Infection Prevention and Control (IPC)

Standard Operating Procedure for MEASLES

in a healthcare setting

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Title of document: Standard Operating Procedure (SOP) for Measles in a healthcare setting

Document reference: Issue 1, April 2016

Scope: Organisation Wide

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Policy application / Target Audience: Throughout NHS Ayrshire and Arran

Policy Statement: It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

Last reviewed: March 2016

Agreed by: Infection Prevention and Control Policy Review Group

Electronic approval of consultation process by: Professor Hazel Borland

Nurse Director

Date: 30 May 2016

REFERENCES

1. Health Protection Scotland (2015), HPS National Infection Control Manual version 2.4
# 1.0 GENERAL INFORMATION

| Organism | Measles does not frequently present in healthcare. An acute highly communicable viral disease, the World Health Organisation (WHO) defines a clinical case of Measles as any person with fever, maculopapular rash and cough, coryza, or conjunctivitis.

Measles rash typically develops after about 3 or 4 days. It is a blotchy red rash which begins on the face and then spreads downwards over the rest of the body. The rash usually lasts for 4-7 days and may end with skin peeling as the rash fades.

Complications can occur up to 4 weeks after the rash and include Otitis Media, pneumonia, croup, diarrhoea, febrile seizures and encephalitis. |
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<tr>
<td>Incubation period</td>
<td>• 7 - 21 days after exposure to the measles virus</td>
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<tr>
<td>Period of communicability</td>
<td>• 5 days before the onset of rash until 4 days after the rash develops</td>
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| Individuals most at risk | • Anyone with no measles immunity or no previous history of disease

• Those at highest risk of developing complications:
  - Children under 5 years
  - Adults
  - Pregnant women
  - Individuals with Vitamin A deficiency
  - Immunocompromised |
| Notifiable disease | Yes.

Initial notification should be made by telephone to the Health Protection Team (HPT) at Afton House, Ailsa Campus on 01292 885858 or, out of hours, the on-call Consultant in Public Health Medicine (CPHM) via University Hospital Crosshouse switchboard (01563 521133). The HPT should then also be formally notified within 3 days using the Scottish Care Information (SCI) system or SCI form. |
| Informing the IPCT | Following implementation of all relevant infection prevention and control precautions you must inform the Infection Prevention and Control Team (IPCT) by phoning (01563) 825765 or by emailing the IPCT mailbox InfectionControl@aapct.scot.nhs.uk |
2.0 INFECTION CONTROL PRECAUTIONS FOR MEASLES

2.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) National Infection Prevention and Control Manual, must be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

2.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when Measles is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). Measles is cross transmitted via contact, droplet and airborne routes; therefore the following TBPs are required:

- **Contact precautions**
  Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

- **Droplet precautions**
  Used to prevent and control infections spread over short distances (at least 3 feet (1 metre)) via droplets (>5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

- **Airborne precautions**
  Used to prevent and control infections spread without necessarily having close patient contact via aerosols (≤5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.
### Patient Placement
- Where care requirements allow, patients should be transferred to a negative pressure single room in the Infectious Disease Unit. If not available:
  - Patients with suspected/confirmed infection should be isolated in a single room with ensuite facilities
  - The door should remain closed. If this is not possible, a risk assessment **must** be included in the nursing notes e.g. patient at risk of falls
  - An isolation notice must be placed on the outside of the door
  - Continue isolation until day 5 of the rash

### Personal Protective Equipment
- Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment
- Face protection: FFP3 respirator and, if risk of splashing or spraying of blood/body fluids, include goggles or full face visor

### Hand Hygiene
Hands must be decontaminated as per your 5 moments for Hand Hygiene:
1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

### Patient Care Equipment
- Where available, use single use/single patient use equipment. All single use/single patient use equipment must be discarded as clinical waste
- Equipment should be kept to a minimum
- All shared or reusable equipment must be decontaminated between patients using a chlorine releasing agent e.g. Actichlor Plus™ 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM). Please refer to manufacturer’s instructions for compatibility of product
- Communal facilities such as baths, bidets and showers should be cleaned and/or decontaminated between all patients

### Environmental cleaning by Hotel Services
- Enhanced routine cleaning of the patient’s accommodation with a chlorine releasing agent e.g. Actichlor Plus™ 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM), should be undertaken by hotel service staff until instructed otherwise (see Actichlor Plus™ General Environment Poster). It is the responsibility of nursing staff to ensure that domestic assistants are aware of this requirement
- Following the removal of the patient, the room should have a terminal clean carried out prior to the next patient being admitted
<table>
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<tr>
<th>Clinical Waste</th>
<th>All waste must be discarded as clinical waste.</th>
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| Linen          | - All linen should be discarded as infected i.e. placed in a water soluble bag then into a clear plastic bag and lastly into a red laundry bag  
                 - Labels should be attached to each red linen bag on sealing, clearly stating:  
                   - Hospital of origin  
                   - Ward or Department  
                   - Date and Time of bagging  
                   - Signature / initials |
| Safe management of blood and body fluid spillages | Spillages must be decontaminated immediately with a chlorine releasing agent e.g. Actichlor Plus™ using the following dilutions:  
                 - Blood spillages (or bodily fluid with associated blood); 10 x 1.7g Actichlor tablets in 1 litre of water (concentration = 10,000 parts per million (PPM))  
                 - Body fluid spillages (with no associated blood); 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM). **Remove spillage with disposable paper roll prior to applying a chlorine releasing agent to reduce the risk of chemical reaction** |
| Occupational exposure | - Occupational exposure to Measles can be prevented by adhering to precautions outlined above  
                  - Contact the Occupational Health Department if you have any concerns regarding exposure to Measles or require information regarding your current immunisation status, if applicable  
                  - Staff who fall under the category of pregnant, non-immune or immunocompromised should not provide care to patients with confirmed or suspected Measles |
| Respiratory Hygiene and Cough Etiquette | - Patient should be encouraged to cover their nose and mouth with a tissue when coughing, sneezing or blowing their nose  
                 - If required: When transferring patient, request patient to wear a surgical face mask, unless patient is wearing an oxygen mask |
### 3.0 OTHER RELEVANT INFORMATION

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<th>Transferring Patients</th>
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<td>▪ If possible, do not transfer patient until TBP's are no longer required</td>
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<td>▪ Prior to transfer, staff must inform any receiving ward/department that the patient has a suspected/confirmed infection, as well as a history of specimens taken and Infection Prevention and Control precautions taken</td>
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<td>▪ Prior to transfer, you must ensure the ward receiving the patient has suitable accommodation</td>
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<th>Specimens</th>
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<td>▪ All suspected cases should undergo testing to ascertain if they are a true case of Measles (refer to the Laboratory Handbook)</td>
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<td>▪ Contact microbiology via switch-board for further advice</td>
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| Care After Death | A body bag is not required. |

| Patient Clothing | Laundry going home, must be placed into a clear bag and then into a patient clothing bag. The Washing Clothes at Home Information Leaflet must be issued. |

| Visitors | Those who are immunocompromised, pregnant women and small children should be advised not to visit. |

| Documentation | Ensure that the patient is fully aware of their infectious status and that the provision of this information has been documented in the notes. |

| Action to be taken | Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis. |

| Additional information | ▪ Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis |
|                       | ▪ Contact tracing will be required where there has been a failure to isolate a patient prior to confirmation of Measles from laboratory samples. This tracing will involve staff and patient contacts and may result in treatment and isolation/exclusion during the incubation period. This will be carried out by the Incident Management Team |