



ARROWHEAD REGIONAL MEDICAL CENTER
Infection Control Policies and Procedures

Policy No. 209 Issue 1
Page 1 of 3

SECTION: SURVEILLANCE

SUBJECT: ACTIVE SURVEILLANCE CULTURES (ASCs) FOR CANDIDA AURIS

APPROVED BY: _____

Epidemiology Healthcare Program Administrator

POLICY

- I. In March 2021, California Department of Public Health issued a Health Advisory, recommending active surveillance for *Candida auris* (*C. auris*) in healthcare facilities. Those at highest risk are residents of Long Term Acute Care Hospitals (LTACH) and Ventilator-equipped Skilled Nursing Facilities (vSNF). *C. auris* is an emerging, often multi-drug resistant fungus.
- II. Surveillance cultures for *C. auris* is targeted to patients admitted to ARMC who have (1) received care at LTACH or vSNF facilities, (2) admitted from facilities known to have ongoing *C. auris* transmission, (3) colonized or infected with another multidrug resistant organism (MDR), especially carbapenemase-producing organisms (CRE).
- III. Roles and Responsibilities
 - A. Epidemiology – the Epidemiology Healthcare Program Administrator (EHPA) and Infection Control staff oversee the processes described in this policy for the screening, collecting, and reporting of ASC for *C. auris*.
 - B. Nursing – Nursing staff in departments where ASC are performed are trained to screen patients, collect axilla-groin swab specimens, and ensure ASC orders are entered.
 - C. Medical Staff – Screen patients for criteria for *C. auris* ASC and order screen/culture as required. Patients who test positive for *C. auris*, or the patients' representative, are informed by a physician regarding the results of the screening.
- IV. Criteria for Screening
 - A. Screen those individuals at highest risk for *C. auris*, whose status is unknown, and place on empiric Contact precautions while awaiting results:
 1. Received care at LTACH or vSNF.
 2. Admitted from facilities known to have ongoing *C. auris* transmission.
 3. Colonized or infected with another multidrug resistant organism (MDR) especially carbapenemase-producing organisms (CRE).
 4. Patients who indicate they have a history of *C. auris* but have no clinical documentation.
 5. On a case-by-case basis, such as transferring from an acute care hospital or SNF with indwelling medical devices, especially with tracheostomy or on mechanical ventilation.
- V. Exceptions to screening:
 - A. Outpatient surgery or clinic patients
 - B. Patients who decline to be screened

C. Patients with documented positive C.auris culture

PROCEDURES

I. Collecting the axilla-groin swab specimen

A. After verifying a physician order for a C. auris Screen/Culture has been obtained, the nursing department continue with the following procedures:

1. Give the patient the Candida auris Testing Information for Patients.
2. Perform hand hygiene.
3. Don clean exam gloves, wear appropriate PE as indicated by the patient's clinical care team, following standard precautions.
4. Open swab transfer tube packaging, pulling down the wrapper about 2 inches.
5. Label the transfer tube according to policy.
6. Remove the swab from the transfer tube, without touching the tip of the swab. Swab the skin near the axilla right and left, targeting the crease in the skin where the arm meets the body. Swipe back and forth 3-5 times per armpit. With the same swab used on the axilla, rub both sides of the swab tip over the left and right groin skin surface, targeting the inguinal crease in the skin where the leg meets the pelvic region at least 3-5 times.
7. Return swab to same transport tube and double bag specimen in 2 plain re-sealable plastic bags.
8. Promptly send to the laboratory via the Computerized Tube System (CTS) at room temperature.

B. The Clinical Laboratory notifies the physician and Epidemiology with a result of a positive culture. If the physician does not respond, the nursing unit is notified.

C. Physician notifies the patient or patient's representative of results and educational materials are provided as needed.

D. Antibiotic therapy is not recommended for colonized patients. Decolonization may be done on a case-by-case basis.

E. Ensure receiving facilities are informed of patient's C. auris status.

II. Patient Placement

A. Patient placement in a private room on **Contact Precautions**.

B. If no private rooms are available, patients with C. auris may be placed in the same room with other patients co-colonized with the same MDRO.

C. In multi-bed rooms, treat each bed space as a separate room. HCP must change gown and gloves and perform hand hygiene between contacts with patients in the same room.

D. Patients should only leave the room when medically necessary.

E. Avoid room transfers if feasible.

F. Do not perform repeated cultures to demonstrate C. auris clearance as patients may remain colonized for many months, possibly indefinitely.

G. Hand hygiene: follow the five moments of hand hygiene.

H. Environmental Services (EVS) will use an Environmental Protection Agency (EPA) registered hospital grade disinfectant effective against C. auris for daily and terminal cleaning and disinfection of the patient care environment.

REFERENCES: Centers for Disease Control and Prevention, General Information about Candida auris.
<https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>
Centers for Disease Control and Prevention, Identification of Candida auris
<https://www.cdc.gov/fungal/candida-auris/identification.html>

DEFINITIONS: Colonization – the presence of organisms in or on a host with growth and multiplication of the organism but without tissue invasion (no sign or symptoms of infection). Colonization may become infection when changes in the host occur. A patient colonized with Candida auris may spread the organism to other patients.

Infection – the presence of organisms in or on a host with growth and multiplication of the organism producing tissue damage, which results in signs and symptoms of infection.

ATTACHMENTS: N/A

APPROVAL DATE:

N/A	Policy, Procedure and Standards Committee
11/10/2021	Infection Control Committee Applicable Administrator, Hospital or Medical Committee
01/06/2022	Quality Management Committee Applicable Administrator, Hospital or Medical Committee
01/27/2022	Medical Executive Committee Applicable Administrator, Hospital or Medical Committee
	Board of Supervisors Approved by the Governing Body

REPLACES: N/A

EFFECTIVE: 01/27/2022

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