C*andida auris* 'At-a-Glance'

Definition

Candida auris (C. auris) is an emerging **multi-drug resistant** fungal pathogen which can affect both adult and paediatric patients, largely within high-risk healthcare settings such as ICU.

C. auris infections have been reported in bloodstream, bone, cerebrospinal fluid & intra-abdominal infections.

Sites that can be commonly colonised in hospitalised patients include the axilla, groin, nose, rectum, respiratory and urinary tract.

Colonised patients shed C. auris readily into the clinical environment & on to multi-use equipment and survival times for the organism of 7 days have been recorded.

Screening & Management of Suspected or Confirmed Patients

Who to screen	Isolate	Sites to screen	When to stop isolation
Patients admitted from other **affected hospitals** or units in the UK. Patients who have had an overnight stay in a healthcare facility outside the UK in the past year or admitted from a hospital **overseas.** **Admissions or transfers to intensive care from abroad are higher risk – please discuss with IPC**	Yes	Axilla, Groin, Broken areas of skin, Any drain fluids, Urine sample if catheterised	When 1 complete set of screens confirmed as negative Patients newly identified with C. auris must be isolated for the duration of their hospital stay
Patients known to be previously colonised or infected (Check Biohazard flag on EPR) Or clinical information from another Trust ***FLAG***	Yes	Axilla, Groin, Broken areas of skin, Any drain fluids, Urine sample if catheterised	Patients in intensive care or surgical settings to remain isolated for their admission even if screens are negative Other ward areas stop isolation when 3 screens collected >24 hours apart are negative & discussed with IPC

Implement for confirmed positive and while waiting for results:

- Isolate in a single room, preferably ensuite but dedicated commode as a minimum
- Door closed with contact isolation contact sign on the door
- Contact precautions including hand hygiene
- Gloves and aprons are to be worn during contact with the patient or environment, or longsleeved gowns where there is a risk of extensive splashing of blood and/or other body fluids.
- Put used linen in red alginate bags then white plastic linen bag.
- If the patient is transferred, please inform receiving staff of patient's infection status, including radiology, theatres or other hospital departments.
- Visitors need to be informed about the infection & clean their hands, using alcohol hand gel before & after touching patients or any items around the bedside. They need to wear a gown, aprons and gloves if prolonged close contact is required or providing direct care.
- When discharging infected/colonised patient to another healthcare setting, please complete the 'Inter-Healthcare Infection Prevention and Control transfer form'

Cleaning	• All patient equipment must be cleaned with Green Universal Clinell wipes after use. • Where possible use patient dedicated or single use equipment such as temperature probes or blood pressure cuffs. • A second daily enhanced second clean of the side room for a patient with *Candida auris* should be requested via the Help Desk and a terminal clean on discharge. • If a known colonised/infected patient needs to be transferred to theatre or x-ray/radiology for imaging, they should be scheduled last on the list for the day and an enhanced clean completed by theatre or X-ray on completion of the procedure.