IP&C precautions for RSV can be found in the Public Health England (2016) Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings guidance. Please see the link below.

[**Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings (publishing.service.gov.uk)**](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F585584%2FRTI_infection_control_guidance.pdf&data=04%7C01%7CSammer.Tang%40phe.gov.uk%7C3ce81566a25a4582ce1b08d937e70deb%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637602287889356680%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=XPlA5NaXNn2lJjV8AOAKJql9KPSFmif1oOylm9PNaNc%3D&reserved=0)

**In summary, the IP&C precautions advised for primary care are listed below.**

**Droplet precautions are designed to minimise transmission of respiratory pathogens from infected patients via droplets to susceptible persons.**

**Droplet transmission:**

Droplets greater than five microns in size may be generated from the respiratory tract during coughing, sneezing or talking. If droplets from an infected person come into contact with the mucous membranes (mouth or nose) or surface of the eye of a recipient, they can transmit infection. These droplets remain in the air for a short period and travel one to two metres, so physical closeness is required for transmission.

**Patient placement:**

* RSV is transmitted by large droplets and by secretions from contact with an infected person. The virus can survive on surfaces or objects for about 4 to 7 hours.
* Triage before arrival. Risk assess which is most appropriate, a home visit, remote consultation or organise isolation facilities on patient arrival to the GP practice.
* Place the patient in an isolation room, segregated area or ask them to wait in a car until a decluttered consultation room is available. Display signage to control entry into isolation.
* Limit the movement of the patient outside the room. The patient should, if possible, wear a surgical face mask to minimise the dispersal of respiratory secretions and reduce environmental contamination, if the patient is unable to wear a mask, healthcare workers (HCWs) who come within two metres of the patient should wear a Type IIR face mask. Surgical face masks should be removed and disposed of inside the patient room once the HCW is more than two metres from the patient(s).

**Respiratory hygiene and cough etiquette (Catch it, Bin it, Kill it):**

Patients should be instructed to follow the recommendations for respiratory hygiene and cough etiquette:

* Use a disposable, single use tissue to cover mouth and nose when coughing, sneezing, wiping or blowing nose.
* Dispose of tissues promptly in a bin.
* Practice hand hygiene by washing hands with soap and water, and drying them thoroughly after coughing, sneezing or using tissues. Alcohol gel may be used for hand hygiene if the hands are visibly clean. Some patients, such as older people or children may require assistance to contain respiratory secretions.

**Hand hygiene:**

Hand hygiene is part of standard infection control precautions and is the most effective way to prevent transmission by direct contact. Hand hygiene must be performed using the WHO Five Moments.

* before touching a patient
* before a clean/aseptic procedure
* after exposure to body fluids
* after touching a patient
* after touching the patient’s surroundings

Hand hygiene should also be performed after removing PPE. Use alcohol hand rub/gel to decontaminate hands which are visibly clean. Use soap and water if hands are visibly soiled.

**Use of PPE:**

* HCWs assessing or caring for patients with a suspected (clinically diagnosed) or confirmed respiratory tract infection (RTI) are advised to wear a surgical face mask, Type IIR, when in close contact with the patient (within two metres). Eye protection is advisable where there is assessed to be a risk of eye exposure to infectious sprays. For example, when caring for patients with persistent cough or sneezing. If single-use eye protection is not used, then appropriate procedures should be implemented to safely disinfect reusable eye protection (in accordance with manufacturer’s instructions). When patients with RTI are cohorted in one area and multiple patients require care, it may be more practical to put on a surgical face mask on entry to the area and keep it on for the duration of all care activities, or until the mask requires replacement (when it becomes moist or damaged). Surgical face masks should be removed and disposed of inside the consultation room once the healthcare worker is more than two metres from the patient(s)
* Plastic apron and gloves should be worn in accordance with standard infection control precautions:
	+ All HCWs should wear a plastic apron and gloves.
	+ Change plastic apron and gloves and perform hand hygiene between contacts with patients.

**Patient care equipment:**

* Where reusable equipment cannot be dedicated to individual patients (e.g. spirometry equipment), these must be cleaned immediately after patient use and between each patient. Follow local decontamination policy and equipment specific manufacturers’ instructions.

**Environmental measures:**

* Keep consulting rooms/isolation facilities environment clean and clutter free.
* Use disposable cleaning materials in accordance with local policy.
* Carry out a surface clean after the consultation, by decontaminating the patient furniture, clinical surfaces and medical equipment following local infection prevention and control policy on medical equipment and environmental decontamination.
* Consider removing privacy curtains in the isolation/consulting room to avoid the need of removal after each consultation of an infectious patient.

The incubation period - the delay between infection and the appearance of symptoms - is short at about 3 to 5 days.

For more information see -

[Respiratory syncytial virus (RSV): guidance, data and analysis - GOV.UK (www.gov.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fcollections%2Frespiratory-syncytial-virus-rsv-guidance-data-and-analysis&data=04%7C01%7CSammer.Tang%40phe.gov.uk%7C3ce81566a25a4582ce1b08d937e70deb%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637602287889366633%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=OtfywxZDE0QgKPiZUwl%2FR88TKtO1xqJxJZg9O9Iovws%3D&reserved=0)

[Bronchiolitis - Causes - NHS (www.nhs.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2Fbronchiolitis%2Fcauses%2F&data=04%7C01%7CSammer.Tang%40phe.gov.uk%7C3ce81566a25a4582ce1b08d937e70deb%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637602287889376590%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=Q0g6HriRH4reFt25g6Kp2C2020paXMgzMUF2cCA6lFY%3D&reserved=0)