OPS INSTRUCTION

To: All EEAST Staff and Volunteers

Date: 16th June 2022

OI Number: OI 218 Version 2.0

EEAST Ambulance Response to Monkeypox.

Background

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

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.

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.

As of 15 June, there have been 524 cases recent monkeypox cases have been reported in the UK.

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

Rationale

In order to appropriately manage the patient and post patient contact guidance has been produced using expert reference points such as UKHSA and relevant specialists within EEAST. The guidance looks to protect our staff and effectively manage patients while looking to reduce the spread.

There is specific guidance for triage and clinical management within the Ambulance Operations Centres. There is a clinical Monkeypox Pre-screening Tool for staff to determine appropriate PPE.

Local Operational Procedure

- This procedure is our local response, in conjunction with public health to how we would manage a potential or actual case of Monkeypox.

- AOC will identify, following triage, whether a response is required. This will be passed to the ambulance crew responding. It is possible suspected cases may not be identified at point of call/before crew arrival based on information given on the 999 call. LOMs will be notified of crew attendance.
- **On scene**
  - Clinicians should use appropriate PPE and assessment of patients. **Clinicians should don L2 PPE (gloves, mask and apron) and follow hand hygiene protocols for all patient contacts. If the clinician suspects the patient may have monkeypox, either following advice from AOC that this is suspected or following their own on scene assessment, L3 PPE (coveralls, eye protection, FFP3 or PAPR, single use gloves) should be donned immediately.**
  - Clinicians should consider their distance from the patient. Where possible complete assessments from a distance of 1 metre or more, moving within this distance to perform specific actions before withdrawing. This is suggested for all patients, however is particularly relevant in cases of suspected or confirmed monkeypox.
  - If the clinician on scene suspects the patient is a possible or probable monkeypox case they should notify dispatch and ask for the Duty Tactical Commander (DTC) to be made aware.
  - If a patient you attend 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 advised to contact either their GP or phone 111. 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 infected with monekypox they will be contacted by the UK Health Security Agency. This will be arranged by their GP or 111. AOC is to be informed of this decision and requested to update the DTC that the patient is not being transported.
  - If the patient clinically requires hospital assessment/intervention OR is unable to safely follow advice and guidance to safely self-isolate at home the patient is to be conveyed to the nearest A&E.
  - When transporting to hospital a pre-alert stating you are attending with a suspected or confirmed case of monkeypox is required to enable the hospital to enact

their protocols.

- **Post-incident**
  - Once the patient has been handed over to the hospital the crew should follow standard protocol for the removal of PPE and the transport of the DSA to an appropriate station/facility for a 'deep clean'.
  - Decontamination of vehicle and equipment should be carried out using a detergent solution followed by 1000ppm chlorine based solution and left to air dry, as per the decontamination manual. Decontamination of all direct and indirect contact areas, exposed surfaces and equipment is required. This should be carried out wearing coveralls, FFP3/PAPR, gloves, eye protection and. If make ready staff do not have access to appropriate PPE clinical staff will need to conduct the decontamination.
  - 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).
  - Waste produced through monkeypox confirmed or suspected cases should be disposed of as category A waste in yellow bags following the correct category A waste protocol. Where this is unavailable dispose of the waste by the available orange route and inform the manager, this has occurred.
  - The LOM will need to complete a referral to the COVID Team for confirmed or suspected Monkeypox cases to allow the mandatory 21 days monitoring to take place.

Crews will generally only be stood down if the patient is confirmed as a Monkeypox positive case and there was a breach in PPE. The incubation period and subsequent stand down in this scenario is 21 days. Each case will be reviewed individually by the COVID Team.

The following actions will apply for all confirmed Monkeypox contacts with a PPE breach:

- To take part in Test and Trace, active monitoring and daily communication for 21 days after last exposure, coordinated by COVID Team
- Self-isolation for 21 days, including exclusion from work
- No travel permitted
- Avoid contact with immunosuppressed people, pregnant women, and children aged under 12 where possible
- It will be the responsibility of the staff member to contact the COVID Team daily on 07715 494158

The following actions will apply for all suspected or actual Monkeypox contacts:

- To take part in Test and Trace, passive monitoring and daily communication for 21 days after suspected exposure, coordinated by COVID Team
- Will be risk assessed to determine action regarding stand down or follow up required
- It will be the responsibility of the staff member to contact the COVID Team daily on 07715 494158

If symptoms develop within 21 days COVID Team will alert UKHSA through tested processes during COVID 19. They will also alert AGM for staff member so RIDDOR can be completed if they receive a confirmation of a confirmed Monkeypox diagnosis.

- LOMs can be contacted for welfare as required.

Additional Points:

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

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