

Monkeypox (MPX):- Infection Precautions Supplementary Guidance for Healthcare Settings (Version 1.10)

This document provides additional information that is not included in the national documents (links below) as well as clarifying areas of local deviation from the national guidance

- PHS Scotland:- [Monkeypox guidance for health protection teams](#)
- ARHAI Scotland:- [Infection Prevention and Control advice for healthcare settings: Monkeypox: Management of possible, probable and confirmed cases](#)

Communication on identification of suspected or confirmed monkeypox case (based on national definitions)

In hours

- 1412 Bleep holder
- Duty Manager
- Chief Executive
- Nurse Director
- Medical Director
- Consultant Microbiologist
- Consultant in Public Health

Out of hours

- 1412 Bleep holder
- On-call medical consultant
- On-call Manager
- Consultant Microbiologist
- Consultant in Public Health
- On-call Executive

Process	Suspected / Confirmed Monkeypox Outbreak Clade (Use national case definitions – web link above)	Suspected / Confirmed Monkeypox <u>Non</u>-Outbreak Clade (Use national case definitions – web link above)
Moving between departments within the hospital	Do not transfer unless under supervision of IPCT / ID Physician	
Toileting facilities	<ul style="list-style-type: none"> • Patient may use en-suite toilet facilities • If unavailable use commode / bedpan 	<ul style="list-style-type: none"> • Patient may use en-suite toilet facilities • If unavailable use commode / bedpan: solidify contents – (Category A waste - autoclave/incinerate)
PPE required - Staff	<ul style="list-style-type: none"> • As detailed in ARHAI Scotland Monkeypox guidance for outbreak clade (web-link above) 	<ul style="list-style-type: none"> • Reinforced fluid-resistant long-sleeved surgical gown • Disposable fluid-resistant hood (if wearing a gown without an attached hood) • Full length disposable plastic apron • FFP3 respirator or powered hood respirator • Disposable full face visor • 2 sets of long or extended cuff non-sterile, non-latex disposable gloves • Surgical wellington boots or closed shoes • Disposable boot covers
Source Control	All suspected or confirmed cases should be provided with a Fluid Resistant Surgical Mask (FRSM) to wear where this can be tolerated and does not compromise their clinical care	
PPE Doffing Process	<ul style="list-style-type: none"> • Remove gloves followed by Hand Hygiene (HH) with alcohol-based hand rub (ABHR) • Remove apron / gown followed by HH • Remove eye protection (if required) followed by HH • Remove FRSM / FFP3 respirator followed by HH 	As per national guidance for High Consequence Infectious diseases (HCID)
Laundry (bed linen, towels)	<ul style="list-style-type: none"> • Manage as infectious linen 	<ul style="list-style-type: none"> • Dispose as clinical waste (Category A waste - autoclave/incinerate)
Crockery & Cutlery	<ul style="list-style-type: none"> • Process as normal 	<ul style="list-style-type: none"> • Dispose as clinical waste (Category A waste - autoclave/incinerate)
Cleaning	Routine cleaning, terminal cleaning, blood and body fluids : Tristel Fuse - c contact time 5 minutes	
Waste	Treat as healthcare (clinical) category B waste (orange bag)	<ul style="list-style-type: none"> • Double yellow bag • Place the bags in a rigid outer plastic bin (60litre Yellow bin) • Disinfect external surface of the plastic bin with Clinell Universal Wipes • Contact domestic staff to arrange uplift the same day and hold in secure area until uplifted