NHS Greater Glasgow and Clyde	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective From	May 2026
	RESPIRATORY SYNCYTIAL VIRUS (RSV) **AIDE MEMOIRE**	Review Date	May 2028
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

RSV Aide Memoire

Consult Guidance and Isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Respiratory Virus Care Checklist completed daily

Patient Assessed Daily

NO

Patient is asymptomatic of respiratory symptoms/back to their normal respiratory function for at least 48 hours.

YES

- ✓ Stop isolation
- ✓ Undertake terminal clean of room

NIPCM

Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or Alcohol Based Hand Rub

PPE:
A Type IIR Fluid Resistant Surgical Mask (FRSM) and disposable yellow plastic apron should be worn for all routine care of the patient.
Gloves are required when it is anticipated that there is contact with or exposure to blood, body fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces.
Where there is a risk of splashing of blood/body fluids to the face, eye protection should be worn.

An FFP3 mask, gown and eye and face protection should be worn when carrying out AGPs on a service user with a suspected/confirmed infectious agent spread by the airborne OR droplet route. The appropriate fallow time should be met following the AGP.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 2 – 8 days

Period of Communicability: From 1 to 2 days before onset of symptoms.

Notifiable disease: No

Transmission route: Droplet / Contact

Symptoms: RSV infection causes symptoms similar to a cold, including rhinitis (runny nose, sneezing or nasal congestion), cough, and sometimes fever. Ear infections and croup (a barking cough caused by inflammation of the upper airways) can also occur in children.

The most up-to-date version of this document can be viewed at the following web page:
www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

NHS Greater Glasgow and Clyde	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective From	May 2026
	RESPIRATORY SYNCYTIAL VIRUS (RSV) **AIDE MEMOIRE**	Review Date	May 2028
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Additional Information

Clinical Condition	Respiratory syncytial virus (RSV) belongs to the Orthopneumovirus genus. In the UK, RSV infection occurs regularly each year during the winter months usually November to February. RSV usually causes mild, cold-like symptoms but may cause severe breathing problems and bronchiolitis or pneumonia in babies. Vulnerable groups include premature infants, young children, elderly people with heart or lung disease and immunocompromised people. There is no treatment available however antivirals may be used for supportive care. Vaccination is available for high-risk infants.
Mode of Spread	**Direct contact transmission** Spread of infectious agents from one individual to another by direct skin-to-skin contact. **Indirect contact transmission** The spread of infectious agents from one person to another via a contaminated object. **Contact transmission:** Contaminated hands may also transmit the virus from person-to-person or equipment to patient/staff.
Patient Information	Inform the patient / parent / carer / next-of-kin (as appropriate) of the patient's condition and the necessary precautions. Paediatrics provide RSV information which is available on the IPC web page (using the link above or QR code).
Persons most at risk	Children under 2 years and children who are immunocompromised or who have underlying cardio-respiratory disease and those who were born prematurely. Adults who are immunocompromised and people with chronic heart and lung disease or frailty.
Specimens Required	Samples can be sent as directed by clinical team. Repeat samples are not required once RSV is confirmed. For areas with Point Of Care Testing please follow the guidance on appropriate sample types.
Visitors	**Paediatrics:** Only parents/carers will be allowed to visit the patient in isolation. Discourage visitors who have colds or other infectious respiratory conditions to visit wards with immunocompromised patients. Children less than two-years old should not be brought to visit a patient with RSV. **All wards:** Visitors are not required to wear aprons and gloves unless they are participating in patient care. They should be advised to clean their hands on leaving the room / patient.