

FAQ's: Infection Prevention and Control for Vaccination of Monkeypox (MPX) Contacts

Personal Protective Equipment (PPE)

Vaccinating a contact of a monkeypox case involves minimal contact with the individual and therefore carries a low transmission risk for infection.

All contacts should be asymptomatic (not in prodrome and without rash) and as such they should not be infectious.

Minimum PPE required for:	PPE ²
Minimum PPE required for: ¹Vaccination of asymptomatic contacts (¹this is a precautionary approach aligned to the minimum PPE for an individual presenting with an unexplained rash/symptoms suggesting possible/probable MPX and without any respiratory symptoms)	 A disposable, fluid-resistant apron A Fluid repellent surgical facemask FRSM (Type IIR) Single pair of disposable gloves (eye protection should be risk assessed where there is likely exposure to splashing/spraying of blood or body fluids)

² All items of PPE are **single use** only (change between each patient) and hand hygiene must be applied diligently before and after donning and doffing.

Monkeypox is classified by the Advisory Committee on Dangerous Pathogens (<u>ACDP</u>) as group 3 pathogen but the West African Clade in this current outbreak is no longer deemed a High Consequence Infectious Disease (HCID). However a minimum level of PPE and Infection Prevention and Control precautions is required to control possible contact, droplet and airborne transmission.

Guidance on Standard and Transmission based precautions can be found in the National Infection Prevention Manual for Wales: https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/ including donning and doffing of PPE found in Appendix 6.

Further information of monkeypox can be found here: https://www.gov.uk/guidance/monkeypox

Decontamination of the Environment

Wearing the appropriate PPE, clean the room once the patient has left the area following administration of the vaccination:

Between each patient cleaning/disinfection should include:

• all surfaces especially those that the patient has had direct contact with e.g. door handles, table tops, chairs etc.



- reusable non-invasive care equipment (decontaminated in the room prior to removal)
- Vaccination equipment e.g. preparation tray, trolley or surface
- Cleaning of flooring, hand basins etc at the end of vaccination session (if more than one patient being vaccinated) and end of day when vaccinations have ended

The area must be decontaminated using Health Board/Trust approved products:

NB. Remove any unnecessary equipment or items from the room designated for use to vaccinate. Rooms with hard continuous flooring are advised for use.

How to manage healthcare waste following MPX vaccination

All waste should be removed from the room once decontamination has taken place.
 Manage waste as clinical waste in accordance with <u>Welsh Health Technical</u>
 Memorandum 07:01 'Safe Management of Healthcare Waste'

and Health Board/Trust policy.

Description of Waste	
PPE to vaccinate, prepare the vaccine and any	Infectious Waste ³
contact with the individual being vaccinated.	
Used cotton balls/swabs and surgical tape, any blood stained items (except sharps)	
Used tissues, disposable surface disinfectant wipes and cleaning wipes cloths	
Clinical Sharps and Injecting Equipment	Sharps Container ³
Needles, syringes, any other sharp	7 NECH, MON
Drug vials and wipe	

³ Aligned to the Green book: https://www.gov.uk/government/publications/smallpox-and-vaccinia-the-green-book-chapter-29

If unexpectedly the individual attends and is symptomatic then advice should be sought immediately on patient management

How do you manage a spillage of Monkeypox vaccine?

It will depend on the quantity spilled but the vaccine manufacturer requires it be dealt with in a similar way to other spillages e.g. blood or chemical spillage:

- 1. Contain the spillage
- 2. Decontaminate the spillage site
- **3.** Safely dispose of waste generated



What actions should be taken if a surface is contaminated with vaccine splash?

- 1. Put on appropriate PPE (gloves & aprons)
- 2. Mop up any excess fluid with disposable paper products
- 3. Decontaminate the area using an appropriate antiviral disinfectant e.g. using approved surface disinfectant wipe or 1000ppm available chlorine solution and leave to dry
- 4. Dispose of all cleaning waste
- 5. Remove and dispose of PPE
- **6.** Perform hand hygiene (wash hands if any skin has been exposed to the vaccine)

What actions should be taken if there a larger spillage of vaccine e.g. a number of vials are broken/smashed?

- 1. Put on appropriate PPE (gloves & aprons)
- 2. Mop up any excess fluid with disposable paper products or use absorbent ⁴spillage kit materials
- 3. Safely remove any glass or sharps within the spillage that avoids direct handling and prevents sharps injury. DO NOT PICK UP GLASS or SHARPS BY HAND
- 4. Decontaminate the area using an appropriate antiviral disinfectant e.g. 1000ppm available chlorine solution and leave to dry.
- 7. Dispose of waste safely into correct waste stream as above. Glass or sharp items go into sharps container.
- 8. Remove and dispose of PPE as above
- 5. Perform hand hygiene (wash hands if any skin has been exposed to the vaccine)

Health Boards will have a local policy on managing spillages that may recommend either use of a commercial spill kit or locally available disposables.

⁴ Spillage kits are available via NWSSP



Wear the appropriate PPF



Tear the pack open and remove the wipes.



Side A is active and should be placed on the spill.



Place the active side (A) face down onto the spill. Leave to absorb for 30 sec.



Push down onto side B, which is plastic backed, and wipe until spill is fully absorbed.



Put the soiled wipe back into the pack.



Remove a disinfectant wipe from a sachet. Clean the spill area in an 'S' shaped motion, wiping from clean to dirty.



Put soiled wipe and empty sachet back into the pack.



If required, repeat steps 7–8 with the remaining wipe. Then reseal the pack.



Dispose of the pack as hazardous waste.