

	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective From	October 2022
	MEASLES AIDE MEMOIRE	Review Date	October 2024
		Version	7
The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Measles Aide Memoire

Consult Guidance and isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Ideally room should have negative pressure ventilation
- ✓ If patient is immunocompromised discuss placement with medical team and IPCT.
- ✓ **Care Checklist** completed daily

**Patient
Assessed
Daily**

No

It has been 4 days since the onset of rash

Yes

- ✓ Stop isolation
- ✓ Undertake terminal clean of room

Guidance - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: Staff must wear:

A disposable yellow apron, gloves and an FFP3 mask for direct care, including aerosol generating procedures.

Where there is a risk of splashing of blood/body fluids to the face, eye protection should be considered and worn during AGPs.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 7 – 18 days

Period of Communicability: 5 days before, until 4 days after the onset of the rash

Notifiable Disease: Yes

Transmission Route: direct, indirect, droplet, airborne

Visiting: Clinical staff should explain the risk of Measles exposure to visitors. Only those visitors with previous exposure to the patient while infectious, should be allowed to visit as long as they are not infectious. Close contacts of the patient who are not immune should be advised against visiting. Contact the IPCT for advice.

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