The New Jersey Department of Health and the Centers for Disease Control and Prevention (CDC) recommend that:

This patient should immediately be placed on **contact precautions**

(Note: Nursing homes may implement **enhanced barrier precautions**, if appropriate)

This patient has been identified to be colonized or infected with *Candida auris*, an emerging drug-resistant yeast. *Candida auris* has caused long-lasting outbreaks in healthcare facilities and is difficult to remove in the environment. Implementation of appropriate Transmission-Based Precautions is necessary to prevent outbreaks. **Enhanced Barrier Precautions is not intended for use in acute care or long-term acute care hospitals but is intended for nursing homes** for use as part of a containment strategy for responding to emerging antimicrobial resistant threats. **Contact precautions should be implemented in all healthcare facilities, including nursing homes, when there is presence of acute diarrhea, draining wounds, secretions or excretions that are unable to be covered or contained.**

**Additional recommendations include:**

- This patient should be placed in a **private room**, if possible*
- Healthcare personnel interacting with patients on Contact Precautions, or their environment, are required to wear **gowns and gloves**
- Healthcare personnel interacting with patients on Enhanced Barrier Precautions are required to **wear gowns and gloves** during specific high-contact resident care activities
- Healthcare personnel should conduct diligent **hand hygiene** during and after contact with this patient/environment; Ensure **alcohol-based hand rub** is readily available
- **All disinfection** should be completed with an Environmental Protection Agency (EPA) registered disinfectant effective against *Candida auris* or *Clostridium difficile*. Cleaning must be performed prior to disinfection, per manufacturer’s instructions for use. Examples include:
  - **All equipment** should be cleaned/disinfected after contact with this patient (e.g. stethoscopes, X-ray machines, respiratory therapy equipment)
  - **This patient's room** should be cleaned/disinfected daily and terminally upon discharge
  - **Transport vehicles/equipment** should be terminally cleaned/disinfected after use
- Ensure written and verbal **communication** of isolation status for intra and inter-facility transfers

*If a patient cannot be placed in a private room, please ensure their roommates are at low risk of developing *Candida* infections. (e.g., are not on antifungal therapies, have no or few indwelling devices)

**Resources**

- PPE in Nursing Homes to Prevent MDROs | HAI | CDC. Retrieved from [https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html#1](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html#1)
- Inter-facility IC Transfer Form. Retrieved from [https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf](https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf)
This form is to be used in conjunction with the New Jersey Universal Transfer Form HFEL-7 available at https://healthapps.state.nj.us/forms/.

This patient was identified to have **Candida auris**: (select one)
- **Infection**: Identification during clinical testing
  - □ This infection has been treated
  - □ Treatment is ongoing
- **Colonization**: Identification during surveillance testing

This case status is: (select one)
- **Confirmed**: *Candida auris* was isolated from a body site
- **Probable**: *Candida haemulonii* was isolated from a sterile, urine, or respiratory site and the patient has been linked to a known *Candida auris* case
- **Suspected**: *Candida haemulonii* was isolated from a sterile, urine, or respiratory site
- **Under investigation**: Laboratory results are pending and *Candida auris* is suspected

The organism was isolated from the patient’s: (check all that apply)
- □ Skin
- □ Blood
- □ Urine
- □ Respiratory tract
- □ Wound
- □ Stool
- □ Other: __________________________

The Isolation/Transmission-based Precaution status at time of discharge:
- □ Contact
- □ Droplet
- □ Airborne
- □ Enhanced barrier

Last application of topical antiseptics (e.g., chlorhexidine gluconate [CHG]):
- Date: ___/___/______
- Site(s): __________________________

Additional notes: __________________________
______________________________
______________________________