	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	1 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
The most up-to-date version of this guidance can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

### Guidance Objective

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

This guidance 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 GUIDANCE

- Removal of Appendix 1 & 2

### Document Control Summary


Approved by and date	Board Infection Control Committee 18 <sup>th</sup> August 2022
Date of Publication	22 <sup>nd</sup> August 2022
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene Guidance NHSGGC SOP Cleaning of Near Patient Equipment
Distribution/ Availability	NHSGGC Infection Prevention and Control Webpage: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	2 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
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## CONTENTS

Responsibilities.....	3
General Information on RSV .....	4
Transmission Based Precautions for RSV in High-Risk Areas .....	5
Evidence Base.....	8

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	3 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
The most up-to-date version of this guidance can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

## Responsibilities

### Healthcare Workers (HCWs) must:

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

### Managers must:


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

### Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- 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 in the Short Stay Unit of false positive or negative results.

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	4 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
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### General Information on RSV

<b>Communicable Disease / Alert Organism</b>	Respiratory syncytial virus (RSV).
<b>Clinical Condition</b>	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.
<b>Mode of Spread</b>	<p><b>Respiratory route:</b> 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><b>Contact route:</b> 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>
<b>Incubation period</b>	2-8 days, but usually 4-6 days. This may be shorter in immunocompromised patients.
<b>Notifiable disease</b>	No.
<b>Period of communicability</b>	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.
<b>Persons most at risk</b>	<ul style="list-style-type: none"> <li>• Children under 2 years.</li> <li>• Children who are immunocompromised or who have underlying cardio-respiratory disease and those who were born prematurely.</li> <li>• Adults who are immunocompromised.</li> <li>• People with chronic heart and lung disease or frailty</li> </ul>
<b>In what areas does this policy apply</b>	<p>All acute paediatric wards and areas caring for high-risk patients (see above).</p> <p>Adult wards with severely immunocompromised patients and areas caring for high-risk patients.</p>


	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	5 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
The most up-to-date version of this guidance can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

### Transmission Based Precautions for RSV in High-Risk Areas


<b>Accommodation (Patient Placement)</b>	Single room with ensuite is preferred but cohort areas can be used when the patient's RSV status is known. If a single room is not available, an IPCT risk assessment is completed daily.
<b>Clinical Waste</b>	Waste should be designated as clinical / healthcare waste and placed in an orange bag. Please refer to the NHSGGC <a href="#">Waste Management Policy</a>
<b>Domestic Advice</b>	Domestic staff must follow the NHSGGC SOP for <a href="#">Twice Daily Clean of Isolation Rooms</a> . Cleans should be undertaken at least four hours apart. Cleaning of the room should also be undertaken following each aerosol generating procedure.
<b>Equipment</b>	Where practicable, the patient must be designated their own equipment. See <a href="#">NHSGGC Decontamination Guidance</a>
<b>Hand Hygiene</b>	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. See NHSGGC <a href="#">Hand Hygiene Guidance</a>
<b>Linen</b>	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 bag then into a clear bag (brown bag in mental health areas) and then into a laundry bag. Bed linen and patient clothing should be changed daily.

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	6 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
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<b><i>Moving between wards, hospitals and departments (including theatres)</i></b>	Patients can be transferred between units and departments. Inform the receiving ward of the need for transmission based precautions if clinically required before transfer. Where possible the patient should be encouraged to wear a FRSM during the transfer. If the patient is unable to tolerate a FRSM then the staff should wear a FRSM during the transfer. Staff should decontaminate their hands by washing with liquid soap and water or with use of alcohol hand gel once transfer is complete.
<b><i>Notice for Door</i></b>	Yes. Yellow IPC isolation sign.
<b><i>Patient Clothing</i></b>	No special precautions are required unless clothing is soiled. Staff must place soiled clothing into a domestic water soluble bag and staff must ensure that a <a href="#">Washing Clothes at Home</a> Patient Information Leaflet is issued.
<b><i>Patient Information</i></b>	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.  Paediatrics provide <a href="#">RSV information</a> which is available on the IPC web page.
<b><i>Personal Protective Equipment (PPE)</i></b>	<ul style="list-style-type: none"> <li>• Apron to be worn for all direct care delivery (Gown if extensive splashing anticipated) Single-use.</li> <li>• Gloves worn for all direct care delivery when exposure to blood/body fluids is anticipated. Single use.</li> <li>• Face mask always within 2 metres of a service user - Type IIR FRSM.</li> </ul> <p>In addition to the above when carrying out an AGP a single-use fluid resistant gown and an FFP3 mask or powered respirator hood should be worn. If remaining in the room/cohort The FFP3 mask must be worn until the appropriate fallow time has elapsed.</p> <p>Perform hand hygiene before donning and after doffing PPE.</p>

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	7 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
		Version	8
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<b><i>Precautions required until</i></b>	Stop isolation when patient is 48hrs asymptomatic of respiratory symptoms. (If patient is ventilated or part of an ongoing incident, seek advice from a consultant microbiologist).
<b><i>Specimens Required</i></b>	The following specimens can be sent : <ul style="list-style-type: none"> <li>• Gargles, throat swabs, NPA and NPS.</li> <li>• Sputum, endotracheal secretions, BAL good for LRT infection (BALs, sputums and any mucoid samples will require additional processing by the laboratory prior to testing, with a result available within 24 - 48 hours)</li> <li>• If a sample is to be processed urgently please contact the West of Scotland Specialist Virology Centre (WoSSVC) on 0141 201 8722/8721 to discuss turn-around-times and delivery of sample</li> <li>• Once diagnosed RSV positive DO NOT send repeat samples for testing, a patient can shed the virus for prolonged periods, as detected by PCR</li> <li>• If a patient shows sudden deterioration or no improvement retesting may be considered. Please contact the WoSSVC to discuss before sending a repeat sample.</li> <li>• For areas with Point Of Care Testing please follow the guidance on appropriate sample types</li> </ul>
<b><i>Terminal Cleaning of Room</i></b>	Clean all surfaces and underneath surfaces with chlorine based detergent, warm water and disposable cloth.  See <a href="#">Twice Daily Clean of Isolation Room SOP</a> <a href="#">Terminal Clean of Ward/Isolation Room SOP</a>
<b><i>Visitors</i></b>	<b>Paediatrics:</b> 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 to visit wards with immunocompromised patients. Children less than two-years old should not be brought to visit a patient with RSV. <b>All wards:</b> Visitors should be discouraged from visiting if they have symptoms of respiratory tract infection.

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	8 of 8
		Effective From	July 2022
	<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) GUIDANCE</b>	Review Date	July 2024
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## Evidence Base

National Infection Prevention and Control Manual a-z pathogens

<https://www.nipcm.scot.nhs.uk/a-z-pathogens/#r>

Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings Version 2 2016 PHE/UKHSA

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