



PCH Emergency Department Rash Management Guideline

Close contact with a confirmed case:

- Measles past 18 days
- Varicella/Shingles past 21 days
- Tuberculosis (Pulmonary) not treated
- Viral haemorrhagic fever (i.e. Ebola, Lassa fever)

OR

Suspected case of ANY of the above referred by GP

IMPLEMENT IMMEDICATE AIRBORNE ISOLATION PRECAUTIONS from Triage

Apply Particulate Filter Respirator (PFR) on patient **immediately** while waiting.

Escort patient to Negative Pressure isolation room (A5 or A6) and close doors.

NOTE: Isolation of measles in negative pressure room is a priority over varicella.

All staff / visitors wear full PPE when entering room (Note: Restrict visitor movements)

- o Gown
- Gloves
- o N95 mask
- Protective Eyewear
- Perform 5 moments Hand Hygiene
 Patients must wear a PFR when leaving room for procedures (if tolerated/age appropriate).

Note: Only staff who are immune to Measles and Varicella should care for patients.



Determine if any of the following apply.

Suspicious Rash - Does the rash look like this?

MEASLES



Blanching maculopapular rash starts behind ears or on face. Spreads to trunk then limbs. Some areas may be confluent. Koplik spots (small white vesicles on buccal mucosa) may be present

- Fever
- Lethargy malaise
- Conjunctiva involvement
- Cough

VARICELLA



Crops of small itchy papules, some vesicular (blisters) that rupture to form crusts common to scalp, face, mouth, trunk and conjunctiva, but may occur anywhere on the body.

1. Immunisation Status

- Measles determine MMR status
 How many doses?
 Administered in which country?
 If <2 doses given and/or administered overseas
 ISOLATE
- Varicella irrespective ISOLATE
- 2. Recent travel overseas

If within last 3 weeks - ISOLATE

3. Recent contact with family from overseas with symptoms of rash and fever

See incubation periods – **ISOLATE**

4. Recent close contact with confirmed cases See incubation periods – ISOLATE

Discharge from ED (still infectious) or transfers to the wards.

Discharge Home: Patient to exit via the Ambulance bay

Transfer to Wards: Patient to exit via Triage support corridor to the Blue Lifts.

- o Patient and family members must wear PFR during exit or transfer
- o If returning to ED for review, provide patient and family with spare PFR's and "Returning to ED for Review" handout
- Staff must wear full PPE for transfer
- Clean room as per standard Infection Control cleaning policy (2 step clean detergent followed by 0.125% hypochlorite). Room can be used again when fully dry

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