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) 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 va
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

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

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.
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