

Clinical Care of a Suspected or Confirmed Monkeypox Case

Transmission: per CDC

- Direct or indirect contact with body fluids or lesion materials
- Contact with fomites
- Exposure to respiratory secretions during prolonged, face-to-face contact

Personal Protective Equipment

Personal Protective Equipment (PPE) Information and Infection Prevention Processes

1. Patient Masking: All UConn Health inpatients and outpatients to the extent practical will be required to wear a surgical or procedure mask.
2. Employee Masking: All UConn Health employees are expected to wear a surgical or procedure mask at all times while in any area of the health institution.
3. Proper FULL PPE must be worn when caring for a patient who is suspicious for (PUI) or confirmed positive for monkeypox as detailed below. PPE must be donned and doffed correctly to avoid self-contamination and contamination of environment.

Per CDC: PPE used by healthcare personnel who enter the patient's room should include:

- **Gown**
- **Gloves**
- **Eye protection** (i.e., goggles or a face shield that covers the front and sides of the face)
- **NIOSH-approved** particulate respirator equipped with N95 filters or higher

How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on NIOSH-approved N95 filtering face piece respirator or higher.

If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator under your chin or store in scrubs pocket between patients. *

o Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.

5. Put on face shield or goggles.

Select the proper facility issued eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

6. Put on gloves. Gloves should cover the cuff (wrist) of gown.

7. Healthcare personnel may now enter patient room.

How to Take Off (Doff) PPE Gear

Training and practice using your healthcare facility's procedure is critical. Below is an example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands.

Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

2. Remove gown.

Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *

3. Healthcare personnel may now exit patient room.

4. Perform hand hygiene.

5. Remove face shield or goggles.

Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

6. Remove and discard respirator Do not touch the front of the respirator.

Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

7. Perform hand hygiene after removing the respirator.

Monkeypox Clinic Protocol – Outpatient Sites

- Patient Calls the call center to be seen with /suspected Monkeypox
 - Call center does NOT book the apt.
 - If the patient is established within the practice they are calling – the call center staff send a message via Epic
 - The RN/MA gets the message and speaks with the MD
 - If the patient is NOT established – they are asked if they have spoken to their PCP and referred back.
- Clinician should:
 - Notify epidemiology of a suspected case coming to any UConn facility
 - Inform the patient to arrive wearing a mask, preferably KN95 or similar, and to have any skin lesions covered. (Clothing is sufficient to cover lesions on the body. If lesions are present on an exposed area of the body such as the face, the lesions should be covered with an appropriate material such as gauze or other dressing adhered to fully cover the lesions.)
 - The patient should be scheduled at the end of the day–4:00/4:30 PM if possible to minimize room burden and potential for exposures.
 - The Clinician notifies Director/manager to have the front desk staff informed of the patient's name and time of arrival
 - When patient arrives – the patient should identify themselves and front desk COA checks them in has them wait at the desk for immediate rooming
 - Clinician - Notifies the lab of suspected monkeypox case
 - Specific swabbing is done as recommended by CDC
 - Notify lab if sending additional swabs for viral PCR or culture (discouraged)
- Clinic Process:
 - Upon patients' arrival, the patient will identify themselves as needing immediate rooming.
 - COA will notify rooming staff to room the patient immediately
 - Staff rooming will follow Contact Precautions (gown, gloves, shield/goggles, and N95 respirator **(Transmission of monkey pox is not airborne, however, protection from droplets with a respirator is recommended by the CDC. Negative pressure is not a requirement but recommended for aerosol generating procedures.)**)
 - Vital sign station will be skipped. But Mobile equipment may be brought into the patient's room to obtain vital signs. The equipment must be wiped with facility approved bleach disinfectant for appropriate wet time. Once equipment is removed from the patient's room the equipment must be wiped down again with facility approved bleach disinfectant for appropriate wet time.
 - Room requirements:
 - Single person in room
 - Close door (if unsafe to do so someone must remain in the room donned with appropriate PPE with patient)
 - Special air handling is NOT required per CDC, however *may* place an air scrubber in room if available.

- Transport or movement of the patient outside of the room should be limited to medically essential purposes. If transport outside the room is necessary, a well-fitting mask should be worn by the patient and any exposed skin lesions covered.
 - Conclusion of visit:
 - Patient remains in the exam room while the AVS is brought to the room.
 - Verify proper placement of procedure mask by ensuring that the patients mouth and nose are covered by the mask.
 - Patient is requested to perform hand hygiene prior to exiting the room.
 - The patient should be asked if they require using the bathroom facilities prior to exiting the room. If yes, the patient should be escorted to the nearest bathroom in the clinic. Once done the room should be left vacant until the high touch areas are disinfected with the approved disinfectant.
 - The patient is to be instructed that he/she shall directly leave the building without visiting any other areas.
 - Ensuring that all lesions are covered, it is not necessary to conduct follow up cleaning of the travel route.
 - Terminal Room Cleaning:
 - Soiled laundry (e.g., bedding, towels, personal clothing), contaminated with the virus per CDC;
 - May be washed in a standard washing machine with normal standard practices.
 - Care should be used when handling soiled laundry to avoid direct contact with contaminated materials.
 - Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material.
 - Notify facilities for deep cleaning (extra precautions) but, activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred
 - Medical waste is handled via red bag waste stream / red sharps containers as per usual.
- Clinical Visit:
 - PPE required:
 - Contact precautions with gown/gloves
 - Eye protection
 - N 95 mask
 - Sample collection:

Recommended Epic workflow for placing order(s) in Epic:

- The provider places order for **MONKEYPOX PCR (ORTHOPOXVIRUS NON-VARIOLA)** in Epic. This is an order panel and will allow for selection of up to 3 specimen sites based on the DPH guidelines.
- Two (2) patient labels will print for the two swabs per site within each order.

- One (1) DHP collection form (OL9) will print per ORDER with patient demographic, specimen ID, collection date/time.
- Follow the DPH guidelines for packaging and labeling specimen(s).

NOTES:

- 1) See Tip Sheets in Epic for more detailed ordering instructions.
- 2) There will be one collection charge per day (for 1-3 specimen collections).
- 3) The JDH Lab courier will retrieve specimens for the JDH Lab to send to Connecticut Department of Public Health Laboratory.

Provider:

- Obtain all labels, sample containers prior to entering the room.
 - Ensure all labels are printed and affixed to sample containers
- Ensure all DPH forms completed – this should be part of the Epic order process and should print for each sample.
- Up to 3 lesions should be sampled
 - Each lesion should be swabbed in duplicate
 - Maximum 3 sites to be sampled, each site with two swab collections
 - 3 DPH collection forms, labeled by site
 - 6 epic-generated specimen labels
 - 6 dry swabs
 - 6 sterile collection containers
 - 6 collection bags
- Overall packing process
 - Inner bag (one for each anatomic lesion site): Two labeled tubes, labeled by anatomic site.
 - Outer bag (one for each anatomic lesion site): DPH lab order sheet, labeled with anatomic site
 - Specimens to be placed in freezer pack for courier pick up to laboratory.
 - While waiting for courier pick up - the specimen should be refrigerated. The courier should transport the specimens to the lab in a cooler on ice packs.
 - NOTE: **PLEASE NOTIFY THE LAB** in advance if additional viral studies are going to be ordered and should only be done with a high index of suspicion for viral illness (eg HSV/VZV). This will require special handling for laboratory safety

Patient Arrival by EMS

- The receiving nurse will be prepared and have donned appropriate personal protective equipment based on the patient clinical status and anticipated level of interaction with the suspect monkeypox patient.
- Patients with suspected monkeypox arriving by ambulance will be greeted by nurse assigned to care for the patient.
- Appropriate barrier protection is required for the patient.

- The nurse will direct the Emergency Medical Service (EMS) providers to the designated isolation location. Ensuring that all lesions are covered, it is not necessary to conduct follow up cleaning of the travel route.

Patient Triage

- Emergency Department /Urgent Care personnel will be alerted to screen patients for monkeypox according to suspicious triage complaint. The appropriate signs and symptoms are according to the most up to date guidelines from the CDC and performing an appropriate clinical assessment.
- Arrival of patients with the appropriate symptom history compatible with monkeypox (“suspect monkey pox”) in the ED/Urgent Care must don appropriate PPE: a well-fitting mask should be worn by the patient and any exposed skin lesions covered.
- The triage nurse/personnel must immediately don appropriate PPE. Staff rooming will follow Contact Precautions (gown, gloves, shield/goggles, and N95 respirator **(Transmission of monkey pox is not airborne, however, protection from droplets with a respirator is recommended by the CDC. Negative pressure is not a requirement but recommended for aerosol generating procedures.)**)
- The nurse/staff member must then escort the patient to the appropriate single room in the area with the least amount of traffic.
 - The travel route will minimize exposure of the suspect patient to other patients, staff, and visitors and allow for the safest and shortest distance from point of entry to treatment space. Ensuring that all lesions are covered, it is not necessary to conduct follow up cleaning of the travel route.

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- One (1) DHP collection form (OL9) will print per ORDER with patient demographic, specimen ID, collection date/time.
- Follow the DPH guidelines for packaging and labeling specimen(s).

NOTES:

1) See Tip Sheets in Epic for more detailed ordering instructions. 2) There will be one collection charge per day (for 1-3 specimen collections). 3) The JDH Lab courier will retrieve specimens for the JDH Lab to send to Connecticut Department of Public Health Laboratory.

Patient Admission from the Emergency Room

- Communication of diagnosis is required prior to transport of patient to the inpatient unit and nursing supervisor.
- Notification of the admission is communicated to Infection Control.
- The travel route to the inpatient unit will minimize exposure of the suspect patient to other patients, staff, and visitors and allow for the safest and shortest distance from point of entry to

inpatient unit. Ensuring that all lesions are covered, it is not necessary to conduct follow up cleaning of the travel route.

- A procedure mask must be placed on the patient, preferably KN95 or similar, and all skin lesions must be covered prior to transport. (Clothing is sufficient to cover lesions on the body. If lesions are present on an exposed area of the body such as the face, the lesions should be covered with an appropriate material such as gauze or other dressing adhered to fully cover the lesions.)
- Staff admitting the patient will follow Contact Precautions (gown, gloves, shield/goggles, and N95 respirator **(Transmission of monkey pox is not airborne, however, protection from droplets with a respirator is recommended by the CDC. * Negative pressure is not a requirement but recommended for aerosol generating procedures.)**)

* Although a negative pressure room is not required, because the patient may decompensate requiring aerosolizing procedures placement in a negative pressure room is preferred.

- Any transport linen is handled using standard precautions. Stretcher must be wiped down with facility approved disinfectant as soon as possible and prior to leaving the inpatient unit.

Direct Patient Admission

- Communication of diagnosis is required prior to transport of patient from point of origin (eg; Urgent Care Center) to the admitting physician on inpatient unit and nursing supervisor.
- Communication to nursing staff of diagnosis is required.
- Notification of the admission is communicated to Infection Control.
- The travel route to the inpatient unit will minimize exposure of the suspect patient to other patients, staff, and visitors and allow for the safest and shortest distance from point of entry to inpatient unit. Ensuring that all lesions are covered, it is not necessary to conduct follow up cleaning of the travel route.
- A procedure mask must be placed on the patient, preferably KN95 or similar, and all skin lesions must be covered prior to transport. (Clothing is sufficient to cover lesions on the body. If lesions are present on an exposed area of the body such as the face, the lesions should be covered with an appropriate material such as gauze or other dressing adhered to fully cover the lesions.)
- Staff admitting the patient will follow Contact Precautions (gown, gloves, shield/goggles, and N95 respirator **(Transmission of monkey pox is not airborne, however, protection from droplets with a respirator is recommended by the CDC. * Negative pressure is not a requirement but recommended for aerosol generating procedures.)**)

* Although a negative pressure room is not required, because the patient may decompensate requiring aerosolizing procedures placement in a negative pressure room is preferred.

- Any transport linen is handled using standard precautions. Stretcher must be wiped down with facility approved disinfectant as soon as possible and prior to leaving the inpatient unit.

Dental Care Center

KNOWN MONKEYPOX INFECTION

1. If patient with known monkeypox calls prior to arriving, the patient is to be triaged by the provider to determine level of urgency/emergency. This will help the provider determine the need for the patient to be seen immediately versus being able to defer care. If it is determined that the patient needs to come in for urgent care while there is a known monkeypox infection, the provider contacts one of the Clinical Practice Managers (CPMs).
 - a. For student providers, cases should be reviewed with your Predoctoral Practice Leader first.
2. If a patient walks-in (i.e. does not call in advance) and discloses a monkeypox infection, front desk staff will ask patient wait in a designated seating area (consult room) while the front desk staff call one of the Clinical Practice Managers (CPMs).
3. The CPM will contact the provider/supervising faculty member and will identify a dental assistant to set up negative pressure room in the Oral Surgery clinic. Once the treatment room is set up, the patient will be escorted by a front desk staff member or CPM to the treatment room. The staff member must be wearing a mask. The CPM will also contact the hospital operator and connect with Epidemiology/Infection Control to let them know.
 - a. If the patient is “of record,” the assigned provider or another provider designated from that clinic is responsible for seeing the patient.
 - b. If the patient is not “of record,” one of the AEGD residents assigned to the Dental ER service that day is responsible for seeing the patient.
4. The CPM will contact the axiUm administrators to assign the negative pressure room to the provider and move/add the patient to the schedule.
5. The CPM will place signs on the entrances to the treatment room warning of no entry to prevent individuals from passing through this area.
6. The CPM escorts patient to the treatment room in a manner that minimizes contact with other individuals or using the shortest route possible. If the CPM is not available, the provider will escort the patient back.
7. The CPM or designee disinfects the consult room in accordance with standard precautions.
8. The provider dons N95 respirator, eye protection, gown, and gloves and enters room. The provider manages patient’s urgent needs. Palliative care is rendered unless more urgent care, such as facial swelling or trauma, requires more definitive care. The patient will be advised to return to the dental ER or their provider once monkeypox infection is resolved.
 - a. For students’ patients, faculty from the student clinic are expected to supervise the students.
9. After treatment, gowns should be removed and discarded in the laundry bin after being gently rolled. Gowns should not be shaken. The room will be disinfected by the assigned dental assistant in

accordance with standard precautions.

10. The patient should not be reappointed for routine dental care until “all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.” (CDC, July 5, 2022)

If a patient has not been pre-identified as potentially having monkeypox but during any portion of the visit has been deemed suspect for having monkey pox in any location the process is as follows:

- The patient should be placed in a single patient room with the door closed (if unsafe to do so someone must remain in the room donned with appropriate PPE with patient). The practitioner who is conducting the exam should remove themselves from the room, perform hand hygiene and don appropriate PPE prior to re-entering the room.
- The Department of Epidemiology must be notified as soon as possible.

For all patient discharges, guidance in accordance with the CDC regarding the prevention of transmission of monkeypox should be reviewed.

[Isolation and Prevention Practices for People with Monkeypox | Monkeypox | Poxvirus | CDC](#)

CDC recommends that people with monkeypox remain [isolated at home or at another location](#) for the duration of illness, but that might not be possible in all situations. Prioritizing isolation and source control strategies helps prevent transmission while balancing the impact of this infection on the daily lives of people diagnosed with monkeypox. These considerations may change as we learn more from the 2022 global outbreak of monkeypox.

Current data suggest people can spread monkeypox from the time symptoms start until all symptoms have resolved, including full healing of the rash with formation of a fresh layer of skin. Ideally, people with monkeypox would remain in isolation for the duration of illness, which typically lasts two to four weeks. However, if a person with monkeypox is unable to remain fully isolated throughout the illness, they should do the following:

- While symptomatic with a fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, remain isolated in the home and away from others unless it is necessary to see a healthcare provider or for an emergency.
 - This includes avoiding close or physical contact with other [people](#) and [animals](#).
 - Cover the lesions, wear a well-fitting mask (more information below), and avoid public transportation when leaving the home as required for medical care or an emergency.
- While a rash persists but in the absence of a fever or respiratory symptoms
 - Cover all parts of the rash with clothing, gloves, and/or bandages.
 - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
 - Masks should fit closely on the face without any gaps along the edges or around the nose and be comfortable when worn properly over the nose and mouth.

- Until all signs and symptoms of monkeypox illness have fully resolved
 - Do not share items that have been worn or handled with other people or animals. [Launder or disinfect](#) items that have been worn or handled and [surfaces](#) that have been touched by a lesion.
 - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
 - Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.
 - Avoid crowds and [congregate settings](#).
 - Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

- More information please refer to the CT DPH website at <https://portal.ct.gov/dph/epidemiology-and-emerging-infections/ct-monkeypox>

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