

# BLYTHEDALE CHILDREN'S HOSPITAL

## Steven and Alexandra Cohen Pediatric Long Term Care Pavilion

Manual

Code: **IC 2.7** Page 1 of 2

SUBJECT:

### Control of Respiratory Viral Infections

EFFECTIVE

DATE: April 2018

REVISED

DATE:

SUPERCEDES:

### PURPOSE

To provide guidelines for the control of respiratory viral infection transmission in the Hospital.

### POLICY

Respiratory viral infections including RSV, rhino/enterovirus, adenovirus, coronavirus, parainfluenza and human metapneumovirus pose an increased risk for those children with chronic lung disease. All Hospital personnel are required to adhere to proper Infection Prevention procedures in order to minimize the spread of respiratory viral infections in this resident population.

### PROCEDURE

#### 1. IDENTIFICATION

A child with **two or more** of the following symptoms is evaluated for an infection:

- Fever: 2 or more in a 24hour period
- New onset or change in character of cough
- A change or increased nasal congestion / secretions
- Sore throat / irritation of the throat
- A change or increased respiratory/tracheal secretions
- Increase in oxygen needs or vent support

#### 2. TESTING

- a. A child with or with symptoms as described above should be evaluated to determine whether respiratory viral testing is appropriate.
- b. If appropriate, nasal-pharyngeal secretions should be obtained for testing.
- c. Testing is ordered STAT so that results may be expedited.

#### 3. CONTROL MEASURES

- a. A resident who is symptomatic is placed on Contact / Droplet Precautions. (refer to IC 3.1 Transmission Based Precautions)
- b. The roommate of a symptomatic child will be restricted to the room and monitored for symptoms of infection until laboratory results are confirmed.

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If there is any discrepancy noted between the on-line version and the printed version of this policy/procedure, the on-line version is the true and accurate version.

- c. If viral testing is negative, the child will remain in their room until asymptomatic for 48 hours. The roommate may resume normal activities.
- d. If viral testing is positive, the room is placed on Contact / Droplet Precautions.
- e. Hand hygiene and cough etiquette procedures are strictly followed.

The Contact / Droplet Precautions remain in effect for the following length of time:

- a. RSV: for *seven days* and can be discontinued thereafter as long as the child is asymptomatic. (see policy IC 2.6, Control of RSV)
- b. Influenza: Droplet Precautions for *five days* with antiviral prophylaxis or *seven days* without antiviral prophylaxis. (see IC 3.3, IC Precautions for Influenza)
- c. Adenovirus: for *fourteen days* and can be discontinued thereafter as long as the child is asymptomatic.
- d. Rhino / enterovirus: for *seven days* and can be discontinued thereafter as long as the child is asymptomatic.
- e. All parainfluenza: for *seven days* and can be discontinued thereafter as long as the child is asymptomatic.
- f. Human Metapneumovirus: for *seven days* and can be discontinued thereafter as long as the child is asymptomatic.

Transmission Based Precautions are discontinued in consultation with the Director of Infection prevention.

### **Outbreak Control:**

If 3 or more children are exhibiting the same respiratory symptoms with or without fever, the following measures are taken:

- a. Laboratory screening of all children may be necessary. This is done in consultation with Infection Prevention Medicine and Nursing.
- b. Excluding staff with respiratory illness from caring for susceptible children.
- c. Cohorting of staff with infected children.
- d. Restriction of children to the unit and rooms. This may include restriction from school.
- e. Group activities will transition to individual bedside activities pending residents' symptoms.
- f. Therapy sessions may be suspended for the duration of the outbreak.
- g. Contact / Droplet Precautions for children with confirmed infection as well as their roommate.
- h. Donning of gowns/gloves and masks for all resident care.
- i. Visitor / Volunteer restriction may include siblings and individuals other than parent(s) or guardian.
- j. Education of parents/visitors with upper respiratory illness as to proper Infection Control procedures, hand hygiene, cough etiquette and visitation.

***Restrictions are lifted only in consultation with the Director of Infection Prevention***