

IPC Recommendations for Measles

In addition to [Routine Practices](#)



Assessment and screening

Connect Care Communicable Disease Screen is to be used for ALL PATIENTS where Connect Care is available

- Refer to [Rash Algorithm](#) to assess the need for Additional Precautions.

Patients should **not** be sent to community or outpatient lab collection sites for measles testing. Follow [Measles Specimen Collection Pathways](#) for options on collecting specimens.

Acute Care

- See [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).

Ambulatory Care (stand alone or part of an Acute Care site)

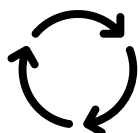
- Assess patients at every visit to Ambulatory Care and Outpatient Department
- This also applies to ambulatory medical surgical and outpatient settings
- Non-urgent visits are to be rescheduled

Continuing Care

- See [the Continuing Care IPC Resource Manual Diseases and Conditions Table](#).

Primary Care (where Connect Care is not available)

- See [Infection Prevention and Control Risk Assessment \(IPC RA\)](#) for healthcare worker personal protective equipment recommendations.
- Follow [Measles Specimen Collection Pathways](#) for options on collecting specimens in the Community.



Preventing Transmission: Definitions

Source control: Reducing the spread of germs from a communicable person, whether they show symptoms or not. For airborne infections, having the communicable person wear a surgical mask in shared spaces limits spread. Surgical masks are not a substitute for airborne precautions. They serve as a layer of protection in shared or transitional spaces.

Airborne Precautions: Healthcare workers are required to wear a fit-tested N95 respirator as appropriated protection when caring for any patient with suspect or confirmed measles.



Source Control (patients/visitors/Designated Family/Support Persons/DFSP)

All patients entering a healthcare facility, and any designated support persons accompanying them, are **encouraged to mask** to help protect other patients, visitors, and staff if they:

- Have had contact with someone who has measles, in the last 21 days

OR

- Have symptoms of measles.

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Medical Officer of Health (MOH) notification

If you suspect measles in a patient, you must notify public health by calling 1-844-343-0971.

- MOH will be notified by Alberta Precision Lab (APL) of presumptive and confirmed positive results if testing is done.
- Contact tracing and follow-up (where needed) will be guided by AHS Public Health. In acute care facilities, this is in collaboration with IPC.



Laboratory Testing for Measles

For **symptomatic** individual **please order testing as outlined in the [APL Lab Bulletin](#).**

- HCW wears fit tested N95 respirator, gown, gloves and eye protection upon entry to room regardless of immune status.
- Use eye protection with a fit tested N95 respirator as required by [Airborne Precautions](#) **AND** [Contact & Droplet Precautions](#), or if otherwise indicated based on [Infection Prevention and Control Risk Assessment \(IPC RA\)](#). Do not use procedure mask or double mask.
- Change all PPE after swabbing. (**Exception:** During home collection **and** specimens collected from same family/household.)
- Refer to [lab bulletins](#) for specimen handling, testing and notification for updates. APL will coordinate testing requests. [See *Laboratory Testing for Suspected Measles*.]



Accommodation and Additional Precautions

Acute Care Confirmed, Suspect Case AND Susceptible Contacts

- Immediately place procedure mask on patient and accompanying Designated Family/Support Persons (DFSP) at first point of entry to a facility or first symptoms, if admitted.
- Follow [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).
 - Place patient in a negative pressure room (Airborne Isolation room) and implement [Airborne Precautions](#). Patient may remove mask once in negative pressure room with door remaining closed. Ensure that negative pressure is functional and monitored.
 - Use [Airborne Precautions](#) **AND** [Contact & Droplet Precautions](#) if other infectious diseases are suspected (i.e., influenza, meningococemia) and have not been ruled out.
 - Post signs so they are visible on entry to room
 - Once other infectious diseases have been ruled out or measles has been confirmed, use [Airborne Precautions](#) and [Infection Prevention and Control Risk Assessment \(IPC RA\)](#).

- If negative pressure room is not available see [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).
- Once measles is confirmed, only [Airborne Precautions](#) sign is needed.
- In ambulatory care/outpatient areas (including the Emergency Department), shared bathrooms are common. It is preferable to have patient use a commode or urinal in their room rather than sharing a bathroom.
 - If a shared bathroom must be used, patient on [Airborne Precautions](#) must wear procedure mask when using a shared bathroom. If a mask is not worn, 2 hour air clearance or “settle time” may be required. Consult IPC as air clearance times vary based on air exchanges per hour for a facility (or for particular rooms within a facility).
- **Cohorting recommendations:** Patients on Airborne Precautions are **NOT** candidates for cohorting as per [Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care](#).
 - There may be exceptions for households with confirmed measles where there are limited airborne isolation rooms. This is a larger discussion that includes MOH, IPC, and Clinical Operations.
- Admitted susceptible contacts who are discharged home will be followed up by Public Health: Communicable Disease team.

Immunocompromised Patients

- See [IPC Considerations for Immunocompromised Patients](#).

Continuing Care Confirmed, Suspect Case AND Susceptible Contacts

If the resident is not in a single room/negative pressure room:

- Remove the roommate from the room **AND** mask the infected resident, if possible.
- Close the door(s).
- Implement [Airborne Precautions](#) **AND** [Droplet & Contact Precautions](#) with addition of eye protection until other infectious diseases are (i.e., influenza, meningococemia) are ruled out. Once measles is confirmed only [Airborne Precautions](#) are needed.
 - If a negative pressure room is unavailable, see [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).
 - May have to arrange for resident transfer to a facility with a negative pressure room.
 - It is preferable to have resident use a commode or urinal in their room rather than sharing a bathroom.
- **Cohorting recommendations:** Patients on Airborne Precautions are **NOT** candidates for Cohorting.



Measles vaccination and post-exposure prophylaxis (PEP)

- Regardless of patient vaccination status, all initial symptom and risk factor assessments should be performed.
- All HCWs are to use a fit-tested N95 respirator when working with suspected or confirmed measles patients **regardless of immune status to measles.**
 - Fit testing should be current (i.e., within 2 years).

Post-Exposure Prophylaxis (PEP)

- Decisions about post-exposure prophylaxis (PEP) for susceptible contacts who are inpatients will be made by IPC in collaboration with Medical Officer of Health.



Hand hygiene

- Perform [hand hygiene](#) using alcohol-based hand rub (ABHR) or soap and water as described in [Routine Practices](#).
- Educate patients and designated family support persons (DFSP)/visitors about how and when to use [hand hygiene](#) products.



Healthcare Worker Personal Protective Equipment

Airborne Precautions: Masking (N95 respirator)



General principles

- Choose the correct N95 model/size based on your fit testing.
- Wear a fit-tested N95 respirator so that it covers the nose, mouth and chin.
- **Do not double mask in any combination.**
- If the N95 respirator becomes wet/moist or visibly soiled, leave the room, doff the N95 respirator currently being worn, perform hand hygiene, and don a new one.
 - Respirators are single use; do not reuse or store in uniform/scrubs or clothing pockets. Do not wear an N95 respirator around the neck.
- Remove the N95 respirator after leaving the patient's room. Doffing an N95 respirator should be done carefully to prevent self-contamination.
- Refer to the [AHS Donning and Doffing PPE posters](#) for details on careful removal and disposal of N95 respirators.



When using Airborne Precautions AND Contact & Droplet Precautions

- Eye protection can be a face shield, goggles, or personal safety glasses.
Prescription eyeglasses alone are not adequate.
- Using clean hands, don facial PPE by putting the respirator on first.
- Consider facial PPE to be a single unit of protection; always don/doff both at the same time.
- Change/discard facial PPE if it becomes contaminated, wet or soiled, as directed by additional precaution signs. See the previous general principles section for additional N95 doffing instructions.

	<p>Assessing the Need for Additional PPE</p> <ul style="list-style-type: none"> When a patient is on Additional Precautions, follow PPE requirements as indicated AND perform a complete Infection Prevention and Control Risk Assessment (IPC RA). <ul style="list-style-type: none"> This should lead to usage of contact and droplet precautions (eye protection, gown, gloves) with an N95 respirator for patients with respiratory symptoms (coughing, runny nose, sneezing) and/or gastrointestinal symptoms (vomiting, diarrhea), especially when providing close contact patient care.
	<p>Handling Patient Care Items and Equipment (including charts and electronics)</p> <ul style="list-style-type: none"> Use disposable patient equipment, when possible. Dedicate reusable equipment for a single patient use only until discharge. If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients. Handling, Cleaning & Disinfecting Mobile DI Devices All rooms should contain a dedicated linen bag; double bag only if leaking. Do not share items that cannot be cleaned and disinfected. For shared computers, laptops and tablets, follow recommendations for the Bedside Computers and Electronic Devices. Meal trays and dishes do not require special handling. Disposable dishes and utensils are not required. Special handling of linen or waste is not required; general waste from patients on Additional Precautions is not biomedical waste. Paper is not a means of transmission. Handle all paper with clean hands; clean any shared items, e.g., chart binders, pens or binders with a low-level disinfectant wipe.
	<p>Intra-Facility Transport and Patient Ambulation Outside Room, Bedspace or Transfer</p> <ul style="list-style-type: none"> Patients should leave the room or bedspace for essential purposes only. Exceptions require IPC consultation. Sites should have a clearly documented process for transporting patients on Airborne Precautions. Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors. Before departure, notify the receiving area that the patient requires Airborne Precautions or Airborne Precautions and Contact & Droplet Precautions.



- Before patients leave their room or bedspace:
 - Assess whether they can wear a procedure/surgical mask for the duration of the transport
 - Educate or assist them to put on a procedure/surgical mask
 - Consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers (cuddle with care provider, stroller with cover, isolette, etc.)
 - For patients with tracheostomy, cover site with surgical mask (with ties)
 - Perform [hand hygiene](#)
 - Put on clean clothing or hospital gown/housecoat
 - Ensure dressings and incontinence products contain any drainage
 - Provide an escort for the patient.
- A team member or Protective Services member clears the transport path and elevator, if used.
- Elevator to be placed out of service for 2 hours following patient transport if patient is not masked during transport.
 - Transport staff should choose clean personal protective equipment (PPE) if necessary, to handle the patient during transport and at the transport destination, using Infection Prevention and Control Risk Assessment (IPC RA). PPE is to be removed when patient handling is complete.
- Staff assisting with transport do not require an N95 respirator after leaving the room unless patient is unable to wear a procedure/surgical mask for the duration of transport.
- Transport the patient directly into a negative pressure capable room in the receiving area. Bypass any holding areas.
- Avoid performing [aerosol-generating medical procedures \(AGMP\)](#) enroute.





Air Clearance Time (also called “settle time”)

- After patient discharge or transfer, or if [Airborne Precautions](#) are discontinued:
 - Keep room door closed for the minimum time to maintain negative pressure and air exchanges to allow the room air to be cleared of airborne particles.
 - Consult IPC as air clearance times vary based on air exchanges per hour for a facility (or for particular rooms within a facility).
 - The room may be entered without using a N95 respirator for discharge or transfer cleaning after the air clearance time has lapsed.
 - If HCWs must enter before minimum air clearance time, wear fit tested N95 respirator and door must remain closed.

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	<p>After a patient leaves any temporary non-negative air space following a medical procedure, a 2-hour settle time is not required only if the patient has been monitored throughout their entire time in the room and observed to be compliant with wearing a procedure/surgical mask for the duration of that time. Note: Although the term “settle time” is often used, this period does not mean that airborne viral particles are falling or “settling” to the floor.</p>
	<h3>Environmental Cleaning</h3> <ul style="list-style-type: none"> Room surfaces and equipment cleaning/disinfection is required daily or more frequently if directed by IPC using AHS approved products and procedures. If staff must enter before minimum air clearance time, wear fit tested N95 respirator and door must remain closed.
	<h3>Designated Family/Support Persons (DFSPs) and Visitors</h3> <ul style="list-style-type: none"> To minimize the risk of transmission, wherever possible, access to patients with suspect or confirmed measles will be limited to DFSPs who have been assessed and deemed immune or adequately immunized, as outlined in Alberta Public Health Disease Management Guidelines, Measles. Exceptions require approval by IPC and MOH. Assessment of the DFSP should be undertaken in a timely manner to minimize additional exposures and simplify the preventive measures. Encourage DFSPs/visitors to perform hand hygiene and follow all IPC precautions. The Airborne Isolation Precautions patient care handout can be provided. Door must remain closed, except when entering or leaving the room. Access limits for DFSPs/visitors to be guided by Family Presence: Designated Family/Support Person & Visitor Policy. <h3>Rooming In (admitted inpatients)</h3> <h4>Immune DFSP (documentation of 2 doses of measles containing vaccine or serological proof of immunity or born before 1970)</h4> <ul style="list-style-type: none"> DFSP not required to remain with dependent patient in airborne isolation room, may leave room as needed. DFSP not required to wear N95 respirator while with dependent patient in the airborne isolation room. DFSP not required to wear medical/surgical mask whenever outside the airborne isolation room. <h4>Susceptible DFSP (no documentation of 2 doses of measles containing vaccine or serological proof of immunity, born after 1970)</h4> <p>In circumstances where there is no immune DFSP available and a susceptible DFSP must remain with a child/dependent adult patient, the following applies:</p>

	<ul style="list-style-type: none"> • Situation must be reviewed and pre-approved by IPC/MOH. • All IPC precautions must be followed as identified by IPC/MOH when within facility. • The DFSP to always remain with the dependent patient in the airborne isolation room. • Exceptions: <ul style="list-style-type: none"> ○ When the patient must leave the room for a necessary test/procedure and the DFSP is required to accompany the patient ○ When there are extenuating personal circumstances that the DFSP must attend to (medical issues, childcare, etc.) ○ Post-exposure prophylaxis documented as administered relating to DFSP exposure. • DFSP must be compliant with all recommended IPC precautions and always wear a medical/surgical mask whenever outside the airborne isolation room and continuously within the facility. • DFSP is not required to wear N95 respirator when in the airborne isolation room. • Food and access to shower/bath to be provided to DFSP within the room, if possible. • Consult with IPC to determine if DFSP serology testing can be performed, if not known/available. • Discontinuation of Airborne Precautions may require extension if DFSP is still within incubation period. • If the identified DFSP develops symptoms and requires hospitalization, they will be admitted to the most appropriate acute care hospital where care for adult patients can be provided. • MOH will collaborate with facility and IPC to advise on circumstances where the identified DFSP refuses or is unable to comply with IPC precautions.
	<h2>Discontinuing Precautions</h2> <h3>Discontinuation of Airborne Precautions for Confirmed Measles</h3> <ul style="list-style-type: none"> • Immunocompetent individuals are considered to no longer be communicable 4 days after start of rash, i.e., date of rash onset is Day 0 so can discontinue on day 5. <p>For immunocompromised patients: Maintain until all symptoms are gone; discuss with IPC prior to discontinuing.</p>
	<h2>Signs, posters and videos</h2> <ul style="list-style-type: none"> • Airborne Precautions Sign Acute Care • Contact and Droplet Precautions Sign Acute Care • Patient Symptom Alert Poster • Airborne Precautions Sign Continuing Care • Droplet and Contact Precautions Sign Continuing Care • 3M N95 Donning and Doffing Video • Donning and Doffing Personal Protective Equipment Video