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KEY WORDS: RSV, isolation, pediatric droplet precautions, Children’s Center, Weinberg Oncology Center, droplet precautions

POLICY

It is the responsibility of each member of the JHH system to prevent and control infections. The following infection control guidelines are established to facilitate the identification, prevention and control of infections due to RSV, a pathogen readily transmitted to other patients and to hospital staff.

RESPONSIBILITIES

- | | |
|---|--|
| Clinical and Support Personnel | ▪ Follow the requirements of this policy. |
| Supervisor/Managers of all Departments | ▪ Ensure employee compliance with this policy. |
| Physicians | ▪ Ensure that they and their patients are in compliance with this policy. |
| Department of Hospital Epidemiology and Infection Control | ▪ Provide education and training as needed. Assist with questions concerning policy and measures to introduce or discontinue required isolation. |

PROCEDURES

Two-Stage Control Plan

- **Stage One:** Effective when the first hospitalized patient from the local community with confirmed RSV infection is identified in the fall.
- **Stage Two:** Effective when five hospitalized patients from the local community are hospitalized with RSV infection. Stage two will be in effect until 10 days have passed without admission of a community-acquired RSV case and without evidence of nosocomial transmission.

I. DROPLET PRECAUTIONS

- Gloves and gown are required for contact with infective material.
- Mask (preferably with eye protection) required when within three feet of the patient.
- All protective attire must be removed prior to leaving the room and hands must be cleaned.

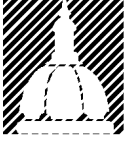
II. INFORMATION CAMPAIGN

1. Stage One

- An informational campaign, coordinated by HEIC, will be started to announce that RSV is present and to give Stage One instructions.
- Stage One instructions will be distributed to all Weinberg Oncology Center, IPOP, Pediatric and Newborn Nursery medical and nursing staff.

2. Stage Two

- An informational campaign, coordinated by HEIC, will be started to announce that Stage Two has occurred and that further control measures will begin.

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- Stage Two instructions will be distributed to all Weinberg Oncology nursing units, IPOP, Pediatric nursing units, the Newborn Nursery, the Pediatric ER, Pediatric Radiology, Pediatric Same Day Care, and all Pediatric clinics.

III. PEDIATRICS

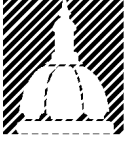
- The following pediatric section of this policy is applicable to in-patients. Children seen in outpatient settings will be handled using Standard Precautions (gloves to handle any patient, meticulous hand hygiene/hand washing between patient contacts, mask & eye protection if child is actively coughing and able to generate droplets when doing so).
- Children hospitalized with RSV are placed on Pediatric Droplet Precautions.

A. Pediatric Droplet Precautions require the following added considerations:

1. A private room is preferable if space is available.
 - a. If sharing a room is unavoidable, RSV patients shall be cohorted when possible.
 - b. If an infected patient must share a room with a non-infected patient, the infected patient shall be placed in the bed closest to the window and the uninfected patient shall be placed in the bed closest to the door. This prevents staff and visitors from entering the isolation space en-route to visit/care for the uninfected patient.
2. Uninfected roommates must never be patients with congenital heart disease, chronic lung disease, or immune suppression.
3. Pediatric Droplet Precautions are not required when visiting a roommate of an isolated patient unless the roommate is also on precautions.
4. "Pediatric Droplet Precautions" sign shall be placed on the door or at the bedside and an appropriate label shall be placed on the chart.
5. Protective Attire for Pediatric Droplet Precautions
 - a. Gloves are required for contact with infective secretions.
 - b. Masks (preferably with visors) are required when healthcare workers (HCW) are at the patient's bedside (e.g. within 3 feet of the patient) and gowns are required to touch the patient.
 - c. All protective attire must be removed before leaving the room and hands must be cleaned.
6. Hand hygiene before leaving the room and avoidance of contact with other patients shall be stressed in a letter given to all parents of patients on Pediatric Droplet Precautions.
7. Parents who exhibit upper respiratory symptoms (URI) will be encouraged not to visit until the symptoms subside. If a parent *must stay*, use of a mask will be strongly encouraged.

B. Pediatrics - Stage One Procedures

1. Any child < 6 years of age with bronchiolitis or pneumonia will be placed on Pediatric Droplet Precautions and will have an NPA specimen sent for viral culture and antigen detection. All children < 6 years of age with known HIV infection admitted to the hospital will have an NPA specimen sent for viral culture and antigen detection (does not apply to neonates with known HIV during their hospitalization after delivery).
2. If the RSV antigen test is negative, the MD responsible for the patient's care or Hospital Epidemiology/Infection Control (HEIC) staff will discontinue Pediatric Droplet Precautions.

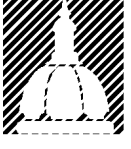
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C. Pediatrics - Stage Two Procedures

- General Procedures
 1. Any child < 6 years of age with any respiratory symptoms, all children < 6 years of age with known HIV infection (except neonates as in II.B.1 above) who have URI symptoms will be placed on Pediatric Droplet Precautions and will have an NPA specimen sent for viral culture and antigen detection.
 2. If the RSV antigen test is negative and the RSV culture is negative at 5 days, the responsible MD or HEIC staff will discontinue Pediatric Droplet Precautions. If the RSV antigen is negative and the patient is judged to have a low probability of RSV infection, Pediatric Droplet Precautions may be discontinued before culture results are available with the agreement of Infection Control or Pediatric Infectious Diseases.
 3. Duration of Pediatric Droplet Precautions for confirmed cases:
 - a. **For patients with no immune suppression**
After symptoms related to RSV have resolved and one week after the first positive RSV antigen test, a second antigen test may be performed. Pediatric Droplet Precautions may be discontinued if the second antigen test is negative.
 - b. **For patients with immune suppression including HIV infection**
Precautions may be discontinued when 2 consecutive negative RSV antigen tests, taken one week apart are obtained, after consulting with Pediatric Infectious Diseases
 - The playroom on CMSC 6 may be closed if a nosocomial outbreak occurs on that unit.
 - Children on Pediatric Droplet Precautions are restricted from entering the playroom on CMSC 6.
 - Sibling visitation will be suspended for children < 2 years of age who are visiting CMSC, Obstetrical Nursing Units, and the Newborn Nursery. Exceptions may be made on an individual basis after consultation with Infection Control or Infectious Diseases.

IV. WEINBERG ONCOLOGY CENTER

- Weinberg oncology patients who are hospitalized with RSV shall be placed in Droplet Precautions.
 - A. Droplet Precautions
 1. Gloves & gowns are required for contact with infective material.
 2. Mask (preferably with eye protection) is required if within 3 feet of the patient.
 3. All protective attire must be removed before leaving the room and hands must be cleaned.
 4. Visitors must follow the precautions.
 - B. Nasopharyngeal washing (NPW) Specimens
 - The test is indicated for any adult oncology patient (pt) with bronchiolitis, pneumonia including increasing oxygen requirement, sputum production or flu-like symptoms. Flu-like symptoms include fever, runny nose, cough and body aches.
 - C. Frequency of Sending Antigen & Culture
 - An Influenza and RSV antigen & culture shall be sent upon the onset of symptoms. Consider repeating test if symptoms change or worsen.
 - D. Indications for Droplet Precautions
 - Any patient with bronchiolitis, pneumonia or flu-like symptoms.

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- E. Duration of Precautions for Suspected Cases
 - Precautions can be discontinued after 7 days if the initial antigen was negative, the initial culture is negative & the patient is symptom free. If symptoms persist, precautions shall be continued.
- F. Duration of Precautions for Confirmed Cases
 - Precautions may be discontinued after obtaining 2 consecutive negative RSV antigen tests, taken one week apart.
- G. Patient Placement
 - Private Room.
- H. Visitation
 1. Visitors with flu like symptoms may not visit.
 2. Children under 12 are not allowed to visit.
 3. Exceptions to the above will be granted only with permission from the attending physician and nurse manger.

I. Staff Guidelines

1. Stage One

Personnel responsible for the care of Weinberg patients must wear a mask and gloves for all patient contacts while they have symptoms of a cold but are afebrile. When possible, assignments of symptomatic personnel should be made so as to minimize their contact with patients who have congenital heart disease, chronic lung disease, or immune suppression.

- a. Oncology personnel who are febrile (> 38°C) or have flu-like symptoms must stay home or if they become sick while at work must go home.
- b. Oncology personnel are strongly encouraged to receive the Influenza vaccine yearly.

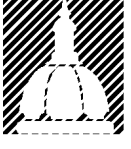
2. Stage Two

In addition to precautions in Stage One, when stage two goes into effect ALL STAFF & VISITORS shall wear masks and practice meticulous hand hygiene regardless of symptoms when entering ALL patient rooms. When performing care for patients who are know/suspected to have RSV, mask (preferably with visor) will be worn to enter the room; gloves and a gown will be worn if touching the patient's infectious secretions.

V. **TRANSPORT GUIDELINES**

A. Pediatrics

1. When transporting a patient on Pediatric Droplet Precautions place the patient in a clean patient gown. If the patient is old enough to generate droplets when they cough (> 5 years old) and can tolerate wearing a mask, it is recommended to put a mask on the patient.
2. Single person transport
 - a. The child should be secured in a stroller, bassinet, etc. by caregiver wearing gloves, gown and mask.

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- b. If this caregiver is also transporting the child, he/she shall remove gloves, gown and mask and perform hand hygiene.
 - c. The transport person will carry a mask and gloves for possible patient contact during transport.
3. Two person transport
 - a. A parent/significant other may carry the patient and does not need to wear isolation attire. This person must be instructed not to touch hospital surfaces.
 - b. The second transport person should avoid patient contact, does not need to wear isolation attire and may touch hospital surfaces.

B. Adult Oncology Patients

The patient shall wear a mask. No additional precautions are required for the transporter.

VI. COMMUNICATION AND EDUCATION

A. Pediatrics Stage One

- Infection Control will communicate with nursing through the nurse managers.
- The Pediatric Chief Resident and Obstetrics Chief Resident will disseminate information to the house staff.
- Stage One instructions will be posted on all Pediatric nursing units, the Newborn Nursery, the Pediatric ED, Pediatric Radiology, Pediatric Same Day Care, and all Pediatric clinics.
- Pediatric House Staff, nurses, and nurse practitioners in the newborn Nursery will receive training in obtaining NPA specimens.

B. Pediatrics Stage Two

- A letter will be sent to all chiefs of service informing them of the community outbreak
- The General Pediatric Surgery (GPS) Chief Resident will be notified by HEIC.
- The Pediatric Chief Resident and Obstetrics Chief Resident will disseminate the information to the house staff.
- HEIC will communicate with nursing through the Nurse managers.

C. Weinberg Oncology Center

- The responsible Fellow, ACS or Chief Resident will disseminate information through out the Center.

REFERENCES

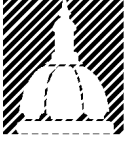
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Pickering, L.K. (Ed.). (2003). *2003 Red Book: Report of the Committee on Infectious Diseases* (26th ed., pp. 523-528). Chicago: American Academy of Pediatrics.

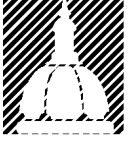
Karanfil, L.V., Conlon, M., Lykens, K., Masters, C.F., Forman, M., Townsend, T.R., et al. (1999). Reducing the rate of nosocomially transmitted respiratory syncytial virus. *American Journal of Infection Control*, 27:91-6.

SEE ALSO

Interdisciplinary Clinical Practice Manual

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- Isolation Precautions, IFC032 <http://www.insidehopkinsmedicine.org/icpm/ifc023isolation.pdf>

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SPONSOR

- Medical Care Evaluation Committee

DEVELOPER

- Hospital Epidemiology and Infection Control Department

COMMUNICATION & EDUCATION

This policy will be communicated to the appropriate JHHS personnel via the following channels:

1. Updates and revisions will be communicated via Medical Staff and Nursing publications.
2. Nurse Managers, Physician Advisors, Residency Coordinators, Department Chiefs and Department Management will be responsible to train new employees regarding the policy as appropriate, and to communicate updates to the protocol.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
4. Placement of policy online at www.hopkins-HEIC.org.

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 4/27/04 Effective Date: 5/31/04
VICE PRESIDENT FOR MEDICAL AFFAIRS			

Date:			