

Get ready for Measles

ACCHS Clinic Checklist



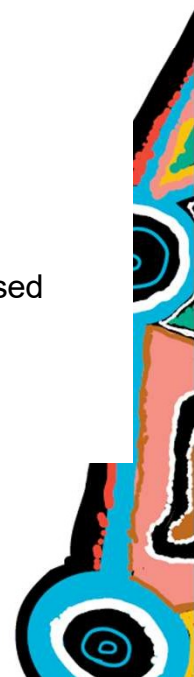
**Aboriginal
Health Council**
of Western Australia



Prepare for Measles

- ☐ Ensure clinic has procedures in place to manage patients presenting with infectious diseases
- ☐ Ensure staff are current for MMR vaccination (for those born after 1965, this means two documented MMR doses, or documented serology)
- ☐ Provide catch-up MMR vaccination for patients born between 1966 and 1994, where there is no documentation of two doses of MMR or serology
- ☐ Include up-to-date MMR vaccination in travel advice
- ☐ In outbreaks, consider signage at clinic entrance notifying symptomatic patients to not enter clinic, and to notify staff
- ☐ Update all staff on the signs and symptoms of measles to ensure early triage, isolation and assessment
- ☐ Maintain supplies of PPE and ensure staff know how to 'don and doff'
- ☐ Ensure appropriate stock of MMR vaccine - order more via VaccineOrders if extra vaccines are needed
- ☐ Identify your higher risk and vulnerable patient groups, including pregnant women; infants too young to be immunised; immunocompromised
- ☐ Stay up-to-date with WA Health exposure locations: <https://www.health.wa.gov.au/news/2025/metropolitan-perth-measles-alert-20-march>
- ☐ Contact your local public health unit for any public health advice

Remember: **MMR catch-up vaccination is free** in Western Australia for those born after 1965.
People need **two doses of MMR** to be fully protected.



Alert: Measles?

Do you have: **Fever? Red eyes?
Rash? Runny nose? Cough?**

Have you:

- been in contact with someone with measles?
- travelled overseas?

You could have measles

Measles spreads very easily.

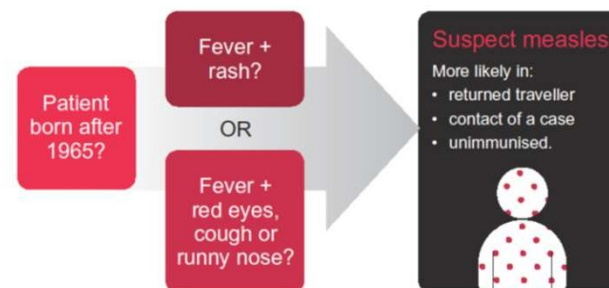
If possible send someone in to get a mask before you enter.

Then enter waiting area wearing a mask and tell triage nurse if you think you could have measles.



Could this patient have measles?

Measles triage for Emergency Departments and GPs



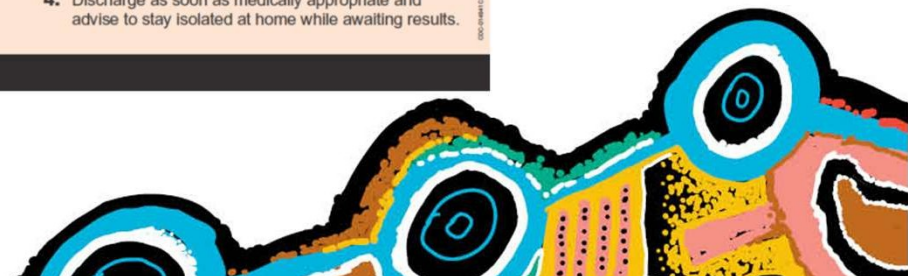
Triage/Reception

1. Give the patient a **surgical mask** to wear.
2. Isolate in a single room – preferably negative pressure, or any available space with a closed door.

Actions

1. Immediately phone your local public health unit for any **suspected case** (business hours). After hours and weekends, please phone 1800 434 122.
2. If in a hospital, notify the Infection Control Team.
3. Collect:
 - a. Throat swab for PCR, AND
 - b. Urine for PCR, AND
 - c. Blood *if possible*, for serology.Mark request as urgent and immediately send to PathWest at QEII.
4. Discharge as soon as medically appropriate and advise to stay isolated at home while awaiting results.

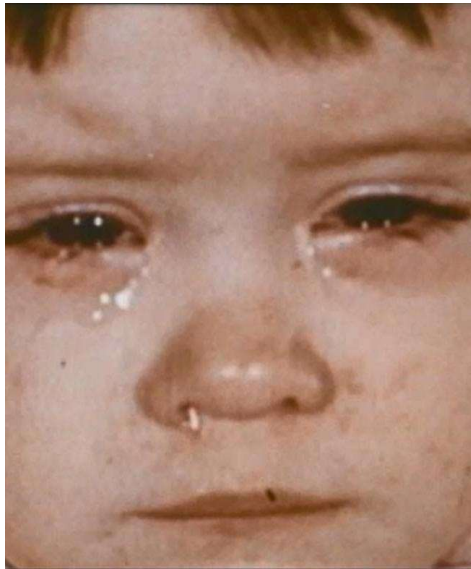
Design and text adapted from a Victorian Department of Health and Human Services fact sheet.



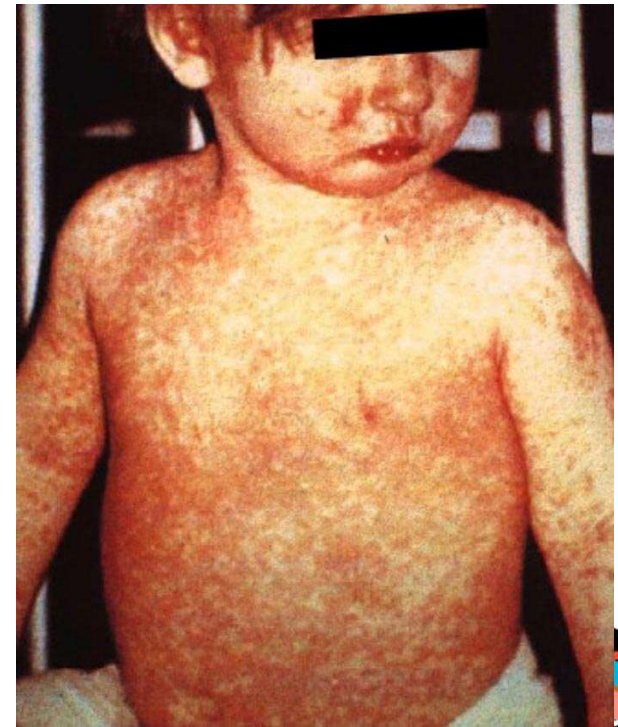
Measles: Signs and Symptoms

Initial symptoms:

- Fever
- Malaise (tiredness, weakness)
- Dry cough
- Runny nose
- Sore, red eyes



Followed by: whole-of-body red blotchy rash (not itchy), beginning on the face and then spreading over trunk, arms and legs





Get vaccinated against measles

The measles vaccine is the best way to protect yourself and your family from measles, and stop measles in its tracks.
The vaccine is free for:

- kids—at 12 and 18 months old
- adults—born after 1965 who haven't had two measles vaccinations

If you were born after 1965—ask the clinic
if you need a measles vaccine.

**STOP
MEASLES**



**Aboriginal
Health Council
of Western Australia**



**Aboriginal
Health Council
of Western Australia**

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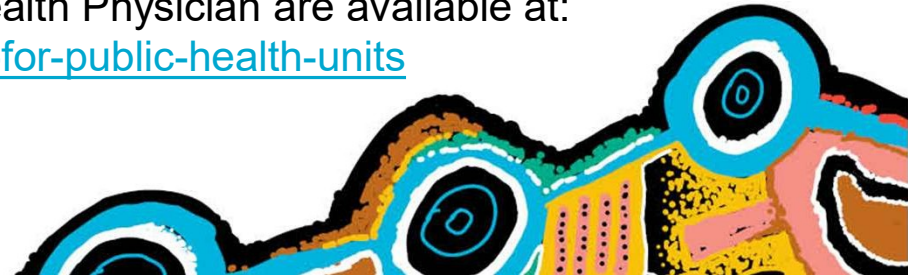


Respond to Measles

- ☐ If measles is suspected - give the patient a surgical mask to wear and isolate in a single consult room (close door)
- ☐ Clinician assessing patient must be immune to measles and use airborne, in addition to standard, precautions (including P2/N95 mask; eye protection)
- ☐ Collect: throat swab for PCR AND 1st catch urine for PCR AND Blood (if possible) for serology - mark request as urgent and send to PathWest lab
- ☐ Notify suspected case immediately to your local public health unit, or Department of Health after hours, by telephone (don't wait for results)
- ☐ Leave any rooms visited by the patient vacant for at least 30 minutes. If access is required, a P2/N95 mask must be worn
- ☐ Clean any surfaces the patient may have touched, coughed or sneezed on
- ☐ Dispose of any items potentially contaminated with respiratory secretions into clinical waste
- ☐ As guided by public health, create a contact list of patients and staff exposed to the infectious patient. This may include anyone who shared the same enclosed airspace as a case (for example, those in the waiting room)

Contact details for public health units, and the after hours Public Health Physician are available at:

https://www.health.wa.gov.au/Articles/A_E/Contact-details-for-public-health-units





VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff Airborne precautions in addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on a particulate filter respirator (e.g. P2/N95) and perform a fit check
- 3 Put on protective eyewear
- 4 Perform hand hygiene

What else can you do to stop the spread of infections?

- Consider patient placement
- Use a negative pressure room, where available
- Keep door closed at all times
- Minimise patient movement.

At doorway prior to leaving room/care zone

- 1 Perform hand hygiene
- 2 Leave the room/care zone
- 3 Perform hand hygiene (in the anteroom/outside the room/care zone)
- 4 Remove protective eyewear (in the anteroom/outside the room/care zone)
- 5 Perform hand hygiene (in the anteroom/outside the room/care zone)
- 6 Remove and dispose of particulate filter respirator (in an anteroom/outside the room/care zone)
- 7 Perform hand hygiene

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Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)*
- Use respiratory hygiene and cough etiquette

- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment

- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

*When used as part of standard precautions, PPE protects against probable exposure to blood and body substances. When used as part of transmission-based precautions, PPE serves as a barrier to specific means of transmission of infectious agents.

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Government of Western Australia
Department of Health

Standard precautions

Standard precautions must always be used when caring for all patients, regardless of their infection status



Perform hand hygiene



Use personal protective equipment (PPE)*



Use respiratory hygiene and cough etiquette



Use aseptic technique



Use and dispose of sharps safely



Clean and reprocess reusable patient equipment



Perform routine environmental cleaning



Handle and store waste safely



Handle and store linen safely

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