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<p><b>IS1000: Respiratory Viruses (replaced RSV guideline)</b></p>	<p><b>EFFECTIVE DATE:</b> June 13, 2016 <b>REVISED DATE:</b> October 2019 <b>REVIEWED DATE:</b></p>
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## 1.0 PURPOSE

To prevent transmission of respiratory viruses including Influenza, Parainfluenza, Respiratory Syncytial Virus (RSV), Adenovirus, Human Metapneumovirus (hMPV), Coronavirus, Rhinovirus to patients and staff.

## 2.0 DEFINITIONS

In general, respiratory viruses can cause acute upper respiratory tract infection in most people. Lower respiratory tract infections are more common in children < 1 year old and in the elderly with chronic pulmonary disease or functional disability.

Symptoms include:

- New or worsening cough and
- Fever > 38 C, or a temperature that is abnormal for that individual and
- At least one of the following symptoms: myalgia/arthritis, prostration, sore throat

NOTE: young children, the elderly, the immune-compromised, or those taking medications such as steroids or NSAIDS may not develop a fever or may have a lowered temperature as a result of infection.

### 2.1 Mode of transmission

- Droplet transmission via direct contact with virus-containing secretions (i.e.) when person coughs or sneezes
- Direct/indirect contact with virus-containing secretions on contaminated hands or surfaces/equipment (viruses may persist on environmental surfaces for hours)

### 2.2 Incubation period

- varies depending on causative virus

### 2.3 Period of communicability

- Generally 3-7 days from onset of symptoms
- Viral shedding may be longer in infants or immunocompromised persons

### 2.4 Diagnostic testing

- Nasal (or nasopharyngeal) swab or washings for respiratory virus
- Specimens should be collected from symptomatic persons within 48 to 72 hours of onset of symptoms

## 3.0 GUIDING PRINCIPLES

- 3.1 Healthcare workers are rarely at risk for acquiring respiratory viruses when using Routine Practices appropriately, including a point of care risk assessment (PCRA). When the PCRA indicates a potential respiratory illness, then Droplet & Contact Precautions should be implemented.

- 3.2** Watch carefully for other patients or healthcare workers with developing respiratory symptoms. If unit transmission is suspected, notify the Infection Control Practitioner.

#### **4.0 PROCEDURE**

##### **4.1 Additional Precautions**

- Place on **Droplet & Contact Precautions**
- Staff to wear a surgical/procedure mask and eye protection when within 2 metres of patient as well as gown and gloves for direct patient contact

##### **4.2 Discontinuing Additional Precautions**

- Based on the point of care risk assessment – if symptoms have resolved, Droplet and Contact Precautions can be discontinued (up to 7 days from clinical onset in young children and immunocompromised persons)
- For patients with **Influenza** who have been on antiviral treatment for 5 days, do a point of care risk assessment – if symptoms have resolved, Droplet and Contact Precautions can be discontinued
- Consult Infection Control Practitioner with questions or concerns

#### **5.0 REFERENCES**

- 1) Provincial Infection Control Network of British Columbia (PICNet BC). (April 2018), **Respiratory Infection Outbreak Guidelines for Healthcare Facilities**. <https://www.picnet.ca/practice-guidelines>
- 2) Centre for Disease Control and Prevention (July 2010) **Interim guidance of Infection Control Measures for H1N1 Influenza in Healthcare Settings, Including protection of Healthcare Personnel** [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)