

Respiratory Syncytial Virus (RSV) – AT A GLANCE

DESCRIPTION	• Respiratory Syncytial virus (RSV) – an enveloped RNA virus that causes coughs and colds during the winter period. • Common cause of bronchiolitis in children aged under 2 years presenting to hospital • Can affect elderly patients and immunocompromised patients of all ages • Transmitted via large droplets and secretions • Incubation period is 3 to 5 days • Vaccines are now available for the elderly and for pregnant women (to prevent RSV in neonates and infants)			
MANAGEMENT	Patient Category	Patient placement	IPC precautions	
	Children (Ages 0 – 16)	Isolate in a single room/cubicle or cohort similar RSV cases in a bay	Droplet precautions- • Routine care- Surgical mask (FRSM) • AGP’s-FFP3 Respiratory and cough etiquette for patients	
	Adults in general areas	Preferable to isolate in a single room if symptomatic. Cohort similar RSV cases in a bay.	Droplet precautions- • Routine care- Surgical mask (FRSM) • AGP’s-FFP3 Respiratory and cough etiquette for patients	
	Adults in immunocompromised areas	Isolate in a single room or cohort similar RSV cases in a bay	Droplet precautions • Routine care- Surgical mask (FRSM) • AGP’s-FFP3 Respiratory and cough etiquette for patients	
CLEANING	• Virus can survive on surfaces for up to 7 hours. • Wipe down frequently touched areas with GREEN Clinell wipes at least twice a day • Clean all equipment after each use • Terminal clean required (including curtain change) for patients in bed space/single room for 12 hours or more, including cleaning equipment and surfaces with GREEN Clinell wipes			
WHEN TO STOP ISOLATION/ COHORTING	• Cohorting or isolation should continue until the patient is asymptomatic or has been discharged • Patients can be discharged home while symptomatic provided they are medically fit • Receiving hospitals must be informed, using an Inter-hospital transfer form found on the intranet, of confirmed or suspected RSV prior to transfer			