EOC Standard Operating Procedure

East of England Ambulance Service NHS Trust

ESOP ID	ESOP 80
Version	5.0
Title	Management of Monkeypox Calls
Issued by	Head of AOC
Approved by	Monkeypox IMG
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Version Control		Date
1.0	Initial Version, Signed off at IMG	23/05/22
2.0	PPE Guidance Updated & Addition of Acute Specific Procedures	25/05/22
3.0	Addition of Point 6.1 and 4.7	30/05/22
4.0	Addition of Points 6.6 and 7.9	01/06/22
5.0	Change in PPE guidance (Minimum of L3 PPE)	14/06/22

Details of the change from previous version

- Change to point 6.2

#WeAreEEAST

1.0 Background

1.1 Monkeypox is a rare disease that is caused by infection with monkeypox virus.

1.2 Monkeypox was first discovered in 1958 when outbreaks of a pox-like disease occurred in monkeys kept for research. The first human case was recorded in 1970 in the Democratic Republic of the Congo (DRC), and since then the infection has been reported in a number of central and western African countries. Most cases are reported from the DRC and Nigeria.

1.3 In 2003, monkeypox was recorded in the US when an outbreak occurred following importation of rodents from Africa. Cases were reported in both humans and pet prairie dogs. All the human infections followed contact with an infected pet and all patients recovered. No other country outside West and Central Africa has reported similar outbreaks.

1.4 As of 16 May, a total of 14 monkeypox cases have been reported in the UK since 2018, 7 of which have been reported in May 2022.

1.5 In order to effectively manage patient care, potential increases in demand and safety there is a need to ensure relevant guidance is implemented.

1.6 It does not spread easily from person to person but can be spread through:

- touching clothing, bedding or towels used by someone with monkeypox
- touching monkeypox blisters or scabs
- the coughs or sneezes of a person with monkeypox
- close personal contact with a person who has monkeypox

1.7 **Response to a patient must not be delayed if the call codes as C1.**

2.0 Monkeypox Presentation

2.1 Early Symptoms of Monkeypox Include:

- Fever
- Headache
- Muscle aches
- Backache
- Swollen glands
- Shivering
- Extreme tiredness

2.2 As the virus progresses, a rash appears. This can be mistaken for chickenpox. The rash starts as raised spots which develop into blisters. These eventually scab over and fall off. The rash usually appears 1 to 5 days after the first symptoms, often on the face or genitals.

3.0 AOC Procedure

3.1 It is important that EEAST undertakes surveillance for Monkeypox, and this is to continue within the predetermined criteria.

3.2 **This procedure is only to be followed for patients/callers who:**

- Declare travel to west or central Africa in the past six weeks

OR

- Declare contact with a confirmed case of monkeypox

AND

- Who are concerned about monkeypox

3.3 All other patients should be triaged via the normal process.

3.4 If patients **do have** relevant symptoms but **haven't** declared travel to the areas described above, or **haven't** declared contact with a confirmed case, they should be triaged as normal

3.5 This statement can be used if the caller asks about risks: *'The risk of contracting monkeypox in the UK is very low as it requires close contact with a person who has the virus'.*

4.0 Patients Meeting Criteria (Call Handling)

4.1 If patients do have relevant symptoms but haven't declared travel to the areas described above, or haven't declared contact with a confirmed case, they should be triaged as normal:

4.2 Triage through MPDS/ECHM.

4.3 On reaching final coding, ?CReview should be entered for patients coding C2 – C6 and CcordReview for patients coding as C1.

4.4 C2-C6 calls are to have a clinical review / triage before an Ambulance is dispatched, to ensure a response is absolutely necessary.

4.5 **C1 calls, there will not be a delay.**

4.6 **#MonkeyPox** Input into the CAD Notes.

4.7 Any Potential or Suspected Monkeypox case, must be escalated to the Duty Tactical Commander at the earliest opportunity.

5.0 ESOP41/ESOP48

5.1 ESOP41/48 can continue to be utilised for suspected Monkeypox cases where the criteria for NOSEND has been met, **however**, before call closure, the following must be adhered to:

- Call escalated as per point 4.3
- Call reviewed and called by a CCORD or Senior AOC Clinician
- Self-isolation guidance given and advised to contact GP.
- (If not done so already) patient details obtained (as a minimum, Full Name, Date of Birth, GP Surgery and NHS Number).

6.0 Patients Meeting Criteria (Dispatch)

6.1 Community First Responders & GoodSAM Responders **must not** be dispatched to any call where there is a suspected or confirmed Monkeypox case, should they be auto dispatched, the CFR/GoodSAM **must** be stood down.

6.2 Where an EEAST resource is allocated to a suspected or actual Monkeypox case, the attending resources **must** be verbally updated at the earliest opportunity. Level 3 PPE must be worn for all patient contact.

6.3 The nearest LOM **informed**, not allocated, of the call.

- The resource should utilize the most appropriate level of HCID PPE and follow the standard hand hygiene protocols for all patient contacts.
- HCID PPE is:
    - Coveralls including hood pulled up
    - Eye protection
    - Face shield
    - FFP3 mask
    - Shoe covers
    - Double gloves

- The recommendation is that clinicians make an initial patient assessment at a distance in level 3 PPE to determine appropriate PPE required.

6.4 If the clinician on scene suspects the patient is a possible or probable monkeypox case, they should notify dispatch and the Duty Tactical Commander informed at the earliest opportunity, the resource **must not** contact UK HSA direct.

6.5 Once the patient has been handed over to the hospital the crew should follow standard protocol for doffing of PPE and the transport of the DSA to an appropriate station/facility for a 'deep clean'. This will mean a prolonged Out of Service time.

6.6 Where possible, pregnant women and severely immunosuppressed individuals should not assess or clinically care for individuals with suspected or confirmed monkeypox. Therefore, resources may contact AOC informing them that they are unable to attend to the patient, should AOC be informed of this, the resource must be stood down at the earliest opportunity.

7.0 Additional Points of Note

7.1 If the correct PPE is worn then the risk of crews contracting monkeypox following contact with a confirmed positive case is very low, especially if the guidance in this document is followed.

7.2 A Datix incident report must be completed in relation to any patient or staff safety issues.

7.3 There is no current expectation that the ambulance service will transport patients back to their home or suitable residence

7.4 If the patient is transported and the receiving hospital have suitable facilities for managing category A waste (yellow bags) then PPE and linens can be disposed of at hospital utilising this facility before crews return to station to clean the DSA (please ensure safety when returning to station - I.e., staff only to sit in the front of the ambulance so as not to risk contamination by contact with surfaces in the patient compartment. If staff need to sit in the patient compartment, then appropriate clean L3 PPE needs to be worn).

7.5 Waste and contaminated/potentially contaminated linens that cannot be safely disposed of at hospital (either because the patient was not transported, or the hospital do not have appropriate facilities to do so) are to be double bagged in our normal contaminated waste bags (orange bags) and placed into the normal waste bins on station. LOM team to be notified of when and which bin was utilised. LOM team to update DTC. The DTC will advise the LOM to ensure that

bin is traced until confirmation of the need for an ad hoc waste collection has been confirmed.

7.6 Any Interfacility Transfers for suspected monkeypox can be completed by any DSA with the appropriate PPE as outlined above.

7.7 Interfacility Transfers for **confirmed** Monkeypox cases will be managed via the on-call NILO/Specialist Operations Manager on-call.

7.8 If a patient EEAST attends is showing signs of monkeypox as listed in this instruction but is clinically well then do not need to be transported to hospital. They must however be told to isolate for 21 days, and they must contact either their GP or phone 111.

7.9 Patients who are being left at home must be given patient safety/worsening advice as per the Trust guidelines, but they must phone their GP or 111 as it is important they are assessed and if it is deemed they are possibly/probably infected with monekypox they will need to speak to the UK Health Security Agency. This will be arranged by their GP or 111.

8.0 Hospital / Acute Specific Procedures

8.1 North West Anglia Foundation Trust

- NWAFT [North West Anglia Foundation Trust] which cover both Peterborough City Hospital and Hinchingbrooke Hospital sites, it has been confirmed that Peterborough Hospital have an isolation ward setup in order to manage infectious patients with the MonkeyPox virus.
- It has been requested that all patients who are suspected as having the MonkeyPox virus [in line with ESOP 80] within the NWAFT [Peterborough and Hinchingbrooke] catchment are transported to Peterborough City Hospital [regardless whether Hinchingbrooke Hospital is the closest A&E department], where their assessment and treatment will managed.
- In the event that a patient self presents at Hinchingbrooke Hospital, then the transfer of this patient will be dealt with under the normal IFT processes and will be booked by the Hospital as required.
- It is important to note that patients suspected of having the MonkeyPox virus within the North & Mid Cambridgeshire catchment will be excluded from IC / Divert away from Peterborough to Hinchingbrooke and must be transported to Peterborough Hospital.