Infection Prevention and Control (IPC)

Standard Operating Procedure for RESPIRATORY SYNCITIAL VIRUS (RSV) in a healthcare setting

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Document Control Sheet

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Author: Gillian Rankin, Infection Control Nurse

Owner: Infection Prevention and Control Policy Review Group

Approved By: Robert Wilson, Infection Control Manager

Date Effective From: April 2019

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<table>
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<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of Changes</th>
<th>Responsible Officer</th>
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<tr>
<td>Issue 1.1</td>
<td>May 2017</td>
<td>Policy Review</td>
<td>Gillian Rankin</td>
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<td>May 2018</td>
<td>Minor changes to PPE, Actichlor and Linen</td>
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Approvals:

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<tr>
<th>Name &amp; Title / Group</th>
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<tr>
<td>Robert Wilson, Infection Control Manager</td>
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Dissemination Arrangements:

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<tr>
<td>Throughout NHS A&amp;A</td>
<td>Announcement on Daily Digest / Weekly News Bulletin</td>
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<tr>
<td>Infection Prevention and Control Team Mailbox</td>
<td><a href="mailto:InfectionControl@aapct.scot.nhs.uk">InfectionControl@aapct.scot.nhs.uk</a></td>
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<tr>
<td>Actichlor™ Plus Posters</td>
<td>IPC Posters</td>
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<td>Washing Clothes at Home Information Leaflet</td>
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Policy Statement
It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

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REFERENCES
1. Health Protection Scotland (2017), HPS National Infection Control Manual version 2.4
1.0 GENERAL INFORMATION

<table>
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<tr>
<th>Organism</th>
<th>RSV causes infection of the upper and lower respiratory tract (Bronchiolitis / pneumonia). Symptoms are similar to other respiratory infections e.g. fever, runny nose, cough, sneeze and wheeze. In very young infants, irritability, decreased activity and breathing difficulties may be the only symptoms. RSV is a common cause of viral pneumonia in the elderly and a major cause of asthmatic exacerbations and respiratory infections in the immunocompromised.</th>
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<td>Incubation period</td>
<td>• 2 – 8 days</td>
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| Period of communicability | • One or two days before, and for the duration of symptoms (usually 7 - 10 days)  
• Persons who are immunosuppressed may be infectious for up to 4 weeks |
| Individuals most at risk | • Children under 2 years  
• Elderly  
• Immunocompromised |

Severe disease in:  
• Premature Infants  
• Very young infants (peak age 3-6 months)  
• Chronic lung or heart disease  
• Immunocompromised

Informing the IPCT | Following implementation of all relevant infection prevention and control precautions you **must inform the Infection Prevention and Control Team (IPCT)** by phoning (01563) 825765 or by emailing the IPCT mailbox [InfectionControl@aapct.scot.nhs.uk](mailto:InfectionControl@aapct.scot.nhs.uk)

2.0 INFECTION CONTROL PRECAUTIONS FOR RSV

2.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) [National Infection Prevention and Control Manual](https://www.gov.scot/Topics/Health/Healthcare/InfectionPreventionandControl/Pages/National-Infection-Prevention-and-Control-Manual.aspx), must be used **by all staff, in all care settings, at all times, for all patients** whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.
Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

### 2.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when RSV is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). RSV is cross transmitted via the contact and droplet routes, therefore the following TBPs are required:

- **Contact precautions**
  Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

- **Droplet precautions**
  Used to prevent and control infections spread over short distances (at least 3 feet (1 metre)) via droplets (>5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

| **Patient Placement** | • Patients with suspected/confirmed infection should be isolated in a single room with ensuite facilities and:
| |   - The door should remain closed. If this is not possible, a risk assessment **must** be included in the nursing notes e.g. patient at risk of falls
| |   - An isolation notice must be placed on the outside of the door
| | • RSV is a ‘seasonal’ virus with increased incidence in autumn-winter. As a result **cohort care** may be required. Paediatric wards have a local Standard Operating Procedure for the implementation of an RSV cohort. All other areas should contact the IPCT before considering cohort care when there are increased numbers of RSV patients and single room isolation is unavailable

| **Personal Protective Equipment** | Routine care:
| | • Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment
| | • Surgical facemask and if there is risk of splashing or spraying from blood/body fluids, include eye protection (goggles or full face visor)
| | **Aerosol Generating Procedures (AGPs)**
| | • FFP3 respirator and eye protection (goggles or full face visor)
| | • Continue with FFP3 mask for 1 hour following AGP

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| Hand Hygiene | Hands must be decontaminated as per your 5 moments for Hand Hygiene:  
1. Before touching a patient  
2. Before clean/aseptic procedure  
3. After body fluid exposure risk  
4. After touching a patient  
5. After touching patient surroundings |
| Patient Care Equipment | • Where available, use single use/single patient use equipment. All single use/single patient use equipment must be discarded as clinical waste  
  ▪ Equipment should be kept to a minimum  
  ▪ All shared or reusable equipment must be decontaminated between patients using a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 parts per million (PPM)). Please refer to manufacturers’ instructions for compatibility of product  
  ▪ Communal facilities such as baths, bidets and showers should be cleaned and/or decontaminated between all patients |
| Environmental cleaning by Hotel Services | • Enhanced routine cleaning of the patient’s accommodation with a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 PPM), should be undertaken by hotel service staff until instructed otherwise (see Actichlor™ Plus General Environment Poster). It is the responsibility of nursing staff to ensure that domestic assistants are aware of this requirement  
  • Following the removal of the patient, the room should have a terminal clean carried out prior to the next patient being admitted |
| Clinical Waste | All waste must be discarded as clinical waste. |
| Linen | • All linen should be discarded as infected i.e. placed in a water soluble bag then into a clear plastic bag and lastly into a red laundry bag  
  • Labels should be attached to each red linen bag on sealing, clearly stating:  
    - Hospital of origin  
    - Ward or Department  
    - Date |
### Safe management of blood and body fluid spillages

Spillages must be decontaminated immediately with a chlorine releasing agent e.g. Actichlor™ Plus using the following dilutions:

- Blood spillages (or bodily fluid with associated blood): 10 Actichlor™ Plus tablets in 1 litre of water (concentration = 10,000 PPM)
- Body fluid spillages (with no associated blood): 1 Actichlor™ Plus tablet in 1 litre of water (concentration = 1,000 PPM).

**Remove spillage with disposable paper roll prior to applying a chlorine releasing agent to reduce the risk of chemical reaction.**

### Occupational exposure

- Occupational exposure to RSV can be prevented by adhering to precautions outlined above
- Contact the Occupational Health Department if you have any concerns regarding exposure to RSV or require information regarding your current immunisation status, if applicable

### Respiratory Hygiene and Cough Etiquette

- Patient should be encouraged to cover their nose and mouth with a tissue when coughing, sneezing or blowing their nose
- When transferring patient, request patient to wear a surgical face mask, unless patient is wearing an oxygen mask

## 3.0 OTHER RELEVANT INFORMATION

### Transferring Patients

- If possible, do not transfer patient until TBP's are no longer required
- Prior to transfer, staff must inform any receiving ward/department that the patient has a suspected/confirmed infection, as well as a history of specimens taken and Infection Prevention and Control precautions taken
- Prior to transfer, you must ensure the ward receiving the patient has suitable accommodation

### Specimens

Send specimens as clinically indicated (also refer to the Laboratory Handbook).

### Care After Death

A body bag is not required.

### Patient Clothing

Laundry going home, must be placed into a clear bag and then into a patient clothing bag. The Washing Clothes at Home Information Leaflet must be issued.

### Visitors

Those who are immunocompromised, pregnant women and small children should be advised not to visit.
<table>
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<tr>
<th>Documentation</th>
<th>Ensure that the patient is fully aware of their infectious status and that the provision of this information has been documented in the notes.</th>
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<tr>
<td>Action to be taken</td>
<td>Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis.</td>
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<tr>
<td>Additional information</td>
<td>None.</td>
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