

	1221	Treatment of Potential Monkeypox Patients and All ILI Patients
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
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Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Purpose

The purpose of this policy is to help protect our clinical providers while providing high quality care to our patients. These are unsettling times we are experiencing with the emergence of COVID-19 and the subsequent pandemic and now an outbreak of Monkeypox. We have been forced to reevaluate our approach to ILI patients (Influenza Like Illness), both in EMS and Hospital settings.

Monkeypox is a rare disease that is caused by infection with the monkeypox virus. It belongs to the same family of viruses as smallpox. On July 23, 2022, the World Health Organization (WHO) declared the monkeypox outbreak a global health emergency, August 1, 2022 California declared a state of emergency. In the U.S., the first monkeypox case from the current outbreak was identified on May 18. As of July 29, 2022 nearly 800 cases in California. Initially imported from endemic countries via international travel, the primary mode of transmission is now local community spread. Thankfully, monkeypox is not easily transmitted; most diagnosed patients describe close, sustained physical (typically sexual or intimate) contact with others who have had it prior to contracting it themselves. Although risk to EMS providers and the general public is believed to be low, EMS providers should follow Identify-Isolate-Inform procedures when encountering potential monkeypox patients. Please see CDPH and CDC websites for updates on case numbers/recommendations.

Incubation period:

- This period is 1-2 weeks, with no signs or symptoms and may feel fine

Prodrome period:

- Persons with Monkey pox will develop an early set of symptoms (Prodrome). The person maybe contagious during this period
- The first symptoms include ILI symptoms such as fever, malaise, headache, sometimes sore throat and cough, and lymphadenopathy (swollen lymph nodes).
- Lymphadenopathy is a distinguishing feature of monkeypox from smallpox.
 - This typically occurs with fever onset, 1–2 days before rash onset, or rarely with rash onset.
 - Lymph nodes may swell in the neck (submandibular & cervical), armpits (axillary), or groin (inguinal) and occur on both sides of the body or just one.

Rash period:

- Following the prodrome, lesions will develop in the mouth, anus and on the body. Lesions progress through several stages before falling off. A person is contagious from the onset of the enanthem through the scab stage.



Procedure

Monkeypox is transmitted by direct or indirect contact with body fluids or lesion materials or less commonly, exposure to respiratory secretions during prolonged, face-to-face contact. Source control measures are essential when encountering any patient suspected or confirmed to have monkeypox.

- Nor-Cal EMS clinicians will initially evaluate the patient if their clinical condition allows from a distance of 6 feet.
- Providers should take airborne precautions and don the appropriate PPE, including N95 respirator or equivalent (or higher level), gloves, gown, and eye shield protection.
- Place a surgical mask on the patient and cover infectious lesions.
- Providers shall inform the receiving facility well in advance of arrival of any suspected ILI (Monkeypox) to assist in facilitating proper Hospital infection control, as well patient care and treatment.
- Treatment should be supportive in nature, following the appropriate treatment guidelines for current signs and symptoms.
- Avoid aerosol-generating procedures (e.g. nebulized treatment, CPAP), if possible, especially in enclosed areas where ventilation may be poor (e.g. in the back of an ambulance with closed doors).
- Avoid exposure to clothing or material that may have come into contact with an infectious person's lesions. Avoid shaking bed sheets which can aerosolize viral particles from the patient's shed lesions
- Following each patient encounter and transport, clean and disinfect all ambulance surfaces and equipment with an EPA-registered hospital-grade disinfectant.