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JULY 2025

THE ADVISOR
MONTHLY COMPLIANCE COMMUNICATOR

The Rise of *C. auris*: What Healthcare Providers Need to Know

Candida auris (C. auris) is a fungal infection, a type of yeast, and is often resistant to antifungal treatments. It is highly transmissible and can cause life-threatening illnesses. People who normally contract *C. auris* have a weakened immune system and normally are patients in the hospital or long-term care facilities. Immunocompromised patients or those with a medical device in their body (breathing tube, central venous line, etc.) are most likely to contract *C. auris*. Patients with a healthy immune system normally don't experience symptoms but can transmit to others.

C. auris can cause invasive infections, and some patients can be colonized with *C. auris* without causing infections. Colonization refers to the presence and multiplication of microorganisms such as fungi, bacteria, or viruses. Patients that are colonized will not have symptoms and can spread the infection to other patients easily.

The CDC has issued an "urgent threat" warning as *C. auris* has been spreading rapidly, especially in New York state. In the US, there have been over 10,000 cases reported this year with at least 38 states confirming cases. Health experts are concerned because *C. auris* can resist antifungal drugs making treatment complex. The fungus has a mortality rate of up to 60%.

Some patients can become severely ill; others can have mild symptoms. The symptoms of *C. auris* could include:

- fever,
- chills,
- lethargy,
- low blood pressure,
- high heart rate,
- low body temperature, and
- pain and pressure in your ear.

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Complications from *C. auris* include sepsis, shock, or organ failure.

The fungus spreads through contact with contaminated surfaces, objects in facilities, and person to person. It does not spread through the air. It can cause ear infections, wound infections, urinary tract infections, and infections in your blood. Infected and colonized patients can shed the fungus on objects including bedrails, doorknobs, and mobile medical equipment. If the surface is not disinfected properly, the fungus can live 7-14 days, depending on the environment's temperature, humidity, and the type of surface.

C. auris can be difficult to diagnose. There is special testing, including lab testing with sequencing or mass spectrometry, that needs to be performed. Without special testing, it could be mistaken for other infectious diseases. Samples from the patient's blood, urine, stool, fluid/tissue from a wound, or a swab of the groin, armpits, ears, vagina, or rectum need to be tested for the presence of the fungal infection. Treatment for *C. auris* is echinocandins, an antifungal medication, that usually cures the infection. However, some types of *C. auris* have become resistant to medications, making them harder to treat.

Infection control measures recommended for the prevention and control of spread of the infection should be strictly followed. These measures include, but are not limited to:

- hand hygiene,
- disinfection of surfaces,
- personal protective equipment (PPE), and
- sterilizing medical devices.

Hand hygiene is the single most critical measure for reducing transmitting organisms to patients and other healthcare personnel. *C. auris* has been found on the hands; therefore, adherence to good hand hygiene protocols must be followed. For hands that are not visibly soiled or dirty, alcohol-based hand sanitizer is preferred for cleaning hands. Always perform hand hygiene when entering and leaving a patient's room.

PPE must be worn when caring for patients with *C. auris*. Follow donning and doffing techniques before entering and exiting a patient's room. Dispose of PPE, gloves, and gowns carefully and perform hand hygiene.

Clean and disinfect the patient room and any other areas in the facility that came into contact with the patient. All chairs, patient beds, exam tables, blood pressure cuffs, and other equipment that were used in patient care must be thoroughly cleaned and disinfected appropriately. Disinfectants that are approved to be used must meet EPA-registered claims for *C. auris*. These disinfectants can be found in List P on the EPA's website. Manufacturer's instructions for use must be followed when utilizing the disinfectant, specifically, the contact time for disinfection must be met.

Another safety measure is to sterilize all medical devices that have been in contact with a patient with *C. auris*. Medical devices that can be reused must be cleaned, packaged/bagged, and disinfected or sterilized after each use. Sterilization provides the highest level of eliminating microbial life, including fungal spores, which are difficult to kill. Disinfection kills most microbes but does not necessarily eliminate all spores. Medical devices that are classified as critical are devices that enter the bloodstream or normally sterile tissue such as surgical forceps, implants, and catheters, and must be sterilized between each use. Semi-critical devices come into contact with mucous membranes or intact skin. Semi-critical items are ultrasound or vaginal probes. These items must be, at a minimum, high level disinfected or sterilized. Always follow manufacturer's instructions on sterilization and disinfection of medical devices.

Following strict infection control measures can greatly reduce and prevent the spread of *C. auris*. The CDC has infection control guidance for healthcare settings. Healthcare facilities that suspect a patient with *C. auris* infection should contact state or local public health agencies for guidance.

The Benefits of Planning Ahead in an Emergency

In healthcare, emergencies can happen with little or no warning — whether it's a natural disaster like a hurricane or flood, a fire, a hazardous spill, a power outage, an active shooter situation, or even a sudden influx of patients during a public health crisis. When emergencies strike, healthcare workers are not only responsible for their own safety but also for the well-being of patients who may be vulnerable, immobile, or dependent on life-saving equipment.

Planning ahead is one of the most crucial steps a healthcare facility can take to safeguard patients, staff, and operations during unexpected events. Here are the key reasons why emergency preparedness matters so much in healthcare:

1. Protects Patients and Staff
Hospitals, clinics, and dental offices all care for people who may not be able to evacuate or protect themselves without help. A clear, practiced emergency plan ensures that staff know exactly how to move patients safely, maintain critical care, and protect themselves under stressful conditions.

2. Reduces Panic and Confusion
Healthcare environments are complex and can become chaotic quickly during an emergency. Training and drills help staff stay calm and focused, even when under extreme pressure. Knowing where to go, who to call, and what to do saves valuable time.

3. Maintains Continuity of Care
Patients rely on healthcare providers for essential, sometimes life-sustaining treatment. A well-developed plan outlines how to maintain vital services — from backup power for medical equipment to safe medication storage, patient tracking, and coordination with other facilities in the event of evacuation or transfers.

4. Protects Critical Equipment and Records
Healthcare offices depend on sensitive equipment and secure patient records. Emergency plans include procedures for protecting or relocating equipment, backing up medical data, and maintaining secure yet accessible records during and after an event.

5. Clarifies Roles and Responsibilities
In an emergency, confusion over who should do what can cost precious time. An effective plan defines roles — from code teams and floor wardens to security and communication leads — so that every staff member knows their responsibilities and how to work together effectively.

6. Ensures Effective Communication
Communication is vital in a healthcare emergency. Plans establish clear channels for notifying staff, patients, families, local emergency responders, and public health agencies. Reliable contact lists and backup methods help ensure information flows when normal systems fail.

7. Meets Regulatory and Accreditation Standards
Healthcare facilities must comply with strict regulations and accreditation requirements for emergency preparedness. A documented and practiced plan demonstrates compliance with standards from OSHA, CMS, the Joint Commission, and local or state agencies.

8. Strengthens Trust with Patients and Families
When patients and their loved ones see that a facility is prepared for emergencies, it builds trust and confidence. It reassures them that their safety and care will remain a top priority, regardless of what happens.

Emergencies may be unpredictable, but your response doesn't have to be. Through proactive planning, regular training, and ongoing updates to emergency procedures, healthcare teams can safeguard patients, protect staff, and ensure critical services continue — even under the most challenging circumstances. Being prepared not only strengthens your facility's resilience but also reinforces the trust patients and families place in your care when it matters most.

TMC Expert On HIPAA 2.0

Nancy Ware, HIPAA Compliance Specialist at Total Medical Compliance, recently joined the ComTech Network Solutions podcast to cut through the noise surrounding "HIPAA 2.0." With so much speculation about upcoming changes to the HIPAA Security Rule, Nancy provides clear, practical insight into what's actually proposed—and what it means for healthcare providers.

While no final rule has been released, the proposed updates could significantly impact medical and dental practices, especially in areas like breach notification timelines, encryption requirements, and annual security testing.

In the episode, Nancy discusses:

- What HIPAA 2.0 really means
- Compliance priorities for 2025
- How to prepare without overreacting
- What regulators are watching right now

Healthcare practices don't need to panic—but preparation is key. TMC is here to support your team with expert guidance, policy updates, and compliance planning tailored to your practice's needs.

Watch/listen to the episode here: https://totalmedicalcompliance.com/tmc-expert-talks-hipaa-2-0-on-ripplefx-podcast/

✨ Upcoming Webinars ✨

Live Webinar: What to expect if OSHA knocks on your door?

- **Date: August 6, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Becky Ossevoort MS, ATC
- This webinar is good for 1.0 CEU.

Live Webinar: HIPAA Security Rule NPRM – What the 2024 *Proposed* Changes Could Mean for You

- **Date: September 10, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Nancy Ware, CHC
- This webinar is good for 1.0 CEU.

Sink or Swim: 4 Critical Steps in Instrument Processing Webinar

- **Date: September 24, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Renee Russell, RDH, BHS, CDIPC
- This webinar is good for 1.0 CEU.

NC Infection Control Curriculum for Dental Settings (SPICE) – Oct. 8 & 15

- **Dates: October 8 & 15, 2025**
- Time: 12:00pm – 3:00pm EST
- Speaker – Renee Russell, RDH, BHS, CDIPC
- This webinar is good for 5.5 CEU.

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Instructions

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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Need to contact us? Scan the QR code for all the ways to get in touch!