



Candida auris Toolkit:

Acute Care and Long-Term Acute Care Hospitals

Candida auris (*C. auris*) is an emerging, often multi-drug resistant organism (yeast) which can cause severe infections and outbreaks in healthcare facilities. Public Health has developed this toolkit to provide Acute Care and Long-Term Acute Care Hospitals with guidance and resources to prepare and care for patients with *C. auris* in your facility.

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➤ Includes proactive steps to start implementing now to prepare your facility to accept and care for patients with <i>C. auris</i> . Facilities who are prepared can identify <i>C. auris</i> early and initiate infection control measures rapidly which reduces the opportunity for transmission.	
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➤ Includes resources and tools to support your facility and laboratory in early identification of <i>C. auris</i> and conducting patient screening activities such as specimen collection, handling, and shipping.	



PREPARE for *Candida auris*: **Acute Care and Long-Term Acute Care Hospitals**

CREATE A *CANDIDA AURIS* (*C. AURIS*) ACTION PLAN

<input type="checkbox"/> <u>Conduct Staff Education and Training- Start NOW.</u>
<p>Having trained and knowledgeable staff is one of the best protections against <i>C. auris</i> transmission in your facility. Everyone in a healthcare setting plays an important role in implementing and sustaining infection control practices.</p> <p>Education topics to include:</p> <ol style="list-style-type: none">1) What is <i>Candida auris</i>?2) Hand Hygiene3) Transmission-based Precautions and Appropriate PPE Use4) Environmental Cleaning and Disinfection for <i>C. auris</i>. Include training on use of EPA list P disinfectants effective against <i>C. auris</i>. <p><u>Review Appendix A</u> for materials to aid in the development of your <i>C. auris</i> staff education and training plan. Public Health is available to support your facility in a variety of ways including providing onsite staff education and training, creation of resources or materials, and conducting onsite staff audits to inform your staff training needs.</p>
<input type="checkbox"/> <u>Plan for Patient Placement with Your Infection Prevention Team.</u>
<p>Planning for <i>C. auris</i> patient placement will allow your team to proactively select rooms/units which meet patients medical care needs while reducing risk for transmission. Additionally, having a patient placement plan will allow your Infection Preventionist (IP) to conduct dedicated <i>C. auris</i> training on selected units and allow for rapid implementation of infection control measures in the event of transmission.</p> <p>Your <i>C. auris</i> patient placement plan should include:</p> <ul style="list-style-type: none">• Placed in a private room on Contact Precautions• If unable to place in private room, cohort patients with <i>C. auris</i> in a shared room. Additional infection prevention measures should be implemented.• Consider a room large enough to support in-room treatment/therapy (RT/OT/PT) to reduce patient movement within the unit/facility unless medically essential.• Use dedicated or disposable equipment where possible. Label and store dedicated equipment and supplies in the patient room. <p><u>Review Appendix A</u> for resources to support your patient placement plan.</p>
<input type="checkbox"/> <u>Establish a <i>C. auris</i> Communication Plan:</u>
<p>Communication is essential for effective infection prevention and response work. A newly identified case of <i>C. auris</i> requires clear, concise, and often rapid communication within the facility and across health systems. Review your current communication plan, and ensure the following are included:</p> <ul style="list-style-type: none">• A list of key partners and stakeholders to aid in rapid notification.• Clearly identify key staff roles, responsibilities, and the expected communication pathways (IP, Leadership, EVS, Nursing, Lab).• Actions to report new <i>C. auris</i> cases to Thurston County Public Health (360-867-2610) within 24hrs as required per WAC 246-101-101. <p><u>Admission planning:</u> Review your admission workflow to ensure diagnosis, exposures, recent screening, and transmission-based precautions are collected, documented accurately, and communicated to leadership, clinical staff, and infection prevention. Provide training for admission staff to ensure patients with <i>C. auris</i> are 1) placed in a private room when</p>



	<p>possible, AND 2) placed on contact precautions immediately. When admitting patients from a facility with known <i>C. auris</i> transmission, ensure admission staff ask about possible <i>C. auris</i> exposure and recent screening results (document details). This information will help inform your facility of appropriate precautions and if <i>C. auris</i> screening should occur on admission to your facility. If you have additional questions during your admission planning, please contact public health for assistance.</p> <p>Discharge planning: Review your inter-facility transfer notification workflow. Clearly outline and define who is responsible for communicating with the receiving facility. Provide training to those on your discharge planning team to ensure they understand the importance of communicating key discharge information such as diagnosis, treatment, transmission-based precautions and known exposures. Public Health recommends implementing use of CDC's inter-facility transfer form, or other facility transfer forms, to standardize your approach to facility transfer notification and documentation. Be sure to notify the transport company of precautions required during patient transport.</p> <ul style="list-style-type: none">Consider reaching out to facilities you frequently transfer patients to and from, and discuss inter-facility transfer notification expectations for exposed or confirmed patients with <i>C. auris</i>. <p>Review Appendix B for communication resources and tools to aid in the development of your <i>C. auris</i> communication plan.</p>
<input type="checkbox"/>	<p>Create an Admission Screening Plan.</p> <p>Establishing a patient screening plan provides clear expectations on when to screen patients for <i>C. auris</i> and ensures a proactive approach to identifying <i>C. auris</i> in your facility.</p> <p>Your facility admission screening plan should include:</p> <ul style="list-style-type: none">Screening high-risk patients on admission to your facility. High-risk patients include those who have:<ul style="list-style-type: none">A history of an overnight hospitalization outside of the US in the past 12 months.A history of an overnight hospitalization in a region within the US with a high burden of <i>C. auris</i> cases in the past 12 monthsBeen admitted directly from a ventilator capable skilled nursing facility or long-term acute care hospital.A known Carbapenemase-producing organism (infected or colonized)Screening patients who had close contact to someone diagnosed with <i>C. auris</i>. This may be determined during admission, or upon notification by another healthcare facility or by Public Health.Reviewing the Washington State Department of Health screening consent script and instructions for <i>C. auris</i> specimen collection and handling attached to this toolkit.Obtaining Public Health pre-approval for all <i>C. auris</i> screening. Be sure to include steps to call Thurston County Public Health at 360-867-2610 to obtain <i>C. auris</i> screening approval. Once approved, specimen collection kits will be delivered to your facility from the Washington State Antimicrobial Resistant (AR) Lab. <p>Should <i>C. auris</i> be identified in your facility (colonized or infected), Public Health will work closely with your facility to offer additional screening and infection control recommendations.</p> <p>Review Appendix C for specimen collection, handling and transport resources, and materials to support your <i>C. auris</i> screening plan.</p>
<input type="checkbox"/>	<p>Develop a <i>C. auris</i> Species Identification Protocol with Your Lab.</p> <p><i>C. auris</i> is difficult to identify using standard lab methods and can be misidentified as other <i>Candida</i> species leading to inappropriate treatment and precautions. Creating a species identification plan with your lab and Infection Preventionist will allow rapid identification and management of <i>C. auris</i> patients in your facility.</p> <p>Public Health recommends:</p> <ul style="list-style-type: none">Understanding your lab's <i>Candida</i> testing capabilities and methods.



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- Reviewing of [CDC's table](#) and [algorithm](#) to identify commonly misidentified *Candida* species based on your labs testing method.
- Establishing a plan with your lab and Infection Preventionist to:
 1. Outline when the lab should notify Infection Prevention with a suspect *C. auris* result.
 2. When specimens (from sterile and non-sterile sites) should be sent to the Washington State AR Lab for further speciation.

Note: specimen species identification does NOT require Public Health approval.

Review Appendix C for specimen collection, handling, transport resources and materials to support your *Candida* species identification protocol creation.



Caring for Patients with *Candida auris*: Acute Care and Long-Term Acute Care Hospitals

ACTION	RECOMMENDATIONS
Initiate Patient Placement Plan See Appendix A for resources	<p><input type="checkbox"/> Patients with <i>C. auris</i> should be in a private room and placed on Contact Precautions. If needed, you may cohort patients with <i>C. auris</i> together in a shared room; however, ENSURE staff always change gloves and gown, and perform hand hygiene between care for different patients.</p> <p><input type="checkbox"/> Dedicate staff to care for patients with <i>C. auris</i> (direct and non-direct), when possible. If unable to dedicate staff, encourage staff to cluster care for <i>C. auris</i> patients.</p> <p><input type="checkbox"/> Dedicate equipment and supplies when possible. Label and store dedicated supplies and equipment in the patient's room. Consider using disposable equipment, when possible. Equipment that can't be dedicated or disposed of must be thoroughly disinfected using a EPA List P disinfectant.</p>
Reinforce Staff Education and Training See Appendix A for resources	<p><input type="checkbox"/> Educate staff on appropriate selection and use of disinfectants for <i>C. auris</i>. Refer to EPA List P to identify disinfectants effective against <i>C. auris</i>. If disinfectants on List P are unavailable, you may use disinfectants on EPA List K (for <i>C. difficile</i>). Train staff on the use of any new disinfectants, ensuring they review and follow the manufacturer's instructions with special attention to the manufacturer's listed</p> <p><u>Best practice:</u> competency-based training with return demonstration.</p> <p><input type="checkbox"/> Educate staff, volunteers, and visitors on appropriate use, technique and sequence of donning and doffing PPE.</p> <p><u>Best practice:</u> competency-based training with return demonstration.</p> <p><input type="checkbox"/> Educate staff (direct and non-direct) on Contact Precaution signs, ensuring understanding of the PPE indicated and when it should be used.</p> <p><input type="checkbox"/> Educate staff (direct and non-direct) on the appropriate technique and moments for effective hand hygiene for both alcohol-based hand rub, and soap and water methods.</p> <p><u>Best practice:</u> Alcohol-based hand rub is the preferred method for hand hygiene for <i>C. auris</i>, if hands are not visibly soiled. Conduct competency-based training with return demonstration.</p>
Strengthen Environmental Cleaning and Disinfection Activities	<p><input type="checkbox"/> Perform routine (at least once daily) cleaning and disinfection of <i>C. auris</i> patient rooms using appropriate EPA List P (or List K) products and contact times. Ensure staff move from clean areas to dirty areas and change cloths frequently. Avoid reintroducing a used cloth into a clean wash basin. Immediately place used cloths in the laundry or discard.</p> <p><input type="checkbox"/> Perform thorough terminal cleaning of <i>C. auris</i> patient rooms using EPA List P (or List K) products. Consider cleaning methods used for all surfaces and equipment in the patient room, special consideration to equipment such as bed frames, fans, O2 compressors, and therapy equipment. Infection prevention should review terminal cleaning plans with the EVS manager as EPA List P products are effective on non-porous surfaces only.</p>



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See Appendix A for resources.	<input type="checkbox"/> Increase frequency of routine staff compliance audits for both daily cleaning and terminal cleaning. Consider Adenosine triphosphate (ATP), fluorescent markers, or other tools to assess thoroughness. See audit tracking tools in Appendix A . <u>Best practice:</u> use audit outcomes to inform staff training needs.
	<input type="checkbox"/> Perform thorough disinfection of shared equipment/supplies using effective EPA List P (or List K) products. <u>Best practice:</u> dedicate, label and store equipment/supplies in the patient room when possible.
	<input type="checkbox"/> Increase frequency of environmental cleaning to high-touch surfaces on the unit using EPA List P (or List K) products.
	<input type="checkbox"/> Be sure all staff know WHO is responsible for cleaning and disinfecting WHICH surfaces/equipment and WHEN. Public Health recommends listing common surfaces and equipment used on the unit and facility. Assign staff/teams to be responsible for cleaning and disinfecting each item on the list, indicate the frequency and product to be used. This will ensure all surfaces in the patient room, on the unit and in the facility are disinfected routinely. See Appendix A for a template document.
Reinforce Hand Hygiene Activities See Appendix A for resources.	<input type="checkbox"/> Increase frequency of routine staff compliance audits of hand hygiene practices. See audit tracking tool in Appendix A . <u>Best practice:</u> use audit outcomes to inform staff training needs.
	<input type="checkbox"/> Ensure soap and paper towels, and alcohol-based hand rub stations are stocked and readily accessible to staff throughout the facility. Sinks should be clear of clutter, with no patient care or personal care items in the splash zone (within 3 ft of sink)
Ensure appropriate PPE Use See Appendix A for resources.	<input type="checkbox"/> Increase frequency of routine staff compliance audits of donning and doffing PPE. See audit tracking tool in Appendix A . <u>Best practice:</u> use audit outcomes to inform staff training needs.
	<input type="checkbox"/> Ensure PPE supplies (gown, gloves (all sizes), mask, eye protection) are well stocked for each room on transmission-based precautions and are readily available directly outside the patient room. A garbage container should be available immediately inside the patient door to allow staff to doff PPE before exiting.
Initiate Your Communication Plan See Appendix B for resources.	<input type="checkbox"/> Notify internal partners and key stakeholders of the patient with <i>C. auris</i> .
	<input type="checkbox"/> Initiate your discharge plan. When discharging a patient with <i>C. auris</i> , be sure to inform the receiving facility of the diagnosis and clearly communicate that contact precautions are required. If transmission is identified in your facility, Public Health recommends notifying receiving facilities for <u>all</u> discharges. Public Health will offer further guidance on facility notification at that time. Be sure to notify the transport company of precautions required during patient transport. Implement use of CDC's inter-facility transfer form , or other facility transfer forms, to standardize your approach to facility transfer notification and documentation. See Appendix C for additional discharge resources.
	<input type="checkbox"/> Report suspected or confirmed <i>C. auris</i> cases to Thurston County Public Health within 24 hours at 360-867-2610 or 1-800-986-9050 after hours.



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Prepare for Additional Screening	<input type="checkbox"/> Public Health may recommend screening activities to assess for transmission. Public Health will work closely with your facility to assess risks of transmission and make recommendations.
See Appendix C for resources	<input type="checkbox"/> Educate staff on <i>C. auris</i> specimen collection, handling, storage, and transport.
	<input type="checkbox"/> Provide education to patients in your facility about <i>C. auris</i> and communicate your facilities screening plan. Consent or assent can be used.
	<input type="checkbox"/> Notify your facility lab of the increase in screening activity. <i>C. auris</i> confirmation testing is conducted at the Washington State Antimicrobial Resistance Lab; however, facility labs may support electronic ordering submission, specimen packaging and shipping.
	<input type="checkbox"/> If additional patients with <i>C. auris</i> are identified during screening activities, ensure contact precautions are initiated immediately, and report to Public Health. Initiate contact tracing to identify high-risk contacts (including roommates). Consider placing high-risk contacts on contact precautions and initiate <i>C. auris</i> screening in consultation with Public Health.



Appendices

Appendix A: Infection Prevention and Training Resources

Topic	Resources and Tools
What is <i>Candida auris</i>	<ul style="list-style-type: none">• Infection Prevention Factsheet (CDC)• Patient Colonization Factsheet (CDC)• Washington State DOH Recorded <i>C. auris</i> Webinar• C. auris webpage (CDC)
Hand Hygiene	<ul style="list-style-type: none">• Hand Hygiene in Healthcare Settings (CDC)• Hand Hygiene Basics PowerPoint (WADOH)• Clean Hand's Count Video (CDC)• Training Video Series for IP's developing a Hand Hygiene Program (CDC)• 5 moments of Hand Hygiene (WHO)
PPE Use	<ul style="list-style-type: none">• Sequence for Putting on and Removing PPE (CDC)• PPE Training PowerPoint (CDC)
Transmission Precautions	<ul style="list-style-type: none">• Isolation Guidelines (CDC)• Transmission-Based Precautions (Isolation) Suite of Quick Observation Infection Prevention Tools (CDC)• Contact Precaution Sign (WHSA)• Contact Precautions Sign (CDC)
Environmental Cleaning and Disinfection	<ul style="list-style-type: none">• EVS Infection Prevention – Basic Principles for EVS Staff (APIC)<ul style="list-style-type: none">◦ Narrated version• EVS Infection Prevention - Training Flashcards (APIC)• EVS Infection Prevention – Chemical Safety and Use PowerPoint (APIC)• Unit-Cleaning-Checklist.docx (APIC)• EPA List P: Disinfectants against <i>C. auris</i>• EPA List K: Disinfectants against C. Diff• Unit Cleaning Template (SPICE)
Staff Audit Tools	<ul style="list-style-type: none">• Hand Hygiene Staff Audit Tool (CDC)• Hand Hygiene Supply Audit Tool (CDC)• PPE Staff Audit Tool (CDC)• Transmission-based Precaution Set-up Audit (CDC)• Environmental Cleaning and Disinfection Staff Audit Tool (CDC)• Healthcare Laundry Audit Tool (CDC)• Wound Care Audit Tool (CDC)• Point-of-Care Audit Tool (CDC)• Injection Safety Audit Tool (CDC)• High-level Disinfection and Sterilization Audit Tool (CDC)• Other Observation Tools for Infection Prevention (CDC)
Patient Placement Resources	<ul style="list-style-type: none">• Infection Prevention and Control for <i>Candida auris</i> <i>Candida auris</i> Fungal Diseases (CDC)• Infection Prevention Factsheet (CDC)



Resources for Facility Leadership and Infection Prevention	<ul style="list-style-type: none">July 2023 Health Alert (WADOH)MDRO Facility Outbreak Response Worksheet (WADOH)Competency-based Training, Audits and Feedback Overview (CDC)What to expect during an ICAR (WADOH)C. auris Prevention Toolkit (WADOH)MDRO Toolkit (WADOH)
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Appendix B: Communication Resources	
Topic	Resource
CDC's Inter-Facility Transfer Form – Sample	<ul style="list-style-type: none">Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives (CDC)
Patient Colonization Factsheet	<ul style="list-style-type: none">Candida auris Colonization - Information for Patients (CDC)
Family and Patient C. auris Factsheet	<ul style="list-style-type: none">Candida auris (CDC)Candida auris (CDC), Spanish Version

Appendix C: Candida Species Identification and Screening Resources	
Topic	Resource
Indicators to send specimen to ARLN for <i>Candida</i> speciation	<ul style="list-style-type: none">Commonly Misidentified Candida Species (CDC)
Algorithm for your facility lab to aid in result interpretation base on in-house method	<ul style="list-style-type: none">CDC's Algorithm to Identify <i>Candida auris</i> based on phenotypic lab method (CDC)
Instructions for sending specimens to Washington State ARLN Lab for speciation and susceptibility	<ul style="list-style-type: none">SCSI-ARLN-Candida-AFST-V1-Public Health Laboratories Instructions for Collecting and Submitting Specimens (WADOH)
ARLN Lab Requestion	<ul style="list-style-type: none">Microbiology Requisition Form (WADOH)
Screening: Specimen Collection Procedure	<ul style="list-style-type: none">Procedure for collection of patient swabs for <i>Candida auris</i> (CDC)Print snip (ARLAB)
Script for obtaining screening Consent	<ul style="list-style-type: none">Example of verbal consent for collection colonization swab (CDC)
Laboratory: <i>C. auris</i> factsheet	<ul style="list-style-type: none">Candida auris: A drug-resistant fungus that spreads in healthcare facilities - A CDC message to laboratory staff (CDC)
CDC's antifungal susceptibility testing and interpretation guidance	<ul style="list-style-type: none">Antifungal Susceptibility Testing and Interpretation <i>Candida auris</i> Fungal Diseases (CDC)
Family and Patient <i>C. auris</i> Factsheet	<ul style="list-style-type: none">Candida auris (CDC)Candida auris (CDC), Spanish Version

Adapted with gratitude from Public Health Seattle King County

C auris Screening in Healthcare Facilities

Obtaining consent prior to screening

All patients screened for *C auris* should agree in advance to the screening. If necessary, consent may be provided by a patient's identified power of attorney (POA). Use the script that follows in [Appendix I](#) to educate patients or the POA about why you are conducting screening, how the swab is collected, and what a positive test would mean. A verbal consent is adequate unless your facility leadership requires a signed consent.

Screening for *C auris*

Testing for *Candida auris* is performed at the Washington State Department of Health (DOH) Public Health Laboratory (PHL). All materials, shipping, and testing are no cost. The DOH will send you sample collection kits prior to the planned date of screening along with all the other supplies needed for packaging and shipping.

Sample collection

Collecting the samples is simple. It is most conveniently performed when a patient is having regularly planned care, such as dressing, bathing, or checking vital signs.

- For *C. auris*, it involves swabbing the skin of both axillae (armpits) followed by both sides of the groin (where the leg meets the body) using a special a nylon-flocked swab (BD or Copan Eswab).

Obtaining results

Positive results will be communicated immediately to your infection preventionist by telephone. Positive and negative results are also communicated either by fax or electronically depending on how the requisition was submitted.

Collection and shipping instructions

The collection and shipping instructions should be followed precisely to ensure that specimens are collected and shipped correctly. See the instructions for *C auris* in [Appendix II](#). Contact arlw@doh.wa.gov and audrey.brezak@doh.wa.gov if you have any questions.

Next steps after screening

Public Health will work with your facility on appropriate next steps depending on the screening results.

- If one or more patient tests positive, more widespread screening at your facility will be recommended to determine if any has transmission occurred.

Appendix I: Script for obtaining verbal consent to be screened for *C. auris*

Hi, my name is [insert name] and I work for [insert organization]. I'm here to talk to you about testing that the [insert healthcare facility e.g., hospital or nursing home] is doing to check for certain germs.

We are looking for a germ that is difficult to treat and can spread easily in hospitals and nursing homes.

- One of these germs is called *Candida auris* and it is a type of yeast that can be resistant to many of the drugs used to treat it.

Some people can carry these germs on their skin or in their body fluids without any symptoms and they can spread the germ to others without knowing it.

The chance that you carry this germ is low, and fortunately, most people who carry it don't get sick from it. There are a few reasons why it can be helpful to test patients for this germ. First, your doctors will be able to make better decisions for you about your medical care if they know whether you carry this germ. Second, [insert healthcare facility e.g., hospital or nursing home] and Public Health need to know who is carrying the germ so that they can help prevent it from spreading.

The test is not painful and there should be no side effects. If you agree to be tested, the process is simple.

- To test for the yeast, *Candida auris*, we would use a soft swab, like a Q-tip, to swab both sides of your armpit and your groin (the area where your leg meets your body).

The swabs will be sent to a lab to check for the germs, and the results are usually available within several days. If the results show you carry this germ, someone will contact you to discuss what to do next. The test results will be kept confidential to the extent allowed by law.

Agreeing to these swabs is voluntary. Do you have any questions? [pause for questions]. Is it OK if we collect the swabs?

Source: CDC, Example verbal consent for collection of swab to assess colonization with Candida auris, <https://www.cdc.gov/fungal/diseases/candidiasis/pdf/C-auris-assent-for-screening-template.pdf>

Appendix II: *C. auris* screening collection and submission instructions



West AR Lab Network Regional Laboratory: Guidance for *Candida auris* Colonization Testing

SAMPLE COLLECTION and SHIPMENT

Equipment and Materials Needed

- Collection kits provided upon request. Please email the West AR Lab Network Regional Lab at ARLN@doh.wa.gov.
Specimens must arrive at the West AR Lab Network Regional Lab Monday-Friday and within 96 hours of collection.
- Shipping Materials
 - Category B rated cardboard box
 - Clear, sealable biohazard specimen transport bag with absorbent paper inside
 - 95 kPa compliant biohazard specimen transport bag
 - Contents sheet in sealable, plastic bag
 - Frozen cold packs (not dry ice)
Note: Upon receipt, immediately place cold packs into freezer and allow them to freeze overnight prior to shipment of specimen.
- Specimen Collection
 - Nylon-flocked swab (BD ESwab collection and transport system; Becton Dickinson and Company, Sparks, MD)

Procedure for Swab Collection

The skin, specifically the axilla and groin, appear to be the highest yield sites to swab to identify patients colonized with *C. auris*.

1. Before beginning, perform hand hygiene and wear appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gown, mask).
2. Instructions for sample collection are printed on packaging along with descriptive diagrams, please follow these closely.
3. Open the swab package by grasping the plastic at the opposite end from the soft tip.
4. Carefully remove the tube from its packaging, leaving the swab tip enclosed in the package to prevent contamination.
5. Pull the swab from its package, being careful not to touch the soft tip.
6. Single swab axilla and groin composite swab collection method:
 - a. Rub both sides of the swab tip over the left axilla skin surface and then the right, targeting the crease in the skin where the arm meets the body (i.e., swab both armpits, swiping back and forth*5 times per armpit).
 - b. With the same swab used on the axilla, rub both sides of the swab tip over the left groin skin surface, targeting the inguinal crease in the skin where the leg meets the pelvic region and repeat with the right side (i.e., swab the skin of both hip creases, swiping back and forth*5 times per hip crease).
7. Remove the cap from the swab collection tube, then place the soft end of the collection swab into the tube. Be careful to keep the cap from touching any materials that may contaminate your sample.
8. Snap off the end of the swab at the marked line by bending the plastic handle against the edge of the transport media container.
9. Screw on the tube cap. You may need to adjust it until the snapped end of the swab slides into place in the center of the cap.
10. Use Parafilm provided in the kit to seal the top of the tube. Peel wax paper backing from Parafilm, lightly stretch and firmly wrap strip around the top where the white cap meets the tube. Do not use tape to seal the tube.
11. Write specimen information including two patient identifiers on the tube label or apply patient identification label.
12. Follow the shipping instructions on the following page. Ship immediately to the West AR Lab Network Regional Lab with a frozen cold pack.
If a delay in shipment cannot be prevented, store the swabs at 4°C until shipment.
Patient swabs must be received for testing within 96 hours of collection

Please note, you should swab **both** sides of the axilla and **both** sides of the groin.



Procedure for Shipping Patient Swabs

Please reference the diagram on the right side of this page

Primary Packaging: The ESwab collection tube

Secondary Packaging: Sealable, clear, plastic biohazard specimen bag with absorbent paper within. Biohazard bag is then placed within a 95kPa compliant biohazard specimen transport bag.

Outer Packaging: Category B rated cardboard shipping box

1. Check to make sure each ESwab has been firmly screwed closed, sealed with Parafilm and labeled with 2 patient identifiers.
2. Place one ESwab into each clear plastic biohazard specimen bag with an absorbent paper. Firmly seal the biohazard specimen bag.
3. Place the completed requisition form in the unsealed, front pocket of the sealed biohazard bag (Note: Do not include any paperwork within sealed portion of biohazard transport bags).
4. Place the sealed biohazard bag in the 95kPa compliant biohazard specimen transport bag. (Note: Multiple biohazard bags can be placed within the 95kPa bag; do not overfill.) Firmly seal 95kPa bag.
5. Complete the contents sheet and return it to the plastic bag and seal. Place the plastic bag between the 95kPa bag and the Category B rated cardboard shipping box.
 - a. The contents sheet is a half page. please complete all fields (test name, total number of specimens, collection facility name and collection facility state)
6. Place frozen cold packs into the Category B rated cardboard shipping box followed by filled 95kPa bags.
 - a. Make sure frozen cold packs are sealed and will not leak and damage the shipping box.
 - b. If desired, frozen cold packs and samples can be placed inside a Styrofoam box within the cardboard box.
7. Close shipping box and seal shut. Place shipping label and UN 3373 Biological Substance, Category B sticker on outside of box (if not present already).
8. Attach the FedEx return label to the outside of the shipping box and complete the emergency contact sticker found on the outside of the shipping box.
9. Ship immediately to the West AR Lab Network Regional Lab.

Disclaimer

This test has not been cleared or approved by the FDA. The performance characteristics have been established by the Washington State Public Health Lab Antibiotic Resistance Lab Network.

