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| **Original Date:** 8/4/2022**Reviewed/Revised:**  | **Title:****Monkeypox** | **Approved by SVP/Administrator, LNHA:** |

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of Monkeypox. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC) and New York State and Local Health Departments, to include identification and isolation of any suspected and confirmed cases. Staff will be informed of any changes during change of shift huddle, and as often as necessary.

**BACKGROUND**

Monkeypox is a viral disease cause by infection with the monkeypox virus, the same family of viruses that causes smallpox. Prior to the 2022 outbreak, monkeypox had been reported in people in central and west African countries. Previously, almost all monkeypox cases in in people outside of Africa were linked to international travel.

Symptoms of Monkeypox can include fever, headache, muscle aches and backache, swollen lymph nodes, chills, exhaustion, respiratory symptoms (e.g. sore throat, nasal congestion, or cough), and a rash that may be located on or near the genitals or anus, but could also be on other areas like the hands, feet, chest, face, or mouth. The rash can look like pimples or blisters and may be painful or itchy.

The incubation period (the number of days between when you’re infected and when symptoms appear) is 1 – 3 weeks. Monkeypox can be spread from the time symptoms start until the rash have scabbed over and healed, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

The most common way individuals spread monkeypox is through direct contact with infectious rash, scabs, and/or body fluids. It is possible to also contract monkeypox through respiratory secretions during face-to-face contact, or during intimate physical contact. Spread can also happen by touching clothing or linens that have been contaminated with infectious rash or body fluids.

Although this is *not* considered a sexually transmitted infection, Monkeypox can spread during intimate physical contact between individuals, especially amongst men who have sex with other men. People who can get pregnant are also at risk since this virus can spread to their fetus through the placenta.

**PROCEDURE**

**MANAGEMENT OF PATIENTS/RESIDENTS**

1. The Admissions Department will confirm Monkeypox positivity of potential resident(s) and residents who will be readmitted to facility prior to admission.
2. Any resident who is suspected or confirmed with the Monkeypox virus will be placed in a private room, with access to a dedicated bathroom. May cohort residents with Monkeypox.
	* Room door to be kept closed, if safe to do so.
3. Transmission-Based Precautions (contact and droplet) will be initiated.
	* Utilize gown, fit-tested NIOSH-approved N95 mask, eye protection (safety goggles or face shield), and gloves.
	* Precautions will remain in place until all lesions have crusted, separated, and a fresh layer of health skin has formed underneath AND in collaboration with the Local Health Department.
4. Appropriate signage (contact and droplet precautions) will be posted by residents’ room door.
5. Isolation cart will be placed by residents’ room and have available personal protective equipment for use by employees and visitors.
6. Equipment (e.g., blood pressure cuffs, glucometer, stethoscopes, etc.) will be dedicated to the affect patient(s)/resident(s) to the extent possible.
7. Transport and movement of patients/residents outside of the room will be limited to medically essential purposes.
	* A well-fitting medical/procedure mask to fully cover the mouth and nose should be placed on the patient/resident for source control, as tolerated, if being transported outside of the room.
	* Exposed skin lesions must be covered with a wound dressing, gown, or sheet.
8. If any resident presents with symptoms of monkey pox as listed above the resident will be placed in a private room on Contact and Droplet precautions.
9. Intubation, extubating, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room. This may necessitate transfer to a setting that cab accommodate airborne infection isolation (i.e. Acute care setting)
10. A single case on Monkeypox is considered an outbreak. The Infection Preventionist/Designee will inform the Local Health Department (866-692-3641; 518-473-4439) of any suspected cases of Monkeypox in patients/residents and staff.
11. The Facility will follow instructions form the NYSDOH on specimen collection and follow up treatment. Specimen collection and submission must be coordinated with the LHD and/or NYSDOH. Within NYC, coordination must be done in consultation with the NYC Department of Health and Mental Hygiene (NYSDOHMH)
12. The Infection Preventionist/Designee will maintain a line list of all residents with Monkeypox.

**MANAGEMENT OF HEALTHCARE PERSONNEL**

1. Staff who believe they have had an exposure to Monkeypox and those who have confirmed Monkeypox disease are required to share this information with their respective department Supervisor and/or Employee Health Services.
2. Employees exposed to someone with confirmed Monkeypox and are experiencing related symptoms, including development of a rash, are required to notify their supervisor or Employee Health Services immediately and isolate at home, and contact their primary care provider for further instructions.

## 3 The facility will follow current CDC and NYSDOH recommendations for Healthcare workers who had monkey pox exposures as outlined below:

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| --- |
| .Exposure characteristics |
| **Risk level of exposure** | **Exposure characteristics** | **Recommendations** |
|  | **Monitoring** | **PEP¶** |
| **Higher** | Unprotected contact between an exposed individual’s broken skin or mucous membranes and the skin lesions or bodily fluids from a patient with monkeypox (e.g., inadvertent splashes of patient saliva to the eyes or mouth of a person), or soiled materials (e.g., linens, clothing) -OR- | Yes | Recommended  |
| Being inside the patient’s room or within 6 feet of a patient with monkeypox during any medical procedures that may create aerosols from oral secretions (e.g., cardiopulmonary resuscitation, intubation), or activities that may resuspend dried exudates (e.g., shaking of soiled linens), without wearing a NIOSH-approved particulate respirator with N95 filters or higher and eye protection |
| **Intermediate** | Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked patient with monkeypox without wearing a facemask or respirator -OR- | Yes | Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks of transmission or severe disease**¶¶** |
| Unprotected contact between an exposed individual’s intact skin and the skin lesions or bodily fluids from a patient with monkeypox, or soiled materials (e.g., linens, clothing) -OR- |
| Activities resulting in contact between an exposed individual’s clothing and the patient with monkeypox’s skin lesions or bodily fluids, or their soiled materials (e.g., during turning, bathing, or assisting with transfer) while not wearing a gown |
| **Lower** | Entry into the contaminated room or patient care area of a patient with monkeypox without wearing all recommended PPE, and in the absence of any exposures above | Yes | None |
| **No Risk** | No contact with the patient with monkeypox, their contaminated materials, nor entry into the contaminated patient room or care area | No | Non |

\*Employee Health Services will maintain a line list of employees with Monkeypox.

**VISITATION**

1. Visitation will not be restricted for those patients/residents with Monkeypox disease. However, visitors will be provided with education and cautioned against visiting until symptoms resolve.
2. Visitors will be provided with education to adhere to infection prevention and control (IPC) recommendations – e.g. hand hygiene, use of personal protective equipment, visiting only in designated area (patient’s/resident’s room), and refraining from visiting if they have a communicable disease.
3. Visitors may be asked to leave if non-compliant with visitation requirements.

**ENVIRONMENTAL and INFECTION CONTROL MEASURES**

1. Standard and disinfection procedures will be performed using an Environmental Protection Agency (EPA) and NYS Department of Environmental Conservation (DEC)-registered hospital-grade disinfectant with an emerging viral pathogen claim.
	* EPA’s List Q <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>
2. Activities such as dry dusting, sweeping, and vacuuming will be avoided to the extent possible.
	* Cleaning methods using liquid/wet wipe products will be utilized.
3. Soiled laundry (e.g., bedding, towels, and personal clothing) will be handled in accordance with recommended standard practices, avoiding contact with lesion material that may be present on the laundry.
	* Linen should not be shaken or held against body.
4. Linen *saturated* with blood and body fluids will be placed in a biohazard bag.

**REFERENCES**

NYSDOH (Updated 9/2/22) [Monkeypox for Healthcare Providers (ny.gov)](https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/).

CDC 8/12/22 [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#anchor_1660143677200)

NYCDOHMH (Updated 8/4/22) [Monkeypox Information for Providers - NYC Health](https://www1.nyc.gov/site/doh/providers/health-topics/monkeypox.page)

CDC (Updated 7/22/2022). About Monkeypox. <https://www.cdc.gov/poxvirus/monkeypox/about.html>

NYSDOH (7/25/2022). Health Advisory: Monkeypox Cases in Healthcare Delivery Settings. <https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/FINAL_Guidance_for_Congregate_Healthcare_Settings_25Jul22_1658782145705_0.pdf>

CDC (Updated 7/29/22) <https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html>.