Measles IPAC Checklist for Clinics and Specimen Collection Centres

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Purpose

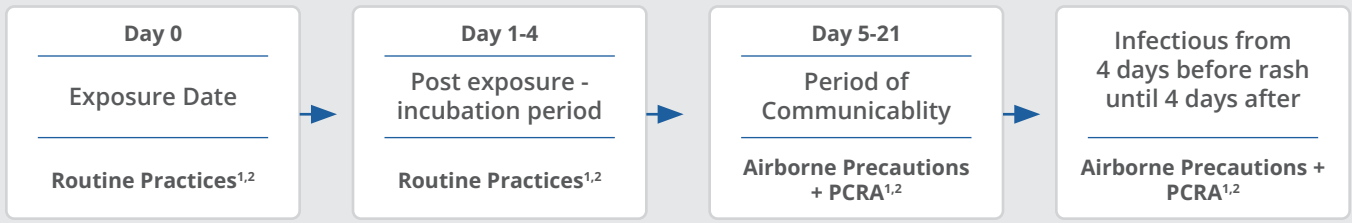
To assist Infection Prevention and Control (IPAC) Leads in assessing their organizational readiness for preventing and managing measles exposures in clinics and specimen collection centres.

This is accomplished through implementing and auditing IPAC best practices for safe patient care and initiating measures to mitigate measles transmission which may include further auditing (e.g., hand hygiene, personal protective equipment [PPE] use, environmental cleaning).

How to Use

- Review the checklist to help identify potential IPAC gaps.
- Consider bringing another staff member with you when touring the clinic space, as you may each notice different areas for improvement.
- Document specific location(s)/processes where gaps are identified.
- Share the results with leadership to support improvement plans within a defined period of time.

Measles Exposure Timeline and IPAC Precautions



Only health care workers (HCWs) with presumptive immunity to measles (two doses of measles-containing vaccine or laboratory evidence of immunity) should provide care to patients with suspect/confirmed measles due to increased risk of transmission of measles to susceptible individuals.[1,2]

Following measles exposure, individuals are on a continuum of incubation and communicability based on the dates of exposure and vaccination status. Decisions are taken based on the exposure timeline to determine post-exposure prophylaxis (PEP), vaccination update and IPAC practices for HCWs.

Contents

1 - Common Elements for All Clinic Settings

☐ Yes	☐ No	The setting/organization conducts an annual organizational risk assessment (ORA).[2,3]
☐ Yes	☐ No	ORA includes review of the clinic space infrastructure (e.g., number of exam rooms, waiting spaces), immunization status of clinic workers, education of clinic staff on the selection and use of PPE.[4]
☐ Yes	☐ No	Measles-exposed contacts attending the clinic are screened for symptoms at appointment booking and prior to clinic entry.
☐ Yes	☐ No	Symptomatic contacts are asked to stay home and contact their local public health unit (PHU) for further direction unless the site is equipped to receive them (e.g., PHU vaccination clinics).
☐ Yes	☐ No	Only HCWs with presumptive immunity to measles (two doses of measles-containing vaccine or laboratory evidence of immunity) provide care to patients with suspect/ confirmed measles due to increased risk of transmission of measles to susceptible individuals.[5-7]
☐ Yes	☐ No	PEP clinics are scheduled separately from other clinics (e.g., well baby clinics, vaccine catch-up clinics) to avoid possible exposure.
☐ Yes	☐ No	If potential exposure to measles has occurred, the clinic immediately notifies the local PHU, and relevant Occupational Health and Safety and IPAC programs.
☐ Yes	☐ No	Other patients, visitors, and HCWs (in the absence of appropriate PPE) are considered potentially exposed when a patient with suspect or confirmed measles was not immediately placed into an airborne infection isolation room (AIIR) or single room with door closed or shared the same air space while the patient was at the clinic for any amount of time and for up to two hours after the patient left, even if the patient was masked.[2]
☐ Yes	☐ No	Measles contacts follow recommendations from public health on exclusion and other guidance for contacts per Appendix 1: Case Definitions and Disease-Specific Information. Disease: Measles March 2024.[8]

Additional questions on the next page →

2 - PEP Clinics for Measles-Exposed Individuals with Clearly Defined Exposure Dates

2.1 Visitor Policies and Procedures

☐ Yes ☐ No Vaccination clinics for post-exposure prophylaxis (PEP), defined as MMR vaccine given within 72 hours of last exposure, are held separately from vaccination clinics for contacts who are outside the PEP window.[8,9]

☐ Yes ☐ No **Only** when HCWs are confident the patient is within their 4 day window of exposure and asymptomatic, is the patient not required to wear a medical mask and HCWs can provide care following Routine Practices.

NOTE: If clinics are combined, then the higher level of IPAC practices are followed (see PHU Vaccination Clinics, Primary Care, and Specimen Collection Centres (SCC) for Measles-Exposed Individuals who may be in their Period of Communicability below).

3 - PHU Vaccination Clinics, Primary Care, and Specimen Collection Centres (SCC) for Measles-Exposed Individuals who may be in their Period of Communicability

3.1 Appointments

☐ Yes ☐ No Symptomatic patients presenting to PHU Vaccinations Clinics are not permitted entry and are redirected to primary care/hospital for assessment as required. Receiving facility is notified prior to patient being transferred. Patient is instructed to inform the receiving facility, prior to entry, of their suspect or confirmed measles status.

☐ Yes ☐ No Appointments are booked as single consecutive appointments; families may be assessed together as they are likely to have had similar exposures.

☐ Yes ☐ No Measles-exposed individuals arrive and exit through a separate entrance to minimize contact with others, where possible.

☐ Yes ☐ No Appointments and vaccination clinics are conducted at the end of the day to reduce potential exposure to others. Outdoor vaccination appointments are considered, weather permitting.

3.2 Patients

☐ Yes ☐ No Wear a well-fitted medical mask upon entry for source control and notify the Primary Care or SCC before entering the facility so staff may escort them to AIIR or single room.[4,9]

☐ Yes ☐ No Avoid common areas including waiting room and public washrooms whenever possible.[4]

☐ Yes ☐ No Avoid contact with other individuals.[4]

Additional questions on the next page →

3.3 HCW PPE

☐ Yes ☐ No All HCWs managing measles contacts wear a fit-tested, seal-checked N95 respirator and additional PPE based on a point of care risk assessment (PCRA), regardless of the HCW's presumptive immunity to measles to minimize any potential exposure.

3.4 Symptomatic Patient Placement and Management in Primary Care and SCC

The following patients are placed in Airborne Precautions:

☐ Yes ☐ No Those who are symptomatic (suspect/confirmed) cases

☐ Yes ☐ No Susceptible contacts who are within their period of communicability (i.e., 5 or more days from their first exposure).

☐ Yes ☐ No Patient is evaluated as quickly as possible and discharged home or transferred to a facility with an AIIR if clinically indicated. Receiving facility is notified prior to the patient being transferred.[2] Patient instructed to inform the receiving facility, prior to entry, of their suspect or confirmed measles status.[2]

☐ Yes ☐ No After the patient leaves, the door to the room where the patient was examined remains closed with signage to indicate that the room is not to be used.[2]

☐ Yes ☐ No Sufficient time is allowed for the air to change in the room and be free of respiratory particles before using the room (two hours).[2]

☐ Yes ☐ No The room and equipment are cleaned once sufficient time has elapsed.[2,4]

4 - Testing for Measles

☐ Yes ☐ No Swabs for diagnostic PCR include both throat and nasopharyngeal (NPS) swabs, to be collected at the same time, as well as a urine specimen. Please refer to Measles – Diagnostic – PCR.[10]

☐ Yes ☐ No Urine specimen collection for PCR testing is completed in the home environment.[10]

- A sterile collection cup, pre-labelled with two patient identifiers, is provided.
- An asymptomatic individual, other than the patient, returns the specimen to the SCC.[4,9] For specimen collection and transportation requirements please refer to Measles – Diagnostic – PCR.

☐ Yes ☐ No Two samples for measles serology (IgM and IgG) are collected with the first (acute) sample collected within 7 days after onset of rash and the second (convalescent) collected 10-30 days later per Appendix 1: Case Definitions and Disease-Specific Information. Disease: Measles March 2024.[8]

Additional Resources

- Infection prevention and control for clinical office practice
- Personal protective equipment (PPE) auditing
- Introduction to implementing environmental cleaning audits
- Measles: information for health care providers
- Technical brief: interim IPAC recommendations and use of PPE for care of individuals with suspect or confirmed measles

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