

Comprehensive
Infection Prevention
and Control
Measures Against
Candida auris



Candida Auris Prevention Strategies

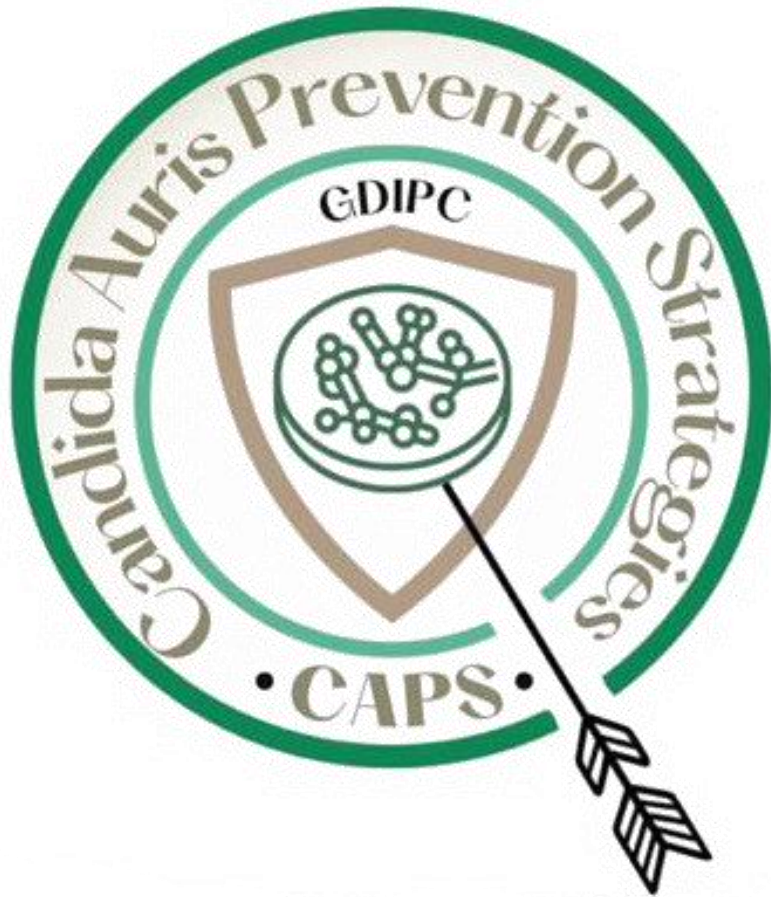
General Directorate of Infection Prevention and Control



Outlines

- Infection prevention & control measures
- Mode of transmission
- Hand hygiene
- Patient Placement
- Patient transportation
- Visitors
- Patient care equipment
- Textile and medical waste management
- Decolonization
- Duration of transmission based precautions





Introduction

- Candida auris is a recently identified Candida species that has been associated with infection and outbreaks in healthcare settings on five continents. It has been isolated from a range of body sites, including skin (very common), urogenital tract (common), and respiratory tract (occasional), and resulted in invasive infections, such as candidemia, pericarditis, urinary tract infections, and pneumonia.





Introduction

- Accordingly, it is significant to implement infection prevention & control (IPC) measures effectively in order to prevent transmission.





The Significant Role Of IPC Measures





Infection Prevention & Control Measures





Mode Of Transmission

- C. auris spreads in hospitals and other healthcare facilities through *contact* with contaminated surfaces or equipment
- it can also be spread from person to person due to that cases of infected or colonized with C. auris





Infection Prevention & Control Measures

- Strict adherence to proper hand hygiene practices
- Application of contact-based precautions
- Enhanced environmental cleaning and disinfecting (daily and terminal cleaning) using recommended disinfectants.
- Reusable equipment should be properly cleaned and disinfected with the recommended disinfectants and shared mobile equipment (e.g., glucometers, blood pressure cuffs) should be focused on.





Infection Prevention & Control Measures

- Limit patient transfer and if mandatory, infection control measures should be strictly applied.
- Screening contacts of newly identified case patients (including HCWs) to identify *C. auris* colonization.
- Laboratory surveillance of clinical specimens should be applied to detect additional cases.





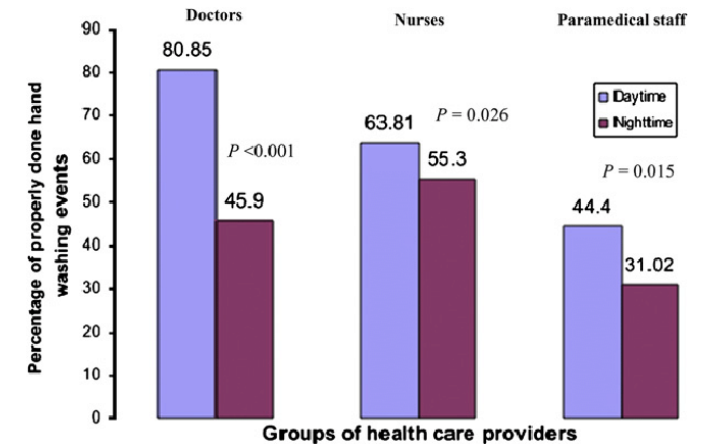
Hand Hygiene





Hand Hygiene

- Hand hygiene is one of the most effective, simple, and inexpensive interventions to help reduce the incidence of healthcare-associated infections (HAI).
- Strict adherence to five moments of hand hygiene is mandatory
- HCWs' hand hygiene compliance rate should be monitored with corrective actions if compliance is not to the expected level.





Hand Hygiene

- Different means of hand hygiene monitoring should be used such as (direct observation of adherence, self-reporting, and monitoring of supplies consumption).
- Alcohol-based hand sanitizer (ABHS) is the preferred hand hygiene method for *C. auris* when hands are not visibly soiled.
- If hands are visibly soiled, wash with soap and water.





Hand Hygiene

- Wearing gloves is not a substitute for hand hygiene.
- Education is another aspect that should be focused on as well as frequent monitoring, auditing, and feedback.
- HCWs should know the indication of hand hygiene and demonstrate the right techniques.
- Visual aids on the proper technique of handwashing and alcohol rub should be located at points of care and at hand washing stations (sinks).

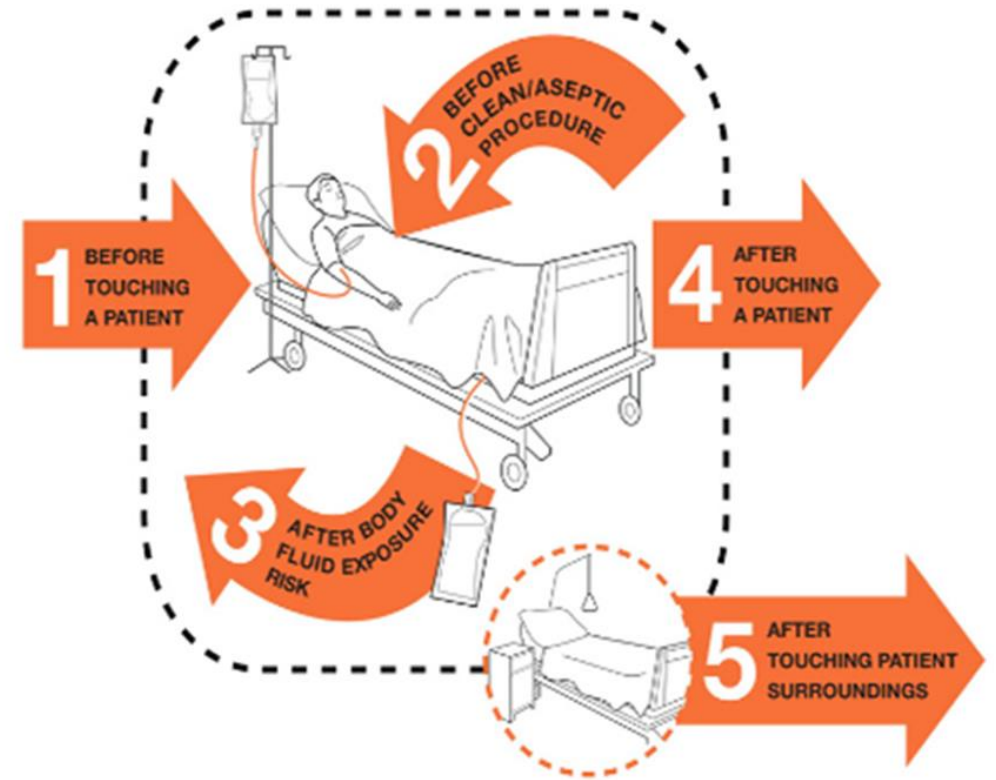




Hand Hygiene

- When?
- 5 moments/ opportunities;
- Following personal hygiene (e.g., use of the toilet, blowing nose);
- Before eating, drinking, or serving food;
- Before preparing or handling sterile products or medications;
- After removing gloves;
- After contact with laboratory specimen's;

Your 5 Moments for Hand Hygiene





Hand Wash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



Duration of the handwash (steps 2-7): 15-20 seconds



Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



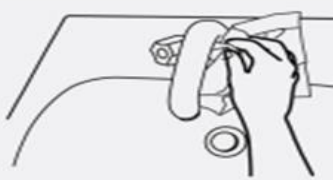
Rinse hands with water;

9



Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.





Hand Rub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

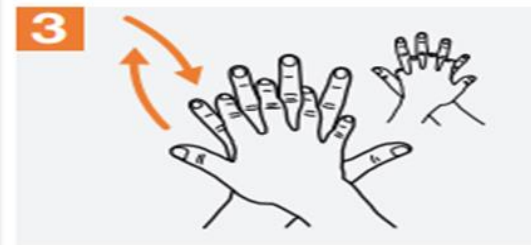
⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.





Patient Placement





Patient Placement

- patient is under standard and contact precautions
- Patients should be placed in a single-patient room whenever possible





Patient Placement

- Appropriate English and Arabic contact isolation precaution signage should be posted clearly **outside** the isolation room.
- The door of the isolation room must be closed all the time.





Patient Placement

Do we need to place the colonized or infected patient with candida Auris in a Negative pressure room?





Patient Placement

- **Do not** put the patient in the negative pressure room
- Except if he is under *airborne isolation precaution*





Patient Placement

When single isolation rooms are not available





Patient Placement

- When single isolation rooms are not available, healthcare facilities can cohort ***patients with C. auris together*** in the same room based on the infection prevention & control recommendations.
- *≥3 feet spatial separation between beds*





Patient Placement

- dedicating healthcare personnel (e.g., nurses, nursing assistants) who provide regular care to these patients during a shift.
- *Wear Isolation gowns and gloves with proper donning and doffing techniques when caring for patients with *C. auris* or touching items.*





Patient Placement

- Remove gowns and gloves, dispose of them carefully, and perform hand hygiene when leaving the patient's room or bed.

*(remove personal protective equipment (PPEs) before leaving the patient's room or environment and **do not use** the same gloves for different tasks or locations on the same patient in the case of a shared room)*





Patient Transportation





Patient Transportation

- Limit the transportation of patients under contact isolation precautions by using portable machines such as portable X-ray machines.
- notify the designated department about the patient's infectious status and inform them of transmission-based precautions that should be applied





Patient Transportation

- For transport of patient under contact isolation precaution:
- Contain and cover all skin lesions and infected or colonized wounds if available with a clean bandage/dressing.
- Instruct patient to wear a clean gown and clean linen should be used.





Patient Transportation

- Isolation precaution **transportation card** should be used during patient necessary movement

وزارة الصحة
Ministry of Health

TRANSPORTATION CARD

العزل التلامسي

- 1 > إبلاغ القسم المستلم (التشخيص - نوع العزل).
Notify the receiving unit/ward/department (Diagnosis, Type of Isolation Precautions).
- 2 > يتم تحضير المريض للنقل كما يلي:
• تغطية جروح المريض بضماد غير منفذ للسوائل.
• إزداء المريض بزداء طبي نظيف.
• تغطية المريض بغطاء نظيفة.
• يجب على الممارس الصحي إزداء القفازات النظيفة وارتداها بعد الانتهاء من نقل المريض وممارسة تطهير الأيدي.
Prepare the patient for transportation :
• Dress wounds with impervious dressings.
• Dress the patient in a clean gown.
• Cover patient with clean sheet.
• HCW should wear clean gloves and perform hand hygiene after taking off.
- 3 > يجب على الممارس الصحي تطهير السرير/ الكرسي المتحرك المستخدم لنقل المريض بعد النقل باستخدام المطهرات المعتمدة بوزارة الصحة.
Staff should disinfect the patients bed / wheeled chair using MDH approved disinfectant.

Use clean Gloves





Patient Transportation

- Any planned procedure for the infected/colonized C.auris patient' can be deferred to the end of the list if the patient's safety is not compromised.
- ✓ *Elective operation*
- ✓ *CT. Scan*





Transferred To Another Hospital Or Healthcare Facility





Patient Transportation

- If the patient is being transferred to another hospital or healthcare facility while still colonized or infected with C.auris

the transferring hospital is responsible to inform the receiving healthcare facility of the isolation precautions and the transfer form should be completed





Visitors





Visitors

- Entry to the patient's room should be restricted only to the *responsible healthcare worker*
- Exceptions may be considered on a case-to-case basis post-consultation with the treating physician and infection prevention & control department.
- If visitors or caregivers are permitted, *comprehensive training & education about the required infection prevention & control measures should be provided.*





Patient Care Equipment





Patient Care Equipment

- C. auris has been identified on mobile or reusable equipment that is shared between patients, such as *glucometers, temperature probes, blood pressure cuffs, x-ray machines, nursing carts, and crash carts*
- it's advisable to use single-use equipment when available or dedicated equipment to the patient.





Patient Care Equipment

- All healthcare workers providing patient care should be trained in and responsible for cleaning & disinfecting mobile and reusable equipment properly by using the approved MOH disinfectants (*Refer to the Best Guidance for Selecting, Evaluating & Monitoring of the Infection Prevention & Control Supplies & Equipment's*).



<https://gdipc.sa/Supportive-Services-Program.html>





Management of Textile and Medical Waste





Management Of Textile And Medical Waste

- Disposable textiles such as curtains and towels should be considered with C. auris-positive patients' rooms if available.
- There is no special reprocessing recommendation for the used linen and textiles coming from rooms with C. auris - positive patients, the current policy for healthcare textile reprocessing should be applied.





Management Of Textile And Medical Waste

- In pediatric and neonatal units, specific attention should be paid to the disposal of used nappies
- Medical waste coming from C. auris-positive patients' rooms should be treated based on the approved national medical waste regulations.





Decolonization





Decolonization

According to international references (**CDC**)

*No specific intervention is known to reduce or eliminate *C. auris* colonization*





Duration Of Transmission Based Precautions





Duration Of Transmission Based Precautions

- Patients in healthcare facilities often remain colonized with *C. auris* for long period of time lasts for several months even after an acute infection (if present) has been treated and resolves.
- **It is recommended to continue contact isolation precautions for the whole duration of all inpatient healthcare stays, including those in long-term healthcare settings.**

وزارة الصحة
Ministry of Health

إحتياطات العزل التلامسي CONTACT PRECAUTIONS

يجب على الزوار مراجعة مكتب التمريض قبل الزيارة
All visitors must visit the nursing office before visiting

على جميع الممارسين
الصحيين و الزوار اتباع التالي:

على جميع الممارسين
الصحيين و الزوار اتباع التالي:

قبل دخول الغرفة او منطقة
المريض:

1- ممارسة نظافة الاليدي.
2- ارتداء مريبول العزل و القفازات.

قبل الخروج من غرفة المريض
منطقة المريض:

1- يتم خلع مستلزمات الوقاية
الشخصية والتخلص منها في حاوية
النفايات الطبية .
2- ممارسة نظافة الاليدي.

before patient room or care
area entry :

1- Practice hand hygiene .
2- Wear isolation gown and
gloves.

before exit from patient
room or care area :

1- All PPE must be removed
and discarded as medical
waste.
2- Practice hand hygiene .

الإدارة العامة لمكافحة عدوى المنشآت الصحية
General Directorate for Infection prevention and Control





Facilitating Adherence To Infection Prevention & Control Measures





Facilitating Adherence To Infection Prevention & Control Measures

- Ensure that adequate supplies (i.e., hand hygiene supplies, cleaning, and disinfection agents, PPEs) are available to implement and maintain appropriate infection prevention & control measures.
- Monitor the adherence to appropriate infection prevention & control practices by performing audits and providing feedback.





Facilitating Adherence to Infection Prevention & Control Measures

- Ensure that the isolation sign is posted on the patient's door to alert HCWs and visitors of recommended precautions.
- Flag the patient's record to alert HCWs to institute recommended infection prevention & control practices in case of readmission.





Education & Training





Education & Training

- Raising awareness and providing education to all healthcare workers is essential to manage the C.auris infections
- Education and practice audits to improve compliance of healthcare workers with hand hygiene, contact precautions, and supervision of the appropriate implementation of environmental cleaning are important supportive interventions





Education & Training

- Physicians and other health professionals (including dietitians, radiologists, physiotherapists, phlebotomy class, etc.) should also be trained in relation to IPC recommendations.





Education & Training

- patients, visitors, and family members (*if permitted*) should be briefed about the importance of hand hygiene and encouraged to use the required personal protective equipment.





General Directorate Of Infection Prevention And Control Communication Channels



YouTube



Telegram



Twitter



Website





Thank you