

## Generic RAG Escalation Trigger tool for winter respiratory viruses for mask wearing

The RAG Escalation Trigger tool for winter respiratory viruses for mask wearing is designed as a practical aid to support organisations in assessing risk and making informed decisions about when to implement universal masking measures. It does not replace professional judgment or local policies but serves as a structured guide to help evaluate key factors such as transmission risk, vulnerability of patient populations, and operational considerations. By providing a clear framework, this tool aims to enhance consistency and confidence in decision-making during periods of increased respiratory virus infection risk.

### Green – Low Risk Triggers:

- Staffing not impacted - <0.5%\* absence
- No ward incidences/outbreaks
- <10\* positive inpatients across the organisation
- Operating within safe capacity with full isolation ability and within national critcon levels.
- Low incidence as per national data of respiratory viruses within enclosed settings (e.g., care homes)
- Low incidence of respiratory viruses circulating within Population

### Actions:

- Reinforce infection prevention transmission based precautions.
- Continue fit testing for RPE programme
- Promote staff vaccination programme
- Develop respiratory pathways
- Development communication strategy for winter viruses
- Review staff/patient resources (intranet/webinar)
- Organisation to remain on alert; follow guidance
- Triangulate PHW data , organisational data and the weekly epidemiology modelling
- Daily patient flow meetings
- Infection Prevention & Antimicrobial Stewardship Group continues to meeting monthly (BAU)
- Ensure systems and processes are in place for increased ordering/procurement of PPE.

### Amber – moderate risk Triggers

- Staff absence >0.5% and <1% (no more than 3 areas above 5%)\*
- <5\* incidences/outbreaks
- 11-30\* or less positive in patients (sustained for 5-7 days) across the organisation
- Limited ICU ventilated patients due to winter respiratory viruses as per national critcon levels
- Multiple incidences/cases\* in Enclosed Settings

### Actions:

- Use setting-specific risk assessment tools (acute sector, community / primary care, and care home sector) to support organisations in applying the Hierarchy of Controls
- Reinforce precautions including RPE (consider face coverings in high incidence areas and points of entry e.g., ED, assessment units)
- Target vaccine promotion in low uptake areas.
- daily escalation meetings (IPC and patient flow teams)
- Alert Executive Team

<ul style="list-style-type: none"> <li>• Increase in incidence of respiratory viruses circulating within the Population</li> </ul>	<ul style="list-style-type: none"> <li>• Link with Public Health Wales HP/local Health Protection team.</li> <li>• Introduce 'visiting with a purpose' on closed bays/wards</li> <li>• Ensure sufficient stock of Type IIR face coverings at wards/admissions areas.</li> <li>• Increase staff &amp; public communications.</li> <li>• Daily admissions SitRep for winter viruses</li> <li>• Weekly epidemiology/modelling review</li> <li>• Increase multiplex testing as directed</li> <li>• Enhanced cleaning ED, AMU, and other entry points</li> <li>• Infection Prevention &amp; Antimicrobial Stewardship Group continues to meeting monthly</li> </ul> <p><b>De-escalation Criteria</b></p> <ul style="list-style-type: none"> <li>• Staff absences returns to &lt;0.5%* for 7 consecutive days</li> <li>• Outbreaks reduced to &lt;2*</li> <li>• Positive inpatient cases consistently &lt;10*</li> <li>• ICU ventilated patients with winter respiratory viruses returns to baseline</li> <li>• Enclosed settings incidences returns to baseline</li> <li>• Population baseline stabilises.</li> </ul>
<p><b>Red – high risk Triggers</b></p> <ul style="list-style-type: none"> <li>• Staff absence &gt;1% (multiple wards/depts affected)*</li> <li>• &gt;6* or more incidences/ward outbreaks</li> <li>• &gt;31* or more positive in patients (sustained over 5-7 days)</li> <li>• &gt;30%* ventilated in ICU patients due to respiratory viruses as per national critcon levels</li> <li>• &gt;10* or more Enclosed Settings reporting increased Incidence</li> <li>• High levels* of winter respiratory viruses circulating within the population.</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Mandatory face coverings for staff, visitors &amp; patients across the organisation including closed settings.</li> <li>• Use setting-specific risk assessment tools (acute sector, community / primary care and care home sector) to support organisations in applying the HoC</li> <li>• risk assess with Infection Prevention, Microbiology, local Public Health team &amp; executive lead</li> <li>• Reinforce precautions especially the use of RPE.</li> <li>• Alert Executive Team and provide with daily sitrep</li> <li>• Activate respiratory pathways</li> <li>• Intensify targeted vaccination.</li> </ul>

	<ul style="list-style-type: none"><li>• Review visiting protocols i.e., 'visiting with a purpose' in line with escalation.</li><li>• Service escalation/business continuity planning</li><li>• Consider restrictions on non-essential visits &amp; inspections</li><li>• Implement communications Strategy (staff &amp; public)</li><li>• Monday – Friday update via System Flow meeting. Weekends – update via Cross Site meetings</li></ul> <p><b>De escalation Criteria:</b></p> <ul style="list-style-type: none"><li>• Staff absence consistently &lt;1% for 7 consecutive days*</li><li>• Outbreaks reduced to &lt;5*</li><li>• Positive in patients cases consistently &lt;30*</li><li>• ICU ventilated patients returns to 20%*</li><li>• Enclosed settings incidence decreases significantly.</li><li>• Population incidence stabilises.</li></ul>
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\* percentages/numbers dependent on the organisation.

References:

- [NIPCM - Public Health Wales](#)
- [ARI - Acute Respiratory Infections - Public Health Wales](#)
- [Intensive Care Society | CRITCON Levels: what they are for and how they are used](#)