Infection Prevention and Control Care Checklist – *Candida auris*

This Care checklist should be used with patients who have confirmed *Candida auris*. It should also be used for those patients who have ever been /are positive during their stay in hospital and then signed off at discharge. Each criteria should be ticked √ if in place or X if not, the checklist should be then initialled after completion, daily.

Patient Name ……

CHI ……

Date Isolation Commenced ……

	DATE						
PATIENT PLACEMENT/ASSESSMENT OF RISK							
Patient must be isolated in a single room for the duration of their admission. Where possible patient should have 1-2-1 nursing. Please contact IPCT for advice if transferring patient to another ward or department.							
Place yellow isolation sign on the door to the isolation room.							
Door to isolation room is closed. If closing the door presents a risk to patient safety, then 1;1 nursing or close observation would be required.							
HAND HYGIENE							
All staff and visitors must use correct 6 step technique for sustained adherence to hand hygiene at 5 key moments.							
Hand Hygiene facilities are offered to patient after using the toilet and prior to mealtimes etc. (wipes where applicable)							
PPE							
PPE should be donned prior to entering the isolation room. To prevent transmission through direct contact, gloves and a yellow apron should be worn when providing care to the patient or when in contact with their care environment. A long-sleeved gown should be worn where high-contact patient care activities are anticipated and there is a risk of prolonged contact between the healthcare worker's clothing or exposed skin and the patient or their environment. PPE should be removed before leaving the isolation area and discarded as clinical waste within the isolation room. Hand hygiene must follow the removal of PPE. Masks and eye protection are only required if there is a blood/body fluid exposure risk or the patient is receiving an aerosol generating procedure.							
SAFE MANAGEMENT OF CARE EQUIPMENT AND THE ENVIRONMENT							
Single-use items are used where possible OR equipment is dedicated for this patient's use only. If reusable equipment must be used, this should be kept for this patient's use and then cleaned with 1,000 ppm solution of chlorine-based detergent following the manufacturers recommended contact times. On transfer or discharge, Hydrogen peroxide vapour (HPV) decontamination may be recommended by the Infection Prevention and Control Team (IPCT) following a risk assessment, particularly where enhanced environmental decontamination is considered necessary. Any patient equipment with Velcro, fabric straps etc must be discussed with IPCT, preferably before being used with this patient.							

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Patient Name ……

CHI ……

Date Isolation Commenced ……

There are no non-essential items in the room. (e.g. excessive care equipment, sundries, linen, dressings)							
Patient equipment should be cleaned following use with 1,000 ppm solution of chlorine-based detergent and leaving for 5 minutes before rinsing off and drying. Hydrogen peroxide vapour (HPV) decontamination may be recommended by the Infection Prevention and Control Team (IPCT) following a risk assessment, particularly where enhanced environmental decontamination is considered necessary. Twice daily decontamination of the patient equipment is in place using 1,000 ppm solution of chlorine-based detergent and leaving for 5 minutes before rinsing off and drying.							
Twice daily clean of isolation room is completed by Domestic Services, using a solution of 1,000 ppm chlorine-based detergent before rinsing off and drying. Manufacturer's guidance should be followed for contact time. A terminal clean should be arranged on day of discharge/transfer using 1,000 ppm solution of chlorine-based detergent and leaving for 5 minutes before rinsing off and drying. Hydrogen peroxide vapour (HPV) decontamination may be recommended by the Infection Prevention and Control Team (IPCT) following a risk assessment, particularly where enhanced environmental decontamination is considered necessary.							
MANAGEMENT OF LINEN AND HEALTHCARE WASTE							
Treat used linen as infectious, i.e. place in a water-soluble bag then a clear plastic bag, tied and then into a red laundry hamper bag. Pillows should be disposed of as clinical waste on discharge.							
Clean linen must not be stored in the isolation room.							
All waste should be disposed of as clinical/ healthcare waste.							
INFORMATION FOR PATIENTS AND CARERS							
If taking clothing home, carers have been issued with a Washing Clothes at Home patient information leaflet (PIL) (NB. Personal laundry is placed into a domestic water-soluble bag, then into a patient clothing bag before being given to carer to take home)							
Visitors do not need to wear PPE unless they are providing direct care to the patient. They should be encouraged to perform hand hygiene before entering and on leaving the patient environment.							
HCW DAILY INITIALS							

Date terminal clean completed ……..

Care checklist completed and signed off by ……