

Flow and Process for Suspect Measles Case

If a positive case of measles is confirmed, please notify OHSW of exposure

Patient presents to healthcare setting with measles or suspected case

Have patient put on procedure mask* upon arrival

* mask should be rated ASTM F2100, fluid resistant or suitable for respiratory etiquette.

Place the patient in a separate room.
Negative pressure room where available) and close door. Use the most isolated booth.

DO NOT put the patient back in the waiting room.

Place airborne isolation sign outside of room.

All staff who enter the room should follow the instructions noted on the signage, an N95 respirator is **not required if the staff member has documented immunity to measles**. Ideally only immune staff should care for the patient.

If the patient has signs of a respiratory illness NYD, staff should initiate Airborne/Contact precautions.

Notify local Infection Control or appropriate designate and local Public Health

- Refer to public health (PH) or the Medical Officer of Health (MOH).
- After Hours (evenings and weekends): Contact the Public Health Nurse on call at 902-473-2222.
- All suspect cases of measles are to be reported immediately to public health as per http://novascotia.ca/dhw/cdpc/documents/06026_ItsTheLawPoster_En.pdf

Limit movement of patient outside of the room, unless medically required.

Notify the receiving department that the patient is on airborne isolation due to suspected measles

Ensure all staff transporting and receiving the patient wear Airborne/Routine Practices PPE and have the patient wear a procedure mask if able to tolerate.

When patient is either discharged or admitted do not use room and advise environmental services that the room needs to be cleaned as per airborne isolation cleaning protocol. In primary care settings room must be vacant for 2 hours after patient is discharged.