**Mpox Infection Prevention and Control
Practices at a Glance Inpatient Settings**

Patient Placement:

- Airborne infection isolation room (AIIR) if available, otherwise a private room with
    - door closed, and
    - dedicated bathroom or commode
- Limit access to the room
- Avoid using the room for another patient until sufficient time has passed based on the number of air exchanges per room. See IPC-RP-025 Airborne Precautions Policy for time requirements.

Source Control:

- Have the patient wear a medical mask, if tolerated
- Cover the skin lesions unless they are being examined

PPE Required by Team Members:

- Disposable long sleeved gown tied at the neck and waist
- Gloves
- Fit-tested, fit-checked N95 respirator
- Eye protection (face shield or goggles)
- Have a buddy check that your PPE is on correctly

Hand Hygiene

- Alcohol-based hand rub (ABHR) or soap and water
- If hands are visibly soiled, soap and water is preferred

Waste, Linen, Equipment and Environment

- Contain and dispose contaminated waste in biohazardous waste disposal bags
- Do not shake soiled linen
- Carefully place soiled laundry in a sealed or tied leak-proof bag and place inside an impermeable bag for transport to laundry area
- Use dedicated equipment for the patient. Clean and disinfect before used with another patient
- Clean and disinfect environmental surfaces with an approved hospital grade cleaner/disinfectant. Attention should be paid to high-touch surfaces.
    - Floors should be wet mopped rather than swept or dry mopped
    - Do not vacuum upholstered furniture and carpeted floors unless certain that the vacuum cleaner is equipped with a high-efficiency particulate air (HEPA) filter
    - Sweeping, dry mopping or vacuuming without a HEPA filter may spread infectious particles

For more detailed information refer to the **Mpox FAQs document** from Infection Prevention and Control.