**Guidance/Definitions:**

* Healthcare workers (HCW) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (*e.g., blood, tissue, and specific body fluids*); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.
	+ These HCW include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (*e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel*)
* Asymptomatic HCW with exposures to monkeypox virus do not need to be excluded from work, but should be monitored (*e.g., at least a daily assessment conducted by the exposed HCW for*[*signs and symptoms*](https://www.cdc.gov/poxvirus/monkeypox/symptoms.html)*of monkeypox infection*) for 21 days after their last exposure.
* 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.
	+ **Active monitoring** typically involves in-person visits, regular communications (*e.g., phone calls, video conferences*) between occupational health services, public health representatives, and the person being monitored.
	+ **Self-monitoring** typically involves persons self-reporting symptoms to occupational health programs or health departments if symptoms appear.
* ***Note: See U.S. CDC guidance for guidance on work restrictions*** - <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

**Facility Instructions:**

* Provide HCW with instructions on when/if they are to share this self-monitoring table, and with whom.
* Provide HCW with information on when/how to contact Infection Prevention/Control and/or Employee Health for further instructions (*e.g., if they develop fever, rash, swollen glands, etc.).*
* Photos of example rashes could be added or made available as deemed appropriate for assessment reference.
	+ [See CDC Clinical Recognition page for images of Monkeypox rash](https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html).
* Suggested for the HCW to document their self-assessment using table on the [form](#form) below

**References:**

* <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
* [**APIC and ANA Create HCW Monkeypox Screening Tool**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.e2ma.net%2Fclick%2Fgkfkyg%2F8pqym1%2Fs9m8t9&data=05%7C01%7Ccarrie.rice%40maine.gov%7C4289e687eae74cafedfe08da8b89bb9f%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637975720959696245%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=QMuvj7KmGyAvWOI2gATzZ7XB%2FnTEWbB6sBmtoCOjq4A%3D&reserved=0)
* <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>
* <https://www.cdc.gov/poxvirus/monkeypox/symptoms/index.html>

**Instructions**

* **Check for fever** (*temp greater than or equal to 100.4 F*) minimally daily (facilities may consider more frequent temperature assessment)
* **Assess skin for indications of a rash.**
* **Other symptoms can include** fever, chills, swollen lymph nodes, exhaustion, muscle aches and backache, headache, or respiratory symptoms (*e.g., sore throat, nasal congestion, or cough*).
	+ **Assessing for swollen glands -** use 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 and tender to touch. 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.
* **You may experience all or only a few symptoms**. Sometimes, people have flu-like symptoms before the rash. Some people get a rash first, followed by other symptoms. Others only experience a rash.

**Healthcare Worker** **Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day#** **Day 1 is the day of exposure**. | **Date** | **Temperature*****(At least daily)*** | **Rash** | **Other Symptoms or Swollen glands** | **If Active Monitoring list initials of Assessor** |
| **1** |  | AM:  | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **2** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **3** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **4** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **5** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **6** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **7** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **8** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **9** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **10** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **11** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **12** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **13** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **14** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **15** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **16** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **17** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **18** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **19** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **20** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |
| **21** |  | AM: | PM: | [ ] Yes, describe: | [ ] No | [ ] Yes, describe: | [ ] No |  |

**If self-assessment**: I attest that the above information is accurate.

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

**Contact insert correct information here if fever, rash, or other symptoms are identified.**