**PURPOSE:**

Respiratory Syncytial Virus (RSV) is one of the leading causes of respiratory tract infections in infants and the elderly worldwide. RSV is an infectious agent that is transmitted by direct and indirect contact. The management of patients diagnosed with, or highly suspicious of having RSV must be defined and preventive measures instituted. The mode of transmission and high attack rate make RSV a significant nosocomial pathogen, necessitating rapid implementation of infection prevention and control measures.

The purpose of the following policy is to prevent transmission of RSV to susceptible persons, define RSV exposure, and establish guidelines for patient placement and management.

**DEFINITIONS**:

1. Mode of Transmission: RSV can be transmitted by direct contact with infected persons via large particle droplets. Indirect transmission can occur from hands or fomites that are contaminated with RSV.
2. Clinical Manifestation: The most common presentation of RSV is upper respiratory tract infection, including sneezing, rhinorrhea, nasal congestion, cough, and often fever. Progression to lower tract disease may result in bronchiolitis, tracheobronchiolitis, and pneumonia.

**PROCEDURES:**

1. Patients admitted to CHLA with symptoms of an acute respiratory illness must be placed in **Combined-Droplet** precautions using **mask, gloves, and gown** for 7 days after positive test; or return to baseline (whichever is longer). For high hazard procedures, an N95 mask is required per CHLA’s ATD plan.
2. **Mask, gloves, and gowns** must be worn before entering the patient room. Stringent hand hygiene must be practiced (5 Moments of Hand Hygiene).
3. Because of the virus’ ability to survive on hands and environmental surfaces, health care workers should abstain from touching eyes, nose and mouth while caring for patients. Eyes, mouth and nose are inoculation sites.
4. Place patients with diagnosed RSV in a private room, or if known not to have any other respiratory infections or **chronic conditions**, in a room with other patient(s) with RSV
5. Patients (**without any underlying chronic conditions**) who are symptomatic for or highly suspicious of having RSV may be cohorted.
6. Do not cohort asymptomatic RSV positive patients with symptomatic RSV positive patients. Patients can be re-infected.
7. In a multi bed room where a patient becomes symptomatic, and the patient cannot be moved to another room, consider the entire room exposed. Mask, gown, and gloves must be used to prevent cross infection to the other patients.
8. Repeat respiratory viral panel testing need not be done to discontinue isolation of asymptomatic patients. Positive RSV may persist for 3-4 weeks, but infectiousness has not been determined.
9. The physician's clinical judgment will determine the management of patients with chronic respiratory illnesses

**REFERENCES:**

1. CDC. HICPAC. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.
2. APIC Text of Infection Control and Epidemiology, 4th edition. Chapter 90: Respiratory Syncytial Virus, 2014.

**POLICY OWNER:**

*Executive Director, Infection Prevention, Accreditation and Licensing, Emergency Management*