

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) AND any one 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:

Actions to be taken if a possible or probable case

a)	Patient Placement	<ul style="list-style-type: none"> • 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 • 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	<ul style="list-style-type: none"> • Until a diagnosis is made staff must wear maximum PPE for <u>all contact with the patient</u>: airborne/ respiratory and contact precautions: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 https://www.gov.uk/guidance/monkeypox • 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	<ul style="list-style-type: none"> • 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.

f)	Waste and Linen	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> o Long sleeved gown o Apron o Gloves o FFP3 mask or FFP3 hood o Visor o A disposable hat can also be worn if desired

<p>Appendix A</p> <p>Monkeypox Patient</p>	 <p>Monkeypox Patient Contacts form.docx</p>  <p>Monkeypox Staff Contacts form.docx</p>
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Version:	1	
DATE:	25 th May 2022	
Author:	Emma Fulloway, Infection Prevention Nurse Manager	
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Amendments:		
DATE:	Amended by:	Version control:
30-05-22	T Cooper, DIPC Amendments highlighted in yellow for ease	V2 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)
02-08-22	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