Candida auris (C. auris) is a healthcare-associated, pathogenic organism that can cause significant morbidity and mortality among infected individuals and is often multidrug resistant. Patients with C. auris may be colonized without symptoms or infected with severe symptoms present. Both colonized and infected patients can spread C. auris directly (from direct contact, many times through patient care) and indirectly (from contaminated objects and the environment). C. auris is persistent and can remain in the environment for weeks. However, EPA-registered List P products can effectively clean and disinfect medical supplies, equipment, and surfaces.

Background

List P: antimicrobial products registered with EPA for claims against C. auris (henceforth, List P) should always be used for environmental disinfection of the patient-care environment in addition to any supplies or equipment with which the patient may have been in contact.

Adhere to manufacturer instructions for disinfectant dilution and contact time.

Perform thorough daily and terminal cleaning and disinfection of patients’ rooms and other areas where they have received services (e.g., imaging, physical therapy, wound care, dialysis).

Dedicate equipment and supplies (e.g., stethoscopes, glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts), and other shared equipment (e.g., ventilators, Hoys, physical therapy equipment) for C. auris positive patients, and thoroughly clean and disinfect all supplies and equipment immediately after use and between patients with a List P product.

Store dedicated wound care supplies in the patient’s room (as opposed to a wound care cart) and dispose of unused, disposable supplies after patient discharge.

Track the patient’s prior room assignments and ensure that thorough terminal cleaning and disinfection with a List P product occurs in those rooms and in all common areas. After patient discharge, any used and unused supplies (e.g., catheter, wound-care, gloves, PPE) in the room should be discarded.

Cleaning and Disinfection of the Patient-Care Environment and Equipment for C. auris positive patients

- Prior to entering patient rooms, always follow room signage which indicate necessary transmission based precautions and don the appropriate personal protective equipment (PPE).
- Ensure that staff who provide routine services to multiple rooms (or “round”) enter C. auris patients’ rooms last whenever feasible. This applies to both direct-care and indirect-care staff, including physicians, specialists, therapists, environmental services, dietary, social workers, etc.
- Use disposable and/or dedicated equipment, and avoid wheeling shared mobile equipment and storage carts into patient rooms.
- 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 and PPE audits on units where patients with C. auris reside and consider re-educating healthcare personnel on hand hygiene through an in-service or retraining, especially if audits demonstrate low adherence to recommended hand hygiene practices.

Considerations for Providing Patient Care

- 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 and infection control departments).
- 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.

Interfacility Communication

- 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 and infection control departments).
- 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.
1. **High-touch surfaces** such as counters, tables, doorknobs, light switches, handles, bedrails, keyboards, phones, toilets, faucets, and sinks.

2. **Soft surfaces** such as curtains, towels, linens. Consider using disposable curtains in rooms with C. auris positive patients.

If use of disposable curtains is infeasible, ensure curtains are properly processed and disinfected with an effective cleaning product (e.g., Ecolab's AdvaCare 120 Sanitizer/Sour [EPA Registration No. 1677-193]) during terminal cleanings.

### Quick Resources
Scan below to watch two short videos to help support you in gaining more knowledge and confidence to understand infection control principles and protocols!

**Hand Hygiene**

**Cleaning? Disinfection? What is the Difference?**

### Contact Information
- Contact the NJDOH Communicable Disease Service, Healthcare Associated Infection and Antimicrobial Resistance Team at doh.cds.haiar.epi@doh.nj.gov
- You can also reach the NJDOH Communicable Disease Service, (609) 826-5964 during business hours or visit [https://nj.gov/health/cd/topics/cauris.shtml](https://nj.gov/health/cd/topics/cauris.shtml)
Background

_Candida auris_ (C. auris) is a healthcare-associated, pathogenic organism that can cause significant morbidity and mortality among infected individuals and is often multidrug resistant. Patients at high-risk for acquiring _C. auris_ include those with mechanical ventilation, invasive lines or tubes, immunocompromising conditions, history of broad-spectrum antibiotic or anti-fungal use, and recent or prolonged admissions to long-term care and skilled nursing facilities. Patients with _C. auris_ may be colonized without symptoms or infected with severe symptoms present. Both colonized and infected patients can spread _C. auris_ directly (from direct contact) and indirectly (from contaminated objects and the environment). _C. auris_ is persistent and can remain in the environment for weeks. However, EPA-registered List P products can effectively clean and disinfect medical supplies, equipment, and surfaces.

### Considerations for Providing Patient Care

- Prior to entering patient rooms, always follow room signage that indicate necessary Transmission-Based Precautions and don the appropriate personal protective equipment (PPE).
- Ensure that staff who provide routine services to multiple rooms (or “round”) enter _C. auris_ patients’ rooms last whenever feasible. This includes both direct care and indirect care staff, including physicians, specialists, therapists, environmental services, dietary, social workers, etc.
- Use disposable and/or dedicated equipment, and avoid wheeling shared mobile equipment and storage carts into patient rooms.
- Increase emphasis on hand hygiene. Alcohol-based hand sanitizer (ABHS) 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 and PPE audits on units where patients with _C. auris_ reside and consider re-educating healthcare personnel on hand hygiene through an in-service or retraining, especially if audits demonstrate low adherence to recommended hand hygiene practices.

### Cleaning & Disinfection of the Patient Care Environment & Equipment

- List P: antimicrobial products registered with EPA for claims against _Candida auris_ should always be used for environmental cleaning and disinfection of the patient care environment in addition to any supplies or equipment with which the patient may have come into contact.
- Always follow manufacturer guidelines for disinfectant dilution and contact time.
- Perform thorough daily and terminal cleaning and disinfection (i.e., carboxylation) of patients’ rooms and other areas where they have received services (e.g., imaging, physical therapy, wound care, and dialysis).
- Ensure reusable equipment and supplies (e.g., stethoscopes, glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts), and other shared equipment (e.g., ventilators, Hoyer lifts, physical therapy equipment) are thoroughly cleaned and disinfected immediately after use.
- Store dedicated wound care supplies in the patient’s room (as opposed to a wound care cart) and discard unused wound care supplies after patient discharge.
- Track the patient’s prior room assignments and ensure that thorough terminal cleaning and disinfection occurs in those rooms and in all common areas. After patient discharge, any used and unused supplies (e.g., catheter, wound-care, gloves, PPE) in the room should be discarded.

### Interfacility Communication

- 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 (i.e. case management, admissions, and infection control departments).
- 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 chart 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.

### Contact Information

Contact the the NJDOH Communicable Disease Service: Infection Control, Healthcare, & Environmental Epidemiology Group either by:

- phone at (609) 826-5964 during business hours, or
- email at doh.cds.haiaer.epi@doh.nj.gov

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