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SOP Objective

To provide Healthcare Workers (HCWs) with details of the precautions necessary to minimise the risk of RSV cross-infection.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

- Links to related documents to be updated
- Section on 'Making Notes' removed
- Wording to sections on **PPE, Precautions Required Until, Screening and Specimens** have been updated.

Document Control Summary


Approved by and date	Board Infection Control Committee 23 rd May 2016
Date of Publication	23 rd May 2016
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene Policy NHSGGC SOP Cleaning of Near Patient Healthcare Equipment
Distribution/ Availability	NHSGGC Infection Prevention and Control Policy Manual and the Internet www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-contol
Implications of Race Equality and other diversity duties for this document	This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, disability, sexual orientation or religion.
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this policy.
- Inform their line manager if this policy cannot be followed.

Managers must:

- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this policy.


Infection Prevention and Control Teams (IPCTs) must:

- Keep this policy up-to-date.
- Provide education opportunities on this policy.
- Liaise with laboratory staff when appropriate.

Laboratory Staff must :

- Provide diagnostic service appropriate with prevailing epidemic conditions.
- Monitor quality of point of care testing on a daily basis (local policy / procedure may apply) and alert staff of false positive or negative results.


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2. General Information on RSV

Communicable Disease / Alert Organism	Respiratory syncytial virus (RSV).
Clinical Condition	Infections of the upper and lower respiratory tract (Bronchiolitis/ pneumonia) in infants and young children. RSV may also cause upper respiratory tract infections and/ or pneumonia in immunocompromised adults. RSV is a common cause of viral pneumonia in the elderly, particularly in nursing home outbreaks. RSV is also a major cause of asthmatic exacerbations and acute respiratory infections in the immunocompromised.
Mode of Spread	<p>Respiratory route: Large particle aerosols (respiratory secretions) shed from the infected person and enter the host via mucous membranes of the eyes, mouth and nose.</p> <p>Contact route: Contaminated hands may also transmit the virus from patient-to-patient or equipment to patient. (RSV can survive for up to 30 minutes on hands, two hours on clothing and several hours on inanimate surfaces).</p>
Incubation period	5-8 days (may be shorter in immunocompromised patients).
Notifiable disease	No.
Period of communicability	One or two days before, and for the duration of symptoms, this is usually 7-10 days after the onset of illness. Some older patients may have mild symptoms but continue to pose a risk to more vulnerable patients.
Persons most at risk	<ul style="list-style-type: none"> • Children under 2 years. • Children who are immunocompromised or who have underlying cardio-respiratory disease, e.g. patients with leukaemia, congenital heart disease and those who were born prematurely. • Adults who are immunocompromised. • Elderly patients.
In what areas does this policy apply	All acute paediatric wards and areas caring for high-risk patients (see above). Adult wards with severely immunocompromised patients and areas caring for high-risk patients.


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3. Transmission Based Precautions for RSV in High-Risk Areas

Accommodation (Patient Placement)	Single room with ensuite is preferred but cohort areas can be used when the patients RSV status is known.
Care Plan available	No.
Clinical / Healthcare Waste	Waste should be designated as clinical / healthcare waste and placed in an orange bag. Please refer to the NHSGCC Waste Management Policy .
Contacts	No special precautions.
Crockery / Cutlery	Not applicable.
Decolonisation	Not applicable.
Domestic Advice	Domestic staff must follow the NHSGGC SOP for Twice Daily Clean of Isolation Rooms . Cleans should be undertaken at least four hours apart.
Equipment	Where practicable, the patient must be designated their own equipment. See NHSGGC Decontamination Policy . (Decontamination SOP)
Exposures	Prevent further cases by isolating all patients suspected or diagnosed with RSV in a single room/cohort and apply TBPs (respiratory and contact)
Hand Hygiene	Hands must be decontaminated before and after each direct patient contact, before and after aseptic tasks, after exposure to blood or body fluids and after contact with the environment regardless of whether personal protective equipment (PPE) is worn. Alcohol hand gel is effective if hands are visibly clean.


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	See NHSGGC Hand Hygiene Policy
Last Offices	No special requirements.
Linen	The risk from used linen is minimal however to prevent contamination of the environment and to comply with isolation procedures all used linen should be placed into a water soluble alginate bag then into a clear bag and then into a laundry bag. Bed linen and patient clothing should be changed daily.
Moving between wards, hospitals and departments (including theatres)	Patients can be transferred between units and departments. Inform the receiving ward before transfer, of the need for transmission based precautions. Staff transferring the patients do not need to wear protective clothing during the transfer but should decontaminate their hands by washing with liquid soap and water or with use of alcohol hand gel once transfer is complete.
Notice for Door	Yes.
Outbreak	Very likely in wards if standard infection control and transmission based precautions are not followed. If an outbreak is suspected, contact a member of the IPC team. Follow Outbreak Control Plan in consultation with the Infection Control Team. See NHSGGC Outbreak Policy .
Patient Clothing	No special precautions are required unless clothing is soiled. Staff must place soiled clothing into a domestic alginate bag and staff must ensure that a Home Laundry Information Leaflet is issued.


Patient Information	Inform the patient / parent / guardian / next-of-kin (as appropriate) of the patient's condition and the necessary precautions. Answer any questions and concerns they may have. Provide RSV information which is available on the IPC website.
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Personal Protective Equipment (PPE)	Aprons should be worn for direct contact with the patient and their immediate surroundings. Gloves should be worn to prevent direct contact with respiratory secretions. Perform hand hygiene before donning and after removing PPE. Where there is a risk of splashing of blood and or body fluids onto the face of the healthcare worker, appropriate facial protection should be considered, including FFP3 masks for aerosol generating procedures. The IPCT may advise staff on enhanced use of PPE for specific patient groups / situations. (See Appendix 1 Risk assessment for routine use of masks as PPE in paediatric patients)
Precautions required until	Until discharge, a negative respiratory viral PCR result or when the clinical team feel that the patient is no longer infectious,(which must include a period of at least 48 hours symptom free with clinical improvement)
Procedure Restrictions	None. See Moving between wards .
Risk Assessment required	Yes. In conjunction with the IPCT.
Screening on Admission / Re-admission	<ul style="list-style-type: none"> • Patients being admitted to hospital should be tested if they have symptoms suggestive of respiratory tract infection particularly during the RSV epidemic period. • Screening of patients may be performed during outbreak situations on the advice of the IPCT to detect asymptomatic carriage
Screening Staff	HCWs with respiratory symptoms should not be working with immunocompromised patients. Symptomatic HCW may be screened on the advice of ICT during an outbreak situation

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<i>Specimens Required</i>	A combined nose and throat swab in viral transport medium is the preferred specimen. The following can be sent : Nasopharyngeal aspirate, endotracheal aspirate, oro-pharyngeal aspirate, sputum and bronchial alveolar lavage.
<i>Specimens – mark as “Danger of Infection”</i>	Not applicable.
<i>Terminal Cleaning of Room</i>	Clean all surfaces and underneath surfaces with chlorine based detergent, warm water and disposable cloth. See SOPs Terminal Clean of Isolation Rooms and Twice Daily Clean of Isolation Rooms .
<i>Visitors</i>	Paediatrics: Only parents (or two designated guardians) will be allowed to visit the patient in isolation. Discourage visitors who have colds or other infectious respiratory conditions from visiting wards with immunocompromised patients. Children less than two-years old should not visit a patient with RSV. All wards: Visitors should be discouraged from visiting if they have symptoms of respiratory tract infection.

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4. Evidence Base

Madge P., Paton JY., McColl JH & Mackie PL. Prospective controlled study of four infection-control procedures to prevent nosocomial infection with respiratory syncytial virus. Lancet 1992;31 340:1079-83

Abels S. Nadal D., Stroehle A & Bossart W. Reliable Detection of Respiratory Syncytial Virus Infection in Children for Adequate Hospital Infection Control Management. J. Clin Microbiology 2001 39;9:3135-9 <http://jcm.asm.org/cgi/content/full/39/9/3135>

Goldmann DA. Epidemiology and prevention of pediatric viral respiratory infections in health-care institutions. 2001;7:2
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631706/>

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Appendix A. Risk assessment for use of masks as PPE when caring for paediatric patients


The National Infection Prevention and Control Manual states that before undertaking any procedure, staff should assess any likely exposure to blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth). In routine clinical practice healthcare workers do not commonly wear masks when dealing with patients presenting with the “common cold” or “influenza – like illness”. However, in a patient with undiagnosed respiratory illness where coughing and sneezing are significant features, or in the context of known widespread respiratory virus activity in the community the need for appropriate respiratory and facial protection to be worn should be considered.

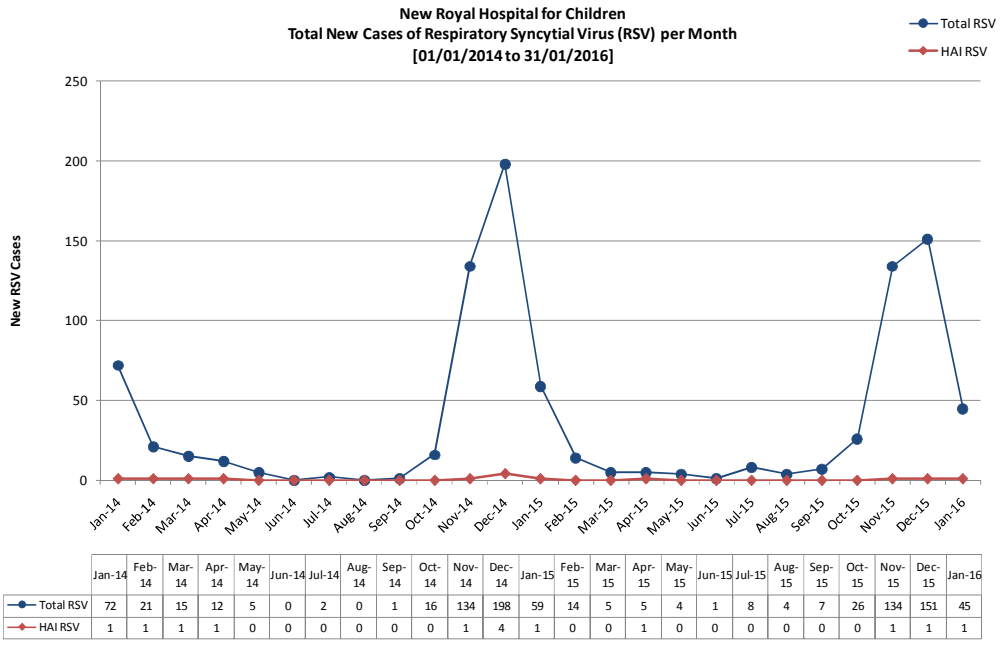
- A) In the paediatric hospital setting, current policy requires that:
- b) Healthcare staff are required to wear disposable apron and gloves when caring directly for children with RSV.
 - c) Immediate patient placement on suspicion of respiratory tract infection,
 - d) There is strict adherence to environment and equipment decontamination.

RSV HAI is monitored year on year and prevalence of HAI continues to be below 1% in the paediatric hospital setting (Graph 1). RSV and other respiratory viruses are transmitted in a similar way so using RSV as an exemplar it is clear that current practice minimises cross infection with respiratory viruses without routine use of masks. Given the concerns expressed by clinical staff about the negative impact on paediatric care of wearing of masks we would not recommend any change to current practice in paediatrics.

(Graph 1)

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