

# Infection Prevention & Control Guidance for *Candida auris*

## 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 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.

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

- 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, Hoyer lifts, 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.

## Considerations for Providing Patient Care

- 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.

## 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.

## Where to disinfect?

**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.

What to use to disinfect?



Scan here for the latest List P EPA-registered products for *C. auris*



## 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](mailto: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>

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## 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.

## 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.haiar.epi@doh.nj.gov](mailto:doh.cds.haiar.epi@doh.nj.gov)

## 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 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.