

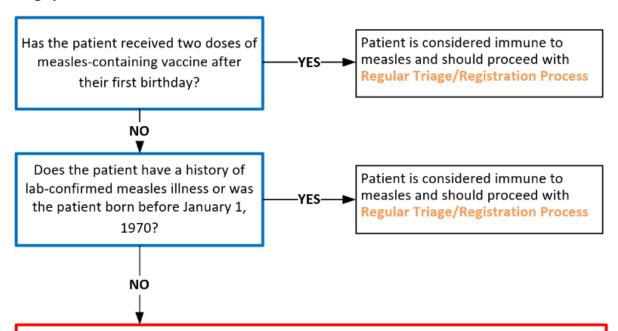
## **Emergency Department Initial MEASLES Screening**

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## Pre-Triage/Triage Nurse ask the patient if they have experienced the following:

- 1. High Fever (≥ 38.3°), **AND**
- 2. Cough, or runny nose, or red, watery eyes.
- 3. **Followed by:** Red blotchy rash that begins on the head and spreads down to the trunk, arms, and legs. Measles rash onset occurs 3-7 days after symptom onset.

If "yes" to 1 and 2 (as rash may or may not be present at initial presentation), nurse to ask the following questions:



- Patient to don medical mask immediately.
- Remove patient from waiting room.
- Place patient in private room with door closed (if not available, may be appropriate to ask patient to wait outside until able to find an appropriate space if clinically stable to do so)
- Staff to don fit tested N95 respirator, eye protection, gown and gloves
- Patient to be placed on Airborne, Droplet and Contact Precautions
- Triage nurse to notify Emergency Room Provider

For next steps please refer to the "See, Think, Do-Approach" and follow your site specific process.

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Partners Reviewed	Emergency Department		
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Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations where we live, learn, collaborate, and work together.