

Infection Prevention Office Hours

4/14/2023



LONG TERM
CARE RESOURCE
COLLABORATIVE

SOUTH CENTRAL
LTC RISE

What are we discussing today?

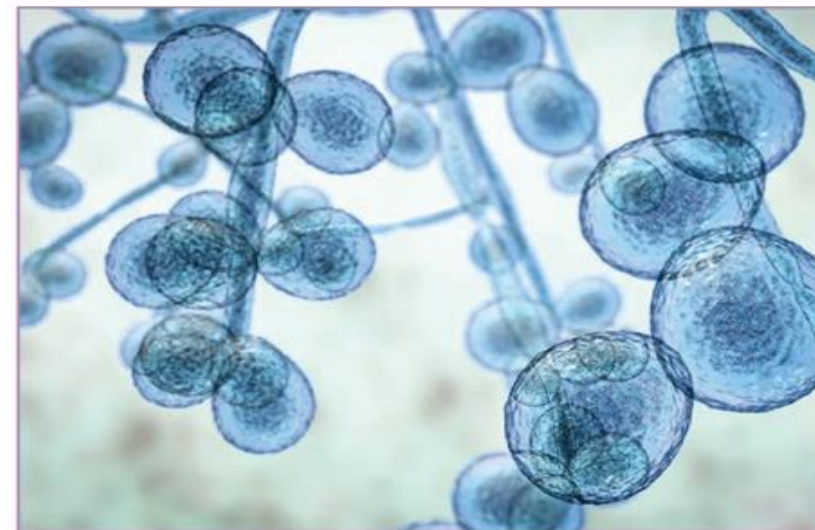
Any guesses?

I'm a Nightmare for Healthcare Facilities and I'm on the Rise

ICT November 2019

"Tests showed it was everywhere in his room, so invasive that the hospital needed special cleaning equipment and had to rip out some of the ceiling and floor tiles to eradicate it."

—The New York Times, April 2019



You may have seen me in *The New York Times*. (I made the front page, don't you know?) But when I'm not gracing the covers of national media outlets, I'm busy lurking in hospitals and healthcare facilities, evading infection preventionists, and waiting to wreak havoc on the immunocompromised.

I'm an expert at hiding, not just in the body but also the environment. Thanks to a couple of different virulence mechanisms, such as biofilm formation, I can easily contaminate surfaces, hands, furniture, and clothing and stay alive for weeks.

I'm also commonly mistaken for my cousins, which can delay treatment and allow me time to set up shop in a person's body. I require specialized laboratory methods and technology in order to be accurately identified. Just another one of my tricks to evade detection.

When left untreated, I can cause serious bloodstream, ear, and wound infections. If I become invasive, I'm as deadly as they come, killing 1 in 3 people whom I infect, according to the CDC.

I come in many forms, or strains, which have been identified all over the world. Because I'm still a youngin' (first identified in 2009), scientists don't have me fully figured out yet. My biggest foes appear to be chlorine bleach, chlorhexidine, and povidoneiodine, but I have the uncanny ability to survive standard infection prevention procedures.

I've also developed a robust resistance profile. In 40% of cases, I am resistant to 2 or more drug classes, and 10% of the time I am resistant to all drug classes.

So far this year, I've racked up more than 765 case counts in the United States alone. Whole-genome sequencing of international specimens shows similarities within regions but differences across regions, which indicates that I, inexplicably, appear to have emerged independently in multiple countries around the same time.

Described as a "creature from the black lagoon" by investigators, I carry secrets about where I came from, but one thing is certain: I am not going anywhere anytime soon.

I might be the new kid on the block, but beware: I am a tenacious fungus. Be sure to follow contact precautions—such as adherence to hand hygiene practices and use of gowns and gloves—because I'll take advantage of any little slip. Catch me if you can!

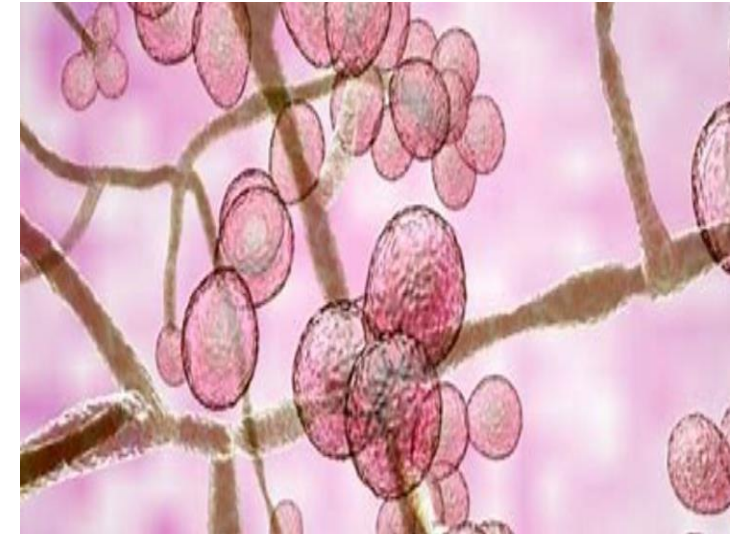
Free Infection Control Resources:

<https://www.infectioncontroltoday.com/>

Agenda

- What is *Candida auris*?
- Preventing transmission
- Transmission-based Precautions for *C. auris*
- Considerations for *C.auris* Preparedness
- Questions/ Discussion/Resources

What is *Candida auris*?



***Candida auris* (*C. auris*) is an emerging fungal threat.**

- It can cause invasive, severe disease (be deadly)
- It has caused outbreaks in healthcare settings
- It is often difficult to treat (most antifungal meds don't work)
- It may be difficult to identify by laboratories without specific technology
- It is spread by CONTACT transmission
 - May spread by contact with an infected individual and/or contact with a contaminated surface
- It can live on surfaces for weeks (need specific disinfectants)
- Residents may often be colonized (no signs/symptoms)

Additional Key Points

- **Report possible or confirmed *C. auris* test results immediately to your public health department; remember they are your partners in stopping the spread!!**
- **It is becoming more common and being detected in regions previously clear of cases**
 - Since *C. auris* first appeared in the Commonwealth in March 2020, 199 cases of *C. auris* have been identified in Pennsylvania. *Of these, 59 were cases of C. auris clinical infection and 140 were cases of colonization with C. auris.*
 - Although cases are concentrated in the southeast region, *C. auris* detection in healthcare facilities in northeastern, southcentral, northwestern, and southwestern PA indicate **that healthcare facilities across the state should be on alert for *C. auris***
- **Many people that acquire *C. auris* are sick with other conditions and have had prolonged/multiple stays in healthcare settings**
 - Persons who have recently spent time in hospitals and nursing homes, particularly vSNFs and LTACHs, and have invasive devices seem to be at highest risk
 - *C. auris* may infect immunocompromised residents, residents with diabetes, cancer, invasive lines, or those that receive excessive antibiotics
- **Symptoms of *C. auris* infection will depend on where the infection is (*i.e. bloodstream vs. wound vs. urine*)**
- **Those who become colonized are at risk of developing invasive infections from this organism**
- **Even if a resident no longer has an infection, they may remain colonized with *C. auris*; CDC does not recommend treatment when there is no evidence of active infection. Decolonization is not an option at this time.**

Preventing Transmission



- Educate team members about *C. auris*
- Residents should have their own room or cohort with someone else that has *C. auris*
- Transmission based precautions should be used
 - First step is consultation with DOH to determine precautions and response needed
 - **Contact** precautions, **enhanced barrier** precautions, or **modified contact** precautions will be recommended depending on the healthcare setting and clinical picture
- Use disinfectants with a *C. auris* kill claim (List P) for cleaning and disinfection
 - If one with a *C. auris* claim is not available, use one with a *C. diff* kill claim until product can be obtained
- Handwashing by everyone is paramount! (ABHR is effective)
- If the resident is not on contact precautions and well enough to leave the room, precautions should still be taken (contain any fluids, clean clothes, clean hands).
 - The environment where they ate or attended activities, should be cleaned IMMEDIATELY after use.
 - For residents requiring services such as therapy, schedule for the last session of day and ensure a terminal clean is done
- Communicate *C. auris* status if transferring the resident to another facility & advise transporters

Precautions	Applies to:	PPE used for these situations	Required PPE	Room Restriction
STANDARD	All Residents	Any potential exposure to: <ul style="list-style-type: none"> • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, or facemask or eye protection (Change PPE before caring for another resident)	None
ENHANCED BARRIER (used in post acute care)	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> • Infection or colonization with an MDRO <i>when Contact Precautions do not apply</i> • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> 	During high-contact resident care activities: <ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing 	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
CONTACT	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care
MODIFIED CONTACT (used in post acute care)	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> • Infection or colonization with an MDRO <i>when Contact Precautions do not FULLY apply (lower risk for transmission)</i> 	During high-contact resident care activities: <ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use • Wound care: any skin opening requiring a dressing 	Gloves and gown prior to the high-contact care (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None (if bodily secretions can be contained)

Enhanced barrier precautions (EBP)

- **An approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of *S. aureus* and MDROs (which includes *C. auris*)**
 - *High contact care may include: bathing/showering, dressing, changing linens, assistance with toileting/hygiene, wound care, and care of devices such as trachs, Foley catheters, central lines, and feeding tubes.*
- **EBP may be used when contact precautions are not indicated**
 - In place to stop transmission **TO** high risk residents without an MDRO **or who are at risk** for acquiring an MDRO
 - High risk residents may include those with invasive lines, open wounds, etc.
- **If your facility does not currently utilize EBP, DOH may recommend initiating modified contact precautions for *C. auris***
 - In place to stop transmission of *C. auris* **FROM** infected/ colonized resident
 - Gown/gloves, private room for targeted resident
 - Utilized when a pathogen has been identified and you are trying to contain transmission without isolating a resident to their room



**Resident with
identified MDRO**

- Resident with a known MDRO
- Use of contact precautions, enhanced barrier precautions OR modified contact precautions based on clinical s/s, ability to contain body fluids, etc.
- Prevents transmission **FROM** residents with MDROs

**High-risk resident
without identified
MDRO**

- Resident at high risk of acquiring an MDRO (invasive line, open wounds, etc.)
- Use of enhanced barrier precautions with patient care
- Prevents transmission **TO** high risk patients

C. auris Preparedness: Are you ready?

✓ Situational Awareness

- PA Health Alert Network (PA HAN)
- CDC and PA DOH Toolkits
- Regional Healthcare coalition

✓ Staff Education and Monitoring

- C. auris*- transmission, prevention
- PPE donning/ doffing
- Importance of HH
- Importance of cleaning and disinfecting (room, shared equipment, communal space)

✓ Communication

- Local/ State DOH contacts if a case is identified (do you have the contacts?)
- Communication plan for residents/families/visitors as needed
- Communication plan (transfer form) if a patient must be transferred elsewhere (specialist, acute care, etc.)

✓ Environment of Care (EOC)

- Disinfectant Products with a *C. auris* kill claim
- Clarity on processes to maintain a safe EOC
- Isolation signage and PPE readily available

✓ A Plan

- Do you have a policy?
- If a case has been identified in your facility, where to start?
- If a case is being admitted/returned to your facility, where to start?
- Remember: Containing (isolate in private room) and consulting your local or state DOH is the first step!

****Prompt consultation with DOH will help facilities determine appropriate Transmission based precautions for resident***



Let's Discuss!

Remember - The Best Learning We Do is from Each Other!

- **What are your Facility Practices/Protocols?**
- **What are your Successes?**
- **What are your Challenges?**
- **Do you have any Questions or Topic Suggestions?**



References and Helpful Resources

- **CDC Key Definitions:**

[Candida auris | Candida auris | Fungal Diseases | CDC](#)

- **Guidelines for Environmental Infection Control in Healthcare Facilities:**

<https://www.cdc.gov/infectioncontrol/guidelines/index.html>

- **EPA Registered Disinfectants List P**

[List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris | US EPA](#)

- ***C. auris* fact sheet**

[Drug-Resistant Candida Auris \(cdc.gov\)](#)

- **Enhanced barrier precautions**

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)

- **PA DOH C.auris Toolkit**

<https://www.health.pa.gov/topics/Documents/Programs/HAIP-AS/C.%20auris%20Toolkit%20-%20Healthcare%20Facilities.pdf>

- **Comparison Chart (standard vs. contact vs. enhanced)**

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

References and Helpful Resources- Signage Templates

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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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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STOP MODIFIED CONTACT PRECAUTIONS STOP

REQUIRED FOR PERFORMING HIGH CONTACT RESIDENT CARE ACTIVITIES
(DRESSING, BATHING, TOILETING, DEVICE/WOUND CARE, CLEANING, LINEN, ETC.)

- HAND HYGIENE** 
- GOWN** 
- GLOVES** 
- ON EXIT- REMOVE GOWN/GLOVES and CLEAN HANDS**
- ISOLATION OF RESIDENT NOT REQUIRED**