respiratory tract infection or bronchiolitis attending ED or paeds assessment unit and requiring admission Severely unwell **Moderately unwell** requiring admission to requiring ward admission PICU / HDU **Send full respiratory Prioritise POCT if available** panel inc. SARS-CoV-2 to (SARS-CoV-2 / RSV / FLU) laboratory. Use POCT where and full Respiratory Panel locally agreed. Admit to PICU / HDU Admit to ward cubicle cubicle until results available. until results available. May then cohort / isolate as Risk assess if cubicles limited.* per 3 ward options May then cohort. (numbered 1 to 3). 3. Respiratory virus positive **SARS-CoV-2** positive If all respiratory viruses eg RSV positive negative on 1st PCR, consider 2nd SARS-CoV-2 **SARS-CoV-2 negative** test prior to moving to cohort bay** May go to If 2nd PCR negative bronchiolitis cohort Remains in cubicle for SARS-CoV-2, bay including may go to bronchiolitis HFNCO / CPAP cohort bay including HFNCO / CPAP *RCPCH-defined clinically extremely vulnerable children must be prioritised to a cubicle. Children with respiratory tract symptoms in whom no AGPs are being performed (including

Infant or child with lower

those with viral induced wheeze) can be cohorted awaiting SARS-CoV-2 results if infection prevention and control precautions are in place.

^{**}Perform 2nd SARS-CoV-2 test especially if ongoing AGPs (or possibility that AGPs will be required) or family members have symptoms consistent with COVID-19.