

## CANDIDA AURIS HANDOFF DOCUMENT (*Attachment A*)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

TDCJ Number: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Diagnosis/Reason for Transfer: \_\_\_\_\_

Isolation: *Candida auris*

Sending Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

We have communicated with \_\_\_\_\_ (name of person receiving report) of the \_\_\_\_\_ (name of receiving hospital/facility) at \_\_\_\_\_ (time) with the following information:

The patient is \_\_\_\_ colonized with \_\_\_\_ infected with or \_\_\_\_ exposed to ***Candida auris*** exposure.

### CONTACT PRECAUTIONS:

- Adhere to hand hygiene before and after caring for this patient.
- Don gloves before interacting with this patient and remove gloves after interacting with the patient.
- Put on a disposable gown before interacting with the patient and remove the gown after interacting with the patient.
- Clean and disinfect all environmental surfaces and equipment used on this patient before using it for another patient.
  - All cleaning must be done with a 10% bleach solution. The bleach should be sprayed on and allowed to air dry for at least 10 minutes. The formula for the 10% bleach solution is:
    - 8 oz of powdered bleach to 1 gallon of water
    - 12.8 oz of liquid bleach to 1 gallon of water
  - Areas of special attention:
    - Restraints
    - Medical equipment
    - Stretcher
    - Interior of vehicle used for transportation.
- Limit transportation and only transport patients with the same diagnosis.