# Infection Prevention and Control Guidance in All Health Care Settings

## Patient Access Points
- Alcohol-based hand rub (ABHR), tissues and masks should be readily available at all triage and patient access points.
- Encourage patients and family members/support persons to perform hand hygiene and respiratory etiquette.

## Point of Care Risk Assessment (PCRA)
- Always perform a Point of Care Risk Assessment (PCRA) before every clinical encounter.

## Hand Hygiene
- Health care workers (HCWs) should perform hand hygiene according to the SHA Hand Hygiene Policy.
- Education should be provided to patients and family member/support person about how and when to perform hand hygiene.

## Assessment and Triage
- Assess for signs and symptoms of monkeypox:
  - Illness begins with fever, chills, swollen lymph nodes, aches, exhaustion
  - Rash develops 1-3 days after appearance of fever, often beginning on face and spreading to other body parts (mouth, soles of feet, palms, genitals)
  - Rash lesions progress from macule -> papule -> vesicle -> pustule -> crust (see picture in Appendix A)

  - To avoid exposure to contacts in waiting rooms, place patients that present with fever and vesicular/pustular rash (i.e., suspect monkeypox) into a single patient exam room as quickly as possible.

  - Refer to Monkeypox section in the Saskatchewan Communicable Disease Control Manual for Case and Contact definitions, including epidemiological criteria for high risk exposure.

## Patient Placement
- Place patient in an Airborne Infection Isolation Room (AIIR), if available.
- If AIIR unavailable, place patient in private room with dedicated toilet. Ensure door is closed.
- Any AGMP’s should be performed in an AIIR, if possible.

## Precautions
- In addition to Routine Practices, place patient on Airborne, Droplet, and Contact Precautions.
- Use former regions’ signage for Airborne AND Droplet/Contact Precautions (2 signs).

## Personal Protective Equipment (PPE)
- Fit-tested N95 respirator (or equivalent); perform seal check after donning N95 respirator.
- Gloves
- Gown
- Eye protection (e.g., face shield or indirectly/non-vented goggles).

## Communication
- Notify the facility’s Infection Control Practitioner if a suspect or confirmed case receives care or is admitted to the facility.
- Most responsible practitioner must notify local Public Health Office/Medical Health Officer (MHO) of suspect/confirmed cases. The MHO will facilitate a public health investigation of the case.

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1 Where possible, pregnant women and severely immunocompromised health care workers should not assess or clinically care for individuals with suspected or confirmed monkeypox. This will be reassessed as evidence emerges.
### Laboratory Testing
- Contact the Microbiologist on call (Regina 306-766-4444; Saskatoon 306-655-1000) to facilitate testing at the RRPL
- Refer to [Laboratory Medicine Bulletin](#) for further details on testing.

### Family / Support Persons and Visitors
- Visitors should be restricted to those necessary for care or compassionate grounds
- If visitation is necessary, family/support person should wear a N95 respirator while in room; they should be instructed on how to perform a seal-check after donning the respirator. In addition, they should wear gloves, gown and eye protection.

### Patient Transport
- Limit transport of patient out of room unless medically necessary
- If movement is necessary:
  - Alert receiving department for need of additional precautions
  - Have patient wash their hands and provide patient with a medical mask
  - Patient should put on clean gown/housecoat and cover exposed lesions as best as possible with gown or sheet

### Environmental Cleaning
- All SHA approved cleaning/disinfection products are sufficient as long as manufacturer’s instructions are followed (e.g., dilution, application and contact time)
- Follow SHA [protocols](#) for daily cleaning of rooms for patients on additional precautions
- If an area has carpet, clean with HEPA-filter equipped vacuum
- After discharge, transfer, or discontinuation of additional precautions, follow SHA’s discharge cleaning [protocol](#)
- Additional precaution signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed

### Patient Care Items and Equipment
- Use disposable equipment when possible
- All reusable equipment and supplies should be dedicated to the patient until discharge
- If reusable equipment cannot be dedicated to a single patient, clean and disinfect thoroughly with a SHA approved disinfectant before use on another patient
- Items that cannot be appropriately cleaned and disinfected should be discarded upon patient discharge or transfer

### Laundry/Linen and Dishes
- No special precautions are required; routine practices are sufficient
- Ensure hot water (70 degrees Celsius) and hot dry cycles are used for all linens
- Take care when handling soiled linen to prevent dispersal of infectious particles (e.g., do not shake soiled linen).

### Waste Management
- No special precautions are required; routine practices are sufficient.
- Ensure general waste from room/unit is bagged and tied/sealed in the room prior to disposing in facility trash
- Follow facility protocols for any [biomedical waste](#)

### Duration of Precautions
- Patient must remain on all additional precautions until all scab crusts have fallen off and a fresh layer of skin has formed (about 3-4 weeks from onset of illness)
- If patient is discharged prior to new skin forming, provide them with the [Monkeypox Q&A](#) factsheet
Appendix A: Lesion Progression
Source: University of Toronto

References


