Measles (Rubeola) Hospital Infection Control Protocol

Measles is a highly contagious **airborne** disease.
Strict infection control measures are required to protect patients, staff, and visitors.

1. RESPIRATORY PROTECTION (MOST IMPORTANT)

- Wear a **FIT-TESTED N95 RESPIRATOR** or a **PAPR (Powered Air-Purifying Respirator)** **before** entering the patient's room.
- Put on the mask **BEFORE** entering the room and remove it **ONLY AFTER** leaving the room.
- **Standard surgical masks are NOT sufficient.**

AIRBORNE:
Virus can remain suspended in the air for up to **2 HOURS.**

2. OTHER PPE (BASED ON POINT OF CARE RISK ASSESSMENT)

GLOVES

- Use disposable gloves if contact with body fluids, blood, or non-intact skin is possible.

GOWN

- Wear a fluid-resistant **gown** if there is a risk of soiling or splashes to clothing.

EYE & FACE PROTECTION

- Wear **goggles** or a face shield during close contact or procedures likely to generate respiratory splashes/aerosols.

ADDITIONAL URGENT PROTOCOLS FOR HOSPITALS AND CLINICS

PATIENT PLACEMENT (ISOLATION)

- Place immediately in an **Airborne Infection Isolation Room (AIIR)** with negative pressure.
- If AIIR is not available, place in a private room with the **door closed.**

MASKING THE PATIENT

- Patients aged 2 years or older should wear a **standard surgical mask** during transport or if they must leave the isolation room.

VACANT ROOM PROTOCOL

- After a measles patient leaves the room, keep it **vacant for at least 2 HOURS** to allow the airborne virus to clear.

STAFF ASSIGNMENT

- Only healthcare workers with documented **immunity** (vaccination or positive blood test) should care for measles patients.

HAND HYGIENE

- Always perform hand hygiene before and after patient contact. Wash with soap and water if visibly soiled.

NOTE FOR NURSES: Knowing and strictly following these protocols while working in the Emergency Department is absolutely vital for your own safety and the safety of everyone else in the hospital.