

CUH Measles Pathway Guideline

Reference Number: (NEW)	Revision No: 1	Review Cycle:
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1 Purpose: To be able to have a standard process to manage Measles suspect cases and mitigate the risks of transmission

2 Scope: This guideline applies to areas who may receive a patient who is a suspect Measles case. Principles of this guideline are to be applied in other settings where entry of suspect cases can occur.

3 Legislation/Related Policies

HSE AMRIC (2024) Infection prevention and control (IPC) precautions for measles in healthcare settings 01.05.2024 V.1 chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.hpsc.ie/a-z/vaccinepreventable/measles/guidance/IPCMeaslesHealthcareSettings.pdf

4 Glossary of Terms and Definitions

5 Roles and Responsibilities

5.1 Responsibility for complying with the policy

All relevant healthcare workers involved in patient placement and bed allocation will need to be able to apply this process and understand their role within it. Line managers are responsible for ensuring healthcare workers comply with this guideline.

5.2 Responsibility for ensuring compliance with the policy

Infection prevention control team to monitor effectiveness of guideline and escalate to relevant departments where improvements need to be made.

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6 Procedure

CUH MEASLES ED STREAMING PATHWAY

For all patients adult and children

Any fever in the last 12 hours?

Cough

Cold like symptoms (sneezing/ runny nose)

Conjunctivitis (red, sore, weeping eyes)

+/- Rash

No

Normal
Triage

YES

Any Contact with a
Suspected or confirmed
case of Measles in the
last 28 days?

YES



Ask patient to put on
FFP3 mask and wait,
inform Triage nurse for
immediate assessment of
suspected Measles
patient

No

Any recent foreign
travel?

YES



Ask patient to put on
FFP3 mask and wait,
inform Triage nurse
for immediate
assessment of
suspected Measles
patient

No

Age 5+: Have you had 2
x MMR Vaccine?

Age <5: Have you had 1
x MMR Vaccine?

No



Ask patient to put on
FFP3 mask and wait,
inform Triage nurse
for immediate
assessment of
suspected Measles
patient

YES

Normal Triage, **but** if
they seem unwell or
you have concerns
speak to the Triage
Nurse first

If patient requires isolation, the triage nurse will get the personal
details of the patient for you to get the patient checked in with Admin

If not suspecting Measles consider if patient requires Covid pathway

TRIAGE NURSE MEASLES SCREENING TOOL

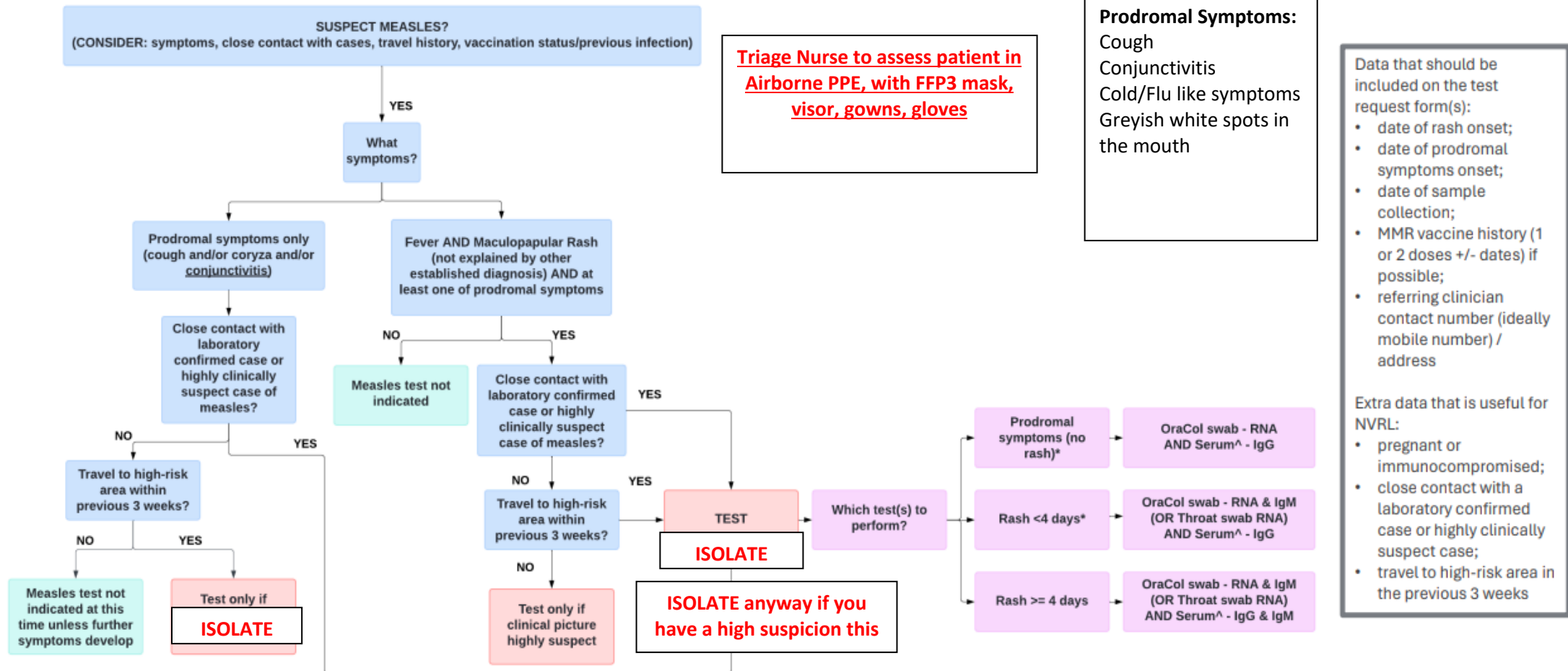
Adapted from the HPSC (2024) Guidance: <https://www.hpsc.ie/a-z/vaccinepreventable/measles/guidance/Measles%20algorithm%2011032024.pdf>

Measles: Indications for testing and which tests to use (Version 1.2)

For use when community transmission is low [document correct as of 11/03/2023]

NB If testing for measles, report immediately to Regional Department of Public Health (contact details [here](#)) & advise patient to isolate until results available

This should be read in conjunction with *Laboratory Investigation of Measles Infection in NVRL* (available on [HPSC website](#))



NOTES:

- This flowchart is accurate as of 11/03/2024 – should the epidemiological situation in Ireland change, this flowchart will need to be updated.
- **NB Conjunctivitis is often the dominant symptom of the prodrome**
- For high-risk areas see latest WHO updates: [Europe](#) and [Global](#)

* An OraCol swab taken during the prodromal phase (or early in the infection) that is RNA negative may have to be repeated if there is still a strong clinical suspicion of measles.

[^] Recognising that phlebotomy may not be feasible on younger patients or if it is not possible to safely bring a patient into the practice due to IPC limitations.

MEASLES CUH ED PATHWAY

Triage Nurse	Nurse in Charge / CNM3 / ADON	ED Consultant / Registrar
Triage Patient	Allocate Isolation Space / Escalate for Rapid Assessment by ED Consultant / Reg	Rapidly Assess
<p>Don PPE as per Point of care risk assessment including FFP2/ FFP3 Mask and eye protection</p> <p>Assess patient using Measles Screening Tool.</p> <p>If Measles suspected:</p> <ul style="list-style-type: none"> ➤ Give patient details to HCA to check-in patient ➤ Doff PPE ➤ Contact Nurse in Charge of ED on (086) 181 2227 to arrange isolation space/room. ➤ Triage as normal but change category to CAT 2 and note 'Suspected Measles' ➤ Transfer patient via 'Covid / Isolation' entrance (not Ambulance Entrance) to Decontamination or Quiet Room as arranged. 	<p>Use Isolation Rooms in below order:</p> <ol style="list-style-type: none"> 1. Decontamination Room 2. Quiet Room (with designated commode) <ul style="list-style-type: none"> • Liaise with ED Consultant / Reg for expedited assessment. • Contact Infection Control in-hours • (Out of hours Microbiology Consultant on call– if pt is for admission) • Identify Staff Nurse responsible for patient care. <p>Keep Strict record of:</p> <ol style="list-style-type: none"> 1. Patient contacts: face to face contact or same room/area for 15 min. In case of minors, include parents if not vaccinated. 2. Any location changes of the suspect case. 3. Staff contacts <ul style="list-style-type: none"> ➤ Test for Measles RNA using Oracol salivary swab (stored in Resus & Paeds DDA press) or red topped viral/UTM swab. ➤ Send swab to the microbiology lab and inform microbiology lab staff the swab is being sent. ➤ Send serum sample for Measles IgM/IgG as per algorithm <p>Room downtime of 2 hours required prior to terminal clean (cleaning & disinfect 1,000ppm hypochlorite)</p>	<p>Assess Patient in required PPE including FFP2 & eye protection</p> <p>If patient is for admission:</p> <ul style="list-style-type: none"> ➤ Inform Nurse in charge ➤ Inform Bed Management ➤ Contact Micro Consultant on call in and out of hours through switch <p>Inform Public Health if suspected case Phone number: 021 4927601</p> <p>Ensure test for Measles RNA is sent (Oracol swabs stored in Resus & Paeds DDA press or red topped viral/UTM swab) & serum for measles IgM/IgG.</p> <p>If for admission</p> <ul style="list-style-type: none"> • Paediatric patients to go to Puffin ward, Room 2. • Adult patient to go to Galaxy unit (GC) 1 space allocated. • Patient to wear surgical mask when transferring between wards/rooms. • Elevator/ Lift downtime approx. 30 min.

**** Only health workers known to be immune to Measles should provide care for patients with known or suspect Measles ****

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7 Implementation Plan

Documents will be initially implemented in ED through local communication and education

8 Revision and Audit

2 yearly or as required in line with National guidance

9 References/Bibliography

HSE AMRIC (2024) Infection prevention and control (IPC) precautions for measles in healthcare settings 01.05.2024 v1chrome-extension://efaidnbmnnnibpcajpcgicfindmkaj/<https://www.hpsc.ie/a-z/vaccinepreventable/measles/guidance/IPCMeaslesHealthcareSettings.pdf>