

## Clinical Office Checklist for Measles

### *Infection Prevention and Control information for health professionals to prepare the clinical office for a patient with suspected measles.*

Report all suspected measles cases to the Windsor-Essex Health Unit immediately using the *Measles Health Care Provider Investigation & Reporting Form* available on the WECHU website ([www.wechu.org/forms](http://www.wechu.org/forms)). Do not wait to receive lab results back.

#### Preparation Checklist

- Immunity:** Check the status of vaccination among your staff. All healthcare workers should have documented immunity to measles. Only staff immune to measles should provide care.
- Screening:** Screen patients over the phone for signs/symptoms of measles at the time of booking an appointment. Make efforts to arrange appointments for symptomatic patients at the end of the day when there are no other patients present.
- Masking:** Ensure you have **N95 masks** available for staff and that your staff has been fit-tested. All health care providers regardless of presumptive immunity to measles are to wear a fit-tested, seal-checked N95 mask when providing care to clients with suspect or confirmed measles.
- PPE:** Establish an area to don and doff PPE away from other patients and staff. To avoid contamination with clean PPE, place clean PPE at a distance of 6 feet away from the doffing area.
- Testing:** Ensure your office has testing specimen containers, supplies, and requisitions for testing all 3 measles tests: *Nasopharyngeal Swab/Throat Swab, Urine and Serology*. Check expiry dates of specimen kits. Additional kits can be ordered from [Public Health Ontario Lab](http://Public Health Ontario Lab). For each laboratory requisition, clearly mark “suspect case of measles”.
- Cleaning:** Ensure you have a low-level (hospital grade) disinfectant to clean the office space, exam rooms, and shared medical equipment.

#### Steps for Patients Visiting the Clinical Office

1. Quickly triage patients out of common waiting areas and move symptomatic patients to an exam room. **Isolate suspected or confirmed cases of measles immediately into a single room with the closed door.** Provide a medical mask for the patient to wear at all times.
2. If possible, have the symptomatic patient enter and exit through a separate entrance and enter and exit the exam room directly.
3. Clinicians should consider measles in patients presenting with non-specific signs and symptoms (fever, cough, runny nose, and conjunctivitis), especially if they are unvaccinated, partially-vaccinated, or immunocompromised and there is a potential exposure risk, including recent travel. For more information on **clinical presentation, testing and diagnosis, and immunization eligibility**, refer to Public Health Ontario’s document, [Measles: Information for Health Care Providers](#).
4. If you are referring a patient for diagnostic testing, the receiving facility (e.g., lab or hospital emergency department) **must be notified before arrival of the patient**, to allow for proper IPAC measures.
5. Clean the exam room after the patient has left the office and avoid placing the next patient in the exam room for 2 hours.

#### For Patients or Staff Inquiring about Immune Status

If a patient’s immunization records are unavailable, immunization with measles-containing vaccine is preferable to ordering serological testing to determine immune status.