



# ***Candida auris* Infection Prevention and Control Toolkit**

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**September 2024**

**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

# Introduction

This toolkit contains materials developed by the Florida Department of Health's Health Care-Associated Infection Prevention program. This toolkit provides a comprehensive guide for health care facilities, public health professionals, patients, residents, and families in responding to a single case, cluster, or outbreak of *Candida auris* (*C. auris*). This toolkit should be used as a recommendation guide; please ensure you are adhering to your institutional policy and procedure.

The materials below have been developed to be used separately as fact sheets to provide support during investigation and response efforts related to *C. auris*. The topics included are:

- Florida-Specific Data
- Infection vs Colonization
- Identification for Laboratories
- Point Prevalence Survey
- Outbreak and Containment
- Containment Tiers
- Infection Prevention and Control
- Environmental Cleaning and Disinfection
- Occupational Health
- For Patients/Residents and Families
- Enhanced Barrier Precautions
- Contact Precautions
- Outpatient Hemodialysis

*Note: Public health response to C. auris is a rapidly changing field, and the toolkit will be updated to reflect changing priorities and strategies.*

# Candida auris: Florida Specific Data

## What is Candida auris?

*Candida auris* (*C. auris*) is a fungus that presents a serious global health risk. The Florida Department of Health is concerned about *C. auris* for three reasons:

1. It is often multidrug-resistant, meaning that it is resistant to multiple antifungal drugs commonly used to treat *Candida* infections, resulting in significant morbidity and mortality in affected patients/residents.

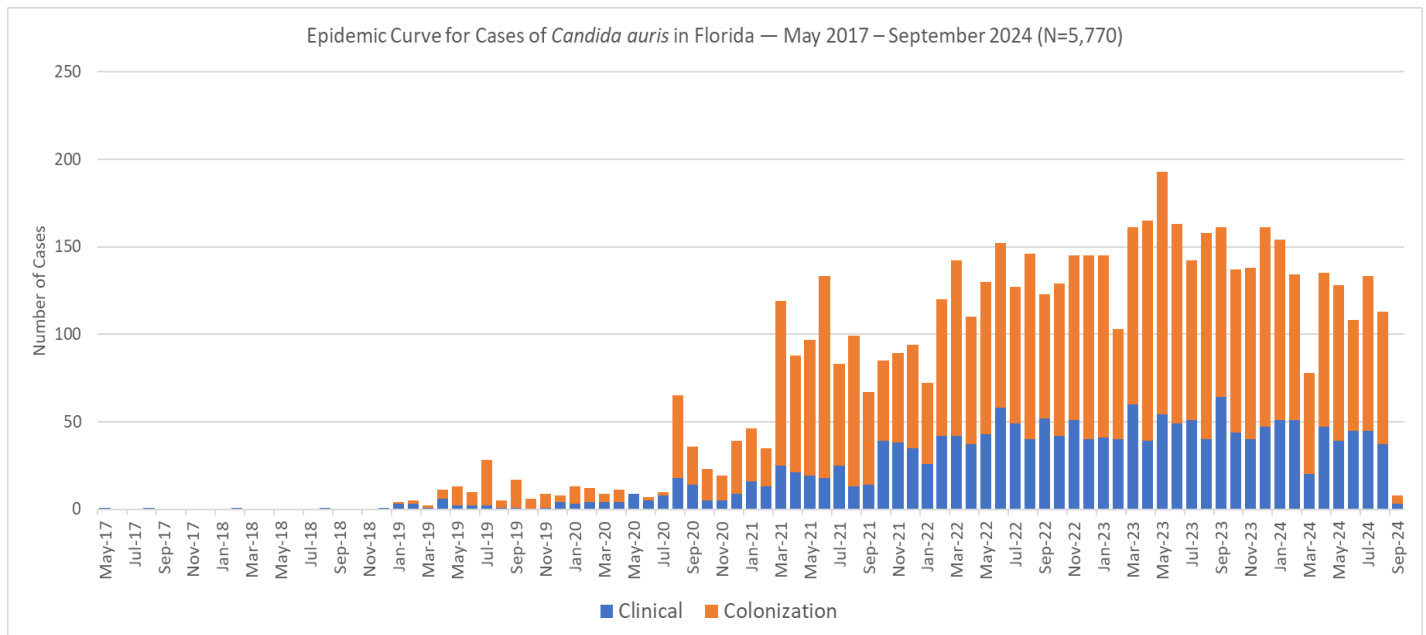
Three classes of antifungal medications and resistance percentage in U.S. isolates:

- **90%** of *C. auris* isolates display resistance to azoles (fluconazole).
- **30%** of *C. auris* isolates display resistance to polyenes (nystatin).
- **5%** of *C. auris* isolates display resistance to echinocandins (micafungin).

2. It is difficult to identify with standard laboratory methods and it can be misidentified in laboratories without specific technology. Misidentification may lead to inappropriate management.
3. It has caused outbreaks in health care settings. For this reason, it is important to quickly identify *C. auris* so that health care facilities can take special precautions to stop its spread.

## Florida *C. auris* Data

Graphs for colonized vs infected:



If you have additional questions, please contact the Florida Department of Health's Health Care-Associated Infection Prevention Program at:

[HAI\\_Program@flhealth.gov](mailto:HAI_Program@flhealth.gov) or 850-245-4401.

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# *Candida auris*: Infection vs Colonization

*C. auris* is a fungus that causes serious infections.

## Infection

Infection of *C. auris* indicates the organism has entered an individual's body causing signs and symptoms. Infections can occur in any body site including wound infections, ear infections, and bloodstream infections.

### **What are the symptoms caused by *C. auris* infection?**

Symptoms are dependent on the part of the body affected and can vary greatly. *C. auris* can cause many different types of infection, such as bloodstream infection, wound infection, and ear infection. Patients/residents with *C. auris* are often already sick with another serious illness or condition, so symptoms may not be noticeable.

### **Are *C. auris* infections treatable?**

*C. auris* infections can be treated with one of the three main classes of antifungal medications: azoles, echinocandins, and polyenes. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat. Treatment decisions should be made in consultation with a health care provider experienced in treating patients/residents with fungal infections.

## Colonization

Colonization, or being colonized with *C. auris*, indicates that a patient/resident has the organism living somewhere on their body but does not have any signs or symptoms of infection.

### **How long is someone colonized with *C. auris*?**

Patients/residents can be colonized for long periods of time and even indefinitely. There are currently no treatments or recommendations to get rid of colonization with *C. auris*.

### **Should patients/residents be reassessed for *C. auris* colonization?**

Repeat colonization swabs may alternate between detecting and not detecting *C. auris*. Routine assessment for *C. auris* colonization is not recommended.

### **What is the financial burden of colonization screening?**

The Florida Department of Health's Health Care-Associated Infection Prevention Program provides non-regulatory, free supplies and testing for facilities interested in conducting proactive or response colonization screening.

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[HAI\\_Program@flhealth.gov](mailto:HAI_Program@flhealth.gov) or 850-245-4401.

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# *Candida auris*: Identification for Laboratories

*C. auris* is a fungus that causes serious infections.

## Identification of *C. auris*

The most reliable method to identify *C. auris* is matrix-assisted laser desorption/ionization time of flight mass spectrometry (MALDI-TOF MS). However, *C. auris* must be included in the database. Other methods to identify *C. auris* include:

- Molecular methods based on DNA sequencing (D1-D2 region of the 28s ribosomal DNA (rDNA) or the internal transcribed spacer (ITS) region of rDNA.)
- Real-time polymerase chain reaction (PCR)-based identification.
  - If real-time PCR is not available, there are several culture-based options for screening patients/residents.

If a health care facility does not have the capability to test for *C. auris*, isolates can be sent to the Florida Department of Health's Bureau of Public Health Laboratories in Jacksonville, Florida, for identification.

## Misidentification of *C. auris*

*C. auris* can be misidentified as a number of different organisms when using traditional phenotypic methods for yeast identification (e.g., VITEK 2 YST, API 20C).

According to current research, *C. auris* is commonly misidentified as:

- *Candida haemulonii*
- *Candida duobushaemulonii*
- *Rhodotorula glutinis*
- *Candida sake*
- *Candida intermedia*
- *Saccharomyces kluyveri*
- *Candida catenulate*
- *Candida famata*
- *Candida guilliermondii*
- *Candida lusitaniae*
- *Candida parapsilosis*

## Confirmed *C. auris* Cases

When a health care facility identifies a possible or confirmed case of *C. auris*, the laboratory should:

- Report to the facility's infection prevention and control department and follow facility protocols for reporting to public health departments.
- Conduct antifungal susceptibility testing.
- Conduct surveillance for missed or additional cases within the health care facility.

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# *Candida auris*: Point Prevalence Survey

*C. auris* is a fungus that causes serious infections.

## Point Prevalence Survey (PPS)

A point prevalence survey (PPS) is a surveillance method used to identify the number of patients/residents colonized with *C. auris* at a specific point in time. This non-regulatory method involves swabbing the axilla/groin to test for *C. auris*. A PPS is generally performed after a patient/resident within a facility is identified as being colonized or infected with *C. auris* to determine if others are colonized.

If a positive result is identified:

- Place the patient/resident in a single room or cohort patients/residents with the same multidrug-resistant organism (MDRO).
- Place the patient/resident under the appropriate precautions (contact or enhanced barrier) and educate health care personnel, patients/residents, and families.
- Strongly consider performing screening if there is evidence or suspicion of ongoing transmission in a facility.

## Proactive Point Prevalence Survey (P-PPS)

The purpose of a P-PPS is to perform precautionary surveillance to identify any unknown colonized patients/residents within the health care facility. Populations to consider when conducting a P-PPS include but are not limited patients/residents with:

- Chronic medical conditions.
- Frequent health care exposure.
- Chronic invasive devices, including tracheostomies or mechanical ventilation.
- Colonization/infection of other multidrug-resistant organisms.
- Long-term use of antibiotics and antifungals.

## Response Point-Prevalence Survey (R-PPS)

The purpose of an R-PPS is to detect ongoing transmission of any unknown colonized patients/residents within the health care facility. Consider screening:

- Roommates where the index patient/resident resided in the previous month, even if discharged from the health care facility.
- Patients/residents who require higher levels of care (e.g., mechanical ventilation).
- Patients/residents who overlapped on the ward or unit with the index patient/resident for three or more days.

If additional cases are identified or there is suspicion/evidence of ongoing transmission, a more extensive screening should be considered. This may include screening every patient/resident on a given unit or floor where transmission is suspected.

NOTE: The Florida Department of Health's Health Care-Associated Infection Prevention Program can assist in determining who should be included in a PPS.

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# Candida auris: Outbreak and Containment

***C. auris* is a fungus that causes serious infections.**

## C. auris Outbreak Definition

An outbreak is defined as  $\geq 2$  cases of *C. auris* with an epidemiological link. An epidemiological link includes, but is not limited to, the following examples:

- Patients/residents reside on the same unit, or within the same facility if the facility is small.
- Patients/residents have facility staff in common.
- Patients/residents are exposed to common medical equipment.

## C. auris Outbreak Containment

If multiple cases of *C. auris* infection or colonization are identified, additional measures to consider include:

- Placing identified cases on contact and/or enhanced barrier precautions and in a single room when possible.
  - If availability of single rooms is limited, prioritize placement for those at higher risk of pathogen transmission (e.g., acute diarrhea, draining wounds). Cohorting of patients/residents with the same MDRO may also be considered if availability of single rooms is limited.
- Ensure communication is being conducted prior to receiving units or facilities regarding a patient's/resident's *C. auris* status and ensure necessary infection control practices are communicated.
  - Facilities able to care for patients/residents with MDROs should also be able to care for patients/residents with *C. auris*. Health care facilities should base transfer and acceptance of patients/residents on clinical criteria and the ability of the accepting facility to provide care.
- Conduct R-PPS on affected units/floors where transmission is suspected.
  - It is recommended that R-PPS's be conducted every two to four weeks until at least two sequential PPS's do not identify new cases.
  - In circumstances where high levels of transmission continue, serial PPS's may be paused or conducted less frequently while re-evaluating and strengthening infection control measures.
- Perform onsite infection control observations to determine adherence to infection control practices and areas for improvement. These areas may include adherence to hand hygiene, personal protective equipment (PPE), transmission-based precautions, and environmental cleaning with proper Environmental Protection Agency List P disinfectant.

NOTE: The Florida Department of Health's Health Care-Associated Infection Prevention Program can assist in providing no-cost resources and support.

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**HAI\_Program@flhealth.gov or 850-245-4401.**

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# Candida auris: Containment Tiers

**C. auris is a fungus that causes serious infections.**

Containment tiers have been developed to guide public health interventions based on local epidemiology of *C. auris* and health care facility characteristics. Containment tiers vary by population per region, health care facilities within each region, and prevalence of the organism within each region.

## Tier Definition

- **Tier 1:** Pathogens/resistance mechanisms never (or very rarely) identified in Florida and for which experience is limited.
- **Tier 2:** Pathogens/resistance mechanisms not commonly identified in Florida OR no current treatment options exist (i.e., pan-not susceptible) and have the potential to spread more widely within a region (e.g., have plasmid-mediated resistance mechanisms).
- **Tier 3:** Pathogens/resistance mechanisms have been identified frequently across Florida but are not considered endemic.
- **Tier 4:** Pathogens/resistance mechanisms that are endemic but have clinical significance and potential to spread rapidly.

## Regional Containment Tiers

As of 2024:

Region	Counties by Region	Tier
1	Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington.	2
2	Columbia, Dixie, Franklin, Gadsden, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, and Wakulla.	2
3	Alachua, Baker, Bradford, Clay, Duval, Flagler, Gilchrist, Levy, Marion, Nassau, Putnam, St. Johns, and Union.	3
4	Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk, and Sumter.	3
5	Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia.	2
6	Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Manatee, Okeechobee, and Sarasota.	2
7	Broward, Miami-Dade, Monroe, and Palm Beach.	4

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# Candida auris: Infection Prevention Checklist

## Ensure notification of confirmed *C. auris* test result to:

- Patient/resident and/or representative
- Staff
- Public health department.

## Educate health care personnel on infection control practices including:

- Hand hygiene: Use alcohol-based hand sanitizer unless hands are visibly soiled.
- Personal protective equipment: Use gown and gloves when appropriate.
- Environmental cleaning: Use EPA's List P disinfectants and ensure supplies are readily available.
- Intra-facility communication: Ensure communication of patient/resident status during patient/resident movement within the facility to other units, for procedures, during change of shift, during huddles, and with infection prevention staff.
- Inter-facility communication: Ensure patient/resident status to receiving facility is communicated prior to discharge including infection prevention staff.

## Educate patients/residents and families:

- About *C. auris*.
- Hand hygiene: Use alcohol-based hand sanitizer unless hands are visibly soiled.
- Personal protective equipment: Use gown and gloves when appropriate.
- Risk factors for family members: Healthy individuals are at low risk for infection and colonization of *C. auris*.

## Auditing:

- Appropriate door signage/staff notification: Ensure signage is visible and illustrates infection control measures required; ensure appropriate staff are notified of patient status.
- Hand hygiene: Ensure alcohol-based hand sanitizer is readily available inside, outside, and strategically within patient/resident room to facilitate compliance. Use alcohol-based hand sanitizer unless hands are visibly soiled.
  - Staff
  - Visitors
- Personal protective equipment supplies and use: ensure PPE is fully stocked and readily available to ensure compliance; ensure PPE is donned and doffed in a manner that limits self-contamination and environment.
  - Staff
  - Visitors
- Disinfectants used: Use EPA's List P disinfectants and ensure supplies are readily available.
- Daily and terminal cleaning: Develop method to ensure patient/resident areas are routinely cleaned (e.g., Adenosine Triphosphate (ATP), fluorescent marker).
  - Reusable medical equipment: Ensure staff are trained on which shared equipment they are responsible for cleaning and how to clean the equipment properly. When possible, dedicate medical equipment (e.g., blood pressure cuffs, glucometers).

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# Candida auris: Environmental Cleaning and Disinfection

## C. auris is a fungus that causes serious infections.

*C. auris* is an organism that persists on surfaces for weeks. Previous health care setting environmental sampling has identified *C. auris* in an array of locations including high-touch surfaces and reusable equipment.

## High-Touch Surfaces

High-touch surfaces are areas that experience frequent hand contact. High-touch surfaces should be cleaned frequently and routinely to protect patients/residents and staff. Examples of high-touch areas include, but are not limited to:

- Bedrails
- Bedside table
- Light switches
- Bed frames
- Door handle
- Shower chairs
- Tray table
- IV poles
- Wheelchairs

## Disinfectants

Environmental cleaning should be performed with an EPA-registered hospital-grade disinfectant effective against *C. auris*. A current list of approved products can be found on EPA's List P. Facilities may use EPA's List K, disinfectants effective against *Clostridium difficile*, if products on List P are not accessible or suitable for their facility.

Ensure use of disinfectants meets manufacturer's directions for use including applying the product for the correct contact time. Contact time is the amount of time a disinfectant needs to sit on a surface, without being wiped away or disturbed, to effectively kill organisms, and it can typically be found on the disinfectant's label.

## Cleaning

Environmental cleaning should follow general strategies of:

- **Clean to dirty:** Clean low-touch surfaces before high-touch surfaces, patient/resident areas before bathrooms, and areas not under transmission-based precautions before those under transmission-based precautions.
- **High to low:** Prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas.
- **Systematic manner:** Clean left to right or clockwise to avoid missing areas.

Clean and disinfect shared or reusable equipment after each use. Label cleaned and disinfected equipment as such and store it away from dirty equipment. All health care personnel providing patient/resident care should be trained on which mobile and reusable equipment they are responsible for cleaning and how to clean the equipment properly.

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# Candida auris: Occupational Health

*C. auris* is a fungus that causes serious infections.

## Risk to Health Care Personnel

*C. auris* infection among healthy people is very low. *C. auris* infection has been identified primarily in people with serious underlying medical conditions with prolonged admissions to health care settings, who received multiple antibiotics, and who reside in health care settings.

## Symptoms of Colonization or Infection

*C. auris* can cause infections in different parts of the body such as in the bloodstream, open wounds, and ears. The symptoms depend on the location and severity of the infection. Symptoms may be similar to those of an infection caused by bacteria. There is not a common set of symptoms specific for *C. auris* infections. There are no symptoms associated with *C. auris* colonization.

## Personal Protective Equipment (PPE)

*C. auris* is spread through direct contact with colonized or infected patients/residents and/or their surroundings. Contact precautions or enhanced barrier precautions with use of gowns and gloves is recommended.

## Health Care Personnel Testing

It is not recommended for health care personnel to be tested for *C. auris* unless they are identified as a possible source of transmission to patients/residents. Family members of health care personnel do not need to be tested for *C. auris*.

## Hand Hygiene

Adherence to proper hand hygiene is the primary way to protect patients/residents, families, and health care personnel. Alcohol-based hand sanitizer is the preferred method for cleaning hands when they are not visibly soiled. If hands are visibly soiled, wash with soap and water.

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# Candida auris: Patients/Residents and Families

***C. auris* is a fungus that causes serious infections.**

## Patient/Resident and Family Risk

Healthy individuals usually do not get infected with *C. auris*. Most people who develop *C. auris* infections have severe underlying medical conditions and require complex medical care.

*C. auris* mostly affects those with:

- Weakened immune systems.
- A history of long-term antibiotic use.
- Frequent and extended stays in health care settings.
- Invasive medical devices (e.g., breathing tubes, feeding tubes, urinary catheters, and central venous catheters).

## Testing

A person may be carrying *C. auris* on their skin without having any symptoms or an infection; this is known as colonization. Most people who are colonized do not get sick or present with symptoms.

Testing may be requested if a person has been exposed to *C. auris* while staying in a health care facility. Receiving testing for *C. auris* helps health care facilities and health departments prevent the fungus from spreading in the facility and in the community.

## Infection Prevention and Control Practices

The risk of *C. auris* infection in otherwise healthy people is low. Patients/residents and family members should:

- Clean their hands with hand sanitizer or soap and water before and after touching a patient/residents with *C. auris* or equipment in the patient's/resident's room.
- Consider wearing disposable gloves and gown when providing certain types of care like changing wound dressings and helping the patient/resident bathe.
- Inform health care providers of their positive *C. auris* status when visiting health care offices and when admitting to health care facilities.

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**HAI\_Program@flhealth.gov or 850-245-4401.**

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# ***Candida auris*: Enhanced Barrier Precautions**

## ***C. auris* is a fungus that causes serious infections.**

Enhanced barrier precautions (EBP) are an infection control intervention designated to be used only within skilled nursing facilities. EBP are designed to reduce transmission of drug-resistant organisms that encourage the use of gown and gloves during high contact resident care activities. Residents with *C. auris* can be managed using EBP, depending on the situation and if EBP criteria is met.

## **Enhanced Barrier Precautions**

Effective implementation of EBP is applied under certain circumstances including:

- For residents in a nursing home when the following criteria are met:
  - Infection and/or colonization with a targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.
  - Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO

## **Enhanced Barrier Precautions Recommendations**

- Ensure gown, gloves, and hand hygiene supplies are readily available for use as needed.
- Wear gown and gloves for high-contact resident care activities (e.g., dressing, bathing/showers, transferring, changing linens, providing hygiene, changing briefs/assisting with toilets, device care or use (central line, urinary catheter, feeding tube, tracheostomy, wound care).
- Residents on EBP do not require placement in a private room and are allowed to participate in group activities.
- Dedicated equipment is not required.
- Provide education to residents and visitors regarding EBP.

## **Discontinuation of Enhanced Barrier Precautions**

Enhanced barrier precautions are recommended for the duration of all health care stays for residents colonized and/or infected with *C. auris*.

NOTE: Patients/residents in health care facilities often remain colonized with *C. auris* for many months, even after an acute infection (if present) has been treated and resolved.

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# Candida auris: Contact Precautions

## **C. auris is a fungus that causes serious infections.**

Health care providers should use contact precautions to manage patients/residents with *C. auris* in acute care hospitals and long-term acute care hospitals. Residents with *C. auris* in nursing homes and skilled nursing facilities may use contact precautions if criteria are not met for enhanced barrier precautions.

## Hand Hygiene Recommendations

Alcohol-based hand sanitizer is the preferred method for cleaning hands when they are not visibly soiled. If hands are visibly soiled, wash with soap and water. Wearing gloves is not a substitute for hand hygiene.

- Ensure alcohol-based hand sanitizer is readily available inside, outside, and strategically within patient/resident room to facilitate compliance.

## Contact Precautions Recommendations

- Post clear signage outside of the resident room indicating the type of precaution. Gowns and gloves should be readily available outside of patient/resident room.
  - Put on gloves before room entry. Discard gloves before room exit.
  - Put on gown before room entry. Discard gown before room exit.
  - Do not wear the same gown and gloves for the care of more than one person.
- Dedicated or disposable equipment is recommended. Any reusable equipment must be cleaned and disinfected before use on another person.
  - Ensure supplies used for cleaning and disinfecting are readily available at point of use.
- Provide education to patients/residents, visitors, volunteers, and staff regarding the importance of adherence to contact precautions. It is important that any gowns or gloves worn in the patient/resident room are removed prior to exit and hand hygiene is performed.

## Discontinuation of Contact Precautions

Contact precautions are recommended for the duration of all health care stays for patients/residents colonized and/or infected with *C. auris* if enhanced barrier precautions are not indicated.

NOTE: Patients/residents in health care facilities often remain colonized with *C. auris* for many months, even after an acute infection (if present) has been treated and resolves.

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# Candida auris: Outpatient Hemodialysis

*C. auris* is a fungus that causes serious infections.

## Outpatient Hemodialysis Facilities

*C. auris* is a type of yeast that can cause severe illness and spreads easily among patients in health care facilities. It is often resistant to antifungal treatments, which means that the medications that are designed to kill the fungus and stop infections do not work. There have been no reported outbreaks in outpatient hemodialysis facilities, but the end-stage kidney disease (ESKD) population is at particular risk of colonization and/or infection. These risks include:

- Frequent exposure to health care facilities.
- Use of invasive devices such as central venous catheters.
- Co-morbid conditions (diabetes, hypertension, and other chronic medical conditions).

## Infection Prevention Measures

- Use alcohol-based hand sanitizer as the preferred method for cleaning hands when they are not visibly soiled. If hands are visibly soiled, wash with soap and water. Wearing gloves is not a substitute for hand hygiene.
- Wear gowns and gloves using proper donning and doffing techniques when caring for patients with *C. auris* or touching items at the dialysis station.
  - Gowns and gloves should be removed when leaving the patient's station.
- Clean and disinfect reusable equipment brought to the dialysis station after each use.

## Patient Management

Patients can be safely cared for in outpatient hemodialysis facilities:

- Minimize exposure to other patients by dialyzing the patient in a single-person isolation room, if available.
- The isolation room used for isolation of hepatitis B may be used if:
  - The patient is hepatitis B surface antigen positive.
  - The facility has no patients on their census with hepatitis B infection that would require treatment in the isolation room and the room is terminally cleaned.
- If an isolation room is not available, dialyze the patient at a station with as few adjacent stations as possible, and consider dialyzing the patient on the last shift of the day to ensure adequate cleaning and disinfection.
  - A dedicated machine is not necessary.

## Cleaning and Disinfection

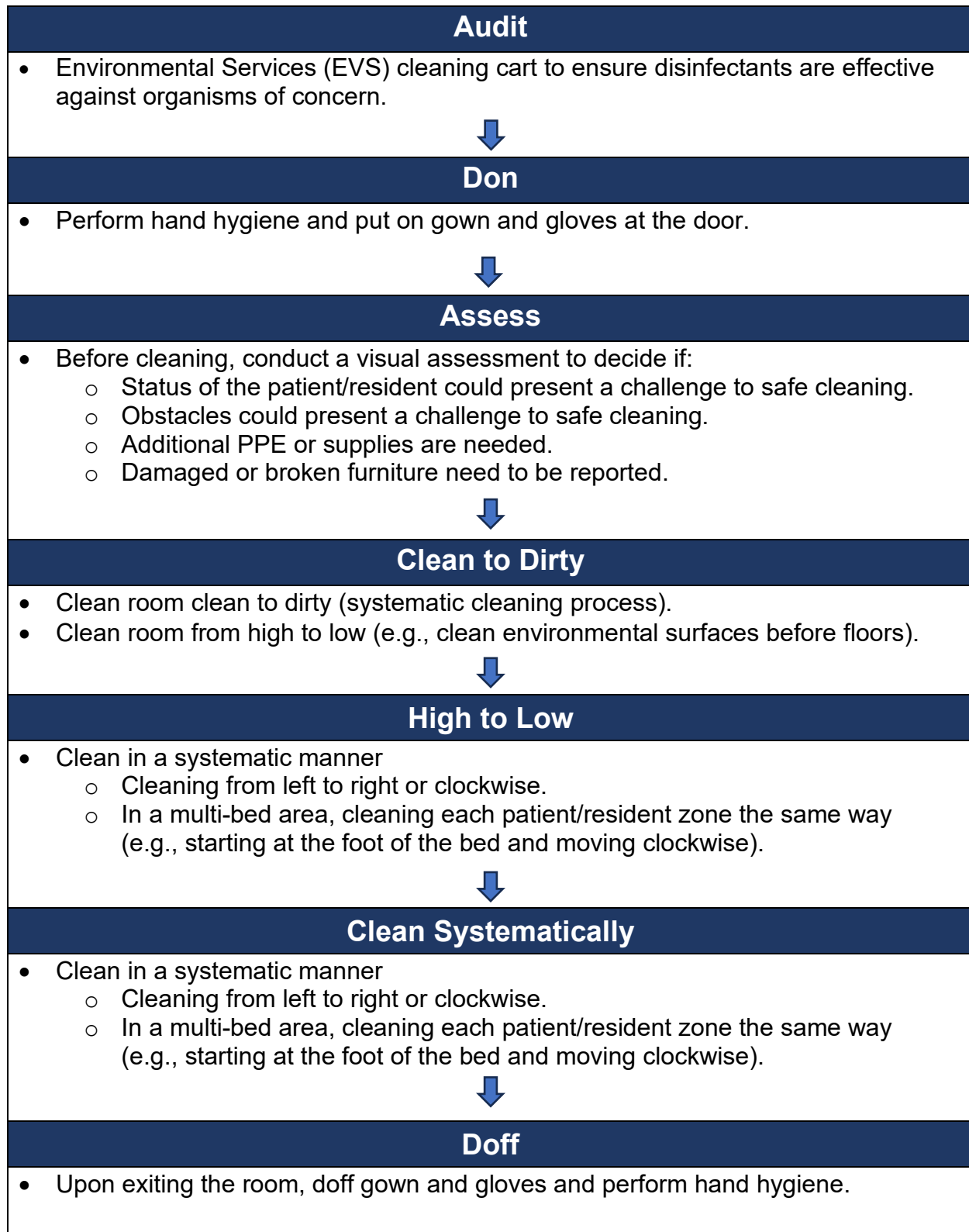
Ensure the dialysis station is thoroughly cleaned and disinfected with products approved for use against *C. auris* (EPA List P). Follow all manufacturer's directions for use of disinfectants and apply the product for the appropriate amount of time to ensure effectiveness of the product.

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# Candida auris: Environmental Services Checklist



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# Environmental Services Audit Tool

Date:	
Unit:	
Room Number:	
Reviewer:	

**Monitoring Method:**

Direct Observation    Fluorescent Gel    ATP system

**Daily Room Clean:**

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
Room inner doorknob			
Bed rails			
Tray tables			
Bedside tables (including drawers)			
Telephone			
Room light switches			
TV remote			
Bed remote			
Call buttons			
Chairs			
Additional horizontal surfaces			
Room sink			
Bathroom light switch			
Bathroom doorknob			
Bathroom handrail			
Bathroom sink handle			
Bathroom sink basin			
Tub/shower			
Mirror			
Toilet seats (including any bedpans)			
Flush handles			

**Terminal Clean (Performed in addition to daily clean):**

Bed frame, springs, or panels			
Bed headboard (top, front, back)			
Footboard (top, front, back)			
Side rails			
Undercarriage			
Lower ledges			
Mattress (top, sides, bottom)			
Pillows			

**Evaluate the following is equipment is present in the room:**

IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			

# Florida Department of Health Interfacility Transfer Form

**Sending Health Care Facility:**

Patient/Resident Last Name	First Name	Date of Birth	MRN

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone Number

Sending Facility Contacts	Contact Name	Phone Number	Email
Transferring RN/Unit			
Transferring Physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the patient/resident receive dialysis?  Yes  No

Dialysis Facility Name	Contact Name	Phone Number

Does the person currently have an infection, colonization, OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history (Check if YES)	Active infection on Treatment (Check if YES)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Enterobacteriaceae (e.g., <i>E.coli</i> , <i>Klebsiella</i> , <i>Proteus</i> ) Producing Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Candida auris</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Does the person currently have any of the following? (Check here  if none apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cough or requires suctioning<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Incontinent of urine or stool | <input type="checkbox"/> Open wounds or wounds requiring dressing change<br><input type="checkbox"/> Drainage (source):<br><input type="checkbox"/> Central line/PICC (Approx. date inserted):<br><input type="checkbox"/> Hemodialysis catheter | <input type="checkbox"/> Urinary catheter (Approx. date inserted):<br><input type="checkbox"/> Suprapubic catheter<br><input type="checkbox"/> Percutaneous gastrostomy tube<br><input type="checkbox"/> Tracheostomy |
|---|--|---|