





EMS and Prehospital IPC Recommendations for Measles

In addition to [Routine Practices](#)

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|  | <p>Measles (Rubeola)</p> <p>Measles is a vaccine preventable illness that normally begins with non-specific upper respiratory tract symptoms such as cough/coryza/fever followed by a diffuse maculopapular rash several days after the fever.</p> <ul style="list-style-type: none"> The appearance of the rash can vary. Rash beginning on the face (along the hairline of forehead and behind the ears) and spreading down the body and then to the arms and legs. The rash appears as blotchy spots initially, then becomes more uniform, especially on the face. On lighter skin colours, the rash appears red and blotchy. On darker skin colours, it can appear more reddish-brown to purple or darker than the skin around it, or it might be hard to see. The measles virus is one of the most contagious pathogens known and can be transmitted via airborne methods. Most cases of measles occur in individuals without prior vaccine history, or in those where the vaccine history is unknown. Many will also have relevant epidemiologic risk such as exposure to a recent case or travel to an area of high measles activity. |
|  | <p>Source Control</p> <p>Patients are to put on a surgical or procedure mask if they are:</p> <ul style="list-style-type: none"> A known measles case An exposed susceptible contact A suspect case or Accompanying the patient, they should be encouraged to wear a mask. <p>Surgical masks are not a substitute for airborne precautions. They serve as an added layer of protection in shared or transitional spaces.</p> |
|  | <p>Measles vaccination</p> <ul style="list-style-type: none"> Regardless of patient vaccination status, all initial symptom and risk factor assessments should be performed. All HCWs are to use an N95 respirator when working with suspected or confirmed measles patients regardless of immune status to measles. <p>Fit testing should be current, i.e., within 2 years.</p> |
|  | <p>Prehospital or intra-facility transport notification</p> <ul style="list-style-type: none"> Pre-notify hospital of suspected measles case or exposed susceptible contact (airborne, contact & droplet precautions required on arrival). Park vehicle outside. Wait for direction from hospital before off-loading patient. |



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Transportation

- Staff don fit tested N95 mask, face shield or eye protection, gown and gloves. Document in the Patient Care Report the PPE & IPC measures taken on the event.
- Load patient into patient compartment of ambulance. Close door between driver compartment and patient compartment.
- Attendant stays in PPE with patient; Driver continues to wear N95 mask, can doff eye protection, gown and gloves and perform hand hygiene.
- Run ventilation on high for duration of the event.
- Clean and disinfect high touch surfaces and shared patient equipment after 30-minute air clearance time (see details below).



Masking (N95 respirator)

General principles

- Choose the correct N95 model/size based on your fit testing.
- Wear the 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 is a deliberate process and 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.






Use [Airborne Precautions](#) AND [Contact & Droplet Precautions](#) if other infectious diseases are suspected, i.e., influenza, meningococemia, have not been ruled out.

- Once other infectious diseases have been ruled out or measles has been confirmed, use [Airborne Precautions](#) and [Infection Prevention and Control Risk Assessment \(IPC RA\)](#).

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.

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| | <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 an Infection Prevention and Control Risk Assessment (IPC RA). Different or more PPE may be required based on the IPC RA. |
|  | <p>Air Clearance Time (also called “settle time”)</p> <ul style="list-style-type: none"> After performing patient hand-off, EMS staff shall: <ul style="list-style-type: none"> Park the vehicle outside Close all ambulance doors and windows and engage the anti-theft system (where available) or, if an anti-theft system is not available, lock the vehicle and take the keys with you to ensure the vehicle is secure Continuously run the ambulance exhaust ventilation system on high for a minimum of thirty (30) minutes to allow for air clearance time. EMS staff may enter the patient compartment and perform cleaning and disinfection without using an N95 respirator after the air clearance time has elapsed. If it is necessary for EMS staff to enter the ambulance before the minimum air clearance time has elapsed, a fit tested N95 respirator shall be worn, and all doors and windows shall remain closed after entering and exiting. |
|  | <p>Cleaning and disinfection</p> <ul style="list-style-type: none"> EMS staff shall clean and disinfect ambulances and equipment following the transportation of patients who are known to have, or are suspected of having, an airborne disease, e.g., measles, tuberculosis (pulmonary or laryngeal), or varicella (chickenpox, disseminated shingles, or localized shingles in an immunocompromised host). Measles does not require specialty cleaning products or procedures aside from air clearance time. |
|  | <p>Additional Measles Resources</p> <ul style="list-style-type: none"> Suspect Measles (Rubeola) Info Sheet IPC Recommendations for Measles Patient Symptoms Alert Poster Measles Information for Public Management of Patients Requiring Airborne Precautions for Suspect or Confirmed Measles IPC Diseases and Conditions Table Recommendations for Management of Patients Acute Care 3M N95 Donning and Doffing Video Donning and Doffing Personal Protective Equipment Video Alberta Health Services - Active Health Advisories Alberta Health Services - Measles Information for Health Professionals |