Guidance for Interfacility Transfer for Patients Colonized or Infected with Candida auris (C. auris)

Interfacility Transfer of Patients with C. auris

- Decisions to discharge the patient from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care—not on the presence or absence of colonization.¹
- Access to health care must not be denied or limited by multi-drug resistant organism (MDRO) status.³
- It is inappropriate to deny admission or refuse service to any individual who may be infected or colonized with methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci (VRE), Clostridioides difficile (C. diff), Acinetobacter baumannii (A. baumannii), carbapenem-resistant Enterobacteriaceae (CRE), or any other drug resistant organism.³
 - Policies to this effect are often based on misinformation about the organisms and may be discriminatory to the patient. Facilities should take steps to learn a patient's MDRO status and must be prepared to implement appropriate infection control measures when necessary.³
- In most instances, facilities that care for patients with other MDROs or *C. diff* can also care for patients with *C. auris*.¹

Implementation of Transmission-Based Precautions (TBP)

Acute Care Settings: Contact precautions²
Long-Term Care Settings: Contact precautions or Enhanced Barrier Precautions (EBP), depending on the situation (refer to page 2 for more information).²

Implementation of Contact Precautions or EBP for *C. auri*s is similar to its use for other MDROs.¹

Patients or residents on contact precautions should be placed in a single room whenever possible.¹

¹Centers for Disease Control and Prevention. (2020). Infection Prevention and Control for Candida auris. Retrieved from www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

²Centers for Disease Control and Prevention. (2019). Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs). Retrieved from www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

³Florida Department of Health. (2017). Guidelines for Prevention and Control of Infections Due to Antibiotic-Resistant Organisms. Retrieved from FloridaHealth.gov/diseases-and-conditions/health-care-associated-infections/_documents/guidelines-for-prevention-and-control-mdro.pdf

If you have additional questions, please contact the Florida Department of Health

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Guidance for Interfacility Transfer for Patients Colonized or Infected with Candida auris (C. auris)

Implementation of Contact Precautions or Enhanced Barrier Precautions

Acute Care Settings: Contact precautions only²

Long-Term Care Settings: Contact precautions or Enhanced Barrier Precautions (EBP), depending on the situation (see below).²

	Contact Precautions*	Enhanced Barrier Precautions (EBP)*+
Indications	All patients/residents infected or colonized with <i>C. auris</i> with presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained. ^{1,2} On units or in facilities where ongoing transmission is documented or suspected. ^{1,2}	 All patients/residents with any of the following: Infection or colonization with <i>C. auris</i> when Contact Precautions do not apply.^{1,2} Wounds and/or indwelling medical devices regardless of <i>C. auris</i> colonization status who reside on a unit or wing where a resident known to be infected or colonized <i>C. auris</i> resides.^{1,2}
Personal Protective Equipment (PPE)	 Gloves and gown are required prior to room entry.² Put on before room entry, discard before room exit; change before caring for another resident.² Face protection may also be needed if performing activity with risk of splash or spray.² 	Gloves and gown are required prior to high-contact care activities. ² High-contact care activities include: Dressing Bathing/showering Transferring Providing hygiene care 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
Environmental Cleaning and Disinfection Hand Hygiene	Thorough daily and terminal cleaning and disinfection of patients'/residents' rooms and other areas where they receive care using an Environmental Protection Agency (EPA) registered disinfectant on List K.¹ Alcohol-based hand rub (ABHR) is preferred unless hands are visibly soiled. If hands are visibly soiled, wash with soap and water.¹	Thorough daily and terminal cleaning and disinfection of patients'/residents' rooms and other areas where they receive care using an Environmental Protection Agency (EPA) registered disinfectant on List K.1 ABHR is preferred unless hands are visibly soiled. If hands are visibly soiled, wash with soap and water.1

^{*}In addition to standard precautions

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⁺ Residents are not restricted to their rooms or limited from participation in group activities.

¹Centers for Disease Control and Prevention. (2020). Infection Prevention and Control for Candida auris. Retrieved from www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

²Centers for Disease Control and Prevention. (2019). Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs). Retrieved from www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

³Florida Department of Health. (2017). Guidelines for Prevention and Control of Infections Due to Antibiotic-Resistant Organisms. Retrieved from FloridaHealth.gov/diseases-and-conditions/health-care-associated-infections/_documents/guidelines-for-prevention-and-control-mdro.pdf