Management of Patients Requiring Airborne Precautions for Suspect or Confirmed Measles

Step 1

ED¹ Triage

Does patient meet criteria for suspected measles²? (Use Connect Care Communicable Disease Screen)

Continue with appropriate/relevant protocol

YĖS

- 1. Place procedure mask on patient.
- 2. Implement <u>Airborne Precautions</u> and <u>Contact & Droplet Precautions</u> ASAP and place patient in Airborne Isolation Room (AIR) with negative pressure turned on and door closed.
 - If no AIR available: place masked patient in private exam room with four walls and door closed. Patient remains masked. Door remains closed.
- All healthcare workers (HCW) to wear fit-tested N95 respirator as part of <u>Airborne Precautions</u>³ regardless of immune status.
- Notify Zone Medical Officer of Health (MOH)⁴.
- Notify Infection Prevention and Control (IPC)⁵.

Step 2

ED¹ Clinical Area Does patient have suspected² or confirmed measles?

YES

Is AIR available?

[at individual sites, IPC will

prioritize patients for AIRs]

YĖS

Continue with appropriate/relevant protocol

Implement <u>Airborne Precautions</u>³ or <u>Airborne</u> and <u>Contact & Droplet Precautions</u>^{3,6} (if not already done)

- Use private room. Door remains closed.
- If private room not available, use non-traditional space⁷ with four walls and door closed.
- Notify Zone MOH⁴ and use site/zone process for establishing temporary AIR⁷ and/or transfer of patient⁸.
- Patient remains masked.
- HCW wears appropriate personal protective equipment (PPE) upon entry depending on type of additional precautions.
- Use fit-tested N95 respirator regardless of immune status.
- If measles suspected, collect specimens for testing (IgM, NP swab PCR, urine PCR) plus other nonmeasles tests as indicated.
- See <u>Creation of Temporary AIRs</u>

Measles confirmed

Implement <u>Airborne Precautions</u>³
 (if not already done). Ensure room door remains closed.

- 2. HCW wears:
 - Fit-tested N95 respirator upon entry to room regardless of immune status
 - Additional PPE based on Infection Prevention and Control Risk Assessment (IPCRA).
- Patient wears procedure mask if leaving room or upon transfer.
- 4. Notify MOH⁴ if not already done.
- 5. Notify IPC⁵ if not already done.
- Do other tests and implement additional precautions as indicated. (e.g. COVID-19 and respiratory virus testing and Contact & Droplet Precautions for new cough).

Measles suspected but etiology unconfirmed

NO

- Implement <u>Airborne</u> and <u>Contact &</u>
 <u>Droplet Precautions</u>^{3,6} (if not already done). Ensure room door remains closed.
- HCW wears fit-tested N95 respirator, gown, gloves and eye protection upon entry to room.
- 3. Patient to wear procedure mask if leaving room or upon transfer.
- 4. Notify MOH4 if not already done.
- 5. Notify IPC5 if not already done.
- Measles testing (IgM, NP swab PCR, urine PCR) plus other non-measles tests as indicated.

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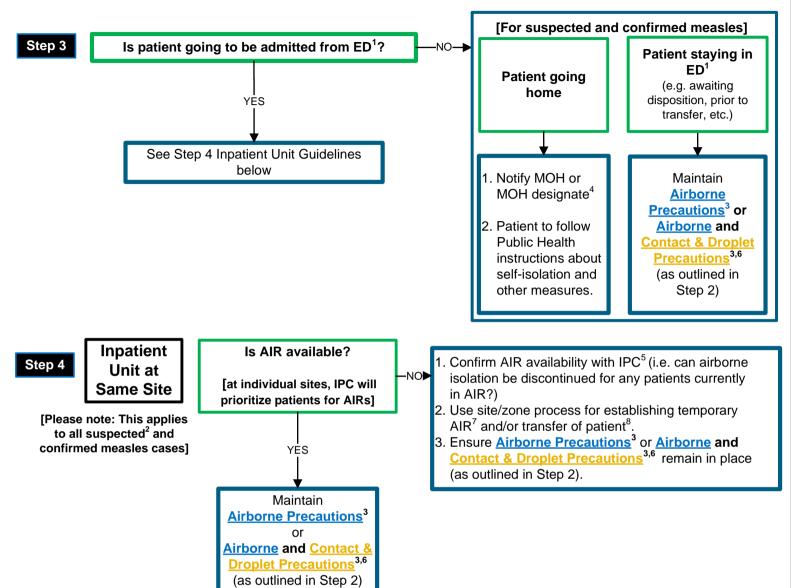
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& Control

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Notes:

- 1. Emergency Department or Urgent Care Centre or Labor & Delivery Triage / Women's Assessment.
- 2. Suspected measles:
 - Fever 38.3°C or higher AND generalized maculopapular rash
 - With or without cough, coryza or conjunctivitis.
- 3. Check for site-specific instruction for implementation of Airborne and/or Airborne and Contact & Droplet Precautions. (e.g., switching the room to negative pressure, etc).
- 4. Medical Officer of Health (MOH)/Public Health: 1-844-343-0971
- 5. Infection Prevention and Control (IPC): Contact through hospital switchboard.
- 6. For facial PPE as part of Airborne and Contact & Droplet Precautions or if indicated based on IPCRA: Use eye protection with a fit-tested N95 respirator only. Do not use procedure mask or double mask.
- 7. Non-traditional spaces must have access to hand hygiene (including a hand hygiene sink) and access to toilet/commode. Discuss with IPC prior to use.
- 8. When making zone-level decisions about use and prioritization of AIRs, assemble a multidisciplinary team that includes (but is not limited to): Zone MOH, Clinical Operations, IPC, Capital Management/Facilities Management, RAAPID, and Integrated Operations Centre/equivalent.

Consider the following:

- AIR inventory in zone and at specific sites
- Individual patient's clinical history, including indications for Airborne Isolation
- Age of patient
- Specific medical needs (e.g. mechanical ventilation, dialysis, etc.)

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