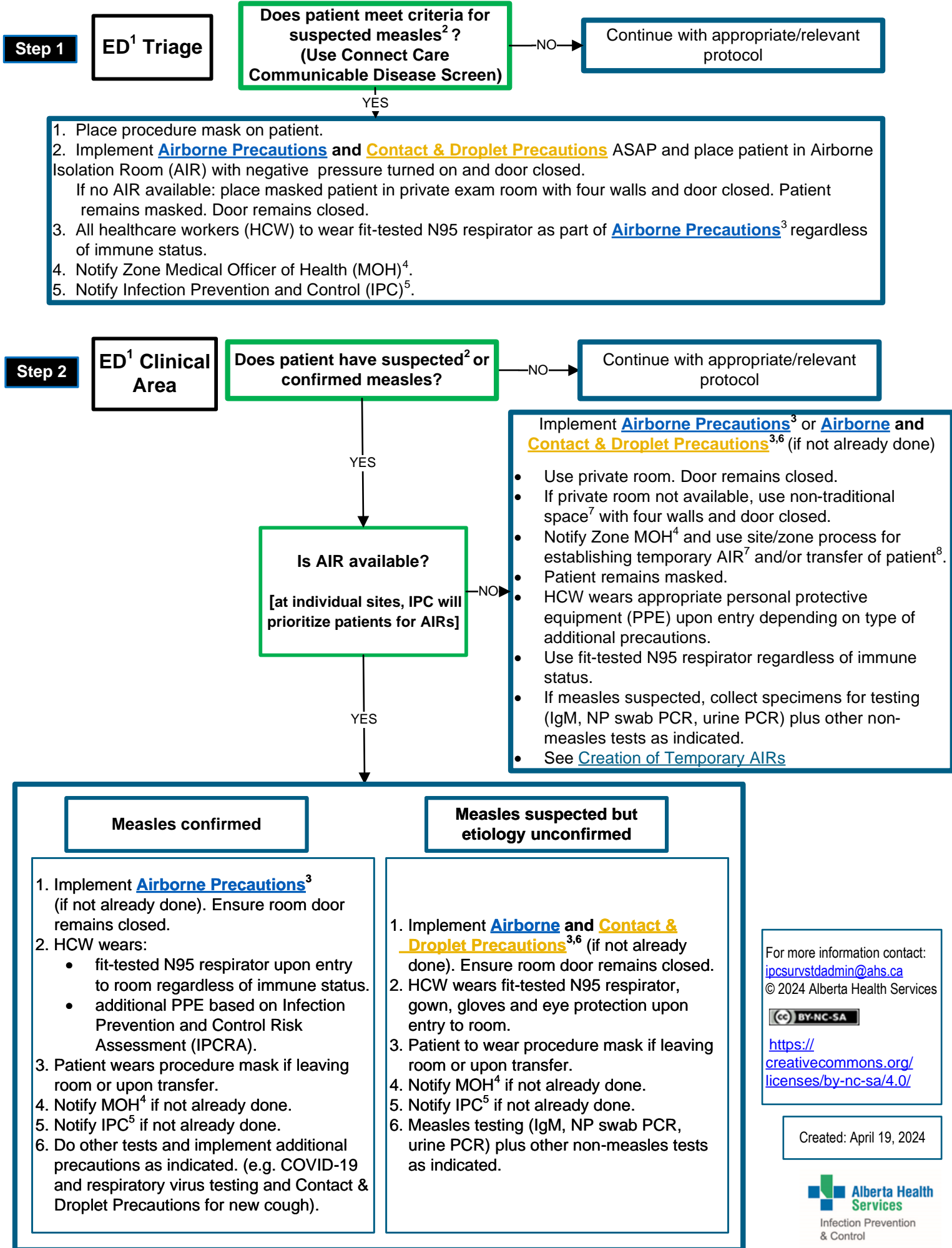
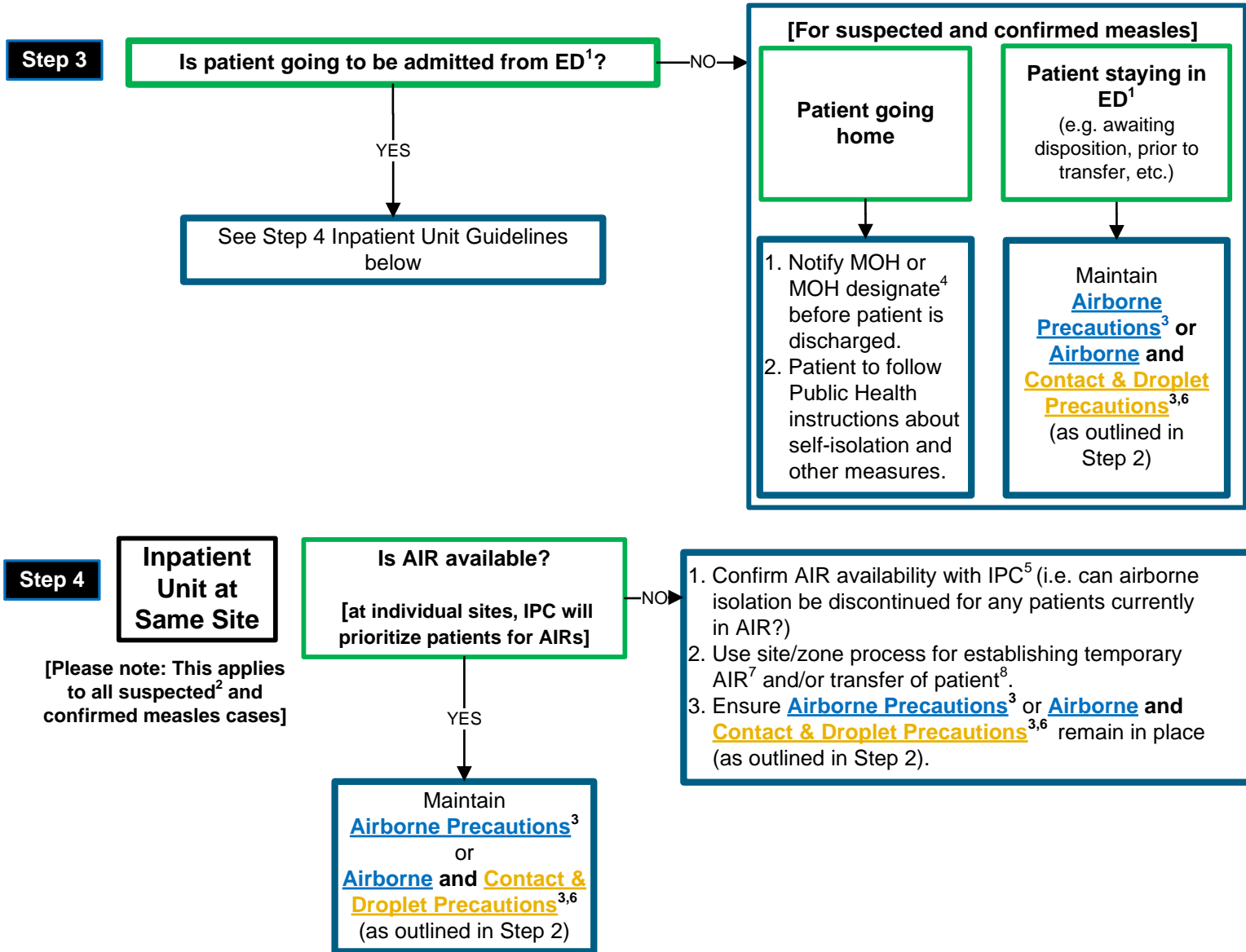


Management of Patients Requiring Airborne Precautions for Suspect or Confirmed Measles





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. Zone Medical Officer of Health (MOH): Contact through hospital switchboard or via RAAPID.
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.)