

**Infection Prevention and Control Care Checklist – Measles**

This Care checklist should be used with patients who are suspected of or are known to have Measles, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked ✓ if in place or X if not, the checklist should be then initialled after completion, daily.

<b>Patient Name:</b>
<b>CHI:</b>

**Date Isolation commenced:** .....

		Date:						
	<b>Patient Placement/ Assessment of Risk</b>	<b>Daily check (✓/x)</b>						
Patient Placement /Assessment of risk	Patient isolated in a single room with <i>en suite</i> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed daily. Isolation required until 4 days after the onset of the rash. (Rash onset day is counted as Day Zero)							
	Place yellow isolation sign on the door to the isolation room							
	Door to isolation room is closed. If for any reason this is not appropriate then an IPCT risk assessment is completed (Appendix 1) See over the page).							
Standard Infection Control & Transmission Based Precautions	<b>Hand Hygiene (HH)</b>							
	All staff must use correct 6 step technique for hand hygiene at 5 key moments							
	HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)							
	<b>Personal Protective Clothing ( PPE)</b>							
	Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. <b>HH must follow removal of PPE.</b>							
	Staff should risk assess the need for face protection i.e. goggles/visor where they feel there is a risk of body fluid splashing onto the face.							
	Staff are wearing fit tested FFP3 masks for all direct care including aerosol generating procedures (AGPs). (See Table 1 below for list of AGPs) When worn the mask must not be removed until the HCW has left the room, discarded into the nearest clinical waste bin and hand hygiene undertaken.							
	Visitors participating in patient care should be offered appropriate PPE.							
	<b>Safe Management of Care Equipment</b>							
	Single-use items are used where possible or equipment is dedicated to patient while in isolation.							
	There are no non-essential items in room e.g. Excessive patient belongings							
	<b>Twice daily</b> decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent.							
	<b>Safe Management of Care Environment</b>							
	<b>Twice daily</b> clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent. A terminal clean will be arranged on day of discharge/ end of isolation.							
	<b>Laundry and Clinical/Healthcare waste</b>							
All laundry is placed in a water soluble bag, then into a clear plastic bag (brown bag in mental health areas), tied then into a hamper style laundry bag								
Clean linen must not be stored in the isolation room.								
All waste generated in the isolation room should be disposed of as clinical healthcare waste								
<b>Information for patients and their carers</b>								
The patient has been given information on their infection/ isolation and provided with a patient fact sheet if available								
If taking soiled clothing home, carers have been issued with a Washing Clothes at Home Patient Information Leaflet. (NB. Personal laundry into a water soluble bag, then a patient clothing bag before being given to carer to take home)								
<b>HCW Daily Initial :</b>								

**Date Isolation ceased/ Terminal Clean Requested:** ..... **Signature:** ..... **Date:** .....

**Table 1**

<p>List of AGPs</p> <ul style="list-style-type: none"> <li>• Intubation, extubation and related procedures e.g. Manual Ventilation</li> <li>• Tracheostomy/tracheotomy procedures</li> <li>• Bronchoscopy</li> <li>• Surgery and post mortem procedures in which high speed devices are used to open respiratory tract</li> <li>• Dental procedures</li> <li>• Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)</li> <li>• Hi-frequency oscillatory ventilation</li> <li>• Induction of sputum</li> </ul>
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**Appendix 1: Infection Prevention and Control Risk Assessment**  
 (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:  
 Patient Name and DOB/CHI:



**Daily Assessment / Review Required**

		C O M M E N T S	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<b>Daily Assessment Performed by</b>	<i>Initials</i>								
<b>Known or suspected Infection</b> e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis.	<i>Please state</i>								
<b>Infection Control Risk</b> , e.g. unable to isolate, unable to close door of isolation room.	<i>Please state</i>								
<b>Reason unable to isolate</b> / close door to isolation room, e.g. falls risk, observation required, clinical condition.	<i>Please state</i>								
<b>Additional Precautions</b> put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <i>Please state</i>									
<b>Infection Prevention and Control have been informed</b> of patient's admission and are aware of inability to adhere to IPC Policy?	<i>Yes / No</i>								
<b>Summary Detail of Resolution</b>									

**Daily risk assessments are no longer required**

**Signed** \_\_\_\_\_  
**Date** \_\_\_\_\_