

# Examples of Measles Policies & Procedures that Some Companies Have Developed

## Example #4

### United States-based Acute Hospitals, Long-term Care Facilities, Hospital-based Facilities and Post-acute Service Providers

***Note: These are ancillary precautions that supplement a healthcare organization's Infection Prevention Bioterrorism Readiness Guidelines and Emergency Management Plan***

#### Prevention

In general, this organization follows the CDC guidelines for Measles Vaccination of Healthcare personnel:

"Healthcare personnel should have documented [evidence of immunity](http://www.cdc.gov/measles/hcp/index.html#immunity) (<http://www.cdc.gov/measles/hcp/index.html#immunity>) against measles, according to the [recommendations of the Advisory Committee on Immunization Practices](#)[48 pages]. Healthcare personnel without evidence of immunity should get two doses of MMR vaccine, separated by at least 28 days.

For more information, see [measles vaccination recommendations](#)."

For researchers in this organization's labs – Required vaccines are dependent on the type of animal and/or organism to which they will be exposed - also which building they will work within. For example, if they just have mice or fish in the building, there is no real requirement for vaccinations. However if they work with non-human primates (NHP), they must have positive measles-specific IgG antibody (history of vaccination is not accepted).

Rules and governmental regulations are followed based on various certification bodies for different parts of the organization, e.g. ALLACC and JCAHO for hospitals - all of their material is listed on their website [www.ehs.pitt.edu](http://www.ehs.pitt.edu) .

#### Infectious Disease Exposures

In the event that staff members, are exposed to an infectious disease as defined by the (CDC), the necessary testing and/or follow up and treatment may be provided by Employee Health Services in accordance with federal regulations and CDC recommendations. The designated Infection Control Division will provide input, direction, and support on Infectious Disease related issues.

1. When an infectious disease exposure is suspected, staff should notify Infection Control and/or Employee Health Services. In the event that a staff member is exposed/contracts an infectious disease outside of the work environment, it is the staff member's responsibility to notify the supervisor or department head, who should then notify Infection Control and/or Employee Health for consultation.
2. Infection Control will investigate the exposure and indicate to Employee Health Services which staff members, if necessary, require post-exposure testing, treatment, follow up, and/or return to work clearance
3. Employee Health Services will facilitate staff members receiving appropriate treatment and follow up. Infection Control and/or Employee Health Services will also notify the department head of any additional requirements or accommodations needed for the exposed staff.

4. Clearance to return to work, after a staff member is diagnosed with an infectious disease, must be obtained from Employee Health Services, or in the case of an infection which occurs outside of work, from the staff member's PCP. In cases where clearance is provided by a PCP, review and approval by either Infection Control or Employee Health Services may be required.

5. Department heads should notify Infection Control or Employee Health if a staff member returns to work after an infectious disease exposure or treatment without an appropriate clearance.

6. For purposes of this section, exposure to, and/or diagnosis of any of the following below listed Infectious Disease examples, must be reviewed and/or evaluated by Infection Control:

Chickenpox / Shingles	Lice	Influenza
Bacterial Conjunctivitis	Measles	Tuberculosis
Vancomycin Resistant	Meningitis	Infectious Diarrhea
Enterococcus	Mumps	Staph Aureus (i.e.
Group A Streptococcus	Rubella	MRSA)
Hepatitis A, B, or C	Pertussis	Smallpox
Herpes Simplex	Scabies	
Clostridium Difficile		

## **TRANSMISSION BASED PRECAUTIONS**

### **1. SCOPE**

Transmission-based Precautions are used for patients known or suspected to be infected or colonized with epidemiologically important pathogens spread by or droplet transmission, or by direct contact with patients or surfaces potentially contaminated by the patient. Transmission-based Precautions are to be strictly adhered to within the hospital. Modifications of Transmission-based Precautions cannot be made without the consent of the Medical Director of Infection Control and/or Hospital Infection Committee Chairperson of that facility.

### **2. DEFINITION**

Transmission-based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in Health Care Facilities.

Transmission-based Precautions include:

1. Airborne Precautions
2. Droplet Precautions
3. Contact Precautions

Or a combination of the above may be used:

Airborne/Contact Precautions

Droplet/Contact Precautions

### **3. PROCEDURE**

It is the responsibility of the healthcare provider to implement isolation for patients under his or her care. When a physician or nurse is in doubt regarding the need and type of isolation or precaution, they should consult the Infection Prevention Policies online, with additional questions directed to the Infection Prevention Department at their hospital.

The Medical Director of Infection Prevention, Infection Committee Chairperson, or designee may initiate isolation or special precautions as deemed necessary.

### **4. TYPES OF TRANSMISSION BASED PRECAUTIONS**

## **AIRBORNE PRECAUTIONS**

In addition to Standard Precautions, Airborne Precautions are used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-residue [5 microns or smaller in size] (e.g. Tuberculosis (TB) or Measles (Rubeola).

Non-immune HCWs should not care for patients with vaccine preventable airborne diseases (if immune caregivers are available.) All HCW's entering room should wear a NIOSH approved N95 respirator or Powered Air Purifying Respirator (PAPR).

### **Patient Placement**

Place the patient in a private room that has:

- Monitored negative air pressure in relation to the surrounding areas.
- Six to twelve air changes per hour.
- Appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas in the hospital.
- Keep doors closed and the patient in the room.
- When a private room is not available the patient will be placed in a room with a patient(s) who has been infected with the same microorganism, but with no other communicable infection (cohorting)

### **Respiratory Protection**

Wear approved respiratory protection a NIOSH approved N95 respirator or Powered Air Purifying Respirator (PAPR) when entering the room.

### **Patient Transport (See Attachment X)**

Limit the movement and transport of the patient from the room for essential purposes only. If transport or movement is necessary place a mask (regular/procedure/surgical) on the patient (do not use the N95 respirator for the patient). For patients with skin lesions associated with *varicella* (chickenpox), smallpox or draining skin lesions caused by *M. tuberculosis*, cover the patient to prevent aerosolization or contact with the infectious agent present in skin lesions. The receiving areas must be informed about the patient's isolation status. No PPE is worn by the HCW during transportation unless special circumstances/conditions warrant additional procedures.