**PCH Emergency Department Rash Management Guideline**

**Close contact with confirmed case:**
- Measles - past 18 days
- Varicella/Shingles - past 21 days
- Tuberculosis (pulmonary) - not treated
- Viral haemorrhagic fever (ie Ebola, Lassa fever)

**OR**
Suspected case of ANY of the above referred by GP

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**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
- Conjunctival 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.

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**Determine if any of the following apply?**

1. **Immunisation status**
   - **Measles** - determine MMR status
     - How many doses?
     - Administered in which country?
   - If < 2 doses given and/or administered overseas - **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**

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**IMPLEMENT IMMEDIATE AIRBORNE ISOLATION PRECAUTIONS from Triage**

- Apply N95 mask on patient immediately while waiting.
- Escort patient to Negative Pressure isolation room (A5 or A6) and close doors.

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

- All staff/visitors wear full PPE when entering room (Note: Restrict visitors movements)
  - Gown
  - Gloves
  - N95 mask
  - Goggles/eye protection
  - Perform 5 moments Hand Hygiene

- Patient must wear N95 Mask when leaving room for procedures (if tolerated/age appropriate).

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

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**Discharge from ED (still infectious) or Transfer to Ward**

**Discharge Home:** Patient to exit via Ambulance Bay
**Transfer to ward:** Patient to exit via Triage Support Corridor to Blue Lifts.

- Patient and family members must wear N95 Mask during Exit/Transfer.

- If returning to ED for review, provide patient and family with spare N95 masks 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.