

2022 MONKEYPOX SHELTER GUIDANCE

Revised September 21, 2022

Monkeypox is a contagious disease that causes a rash and sometimes flu-like symptoms.

It is known to spread by close, intimate and/or prolonged contact, including:

- Direct skin-to-skin contact with the rash, scabs, or body fluids from a person with monkeypox
- Contact with objects and fabrics that have been used by someone with monkeypox
- Contact with respiratory secretions from someone with monkeypox

This can happen from:

- Sex and other intimate contact, including kissing, massaging, cuddling
- Sharing fabrics and objects (such as clothes, bedding, towels, sex toys) that have not been cleaned
- Prolonged, close, face-to-face contact such as talking very closely face to face for a long time (about 3 hours or more)
- Living in a house, sharing a bed, or caring for someone with monkeypox

A person is considered to be infectious until all scabs separate and a fresh layer of skin is formed.

If a monkeypox case has been identified in a shelter facility, consider the following actions:

1. Communicate with staff, volunteers, and residents

- a. Provide clear information to staff, volunteers and residents about monkeypox including signs and symptoms; how it is spread; prevention measures, including [vaccination for high-risk groups](#); and what to do if symptoms develop.
- b. Share resources such as [Monkeypox FAQs](#) and post signage such as [Know the Signs of Monkeypox](#). Visit [Monkeypox Resources](#) page for a variety of resources in multiple languages.

For more information on Monkeypox, visit:
ph.lacounty.gov/media/Monkeypox/



2. Respond to cases

Consider the following actions to respond to suspected or confirmed cases in the facility:

- a. Staff, volunteers, or residents who have a new, unexplained, rash or lesions on their body should be medically evaluated by a provider and [tested](#) for monkeypox. If a person does not have a regular provider or health insurance, they can call the Public Health Call Center at 1-833-540-0473 (open daily 8:00 am to 8:30 pm). In addition, people that have developed a rash can access services at [Public Health's Sexual Health Clinics](#). Until monkeypox is ruled out, they should follow [isolation instructions](#).
- b. Anyone who is identified as having monkeypox should follow [isolation instructions](#) until all scabs separate and a fresh layer of healthy skin has formed underneath.
- c. Staff or volunteers with monkeypox should not return to work at the shelter (or any other settings of concern) until they are fully recovered as outlined in the [isolation instructions](#).
- d. Some congregate living facilities may be able to provide isolation for residents on-site while others may need to move residents off site to isolate. Resident isolation spaces should have a door that can be closed and a dedicated bathroom that other residents do not use. Shared bathroom use is acceptable if it is not possible to have a dedicated bathroom, so long as the facility ensures thorough cleaning following manufacturer recommendations with [EPA approved disinfectant](#) after each use by the infected person.
 - i. Multiple residents who test positive for monkeypox can stay in the same room.
- e. If residents with monkeypox need to leave the isolation area, they must wear a well-fitting disposable mask over their nose and mouth, cover all skin lesions with clothes, gloves, and/or bandages as appropriate, and minimize any physical contact.

3. Identify people who might have been exposed to monkeypox

Facilities should work with the Department of Public Health and monitor the health of any staff, volunteers, or residents who might have had close contact with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases. However, this might not be feasible in all settings.

- a. Exposed individuals should follow [exposure guidance](#) and monitor their health for 21 days after last exposure. They are permitted to continue routine daily activities as long as they have no symptoms.
- b. Individuals with [high or intermediate risk exposures](#) are eligible for post-exposure vaccination.
 - i. **Note:** monkeypox vaccine is now available for both post-exposure vaccination as well as pre-exposure for people at high risk for monkeypox. View [monkeypox vaccination eligibility criteria](#).

4. Ensure access to handwashing

Soap and water or hand sanitizer with at least 60% alcohol should be available at all times and at no cost to all staff, volunteers, and residents. Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should [wash their hands](#) immediately.

5. Clean and disinfect the areas where people with monkeypox spent time

Perform disinfection using an EPA-registered disinfectant with an [Emerging Viral Pathogens](#) claim, which may be found on EPA's [List Q](#). Follow the manufacturer's directions for concentration, contact time, and care and handling. Linens can be laundered using regular detergent and warm water. Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material. Covering mattresses in isolation areas (e.g., with sheets, blankets, or a plastic cover) can facilitate easier laundering.

- a. View [cleaning and disinfection guidance](#). In addition to the linked CDC guidance, we recommend the use of gowns, gloves, NIOSH-approved N95 respirators or higher, and eye protection according to Cal/OSHA requirements.

6. Provide appropriate personal protective equipment (PPE) for staff, volunteers, and residents

PPE should be worn by staff, volunteers, or residents in these circumstances:

- a. **Entering isolation areas**—Staff who enter isolation area or interact with a person with monkeypox should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher.

- b. Laundry**—When handling dirty laundry from people with known or suspected monkeypox infection, staff, volunteers, and residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator. PPE is not necessary after the wash cycle is completed.
- c. Cleaning and disinfection**—Staff, volunteers, and residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator when cleaning areas where people with monkeypox spent time.
- d. Waste**—The person(s) with monkeypox should use a dedicated, lined trash can in the room where they are isolating.
 - ii. Any gloves, bandages, or other waste and disposable items that have been in direct contact with skin should be placed in a sealed plastic bag, then thrown away in the dedicated trash can.
 - iii. Staff should use gloves when removing garbage bags and handling and disposing of trash.

For more information on monkeypox

Los Angeles County, Department of Public Health

ph.lacounty.gov/monkeypox

ph.lacounty.gov/monkeypox/vaccine.htm

Centers for Disease Control and Prevention

cdc.gov/poxvirus/monkeypox/index.html

California Department of Public Health

cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox.aspx