

Candida auris

Patient/Resident Management

Surveillance for Healthcare-associated and Resistant Pathogens Unit (SHARP)

Michigan Department of Health and Human Services (MDHHS)

Patient/Resident Transfers

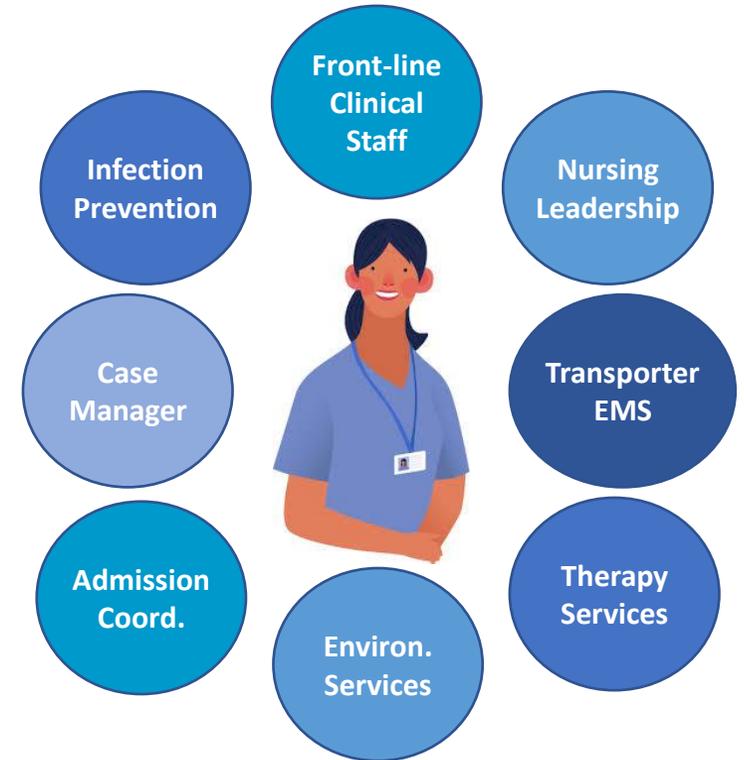
- **As with any MDRO**, decisions to transfer a patient/resident from one level of care to another should be based on:
 - Clinical criteria
 - Ability of the accepting facility to provide the appropriate level of care
 - **Not** on the presence or absence of *C. auris* infection or colonization

**All facilities need to be prepared to
implement setting-appropriate precautions**

Communication of *C. auris* Status

When **ACCEPTING** patients/residents:

- **Ask** about their *C. auris*/MDRO status
 - If positive,
 - obtain a **copy of the lab report** or supporting medical records
- **Confirm** the type of precautions needed
- Ensure **all HCP are informed** of their *C. auris*/MDRO status
 - Maintain an up-to-date list of residents meeting criteria for precautions



Communication of *C. auris* Status

When **DISCHARGING** patients/residents:

- Clearly state the **status of *C. auris*** and all **MDROs**
 - Current or recent infection
 - Colonization
 - Pending status (laboratory results pending or testing is needed)
- Specify the **type of precautions** indicated
- **Tell HCP** at the receiving facility
 - **BOTH** verbal and written communication
 - Utilize **Inter-facility Transfer Form**



Inter-facility Infection Control Transfer Form
This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.
Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism? (Check if YES)	Colonization or history (Check if YES)	Active infection on Treatment (Check if YES)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Enterobacteriaceae (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i>) producing-Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Candida auris</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Does the person* currently have any of the following? (Check here if none apply)

<input type="checkbox"/> Cough or requires suctioning	<input type="checkbox"/> Central line/PICC (Approx. date inserted _____)
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hemodialysis catheter
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Urinary catheter (Approx. date inserted _____)
<input type="checkbox"/> Incontinent of urine or stool	<input type="checkbox"/> Suprapubic catheter
<input type="checkbox"/> Open wounds or wounds requiring dressing change	<input type="checkbox"/> Percutaneous gastrostomy tube
<input type="checkbox"/> Drainage (source): _____	<input type="checkbox"/> Tracheostomy

Infection Prevention Precautions for *C. auris*



Skilled
Nursing
Facilities
and
Nursing
Homes

Enhanced Barrier Precautions

OR

Contact Precautions

STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities.
Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting

Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

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Centers for Disease Control and Prevention

- Known MDRO
- Indwelling device or wound
- Used for resident's entire length of stay

STOP **CONTACT PRECAUTIONS** **STOP**
EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Put on gloves before room entry. Discard gloves before room exit.

Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.

Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

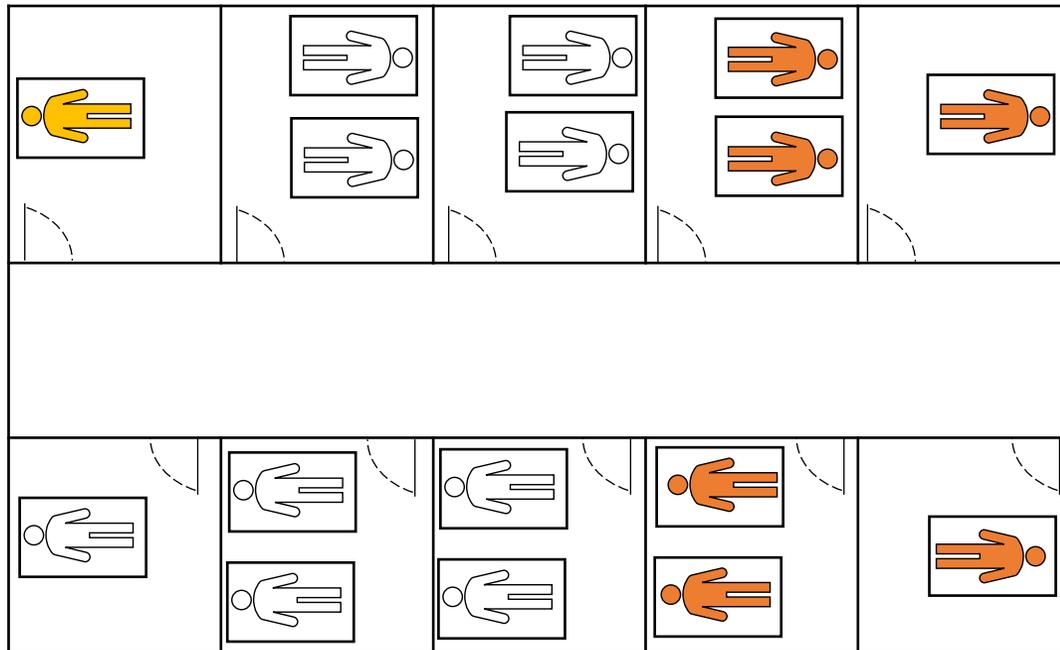
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- Acute diarrhea
- Uncontained draining wounds, secretions or excretions
- Other infections (Appendix A)
- Limited to infectious period

Resident Placement

- **Contact Precautions**

- Single-resident room whenever possible



- **Enhanced Barrier Precautions**

- Single-resident rooms are not required
- For facilities with capacity, single-resident rooms may be preferred
- *C. auris*-positive residents may be cohorted in the same room
- Facilities can consider a designated unit or part of unit for cohorting

Set-up for Success



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Wear gloves and a gown for the following High-Contact Resident Care Activities.

Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
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Precautions Signage

- Visible
- Clear and informative
- Durable



Alcohol-based Hand Sanitizer

- Available and accessible for all health care personnel



PPE Cart or Caddy

- Placement just outside resident room
- Restocking PPE supply



Dedicated Equipment

- When possible
- Wipe placement for shared equipment

Hand Hygiene

- **Alcohol-based hand sanitizer (ABHS) is effective against *C. auris* and is the preferred method to clean hands in most clinical situations**
- Consider **ABHS placement** for availability and accessibility
- Use soap and water per routine indications



Personal Protective Equipment (PPE)

Type of Precaution	PPE	When	What Care
 <p>ENHANCED BARRIER PRECAUTIONS EVERYONE MUST:</p> <ul style="list-style-type: none"> Clean their hands, including before entering and when leaving the room. <p>PROVIDERS AND STAFF MUST ALSO:</p> <ul style="list-style-type: none"> Wear gloves and a gown for the following High-Contact Resident Care Activities: <ul style="list-style-type: none"> Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device care or use: <ul style="list-style-type: none"> central line, urinary catheter, feeding tube, tracheostomy Wound Care: any skin opening requiring a dressing <p>Do not wear the same gown and gloves for the care of more than one person.</p> <p><small>CDC U.S. Department of Health and Human Services</small></p>	 	<p>Before high-contact resident care</p>	<ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Indwelling device care or use • Wound care
 <p>CONTACT PRECAUTIONS EVERYONE MUST:</p> <ul style="list-style-type: none"> Clean their hands, including before entering and when leaving the room. <p>PROVIDERS AND STAFF MUST ALSO:</p> <ul style="list-style-type: none"> Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. <p>Do not wear the same gown and gloves for the care of more than one person.</p> <p>Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.</p> <p><small>CDC U.S. Department of Health and Human Services</small></p>	 	<p>Before any room entry</p>	<ul style="list-style-type: none"> • Any care

Cleaning and Disinfection for *C. auris*

- ***C. auris*** contaminates and **persists** in the health care environment
- Mobile or reusable equipment is likely an important source of *C. auris* spread



- **Not all disinfectants are equally effective against *C. auris***
- Use EPA-registered hospital-grade disinfectant products effective against *C. auris* = **EPA List P**
- **Strongly consider** using an EPA List P disinfectant **routinely** for all resident care areas if *C. auris* is in your area, even if not yet identified in your facility

Safe and Effective Disinfectant Use

- EPA-approved hospital-grade disinfectant → List P
- Read the directions
 - What types of surfaces?
 - What precautions are needed?
- Pre-clean if surfaces are soiled or directions require
- Follow the **contact time**
 - time a disinfectant must remain wet on a surface to be effective

How to Read a Disinfectant Label

Read the entire label.
The label is the law!

Note: Below is an example of information that can be found on a disinfectant label.

Active Ingredients: What are the main disinfecting chemicals?

EPA Registration Number: U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use): Where should the disinfectant be used?

For Disinfection of Healthcare Organisms: What germs does the disinfectant kill?

To Disinfect Hard, Nonporous Surfaces: What types of surfaces can the disinfectant be used on?

Contact Time: How long does the surface have to stay wet with the disinfectant to kill germs?

Signal Words (Caution, Warning, Danger): How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements: How do I use this disinfectant safely? Do I need PPE?

First Aid: What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal: How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

Label Text:

ACTIVE INGREDIENTS:
Alky (80% C14, 20% C16, 5% C12, 5% C18)
Dimethyl Benzyl Ammonium Chloride 10.0%
OTHER INGREDIENTS: 90.0%
TOTAL: 100.0%

EPA REG NO. 50015-05-05000

CAUTION

Directions for Use

INSTRUCTIONS FOR USE:
It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:
Staphylococcus aureus,
Pseudomonas aeruginosa

To Disinfect Hard, Nonporous Surfaces:
Pre-wash surface.
Mop or wipe with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.

PRECAUTIONARY STATEMENTS:
Hazardous to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with food.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

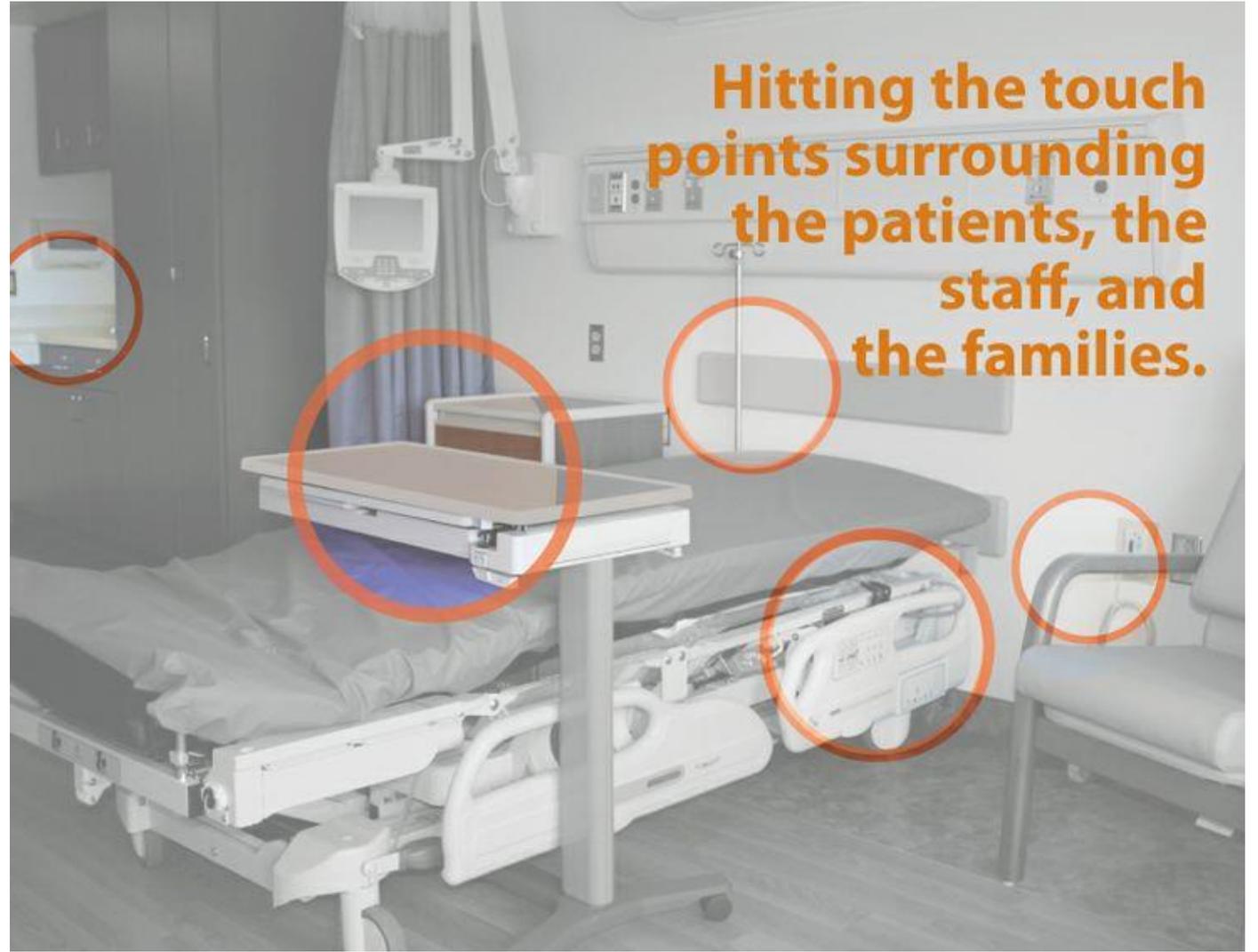
POISON CONTROL: Call a Poison Control Center (1-800-368-5949) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use, keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

EPA REG CD 00000
EPA 7000-108-01000

Cleaning & Disinfection Plan for *C. auris*

- Clean *C. auris* rooms last
- Increase cleaning frequency of high-touch surfaces
- Clean shared medical equipment



Hitting the touch points surrounding the patients, the staff, and the families.

Who Cleans What?

- Sometimes HCP don't know what they should be cleaning
- Make a list of all high-touch surfaces and equipment
- For each item indicate:
 - Frequency
 - Products to use (if different than routine)
 - Assignment to different HCP roles
- Share with all HCP with cleaning duties
 - Include both new and veteran HCP

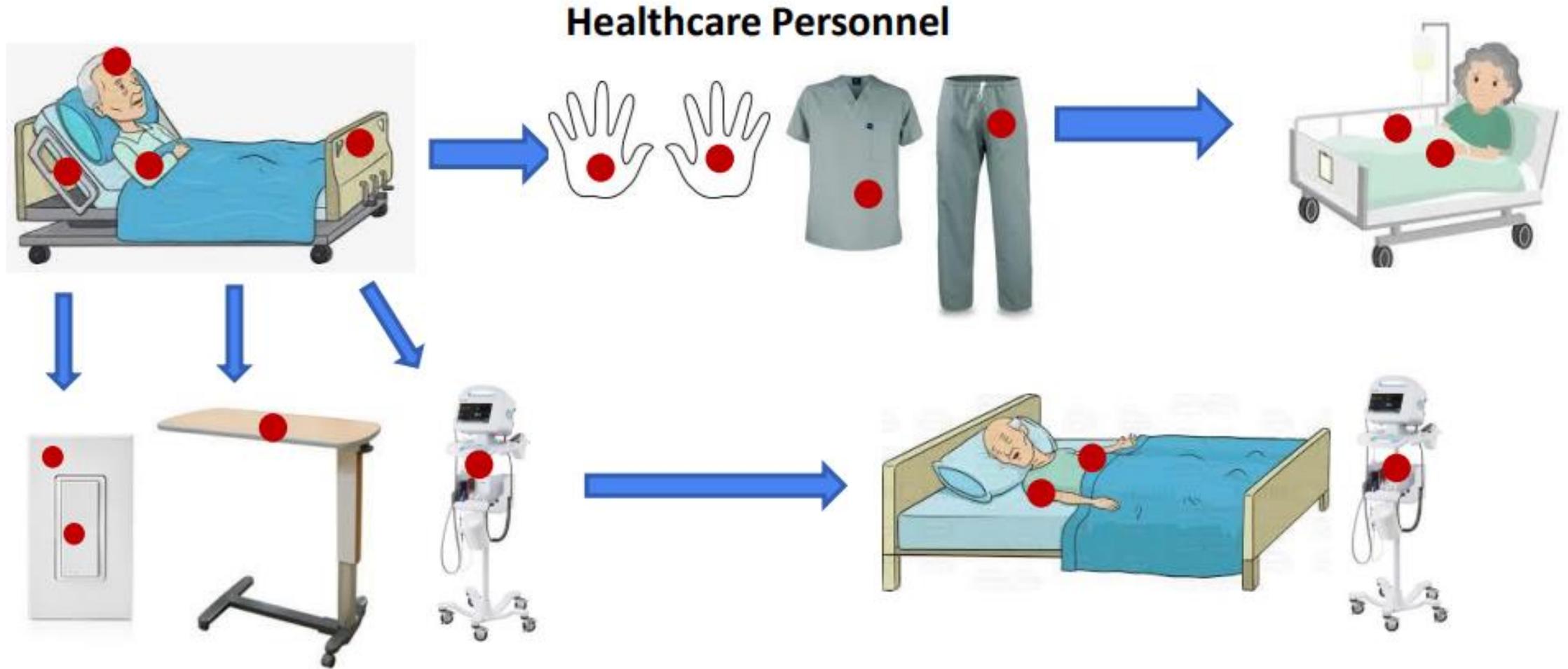
Who Cleans What and When?						
<i>Template for healthcare facilities to ensure that all surfaces, devices, and equipment are properly cleaned at the right times by the right staff. Please modify this template as needed. Below are just some examples of various surfaces that should be covered!</i>						
Facility name: _____		Unit: _____		Update date: _____		Approved by: _____
Area/Device/Equipment	EVS	Frequency	Nursing	Frequency	Other (Specify)	Frequency
Anesthesia equipment and controls						
Bathroom sink						
Bed rail/controls						
Bed table						
Bedside cabinet & other furniture						
Bladder scanner						
Blood pressure cuffs, sphygmomanometer						
Call box, button, and cords						
Computer keyboard						
Computer monitor, keyboard, mouse, cart						
Corridor railing						
Dispensers for towels, soap, sanitizer, etc.						
Door knob/handle, push plates (in/out of room)						
Feeding pumps, stands						
Glove box holders						
Infusion pumps and control						
ISO holder						
IV poles						
Light switch						

Observation and Feedback for IPC Practices

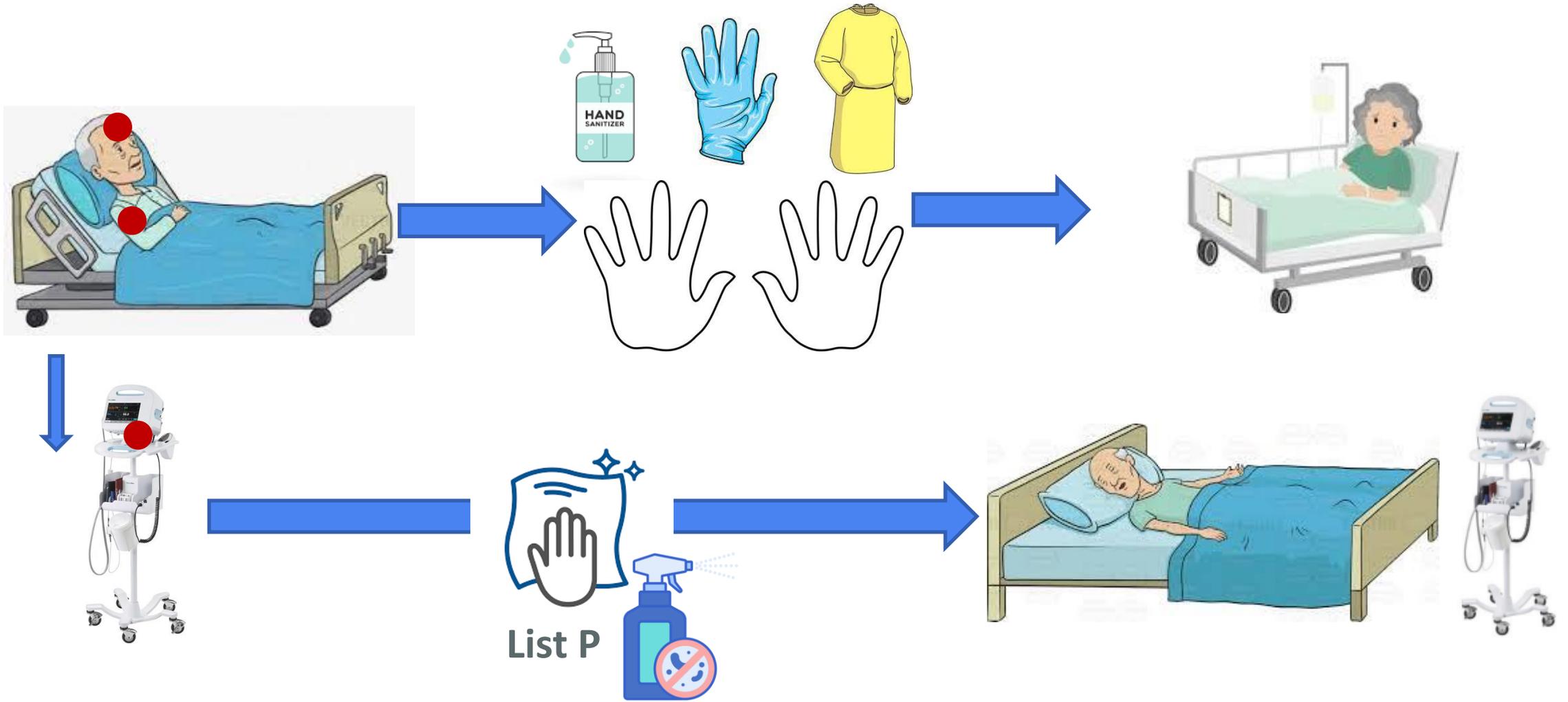
- **Ongoing monitoring:**
 - Hand hygiene
 - Putting on/taking off PPE
 - Cleaning and disinfection effectiveness
- **Collect data, track and display over time**
 - What's working well?
 - When and where are missed opportunities?
- **Routinely share the data with all HCP**
 - Celebrate successes
 - Identify barriers and solutions



C. auris Colonized Residents and Transmission



C. auris Colonized Residents and Transmission



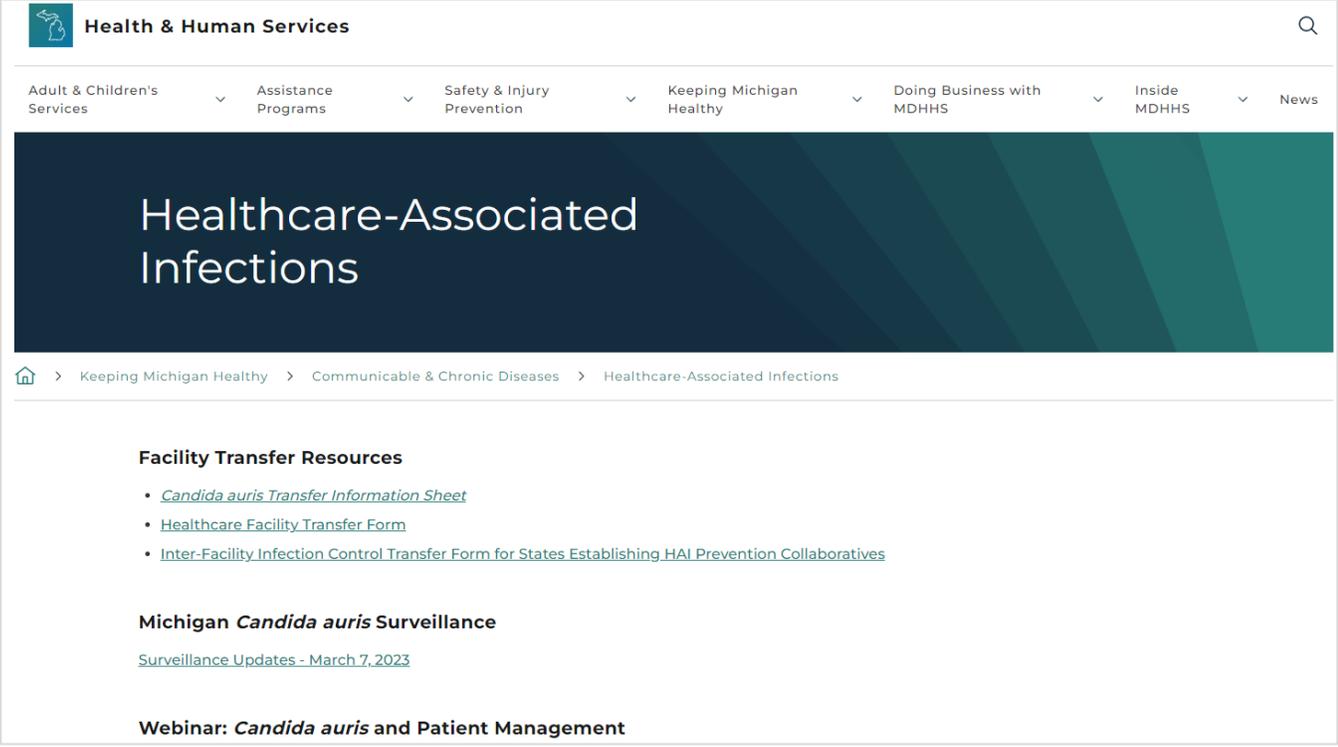
Questions about *C. auris*?

Contact the SHARP Unit

 MDHHS-SHARP@michigan.gov

 Michigan.gov/HAI

 [517-335-8165](tel:517-335-8165)



The screenshot shows the Michigan Health & Human Services website. The header includes the Michigan state logo and the text "Health & Human Services". A navigation menu contains links for "Adult & Children's Services", "Assistance Programs", "Safety & Injury Prevention", "Keeping Michigan Healthy", "Doing Business with MDHHS", "Inside MDHHS", and "News". The main content area features a dark blue banner with the text "Healthcare-Associated Infections". Below the banner is a breadcrumb trail: "Home > Keeping Michigan Healthy > Communicable & Chronic Diseases > Healthcare-Associated Infections". The page content is organized into sections: "Facility Transfer Resources" with three bullet points linking to "Candida auris Transfer Information Sheet", "Healthcare Facility Transfer Form", and "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives"; "Michigan *Candida auris* Surveillance" with a link to "Surveillance Updates - March 7, 2023"; and "Webinar: *Candida auris* and Patient Management".