Control Measures for Suspected/Confirmed Measles

In the event of a suspect/confirmed measles case the following control measures will be considered and discussed by the measles committee: the Medical Health Officer will indicate which control measures are to be implemented at the facility and the Infection Prevention and Control Practitioner will work with the facility to ensure the selected control measures are implemented.

General control measures	
☐ Precautions	Must be placed in airborne precaution room (negative pressure) or in single room with door firmly closed.
☐ Hand hygiene	Stress the importance of hand hygiene to all staff including volunteers and visitors.
☐ Signage	Post appropriate signage at entry to room.
☐ Alcohol-based hand rub (ABHR)	Ensure adequate supply of alcohol-based hand rub (ABHR) throughout the facility.
☐ Notification	Ensure all areas informed of measles: MHO, Director of Care, Support Services (Laundry, Environmental Services, Food Services) Chief of Medical Staff, ER, Infection Prevention, OH&S, Public Health, Lab, Communications, HSA, Staffing, Front- line Rep (Charge Nurse/ER Nurse, Front Reception), NH Emergency Rep.
Personal protection for staff (*Gloves and gowns removed before leaving room, face protection removed outside room)	
☐ Hand hygiene	Increase access to ABHR. Increase hand hygiene stations.
☐ N95 respirator required	Used upon entry into the room by all Health Care Workers (HCWs)
☐ Face shield	Used when providing direct care to a symptomatic/unresolved patient/client to protect eyes and mucous membranes
☐ Gowning	Used when providing direct care to a symptomatic/unresolved patient/client if clothing may be soiled.
☐ Gloving	Used when having direct or indirect contact with patient/client as per routine practices.
☐ Supply carts	Carts to be fully stocked and placed in appropriate location.
Environmental controls (If patient is discharged, leave door to room closed for 2 hours, before terminally cleaning room and putting back in use)	
☐ Use recommended disinfectant	Using approved hospital grade disinfectant.
☐ Enhanced environmental cleaning of high-touch areas with recommended disinfectant	Surfaces include rails, door handles, arm rests, sink/toilet handles, table tops, salt/pepper shakes, elevator buttons, call bell cords, door knobs, light switches, nourishment areas, fridges and ice machines
☐ Cleaning a dining room servery kitchen	Environmental Services will need to clean servery and dinning room area.
☐ Cleaning cloths	Use separate cloth for cleaning and another for disinfection. Cleaning cloths should be changed frequently to prevent spreading microorganisms from surface to surface.
☐ Decontamination protocol	Ensure Laundry, Environmental Services and Food Service Staff are following protocols (handling laundry, washer - max temperature, heavy load or isolation cycle, and enhanced environmental cleaning, and handling of food carts).
☐ Garbage handling	Ensure garbage is bagged prior to leaving ill patient/client room.
☐ Ensure adequate supply of:	☐ Recommended disinfectant ☐ Hand hygiene supplies (soap, paper towels, ABHR) ☐ Gloves ☐ Gowns ☐ Masks ☐ Face shields ☐ Dedicated cleaning equipment for affected unit/areas
Sampling - *Please note: The "Ordering Physician" is the family or facility physician **not** the Medical Health Officer*	
☐ Sample specimen containers	Ensure facility has ample supply of viral swabs or specimen containers. COPAN UTM swabs for nasopharyngeal swab or throat swab.
☐ Samples collected from suspect cases	Alert Health Unit or BCCDC for reception and transport of specimens. Collect specimen of suspect cases using appropriate collection method. Ensure each sample is shipped with the "BCCDC Virology Requisition and BCCDC Serology Requisition Form".

Precautions for patient/client(s)	
☐ Patient/client(s) education	Educate patient/client about measles and measures to prevent or spread infection.
☐ Airborne precautions	Use of routine practices and airborne precautions, use N95 respirators.
☐ Daily surveillance	Staff must check for measles in their patients/clients. Measles may present with fever 38°C or higher, cough, runny nose or red eyes, red blotchy rash appearing three to seven days after fever stats, beginning behind the ears and on the face spreading down to the body then arms and legs.
☐ Confine cases to room with the door closed or negative air precaution room	4 days after rash present. Patient should wear a surgical mask if required to be outside of room.
Precautions for patient/client(s) (continued)	
☐ High risk patients	Measles need single room do not place in same room as a patient who is at high risk for complications (e.g. immunocompromised, recent surgery).
☐ Dedicated equipment for ill patient/client(s)	Dedicate equipment to be used only on that patient/client (BP cuff and stethoscope, thermometers). Shared equipment must have thorough cleaning and disinfection between patients/clients. Use NH approved disinfectants and appropriate contact times.
☐ Food/medication carts	Food and medication carts not permitted to enter ill patient/client rooms.
Staff activities	
☐ Cohort	Only immune staff to work with ill patient/client(s). If immune staff unavailable ensure adherence to airborne precautions.
☐ Reporting symptoms	Remind staff to report symptoms to supervisor. Staff to call the provincial workplace call center at 1-866-922-9464 (OHN local number - 2995)
☐ Staff exclusion	If not immune or unknown immune status, exclusion from work up to 21 days (incubation period)