Audit Tool: Management of Children in Hospital with Viral Respiratory Tract Infections (UK, 2025)

Purpose: To assess compliance with the 2025 national guidance on the management of children in hospital with viral respiratory tract infections.
Scope: Applies to Emergency Department (ED), Paediatric Assessment Units (PAU), Paediatric Wards, HDU, PICU, and IPC teams.

A - Organisational Preparedness

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
A1. A multidisciplinary group (Paediatrics, ED, IPC, Virology, and Management Team) oversees winter viral preparedness and the annual audit.			
A2. Consideration of the hierarchy of controls is included when developing the local plan to reduce the risk of transmission of viral respiratory infections.			
A3. Staff vaccination rates for influenza are monitored and promoted.			
A4. Staff receive training on the appropriate PPE requirements based on the principles of transmission-based precautions.			

B - Presentation to ED / Paediatric Assessment Area

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
B1. Triage staff perform symptom screening and promote respiratory hygiene/mask use (FRSMs for symptomatic parents/carers).			
B2. A measles screen/streaming tool is available for use during periods of increased measles circulation.			
B3. A pertussis risk assessment tool is available for infants with cough.			
B4. Cleaning and ventilation meet ‘National standards of healthcare cleanliness 2025.’			
B5. Virology testing for admitted children (RSV, Influenza A/B, SARS-CoV-2) is timely and accessible.			

C - Admission to Paediatric Ward / HDU

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
C1. High-risk children (Appendix 5) are prioritised for single cubicles.			
C2. Cohorting decisions are made in line with a documented local risk assessment.			
C3. If cubicle capacity is exceeded, there is a documented escalation plan in place.			
C4. Clear PPE signage is displayed outside cubicles and cohort bays.			
C5. In cohort areas, staff apply appropriate transmission-based precautions and wear required PPE (FRSMs / eye protection / gloves as indicated).			

D - Transfer to PICU

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
D1. Virology testing is performed prior to transfer where feasible.			
D2. Retrieval teams adhere to appropriate transmission-based precautions, including FFP3 respirators for AGPs.			
D3. Repatriation processes support PICU flow during periods of high viral prevalence.			

E - Parents and Carers

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
E1. Daily symptom checks of parents/carers are conducted and recorded.			
E2. Symptomatic parents wear fluid resistant surgical masks (FRSMs) when staff are in cubicles and in communal areas.			
E3. Educational information is provided to parents/carers on IPC, PPE, and local policies.			

F - High Flow Nasal Cannula Oxygen (HFNCO)

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
F1. Staff are provided with clear guidance on indications for starting HFNCO.			
F2. Every child on HFNCO has a documented plan for weaning and discontinuation that is reviewed daily.			

G - De-escalation and Discharge

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
G1. Children with influenza A/B who are severely immunocompromised or managed within critical care remain isolated/cohorted for at least 7 days following symptom onset.			
G2. An SpO■ threshold of 90% is adopted for discharge (92% for infants <6 weeks or with comorbidities).			

H - Environmental Controls and Ventilation

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
H1. All clinical areas housing respiratory cases achieve ≥6 ACH ventilation rate.			
H2. Fluid resistant surgical masks (FRSMs) and other controls are used where ventilation or distancing cannot meet standards.			
H3. Air cleaners or HEPA filters are used in poorly ventilated areas.			

I - Outbreak Management

Audit Standard	Applies To / Evidence	Compliant (Y/N)	Comments / Action Plan
I1. Local outbreak escalation protocols are documented and tested.			
I2. Visitor restrictions and enhanced PPE measures are implemented during confirmed outbreaks.			
I3. Post-outbreak reviews are conducted and learning shared trust-wide.			