



***Candida auris***  
**Mini Education Facilitator Guide**

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**July 2025**

# Candida auris

## Introduction

Mini education sessions are guided discussions created to provide short, on-the-spot learning opportunities. Each education session focuses on a specific topic that health care workers can apply to their daily activities. Each topic can be customized based on the health care setting type.

A mini education session can be incorporated into pre-shift huddles or team meetings and can be facilitated by a knowledgeable team member with expertise in infection control. Key elements to include in mini education sessions are listed below:

- Align the content with facility policies and protocols based on the educational topic, adapting as needed.
- Build on the audience's knowledge and experience to connect the content to local context, or relevant recent events.
- Use mini education sessions to reinforce infection control concepts when risks are observed in the care of residents, or in the resident environmental surroundings.

## 1. Introduce the Topic

**Share key points about the topic your audience should know and relate it to your specific local context. Examples of key points to share are listed below:**

- *Candida auris* (*C. auris*) is a fungus that is considered an urgent threat to the population.
- Similar to other multidrug-resistant organisms (MDROs), *C. auris* is easily spread in health care settings and can cause outbreaks.
- *C. auris* is different from other *Candida* species in that it develops a biofilm that makes it difficult to remove from the environment.
- Special disinfectants are required to remove *C. auris* from the environment.
- *C. auris* is resistant to many of the medications currently used to treat patients and is considered an MDRO.

## 2. Expand on the Topic

**Share information about what your audience should do. Examples of key points to share are listed below:**

- In most instances, personal protective equipment (PPE) is indicated for close contact care procedures in the form of enhanced barrier precautions (EBP) for *C. auris* residents in long-term care facilities (LTCFs).
- PPE is indicated in the form of contact precautions for *C. auris* patients in acute care hospitals.
- PPE for EBP include gown and gloves prior to initiation of close contact care procedures such as bathing, showering, transferring, wound dressing changes, etc.
- Clean your hands upon entry to the resident room care area, prior to donning PPE, after doffing PPE, after touching resident environmental surroundings, and upon exit from the resident room or care area.

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

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

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- Type of disinfectant used will be determined by facility or organization's policy and identified prior to performing cleaning and disinfection in the resident's room or care area.
- EBP expands on standard precautions which anticipates blood and body fluid exposure. EBP was created as studies have demonstrated MDRO transmission in LTCFs due to MDRO transfer to hands and clothing of health care personnel, even if blood and body fluid exposure is not anticipated.

See below when contact precautions are indicated in LTCFs.

- Contact precautions are indicated if the resident has acute diarrhea, draining wounds, or other sites of secretions or excretions unable to be covered or contained.
- Contact precautions are indicated for a limited period of time during a suspected or confirmed MDRO outbreak investigation.
- Most MDRO are cleared from the body within a couple of months, but *C. auris* residents and patients can be colonized indefinitely. Studies have found that greater than 50% of colonized patients were negative and then positive again. EBP or contact precautions are indicated for the duration of resident or patient stay.

## 3. Discuss with your Team

**Identify how your audience feels about the topic. Sample questions are listed below:**

- What do you usually do when you see a patient who is colonized or infected with *C. auris*?
- Do you worry you might catch something?
- How do you protect yourself and your residents?
- When might you don required PPE?
- Do you have all the tools, (e.g., hand hygiene supplies, PPE, disinfectants, etc.) and information you need to do your job safely?
- As a team, how can we help each other take the right infection control actions when we see *C. auris* colonization or infection to keep germs (microorganisms) from spreading?

## 4. Wrap-up and Reinforce

**Reinforce key takeaways:**

- Colonized residents display no signs or symptoms and contribute to the spread of *C. auris* in long-term care facilities and acute care hospitals.
- Use gloves and a gown when providing close contact care for residents with *C. auris* colonization or infection when EBP is indicated.
- Use gloves and a gown upon entry to room for patients or residents with *C. auris* colonization or infection when contact precautions is indicated.

**Share related facility-specific information and cue to follow-up opportunities:**

- Connect content with information that health care workers can implement to prevent transmission of *C. auris* in the facility (e.g., contact precautions, hand hygiene, cleaning and disinfection of the environment, etc.).
- Use examples of how a resident was placed in EBP to prevent *C. auris* transmission.
- Residents on EBP are not restricted to their room. Residents on contact precautions will only be transferred out of their room for medically necessary procedures
- Use images below and ask your staff to explain what is right about the pictures.

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- Share resources for further learning as appropriate, including the link to [C. auris](#) Frequently Asked Questions (FAQs), [C. auris](#) Education Resources, and [EBP](#) FAQs.

## Can you spot what's right with these pictures?

Image 1: Performing wound care



Image 2: Providing daily hygiene in shower



Image credit: Michigan HHS Enhanced Barrier Precautions

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