



7 Actions to identify: Are you measles prepared?

Infection, Prevention and Control

February 2024







1 - Vaccination status of staff

Ensure:

- You have documented record of all staff Measles, Mumps, and Rubella status of all staff within your organisation (not just clinical staff)
- Full immunity to measles is classified as:
 - 1. Two documented doses of MMR vaccine OR
 - 2. Positive antibody test

There is currently an Evergreen offer enabling staff to access MMR vaccine via their GP surgery

- Please be aware that healthcare workers who are exposed to a confirmed or suspected case
 of measles and do not have satisfactory evidence of protection (2 documented doses of
 measles containing vaccine or measles IgG positive) should be excluded from work from the
 5th day after their first exposure to 21 days after the final exposure
- Advise staff to also think of their households MMR status



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2 - Robust Triage

Ensure all staff who undertake a reception and triage role are:

1 Trained to recognise signs and symptoms of measles

Trained and fully aware of questions that need to be asked when talking to patients who are requesting appointments especially those who report Fever, Coryza or cough, conjunctivitis and rash (some symptoms are experienced prior to the rash appearing

Aware of the processes to follow when presented with a suspected case and/or suspected/confirmed contact

Make Every Contact Count

Please ensure patients
visiting your practice
have their immunisation
status checked and
advised/offered how to
access MMR if
appropriate





3 - Isolation - Patient Placement

If following telephone triage, the patient is advised to attend your primary care setting or the patient presents to the surgery that an identified isolation has been identified

If possible, a separate entry area identified

Consulting room is uncluttered with a window can be used (if possible) as this allows for minimal transmission within your practice and for the area to be ventilated

Once the consultation has been completed decontaminate all surfaces and dispose of all waste appropriately

Please note: If your practice has air conditioning and the air is re-circulated you should also turn this off during the visit, again to reduce risk





4 – Be PPE Prepared:

PPE required for confirmed or suspected cases is airborne transmission-based precautions:

- FFP3 mask or respirator, that the individual has been fitted for
- Apron
- Gloves
- Eye protection

Ensure:

- Staff are trained in correct donning and doffing procedures
- Staff are up to date with FFPS and respirator training and requirements

PPE is still available via the PPE portal until 31st March 2024

Companies who offer FFPS and Respirator Training

Fit2Fit RPE Fit Test Providers Accreditation Scheme

Fit Testing in the UK - RPA for all your Fit Testing needs. (face-fit.co.uk)

https://nhssomerset.nhs.uk/for-clinicians/infection-control/measles/



Quick guide - gown version

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs). Airborne Precautions

This is undertaken outside the patient's room.

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Perform hand hygiene before putting on PPE



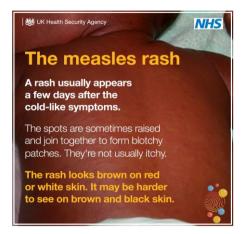


















5 - Risk Assess your Organisation

Undertake a local risk assessment to support you in identifying areas that require actions.

Follow the NHSE guide for completing a local risk assessment:

PRN01102-appendix-1.docx (live.com)





6 – Infection Prevention and Management

Ensure:

- Isolate anyone presenting with a rash and fever as outlined above
- All staff who may in any way be exposed to a suspected or confirmed case of measles should be fully immunised.
- Every employee should have evidence of receiving 2 doses of MMR or have a positive antibody test for measles
- Ensure patient screening and testing protocols are in place
- IP&C standard precautions must be always applied by all staff. Transmission based Precautions (TBPs) are required when managing a suspected or confirmed measles case
- Airborne transmission-based precautions are required
- PPE required for confirmed or suspected cases is:
 - o FFP3 mask or respirator, that the individual has been fitted for
 - Apron
 - Gloves
 - Eye protection
- fit testing should be completed for staff who may be required to assess or care for suspected or confirmed cases
- Please ensure all staff are aware of Chapters 1 and 2 of the National Infection Prevention Control Manual as they should all follow the principle regarding Standard Infection control precautions and transmission-based precautions
- Please ensure all staff undertaking any procedure should assess any likely exposure

If Referral to Secondary Care is required:

• Should a patient require transferring to Hospital or ED, please inform the Ambulance service and admitting area (if using them to transfer patient) the patient is being taken to, to ensure the appropriate actions and isolation facilities are available when the patient arrives







7 - Suspect Measles

Please call your local health protection team urgently so they can undertake a prompt risk assessment of contacts, to identify vulnerable contacts.

UKHSA Southwest Health Protection Team 0300 303 8162

Complete notification form and send to phe.swhpt@nhs.net







Resources

- National Manual for Infection Prevention and Control
- Practical steps towards completing a local risk assessment in healthcare settings
- Guidance for risk assessment and IPC measures for measles in healthcare settings
- UKHSA National Measles guidelines
- How to report Notifiable disease and causative organisms
- Notifiable diseases: form for registered medical practitioners
- Information on measles for health professionals Think Measles!
- Measles: how infectious is it compared to other illnesses?
- The Green Book Measles