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Respiratory Viruses

Purpose

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

Definition

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/arthralgia, 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.

Overview

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)

Incubation period

- varies depending on causative virus

Period of communicability

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

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

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.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations where we live, learn, collaborate, and work together.

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

Best Practices

Additional Precautions

- In addition to Routine Practices, place patient on [Droplet & Contact Precautions](#).
- The appropriate [Droplet & Contact](#) signage to be posted outside of patient's door or bedspace.
- 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

Discontinuing 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

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Last Reviewed	October 2019		
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Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision

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