

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Disease-Specific Precautions	SUBJECT: Measles Management	SECTION: H POLICY: 13
DATE: May 29, 2024	Administrator's Signature: _____ <i>J. M.</i>	
REVISION DATES:	IPAC Lead's Signature: _____ <i>L Coppola, R.N.</i>	

MEASLES MANAGEMENT

POLICY:

To ensure the proper detection and management of the measles virus to prevent spread and exposure of the virus in the Home.

BACKGROUND:

Measles is a highly contagious disease caused by a virus. It spreads easily when an infected person breathes, coughs, or sneezes droplets that contain the virus into the air. The virus can live on surfaces and can also live up to 2 hours in the air after the person with the infection has left the enclosed space. If people breathe in the contaminated air or touch infected surfaces, they can become infected. It can also spread by direct contact with secretions from the infected person's mouth or nose. People infected with measles can spread it to others 5 days before they get a rash. It can spread for about 4 days after the rash is gone. Measles can cause long-term problems with the lungs, ears, or brain. People can die from measles and the problems it causes. Unvaccinated or under-vaccinated individuals are at increased risk for measles.

Clinically compatible signs and symptoms are characterized by:

- Fever \geq 38.3 degrees Celsius, and
- Generalized maculopapular, erythematous rash for at least three days, and
- At least one of: cough, runny nose (coryza) or red eyes (conjunctivitis)

PROCEDURE:

- 1) LMH will follow the Ministry of Health and Public Health Guidelines for suspected and confirmed cases of measles and measles exposure cases.

[PHO: Infectious Diseases Protocol for Measles Appendix 1](#)

- 2) It is recommended that all staff employed at the Home have received measles immunization.
- 3) Staff are to report any resident symptoms to the Nurse.

- 4) The Nurse will make their assessment and notify the DNPC and Medical Director. Any orders and directives given will be followed through by the Nurse.
- 5) If measles is suspected the resident will be placed into airborne precautions in a single room and wear a well fitted surgical mask. The Medical Director will assess the resident and provide further guidance. If warranted, the Medical Director will advise transfer to hospital as an airborne infection isolation room is the preferred precaution for measles and LMH cannot provide this.
- 6) The resident must wear a well fitted surgical mask during transfer and EMS or transfer services are to be notified of suspected measles case.
- 7) The IPAC Lead or DNPC will inform the PHU of all suspected and confirmed cases of measles immediately.
- 8) If a resident, caregiver, visitor, volunteer, or staff member has had an exposure to a known case of measles the DNPC and IPAC Lead will be notified immediately.
- 9) In consultation with the Medical Director, the DNPC or IPAC Lead will follow the PHU's Algorithm for contacts of measles cases to determine if the individual should be referred for prophylaxis immunoglobulin. The ESHC Measles Post Exposure Prophylaxis IG Referral Form will be completed prior to sending the individual to the hospital if warranted.