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## **Monkeypox Exposure Guidance for Healthcare Workers (HCW)**

**SCOPE:** This guidance outlines the Monkeypox exposure evaluation and reporting, monitoring, and self-isolation protocol for HCWs, department managers, Infection Prevention (IP), and Employee Health Department (EH or Employee Health).

This policy applies to Healthcare Workers (HCWs), defined as any employee, volunteer, staff, physician, contract personnel, or other individual working in the Hospitals and Clinics regardless of job duty (HCWs). Exposures for HCWs or County employees who do not currently work at the Hospitals and Clinics (e.g., they work for another County department, or they are assigned by County Emergency Operations Center to work at another location) will be reported to the appropriate department representative where that HCW/employee currently works for further review and follow up.

**BACKGROUND:** Monkeypox is classified by Cal/OSHA as an aerosol transmissible pathogen or disease and is subject to the Cal/OSHA Aerosol Transmissible Diseases standard (California Code of Regulations, title 8, section 5199). Comprehensive procedures in the event of an exposure incident, including notification to the local health officer and to other employers whose employees may have been exposed, can be found in each facility's Aerosol Transmissible Diseases Exposure Control Plan (SCVMC Policy #816; O'Connor Hospital Policy #8112855; St. Louise Regional Hospital Policy #3899881). This Monkeypox Exposure Policy outlines the Exposure Response Protocol for HCW exposure to Monkeypox. The procedures and requirements outlined in the Aerosol Transmissible Diseases Exposure Control Plans must also be followed.

The Procedure below must be followed for any lower-, intermediate-, and higher-risk HCW exposure to Monkeypox, as per the Risk Exposure Assessment Table in Section II. In accordance with the Procedure below, Employee Health will perform an exposure risk assessment for every HCW exposure to determine the exposure risk level and whether a significant exposure exists. A significant exposure is any exposure to Monkeypox in which the circumstances of the exposure make Monkeypox transmission sufficiently likely that the HCW requires further evaluation by a physician or other licensed health care professional. For the purpose of the Exposure Response Procedure below, a significant exposure is deemed to be any high- or intermediate-risk exposure as per the Risk Exposure Assessment Table. Potential exposures deemed to be in the no-risk category by Employee Health do not require further reporting, monitoring, or self-isolation.

### **PROCEDURE:**

#### **I. Exposure Response Protocol for HCWs Who are Potentially Exposed to Monkeypox Cases:**

##### **a. Source of exposure is a patient in the facility**

##### **i. Initial Notification**

1. Upon resulting a positive monkeypox lab result, Laboratory shall notify Infection Prevention (IP). Lab results will also appear in the ordering provider's inbox.
2. HCWs who become aware of a positive Monkeypox lab of a patient in the facility shall immediately report to their manager/supervisor.

##### **ii. Notification to IP and IP Response**

1. IP will be notified by Laboratory of positive Monkeypox lab result immediately after the lab is resulted. The manager/supervisor of department in which patient tested positive will also report case to IP.
2. If IP receives notification of positive Monkeypox lab before being contacted by manager/supervisor of department in which patient tested positive, IP will notify that manager/supervisor and the treating team if a patient is involved.

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3. IP will ascertain any other departments at risk for exposure and notify manager/supervisor in those departments.
- iii. **Manager/Supervisor Completion of Employee Exposure Contact Form**
    1. The manager/supervisor will identify HCWs who were potentially exposed, and complete Employee Exposure Contact Form for Infectious Disease Exposures (non-COVID). The Employee Exposure Contact Form for monkeypox exposures is available on the Hub under the Monkeypox Tab, or by contacting EH at [closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org). The Employee Exposure Contact Form must be completed in its entirety including the Employee Exposure Contact List. This completed form will then be e-mailed to EH as noted on the form.
    2. The manager/supervisor will notify exposed HCWs of their exposure and instruct exposed HCWs to call EH for further instructions. Notification to exposed employees must take place within 72 hours of the manager/supervisor becoming aware of the potential exposure.
  - iv. **Exposed HCW to Contact EH**
    1. Upon notification of exposure, exposed HCW will contact EH immediately by email (preferred) at [closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org) or call EH at 408-283-7474. EH generally operates during regular business hours and will respond no later than the next business day of receipt of notification.
  - v. **EH Exposure Risk Assessment**
    1. EH staff will conduct a telephone evaluation and assess risk based on the Exposure Risk Assessment Table below
    2. If an exposed HCW is deemed to have “high” risk, PEP (Jynneos vaccine) will be offered based on availability. If exposed HCW is deemed to have “intermediate” risk, PEP (Jynneos vaccine) will be offered based on availability, after discussing risks/benefits. EH Medical Director (or, if EH Medical Director not available, then the Medical Branch of the Hospital Command Center) may be contacted by the EH staff regarding questions.
    3. EH will advise exposed HCW of monitoring recommendations, including guidance regarding possible exclusion from workplace, based on Exposure Risk Assessment Table and the monitoring guidance below.
    4. EH staff will counsel exposed HCW to contact EH for development of symptoms concerning for monkeypox.
    5. If exposed HCW develops symptoms or tests positive for Monkeypox, they will be advised to self-isolate and contact EH for further guidance in accordance with procedure outlined in Section V below. HCW will be referred for further treatment per EH Standard Procedure.
- b. Source of exposure is individual from the community**
- i. **Initial Notification**
    1. HCWs who are potentially exposed to a Monkeypox positive case in the community may continue to work if no symptoms but must monitor for symptoms and notify EH by email to [closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org) within 24 hours.
  - ii. **EH Exposure Risk Assessment**
    1. EH staff will call potentially exposed HCW and conduct a telephone evaluation and assess risk based on the “Exposure Risk Assessment” table below.

2. EH will advise potentially exposed HCW of monitoring recommendations, including guidance regarding possible exclusion from workplace, based on Exposure Risk Assessment Table and the monitoring guidance below.
3. EH will advise potentially exposed HCW to follow-up with their own provider for consideration of PEP (Jynneos vaccine).
4. If exposed HCW develops symptoms or tests positive, they will not report to work, notify the manager and EH. EH will contact HCW to provide further guidance in accordance with procedure outlined in Section V below. The exposed HCW will be advised to follow-up with their own provider for consideration of testing and treatment. If the HCW is unable to identify a provider for testing and further treatment, they will be referred per EH Standard Procedure.

**c. Source is another HCW in the facility**

- i. Initial Notification
  1. HCWs who are diagnosed with or suspected to have Monkeypox will self-isolate and notify EH and Manager/Supervisor. EH will request confirmation of Monkeypox diagnosis by lab results.
- ii. EH Notification to Manager/Supervisor
  1. EH will notify manager/supervisor of positive HCW.
- iii. Manager/Supervisor Completion of Employee Exposure Contact Form
  1. The manager/supervisor will identify HCWs who were potentially exposed, and complete Employee Exposure Contact Form, available on the Hub under the Monkeypox Tab, or by contacting EH at [closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org). The Employee Exposure Contact Form must be completed in its entirety including the Employee Exposure Contact List. This completed form will then be e-mailed to EH as noted on the form.
  2. The manager/supervisor will notify exposed HCWs of their exposure no later than 72 hours after the exposure and instruct exposed HCWs to call EH for further instructions.
  3. If patients are included among the potentially exposed individuals, the manager will e-mail the list of potentially exposed patients to IP within 24 hours.
- iv. Exposed HCW to Contact EH
  1. Upon notification of exposure, exposed HCW will contact EH immediately by email (preferred) at [closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org) or call EH at 408-283-7474. EH generally operates during regular business hours and will respond no later than the next business day of receipt of notification.
- v. EH Exposure Risk Assessment
  1. EH staff will conduct a telephone evaluation and assess risk based on the "Exposure Risk Assessment" table below.
  2. If an exposed HCW is deemed to have "high" risk, PEP (Jynneos vaccine) will be offered based on availability. If exposed HCW is deemed to have "intermediate" risk, PEP (Jynneos vaccine) will be offered based on availability, after discussing risks/benefits. EH Medical Director (or, if EH Medical Director not available, then Medical Branch of the Hospital Command Center) can be contacted by the EH staff regarding questions.
  3. EH will advise exposed HCW of other monitoring recommendations, including guidance regarding possible exclusion from workplace, based on "Exposure Risk Assessment" table and the monitoring guidance below.

4. EH staff will counsel exposed HCW to contact EH for development of symptoms concerning for monkeypox. If exposed HCW develops symptoms or tests positive, they will be advised to self-isolate and contact EH for further guidance in accordance with procedure outlined in Section V below. They will be referred for further treatment per EH Standard Procedure.

## II. Exposure Risk Assessment Table

Degree of Exposure	Recommendations		Exposure Characteristics
	Monitoring	PEP	
Higher	Yes	Yes	Unprotected contact between an exposed individual's broken skin or mucous membranes and the skin lesions or bodily fluids from a patient with monkeypox (e.g., inadvertent splashes of patient saliva to the eyes or mouth of a person), or soiled materials (e.g., linens, clothing)-OR-
			Being inside the patient's room or within 6 feet of a patient with monkeypox during any medical procedures that may create aerosols from oral secretions (e.g., cardiopulmonary resuscitation, intubation), or activities that may resuspend dried exudates (e.g., shaking of soiled linens), without wearing a NIOSH-approved particulate respirator with N95 filters or higher and eye protection-OR-
Intermediate	Yes	Risk vs Benefit	Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked patient with monkeypox without wearing a facemask or respirator-OR-
			Unprotected contact between an exposed individual's intact skin and the skin lesions or bodily fluids from a patient with monkeypox, or soiled materials (e.g., linens, clothing)-OR-
			Activities resulting in contact between an exposed individual's clothing and the patient with monkeypox's skin lesions or bodily fluids, or their soiled materials (e.g., during turning, bathing, or assisting with transfer) while not wearing a gown
Lower	Yes	None	Entry into the contaminated room or patient care area of a patient with monkeypox without wearing

			all recommended PPE, and in the absence of any exposures above
No Risk	None	None	During all entries in the patient care area or room, wore gown, gloves, eye protection, and at minimum, a surgical mask
			No contact with the patient with monkeypox, their contaminated materials, nor entry into the contaminated patient room or care area

**III. Symptoms\* to monitor after exposure (Monitor for symptoms for 21 days after last exposure)**

- a. Fever  $\geq 100.4^{\circ}\text{F}$  ( $38^{\circ}\text{C}$ )
- b. Chills
- c. New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
- d. New skin rash
- e. See CDC guidance for additional symptoms: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

*\*Fever and rash occur in nearly all people infected with monkeypox virus.*

**IV. Monitoring Exposed Healthcare Professionals**

- a. Higher-Risk Exposures
  - i. Healthcare workers who have high-risk exposure and are asymptomatic do not need to be excluded from work but must undergo active surveillance for symptoms as instructed by EH in addition to self-monitoring, which includes measurement and reporting of temperature at least twice daily. Before each shift, HCW must email EH at ([closecontact@hhs.sccgov.org](mailto:closecontact@hhs.sccgov.org)) to confirm their temperature and that they do not have any symptoms listed above. If symptoms develop, HCW shall self-isolate and immediately contact EH. Self-monitoring and active surveillance will occur for 21 days from date of last exposure.
- b. Intermediate- or Low-Risk Exposures
  - i. Healthcare workers who have intermediate or lower-risk exposure to patients with monkeypox and are asymptomatic do not need to be excluded from work duty, but must undergo self-monitoring for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. If symptoms develop, HCW shall self-isolate and immediately contact EH.
- c. No-Risk Exposures
  - i. Potential exposures deemed to be in the no-risk category by Employee Health do not require further reporting, monitoring, or self-isolation.
- d. All Higher-, Intermediate-, and Lower-Risk Exposures

- i. Exposed HCWs will self-monitor and call EH immediately if symptoms appear. HCWs will be advised to self-isolate if any symptoms develop, contact EH for further guidance, and contact their own provider for evaluation.
- ii. Persons who report only chills or lymphadenopathy should remain at their residence, self-isolate for 24 hours, and monitor their temperature for fever; if fever or rash do not develop and chills or lymphadenopathy persist, the person should be evaluated by their own clinician for the potential cause. HCWs must remain out of the workplace until cleared to return to work by EH.

**V. Procedure after Exposed HCW develops symptoms or tests positive for Monkeypox**

- a. If exposed HCW develops symptoms or has confirmed diagnosis by a positive test result, they must notify EH and their Manager/Supervisor.
  - i. The monkeypox positive or symptomatic HCW must leave work immediately or remain off work and follow-up with their own provider for consideration of testing and treatment. For symptoms developing after work-related exposures, the Manager/Supervisor will need to submit appropriate forms. For questions regarding forms, contact EH.
    1. A diagnosis of monkeypox of the symptomatic HCW shall be reported by the HCW and/or manager to EH.
  - ii. Return to work criteria:
    1. If a rash occurs, the HCW should be excluded from work until 1) rash can be evaluated, 2) testing performed, if indicated, and 3) the results of testing are available and negative.
    2. If other symptoms are present, but there is no rash, the HCW should:
      - a. Be excluded from work for 5 days after the development of any new symptom, even if this 5-day period extends beyond the original 21-day monitoring period.
        - i. If 5 days have passed without the development of any new symptom and a thorough skin examination reveals no skin changes, HCP could and return to work with permission from EH.
        - b. If a new symptom develops again at any point during the 21-day monitoring period, then HCP should be excluded from work and a new 5-day isolation period should begin.
      3. They must submit a clearance letter from their provider to EH to be cleared to return to work.
- b. The manager/supervisor will identify HCWs who were potentially exposed to monkeypox positive HCW, and complete Employee Exposure Contact Form in its entirety including the Employee Exposure Contact List. This completed form will then be e-mailed to EH as noted on the form. The manager/supervisor will notify exposed HCWs of their exposure and instruct exposed HCWs to call EH for further instructions.