



MONKEYPOX TRIAGE & IMMEDIATE ACTIONS

INFORMATION FOR AREAS WHERE POSSIBLE CASES MAY PRESENT

Version 5: 02-08-22

Monkeypox Triage Questions

- 1. Do you have a fever (> 38°C) <u>AND</u> any <u>one</u> of the following:
 - Unexplained rash (on any part of the body)
 - Headache
 - Chills
 - Muscle aches
 - Joint pain
 - Back ache
 - Swollen lymph nodes
 - Exhaustion

If NO continue as normal, if YES ask below questions:

2. Ask the below further questions:

- Are you gay, bisexual or other men who have sex with men?
- Have you had contact with someone with confirmed Monkeypox in the 21 days?
- Have you travelled abroad in 21 days prior to symptom onset?*

*If the patient states they have travelled to West or Central Africa in the previous 21 days then they are to be considered a possible/probable case

If the answers are NO proceed as normal, if YES consider as possible/probable case and manage as below:

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a)	Patient Placement	 If possible, do not bring into the Emergency Department until an initial assessment has been completed. As soon as a Monkeypox is suspected, place the patient into a single room. This should have negative pressure ventilation. They are to wear type II or type IIR when in the presence of staff, or when in transport if able. WRH ED Ebola room has negative pressure. Other holding areas- not negative pressure: Alex site ED Room 3 if patient is at Kidderminster Minor Injuries unit- use children's play room The patient must not leave this room, so a commode may need to be provided if the room is not en-suite. If the patient is well enough to go home, ensure you have up to date contact details – so can inform of swab results. Advise they are to isolate for 21 days: day 0 day is the day of contact
		 day 0 day is the day of contact If there is an influx of cases, then Avon 3 has 2 negative pressure rooms Room 1 and Room 2.



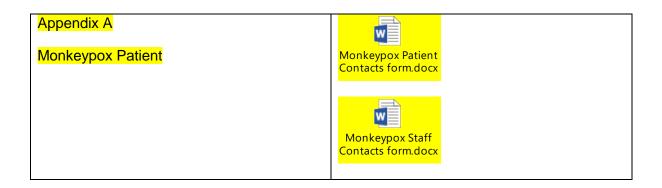
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b)	PPE	 Until a diagnosis is made staff must wear maximum PPE for <u>all contact with the patient</u>: airborne/ respiratory and contact precautions: Long sleeved gown Apron Gloves FFP3 mask or FFP3 hood Visor A disposable hat can also be worn if desired A PPE buddy should be assigned to support donning and doffing
c)	Staff	 A minimum number of staff should be in contact with the patient and they must wear PPE as stated above. As a precaution, pregnant staff should not provide care for the patient. A list of staff and patients in contact with the patient must be kept for contact tracing purposes should it be needed (See APPENDIX A). Any staff who have had direct contact without PPE will need to isolate for 21 days. Seek advice from the Infection Prevention Team.
d)	Advice/Communication Escalation	 Read the Trust High Consequence Infections Disease policy- available on the intranet site WAHT-INF-054 Staff should look up the latest guidance on the suspected Monkeypox from the Gov.uk website <u>https://www.gov.uk/guidance/monkeypox</u> Microbiology, Infection Prevention and Emergency planning must be informed immediately, preferable before admission takes place if the diagnosis is suspected. Microbiology will guide testing, in conjunction with UKHSA, who must also be informed. Out of hours contact Matron on call, Site Manager, on call microbiologist and escalate to CCG by following the escalation flow chart.
e)	Samples	 Swab the lesions: 2 separate swabs are required both are to be viral transport media swabs Green swabs. One is to be tested at Trust lab and the other is to go off site- swabs are to be taken by porter or taxied to the laboratory in rigid Bio boxes. Contact the consultant microbiologist about appropriate samples for investigation of possible Monkeypox All clinical specimens should be labelled as High-Risk and securely transported to the designated laboratory using special transport equipment Bio Box. Danger of Infection labels must be used. A minimum of samples should be taken and sent until a diagnosis is confirmed.





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f)	Waste and Linen	 If patient has recently travelled from/in Africa, treat all waste as Category A infectious waste (yellow bag). If no known history of travel, treat waste as Category B infectious waste. Treat all linen as infectious. Both waste and linen should be quarantined in a holding area pending confirmation of diagnosis Helpdesk should be contacted to arrange this.
g)	Crockery and Cutlery	• If patient has recently travelled from/in Africa, arrange for disposable crockery and cutlery and bottled water to be available until the diagnosis is confirmed.
h)	Cleaning	 Cleaning staff and other ancillary staff must not enter the care area until the diagnosis has been made, and a management plan agreed. Room to be cleaned with Tristel Fuse and Universal Green Clinell wipes can be used as these are effective against Monkeypox. Initial cleaning must be by clinical team. Cleaners must wear full PPE – even when patient has vacated the room. Long sleeved gown Apron Gloves FFP3 mask or FFP3 hood Visor A disposable hat can also be worn if desired







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Version:	1			
DATE:	25 th May 2022			
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Amendments:				
DATE:	Amended by:	Version control:		
30-05-22	T Cooper, DIPC	V2		
	Amendments highlighted in yellow for ease	Updated following release of UKHSA Monkeypox update 1 (Serial number 2022/044). Received 27-05-22		
13-06-22	Emma Fulloway, IPC Nurse Manager Emma Yates, Consultant Microbiologist Samantha Elliott, ICC Manager	V3 Updated following release of UKHSA Monkeypox update from 10 th June 2022		
11-07-22	Emma Fulloway, IPC Nurse Manager Julie Booth, Deputy Director Infection Prevention and Control Samantha Elliott, ICC Manager	V4 Updated following release of UKHSA Monkeypox update from 6 th July 2022 (B1794)		
<mark>02-08-22</mark>	Emma Fulloway, IPC Nurse Manager Samantha Elliott, ICC Manager	V5 Updated following release of Monkeypox contact tracing classification and vaccination matrix version 11.1 25 th July 2022		