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**Screening of Health Care Workers for Monkeypox**

This screening tool has been developed by the Association for Professionals in Infection Control and Epidemiology and the American Nurses Association based on the Centers for Disease Control (CDC) current screening recommendations as of August 2022. It is to be used in the health care work environment to screen health care employees for monkeypox infection and/or exposure. This tool should be used in conjunction with your facility’s monkeypox and/or communicable illness plan. Please edit this tool as needed to comply with your facility’s policies and procedures.

[The Association for Professionals in Infection Control and Epidemiology (APIC)](https://apic.org/about-apic/about-apic-overview/) is the leading professional association for infection preventionists (IPs) with more than 15,000 members. Our mission is to advance the science and practice of infection prevention and control.

[The American Nurses Association (ANA)](https://www.nursingworld.org/ana/) is a friend and ally to 4 million registered nurses in the U.S., throughout all specialties and practice settings. Together, we have the power to advance the nursing profession and create a health care environment in which nurses can thrive.

**Background info:**

**CDC:** [**How to monitor Health Care Providers (HCP)**](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#anchor_1660143677200)

“Decisions on how to monitor exposed HCP are at the discretion of the occupational health program and public health authorities. In general, the type of monitoring employed often reflects the risk for transmission with more active-monitoring approaches used for higher risk exposures. Self-monitoring approaches are usually sufficient for exposures that carry a lesser risk for transmission. Even higher risk exposures may be appropriate for a self-monitoring strategy if occupational health services or public health authorities determine that it is appropriate. Ultimately, the person’s exposure risk level, their reliability in reporting symptoms that might develop, the number of persons needing monitoring, time since exposure, receipt of PEP, and available resources, are all factors when determining the type of monitoring to be used.”

**Resources:**

* [ANA Monkeypox Webpage](https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/monkeypox/)
* [APIC Monkeypox Webpage](https://apic.org/monkeypox/)
* [APIC Monkeypox in the United States: What You Need to Know](https://apic.org/monthly_alerts/monkeypox-in-the-united-states-what-you-need-to-know/)
* [CDC Monkeypox Clinician FAQs](https://www.cdc.gov/poxvirus/monkeypox/clinicians/faq.html)
* [CDC Monkeypox Information for Healthcare Professionals](https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html)
* [CDC Monkeypox Webpage](https://www.cdc.gov/poxvirus/monkeypox/index.html)
* [CDC What to Do If You Suspect Monkeypox pdf](https://www.cdc.gov/poxvirus/monkeypox/pdf/mpx-clinician-what-to-do.pdf)

**Health Care Worker Monkeypox Exposure Screening Form** (edit as needed for your facility)

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Area / Department worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job Title / Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work Shift \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions**

1. Have you had a close or intimate contact with anyone that has a known or suspected case of monkeypox?
2. Yes
3. No
4. Unsure (please discuss with your screener)
5. Do you currently have any symptoms of monkeypox (rash – may be raised and / or painful, fever, swollen lymph nodes, chills, muscle aches, backache, fatigue, headache, respiratory symptoms)?
6. Yes (if yes, refer to your facility’s policies for employee evaluation and treatment and how to reduce contamination of the environment)
7. No

**If you answered No to questions #1 and #2 above, you are finished with this screening tool. If you answered Yes, or are unsure, please continue to the following questions:**

1. Did your monkeypox contact/exposure occur at work?
2. Yes (if yes, please list the date, time, location and patient name of your contact / exposure in the spaces below)
3. No (If the exposure occurred outside of work – refer the employee to Employee Health and/or Infection Control per your facility’s policies and procedures.)

**If your monkeypox exposure occurred at work, please provide the following information:**

Date of Exposure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Exposure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (Hospital Unit and Room Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your supervisor / manager already been notified of your work related monkeypox exposure?
2. Yes
3. No

Supervisor / Manager Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you answered Yes to question #3 (and you were exposed to monkeypox at work) please check the box that best describes your exposure:**

|  |  |
| --- | --- |
| **STEP 1:****Determine Health Care Worker (HCW) PPE and Type of Contact with Monkeypox Source** | **STEP 2:****Determine Risk level** |
| **HCW PPE and Type of Contact with Known or Suspected Monkeypox Source** | **Exposure Level** |
| *Meets one or more of the following:** Unprotected contact between a HCW skin or mucous membranes and the Source Patient’s skin, lesions, or bodily fluids (e.g., inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing)
* Being in the patient’s room during any procedure that may create aerosols oral secretions, skin lesions, or re-suspension of dried exudates (e.g., shaking of soiled linens) **while NOT wearing both an N95 or equivalent respirator AND eye protection**
 | **HIGH RISK** |
| *Meets one or more of the following:** Being within 6 feet of an unmasked patient for **greater than or equal to 3 hours** while NOT wearing a facemask or N95/equivalent respirator
* 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.
 | **INTERMEDIATE RISK** |
| *Meets one or more of the following:** Entered the patient’s room one or more times without eye protection REGARDLESS of duration\*\*
* Wore gown, gloves, eye protection, and at minimum, a facemask during one or more entries in the patient care area or room, but not an N95 or equivalent respirator\*\*
* Was within 6 feet of an unmasked patient for less than 3 hours while NOT wearing a facemask

*\*\*If an aerosol-generating procedure was performed in the room while the employee was not wearing an N95 or equivalent respirator, refer to the “High Risk” criteria* | **LOW RISK****--- UNCERTAIN RISK** |

**(At this point the screener should evaluate the screening tool responses and implement action measures, including referrals if appropriate, notifications, and offer educational resources. Refer to your policies and procedures)**

**CDC Resources for Symptomatic Individuals:**

• [What to do if you are sick](https://www.cdc.gov/poxvirus/monkeypox/if-sick/what-to-do.html), including how to manage symptoms and rash relief

• [How to identify close contacts](https://www.cdc.gov/poxvirus/monkeypox/if-sick/notifying-close-contacts.html), and tips on what to say

• [How to prevent spreading monkeypox to others](https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html)

• [How to disinfect your home](https://www.cdc.gov/poxvirus/monkeypox/specific-settings/home-disinfection.html)

|  |
| --- |
| **Step 3:****Implement Action Measures** |
| **Exposed Asymptomatic Employees** | **Symptomatic Employees** |
| * Employee may continue to work
* Employee must check for fever (temp greater than or equal to 100.4 F) twice per day, once before a work shift
* Employee must actively self-monitor for **symptoms\*** for 21 days from the 1st date of exposure

**\* Symptoms to be monitored include**:* Fever (temp > 100.4 F) or Chills
* New Rash
* New Lymph Node Swelling
* HCW should notify their supervisor and / or Employee Health and / or Infection Control that they are fever and symptom free prior to each work shift (facility must determine who employee must notify, and if screener is to make any notifications for an exposed asymptomatic employee)
* **If “High” or “Intermediate Risk,” employee may be eligible for the Monkeypox vaccine –** [**refer for treatment evaluation immediately**](https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html) (facility to specify where to refer employee)
 | * **Immediately remove employee from work**
* Contact Employee Health and [refer for further treatment evaluation](https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html) (add the Employee Health phone number for your facility, and add information on where employee is to be referred)
* Contact Infection Prevention / Control for further instructions (add the phone number for your facility, and determine who will call State or local health department)
* Notify employee Supervisor or Manager of their inability to work
* Provide employee with treatment and isolation guidance (facility should have educational resources available)
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**For Screeners:**

Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this employee referred for further treatment evaluation / what action was taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of screener \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of screener \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Monitoring Table**

* **Employee must check for fever (temp greater than or equal to 100.4 F) twice per day, for 21 days, and once before their work shift. Day 1 is the day of exposure.**
* **Assess skin for indications of a rash.** Add photos of Monkeypox if appropriate to your setting. [See CDC Clinical Recognition page for images of Monkeypox rash](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html).
* **Assess for swollen glands using your fingertips and a gentle circular motion on the sides of your neck.** Swollen lymph nodes will feel like soft, round bumps, and they may be the size of a pea or a grape. They might be tender to the touch, which indicates inflammation. In some cases, the lymph nodes will also look larger than usual which is likely to indicate swelling. With swollen glands you may experience pain while making sudden or strained movements. Such movements include sharply turning the neck, bobbing the head, or eating foods that are difficult to chew.
* **Document your findings in the table below**
* **Employee should be given instructions on when/if they are to share this self-monitoring table, and with whom. They must also be given information on when they must contact Infection Prevention/Control and Employee Health for further instructions (if they develop fever, rash, swollen glands, etc.). These instructions should correspond with your facilities Monkeypox and/or Communicable illness plan)**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day#** | **Date** | **Temperature (must not be >100.4 F)** | **Rash** | **Swollen glands** |
| 1 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 2 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 3 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 4 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 5 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 6 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 7 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 8 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 9 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 10 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 11 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 12 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 13 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 14 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 15 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 16 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 17 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 18 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 19 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 20 |  | AM: | PM: |  Yes |  No |  Yes |  No |
| 21 |  | AM: | PM: |  Yes |  No |  Yes |  No |

I attest that the above information is accurate.

**Employee signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_