



## Emergency Department Clerk screens patient using Acute Respiratory Infection + Infectious Disease Symptom Screening Tool Proceed as normal care requires. Non-immune host with fever/rash and/or definite exposure No precautions based on Routine Practices and Additional Non immune host with exposure history referred for PEP Ig and **Precautions Policy** symptomatic or > D4 Yes Provide patient with mask. Staff to wear N95 mask - Ask patient to stand in designated area marked with a "X" on the floor. - Notify triage nurse of potential measles patient. - Symptomatic - Triage RN confirms signs and symptoms, and risk Asymptomatic but has - Risk factors factors for measles. community exposure Community exposure > Place patient in negative pressure room on airborne precautions (Stakeholder note: Please designate a 1) Place patient on additional precautions as identified in Acute Respiratory room and alternative area if Negative pressure rooms occupied) Appendix C Measles of Hierarchy of Illness and Infectious Disease Symptom Screening tool and point of care risk **Patient Room Placement** 2) RN/ MD dons appropriate Personal Protective Equipment - Ensure signage and 2-hour fallow time If negative pressure unavailable, activate alternative plan for patient placement in single room with closed 3) MD Refers patient to the health unit for further guidance. door and place a Portable HEPA Filtration Unit in the room, (if unavailable, submit Facilities request form asap). For case definitions for Confirmed/Positive or - RN dons fit-test N95 respirator and performs a point of care risk assessment for any additional Personal Probable/Suspect measles, please see the Ministry Protective Equipment that may be required and escorts patient to room, pathway cleared of people other of Health Measles: Information for Health Care than transport staff with appropriate Personal Protective Equipment. Providers (publichealthontario.ca) RN notifies charge nurse and physician of potential measles patient for review Emergency Department Physician dons fit-test N95 and additional Personal Protective Equipment as per point of care risk assessment and assesses patient for signs and symptoms, and risk factors - Emergency Department Physician consider Infectious Disease consult if assistance required - Physician assesses and confirms case definition and confirms decision whether to admit -All health-care workers and staff entering the room should ensure they are immune to measles and should be wearing fit-tested N95 Yes Proceed as normal care requires, precautions based on Routine Practices and Confirmed Additional Precautions Policy suspected case Notify Public Health and Infection Prevention and Control Follow public Confirmed health guidance for management admission Send: Polymerase Chain Reaction testing of urine and nasopharyngeal required swab throat (orderable VIRCO) AND measles serology IgG and IgM Provide isolation guidance and send patient home with Measles Fact Sheet - Physician notifies Public Health and Infection Prevention and Control. - Send Polymerase Chain Reaction testing of urine and n/p or throat: (orderable: VIRCO) AND measles serology IgG and IgM - Patient to remain in room with door closed until transport to inpatient unit. Verify care partner immune status. - Care partner should remain in room with patient unless travelling to/from facility. Inform admitting that patient requires negative pressure room for admission - Update care team - Ensure receiving room is ready before transfer to minimize time outside of the negative pressure room Go to Inpatient Units flow map for transport and continuation of care. Appendix B Measles Patients transport Map - Once the patient is discharged/ transferred out of emergency department, Sodexo initiates discharge clean.

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 Discharge cleaning of the room and equipment can occur once two hours has elapsed with or without negative pressure.