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NHS

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Podiatry)

Respiratory illnesses

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This Policy has been adopted by:

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

Contents Page

RESPIRATORY ILLNESSES

1. Introduction

Respiratory illnesses are a major cause of hospitalisation, morbidity and death in the elderly and are amongst the most common winter ailments. Ranging from a self-limiting, mild, coryzal like illness such as rhinovirus (common cold) to severe bronchitis, bronchiolitis and pneumonia.

Those suffering from underlying chronic health conditions become more susceptible and vulnerable to severe disease. Vaccination, where available, provides the best protection against acquiring and spreading infection.

'Standard infection control precautions' (SICPs), especially 'Respiratory and cough hygiene' alongside good ventilation, will help to reduce the risk of spreading respiratory illnesses from an infected person to others.

SICPs may, however be insufficient to prevent transmission of specific infections and additional 'Transmission based precautions' (TBPs) may be required. Refer to the 'SICPs and TBPs Policy for General Practice'.

When caring for patients in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. What are respiratory tract infections?

Respiratory tract infections (RTIs) are infections of parts of the body involved in respiration, such as the sinuses, throat, airways or lungs. RTIs are mainly caused by viruses and can affect the upper respiratory tract or the lower respiratory tract.

Upper respiratory tract infections

Upper respiratory tract infections (URTIs) include the common cold, tonsillitis, sinusitis, laryngitis and influenza.

The most common symptoms are headache, aching muscles, a blocked nose, runny nose, sneezing and/or a sore throat. URTIs caused by a virus, e.g. the common cold, usually get better without any treatment.

Lower respiratory tract infections

Lower respiratory tract infections (LRTIs) include bronchitis (an infection of the airways), pneumonia (lung infection), bronchiolitis (an infection of the small airways that affects babies and children) and tuberculosis (a bacterial lung infection). Influenza can affect both the upper and lower respiratory tract.

The most common symptom of LRTI is coughing, in severe cases patients cough up mucus and can suffer from breathlessness, wheezing and chest tightness.

RTIs caused by bacteria, e.g. pneumonia, often require antibiotic treatment and in some cases, admission to hospital. Bacterial infections are not covered in this policy.

3. How are respiratory illnesses spread?

Respiratory illnesses are spread by:

- Predominantly droplet transmission. Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they can cause infection. Droplets remain in the air for a short period and can travel approximately 1 metre. They can land on surfaces and equipment and if touched, infect others if that person has contact with their eyes, nose or mouth
- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP can result in the release of airborne particles (aerosols) from the respiratory tract, when treating someone with a confirmed or suspected viral infection. During an AGP, smaller viral particles than droplets are produced which can remain suspended in the air for longer and travel further than 1 metre

Spirometry, taking a diagnostic throat/nose swab, the use of nebulisers and similar procedures carried out in a GP Practice, are not categorised as AGPs.

4. Signage

It is recommended that signage is displayed at the entrance to the building instructing patients with respiratory symptoms, diarrhoea and/or vomiting or other infectious conditions to inform reception staff immediately on their arrival. A 'Stop the spread of infection Poster' is available to download at www.infectionpreventioncontrol.co.uk/resources/stop-the-spread-of-infection-for-general-practice/.

5. Management of a patient

Where possible, arrangements should be made to remotely review a patient with a confirmed or suspected respiratory illness. Refer to 'Patient placement and assessment for infection risk Policy for General Practice'.

If the patient needs to be seen in the Practice, to help reduce the spread of respiratory illnesses, SICPs and, where required, 'Transmission based precautions' (TBPs) should always be followed.

- Staff must wear appropriate personal protective equipment (PPE), as per national guidance, including a fluid resistant surgical mask (FRSM) and eye protection, e.g. goggles or visor (prescription glasses do not provide adequate protection).
- Advise the patient to wear a face mask and, if possible, keep it on throughout the visit.
- Place the patient in a separate waiting room, consulting room or area, away from others.
- Ensure good ventilation of the room by opening windows.
- After the patient leaves the room, keep the window open, clean and disinfect the immediate area and any reusable devices, care equipment, treatment couch, etc.
- If transfer to hospital is required, the ambulance service and hospital department should be informed of any respiratory illness.

For advice on influenza management, please contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Other illnesses caused by viruses, e.g. chicken pox, measles, are also spread by inhaling respiratory secretion droplets from an infected person's cough or sneeze, or from touching surfaces contaminated, when they have coughed or sneezed.

6. Good respiratory and cough hygiene

Please refer to the 'Respiratory and cough hygiene Policy for GP Practice'.

7. TBPs for respiratory illnesses

Appendix 1 provides an A-Z listing of the common respiratory virus infections. It specifies the incubation period, route of transmission, duration and PPE required.

8. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 27 IPC Policy documents for General Practice

- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC assessment preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

9. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England (Updated November 2025) *Infection prevention and control: A to Z of pathogens resource* www.england.nhs.uk/publication/national-infection-prevention-and-control/

NHS *Respiratory tract infections (RTIs)* www.nhs.uk/conditions/Respiratory-tract-infection/

10. Appendices

Appendix 1: A-Z respiratory illnesses

16 Appendix 1: A-Z respiratory illnesses

Appendix 1: A-Z respiratory illnesses				
Virus/Agent	**Incubation**	**Main route of transmission**	**Duration (very old/ immunocompromised patients will shed the virus for longer)**	**PPE**
Coronavirus (non-COVID), enterovirus, bocavirus	Not defined	Droplet Airborne	Not defined	SICPs
COVID-19	5-14 days	Droplet Airborne	3 days before symptoms and most are no longer infectious after 5 days. Severely immunocompromised can be infectious for longer	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Human metapneumovirus	4-6 days	Contact Droplet Airborne	Not defined	SICPs
Influenza A/B (flu)	1-3 days	Airborne Contact Droplet	1 day before symptom onset until 5 days after symptom onset if on antiviral treatment. 7 days from onset of symptoms if not on antiviral treatment. Severely immunocompromised can be infectious for longer	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Parainfluenza (types 1-4)	2-6 days	Contact Droplet	1 day before symptom onset until 5 days after symptom onset	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Respiratory syncytial virus (RSV)	2-8 days	Contact Droplet	3-8 days. Infants and immunocompromised can continue to spread the virus for up to 4 weeks after symptoms cleared.	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Rhinovirus/adenovirus (common cold)	1-2 days	Contact Droplet	Infectious whilst symptomatic	SICPs

* AGPs (aerosol generating procedures) are rare in a GP Practice, but include respiratory suctioning beyond the oropharynx and tracheostomy tube insertion/removal.