



# INFECTION CONTROL GUIDE FOR CANDIDA AURIS

## INTERFACILITY COMMUNICATION

If the medical facility wishes to transfer a patient/resident with known *Candida auris* (*C. auris*) infection/colonization to another medical facility, notify the medical facility to which the case will be transferred of the infection and provide instruction concerning the risk, transmission, prevention and control of the infection. The accepting facility should request a copy of the [interfacility transfer form linked here](#) or information that is covered on it for all new admits regarding patient infection/colonization prior to transfer.

## EDUCATION

Medical facilities should educate all staff about *C. auris* infection/colonization. Health care personnel (HCP) should receive training in transmission-based precautions (TBP) to minimize the risk of *C. auris* intra-facility transmission. HCP questions and answers regarding *C. auris* infection control practices can be found at the following link: <https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html>

Patients, family members and visitors also require education regarding patient status of *C. auris* infection/colonization, appropriate hand hygiene and personal protective equipment (PPE) donning /doffing prior to visitation. Information on *C. auris* infection/colonization for patients and family members is available at the following links:

- <https://www.cdc.gov/fungal/candida-auris/patients-qa.html>
- [https://www.cdc.gov/fungal/candida-auris/pdf/Candida\\_auris\\_Colonization\\_H.pdf](https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_Colonization_H.pdf)

## INFECTION PREVENTION AND CONTROL RECOMMENDATIONS

Health care providers should use [CDC Contact Precautions](#) to manage patients with *C. auris* in acute care hospitals and long-term acute care hospitals. Contact precautions should also be implemented prior to transferring any patient/resident with *C. auris* infection/colonization to another facility.

Hand hygiene must be performed prior to donning PPE. Alcohol-based hand sanitizer (ABHS) is effective against *C. auris* and is the preferred method for cleaning hands unless they are visibly soiled. PPE for contact precautions includes donning a gown and gloves prior to patient/resident room entry and doffing PPE and performing hand hygiene upon exiting the room.

*C. auris* can spread in health care settings through contact with contaminated environmental surfaces or equipment. Daily and terminal cleaning of the patient environment is required. HCP should use “patient-dedicated” equipment when possible and ensure any shared equipment or devices are cleaned/disinfected between patient use. CDC recommends using a hospital-grade disinfectant that is effective against *C. auris* and that is registered with the Environmental Protection Agency (EPA). See EPA’s [List P](#) for a current list of EPA-approved products for *C. auris*. If the products on List P are not accessible or otherwise suitable, facilities may use an EPA-registered hospital-grade disinfectant effective against *C. difficile* spores ([List K](#)). Facilities should follow all

manufacturer's directions for use, including applying the product for the correct contact time.

When a resident with *C. auris* infection/colonization is admitted to a skilled nursing or other long-term care facility, contact precautions should be continued until a resident meets the criteria for implementing enhanced barrier precautions (EBP). See the "Candida Auris Enhanced Barrier Precautions Screening Tool For Skilled Nursing Facilities" form on page 3 of this document.

If a resident is colonized *without C. auris* infection (or other MDRO infection/colonization) that requires contact precautions, EBPs may be implemented. EBPs are an infection control intervention designed to reduce transmission of resistant organisms by employing targeted gown and glove use during high-contact resident care activities. Residents with an indwelling medical device (including central venous catheter, urinary catheter, feeding tube, tracheostomy/ventilator) or require wound care should be placed on EBP regardless of their MDRO colonization status. For further information, refer to the following CDC link, Appendix A: Enhanced Barrier Precautions: <https://www.cdc.gov/hai/containment/faqs.html>.

For additional assistance and consultation, send an email to [Outbreak@health.nv.gov](mailto:Outbreak@health.nv.gov).



# CANDIDA AURIS ENHANCED BARRIER PRECAUTIONS SCREENING TOOL FOR SKILLED NURSING FACILITIES

Name of Resident/Patient \_\_\_\_\_

Date of Screening \_\_\_\_\_

Date of Admission \_\_\_\_\_

Date of *Candida auris* Suspected or Confirmed Diagnosis \_\_\_\_\_

Use this screening tool for residents/patients who have had a suspected or confirmed diagnosis of *Candida auris* to determine if the resident/patient has met the CDC's Enhanced Barrier Precautions (EBP) criteria in skilled nursing facilities for the purposes of correctly utilizing precautions for long-term admissions. Along with this screening tool, please contact a State of Nevada Infection Preventionist or Office of State Epidemiology (OSE) representative to discuss changes.

This case status is (check one):

- Confirmed: *Candida auris* was isolated.
- Under investigation: *Candida auris* is being ruled out or needs to be ruled out as a result of a known exposure (*Note: This is not a confirmed case but should be treated as one until ruled out.*)

Follow below recommendations based on patient/resident condition:

- A. *Candida auris* Infection: continue resident/patient on Contact Transmission Based Precautions until active diagnosis is changed to Colonized and then repeat the EBP Screening Tool.
- B. *Candida auris* Colonization: continue below.
  - 1. Is your facility experiencing *Candida auris* outbreak?
    - a) Yes \_\_\_\_\_ continue resident/patient on Contact Transmission-Based Precautions until outbreak is controlled, then repeat the EBP Screening Tool.
    - b) No \_\_\_\_\_ continue below:
  - 2. Does the resident/patient meet the criteria for Transmission Based Precautions for another reason aside from *Candida auris*?
    - a) Yes \_\_\_\_\_ continue resident/patient on level of transmission-based precautions necessary for containment.
    - b) No \_\_\_\_\_ continue below.
  - 3. For all colonized candida auris residents/patients not meeting above mentioned criteria, Place residents/ patients on Enhanced Barriers Precautions and refer to CDC link [Enhanced Barrier Precautions](#).

Regardless of *Candida auris* or any other MDRO colonization status, all residents/patients with any of the following: wounds, central line, urinary catheter, feeding tube and/or tracheostomy ventilator should be placed on [enhanced barrier precautions](#).