Infection Prevention Monthly – July 2026

Needlestick Injuries

Every Minute Counts

Accidents happen, but a prompt response to needlestick injuries can ensure the best possible outcome after exposure:

1. Wash the wound with soap and water immediately. Mucous membranes should be flushed with water.
2. Report the exposure to Occ Health immediately.
3. Complete First Report of Injury Form.
4. Complete Bloodborne Pathogen Exposure packet. Provide as many details as possible.
5. Initiate source testing for HBV, HCV, and HIV using the requisition in your Bloodborne Pathogen Exposure packet (last page). This step is critical for guiding treatment.

Refer to HR 840 or the Occ Health site for details.

Joint Commission Corner

Protecting Pregnant Caregivers

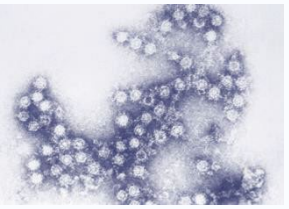
Pregnant caregivers should be reassigned for patients with suspected/confirmed Parvovirus B19 (Erythema Infectiosum, Fifth Disease). *Special care should be taken by nursing to review pending labs and ensure signage is posted in a timely manner.* Refer to HR 975 Attachment B for details.

Don't Overlook the Dock

The Nova StatStrip Glucometer MIFU was recently updated to include cleaning instructions for the docking station. There is no required frequency; however, it should be inspected regularly and cleaned when visibly soiled. Refer to lab policy for details.

Bug of the Month

Enteroviruses



Nonpolio enteroviruses are small, non-enveloped, RNA viruses belonging to the *Picornaviridae* family which frequently affect infants and children. Symptoms are generally mild and include fever, sore throat, congestion, diarrhea, vomiting, or rash; however, enteroviruses can occasionally result in severe disease of the respiratory, neurologic, or cardiovascular systems. Infections occur most often during the summer and fall months, making seasonal awareness especially important for healthcare personnel.

Enteroviruses are frequently transmitted via the fecal-oral and respiratory routes but can survive on surfaces long enough to transmit via contaminated equipment and unwashed hands.

Our Recommendation:

Follow drainage/secretion precautions for diapered and incontinent patients for the duration of symptoms. If respiratory symptoms are present, wear a mask. Note: Most commercial multiplex respiratory tests can detect enteroviruses, but *do not distinguish enteroviruses from rhinoviruses.*

Source: Redbook: 2024-2027 Report of the Committee on Infectious Diseases, American Academy of Pediatrics

Local Trends

CCMC/PCCMC % Positivity (7/5-7/11):

Rhinovirus/Enterovirus	39.7%
COVID-19 (SARS CoV-2)	18.2%
Adenovirus	9.5%
Human Metapneumovirus	6.6%

Source: Prosper LaboratoryMicro/ViroReport

July Policy Updates

MC 174 Varicella Zoster (Chicken Pox)
Updated exposure monitoring period to 8-21 days and clarified that Infection Control will notify the inpatient's physician in the event of an exposure.

INP 09 Rehabilitation Services Infection Control
Updated credentials and titles

INP 12 IPC Practices with CF
Updated recommenders, credentials, and titles

INP 23 Meal Service to Isolation Rooms
Added that the patient's isolation type must be denoted in the EPIC diet order. Dietary staff may not enter rooms of patients in Strict, Airborne, or Contact isolation for *C. diff*, VRE, CRE, *C. auris*, and Norovirus.

INP 40 IPC Policy: Respiratory Therapy
Updated recommenders, credentials, and titles
Removed information about oxygen hoods (oxyhoods) as Prosper does not use this equipment at this time.

Questions? Call Infection Prevention and Control 945-204-2919 or 945-204-2916
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