

Mpox: guidance for environmental cleaning and decontamination in non-healthcare settings

1 Overview

On the 20 November the UK government published guidance for Mpox: environmental cleaning and decontamination in non-healthcare settings. The guidance is to be used in non-healthcare settings when they have been advised by the health protection team (HPT) that there has been a suspected or confirmed case of mpox within their setting. The guidance also gives advice on cleaning and decontaminating after the case has left the setting to prevent the spread of mpox to others who use the setting.

The full guidance can be accessed by [clicking here](#)

2 Background

2.1 What is mpox

Mpox is an infectious disease caused by a virus called MPXV. MPXV is a virus from the same family as smallpox (poxviruses). There are 2 main types (called clades) of the virus: clade I and clade II.

Clade I mpox may cause more severe disease than clade II mpox. In the UK, clade I mpox is designated as a high consequence infectious disease (HCID). This means that people with (or suspected of having) clade I mpox will require an enhanced response to ensure that they are managed effectively, efficiently and safely to prevent the spread of infection to others.

The guidance covers cleaning and decontamination for both clades of mpox. If clade I mpox is suspected, additional risk assessment should be carried out with the HPT to ascertain the level or type of environmental decontamination and other control measures required, including PPE.

2.2 How mpox spreads

Mpox does not spread easily between people unless there is close contact. Spread between people may occur through:

- direct contact with rash, skin lesions or scabs (including during sexual contact, kissing, cuddling or other skin-to-skin contact)
- contact with bodily fluids such as saliva, nasal mucus or other mucus
- contact with clothing or linens (such as bedding or towels) or other objects and surfaces used by someone with mpox

2.3 Why cleaning is important

HPTs identify people who have mpox, and then trace their movements to follow up with any people or places they have been in contact with. Effective cleaning of all the places they have been while they were infectious is one of the ways to prevent transmission of MPXV. In the guidance, these places are referred to as 'settings'.

Poxviruses such as MPXV can survive in the environment and on different types of surfaces for up to 56 days depending on the environmental conditions. Evidence on the survival of MPXV itself is limited; however, viable MPXV has been detected on household surfaces at least 15 days after contamination of the surface.

While there is limited data on transmission of poxviruses from contaminated objects or materials other than linens such as clothing or bedding, there remains a risk that mpox can be transmitted via this route. Appropriate cleaning and disinfection can help reduce this risk.

A thorough risk assessment should be undertaken with the HPT to identify potential hazards and establish appropriate decontamination protocols. Risk assessment needs to include the type of environment or setting, the number of people exposed, the duration of exposure, the time since exposure, and the general health and age of individuals. There may be exceptional situations where the risk assessment deems that decontamination may no longer be required, but this will be determined on a case-by-case basis.

All staff who are cleaning and decontaminating non-healthcare settings should be trained in donning and doffing of PPE, safe disposal of PPE, and in the use of disinfectants as required by COSHH regulations.

2.4 Additional precautions for clade I mpox

This guidance covers cleaning recommendations for both clades of mpox.

If cleaning and decontamination is required in a non-healthcare setting after a suspected or confirmed case of clade I mpox has left the setting, the local HPT will advise on any necessary additional cleaning and control measures, including the required level of PPE. If required, the HPT will contact the local authority, and local arrangements and procedures will be followed to arrange specialist cleaning and decontamination of the high-risk areas and waste disposal if deemed necessary on local risk assessment.

2.5 Cleaning should be carried out in the following order:

- Clean your hands.
- Apply PPE.
- Collect waste into impermeable bags, tie securely and dispose of into usual waste stream.
- Remove contaminated clothing and linen from the environment.
- Clean and disinfect hard surfaces and equipment, for example counters, toilets, walls.
- Steam clean soft surfaces, for example cushions, cushioned chairs.
- Steam clean carpet and wash hard flooring.
- Remove PPE.
- Collect waste generated from cleaning into impermeable bags, tie securely and dispose of into usual waste stream.
- Wash your hands.

2.6 Personal protective equipment (PPE)

The PPE required for cleaning non-healthcare settings is:

- a disposable fluid resistant long-sleeved gown
- disposable gloves
- face mask or respiratory protection:
 - for example, where the case was confirmed or thought to have clade I mpox this should be respiratory protection (a fit-tested FFP3 respirator)
 - for example, where the case was confirmed or thought to have clade II mpox, this should be a fluid-resistant surgical mask (FRSM)
- eye protection
- While wearing PPE, keep your hands away from your face and the PPE you are wearing. Change your gloves if they become torn or heavily contaminated.

When taking off (doffing) PPE:

- PPE should be removed in an area where clean equipment cannot inadvertently be contaminated while you are taking it off. Remove your PPE carefully to prevent contaminating yourself. For example, do not touch the outside of your gown, and only touch the ties of your face mask when removing it wash your hands with soap and water for at least 20 seconds after cleaning, and make sure to do so immediately after removing gloves.

More information on hand hygiene can be found at 'How to wash your hands' on the NHS website.

PPE used for cleaning (as opposed to the provision of healthcare or personal care) can be disposed of in your usual waste stream.

It is the responsibility of an employer to provide the PPE required by risk assessment for the job.

2.7 Contaminated clothing and linen

Contaminated clothing, removable soft furnishings, and linens such as bedding and towels should be collected before the room is cleaned. These items should not be shaken or handled in a manner that may disperse infectious particles (skin scales).

If you have a commercial laundry provider, discuss with them what may need to be laundered, and whether they have the capability to safely receive and launder these items. If they cannot launder them, any contaminated items may need to be disposed of. If they can launder them, get advice from them about appropriate bagging and transportation.

Items that have been in direct contact with the skin of someone with mpox and which are not easily washable in a home washing machine, for example duvets, pillows, or blankets, may need to be disposed of. The need for this should be discussed with the owner or proprietor, and permission obtained prior to disposal.

All other clothing and linen items should be placed carefully into a polythene bag or impermeable sack before removal from the room. Remove these items from the polythene bag into a standard washing machine while wearing PPE. Wash the items with detergent at the highest temperature possible for the material and set to the longest wash cycle available. Avoid overloading the machine, use plenty of water, and avoid economy cycles.

After all contaminated clothing and linens have been removed, the rooms can be cleaned and

disinfected using disposable equipment (for example mops with disposable heads, disposable cleaning wipes).

2.8 Cleaning hard surfaces and equipment

It is important to prevent the spread of dust particles that may contain viruses. To minimise this risk, avoid dry dusting or sweeping as these actions can release dust into the air. Instead, use wet cleaning methods such as using disinfectant wipes, sprays, or mopping, which are more effective at containing dust.

Clean hard surfaces by using detergent, followed by disinfection with a solution of freshly prepared bleach or sodium hypochlorite diluted to 1,000 parts per million (ppm) (0.1% available chlorine. When using bleach:

- take care to prepare the correct concentration
- it is recommended that the bleach has one minute contact time with the surface being disinfected
- follow the manufacturer's instructions and do not mix cleaning products
- be aware that bleach may trigger asthma in poorly ventilated spaces
- make sure you comply with the safety data sheets and [COSHH regulations](#)
- be aware that bleach may damage some surfaces

Make sure you thoroughly clean frequently touched surfaces like tables, door handles, toilet flush handles and taps. This also includes reduced mobility assistance vehicles.

2.9 Cleaning soft surfaces

Soft furnishings, such as carpets, sofas, curtains and mattresses should be steam cleaned by individuals wearing full PPE as described above; this may need to be carried out professionally. Steam cleaners need to be disinfected after use, following the manufacturer's instructions.

Soft toys can be cleaned in a washing machine at 60 degrees Celsius (°C) or the highest temperature the fabric label symbol has on it, using the longest wash cycle available.

If the item has been heavily contaminated with body fluids it may need to be disposed of and replaced. The need for this should be discussed with the owner or proprietor, and permission obtained prior to disposal.

2.10 Waste

All PPE, cleaning and other waste materials need to be handled carefully to avoid dispersal of skin scales and dust. They should be placed into a domestic waste bag and disposed of in the usual waste stream.

APSE Comment

Local authority building cleaning services adapted to the COVID-19 pandemic and played a pivotal role in ensuring that schools and offices were able to stay open for key workers and their children and assisted in mitigating the risk of the disease being spread.

As of the 29 November 2024, the UK Health Security Agency has confirmed 5 cases of clade 1b mpox in the UK. Therefore, the current number of cases and risk is small. However, it is good practice to ensure that in the event of an outbreak local authority building cleaning teams are familiar with the guidance.

In the event of the numbers of cases increasing, APSE will be holding an online session to allow members to come together and discuss the challenges and approaches that local authorities are taking to respond to outbreaks.

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Principal Advisor

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