Management of a multi-drug resistant (MDR) *Candida auris* (*C. auris*) Patient in Acute Care

Patient Care Coordinator (PCC)

- Perform risk assessment prior to patient placement
- Consider risk factors for dissemination:
  - Respiratory tract infection, secretions
  - Open areas/invasive devices
  - Wound drainage
  - Desquamating skin conditions
  - Incontinence
  - Cognitive impairment, poor hygiene, and instruction compliance
- Ensure consistent staff assignment
- Minimize patient movement
- Notify receiving unit/service when patient is mobilized, transported, or transferred
- Ensure patient *C. auris* status is communicated to allied health
- Maintain adequate stock of personal protective equipment (PPE) and cleaning/disinfectants
- Ensure areas/equipment not cleaned by Environmental Services (EVS) are cleaned and disinfected (sporicidal) daily by designated alternative
- Request UVC therapy/RD machine (where available) through EVS Call Centre at transfer or discharge following thorough sporicidal isolation cleaning and disinfection

Healthcare Provider (HCP)

- Use private room with private bathroom/commode and Contact Precautions for *C. auris* positive patients
- Add Droplet and Contact Precautions for patient with productive cough and ventilated patients in ICU
- If patient is also on Droplet or Airborne Precautions, the patient must wear a medical mask if out of room
- Ensure hand hygiene compliance
- Cover open wounds or lesions with clean dressing
- Bathe patient daily with neutral soap (or as advised by IPAC)
- Daily change of linen (i.e. sheets, pillow cases, towels, facecloths)
- Clean gown or pajamas provided to patient daily
- Encourage and/or assist patient with hand hygiene before meals, after using washroom, and throughout the day
- Minimize equipment/supplies in patient room and bathroom
- Use recommended sporicidal disinfectant to clean and disinfect all surfaces patient comes in contact with
- Dedicate equipment to *C. auris* patients
- Clean and disinfect equipment after each use
- Clean and disinfect commode on all touched surfaces, from clean to dirty, after each use

Infection Prevention and Control (IPAC)

- Ensure patient is flagged in Cerner
- Communicate patient status to IPAC Medical Microbiologist On-Call
- Provide staff education
- Initiate “ring screening” / point prevalence screens
- Submit enhanced cleaning and disinfection request to EVS
- Review EVS schedule for prolonged patient stays
- Submit EVS discontinuation of enhanced cleaning to EVS when services no longer required
- Communicate with ICP from transferring health authority as required

Environmental Services (EVS)

- Follow posted precautions signage
- Initiate and maintain enhanced (sporicidal) cleaning and disinfection
- Promptly remove garbage and linen when 2/3 full
- Provide sporicidal isolation cleaning and disinfection followed by UVC therapy/RD machine (where available) at PCC request