# RESPIRATORY VIRUSES POLICY
## Including Severe Acute Respiratory Syndrome (SARS)

**Version No 9: March 2025**

**First Issued:** **January 2010**
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## Contents

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## 1. INTRODUCTION

Respiratory infections are common, principally causing colds in both adults and children. Most are fairly mild, self-limiting and confined to the upper respiratory tract (URTI). However, these can progress and cause more severe infections which are associated with increased hospitalisations and mortality. There is a seasonal problem of epidemic respiratory virus infections in the UK for example, influenza occurs mostly during winter months and can affect all age groups, particularly the elderly and those with compromised immune, cardiac, or pulmonary systems due to complications such as pneumonia.

Diseases such as Severe Acute Respiratory Syndrome (SARS) and Avian Influenza have the potential to cause severe human illness. Transmission occurs from person to person by close contact, predominantly by large droplet/airborne respiratory secretions and/or contamination of hands.

To aid healthcare planning, surveillance of infections in the community is used to alert health-care providers to diagnostic considerations, management and prevention options. Under criterion 10 of The Health Act (2008) organisations must ensure *'so far as is reasonably practicable, that care workers are free of and protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection.*

## 2. PURPOSE

The purpose of this document is to provide concise instructions for all staff to minimise the potential risks of infection and to ensure prompt recognition of those patients who are at risk of infection.

## 3. SCOPE

This document applies to all staff either employed or contracted within East Coast Community Healthcare CIC (ECCH).

## 4. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

| Term | Definition |
|---|---|
| Policy | A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation. |
| SARS | Severe acute respiratory syndrome |

## 5. RESPONSIBILITIES

- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.

- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH

- **ECCH Managers** – Are responsible for ensuring staff they adhere to this policy

## 6. POLICY STATEMENT

This policy will be implemented to ensure adherence to best and safe practice.

## 7. PROCEDURE

**What to do if you have a patient with suspected viral respiratory infection**

- Any patient admitted with an URTI or suspected URTI should be nursed in a side room, **not** on a ward with immunocompromised patients.
- During Respiratory Syncytial Virus (RSV) annual epidemic, it may be necessary to cohort symptomatic patients. This decision should be based on clinical symptoms.
- Patients and visitors should be reminded about the importance of strict hand hygiene.
- A normal chest x-ray does not rule out respiratory virus infection.
- The infection prevention and control team should be contacted immediately where clinical signs, travel history and exposure suggest infection with new or re-emerging respiratory diseases such as SARS or Avian Influenza:

**On presentation - prior to medical assessment - the patient should be placed immediately in a side room/single room.** The patient must wear a surgical mask. Healthcare workers must also wear a mask (a tight fitting respirator FFP3 mask or if not available immediately then a surgical mask) long sleeved gown and disposable gloves.

**Management of patients with viral respiratory infection**

- The door to the side/single room **must** be kept closed
- Staff contact should be kept to a reasonable minimum without compromising patient care.
- Hand hygiene is essential after contact with the patient or his/her environment, and on leaving the patient's room in order to prevent contact transmission.
- Respiratory hygiene/cough etiquette - patients should receive active instruction and supplies to ensure they cover their mouth and nose when coughing/sneezing and use tissues to contain respiratory secretions.
- Provision must be made for patients to dispose of used tissues into an appropriate waste receptacle prior to discarding into an orange clinical waste bag
- Provision must be made for patients to perform hand hygiene after contact with respiratory secretions and contaminated items.
- The movement of patients must be restricted.
- Healthcare workers in direct contact with the patient or their bed linen must wear disposable gloves and aprons.

- Linen must be treated as infected and placed in a red dissolvable bag inside a white laundry bag, as per laundry policy.
- Standard precautions must be maintained at all times
- Standard surgical masks **must** be worn for close contact with infected patients with an active cough.

**Ending isolation**
Isolation of the patient may be discontinued after 7 days of the onset of clinical illness providing symptoms are no longer present, if symptoms persist for longer than 7 days isolation should be continued until symptoms resolve. If Covid-19 positive, the isolation period can be reduced prior to day 10 if there is evidence of two consecutive negative Lateral Flow test results (24 hours apart) starting from day 5.
NB Immunocompromised patients may expel viruses for a longer period. The infection prevention and control team may be contacted for advice.

**Members of staff**
- **Seasonal influenza vaccine is strongly recommended and uptake expected for all frontline clinical staff on an annual basis. It is the responsibility of all front line clinical staff to access this service in order to minimise the risk to patients, staff and their families. Staff who do not take up the offer must explain the rational for this with their line manager**
- Staff suffering from persistent, unexplained respiratory symptoms, especially following foreign travel, must report to their General Practitioner and should not attend work
- Staff suspected and/or diagnosed with a communicable respiratory disease must inform the occupational health service and their line manager immediately
- In the event of new and re-emerging respiratory diseases, such as SARS and Avian Influenza, relevant advice will be given by the infection prevention & control team and the occupational health service

**Visitors**
- All visitors with symptoms of respiratory disease should be discouraged from visiting

**Severe Acute Respiratory Syndrome (SARS)**
Severe Acute Respiratory Syndrome (SARS) and Avian Influenza have the potential to cause severe human illness. Infection can be acquired by direct and indirect contact. Transmission occurs from person to person by close contact, predominantly by large droplet/airborne respiratory secretions and/or contamination of hands.

**Assessment**
A **suspected case** will have:
- High fever of >38°C, which is sometimes associated with rigors, headache and malaise
- One or more of the symptoms of lower respiratory tract illness (cough, difficulty in breathing, shortness of breath)
- A recent history of travel to an infected area classified by the World Health Organisation (WHO) as a potential zone for re-emergence i.e. China and Hong Kong by a patient or close contact

- X ray evidence consistent with pneumonia or Respiratory Distress Syndrome

A **probable case** would include:

- Any individual with the above signs and symptoms and with preliminary laboratory evidence of SARS CoV infection

A **confirmed case** would include

- Any individual with the above signs and symptoms with preliminary laboratory evidence based on two positive different samples.

## RECOMMENDED INFECTION CONTROL MEASURES

### Healthcare Workers

- Standard precautions should be taken by all ECCH staff who come into close contact (see below) with a possible case of SARS. This would usually include gloves and a respirator conforming to at least European standard EN149:2001 FFP3

(Detailed guidance on the use of face-masks and respirators is available in Appendix 1).

- If a respirator is not immediately available, a surgical face-mask should be worn
- All Healthcare workers in close contact with a possible SARS case should be considered a contact of that case and should follow the guidelines below
- Instructions on the correct way of using the respirator are supplied with the respirator and should be read carefully. Fit is critically important and a fit check or user seal check should be done each time a respirator is worn. The respirator should fit tightly to the face so that no air enters from the sides. Masks or respirators should be disposed of immediately after use as clinical waste, according to local waste policy. They should only be removed when the wearer is in a safe area e.g outside the patient's room
- Standard precautions should be followed (including careful attention to hand hygiene with the use of hand sanitisers where available)
- Disposable gloves should be used when in direct contact with body fluids of the patient
- Standard precautions should be used when handling any clinical waste, which must be placed in leak-proof biohazard bags or containers and disposed of safely, following the local clinical waste policy

### Patients

- Patients with possible SARS should use a surgical mask while symptomatic whether in hospital, at home or in transit
- The mask must fit snugly over the face, with the coloured side out and the metal strip at the top. The strings should be positioned to keep the mask firmly in place over the nose, mouth and chin and the metallic strip shaped to the bridge of the nose. The mask must not be touched again until it is removed
- When the patient is unable to wear a mask, carers/ECCH staff must wear a mask when in close contact
- The patient must be advised to cough/sneeze into a paper tissue and dispose of this safely into a toilet/or a plastic bag tied off at the top, prior to placing in a bin
- Patients hands should be frequently washed particularly after contact with body fluids (e.g. respiratory secretions, urine or faeces)

- Close contacts hands should be thoroughly washed before and after contact with a patient and after activities that are likely to cause contamination

**General**

- Laundry should be washed on the highest temperature recommended for the fabric
- Crockery and cutlery should not be shared but can be used by others after routine cleaning either in a dishwasher or with hot water and washing-up liquid
- Blood and body fluid spillages should be mopped up using gloves and paper towels first, then the area cleaned and disinfected using household bleach diluted to 1 in 10 with cold water
- Environmental surfaces should be cleaned with general-purpose detergent and cold water and dried using disposable paper towels
- If surfaces are contaminated disinfect using household bleach diluted to 1 in 100

**Guidance for assessing and managing a potential SARS case**

- Patients should initially be assessed at home if at all possible, rather than in a GP setting. It is important that clinicians obtain a detailed travel history from patients with symptoms and signs consistent with clinical SARS as well as ascertaining whether other family members and/or close contacts (particularly within a hospital setting) have had a similar illness within 10 days prior to the patient's onset of illness
- Standard precautions should be taken when examining or taking samples from a potential SARS case (please see below for details)
- GPs should make an initial assessment and provisionally classify the patient according to the case definition: https://www.who.int/csr/sars/casedefinition/en/

**If a patient fits the current case definition of possible SARS refer to an acute hospital:**

- Patients should be dealt with through normal channels, and the receiving hospital should be alerted to the patient's possible SARS diagnosis in advance of their arrival
- A surgical mask should be used where possible for symptomatic patients whether at home, in hospital or in transit
- Patients with possible SARS should be reported by telephone to the Public Health England, Communicable Disease Surveillance Centre (CDSC) duty doctor and the local CCDC Telephone: **03003038537**

**If a patient's illness is mild/resolving/or they may not require hospitalisation:**

- If they do not fit the case definition, patients should be managed at home. They should stay indoors and keep contact with other people to a minimum until their symptoms have resolved and they are afebrile for 48 hours

**Management of close contacts of a SARS case or a Possible Case**

- Close contacts are considered to be family, friends or staff workers who lived with or who have had direct contact with the patient, respiratory secretions, body fluids and/or excretions (e.g. faeces) of a possible or probable case of SARS, whilst the patient was symptomatic
- Management depends on whether the patient is a possible, probable or confirmed SARS case. See section 13 for definitions

- Contacts of a possible case should be given information on SARS, this can be found at https://www.nhs.uk/conditions/sars/
- No specific follow-up of contacts is needed
- Contacts are free to continue with usual activities unless they become unwell.
- A close contact that develops symptoms of SARS within ten days of contact with a possible case should phone their GP and seek medical advice. They should inform medical staff of their contact with a possible or probable case. Close contacts remain at risk until ten days after their last contact with a symptomatic case

**Management of Close Contacts of a Probable Case:**

- Generate a list of contacts and record the date on which they last had contact with the case
- Liaise with the local CCDC/Health Protection team on follow-up responsibilities
- On day one, the GP or local Public Health England should telephone the contact to assess their health and provide them with information on SARS: **03003038537**
- On day ten following last contact with the case, GP or local Public health England team should telephone the contact to assess their health
- If the contact develops symptoms consistent with SARS they should be assessed at home. See Guidance for assessing and managing potential SARS Case 14

**Management of Close Contacts of a Confirmed Case:**

- Voluntary home isolation is recommended for a close contact of a confirmed case of SARS

**Such close contacts should**:

- Stay indoors and keep contact with other people to a minimum for a period of ten days from the time of last contact with the case
- Inform their GP of their contact
- Monitor their health for SARS symptoms over this ten-day period, and phone their GP if they develop any symptoms
- In addition, the GP or local Public Health England team should telephone the contact daily to assess their health during the ten-day home isolation period

**Surveillance and Reporting of Cases**

- Patients fitting the case definition of possible SARS should be reported by telephone to the Public Health England, Communicable Disease Surveillance Centre (CDSC) duty doctor **03003038537**

## 8. MONITORING AND REVIEW

This document will be reviewed by Infection Prevention & Control/IPACC March 2027**,** or sooner if changes in legislation occur or new best practice evidence becomes available.

## 9. REFERENCES *(if relevant)*

Notifiable diseases: https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report (accessed 24/01/2025)

Department of Health (2006) *Immunisation against infectious disease.* (The Green Book) updated 2020 Available at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#history (accessed 24/01/2025)

Department of Health (2022) The Health and Social care Act 2008, Code of Practice on the prevention and control of infections and related guidance. Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK (www.gov.uk) (accessed 24/01/2025)

Goldman D A (2001) Epidemiology and Prevention of Viral Respiratory Infection in Healthcare Institutions. *Emerging Infectious Diseases, 7(2), 249-253*
National Institute for Health and Clinical Excellence (2014) Infection prevention and control (Quality Standard 61)

## 10. AUTHOR

Infection Prevention & Control Team March 2025

## 11. APPENDICES

1. **Cough & cold poster**
2. **Stop if you have a cold - Poster**

## 12. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:
 Are the aims of this policy clear?
 Are responsibilities clearly identified?
 Has the policy been reviewed to ascertain any potential discrimination?
 Are there any specific groups impacted upon?
 Is this impact positive or negative?
 Could any impact constitute unlawful discrimination?
 Are communication proposals adequate?
 Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2

## 13. DOCUMENT CONTROL

| Version Date | Version No. | Author/ Reviewer | Comments |
|---|---|---|---|

| | | | |
|---|---|---|---|
| January 2011 | 2 | IPCT | Updated reference |
| December 2012 | 3 | IPCT | |
| December 2014 | 4 | IPCT | |
| November 2016 | 5 | IPCT | Amalgamated Respiratory & SARS |
| December 2018 | 6 | IPCT | |
| March 2021 | 7 | IPCT | Updated regarding emerging disease |
| March 2023 | 8 | IPCT | Isolation: COVID-19 early release |
| March 2025 | 9 | IPCT | |

**DOCUMENT CONTROL SHEET**

| | |
|---|---|
| **Name of Document:** | Respiratory Viruses Policy including SARS |
| **Version:** | 9 |
| **File Location / Document Name:** | ECCHO |
| **Date Of This Version:** | Version |
| **Produced By (Designation):** | Infection Prevention & Control Team |
| **Reviewed By:** | IPACC |
| **Synopsis And Outcomes of Consultation Undertaken:** | Changes relating to relevant committees/groups involved in ratification processes. |
| **Synopsis And Outcomes of Equality and Diversity Impact Assessment:** | No specific issues. National EIA give more details on measures to reduce Healthcare Acquired Infections |
| **Ratified By (Committee):-** | IPACC |
| **Date Ratified:** | 23/03/2025 |
| **Distribute To:** | All staff |
| **Date Due for Review:** | March 2027 |
| **Enquiries To:** | Infection.prevention@ecchcic.nhs.uk |
| **Approved by Appropriate Group/Committee**<br>**Approved by Policy Group**<br>**Presented to IGC for information** | ☐ Date:<br>☐ Date:<br>☐ Date: |

Appendix 1

NHS

# Coughs and sneezes spread diseases

always carry tissues

cover your coughs and sneezes

throw used tissues in a bin

always clean your hands

## Stop germs spreading

Appendix 2


# COULD THIS BE YOU?

## If you have a cold or 'flu (with a 'runny' nose, sore throat, raised temperature and a cough) you should refrain from visiting until the symptoms have cleared up completely

## If in doubt, please consult the nurse in charge **before** visiting

**For further infection prevention and control advice contact**
Infection Prevention and Control Team
01502 445361
Infectionprevention@ecchcic.nhs.uk