**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 or Designee will be notified of any admission with active diagnosis or past history of *Candida auris*.
2. A private room will be allotted to the resident who has an active infection or is colonized.
* Cohorting will be permitted only if both residents sharing the room are colonized or actively infected with *Candida auris*.
1. Residents will be placed on **contact precautions** throughout the duration of the infection or colonization. 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
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. Rehabilitation services will be performed at the bedside when possible. If it is necessary for the resident to go to the rehab gym to utilize specialized equipment, the affected resident will be the last resident to be treated in the gym at the end of the shift. After the resident has finished using the equipment in the rehab gym, housekeeping staff will clean and disinfect equipment with an EPA-approved sporicidal disinfectant.
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. Residents with *C. auris* will be encouraged to stay in their rooms. Should resident(s) wish to come out of their room for meals and/or socialization, ensure that wounds are covered, if applicable, to prevent fluids from seeping out and that hand hygiene with soap and water has been performed.
11. 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
12. The PMD will order infectious disease consult as necessary.
13. When a resident is transferred between health care facilities, the receiving facility, as well as EMS transport, will be notified that resident is on contact precautions for *Candida auris*.
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. 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.
1. Contact precautions may be discontinued if the resident has two consecutive negative colonization tests at least one week apart.

**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

**Effective**: 7/8/2021

**Revised**:

COMPETENCY: *Candida Auris*

|  |  |  |
| --- | --- | --- |
| **TASKS** | **COMPLETED (YES/NO)** | **COMMENTS** |
| 1. Gather equipment
 |  |  |
| 1. Perform hand hygiene
 |  |  |
| 1. Don PPEs (gown & gloves)
 |  |  |
| 1. Remove tubing from package (leave swab tip enclosed in package to prevent contamination)
 |  |  |
| 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
 |  |  |

**RESOURCE**:

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

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

**References**:

NYSDOH (2/2018). *Candida auris* for healthcare providers. <https://www.health.ny.gov/diseases/communicable/c_auris/providers/>

CDC (11/13/2019). General Information About *Candida Auris*. <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>

CDC (3/20/2020). Information for Infection Preventionists – *Candida auris*: A drug-resistant fungus that spreads in healthcare facilities. <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 (Updated 7/19/2021). Infection Prevention and Control for *Candida auris*. <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>