

## **Multi-drug Resistant (MDR) *Candida auris*** **Management of the *C. auris* Patient (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
- ❑ Request Infection Control education for staff
- ❑ Ensure '*ring screening*' for *C. auris* occurs as directed by Infection Prevention and Control (IPAC)
- ❑ 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

### **Health Care Provider (HCP)**

- ❑ Use private room with private bathroom/commode and Contact Precautions for *C. auris* positive patients.  
Add transmission-based precautions as follows:
  - Droplet and Contact Precautions for patients with productive cough and ventilated patients in ICU
- ❑ If patient is also on Droplet or Airborne Precautions, the patient must wear a surgical/procedure 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 with patient hand hygiene before meals, after using washroom, and throughout day
- ❑ Minimize equipment/supplies in patient room and bathroom
- ❑ Use recommended sporicidal hospital 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 patient care information system
- ❑ Communicate patient status to IPAC Medical Microbiologist On-Call
- ❑ Provide staff education
- ❑ Initiate '*ring screening*'/point prevalence screens/spread sheet tracking: R:\Surveillance\Site Data Files\Candida auris contact tracing
- ❑ 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 precaution 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 Patient Care Coordinator (PCC) request