

Exposure Risk Assessment & Management of Exposed Healthcare Workers (HCWs) to a Monkeypox Case in Healthcare Facilities

V.1.1

Healthcare workers (HCWs) are the first line in providing care to the patients. Ensuring their safety from health care facilities threats which include risk of Monkeypox infection is the most significant measure that must be warranted. Consequently, this guidance serves to demonstrate specific recommendations that should be applied in encountering with the Monkeypox exposure.

	Degree of Exposure	Exposure Characteristics	Recommendations	Follow up
A	High Risk	<p>Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with the patient), or contaminated materials (e.g., linens, clothing)</p> <p>-OR-</p> <p>Being inside the patient's room or within 1.5 meters of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection</p>	<ul style="list-style-type: none"> Monitoring*(Active Surveillance-Active Monitoring) Post exposure Prophylaxis (PEP)** is recommended 	Once any of symptoms or signs appear HCW should be treated as suspected case according to updated guidelines
B	Intermediate Risk	<p>Being within 1.5 meters for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask</p> <p>-OR-</p> <p>Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown</p>	<ul style="list-style-type: none"> Monitoring*(Active Surveillance-Active Monitoring) PEP** – Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks 	Once any of symptoms or signs appear HCW should be isolated and treated as suspected case according to updated guidelines

C	<p>Low Risk/ Uncertain</p>	<p>Entered the patient room without wearing eye protection on one or more occasions, regardless of the duration of exposure</p> <p>-OR-</p> <p>During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore a gown, gloves, eye protection, and at minimum, a surgical mask</p> <p>-OR-</p> <p>Being within 1.5 meters of an unmasked patient for less than 3 hours without wearing, at minimum, a surgical mask</p>	<ul style="list-style-type: none"> • Monitoring*(Self-Monitoring) • PEP** – None 	<p>Once any of symptoms or signs appear HCW should be isolated and restricted from work and treated as suspected case according to updated guidelines</p>
D	<p>NO Risk</p>	<p>The exposure that public health authorities deemed did not meet the criteria for other risk categories</p>	<ul style="list-style-type: none"> • Monitoring*– None • PEP** – None 	<p>Once any of symptoms or signs appear HCW should be isolated and restricted from work and treated as suspected case according to updated guidelines</p>

***Monitoring** includes ascertainment of selected signs and symptoms of monkeypox: fever ($\geq 38^{\circ}\text{C}$), chills, new lymphadenopathy (periauricular, axillary, cervical, inguinal), and new skin rash through 21 days after the last date of exposure.

** **PEP** = postexposure prophylaxis

Active surveillance / Active monitoring: involve in-person visits, and regular communications (e.g., phone call or another system) between public health representatives and the person under monitoring, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.

Self-monitoring: the HCW is responsible for monitoring his/her signs & symptoms and reporting of symptoms to health departments only if symptoms appear.

Return to Work and Resume Duty:

Confirmed HCWs can return to work after fever subsidence, and all lesions have revealed and a fresh layer of skin has formed and all crusts are resolved in consultation with the treating doctor and employee health clinic in the facility.

This guide could be modified and updated based on the national disease status and on the risk assessment

NB: Health care workers should notify infection control, occupational health, and public health authorities based on healthcare facility pathways to be guided about Monkeypox post-exposure management.