Infection Prevention Recommendations for Carbapenemase-Producing Organisms and *Candida auris* in Outpatient Settings

Candida auris and carbapenemase-producing bacteria are two urgent antimicrobial resistant threats. Patients colonized or infected with carbapenemase-producing organisms (CPO) or *Candida auris (C. auris)* access healthcare in outpatient settings and can spread these organisms to other patients.

Public Health provides guidance to healthcare providers to prevent transmission of these targeted multidrug-resistant organisms in outpatient healthcare settings. Settings where this guidance applies include, but are not limited to, routine medical visits, emergency departments and urgent care clinics, laboratory testing sites, diagnostic imaging, colonoscopy and other outpatient procedures, urology clinics, wound care clinics, dialysis, dental offices, physical or occupational therapy centers, ambulatory surgical clinics, and pain management clinics. Following these recommendations can reduce risk to other patients.

What you need to know:

- CPO and *C. auris* can be transmitted from colonized or infected individuals to other patients, usually via healthcare workers' hands or clothing, or contaminated equipment or surfaces.
- Patients are likely to remain colonized for many years or even for their lifetime.
- Patient care activities with higher risk of transmission include:
    - High contact care
    - Care for patients with indwelling medical devices, wounds, or uncontained drainage/discharge
    - Invasive procedures

Take these steps to reduce the risk of transmission in outpatient settings:

- When possible, schedule the colonized/infected patient as the last appointment of the day to allow time for thorough cleaning.
- When possible, place the patient in a private room or a space that allows greater separation between patients.
- Adhere to Standard Precautions for all patients, all the time.
    - Perform hand hygiene—before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient, after touching a patient's surroundings, and after removing gloves. Use 60-95% alcohol-based hand sanitizer as the preferred method for cleaning hands. If hands are visibly soiled, wash with soap and water. Wearing gloves is not a substitute for hand hygiene.

Washington State Department of HEALTH

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    - Use Personal Protective Equipment (PPE) whenever there is an expectation of possible exposure to infectious material. Remove PPE and dispose of it before leaving the patient care area.
    - Follow respiratory hygiene.
    - Ensure appropriate patient placement.
    - Properly handle, clean and disinfect patient care equipment and instruments/devices. Appropriately clean and disinfect the healthcare environment.
    - Handle textiles and laundry carefully.
    - Follow safe injection practices.
- Wear gown and gloves
    - During procedures, including, but not limited to, wound care, dental care, biopsies and other surgical procedures, and dialysis.
    - When the caregiver will have close physical contact with the patient.
- Dedicate as much equipment as possible for use only on the colonized/infected patient (e.g., gait belt, pulse oximeter probe, etc.).
- Thoroughly clean and disinfect all shared equipment and spaces before use by another patient, including toilet facilities, using a hospital-grade disinfectant.
    - Follow the manufacturers' instructions for disinfectant use and ensure the surface remains wet for the recommended contact time.
    - Disinfect high-touch surfaces (e.g., chairs, handrails, faucets, doorknobs) with an effective disinfectant after use by colonized/infected patients.
    - Ensure staff know when equipment is clean and ready for use, or dirty and needs cleaning. Consider using signage to label clean and dirty.
- For *C. auris* patients, use a disinfectant proven to be effective against *C. auris* (EPA List P or List K).
- When referring patients for inpatient care or to another clinical care team, clearly communicate the patient's colonization or infection status and need for special infection prevention precautions.

For concerns or questions about this guidance, contact your local health department, or the Washington State Department of Health at MDRO-AR@DOH.wa.gov.

Additional Resources

- Current surveillance for multidrug resistant organisms in Washington
- Candida Auris Fact Sheet
- Carbapenem Resistant Acinetobacter (CRAB) Fact Sheet
- Carbapenem Resistant Enterobacterales (CRE) Fact Sheet
- Carbapenem Resistant Pseudomonas (CRPA) Fact Sheet

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