

MEMO

Date: June 9, 2022
To: All NTHSSA Staff, Supervisors, Managers, and Executives
From: Dave Zettel, TM Infection Prevention and Control
RE: Monkey Pox Guidance for all NTHSSA Facilities

Interim Infection Prevention and Control (IPAC) Guidance for Monkey Pox

Clinical Presentation and Incubation Period:

- Incubation period is typically 6-13 days from time of exposure, with a range of 5-21 days.
- In previous clinical descriptions, the febrile stage lasts 1 to 4 days prior to the first eruption of skin lesions.
- In some recent cases it appears that the initial lesions may precede the development of the febrile stage.
- Lesions progress from macule, to papule, to vesicle, to pustule, which will then crust.
- The rash/skin lesion stage can last 2-4 weeks.
- The patient is contagious until the scab crusts have fallen off (about 3-4 weeks) and new skin has formed.
- Most infections last 2-to-4 weeks and self-resolve.

IPAC Precautions in all Healthcare Settings:

- An individual with suspect or confirmed monkey pox (fever, and vesicular/pustular rash) is to be placed in a single-patient room with the door closed. Patient will be placed on airborne, contact and droplet precautions with a dedicated toileting facility and equipment. An Airborne Isolation Room (AIR) is not necessary but can be used if available and depending on other IPAC considerations (e.g., Varicella or Measles on the differential diagnosis).
- If a single-patient room is not available, then precautions should be taken to minimize exposure to surrounding individuals such as having the patient don a medical mask over their nose and mouth as tolerated and covering exposed skin lesions with clothing, sheet, or gown as best as possible.
- Call OCPHO and local IPAC for any suspected or confirmed cases immediately.
 - IPAC on-call: 867-445-2121
 - OCPHO on-call: 867-920-8646

Duration of Precautions: As directed by IPAC

Hand Hygiene: As per the Four Moments of Hand Hygiene.

Personal Protective Equipment (PPE) for health care workers:

- Gloves
- Gown
- Eye protection (e.g., face shields or goggles)
- Fit-tested and seal checked N-95 respirator; perform seal check after donning N95 respirator.

Patient Transport: Transport and movement of the patient outside of their room should be limited to medically essential purposes. Have the patient wear clean clothes/gown, wash their hands, wear a medical mask, and cover their lesions to the best extent possible for transport.

Laundry: Soiled laundry is to be managed in accordance with Routine Practices. Staff are to protect themselves from potential cross-infection when handling soiled linen by wearing appropriate PPE (gloves, gown, fit-tested and seal-checked N95 respirator and eye protection). Staff are to clean their hands upon removal of PPE. Care should be taken in the management of soiled laundry to avoid shaking or handling in a manner that may cause dispersal of microorganisms.

Waste Disposal: Containment and disposal of contaminated waste (e.g., dressings) in accordance with facility-specific/public health guidelines for infectious waste.

Environmental Cleaning: Healthcare-grade cleaning and disinfecting agents, with a Drug Identification Number (DIN) are appropriate for cleaning and disinfection of environmental surfaces and shared equipment in the patient care environment. Follow the manufacturer's recommendations for dilution and contact time.

Food Services: Food service items are to be managed in accordance with Routine Practices. Dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergents. Reusable dishware and utensils may be used; disposable dishes are not required.

Policies:

- NTHSSA Policy [IPAC Triage Assessment Tool](#)
- NTHSSA Policy [Routine Practices and Additional Precautions](#)
- NTHSSA Policy [Point of Care Risk Assessment \(PCRA\)](#)
- NTHSSA Policy [Proper Selection and Use of Personal Protective Equipment \(PPE\)](#)
- NTHSSA Policy [Hand Hygiene Program](#)

References:

Centers for Disease Control and Prevention. (2022, May 22). *Infection Prevention and Control of Monkeypox in Healthcare Settings*.

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#:~:text=should%20be%20avoided.-,Patient%20Placement,air%20handling%20is%20not%20required>

Government of Canada. (2022, June 1). *Interim guidance on infection prevention and control for suspect, probable or confirmed monkeypox within Healthcare settings*.

<https://www.canada.ca/en/public-health/services/diseases/monkeypox/health-professionals/interim-guidance-infection-prevention-control-healthcare-settings.html>