CONSIDERATIONS FOR PROVIDING PATIENT CARE FOR PATIENTS WITH CANDIDA AURIS

- Ensure that staff who provide routine services to multiple rooms (or “round”) enter Candida auris (C. auris) positive patients’ rooms last whenever feasible. This should include both direct care and indirect care staff, including physicians, specialists, therapists, environmental services, dietary, social workers, etc.

- Prior to entering patient rooms, always follow room signage which indicate necessary transmission-based precautions and don the appropriate personal protective equipment.

- Utilize disposable or dedicated equipment for the C. auris patient whenever possible.

- Shared, mobile equipment and storage carts should not be wheeled into patient rooms. Bring and keep all equipment and supplies into positive patients' room until the patient is discharged.

- Increase emphasis on hand hygiene. Alcohol-based hand sanitizer is effective against C. auris and is the preferred method for cleaning hands after patient services when hands are not visibly soiled. If hands are visibly soiled, wash with soap and water.
  - Increase hand hygiene audits on units where patients with C. auris reside.
  - Consider re-educating healthcare personnel on hand hygiene through in-service or training, especially if audits demonstrate low adherence to recommended hand hygiene practices.

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Upon discharge or transfer to another facility, clearly communicate patients’ C. auris status (including any pending laboratory results) to the appropriate receiving healthcare facility’s staff (e.g., case management, admissions, and infection control departments).

- In addition to the NJ Transfer Form, include clear, written notification of C. auris colonization or infection using the NJDOH C. auris transfer cover sheet, and append to the patients’ medical records.
- If colonized or infected patients are transferred to healthcare facilities in other states, immediately notify NJDOH CDS prior to patient transfer.

“Flag” the charts of colonized and infected patients in your facility’s medical record system so upon readmission, individuals are identified and placed on the appropriate transmission-based precautions immediately.

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