Best Practice Guideline	**Care and Management of the Long-Term Care (LTC) Resident Colonized and/or Infected with *Candida auris* (*C. auris*)**
Date	February 17, 2023
Reviewed Date	June 3, 2024
Revised Date	**June 3, 2024**

Site Applicability

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

Scope of Practice

All direct care staff.

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/repositioning
- 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.

Use 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. See Appendix A Care Plan Template.

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 Resident 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 Resident Care Plan Template

C. Auris Information for patients, families and visitors

References

1. Biswal M, Rudramurthy SM, Jain N, Shamanth AS, Sharma D, Jain K, et al. (2017). Controlling a possible outbreak of *Candida auris* infection: lessons learnt from multiple interventions. Journal of Hospital Infection. 2017;97(4):363.
2. Diversey, Inc (no date). Video Hub: A new bug in town – *c. auris* webinar. Retried from: Diversey Video Hub - A New Bug In Town. *C. Auris*

3. Diversey, Inc (no date). Video Hub: Accel prevention & intervention disinfectant cleaners. Retried from: Diversey Video Hub - Accel PREVention and INTERVention Disinfectant Cleaners
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Interim guide for infection prevention and control of *Candida Auris*. Toronto, ON: Queen's Printer for Ontario; 2019. Retrieved from https://www.publichealthontario.ca/-/media/Documents/P/2019/pidac-ipac-candida-auris.pdf?rev=7f655451d9144044b38ca13c77649ee3&sc_lang=en
5. Public Health Agency of Canada (2022). Notice: *Candida auris* interim recommendations for infection prevention and control – Emerging global healthcare-associated fungal pathogen *candida auris (C. auris*). Retrieved from: Notice: Candida auris interim recommendations for infection prevention and control - Canada.ca
6. Vancouver Coastal Health (2017). Multi-drug resistant (MDR) *candida auris* – ring screening for known *c. auris* case. Retried from: C. auris Ring Screening.pdf (vch.ca)
7. Vancouver Coastal Health (2022). Multi-drug resistant (MDR) *candida auris* fact sheet for health care providers (acute care). Retrieved from: MDR *C. auris* Acute Care Fact Sheet-Health Care Providers.pdf (vch.ca)
8. Vancouver Coastal Health (2022). Multi-drug resistant (MDR) *candida auris* fact sheet for patients and families (acute care). Retrieved from: Retrieved from: MDR *C. auris* Acute Care Fact Sheet-Patients Families.pdf (vch.ca)

Appendix A

Care Plan for Management of the Resident Colonized with Carbapenemase-Producing Organism (CPO) or *Candida auris* Colonization

<table>
<tr><td colspan="2">Date of Care Plan Initiation:</td><td>Date of Next Care Plan Review*:</td></tr>
<tr><td colspan="3">Resident Demographic Information:</td></tr>
<tr><td colspan="3">Date of Lab Confirmed CPO Sample (MM/DD/Year):</td></tr>
<tr><td colspan="3">Identified Organism(s):
☐ Klebsiella ☐ Enterobacter ☐ Citrobacter ☐ Morganella ☐ Providencia ☐ Salmonella
☐ Serratia ☐ Proteus ☐ Hafnia ☐ E. coli
☐ Candida auris</td></tr>
<tr><td colspan="3">Genotype:
☐ NDM ☐ OXA ☐ KPC</td></tr>
<tr><td colspan="3">Identified Body Site(s):
☐ Nares ☐ Wound ☐ Groin ☐ Tube/Line/Drain ☐ Rectal swab ☐ Sputum ☐ Ear Canal
☐ Other: _____</td></tr>
<tr><td colspan="3">For residents with an active infection due to CPO/C. auris, place the resident on the appropriate additional precautions.
Consult ICP for removing additional precautions.</td></tr>
<tr><td>Precautions for colonized residents:
• Enhanced Barrier Precautions
• Routine Practices
• Point of Care Risk Assessment Additional PPE as required
☐ Gown
☐ Gloves
☐ Mask (if colonized in sputum)
☐ Eye protection (if colonized in sputum)</td><td colspan="2">Enhanced Barrier Precautions (Gown & Gloves) for in-room “Close Contact Care” e.g.:
☐ Dressing and Undressing
☐ Providing hygiene/personal care
☐ Changing briefs/assisting with toileting
☐ Transferring and repositioning
☐ Bathing/Showering
☐ Changing linens
☐ Device Care/Management: Central lines, Urinary catheters, Feeding tubes, Trach. care
☐ Wound Care and dressing changes</td></tr>
<tr><td>Required Infection Prevention and Control Practices:</td><td colspan="2">• Clinical equipment must be dedicated to the resident (e.g. blood pressure cuffs; commodes etc.). Develop a schedule for cleaning/disinfecting resident equipment.
• Personal care items are resident specific (e.g. soap, shampoo, brush, comb, nail clippers, lotion)
• Clean and disinfect clinical equipment that cannot be dedicated (e.g. glucometer or vital sign machine) using a product effective against CPO or C. auris
☐ Use disposable hygienic products to manage disposal of body fluids when dedicated toileting facilities are not possible</td></tr>
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Accommodation:	☐ Private room with dedicated private washroom facilities: ➢ Washroom facilities are not shared with other residents. ➢ Family and visitors should not use the resident's washroom facilities.
	☐ Cohorted accommodation: ➢ Roommates with the same CPO gene (KPC, OXA, or NDM) may share a room (e.g. Klebsiella spp. with KPC gene, may be cohorted with a resident having an E. coli spp. with KPC)
	☐ Shared accommodation: ➢ Potential roommate is assessed for minimal risk factors for CPO (e.g. no open wounds, immunocompetent, bed bound, no indwelling devices) ➢ ICP/Medical microbiologist is consulted for roommate suitability. ➢ CPO colonized resident is provided with a bedside commode and disposable hygienic products are used for containment and disposal of body fluids
Resident Personal Care:	• Post Enhanced Barrier Precaution sign inside resident's room in a location visible to staff. • Provide personal hygiene (bath/shower/bed bath) daily. • Bed linens and resident clothing are changed daily. • As per routine practices all personal hygiene products, including barrier creams are designated for resident's exclusive use. • Ensure resident's hands are cleaned using alcohol-based hand rub (ABHR) or soap and water, especially after they use the toilet, before meals and before leaving their room.
Resident Movement Outside their Room	• Residents may move freely outside their room and go to the dining room and participate in social and community activities. • Educate/assist residents with hand hygiene using ABHR or soap and water before they leave their room, before meals, after using the toilet and before participating in any social or community activities. • Residents should only use their own dedicated toileting facilities. • Public bathrooms may be dedicated for urgent resident use if required. Immediately after use staff should secure the bathroom until an isolation discharge clean is performed.
Environmental Cleaning and Furnishings	☐ Routine daily cleaning of the resident's room • Clean and disinfect the bathtub/shower in between uses. • Mattresses and pillows should be intact with impervious covers. • Toilet brushes must be dedicated and disposable (discard when visibly soiled or damaged).
Visitors	• Perform hand hygiene upon entry/exit to facility. • Perform hand hygiene upon entry/exit to the resident room. • Provide family and visitor education when required. • A family member or visitor who provides personal care must perform hand hygiene and use appropriate personal protective equipment (e.g. gown, gloves, mask) as identified by the Enhanced Barrier Precautions signage.
Consultations, Appointments or Transfer to Another Setting	• Inform the receiving facility, transfer service when a resident known to be a CPO carrier is being transferred to another institution, facility or care unit in compliance with the facility's established procedures.