



## Monkeypox Resource for Clinics

Healthcare clinic leadership and staff should prepare for patients presenting with suspected or actual Monkeypox virus (MPX). Clinics include but are not limited to adult and pediatric well/sick clinics, college health clinics, or immediate care clinics. This resource applies to any persons positive for orthopox virus while awaiting confirmation of MPX. Nebraska ICAP has developed this comprehensive resource to aid rapid **Identification, Isolation, and Informing**.

This resource is to be used concurrently with the [Centers for Disease Control and Prevention \(CDC\) Infection Prevention and Control of Monkeypox in Healthcare Settings](#). CDC guidelines for MPX should be reviewed frequently for updates.

CDC link: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

Included in this resource are two clinic scenarios:

- Patient Calling Clinic for Appointment: Patient Reports Signs or Symptoms (s/s) of MPX (pg. 2)
- Patient Walks In- No Scheduled Appointment: Patient Reports Signs or Symptoms (s/s) of MPX (pg. 3)

Clinics should review each scenario and adjust as needed based on available resources such as staffing mix, clinic layout, hours of operation to include separation of sick/well visits, designated sick/well areas in the lobby, alternate entrances for patients with reported s/s of MPX, and capacity to clean and disinfect the environment.

Additional supporting resources:

- CDC: Additional s/s of MPX (pg. 6)
- Contact and Airborne Precautions isolation signage for exam door (pg. 7-8)
- Signage for how long an exam room must remain unused (pg. 9)
- Cleaning and disinfection of clinic exam room to include handling laundry/waste (pg. 10-11)
- Log sheet for staff for staff entering isolation exam room (used for contact tracing) (pg. 12)
- NE ICAP: [Monkeypox Resource for Clinics: Patient Screening Process](#)

The key is to ensure that CDC guidelines are followed in addition to providing staff education specific to the MPX preparedness plan. The focus is on patient safety, the safety of other patients accessing clinic services, and the safety of clinic staff.

Please contact [Nebraska ICAP](#) at 402-552-2881 or at <https://icap.nebraskamed.com/> for questions or assistance with promoting appropriate infection control practices.

Sincerely,

NE ICAP Team



## Patient Calling Clinic for Appointment: Patient Reports Signs or Symptoms\* (s/s) of MPX\*\*

\*s/s can include fever, headache, sore throat, rash

\*\*Monkeypox Virus

### Triage Call: **Identification**

Staff screens patient for s/s of MPX. If suspected, staff schedules appointment. To prepare for the appointment, staff instructs the patient to:

- Cover all lesions with clean clothing (e.g., long sleeves, pants)
- Call the clinic on arrival to the parking lot to let clinic staff know they are there
- Put on mask prior to entering the clinic (clinic may need to provide mask)

### Patient Arrival to Clinic: **Isolation**

- Contact and Airborne Precautions signage is placed outside of the exam room
- Staff dons PPE and retrieves patient from vehicle
- Staff opens all doors for patient to enter the clinic and exam room

### Exam Room: **Isolation**

- Staff/Provider don PPE to perform health history and physical exam
- If possible, use disposable equipment/supplies (e.g., BP cuff)
- Provider collects specimen if appropriate

### End of Examination: **Isolation**

- If MPX **is** suspected and specimen collected, staff leads patient back to vehicle focusing on avoiding contamination of high touch surfaces (e.g., door knobs) along the way (\*if pt. refuses specimen collection, treat as suspect case)
  - Exam room is closed for [recommended time for adequate air exchange](#). Signage is placed outside of the room indicating how long it is out of service
  - EVS/Clinic staff don PPE to clean and disinfect room
- If MPX is **not** suspected and a specimen is **not** collected: patient does not need escorting back to vehicle
  - Exam room does not need to be closed for recommended time for adequate air exchange
  - EVS/Clinic Staff can clean room following clinic protocol

### Communication and Specimen Preparation: **Informing**

- Follow NETEC process for [How to Collect a Monkeypox Specimen for Diagnostic Testing](#)
- Clinic protocol is initiated regarding specimen handling/preparation/transporting



## Patient Walks In- No Scheduled Appointment: Patient Reports Signs or Symptoms\* (s/s) of MPX\*\*

\*s/s can include fever, headache, sore throat, rash

\*\*Monkeypox Virus

### Front Desk: **Identification**

Staff screens patient for s/s of MPX. If suspected:

- Staff will provide the patient with a mask and escort them to an exam room. Staff will open all doors.
- Staff will instruct the patient to keep the exam door closed

### Exam Room: **Isolation**

- Contact and Airborne Precautions signage is placed outside of the exam room
- Staff will immediately inform the provider of the patient to include reported s/s and exam room location

### Exam Room: **Isolation**

- Staff/Provider don PPE to perform health history and physical exam
- If possible, use disposable equipment/supplies (e.g., BP cuff)
- Provider collects specimen if appropriate

### End of Examination: **Isolation**

- If MPX **is** suspected and specimen collected, staff leads patient back to vehicle focusing on avoiding contamination of high touch surfaces (e.g., door knobs) along the way (\*if pt. refuses specimen collection, treat as suspect case)
  - Exam room is closed for [recommended time for adequate air exchange](#). Signage is placed outside of the room indicating how long it is out of service
  - EVS/Clinic staff don PPE to clean and disinfect room
- If MPX is **not** suspected and a specimen is **not** collected: patient does not need escorting back to vehicle
  - Exam room does not need to be closed for recommended time for adequate air exchange
  - EVS/Clinic Staff can clean room following clinic protocol

### Communication and Specimen Preparation: **Informing**

- If MPX specimen is collected: Follow NETEC process for [How to Collect a Monkeypox Specimen for Diagnostic Testing](#)
- Clinic protocol is initiated regarding specimen handling/preparation/transporting



## **Additional Considerations for the Identification, Isolation, and Informing Process\***

**\*Modified from Nebraska Medicine protocol with permission (August 2022)**

### **Identification**

- Consider implementing universal masking and eye protection for all staff. This will help protect front desk staff when a patient walks in with/without an appointment.
- Educate all staff on the signs/symptoms of MPX. **Additional s/s are identified by the CDC:** [Signs and Symptoms | Monkeypox | Poxvirus | CDC](#)
- Communication process within the clinic when a patient presents with/without an appointment
- Identify a team lead for the day based on staffing mix and availability. This facilitates a clear communication pathway

### **Isolation**

- Identify a clinic exam room for scheduled and walk-in patients reporting s/s of MPX. If a negative pressure room is available, it should be used.
- Restrict the number of staff who need to enter the room by designating a primary caregiver. This will be determined by staffing mix/availability
- Bundle tasks to avoid unnecessary entry into the room
- Ensure Contact and Airborne Precautions signage is available and ready to use
- Minimize traffic in the vicinity of the isolation room
- Have appropriate donning and doffing areas with signage posted on the process
- PPE should be worn for all patient interactions\*
  - Gown
  - Gloves
  - Eye protection
  - Respirator (N-95 mask or Powered Air Purifying Respirator)
  - Shoe covers are optional and can be considered.
  - If used, shoe covers are doffed when leaving the room.
  - \*Clinic leadership and staff should risk assess what PPE should be worn when rooming the patient and/or escorting the patient to and from their vehicle (e.g., mask/respirator, eye protection, gloves)
- For scheduled appointments, determine if patient can enter through an alternate entrance to help minimize potential exposure to other patients
- Provide a bedside commode if no toilet in the room.
  - If no bedside commode, consider other options (bed pan, urinal, dedicated restroom with a plan on how the patient will get there and how it will be disinfected after use).
- Consider having a way to talk to the patient without entering the room, such as patient cell phone.
- Maintain a list of staff entering the isolation area
- Regularly disinfect high touch areas
- Keep all used equipment in the room until disinfected
- Have cleaning and disinfection supplies available and consider having checklists to direct the process
- Identify process for communication related to room cleaning and disinfection when a MPX specimen is not collected or suspected (e.g., no delay in room use)
- Be prepared to manage bodily fluid spills (consider uncovered lesions contaminating surfaces)



## **Informing**

- Clinic leadership and staff should identify a communication and workflow process within the clinic in regarding:
  - What lab the specimen will be sent to and how it is prepared/packaged/shipped to the respective facility
  - Verification of how communication of results will occur between:
    - The lab receiving and testing the specimen and the clinic/provider
    - The provider and patient regarding testing results
      - [Isolation and Prevention Practices for People with Monkeypox | Monkeypox | Poxvirus | CDC](#)
  - Notifying NE DHHS of a positive MPX result (Title 173 Communicable Diseases [Chapter-01.pdf \(nebraska.gov\)](#))
- Per facility protocol, initiate applicable incident response team

## **Monkeypox Testing Laboratories**

- Nebraska Public Health Laboratory [Welcome to the Nebraska Public Health Laboratory \(nphl.org\)](#)
- NuLirt: NPHL account [Welcome to the Nebraska Public Health Laboratory \(nphl.org\)](#)
- Aegis Science [Monkeypox Testing | Aegis Sciences Corporation \(aegislabs.com\)](#)
- Labcorp [Monkeypox \(Orthopoxvirus\), DNA, PCR Test | Labcorp](#)
- Mayo Clinic Laboratories [Insights - Insights \(mayocliniclabs.com\)](#)
- Quest Diagnostics [Monkeypox | Quest Diagnostics](#)
- Sonic Healthcare [Home | Sonic Healthcare USA](#)
- ARUP Laboratories [ARUP Laboratories | National Reference Laboratory](#)



**Additional Signs and Symptoms of MPX (as of 8/8/2022)**  
**<https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>**

**Monkeypox symptoms**

People with monkeypox get a rash that may be located on or near the genitals (penis, testicles, labia, and vagina) or anus (butthole) and could be on other areas like the hands, feet, chest, face, or mouth.

- The rash will go through several stages (macular->papular->vesicular->pustular), including scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.

**Other symptoms of monkeypox can include:**

- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)

**You may experience all or only a few symptoms**

- Sometimes, people have flu-like symptoms before the rash.
- Some people get a rash first, followed by other symptoms.
- Others only experience a rash.

**How long do monkeypox symptoms last?**

Monkeypox symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1-4 days later.

Monkeypox can be spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.



Infection Control Assessment  
and Promotion Program

**CDC Transmission-Based Precautions Signage (English and Spanish available)**

[https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor\\_1564058235](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058235)



# CONTACT PRECAUTIONS



## EVERYONE MUST:



**Clean their hands, including before entering and when leaving the room.**

## PROVIDERS AND STAFF MUST ALSO:



**Put on gloves before room entry.  
Discard gloves before room exit.**



**Put on gown before room entry.  
Discard gown before room exit.**

**Do not wear the same gown and gloves  
for the care of more than one person.**



**Use dedicated or disposable equipment.  
Clean and disinfect reusable equipment  
before use on another person.**

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Health and Human Services  
Centers for Disease  
Control and Prevention



# AIRBORNE PRECAUTIONS



## EVERYONE MUST:



**Clean their hands, including before entering and when leaving the room.**



**Put on a fit-tested N-95 or higher level respirator before room entry.**

**Remove respirator after exiting the room and closing the door.**



**Door to room must remain closed.**

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Control and Prevention





**Room Signage for Air Exchange, Cleaning, and Disinfection**

**CDC: Environmental Infection Control Guidelines Appendix B. Air**

[Air | Appendix | Environmental Guidelines | Guidelines Library | Infection Control | CDC](#)

**EPA Disinfectants for Emerging Viral Pathogens: List Q**

<https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>

**Notice**

**Exam Room is**

**Temporarily Closed.**

**Cleaning and**

**Disinfection can Occur**

**at:**

Place Sticky Note Here Indicating Date/Time Room  
can be Cleaned and Disinfected



## Monkeypox: Cleaning, Disinfection, and Waste Process

### SCOPE

This protocol defines requirements for healthcare personnel (HCP) involved in the patient care, isolation precautions, cleaning and disinfection, and/or waste processes for any persons under investigation for or with confirmed Monkeypox Virus. This protocol applies to any persons positive for orthopox virus while awaiting confirmation of Monkeypox.

This protocol is to be used concurrently with the Centers for Disease Control and Prevention (CDC) Infection Prevention and Control of Monkeypox in Healthcare Settings which should be routinely reviewed for updates.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

### PROCEDURE / REQUIREMENTS

#### **Room and Equipment Cleaning and Disinfection:**

- Rooms used for persons under investigation (including triage/vitals screening rooms) for monkeypox virus must be cleaned and disinfected prior to being put back in service.
  - Persons performing cleaning and disinfection should wear gloves, gown, respirator (i.e. N95 respirator or powered air purifying respirator (PAPR), and eye protection (i.e., goggles or face shield that includes coverage to the front and side of the face).
    - Shoe covers are optional and can be considered.
      - If used, shoe covers are doffed when leaving the room.
  - Cleaning and disinfection procedures should be performed using hospital approved disinfection wipes that have a claim for efficacy against Monkeypox virus or emerging viral pathogens (EVPs) as identified on the United States Environmental Protection Agency (EPA) List Q.
    - <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>
    - Follow the manufacturer's directions for concentration, contact time, care and handling.
- Floors must be mopped with hospital approved disinfectant.
- Activities that could resuspend dried material from lesions, e.g., use of portable fans, dry dusting, sweeping, or vacuuming should be avoided.
  - If performed, vacuum at the end of the day or evening preferably with a brushless vacuum cleaner equipped with HEPA filtration. Persons performing the vacuuming should wear respiratory protection (i.e. N95 mask if fit tested or otherwise a procedure mask).

#### **Linens, laundry and waste:**

- All linens and laundry (e.g., bedding, towels, personal clothing, non-disposable isolation gowns) should be handled carefully to avoid aerosolization and contact with lesion material that may be present.
  - Per the Centers for Disease Control and Prevention (CDC), soiled linen and laundry (e.g., bedding, towels, personal clothing) could be handled in accordance with recommended standard practices, avoiding contact with lesion material that may be present on the laundry.
    - *Until a process is specified by your laundry agent for the handling of laundry generated during the care of a suspected or confirmed monkeypox patient, consider laundry as regulated waste and dispose of in red biohazard waste (red bag).*
    - *Consider using disposable gowns instead of reusable gowns.*



- PPE, patient dressings, and any other patient supplies that normally would have been placed in the regular waste (trash) should be gently and promptly contained and treated as biohazard waste (red bin, red bag).
  - Enclose soiled areas, or areas that came in contact with the patient by rolling it inward.
- Red bags should be filled no more than  $\frac{3}{4}$  full and sealed closed using either a balloon knot or gooseneck closure <https://youtu.be/fyqpSj9mg7U>
- Privacy curtains are considered low risk for contamination, as they are not likely to come in contact with the patient. It is recommended to keep the curtain tucked away unless necessary.
  - If used, and they did not come into contact with the patient, they can be sprayed with hospital approved disinfectant and allowed to dry.
  - In the rare circumstance the curtain comes into contact with the patient, it should be taken down and placed in a red biohazard bag (using proper closing technique – see waste guidelines) and disposed of as biohazard waste.

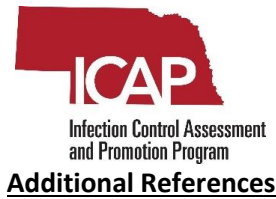
### **RESOURCES**

- *Monkeypox: Infection Prevention and Waste Management*. (2022, May 31). NETEC. Retrieved July 25, 2022, from <https://netec.org/2022/05/31/monkeypox-infection-prevention-controls-and-waste-management/>
- *Monkeypox Specimen Collection*. (2022, July 22). NETEC. Retrieved July 27, 2022, from <https://repository.netecweb.org/exhibits/show/monkeypox/item/1694>

### **REFERENCES**

- *Infection Prevention and Control of Monkeypox in Healthcare Settings*. (2022, July 5). Centers for Disease Control and Prevention. Retrieved July 25, 2022, from <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
- Modified from Nebraska Medicine protocol with permission (August 2022)





CDC: Monkeypox Signs and Symptoms

<https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

CDC MMWR (8/5/2022): Interim Guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection — United States, August 2022

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e4.htm>

CDC: Monkeypox Virus Communication Resources/Infographics/Videos

<https://www.cdc.gov/poxvirus/monkeypox/resources/print.html>

CDC: Transmission-Based Precautions Signage

[https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor\\_1564058235](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058235)

CDC: Environmental Infection Control Guidelines

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Environmental Protection Agency: Disinfectants for Emerging Viral Pathogens: List Q

<https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>

Nebraska County Health Department Contact Information

<https://dhhs.ne.gov/CHPM%20Documents/contacts.pdf>

NETEC: How to Collect a Monkeypox Specimen for Diagnostic Testing

<https://netec.org/2022/07/26/how-to-collect-a-monkeypox-specimen-for-diagnostic-testing/>