

	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE		Effective From	May 2026
	RESPIRATORY VIRUS AIDE MEMOIRE THIS AIDE MEMOIRE SHOULD BE USED FOR PATIENTS PRESENTING WITH SYMPTOMS OR CONFIRMED RESPIRATORY INFECTIONS E.G. RHINOVIRUS, HUMAN METAPNEUMOVIRUS, CORONAVIRUS		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				

Respiratory Virus 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: This is dependent on the respiratory virus.

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

Notifiable disease: N/A

Transmission route: Droplet / Contact

Symptoms: Symptoms similar to a cold, but may include rhinitis (runny nose, sneezing or nasal congestion), cough, shortness of breath, sore throat and fever.

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Additional Information

Clinical Condition	Respiratory viruses are viruses that infect the nose, throat, and lungs, causing illnesses that range from a mild cold to severe breathing problems. They may affect both the upper respiratory tract and the lower respiratory tract. They usually causes mild, cold-like symptoms but may cause severe breathing problems and bronchiolitis or pneumonia. 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.
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.
Persons most at risk	Older adults (aged 65 and older), infants and young children (under 5), and people with weakened immune systems or chronic medical conditions are most at risk of severe illness, hospitalisation, and complications from common respiratory viruses.
Specimens Required	Samples can be sent as directed by clinical team. Repeat samples are not required once a virus is confirmed.
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. 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.