

**Candida auris Response Plan /Policy**

**For [enter facility name]**

**Effective Date: \_\_\_\_\_\_\_\_\_**

**Approval Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Author: Infection Prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*Candida auris* Response Plan

1. **Policy Statement**

*Candida auris, C. auris* is a multidrug-resistant organism that causes invasive infections with mortality rates of 30-60% in compromised individuals. Most fatal cases have been bloodstream cases, and often occur in individuals with devices, such as urinary catheters or Intravenous catheters and who have received healthcare interventions over a long period of time. *C. auris* persists in the environment and can survive multiple environmental conditions, which leads to spread between residents and leads to outbreaks in healthcare facilities. Healthcare workers and residents can also become colonized with *C. auris* without signs of illness.

1. **Scope**

This policy applies to all employees, contractors, interns, and consultants engaged in activities on their behalf[enter facility name]. This policy encompasses all offices, remote work arrangements, and any activities related to[enter facility name] operations.

1. **Purpose**

Transmission of C. auris is a recognized health risk in long term care facilities. The C. auris Response Plan seeks early identification of the organism, isolation, and treatment (when applicable) of the resident, to decrease the incidence of transmission of disease within the facility.

1. **Procedure** 
   1. **Infection Prevention and Control Measures:**
      1. Standard precautions in all instances in accordance with the facility policy [Enter policy title]
      2. Hand sanitizing gel is preferred for *C. auris* unless hands are visible soiled.
      3. Resident equipment, such as BP cuffs, glucometers, thermometers must be dedicated to the individual colonized or infected with *C. auris*. Alternatively, disposable equipment may be used.
         1. If equipment must be shared, thorough cleaning with an appropriate disinfectant is required.
         2. The product used for *C. auris* is [enter product name] and the minimum contact time is [enter the contact time needed to kill *C. auris*]
      4. Device Management: Exhaust alternatives to using shared devices and before placing devices in residents, or in residents’ rooms who are colonized or infected with *C. auris* and remove such devices as soon as they are no longer warranted.
      5. Perform pathogen directed therapy, (obtain cultures and sensitivity results) whenever feasible before antimicrobials are ordered.
      6. Do not treat colonization or contamination, unless in consultation with and ID specialist or Public Health NM DOH 505.827.0006.
      7. Reuse of PPE is not accepted and shall not occur unless directed by Public Health Authorities.
   2. **Transmission Precautions**
      1. A resident with *C. auris* infection shall be placed on transmission-based precautions (TBP), refer to policy [Enter policy title] or reference [Transmission-Based Precautions | Basics | Infection Control | CDC”](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html).
         1. Contact precautions are warranted if the infection is in a wound, urine, or blood.
         2. Droplet and contact precautions are warranted if the infection involves the respiratory system.
      2. A resident with *C. auris* colonization shall be placed on enhanced barrier precautions (EBP), see policy [Enter policy title] or reference [Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (cdc.gov)](https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf)
      3. Patient Placement: Private rooms and bathrooms are preferred for residents infected with *C. auris*.
      4. Nursing will place appropriate signs on the door indicating which isolation precautions must be taken, including which personal protective equipment (PPE) is required to enter the room.
         1. If private rooms are not feasible, the cognitive status, functional abilities, and medical status of both the *C. auris* resident and roommate must be carefully considered.

|  |  |
| --- | --- |
| **Colonized/Infected Patient Should:** | **Roommate Should:** |
| Have good hygiene | Be immunocompetent |
| Be able to follow instructions | Be cooperative |
| Have drainage/symptoms contained, e.g., sneeze, cough, wound, urinary or stool incontinence. | Have no invasive devices (Foley catheter, feeding tube, tracheotomy, drain, intravascular device) |
|  | Have intact skin |
|  | May be infected with the same organism |

* + - 1. Nursing will notify Infection Prevention, the Medical Staff, and the Administrator of the case or suspected case of *C. auris* immediately.
      2. Infection Prevention or designee will make notification/contact the state authorities immediately, Public Health NM DOH 505.827.0006.
      3. The administrator will communicate with families, staff. and residents, relevant information needed to protect the community while respecting HIPAA regulations.
      4. A patient on TBP may be permitted to leave their room if the “3Cs” noted below can be scrupulously maintained.
         1. ***C****lean*: The resident engages in good personal hygiene ensuring that hands, body, and clothing are clean before leaving the room. In addition, equipment used by the patient, such as a wheelchair, must be cleaned and disinfected before leaving the room.
         2. ***C****ontained*: The drainage, secretions or excretions which are infectious must be covered or contained, such as with a dressing, mask, or disposable brief.
         3. ***C****ooperative*: The resident is cooperative with hygiene requests and understands how to prevent transmission to others in the facility.
    1. Discontinuation of TBP occurs on an individual case analysis in conjunction with Public Health, Infection Prevention, and the medical staff.
    2. Medical and clinical staff will call the infection preventionist when a resident presents with any disease on the notifiable conditions list, [NOTIFIABLE CONDITIONS IN NEW MEXICO (nmhealth.org)](https://www.nmhealth.org/publication/view/regulation/372/), as well as diseases on the [Antibiotic Resistance Threats in the United States, 2019 (cdc.gov)](https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf)
    3. Infection Prevention will make notifications to State authorities as needed, Public Health NM DOH 505.827.0006.
  1. **Environmental Measures**:
     1. **Cleaning:** Ensure a disinfectant with efficacy to kill *C. auris* is being used and the contact/wet time is being achieved. [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris | US EPA](https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris#:~:text=List%20P%3A%20Antimicrobial%20Products%20Registered%20with%20EPA%20for,%20%201%20%2010%20more%20rows%20) See section 4.1.3.2 above.
     2. Increase the frequency of cleaning. Consider terminal cleaning of isolation rooms daily.
     3. In shared rooms, clean each side as if it were a separate room, using different mops and rags.
     4. Dedicate a cleaning cart to the Isolation Rooms.
     5. Cleaning equipment:
        1. Do not dry sweep with reusable brooms.
        2. Only use disposable dusters and change after each room.
        3. Ensure vacuums have HEPA filters.
        4. Clean carts, carpet extractors, vacuums, as they become contaminated, including cords, outer surfaces, handles and more.
     6. Increase frequency of cleaning high touch surfaces.
     7. Audit the cleaning process. [Options for Evaluating Environmental Cleaning | HAI | CDC](https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html)
        1. Objective auditing is preferred and recommended. See the link above for options. [enter your specific audits here as applicable]
        2. Report results of the audits to Infection Prevention and QAPI
        3. Adjust cleaning practices as needed if audits dictate or if lateral transmission continues.
     8. **Laundry:** Contaminated textiles and linens: Although no recommendations have been provided by experts, using the hottest settings (in the absence of ozone), bleach where appropriate, ozone or and other sanitizers/disinfectants appropriate for MDROs may be useful. Consult with the Infection Preventionist and your Laundry vendor for the most recent recommendations.
        1. Consider washing textiles and clothing from isolation rooms separately and at the end of the day. (no evidence)
        2. Perform a sanitizing cycle after washing isolation clothing. (no evidence)
     9. **Dietary:** Routine handling of dishware is acceptable. NOTE: all used dishware and flatware is assumed to be contaminated and must be handled carefully, with PPE as needed.
  2. **Administrative Measures:** Create systems to identify and communicate information about residents with potentially transmissible infectious agents to those who care for them.
     1. Nursing will notify Infection Prevention, the Medical Staff, and the Administrator of a case or suspected case of *C. auris* immediately.
     2. Infection Prevention will make notification/contact the state authorities immediately, Public Health NM DOH 505.827.0006.
     3. The Administrator will communicate with families, staff, and residents, relevant information needed to protect the community while respecting HIPAA regulations.
     4. Nursing will communicate information to safely care for and interact with the resident, to the following staff at a minimum:

Housekeeping/ EVS

Dietary

Cases Managers/Social Services

Consultants/Therapy/Hospice

Visitors

Transportation

Other clinical staff

Receiving facilities

* + 1. Prompt documentation will occur in the medical record by the nursing and medical staff regarding the diagnosis of infection or colonization.
    2. [enter the staff role ] is responsible for printing the H&P/Face Sheet which accompanies the resident if they are discharged or transferred and ensuring any infection control related information is included, such as infections, suspect infections, transmission precautions required, PPE needed, and colonization.
    3. If the infection was discovered on admission, (or shortly after admission, indicating it was acquired outside of the facility) the receiving facility must notify the transferring facility and potential transportation agencies immediately. This will occur through the Infection Prevention office, or designee.

1. **Testing**
   1. Testing occurs in collaboration with Public Health, and often through regional Antimicrobial Testing Laboratories. Coordinate testing with NM Epidemiology at 505-827-0006.
      1. Often the regional Antimicrobial Resistance Laboratory is used to test specimens at no charge
      2. Procedure for collection of swabs for *C. auris* from CDC [Procedure for collection of patient swabs for Candida auris (cdc.gov)](https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_sampling_job_aid-H.pdf) However, please consult with your laboratory as their process may differ slightly.
      3. Testing parameters generally align with the monitoring guidance. See extract *(Fig.1)* from the CORHA (corha.org) recommended response document.
2. **Education**
   1. **Management/Supervisory Responsibilities**
      1. Managers and supervisors are responsible for ensuring that their respective teams understand and adhere to this policy. They must provide necessary training, promptly address violations, and report serious issues to the Infection Prevention department and Administration.
      2. Nursing Education in collaboration with Infection Prevention may provide Just-In-Time education for staff, residents, and families regarding the infection of interest. Note amply resources are available on the CDC website.
   2. **Employee Responsibilities**
      1. All employees are expected to read and understand this policy thoroughly. If any questions or uncertainties arise, employees should seek clarification from their immediate supervisors or the Infection Prevention department. Employees are also encouraged to report any violations or concerns related to this policy.
3. **Consequences of Non-Compliance**
   1. Non-compliance with this policy may result in disciplinary actions, up to and including termination of employment. The severity of the consequences will depend on the nature and frequency of the violation and its potential impact on resident and staff safety.

Figure 1.

1. **Review and Revision**
2. This policy will be reviewed every [enter # years your facility intends to review policies] years by the Infection Prevention department or as needed when significant information regarding *C. auris* management becomes available to ensure its relevance and compliance with best practices, and federal and state guidance and requirements. Any proposed revisions should be submitted to the Infection Prevention department for approval.
3. **Policy Distribution**
4. This policy will be made accessible through [enter how the facility roles out new policy, ex. intranet, training,]. All employees are required to acknowledge their receipt and understanding of this policy via [enter if they sign a training document, competency, or how do you track), which will be retained in their personnel files.

For any questions or concerns related to this healthcare policy, please contact [enter contact info, nursing educator or infection prevention or med director] or [enter contact phone numbers](123) 456-7777

**References:**

(some or all of the following)

* Standard Precautions Policy
* Transmission Precautions Policy
* Personal protective equipment Policy
* Hand Hygiene Policy
* Medical Record Documentation
* Interfacility Transfer Form (or policy)
* Medical Equipment Cleaning policy
* Environmental Cleaning Procedures
* Surveillance and Reporting of Disease
* Laundry Services
* Dietary Services
* Education
* MDRO
* CDC links noted above
* CORHA document noted above

Revision[enter revision] Date[enter revision date]

Original Signed Copy in [enter location of original signed and approved copy]

Update due [enter date policy expires]