

# THE LANCET Microbe

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.  
We post it as supplied by the authors.

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## Appendix

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## **NHS England Airborne HCID Network**

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## **Daily cleaning of HCID Isolation Rooms on the Infectious Diseases Ward**

The following describes the process regarding the daily cleaning of respiratory isolation rooms within the Infectious Diseases Ward when a confirmed case of monkeypox is admitted.

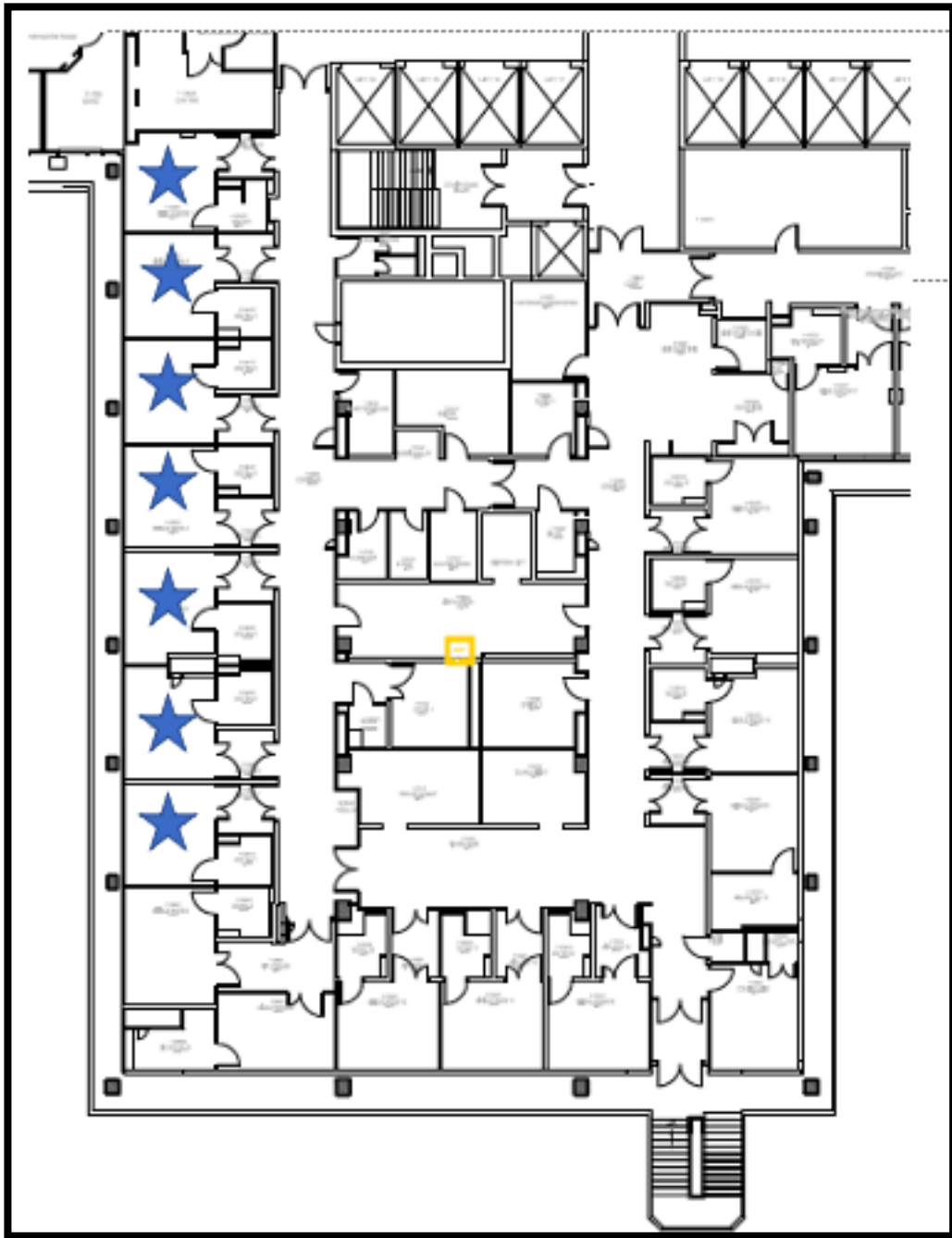
This process is undertaken by ID nursing staff only.

### ID Nursing Staff roles and responsibilities

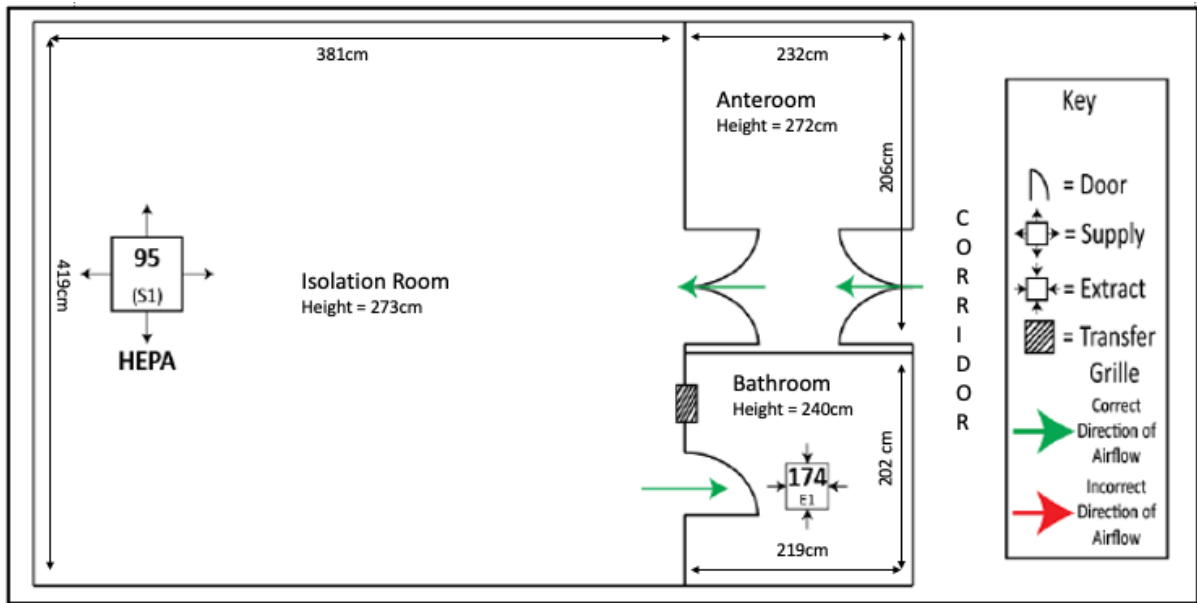
- Each room will be cleaned by a member of ID nursing staff wearing HCID PPE every shift (12 hours)
- Any linen or waste will be removed from the room and discarded as per the separate HCID waste and linen policy
- All surfaces including light switches, door handles, furnishings and equipment within the room will be wiped down with Clorox wipes
- The shower, toilet and wash basin surfaces will be cleaned with a solution of 1% Sodium Hypochlorite (Milton)
- The ensuite and patient room floor is cleaned using a disposable mop head with a solution of 1% Sodium Hypochlorite (Milton)
- The anteroom (lobby) will be cleaned with a solution of 1% Sodium Hypochlorite (Milton) and Clorox wipes immediately after exiting the patient room, using a new disposable mop head for floor cleaning.
- Nursing staff will then sign the cleaning log outside the patient's room

## **Protocol for changing the bedding for confirmed monkeypox patients managed in respiratory isolation rooms**

1. Bedding should be changed by ID nurses wearing full HCID PPE (the same PPE is to be worn at all times by anyone entering the isolation room and anteroom).
2. Bedding should be changed daily at the start of each morning shift; this aims to avoid larger amounts of virus accumulating in bedding and thus reduce the amount of virus staff are exposed to when changing bedding. It also creates a more pleasant environment for patients, particularly when they are shedding skin lesions and scabs, or have to spend a long time in isolation.
3. Ensure appropriate plastic bags for dirty linen are taken into the room before the bedding is changed
4. Ask the patient to get out of bed, pulling back the sheet slowly, and ask them to stand, or they can sit in a chair while bedding is changed.
5. Carefully fold the blanket (if present) and top sheet on the bed, folding inwards towards the centre of the bed. Carefully lift the folded sheets into the dirty linen bag, avoiding trapping and subsequently displacing air from the bag.
6. Carefully loosen the mattress sheet and fold in the corners to gather the sheet in the centre of the bed; carefully transfer the folded sheet to the dirty linen bag.
7. Slowly remove the pillow from the pillow case, avoiding shaking the pillow case; fold and place in the dirty linen bag.
8. Seal the dirty linen bag, avoiding air trapping and air displacement. Avoid standing directly over the bag facing the opening when sealing it.
9. Perform daily cleaning of the room (see separate cleaning protocol)
10. Apply fresh clean linen to the bed.
11. Exit and doff PPE as per the standard isolation room protocol.



Infectious Diseases ward schematic. Blue stars indicate respiratory isolation rooms.



Individual room specifications