

# Management of Patients Requiring Airborne Precautions for Suspect or Confirmed Measles

## Step 1 ED<sup>1</sup> Triage

Does patient meet criteria for suspected measles<sup>2</sup>?  
(Use Connect Care Communicable Disease Screen)

NO

Continue with appropriate/relevant protocol

YES

1. Place procedure mask on patient.
2. Implement [Airborne Precautions](#) and [Contact & Droplet Precautions](#) 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. Minimize patient movement. Patient to wear procedure mask if leaving room or upon transfer.
3. All healthcare workers (HCW) to wear fit-tested N95 respirator as part of [Airborne Precautions](#)<sup>3</sup> regardless of immune status.
4. Notify Zone Medical Officer of Health (MOH)<sup>4</sup>.
5. Notify Infection Prevention and Control (IPC)<sup>5</sup>.

## Step 2 ED<sup>1</sup> Clinical Area

Does patient have suspected<sup>2</sup> or confirmed measles?

NO

Continue with appropriate/relevant protocol

YES

Is AIR available?

NO

Implement [Airborne Precautions](#)<sup>3</sup> or [Airborne and Contact & Droplet Precautions](#)<sup>3,6</sup> (if not already done)

- Use private room. Door remains closed.
- If private room not available, use non-traditional space<sup>7</sup> with four walls and door closed.
- Patient remains masked
- Notify Zone MOH<sup>4</sup> and use site/zone process for establishing temporary AIR<sup>7</sup> and/or transfer of patient.
- Use fit-tested N95 respirator regardless of immune status.
- HCW wears appropriate personal protective equipment (PPE) upon entry depending on type of additional precautions.
- If measles suspected, collect specimens as directed by [Lab Bulletins](#)

YES

### Measles confirmed

1. Implement [Airborne Precautions](#)<sup>3</sup> (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).
3. Patient wears procedure mask if leaving room or upon transfer.
4. Notify MOH<sup>4</sup> if not already done.
5. Notify IPC<sup>5</sup> if not already done.
6. Do other tests, perform IPC RA and implement additional precautions as indicated.

### Measles suspected but etiology unconfirmed

1. Implement [Airborne and Contact & Droplet Precautions](#)<sup>3,6</sup> (if not already done). Ensure room door remains closed.
2. 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 MOH<sup>4</sup> if not already done.
5. Notify IPC<sup>5</sup> if not already done.
6. Measles testing as indicated by [Lab Bulletin](#) plus other non-measles tests as indicated.

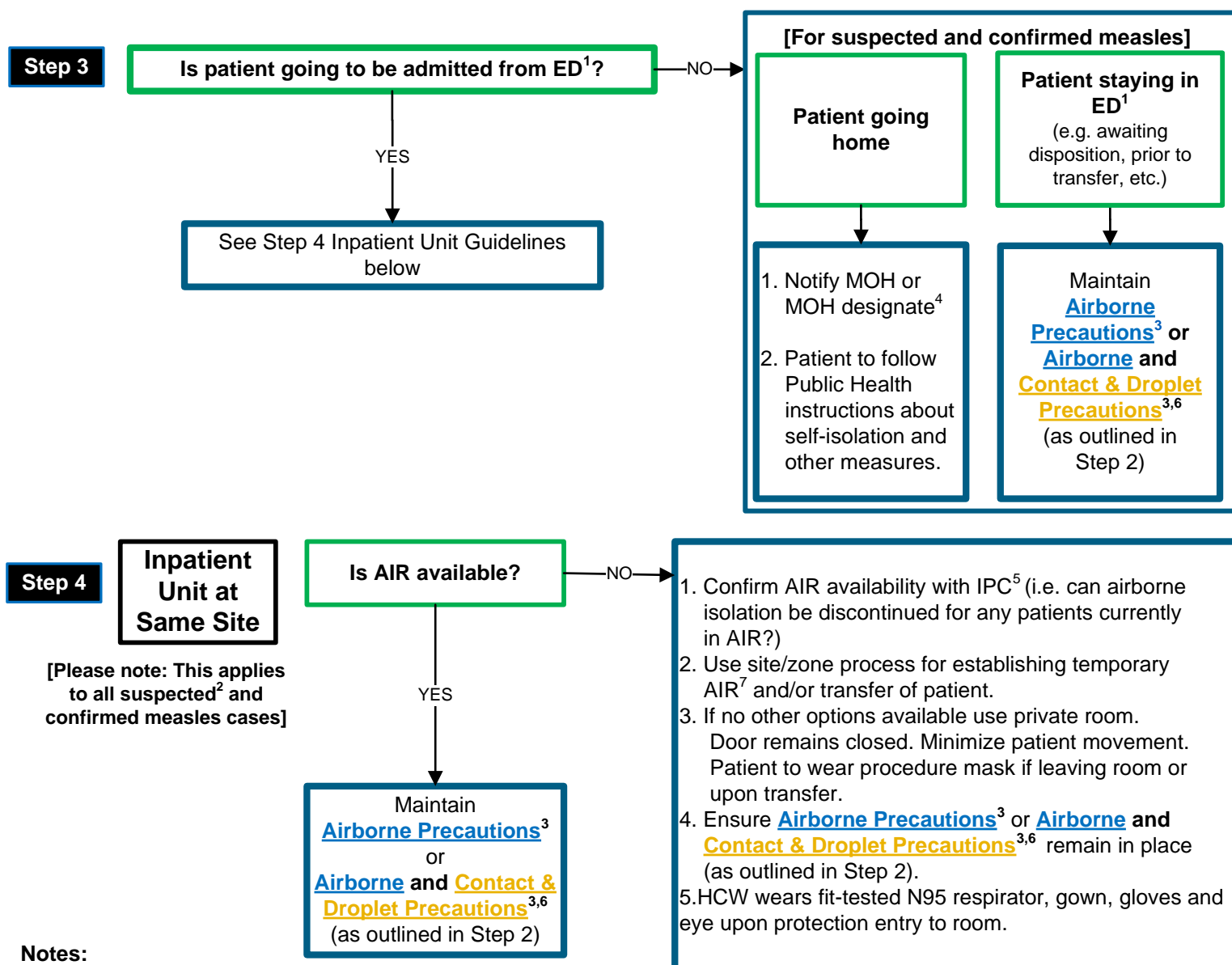
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### Notes:

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.
  - Assess using Connect Care Communicable Diseases Screen
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. See [Creation of Temporary AIRs](#)  
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.