

## Purpose

To minimize risk of exposure and spread of hMPXV, the human version of the monkeypox virus. It is very unlikely that EMS practitioners will encounter a person infected with hMPXV during routine operations. However, EMS professionals should follow an identify, isolate, and inform strategy.

## Background

Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus is part of the same family of viruses as variola virus, the virus that causes smallpox.

## Infection Prevention & Control

The following precaution strategies are recommended for EMS practitioners who will have close contact (less than 6 feet) with any patient experiencing signs and symptoms of hMPXV, has been exposed to another person experiencing signs and symptoms of hMPXV, or has visited a country with confirmed cases of hMPXV or where the virus is endemic, within the last 21 days:

- Standard precautions
- Contact precautions
- Droplet precautions
- Airborne precautions

For more information, review the “[EMS Infectious Disease Playbook](#),” published by HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE).

The following PPE is recommended for EMS practitioners working within 6 feet of a patient:

- Examination gloves
- Eye protection
- Isolation gown
- N-95 respirator

Follow donning and doffing procedures.

## Patient Assessment

When preparing to enter the scene and contacting the patient, do the following:

- The initial assessment should begin at least 6 feet from the patient.
- Avoid touching or disrupting objects, fabrics such as clothing, bedding, or towels, that have been used by the patient.
- EMS practitioners should evaluate for and suspect the patient may have hMPXV if the following signs, symptoms, or circumstances are present:

- Flu like symptoms including fever, headache, muscle aches, swollen lymph nodes, painful swallowing, and a rash which may start on the palms of the hand and soles of the feet, the face, and spread across the body, **OR**
- Genital and perianal lesions, **OR**
- Close contact with someone with a similar appearing rash, being monitored for, or diagnosed with hMPXV within the last 21 days
- Within the last 21 days traveled to a country with confirmed cases of hMPXV or where the virus is endemic
- Had contact with a live or dead wild animal or exotic pet that is an African endemic species or used a product derived from such animals
- Place a face mask on the patient for source control
- During the physical exam, take care to avoid skin to skin contact. Avoid direct contact with areas of rash, scabs, or body fluids

Any additional resources requested (transporting or intercepting agency, fire, law enforcement) should be notified so they can take precautions prior to approaching the patient

## Treatment

Treatment considerations include but are not limited to the following:

- If you see pox, pimples, blisters, or rash, cover the affected area with dry dressings
- Whenever possible, take steps to avoid contact with respiratory secretions. Utilize a surgical mask, HEPA filter or other barrier over medical device to minimize exposure
- Exercise caution when performing aerosol-generating procedures (e.g. advanced airway to include supraglottic airway (SGA), endotracheal intubation, airway suctioning, CPAP/BiPAP, CPR)
- To reduce the risk associated with Aerosol-Generating Procedures:
  - Equip the BVM or other ventilatory equipment with HEPA filtration
  - Run the patient compartment exhaust fan on high
  - Consider use of MDI preferentially over nebulizer
  - Consider use of SGA preferentially over endotracheal intubation
- Plug the side/gastric port on a SGA to prevent large volume spread of airborne pathogens

## Transport

During transport, do the following:

- Isolate the cab of the ambulance from the patient compartment
- Set the patient compartment exhaust fan on high
- Limit the number of practitioners in the patient compartment to essential personnel
- The ambulance operator should follow donning and doffing procedures when entering and exiting the ambulance cab

- Notify the receiving healthcare facility if hMPXV is suspected so that appropriate precautions may be taken prior to arrival. Share details regarding signs, symptoms, travel, and contact history
- Family members and other contacts of the patient should not ride in the ambulance; if unavoidable, they should wear a face mask
- Follow hospital protocol for patient transfer

## Decontamination

The following PPE is recommended for EMS practitioners decontaminating the ambulance, stretcher, and equipment:

- Examination gloves
- Eye protection
- Isolation gown
- N-95 respirator

If a gown is not worn, uniform clothing should be removed, bagged, and laundered. Utilize biohazard disposal bags for linens and disposable equipment. Follow EMS service and hospital facility instructions for bagging, storage, laundering and or disposal of contaminated materials.

Utilize an EPA registered disinfectant effective against Tier 1 (enveloped) viruses in accordance with the manufacturer's instructions. Do not dry dust or sweep; wet cleaning methods are preferred

## Notification / Documentation

Notify the Department of Health Infectious Disease Program of a suspected case by calling (802) 863-7240, select Option 2 to be connected with an epidemiologist 24/7.

- Within the narrative of the PCR, document the following for each EMS practitioner on the response:
  - Name
  - Role
  - PPE used