Infection Control Guide for Candida auris Interfacility Transfer

1. **Interfacility Communication**
   If the medical facility wishes to transfer a patient/resident with known 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 to the case concerning the risk, transmission, prevention and control of the infection. The accepting facility should request a copy of the interfacility transfer form or information that is covered on it for all new admits regarding patient infection/colonization prior to transfer. The State of Nevada, Division of Public and Behavioral Health recommends implementing the Interfacility Infection Control Transfer Form to ensure that pertinent infection control information is communicated between facilities. An electronic/PDF version of this document is available in the following link: [Interfacility Transfer Form](#).

2. **Education**
   Medical facilities should provide facility-wide education regarding C. auris infection/colonization. Healthcare 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 per the following link: [https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html](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 PPE donning/doffing prior to visitation. Information on C. auris infection/colonization for patients and family members is available per the following links:
   - [https://www.cdc.gov/fungal/candida-auris/patients-qa.html](https://www.cdc.gov/fungal/candida-auris/patients-qa.html)

3. **Infection Control and Prevention Recommendations**
   Healthcare providers should use 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 healthcare 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 an Environmental Protection Agency (EPA)–registered hospital-grade disinfectant effective against C. auris. 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. See attached form from DPBH for Skilled Nursing Homes Enhanced Barrier Precautions (EBP) Screening Tool in Page 3.

If a resident is colonized without C. auris infection (or other MDRO infection/colonization) that requires Contact Precautions, Enhanced Barrier Precautions (EBP) may be implemented. EBP are an infection control intervention designed to reduce transmission of resistant organisms that employs 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 please contact Outbreak@health.nv.gov
Candida auris Enhanced Barrier Precautions (EBP) Screening Tool for SNF’s

Name of Resident/Patient: _______________________________________________________

Date of Screening using this Tool: _______________________________________________

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 admits in your facility. Along with this screening tool, please contact your State of NV IP or OPHIE 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.

G. 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.