).
7. Environmental Services/Housekeeping will perform a thorough cleaning of the shower room and shower chair with an EPA-approved (refer to *List P* and *List K*) disinfectant after the resident has showered.
8. Residents may receive rehabilitation services in the rehab gym. After the resident has finished using the equipment in the rehab gym, rehab staff will clean and disinfect equipment with an EPA-approved sporicidal disinfectant.
	* To the extent possible, residents with *Candida auris* will be the first or last to utilize the gym to minimize the potential spread of *C. auris.*
9. When a resident with *C. auris* requires transportation from one point to the next within the facility, the resident will be placed in clean clothes and taken via a wheelchair dedicated to be used by affected resident only.
10. When a resident is transferred between health care facilities, the receiving facility, as well as EMS transport, will be notified that resident is on isolation precautions for *Candida auris*.
11. Residents colonized with *C. auris* may leave their rooms per their preference. For resident(s) who wish to come out of their room for meals and/or socialization, staff to ensure that wounds are covered, if applicable, to prevent fluids from seeping out and that hand hygiene has been performed.
12. The IDT will meet at scheduled intervals, or as often as necessary, to review resident’s customary routines and preferences for activities in an effort to prevention psychosocial deprivation.
13. The PMD will order infectious disease consult as necessary.
14. The Infection Preventionist or Designee will maintain a line list of all residents with diagnosis of *Candida auris* infection or colonization.
15. The facility will report, in accordance with Article 28 of the NYS Public Health Law, suspected or confirmed cases of *C. auris* infection or colonization to the NYSDOH Regional Epidemiologist or the NYSDOH Bureau of Healthcare Associated Infections Central Office.
16. Routine reassessment of *C auris* colonization is no longer recommended by the CDC.
	* If reassessment is required, the facility will collaborate with NYSDOH Epidemiology and follow recommendations and instructions for lab testing and follow up cultures (Lab: Wadsworth Center Mycology Laboratory)
		+ Reassessments should not be performed during the 3 months after the resident’s last positive test result for *Candida auris.*
		+ The resident should not be receiving antifungal medications active against *C. auris* at the time of the specimen collection.
		+ At least 1 week should elapse between last receipt of antifungal medications and testing.
		+ Testing for C. auris colonization should not be performed earlier than 48 hours after administration of topical antiseptic (e.g., chlorhexidine), if such products are being used.

**NYSDOH Regional and Central Office Contact Information:**

1. Western Regional Office (716) 847-4503
2. Central New York Regional Office (315) 477-8166
3. Metropolitan Area Regional Office (914) 654-7149
4. Capital District Regional Office (518) 474-1142
5. Central Office (518) 474-1142

COMPETENCY: *Candida Auris*

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| **TASKS** | **COMPLETED (YES/NO)** | **COMMENTS** |
| 1. Gather equipment
 |  |  |
| 1. Perform hand hygiene
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| 1. Don PPEs (gown & gloves)
 |  |  |
| 1. Remove tubing from package (leave swab tip enclosed in package to prevent contamination)
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| 1. Remove swab from package (be care not to touch the soft tip)
 |  |  |
| 1. Swab both axilla (targeting the crease) back and forth ~5 times each
 |  |  |
| 1. With the same swab used on the axilla, swab both groin (targeting the inguinal crease) back and forth ~5 times each
 |  |  |
| 1. Remove the cap from the swab collection tube; place soft end of collection into tube; close tube
 |  |  |
| 1. Label tubing with appropriate information
 |  |  |
| 1. Doff PPEs
 |  |  |
| 1. Perform hand hygiene
 |  |  |
| 1. Send/ship immediately to testing laboratory
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**RESOURCE**:

Video: How to Clean Room for resident with *Candida auris*

<https://www.gnyha.org/tool/cleaning-for-c-auris/>

**References**:

CDC (3/20/2020). Information for Infection Preventionists – Candida auris: A drug-resistant fungus that spreads in nursing homes. [Information for Infection Preventionists | Fact Sheets | Candida auris | Fungal Diseases | CDC](https://www.cdc.gov/fungal/candida-auris/fact-sheets/cdc-message-infection-experts.html)

CDC (5/29/2020). Procedure for Collection of Patient Swabs for *Candida auris*. <https://www.cdc.gov/fungal/candida-auris/c-auris-patient-swab.html>

CDC (4/9/2021). Healthcare Professionals FAQs. <https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html>

CDC (4/9/2021). *Candida auris* Information for Patients and Family Members. <https://www.cdc.gov/fungal/candida-auris/patients-qa.html>

CDC (1/17/2023). Infection Prevention and Control for *Candida auris*. [Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC](https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html)



