

Management plan for healthcare facilities

When cases occur among staff or patients in healthcare facilities, the following procedures and principles should be included in management plans:

- Define and identify contacts potentially exposed in waiting areas, emergency department assessment areas, wards, radiology and other areas.
 - Contacts could include patients; visitors and those accompanying patients; and staff, including medical, nursing, allied health, paramedical (ambulance), clerical, and other support workers such as orderlies and cleaners.
 - Potential exposure includes those who shared a defined air-space (e.g. waiting area, assessment room, ward) at the same time as the case and people who entered or used that space for up to 30 minutes after the case left.
- Inform contacts and organise post-exposure prophylaxis where appropriate.
- Where large numbers of discharged patients and accompanying persons may have been exposed, such as in an emergency department waiting area, it may be necessary to attempt to prioritise the persons most likely to be susceptible and vulnerable to measles infection (e.g. on the basis of age and diagnosis/medical history) for attempts to make contact and provide information. In addition, it may be appropriate to issue a media alert in such circumstances, providing a general warning of the possibility of exposure for persons who were at the facility on a certain day.
- Consider using SMS, or social media alerts as an option for sending timely written advice.
- Keep infectious patients in respiratory isolation for 4 days after the appearance of the rash, and ensure that susceptible individuals do not enter any room for 30 minutes after an infectious case has used it. Susceptible people entering this room within the 30 minute period should be considered as contacts. Ensure that only staff who are immune provide direct care to infectious patients, and that cases are nursed with airborne precautions.(6) Vaccinate susceptible contacts (i.e. those who do not have documentation of having received 2 doses of a measles-containing vaccine) among patients and staff.
 - Susceptible patients who are not vaccinated within 72 hours or do not receive NHIG within 144 hours (6 days) of first exposure, should be isolated while they remain in hospital until 18 days after the last exposure to the infectious case.
 - Susceptible staff who are not vaccinated within 72 hours or receive NHIG within 144 hours (6 days) of first exposure should be excluded from the facility or redeployed to duties not requiring direct patient care (for 18 days after the last exposure to the infectious case)
- Carrying out active surveillance for measles, where practical, among exposed inpatients, inpatients discharged before the diagnosis of the first case, staff, students, volunteers and visitors.
- Investigating staff members presenting with prodromal symptoms and ensuring that any infected person stays away from work until 4 days have elapsed after the onset of the rash (or until a measles diagnosis is excluded).
- Reviewing staff health records to ensure that all have documented immunity in line with current recommendations.