



## **Process Map – Outpatient Care**

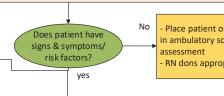
#### Walk-in scenario

The clerk verifies that the patient has reviewed the screening questions and, if the patient has answered "YES" to any question or discloses any exposure, symptoms, or risk factors related to measles, appropriate follow-up is initiated.

- Provide patient with surgical mask. Staff to wear N95 mask.
- Ask patient to stand in designated area.
- Notify Clinic Nurse of suspected measles patient.
- Clinic RN/RPN confirm signs and symptoms, and risk factors of measles.

#### - Notify MRP

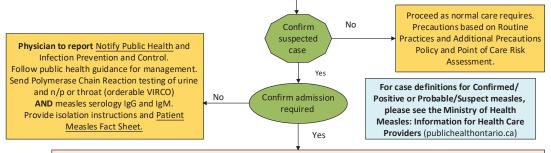
- For a patient identified as a potential measles risk at an ambulatory visit, the MRP confirms that the appointment can be conducted virtually if an in-person assessment is not required. The patient should be directed to the Health Unit or Emergency Department based on symptoms and clinical presentation.



 Place patient on additional precautions as identified in ambulatory screening tool and point of care risk assessment

RN dons appropriate Personal Protective Equipment

- Notify MRP
- For a patient identified as a potential measles risk at an ambulatory visit, the appointment cannot be conducted virtually if an in-person assessment is required. The patient should be Placed in negative pressure room on airborne precautions Appendix C
- Ensure signage and two-hour fallow time signage.
- If negative pressure unavailable, activate alternative plan for patient placement in single room with closed door and place a Portable HEPA Filtration Unit in the room (if unavailable, submit Facilities request form asap).
- RN/ RPN dons fit-test N95 respirator and performs a point of care risk assessment for any additional Personal Protective.
- Equipment that may be required and escorts patient to room ideally, pathway cleared of people other than transport staff.
- 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
- Physician consider Infectious Disease consult
- All health care workers and staff entering the room should ensure they are immune to measles and should be wearing fit-tested N95



- 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.

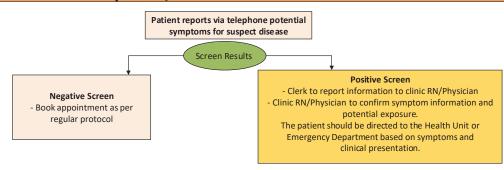
### Inform admitting that patient requires negative pressure room for admission

- Update care team
- $\hbox{-} Ensure\ receiving\ room\ is\ ready\ before\ transfer\ to\ minimize\ time\ outside\ of\ the\ negative\ pressure\ room$
- 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 clinic. Sodexo initiates discharge clean.

• Discharge cleaning of the room and equipment can occur once 2 hours has elapsed with or without negative pressure

# **Telephone/Virtual Care Scenario**



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