Vancouver Coastal Health

Infection Prevention and Control

Best Practice Guideline	**Care and Management of a Long-Term Care (LTC) Resident Colonized and/or Infected with *Candida auris* (*C. auris*)**
Date	February 17, 2023
Reviewed Date	
Revised Date	

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Site Applicability

All Vancouver Coastal Health owned, operated and contracted LTC homes.

Scope of Practice

All direct care staff including students.

Purpose

Guidance on management of suspected and confirmed *Candida auris* (*C. auris*) of residents in LTC homes.

Background

Candida auris is a fungal organism that became globally prominent in 2009. *C. auris* is classified as a multidrug-resistant (MDR) yeast, it is resistant to most or all classifications of antifungal drugs commonly used to treat Candida species of yeast. *C. auris* can cause healthcare-associated invasive infections and outbreaks.

Consider any new transmission of *C. auris* among residents an outbreak requiring consultation with Public Health, facility administration, and infection prevention and control (IPAC). Residents with a history of *C. auris* must be identified prior to admission and IPAC requirements need to be communicated to the site prior to admission.

Transmission

Transmission of *C. auris* is through direct skin-to-skin contact or contact with body fluids of a colonized or infected person. Transmission can also occur through indirect contact with contaminated surfaces or equipment.

C. auris colonization may not be accompanied with any symptoms though the risk of transmission is still present in the absence of symptoms. *C. auris* is often detected on the bilateral groin and axilla, peri-rectal region, nares, external ear canal, wounds, tubes, and drains. *C. auris* may also be colonized in the gut or respiratory tract, which is detected through mucocutaneous secretions and excretions.

Precautions Required- Colonized

Place residents colonized with *C. auris* on Enhanced Barrier Precautions in addition to routine practices. *C. auris* colonization may not be accompanied with any symptoms though the risk of transmission is still present in the absence of symptoms.

In acute care environments, patients are placed on contact precautions when they are colonized or have an active infection with *C. auris.* Using these same containment measures in Long-Term Care would result in indefinite application of contact precautions that may have detrimental effects on resident well-being, including social isolation, depression, mental health decline, decreased opportunities for engagement in group activities, outings, and limited ability for physical activity.

Enhanced Barrier Precautions involve the expanded use of personal protective equipment (PPE) for high-contact resident activities that may increase the risk for transfer of *C. auris* from staff hands and clothing.

Post Enhanced Barrier Precautions sign inside the resident room in a location that is visible to all health care providers and use in the following circumstances:

- Dressing
- Bathing/Showering
- In room transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator care
- Wound Care: any skin opening requiring a dressing
- Additional PPE based on point of care risk assessment.

Activities for Residents on Enhanced Barrier Precautions

Group dining/activities (i.e., recreational therapy, physiotherapy, occupational therapy and such) may continue as per regular practice following routine practices.

Site will develop a care plan for resident unable to control oral secretions or contain body fluids outlining resident specific guidelines for activities.

Precautions Required- Active Infection

Place residents with an active *C. auris* infection on Contact Precautions or Droplet Contact Precautions if *C. auris* found in the sputum or respiratory tract, until the infection has resolved. See Diseases and Conditions Table.

Once the active infection resolves, place resident on Enhanced Barrier Precautions in addition to routine practices.

Admissions and Transfers

For resident colonized with *C. auris* being considered for admission to Long-Term Care, the acute care discharge planning team (e.g. Transition Services Team; Care Management Leader) must contact the LTC Infection Control Practitioner (ICP) Team (ICP-LTC@vch.ca) to discuss resident accommodation needs.

When transferring a resident, notify the transferring service, receiving unit, or facility/home care agency of the necessary requirements and precautions in advance.

Colonization or infection with *C. auris* should not be an admission barrier to LTC.

IPAC Education

Prior to admission, LTC ICP will provide the site with education and assist with the development of the care plan.

Resident Care Plan

Staff will develop a resident specific care-plan in consultation with the ICP and the Medical Microbiologist for colonization and active infections. See Appendix A Care Plan Template.

Accommodation

Single rooms with dedicated bathroom are preferred for placement.

- If a single room is not available, the resident may be placed in a shared room with other colonized *C. auris* residents (cohorting).
- If the above two options are not available, consider placing with a roommate who has the least amount of risk factors for *C. auris* (i.e. No open wounds, immunocompetent, bed bound, no indwelling devices)

When a dedicated washroom is not available, use a dedicated commode with disposable hygienic products. See Disposable Hygienic Products.

Environmental Controls

Residents will have dedicated reusable medical equipment

- Ex. BP cuff/slings

Clean and disinfect shared non-critical equipment (including the tubs, stethoscope, thermometer, oximeters) as per the recommended manufacturer's instructions for use (MIFU) using a Health Canada approved agent effective against *C. auris*:

- See Commonly Used Disinfectant Table for products effective against *C. auris*.

Common items are resident specific (ex. Soaps/lotions/creams/toothpaste/razors).

Maintain a daily routine clean using an agent effective against *C. auris*.

Clean and disinfect tub/shower room after use using an agent effective against *C. auris*.

Clean the resident environment when visibly soiled.

Definitions

***Candida Auris* (*C. auris*):** Emerging fungus with the potential to cause serious healthcare associated infections (HAIs) and outbreaks in acute and residential settings. It colonizes the skin and can cause infection when it enters into the body through various sites.

Candidaemia: The detection of Candida species in the bloodstream.

Colonization: The detection of *C. auris* from any of the following body sites: axilla, groin, nares, oral cavity, or rectum of an asymptomatic resident.

Enhanced Barrier Precautions: expanded use of PPE during high-contact resident care activities that may increase the risk for transfer of specific resistant organisms to staff hands and clothing.

Infection: When *C. auris* enters the body (i.e. bloodstream, wound, ear) and causes signs and symptoms of infection.

Multi-Drug Resistant *C. auris*: Candida species that are resistant to two or more classes of antifungal drugs.

Appendices

Appendix A Care Plan Template *(in development)*

References

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