NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Infection Prevention: Health and Safety Precautions in Shelters

Mass care shelters are established temporarily during major emergencies and large-scale evacuations. Shelter residents may be present with traumatic injuries, infectious diseases, or chronic illnesses. Respiratory infections, gastrointestinal illnesses, and skin infections or infestations can spread quickly, sometimes introduced by individuals with mild or subclinical symptoms. Public health responders play a critical role in controlling these and other infections. This document includes resources for local health departments to implement infection prevention strategies, including communicable disease surveillance, to promptly identify concerns and apply measures to prevent exposure and transmission within the shelter environment.

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Guidance for Shelters on Communicable Disease Reporting:

When to Report an Illness to Your Local Health Department

Communicable Disease Reporting

Timely and complete disease reporting allows public health agencies to rapidly respond to communicable disease issues and helps ensure that preventative measures and resources reach the right people.

The NCDHHS Division of Public Health reminds shelter operators to take the following actions:

- Notify the local health department (LHD) if they become aware of a case or suspected case of a reportable disease. Reportable diseases are those for which public health notification is required by state statutes and rules (see examples in table below).
- Report all suspected outbreaks to the LHD, regardless of whether the outbreak is caused by a reportable or non-reportable disease.
  - Outbreaks may include respiratory, gastrointestinal (GI) or rash illnesses. Some common examples are shown in the table below.
  - Outbreaks should be reported even if the specific virus or bacteria causing the illnesses is not known.

Below are examples of common illnesses that can assist shelter staff in determining when to report

DISEASE	WHEN TO REPORT
Any reportable condition Common examples for shelters: • Pertussis (whooping cough) • Measles • Varicella (chickenpox) • Meningococcal disease • Salmonellosis • Shigellosis • Tuberculosis	The LHD should be notified of a single case of any known or suspected reportable disease Follow the reporting timeframe for each disease in the reporting rule (immediately, within 24 hours or within 7 days)
Non-reportable respiratory illnesses Examples: • COVID-19 • Influenza • RSV • Other general respiratory illness	The LHD should be notified of two or more cases of respiratory illness in the same shelter within 14 days. Lab confirmation is not necessary.
Non-reportable GI illnesses ("stomach bug") Examples: • Norovirus • Other general GI illness	The LHD should be notified of two or more cases of GI illness in the same shelter within 14 days. Lab confirmation is not necessary.
Other common non-reportable conditions Examples: • Scabies • Hand, foot and mouth disease • Other general rash illnesses	The LHD should be notified of two or more cases of rash illness in the same shelter within 14 days. Lab confirmation is not necessary.

SURVEILLANCE AND MASS CARE SERVICES:

- Conduct daily health screenings of all shelter residents, including symptom assessments and temperature checks if needed.
- Have plans in place for prompt medical evaluation and treatment of suspected and confirmed cases.

DISEASE REPORTING:

- Work with the LHD for the county in which the shelter is located to determine how suspected cases and outbreaks should be reported. The North Carolina Communicable Disease Branch's 24/7 epidemiologist on-call line is available 24/7 at 919-733-3419 for consultation.
- Maintain accurate records of suspected (based on symptoms) and confirmed (positive lab, such as a rapid COVID test) cases, including symptoms, exposure history and treatment provided.

COMMUNICATION AND EDUCATION:

- Provide information to shelter residents about the importance of hygiene and disease prevention measures.
- Post clear signage regarding infection control practices (e.g., pages 58, 61, and 69 of APIC guide).

INFECTION CONTROL MEASURES:

- Isolate individuals with suspected communicable diseases in designated areas.
- Ensure adequate access to clean water and sanitation facilities for handwashing.
- Promote good hygiene practices and regularly disinfect high-touch surfaces.

Refer to NCDHHS disaster/shelter resources for more information and guidance

APPENDIX F: Infection Prevention Triage

This table is intended as a guideline and is not all inclusive. Standard Precautions (see Appendix E) should be used for all patient encounters.

Individuals with severe or rapidly progressive illnesses should be referred to a medical professional or facility as soon as possible.

Symptoms/Syndrome	Isolation Precaution Category[1]	Individual Placement/ Separation	Requires Medical Professional Assessment
Respiratory			
Cough, runny nose, watery eyes	Standard	None	No
Fever (Temp > 101.1°F) & cough in adults	Droplet	Cohorting; Physical distancing[2]	Yes
Fever (Temp > 101.1°F) & cough in children	Droplet Contact	Cohorting; Physical distancing[2]	Yes
Fever (Temp > 101.1°F) & cough with bloody sputum, and weight loss	Airborne[3]	Cohorting; Physical distancing[2]	Yes
Diarrhea or Vomiting			
Vomiting	Standard	Physical distancing[2]	Yes
Loose or unformed stool	Standard	None	No
Watery or explosive stools, with or without blood	Contact	Cohorting; Physical distancing[2]	Yes
Skin			
Fever (Temp > 101.1°F) & rash	Airborne[3]	Cohorting; Physical distancing[2]	Yes
Fever (Temp > 101.1°F), upper chest rash, and stiff/sore neck	Droplet	Cohorting; Physical distancing[2]	Yes
Eye infections (drainage from eye)	Standard	Physical distancing[2]	Yes
Draining wound/lesion	Contact	Cohorting; Physical distancing[2]	Yes
Itchy rash without fever	Contact	Cohorting; Physical distancing[2]	Yes

[1] If the disaster is an infectious disease disaster (bioterrorism or pandemic) and the causative disease is known, the appropriate isolation precautions for that disease should be used.

[2] Physical Distancing involves separating the potentially contagious person from others by a distance of at least 3 feet

[3] Transfer to medical facility as soon as possible

[4] Physical Distancing for eye infections and vomiting consists of instructing the symptomatic individual or parent (if the individual is a child) to remain with the family unit and away from other individuals in the shelter, perform frequent hand hygiene, and inform shelter workers if symptoms progress. These actions should continue until symptoms subside.

APPENDIX G: Infection Prevention/Isolation Precautions

Standard Precautions

Standard Precautions are to be used for contact with all sheltered individuals:

1. Wear appropriate personal protective equipment (PPE) when exposure to blood, body fluids, secretions or excretions of individuals is anticipated.[4]
2. Remove all PPE in the room/area that in which it was used.
3. Perform hand hygiene before and after physical contact with each sheltered individual.
4. Follow respiratory etiquette:
    a. Instruct individuals who are coughing to wear a mask
    b. Provide tissues for coughing individuals
    c. Instruct individuals to cough or sneeze into the crook of their elbow or sleeve
    d. Separate potentially infectious individuals (by at least 3 feet) from others
5. Arrange all sleeping areas (including cots) so that individuals are separated
    a. Put 3 feet between individual sleeping areas (or cots or cribs) to prevent the spread of infections[19]
    b. Use head to toe sleeping configurations for individuals (See Appendix G)

Airborne Precautions

[Isolation and respiratory protection for airborne spread diseases will be very difficult to implement in shelters and will not be necessary for most disasters. These individuals should be transferred to a medical facility as soon as possible. In the very rare event that individuals must be sheltered during an infectious disease disaster (such as a hurricane or flood occurring in a community at the same time as a pandemic), community planners should consider setting up a temporary negative pressure room/area within the shelter.]

Airborne precautions are to be used for all individuals meeting the criteria for requiring airborne precautions from Appendix D OR individuals known to have a known or potentially airborne disease: Tuberculosis, Chickenpox, Measles, Smallpox, SARS CoV, and Avian Influenza. In addition to Standard Precautions, the following should be implemented:

1. Place the symptomatic individual in a private isolation room/area
    a. An airborne infection isolation room (AIIR) should be used when available
        i. A single patient room that is equipped with special air handling and ventilation capacity that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for AIIRs (i.e., monitored negative pressure relative to the surrounding area, 12 air exchanges per hour for new construction and renovation and 6 air exchanges per hour for existing facilities, air exhausted directly to the outside or recirculated through HEPA filtration before return)[32]
    b. Temporary negative pressure rooms/areas can be developed using published guidelines and are permitted by federal and state codes for temporary, emergency needs.[33] Shelter planners should refer to the Minnesota Department of Health's *Airborne Infectious Disease Management: Methods for Temporary Negative Pressure Isolation*[33] manual for detailed instructions and guidance.
2. Keep the door closed/area separated and the symptomatic individual in the isolation area/room
3. Cohort individuals with the same syndrome
4. Wear respiratory protection
    a. Wear N95 respirator or higher level when working within 3 feet of the symptomatic individual
    b. See Respirator section for guidance on how to proceed when N95s are limited
5. Perform hand hygiene before and after contact with the symptomatic individual

Droplet Precautions

Droplet precautions are to be used for all individuals meeting the criteria for requiring droplet precautions from Appendix D OR individuals known to have a respiratory droplet spread disease: Meningitis, Seasonal Influenza, Pneumonic Plague, and Pertussis. In addition to Standard Precautions, the following should be implemented:

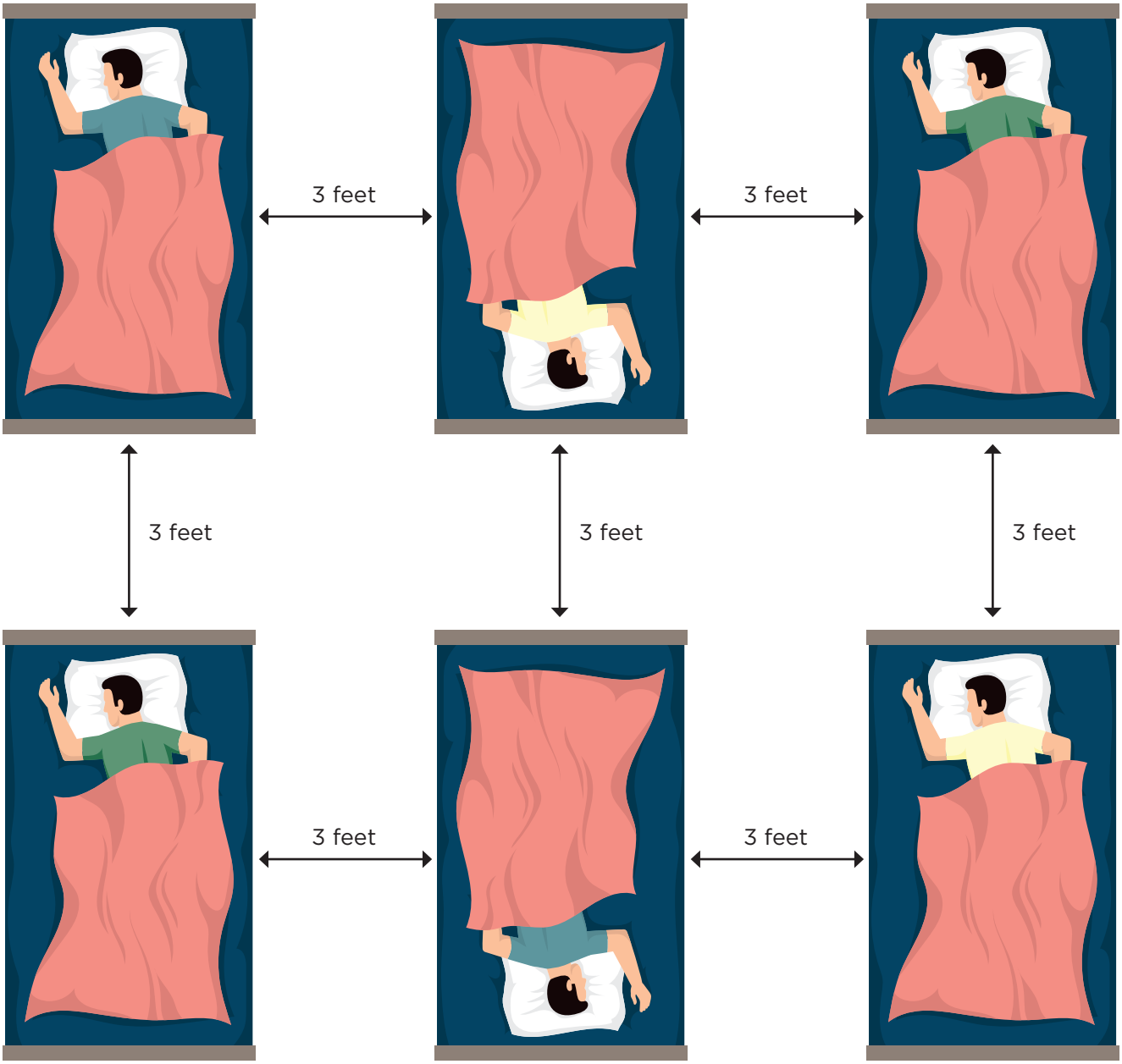
1. Separate the symptomatic individual
    a. Place in a private/isolation room/area
    b. Maintain a spatial separation from non-infected individuals.
    c. Keep the symptomatic individual in the isolation area/room.
2. Wear respiratory protection
    a. Wear surgical/procedure mask when working within 3 feet of the symptomatic individual
    b. See Mask section for guidance on how to proceed when masks are limited
3. Cohort individuals with the same syndrome.
4. Perform hand hygiene before and after contact with the individual
5. Infected individuals should be instructed to wear a surgical/procedure mask if they are outside the isolation room/area and/or around susceptible individuals.

Contact Precautions

Contact precautions are to be used for all individuals meeting the criteria for requiring contact precautions from Appendix D OR individuals known to have an infectious disease spread by direct or indirect contact: infection from a multidrug resistant organism (MRSA, VRE, etc.), *C. difficile* diarrhea, Smallpox, scabies, lice, uncontrollable vomiting/diarrhea, and/or wound drainage that cannot be contained by a dressing. In addition to Standard Precautions, the following should be implemented:

1. Separate the symptomatic individual
    a. Place in a private room/area
    b. Maintain a spatial separation from non-infected individuals.
    c. Keep the symptomatic individual in the isolation area/room.
2. Wear personal protective equipment when entering the room/area to give care to symptomatic individuals.
    a. A PPE/patient care gown
        i. See Gown section for guidance on how to proceed when gowns are limited
    b. Wear gloves when entering the isolation room/area.
        i. See Gloves section for guidance on how to proceed when gloves are limited
3. Cohort individuals with the same syndrome.
4. Perform hand hygiene before and after contact with the individual

APPENDIX I: Cot or Sleeping Area Configuration to Reduce the Risk of Disease Spread



APPENDIX J: Hand Hygiene Techniques

Alcohol Based Hand Sanitizer*
Alcohol based hand sanitizer products do not require water for use and are the preferred method of hand hygiene when hands are not visibly dirty.

Procedure for using alcohol-based hand sanitizer:
1. Apply product to the palm of one hand using the following approximate amounts:
    a. Liquid gel: dime-sized amount
    b. Foam: egg-sized amount
2. Rub hands together
3. Rub the product over all surfaces of hands and fingers until hands are dry
    a. Failure to cover all surfaces of the hands and fingers will greatly reduce the efficacy of alcohol-based hand sanitizer

*Alcohol-based products should not be used in situations involving an outbreak of *C. difficile* or after exposure to Bacillus anthracis. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores. [34]

It should be noted that alcohol-based hand sanitizer products are not effective on hands that are visibly dirty or those contaminated with organic materials. Hands that are visibly dirty or contaminated with organic material must be washed with soap and water, even if alcohol-based hand sanitizer products are to be used as an adjunct measure.

Handwashing
Handwashing involves the use of soap and water.

Procedure for Handwashing:
1. Wet your hands with clean running water and apply soap*
2. Rub hands together to make lather and scrub all surfaces for 15-20 seconds, making sure you clean:
    a. Under your nails
    b. Around your wrists
    c. In between your fingers
3. Rinse hands well under running water
4. Dry your hands with a paper towel or air dryer
5. If possible, use your paper towel to turn off the faucet
6. If possible, use paper towel to open bathroom door
7. Dispose of paper towel

*Plain soap should be used for handwashing unless otherwise indicated. If bar soap is used, it should be kept on racks that allow drainage of water. If liquid soap is used, the dispenser should be replaced or cleaned and filled with fresh product when empty; liquids should not be added to a partially full dispenser.

Hand Hygiene using Antimicrobial-Impregnated Wipes (i.e., towelettes)
Antimicrobial-impregnated wipes are not as effective as alcohol-based hand sanitizer products or hand washing in reducing bacterial counts on the hands; therefore, they are not a substitute for the hand hygiene procedures described above. However, if hand hygiene supplies start to dwindle, antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative or as an adjunct to the use of alcohol-based hand sanitizer or handwashing.

Wash Your Hands: *The Right Way!*

APIC
Spreading knowledge.
Preventing infection.®

Alcohol-Based Hand Sanitizer*

Procedure for using alcohol-based hand sanitizer:

1. Apply product to the palm of one hand using the following approximate amounts:

Gel: dime-sized amount

Foam: egg-sized amount

2. Rub hands together until hands are dry, water is not required

**Alcohol-based products are preferred in all cases except for visibly dirty hands, during an outbreak of C. difficile, or after exposure to Bacillus anthracis*

With either method, be sure to cover all surfaces of the hands and fingers including:

Under your nails

Around your wrists

In between your fingers

Handwashing

Procedure for Handwashing:

1. Wet your hands with clean running water and apply soap

2. Rub hands together to make lather and scrub for 15-20 seconds

3. Rinse hands well under running water

4. Dry your hands with a paper towel or air dryer

5. If possible, use paper towel to turn off the faucet and open bathroom door

Measles Screening Questions for Shelters

Please ask these screening questions to all program participants/clients, staff members, or volunteers prior to each individual entering any indoor shelter space.

1. **Are you immune to measles?**

    - Born before Jan 1, 1957 - **immune.**
    - Verbal attestation of at least one dose of measles vaccine - **assume to be immune. Records would be required for proof of immunity if a measles exposure were to occur in the shelter.**
    - Unvaccinated (0 doses measles vaccine)- **non-immune.**
    - Unknown - **considered non-immune.**

2. **Have you had any of these symptoms in the last week?**

    - Fever
    - Rash (flat red spots that appear on the face at the hairline. They then spread downward to the neck, trunk, arms, legs, and feet.)
    - Cough*
    - Congestion*
    - Red eyes*

3. **Have you had a known exposure or risk of exposure to measles in the past 21 days?**

    - Exposure to a confirmed measles case
    - International travel
    - Domestic travel to an area with a current outbreak including upstate region of South Carolina

* Individuals with respiratory symptoms but no fever, rash, or exposures to measles should take precautions to prevent the spread of respiratory illness but do not need to be evaluated further for measles. If fever and rash develop later, refer to scenario 2 below.

Scenario 1:

The individual is considered immune with no symptoms and no known high-risk exposure:

- The individual may enter the general population of the shelter. No further action is required.

Scenario 2:

An individual is considered immune with no high-risk exposure and reports symptoms consistent with measles (fever AND rash):

- Consider the likelihood of measles. Isolate immediately and consult with the state on-call epidemiologist at 919-733-3419.

Scenario 3:

An individual reports high-risk exposure AND they are not immune AND they have no symptoms:

- If possible, quarantine the individual in a separate room and have them monitor for symptoms until the end of their quarantine period. If a separate room is not available, ensure they are in a separate air space from any unvaccinated or immunocompromised individuals.

Scenario 4:

An individual:

- is not considered immune OR reports a high-risk exposure
- AND they report symptoms consistent with measles

Take these actions IMMEDIATELY:

- Give the person a mask (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- Isolate the person with measles symptoms to protect others from exposure.
- Use a separate room with a solid door that closes, and, if possible, a dedicated bathroom.
    - Ideally, this room would have a window and directional airflow, meaning air exhausts from the isolation room to the outdoors and not to other parts of the facility. Shelters can use HEPA filtration to create directional airflow in temporary isolation rooms.
- To the extent possible, use a separate isolation space for each person or family with measles symptoms.
- Multiple people with measles infection confirmed by a healthcare provider can be isolated in the same room. If consultation is needed related to cohorting of persons with known measles, call the on-call epidemiologist at 919-733-3419.
- If the person with measles symptoms is a staff member or volunteer and they are able to safely return home, instruct them to return home during this time. Otherwise, they should be isolated as above.
- Always call the health care facility and/or medical transport before you coordinate care outside of the shelter. The facility and/or medical transport may have specific instructions to minimize potential exposure to others.

PREPARING AND RESPONDING TO MEASLES:
Checklist for Congregate Shelters

WHY SHOULD CONGREGATE SHELTERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in congregate shelters because program participants/clients, staff, and volunteers are in close contact and may use shared spaces with many other people. Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Communicate with staff and volunteers** about shelter **plans and procedures**:
  - » **Requirements for staff and volunteers to stay at home when they are sick.**
  - » **Procedures for staff or volunteers with measles symptoms**, including leaving immediately or waiting in a designated isolation space until transportation is arranged.
  - » **Applicable state, local, or shelter MMR vaccine recommendations or requirements.** The best way to prevent the spread of measles is to ensure that all who are eligible are vaccinated or **immune to measles**.
- **Determine where you will refer people with measles symptoms for testing or care.**
  - » **Encourage program participants/clients, staff, and volunteers to be watchful for measles symptoms in themselves and their families.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
  - » **Always call a healthcare facility before sending someone or seeking care for measles.** They may have specific instructions about where to go to minimize potential exposure to others.
- **Make sure your shelter has a supply of masks** to give a person with measles symptoms, and **respirators** for fit-tested staff.
- **Identify an isolation space where a person with measles symptoms** can stay while awaiting medical evaluation, to prevent other people from getting sick. See page 2 for isolation considerations.
- **Consider establishing separate sleeping spaces** for people at **higher risk for measles complications**, to protect their health (e.g., infants, pregnant women, people with weakened immune systems).
- **Create lists of who was in the shelter each day and night, ideally with a list of people by room or a bed map.** This will help a health department identify people who need follow-up.
- **Maintain documentation of measles immunity status for staff and volunteers**, to the extent possible. If helpful, see **sample immunity status documentation template**.
  - » This will help the health department recommend next steps for people who are exposed and not immune.
  - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.
- **Educate program participants/clients, staff, and volunteers that MMR vaccination is the best protection against measles.** Working through **peer ambassadors** can help increase vaccine acceptance.

ISOLATION FOR PROGRAM PARTICIPANTS/CLIENTS

- **Ideally, people should be isolated in an airborne infection isolation room (AIIR)**, typically found in hospitals. People do not need to wear a mask while in an AIIR.
- **When isolation in an AIIR is not feasible**, use a separate room with a solid door that closes, and, if possible, a dedicated bathroom.
  - » Because measles is highly contagious, isolation in a separate room is the minimum action to reduce risk of transmission.
  - » Ideally, this room would have a window and **directional airflow**, meaning air exhausts from the isolation room to the outdoors and not to other parts of the facility.
  - » Shelters can use HEPA filtration to create directional airflow in **temporary isolation rooms**.
- People should wear a mask as much as possible when isolating anywhere except an AIIR.
- To the extent possible, use a separate isolation space for each person or family with measles symptoms. Multiple people with measles infection confirmed by a healthcare provider can be isolated in the same room.
- Guardians and family members can accompany children in isolation if they have evidence of **immunity to measles** or also have measles infection confirmed by a healthcare provider.
  - » To the best of your ability, ensure that only staff with evidence of immunity to measles are supervising children when their guardians cannot accompany them in isolation.
- Continuum of Care leadership can review the entire shelter system for facilities with isolation spaces that could be made available to anyone in the system.

RESPONDING TO MEASLES IN CONGREGATE SHELTERS

IMMEDIATE ACTIONS – WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a program participant/client, staff member, or volunteer has measles symptoms, take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Instruct **a staff member or volunteer** to isolate at home and advise them to seek medical care.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus). Anyone cleaning and disinfecting the space should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed.
- ❑ **Seek emergency care** if the person who is sick **gets rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**
  - » **If a person with measles symptoms is transported elsewhere for care or isolation, ensure they wear a mask during transport.**
    - During transport, staff and volunteers transporting or escorting should also have **evidence of immunity** to measles and should wear a well-fitting respirator (preferred) or a **disposable mask**.
    - After transport, open the doors or windows to air out the vehicle. Then, clean and disinfect vehicle surfaces with an **EPA-registered disinfectant**.

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles, using daily/nightly participant lists or bed maps.**
  - » The health department might recommend or offer vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
  - » The health department may also recommend temporarily cohorting (i.e., grouping together non-immune people who have not been exposed, particularly if they are pregnant, have weakened immune systems, or otherwise at **higher risk for measles complications**, and limiting their interactions with others. The health department might also recommend that staff meeting these criteria be temporarily excluded from the shelter or given duties with lower risk for exposure.
- **Gather information** about facility layout and ventilation to share with the health department.
- **Notify other nearby shelters and service providers** (e.g., food pantries, employment services) where exposed people may have spent time. The health department can notify other service providers, as long as they know which service providers people typically utilize.
- **Inform program participants/clients, staff, and volunteers if they have been exposed.** Ask them to watch for measles symptoms in themselves and their families for 21 days after their last exposure (even if they are immune) and seek medical care if symptoms develop. The health department may ask for shelter support to locate or contact exposed individuals.

CONSIDERATIONS FOR HEALTH DEPARTMENTS WORKING WITH CONGREGATE SHELTERS

- **Coordinate with local Health Care for the Homeless programs, Federally Qualified Health Centers, or other clinical providers in the community about onsite vaccination options.** The best way to prevent the spread of measles is to ensure that all program participants/clients, staff, and volunteers are vaccinated or are immune to measles.
- **Consider data sharing between homeless management information systems (HMIS) and your state's immunization information system,** subject to applicable state or local law, to determine measles immunity status of program participants. This will help identify people who are not immune to measles, so that they can be offered **post-exposure prophylaxis** to help prevent them from getting sick if they are exposed.

RESOURCES

About Measles:
www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:
www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Measles Education Videos:
www.cdc.gov/measles/resources/videos.html

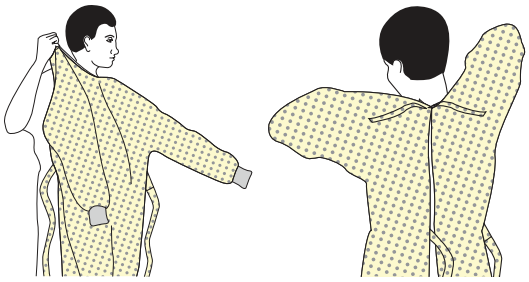
Measles: Info You Should Know:
files.hudexchange.info/resources/documents/Measles-Info-You-Should-Know-English.pdf

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

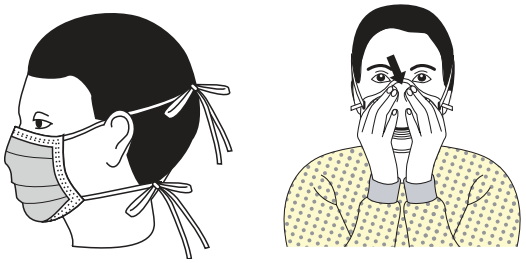
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

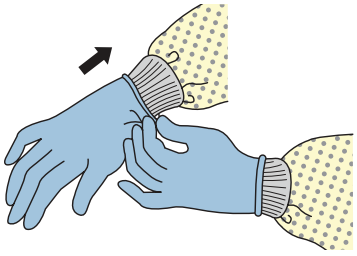


3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

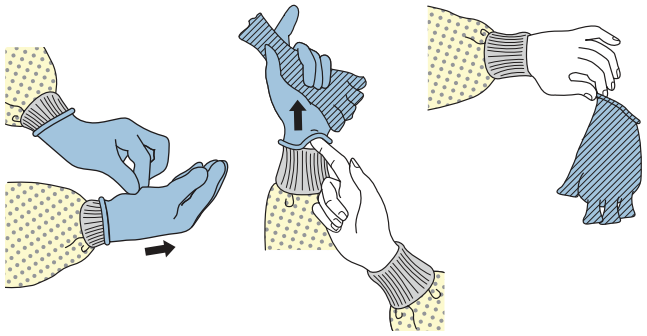
CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

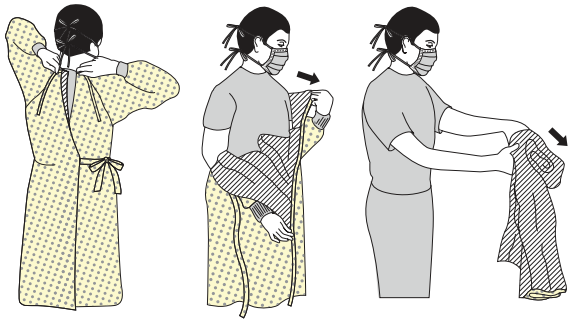


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

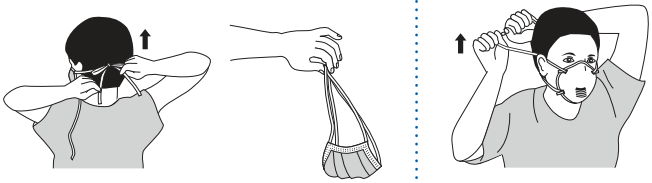
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

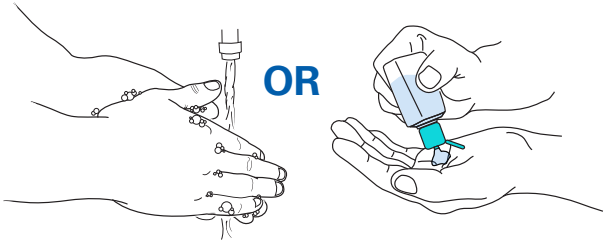


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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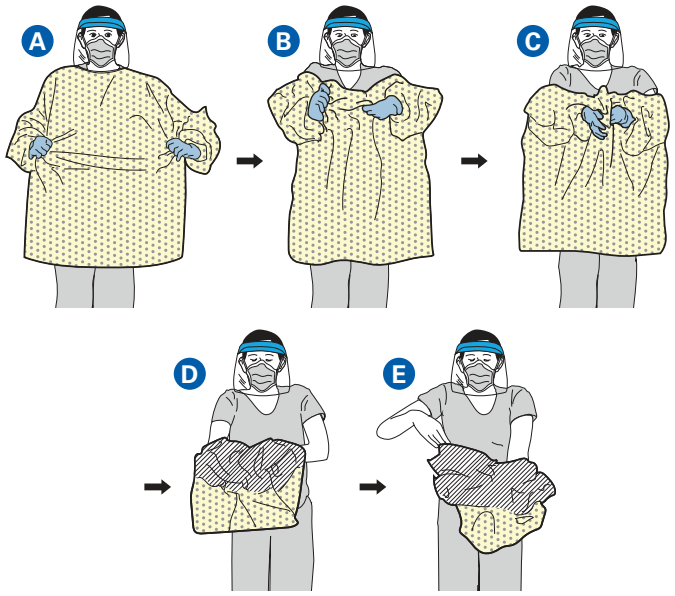
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

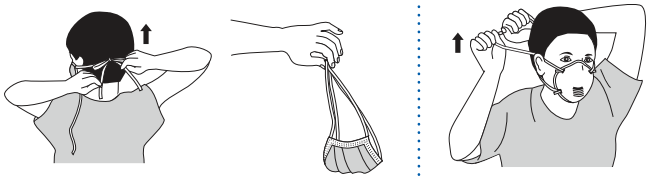


2. GOGGLES OR FACE SHIELD

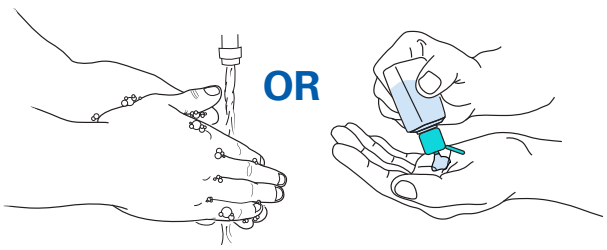
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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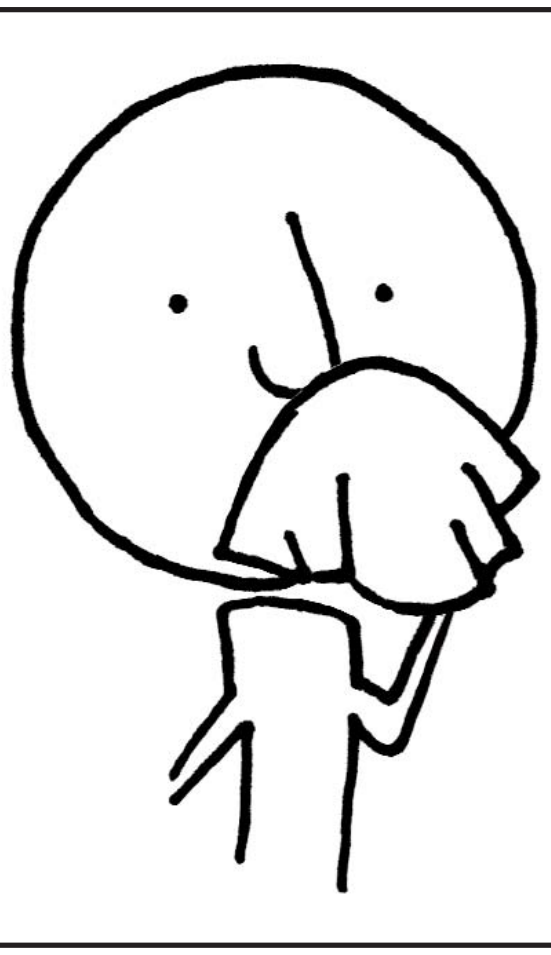
Stop the spread of germs that make you and others sick!

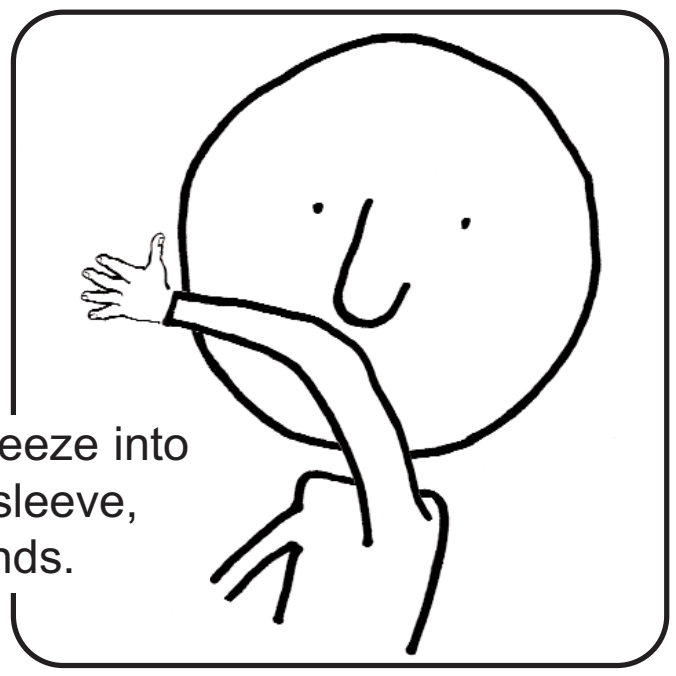
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

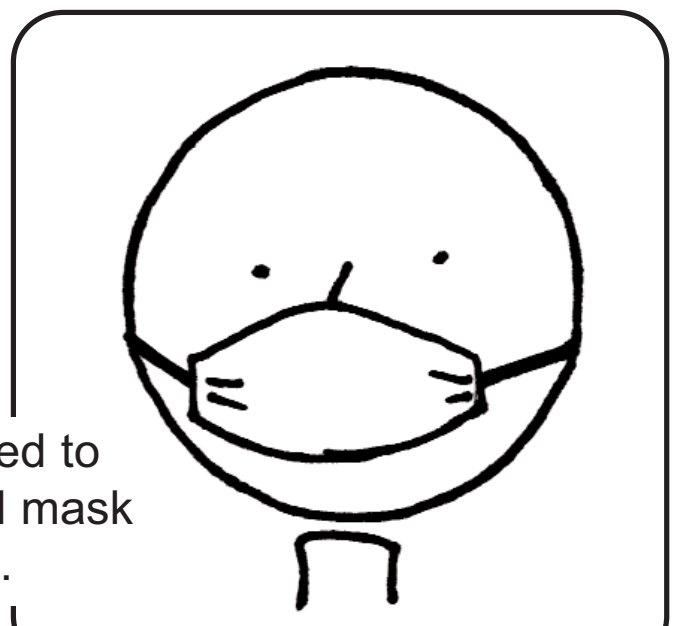
or

cough or sneeze into your upper sleeve, not your hands.



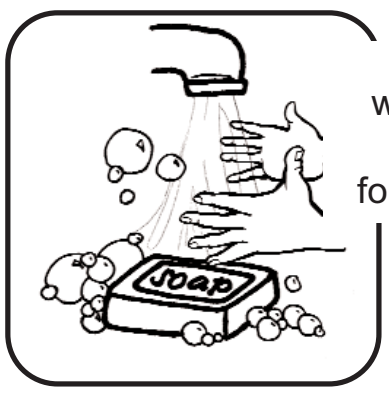
Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.



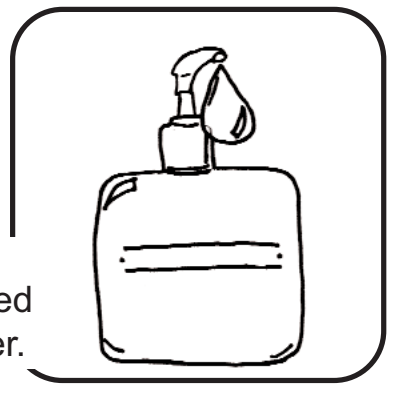
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds *or*

clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us

Minnesota Antibiotic Resistance Collaborative

APIC
ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC.

¡Pare la propagación de gérmenes que lo enferman a usted y a otras personas!

Cubra su tos

Cubra su boca y nariz con un kleenex cuando tosa o estornude

o

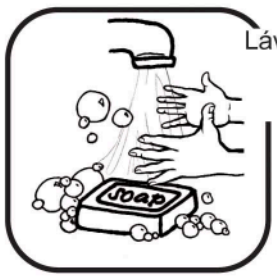
tosa o estornude en la manga de su camisa, no en sus manos.

Deseche el kleenex sucio en un basurero.

Quizás le pidan ponerse una mascarilla quirúrgica para proteger a otras personas.

Lávese las manos

después de toser o estornudar.



Lávese las manos con jabón y agua tibia por 20 segundos

o

límpielas con un limpiador de manos a base de alcohol.

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1 Wet

Hands that look clean can still have icky germs!

2 Get Soap

WASH YOUR HANDS!

3 Scrub

4 Rinse

5 Dry

www.cdc.gov/handwashing

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS320599-A

¡Aunque las manos se vean limpias pueden tener microbios asquerosos!

¡Lávate las manos!

www.cdc.gov/handwashing/esp

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Este material fue elaborado por los CDC. La campaña "La Vida es Mejor con las Manos Limpias" es posible gracias a una asociación entre la Fundación de los CDC, GOJO Industries y Staples. Los CDC y el HHS no respaldan productos, servicios ni empresas comerciales.

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