Infection Prevention Monthly – February 2026

Artificial Nails

Studies have shown that handwashing (both with antimicrobial soap and alcohol-based hand gels) does NOT adequately remove potential pathogens from artificial nails. For this reason, policies INP 15 and HR 136 prohibit all artificial nails for patient care staff, including gels and gel polish, which cannot be applied or removed in the same manner as regular nail polish.

Help us prevent the spread of infection by adhering to the dress code policy for nails. Patient safety is in our hands…literally!

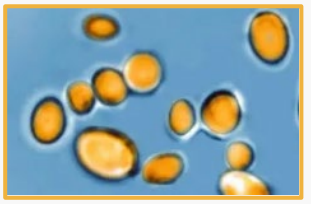
Reminders

- **When in Doubt…Isolate!**
  Positive lab results are not a requirement for isolation. Follow transmission precautions for any patient exhibiting symptoms of infection until symptoms resolve or infection can be ruled out. Refer to INP 16 for details.
- **Reminder about Oxygen and Med Air Adaptors**
  Oxygen and Medical Air Adaptors are single-patient use items and should not be in place on the head wall before a patient arrives or left in place after discharge.
- **Did You Know?**
  Disinfectant wipes and hand sanitizer **do not require an open date**. Always follow the manufacturer expiration date printed on the canister and maintain wet times according to the instructions for use.
- **Single-Use Products**

  As a reminder, baby wipes are single-patient use items. You may send home with families. Please do not put baby wipes in staff restrooms, they will be thrown away.

Bug of the Month

Candida auris



Candida auris is an emerging fungal pathogen known for causing severe, often multidrug-resistant, infections. Symptoms of *C. auris* infection are nonspecific and depend on the location and severity of infection, but may become invasive (e.g. bloodstream, intra-abdominal) and require antifungal therapy. Some patients can become colonized without developing active infection but are still capable of shedding *C. auris* on objects and surfaces around them. *C. auris* can survive on surfaces for months and resist common hospital disinfectants, making it highly transmissible in the healthcare setting. There are currently no effective strategies for decolonization.

Our Recommendation:
Follow contact precautions (gown and gloves) for the duration of admission and all future admissions. Wipe surfaces and equipment with bleach. Upon discharge, refer to INP 07 for specific terminal clean instructions. Infection Prevention will add a flag to the patient's chart for future admissions and report cases to the health department in accordance with state regulations.

Source: CDC. Clinical Overview of Candida auris, 2024.

Prosper Local Trends

CCMC/PCCMC % Positivity (2/1 – 2/7):

Rhinovirus/Enterovirus	31.51%
Influenza A	9.09%
RSV	7.79%
COVID-19	2.60%

Source: Microbiology Micro/Viro Report on CookNet

Policy Updates

INP Anesthesia Infection Prevention and Control
This policy was retired in error and will be reinstated this month.

IC 100 Bloodborne Pathogen Exposure Control Plan
Updated needlestick injury information for all entities in Attachment A.

IC 400 Tuberculosis Exposure Control Plan
Clarified room closure time after patient discharges. Updated case numbers for Tarrant and Denton counties and for patients seen with pulmonary TB.

Questions? Call **945-204-2919** or email
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