

Managing the care of a patient with *Candida auris* in a private hospital setting.



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Outline

- Preparation
- Successes
- Moments that highlighted areas for improvement
- Resources
- Outcomes

Kaweka Hospital

- Private surgical hospital
- Located in Hastings, Hawke's Bay
- Opened in 2022
- Inpatient and day stay
- 4 operating theatres
- 11 inpatient rooms
- 130 staff



Preparation and patient admission

- Overseas travel in the previous 12 months with a hospitalisation while overseas
- Procedure required a 2-night stay
- Pre-admission screening completed
- Notification of positive result for C. auris

- Advice
- Communication to team
- Plan
- Reassess time frames
- Resources, education and practical steps

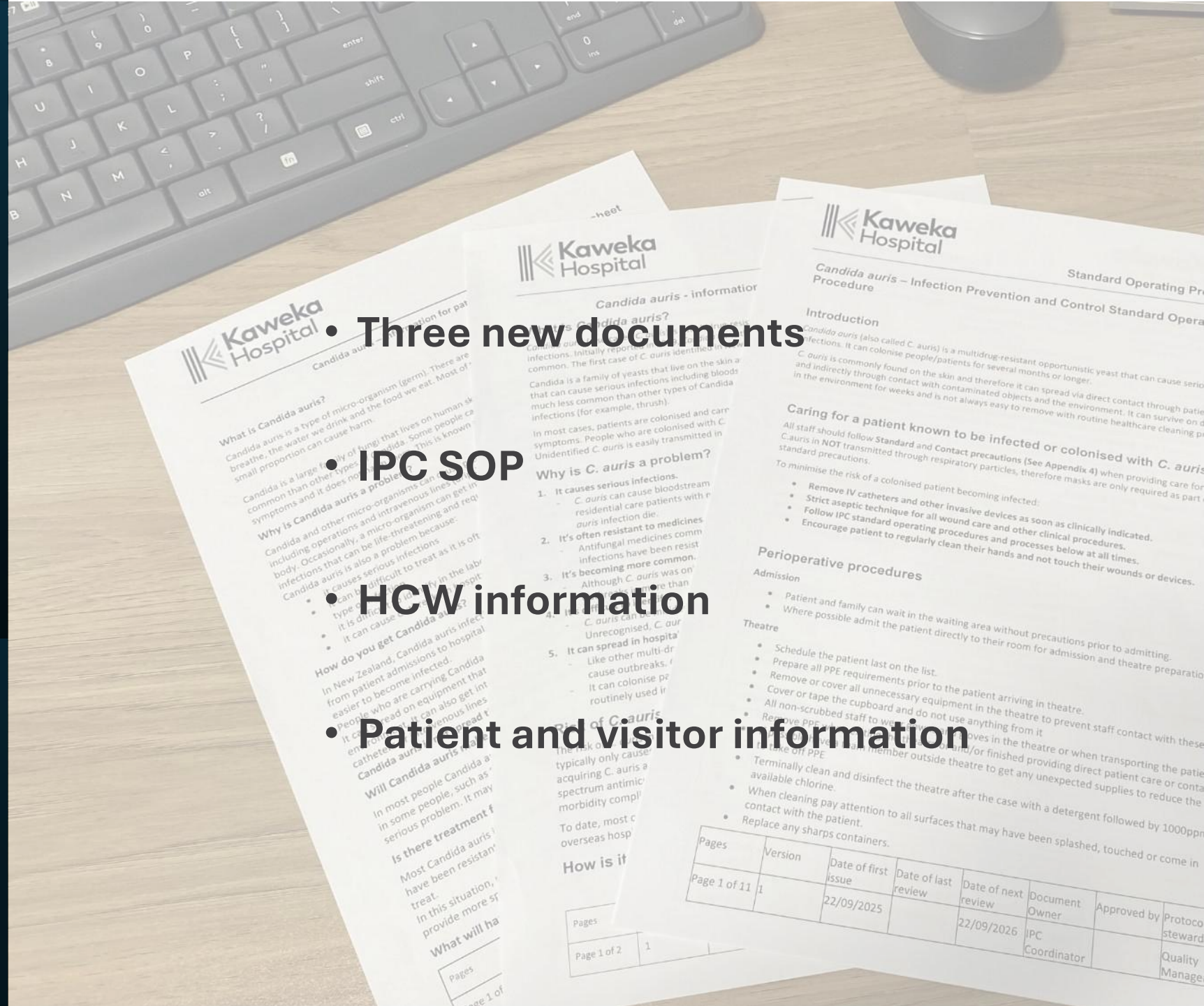
Resources

• Three new documents

• IPC SOP

• HCW information

• Patient and visitor information



Kaweka Hospital
Candida auris - information for patients

What is Candida auris?
Candida auris is a type of micro-organism (germ). There are many types of Candida. Some people can have a small proportion can cause harm.

Why is Candida auris a problem?
Candida and other micro-organisms can cause infections. Occasionally, a micro-organism can get into the body. Candida auris is a micro-organism that causes serious infections. It is difficult to treat as it is often resistant to antifungal medicines.

How do you get Candida auris?
In New Zealand, Candida auris infections from patient admissions to hospital are rare. People who are carrying Candida auris can spread it to others. It can also get into the body through catheters or other medical equipment.

Will Candida auris spread?
In most people, Candida auris does not spread. In some people, such as those with a serious problem, it may spread.

Is there treatment for Candida auris?
Most Candida auris infections can be treated. In this situation, more treatment may be needed.

What will happen?
The hospital will provide more support and information.

Kaweka Hospital
Candida auris - information for healthcare workers

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1. It causes serious infections.
C. auris can cause bloodstream infections. Patients with a C. auris infection die.
2. It's often resistant to medicines.
Antifungal medicines commonly used to treat C. auris infections have been resistant.
3. It's becoming more common.
Although C. auris was only first identified in 2009, it is now found in more than 30 countries.
4. It can spread in hospital.
C. auris can be spread from one patient to another. It can also be spread from a patient to a healthcare worker.
5. It can spread in hospital.
Like other multi-drug resistant organisms, C. auris can cause outbreaks. It can colonise people who are not infected.

How is it spread?

The risk of C. auris spreading is typically only caused by acquiring C. auris from a patient with a spectrum antimicrobial resistance (AMR) morbidity.

How is it spread?

Kaweka Hospital
Candida auris - Infection Prevention and Control Standard Operating Procedure

Introduction
Candida auris (also called C. auris) is a multidrug-resistant opportunistic yeast that can cause serious infections. It can colonise people/patients for several months or longer.

C. auris is commonly found on the skin and therefore it can spread via direct contact through patient care and indirectly through contact with contaminated objects and the environment. It can survive on dry surfaces for weeks and is not always easy to remove with routine healthcare cleaning procedures.

Caring for a patient known to be infected or colonised with C. auris
All staff should follow Standard and Contact precautions (See Appendix 4) when providing care for a patient known to be infected or colonised with C. auris. C. auris is NOT transmitted through respiratory particles, therefore masks are only required as part of standard precautions.

- To minimise the risk of a colonised patient becoming infected:
- Remove IV catheters and other invasive devices as soon as clinically indicated.
 - Strict aseptic technique for all wound care and other clinical procedures.
 - Follow IPC standard operating procedures and processes below at all times.
 - Encourage patient to regularly clean their hands and not touch their wounds or devices.

Perioperative procedures

- Admission**
- Patient and family can wait in the waiting area without precautions prior to admitting.
 - Where possible admit the patient directly to their room for admission and theatre preparation.
- Theatre**
- Schedule the patient last on the list.
 - Prepare all PPE requirements prior to the patient arriving in theatre.
 - Remove or cover all unnecessary equipment in the theatre to prevent staff contact with the patient.
 - Cover or tape the cupboard and do not use anything from it.
 - All non-scrubbed staff to wear gloves and gowns in the theatre or when transporting the patient.
 - Remove PPE when leaving the theatre and/or finished providing direct patient care or contact with the patient.
 - Take off PPE.
 - Terminally clean and disinfect the theatre after the case with a detergent followed by 1000ppm available chlorine.
 - When cleaning pay attention to all surfaces that may have been splashed, touched or come in contact with the patient.
 - Replace any sharps containers.

Pages	Version	Date of first issue	Date of last review	Date of next review	Document Owner	Approved by	Protocol steward
Page 1 of 11	1	22/09/2025		22/09/2026	IPC Coordinator		Quality Manager

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Education and practical preparation

- **Teams:**
 - Admission team
 - Ward team
 - OT nursing team
 - Anaesthetic Technicians
 - OTAs
 - SSD
 - PACU team
- **Awareness**
- **Clarity**
- **Knowledge**
- **Confidence**



- **PPE**
- **Cleaning products**
- **Terminal clean**



Procedure day

- Admission to own room
- Procedure in OT
- Transfer to PACU
- Transfer to ward
- Check in

Impressions

- **Process**
- **PPE – donning and doffing**
- **Seeing the thought process...**
- **Over doing vs underdoing it**
- **Team work**

- Additions to documents and resources
- Patient feedback

- **Te Whatu Ora/HNZ input and discussion**
- **NHI alert**
- **Perioperative documentation – a set process is required**

Communication and Feedback

- Ask for feedback
- Share feedback
- Utilise feedback
- New and unfamiliar scenario
- Ask for help
- Collaborate
- Set up a system



Notification of an MRSA or other IPC national alert, detected at Kaweka Hospital. Please add it to an alert for this patient:

PATIENT LABEL:

DETAILS:

DATE OF NOTIFICATION:	
ADMISSION DATE:	
DISCHARGE DATE:	
SCHENKENS DETAILS:	
TEST: CLINICAL SWAB FOR DRUG-RESISTANT STAPHYLOCOCCUS AUREUS (CLINICAL SWAB)	
CURIAL SWAB:	DATE:
	SAMPLE TYPE (URINE, RECTAL STC...):
	RESULTS:
SOLUTION REQUIREMENTS:	

NAME OF PERSON MAKING REQUEST:

DESIGNATION:

SIGNATURE:

DATE:

FORWARD THIS FORM TO ipc@kawekahospital.nz and senior.nurse@kawekahospital.nz FOR SUBMISSION TO TE WHAKA OIAHINE

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1 of 1	1.0	2019/01/01	1.0	1.0	1.0	1.0	1.0	1.0

Changes

- Acknowledged feedback and updated resources
- Team awareness
- Understand the national alert process

C. auris packs include:

- C. auris documents
- Contact precautions and restricted access door signs
- Donning and doffing resources
- Actichlor Plus instructions and SDS
- An IPC national alert form

IPC INFORMATION

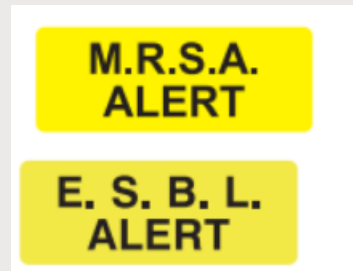
Kaweka Hospital

C. AURIS RESOURCE PACK

- Important information for the **WHOLE** team
- Implement a process
- Communicate the process

Perioperative chart alerts

Older more specific stickers



New stickers - can cover a broader range of IPC concerns

**Infection Prevention
& Control**

Regional Communication

- Involve the facility providing the care – even if a private sector provider
- Collaboration ----- MDRO meeting
- Alignment with local public processes
- Patients can visit any of the hospitals in a region

HNZ | TWO

Contract

Private

**An unusual turn of
events...**

- Patient impact
- Time and effort
- Cost
- Positives

Knowledge

Collaboration

Resources



In summary

- Prepare
- Communicate
- Educate
- Increased awareness
- Improved processes

**Public or private – one community to
keep safe.**

Thank you...

- Ruth Barratt
- Jess Hawke & Racquel Lewis

References

1. Te Oranga o Te Matau a Māui Health Hawke's Bay MDRO policy
2. *Candida auris* Screen - Te Matau a Māui | Laboratory Services
3. Te Whatu Ora : HNZ Infection Prevention and Control *Candida auris* guidance document (<https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/infection-prevention-and-control/ipc-policies-guidelines#guidance-for-individual-mdros-23749>)
4. Australian Commission on Safety and quality in Healthcare - IPC *Candida auris* guidance document (<https://www.safetyandquality.gov.au/clinical-topics/infection-prevention-and-control/infection-prevention-and-control-specific-diseases>]