CUMBRIA HEALTH AND SOCIAL CARE INFLUENZA ESCALATION STRATEGY

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INTRODUCTION

Influenza is an acute viral infection of the respiratory tract. Between 30% and 50% of people with infections are believed to be asymptomatic. Therefore the virus may spread rapidly, especially in closed communities. The risk of serious illness following influenza infection is highest amongst older people and those with existing health problems. Seasonal influenza in the UK usually peaks between December and March.

In recognition that the winter months can be challenging for health and social care agencies this escalation plan has been developed in partnership with agencies in order that they can respond appropriately, specifically during significant influenza outbreaks and mitigate the effects of the outbreak. This plan is aimed at reducing winter pressures by having appropriate actions for all agencies.

The escalation levels outlined within this plan do not link to the OPEL system of escalation but will contribute to the decision making process for those individuals responsible for declaring the OPEL levels.

The plan was developed through close liaison and consultation with partner agencies and it outlines the strategic and operational response by each relevant organisation in the event of an outbreak of influenza. The plan is agreed and signed off at executive level by the Local Health Resilience Partnership, amendments will be made by respective organisations and ratified at the Cumbria Strategic Infection Prevention and Control Group.

INDICATOR	TRIGGER
Background activity	**Changes in syndromic surveillance data.** **Individual cases are being cared for in the community / isolated on admission to hospital** **No outbreaks within hospital**

ORGANISATION	RESPONSE
ALL ORGANISATIONS	Sign up to the national and regional 'flu reports Refer to local PHE care home pack which lists all actions in check lists
NHS ENGLAND	Have an awareness and access to the distribution list in Appendix 2 so they can contact agencies required in the event of a multi-agency strategic teleconference Have an awareness and access to the standard agenda to be used in the influenza escalation teleconferences, see appendix 3. Lead the review of previous year's influenza season and relevant changes to local strategy. Lead the commissioning of staff influenza immunisation programmes in appropriate agencies.
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	The NHS Operational and Contracting Guidance 2019-20 sets out the expected deliverables and assurances that will be sought by each region from Clinical Commissioning Groups (CCGs). For the flu vaccination programme these will include CCGs: supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used;

	ensuring that there are clear arrangements in place to support oversight of the flu programme between October and March every year, which are broadly in line with the operating protocol developed for 2018/19; supporting general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions; and having a named flu lead in place whose role is to ensure that practices have ordered sufficient vaccine and that there are mechanisms in place to monitor supply and demand and to drive up uptake of flu vaccine.
MORCAMBE BAY CLINICAL COMMISSIONING GROUP	The NHS Operational and Contracting Guidance 2019-20 sets out the expected deliverables and assurances that will be sought by each region from Clinical Commissioning Groups (CCGs). For the flu vaccination programme these will include CCGs: supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used; ensuring that there are clear arrangements in place to support oversight of the flu programme between October and March every year, which are broadly in line with the operating protocol developed for 2018/19; supporting general practices to target at-risk population groups to improve uptake and coverage

	of the flu vaccination to achieve national uptake ambitions; and having a named flu lead in place whose role is to ensure that practices have ordered sufficient vaccine and that there are mechanisms in place to monitor supply and demand and to drive up uptake of flu vaccine.
CUMBRIA HEALTH ON CALL	Provide, promote the uptake of the influenza immunisation with patients Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner
PUBLIC HEALTH ENGLAND	PHE will cascade the transition to 'flu season and authorisation from CMO to prescribe antivirals Community Care settings normally contacted in preparation of 'flu season to ensure latest guidance is provided for them. Advice on management of single cases to prevent spread provided if asked for, but unlikely.
NORTH WEST AMBULANCE	Promote awareness to all frontline staff and management teams of potential for increase in 'flu like symptoms. Highlight best practice of infection control Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner. IPC policies and procedures in place. Full PPE on all vehicles (PES & PTS). Monitoring of situation by Clinical Safety Team (IPC) practitioners. Advice and

	Support to crews 24/7 by senior clinicians and IPC team. Implement Business Continuity Plans.
PROVIDERS OF INPATIENT CARE: NCIC	Preparedness aspects of Acute Respiratory Illness Policy implemented Point of care testing for all patients on admission with flu like symptoms Generic communications to all staff – raise awareness Cubicle lists circulated (lists all patients who need or do not need a cubicle for IP reasons to facilitate best use of single rooms) IPC Standard Precautions audits on all wards monthly Daily IP attendance at bed meetings Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner
PROVIDERS OF INPATIENT CARE: UHMBFT	Business continuity plans in place. There are weekly meetings during influenza season with IP and Senior Team, OH team, a microbiologist and emergency preparedness lead. POC influenza testing in A+E for all patients with flu like illness requiring admission. IP Policies & Procedures in place Influenza Outbreak procedure in place Non- compliance to policies / procedures raised as a clinical incident and appropriate actions taken to mitigate future re-occurrences Daily visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)

	Daily attendance by IPT to bed flow meetings as indicated by bed pressure and infection prevention issues on the site. (Meetings run 8am/10am/12md/2pm and 4pm when sites are at OPEL L3 but are reduced in frequency at other times.) IP training mandatory for employees Bed Utilisation training provided, by IPT, for site / bed/ ward managers On call out of hours microbiology (24 hours / 7/7 a week) support Social media messages all year through re: avoid visiting hospital if symptoms of respiratory illness Concerns re: outbreak planning raised and discussed at monthly Infection Prevention Organisation Group and quarterly at Infection Prevention and Control Committee in order to support contingency plans/mitigate risk if required Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation &provide site managers with information for weekend activities Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner
PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC	IP Policies and Procedures in place for Influenza including care pathway, all available via intranet button. Blend of e-learning and face to face IP training mandatory for all clinical staff with intervals dependant on clinician's role. Link Nurse training and meetings biannually, which includes influenza training and awareness sessions.

	Coming soon webinar training sessions for staff to access, via the IP intranet site. On call out of hours microbiology support (24 hours 7/7 a week). Social media messages and trust communications strategy in place Nov-Feb with public advice messages. Outbreaks discussed at IPCC quarterly and any subsequent actions agreed. Terminal cleaning protocols reviewed and whole room fogging is to be discussed with the IP team and microbiologists following an influenza case. Admissions to in-patient areas with symptoms of Influenza MUST be isolated on admission. Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner Provide the nasal influenza programme for identified school age children age groups. Monthly newsletter focussing particularly on flu over the winter months- symptoms of flu, how to take a flu swab, video links on flu training, what to do if there is a flu case and what the correct PPE is required. The IP intranet site is full of resources around flu season, access via clicking the 'flu bug'- clinic dates, consent forms, training sessions, dashboard PGD information etc.
PROVIDERS OF COMMUNITY, RESIDENTIAL OR DOMICILIARY CARE CCC	Business continuity plans in place. Notify PHE, CCC and LA of outbreaks in residential care and refer to PHE local care home pack.

	Clear plans in place re the policy for segregation of service users with infection Infection prevention and control advice available and annual IPC training provided Notify NWAS and receiving hospital of suspected / confirmed infection prior to transfer/ admission to hospital Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner
CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE	Business continuity plans in place. Staff education and updates. Ensure compliance with hospital IPC policies when working in hospitals Promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner
CUMBRIA COUNTY COUNCIL PUBLIC HEALTH	Provide IP training for Cumbria Care staff and commissioned private sector residential care Ensure infection prevention and control advice is available. Offer visit to care homes as necessary for advice and support Promote the uptake of the influenza immunisation across relevant staff groups in a timely manner in all Cumbria Care teams.
CUMBRIA COUNTY COUNCIL	Provide, promote and record the uptake of the influenza immunisation across relevant staff groups in a timely manner

	TRIGGER
In-patient services are affected by beds closed due to influenza	**Two or more connected cases of suspected/confirmed influenza in an open bay/ward area/care setting**

ORGANISATION	RESPONSE (actions for each organisation are in addition to green actions)
ALL ORGANISATIONS	When an influenza outbreak is suspected/ present within an organisation, that organisation is responsible for the notification of partners and a daily situation report as to the level of escalation ensuring daily contact with NHSE and to request they convene and chair an influenza teleconference. The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process
NHS ENGLAND	Where a decision is made to escalate, convene and chair an Influenza- specific multi-agency teleconference to manage and coordinate system wide response (see Appendix 2, 3 and 4)
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	Monitor the impact 'flu is having on the health and care system and inform partners in Primary Care of an escalation in activity.
MORCAMBE BAY CLINICAL COMMISSIONING GROUP	Monitor the impact 'flu is having on the health and care system and inform partners in Primary Care of an escalation in activity.
CUMBRIA HEALTH ON CALL	Alert to staff re increased influenza like symptom activity. Inform ward when admitting patient with flu like symptoms Inform NWAS of possible diagnosis if needing admission/transfer
NORTH WEST AMBULANCE SERVICE	Alert to staff re increased influenza like symptom activity.

	Place flash message on MDT screens within vehicles via control centres to highlight the alert. For patient transport highlight drop box relating to infection control risks on booking Give alert/ increased concerns of activity to PTS control centres Ensure effective communication with staff within care homes and hospitals
PUBLIC HEALTH ENGLAND	Notify all organisations of outbreaks in residential /nursing care/ schools providing advice to each setting as appropriate and lead and coordinate outbreak control teams where necessary. Where 'flu most likely cause of any outbreak, recommendations regarding need for antiviral treatment/prophylaxis will be made Keep a watchful brief and support NHS trusts if outbreak control team is convened.
PROVIDERS OF ACUTE IN-PATIENT CARE: NCIC	Implement Acute Respiratory Infections Policy Increase communication for staff and visitors Daily Internal Postmaster and circulate to external stakeholders Isolate all cases/suspected cases Invoke cohort nursing of cases Terminal clean affected areas (increase communications to domestic teams) Increase IP attendance at Bed Management meetings

	Occupational Health surveillance and increase staff awareness Temporary suspension of visitors to the affected wards
PROVIDERS OF INPATIENT CARE: UHMBFT	Cascade escalation Policy & Influenza Procedure into all areas Restrict staff / patient movement Increase visitor awareness re; avoid visiting hospital if symptoms of Influenza Increase IPT presence across clinical areas – concentrating on affected areas Increase attendance of IPT to bed flow meetings in line with OPEL. PHE informed of any outbreaks of influenza. They would be invited to any outbreak meetings held. Occupational Health surveillance of staffing Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation
PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC	Increase communication for staff and visitors Audit community and inpatient areas for compliance with outbreak policy and preparedness, including PPE provision Daily outbreak management meetings/conference calls which would include an invitation to external parties i.e. CCG, PHE, CCC or acute providers. Enhanced cleaning strategy implemented via facilities (outbreak calls) including whole room fogging at terminal clean. External and internal communications strategy implemented (outbreak calls)

	Once daily cascade email to all relevant internal and external parties detailing unit affected, numbers of patients/staff involved, beds closed and estimated time to open and outlining the management plan for the following 24hrs.
PROVIDERS OF COMMUNITY, RESIDENTIAL OR DOMICILIARY CARE CUMBRIA CARE	Notify PHE and CCC of outbreaks in residential care homes. Place reminder listing necessary actions in event of outbreak in a prominent place where all staff can see it. Strict attention to rehydration plans Ensure visitors aware of outbreak. Provide information and hand hygiene facilities on entry to buildings. Provide PPE and hand washing for visitors providing personal care, ensuring correct disposal of used PPE.
CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE	Cascade information to relevant staff groups. Business continuity plans in place. Escalated support to hospital system to facilitate discharges to create capacity given closed wards Staff working on Trust premises must adhere to the Trust's infection prevention and control policies Support wider primary care initiatives
CUMBRIA COUNTY COUNCIL PUBLIC HEALTH	Circulate daily sit rep reports to duty AD and Cumbria Care County Managers. Director of Public Health to lead communication campaign Increase presence within Cumbria Care premises and provide advice and support where necessary

	Establish a multi-agency communication group Instigate a proactive public awareness campaign Monitor management of outbreaks in Cumbria Care and commissioned private sector care Support surveillance for PHE by carrying out swabbing during outbreaks of ‘flu like symptoms in care homes when requested by PHE

INDICATOR	TRIGGER
High community activity / secondary care outbreaks	**Providers of in-patient care at surge plan level 4 in conjunction with outbreak of influenza resulting in one or more ward closures**

ORGANISATION	RESPONSE (actions for each organisation in addition to green and amber actions)
ALL ORGANISATIONS	When an influenza outbreak is present within an organisation, that organisation is responsible for the notification of partners on a daily situation report as to the level of escalation. The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process
NHS ENGLAND	Convene and Chair Influenza outbreak-specific multi-agency teleconference to manage and coordinate system wide response (see Appendix 2, 3 and 4)
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	Monitor the impact 'flu is having on the health and care system and inform partners in Primary Care of an escalation in activity.
MORCAMBE BAY CLINICAL COMMISSIONING GROUP	Monitor the impact 'flu is having on the health and care system and inform partners in Primary Care of an escalation in activity.
CUMBRIA HEALTH ON CALL	Alert Staff re influenza outbreak and increased pressures Inform ward when admitting patient with Influenza like symptoms Inform NWAS of possible diagnosis if needing admission/transfer Attendance at influenza escalation teleconferences to provide situation reports.
PUBLIC HEALTH ENGLAND	As previous threshold, though once 'flu circulating, advice with regard to AVs given on clinical suspicion of flu, sampling not required.

	Attendance at influenza escalation teleconferences to provide situation reports.
NORTH WEST AMBULANCE	Alert to staff re increased viral influenza like activity. Place flash message on MDT screens within vehicles via control centres to highlight the alert. For patient transport highlight drop box relating to infection control risks on booking Give alert/ increased concerns of activity to PTS control centres Ensure effective communication with staff within care homes and hospitals Attendance at influenza escalation teleconferences to provide situation reports.
PROVIDERS OF INPATIENT CARE: NCIC	Escalate to NHSE / CCG Involvement of resilience team Executive led outbreak control group (OCG) - daily Risk assess capacity to take elective/planned admissions Maximise use of isolation facilities – IP Team Invoke cohort nursing of cases Restrict staff movement (including cleaning teams) Suspend visiting Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice.

	Daily IP Team led plan for Influenza management Data analysis to produce epicurve of situation – daily Influenza control measure sessions within clinical areas Attendance at influenza escalation teleconferences to provide situation reports.
PROVIDERS OF INPATIENT CARE: UHMBFT	As per green/yellow/amber indicator/trigger actions with additional actions below: Escalate to NHSE / CCG Increased attendance at bed flow meetings in line with the OPEL. Restrict staff and patient movement Consider visitor restrictions Risk assess capacity to take elective/planned admissions Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice. Attendance at influenza escalation teleconferences to provide situation reports.
PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC	Increased of communications to staff and public forums Increased surveillance by IPC team. Increased communications with other care providers and external agencies.

	Restrict visiting Collaborative approach to bed management with acute providers to ensure safe transfers and admissions to prevent future spread in unaffected wards/depts. Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice. Attendance at influenza escalation teleconferences to provide situation reports.
PROVIDERS OF COMMUNITY, RESIDENTIAL OR DOMICILIARY CARE CUMBRIA CARE	Attendance at influenza escalation teleconferences to provide situation reports. Assessment of care home residents within 24 hours of notification of discharge where possible Maintain communications plan Strict attention to rehydration plans Implement strict adherence to admission avoidance plans and monitor Defer hospital outpatient appointments where possible.
CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE	Escalate to Assistant Director Level Staff working on Trust premises must adhere to the Trust's infection prevention and control policies Attendance at influenza escalation teleconferences to provide situation reports. Facilitate measures to prevent delayed transfers of care. Assessment of relevant patients by Social Worker as highest priority (same

	day) or exceptionally within 24 hours of notification of discharge.
CUMBRIA COUNTY COUNCIL PUBLIC HEALTH	Escalate communications plan to include health economy media response on a daily basis Circulate daily sit rep reports to ASC and Cumbria Care County Managers. Promote self-management of 'flu like symptoms Promote stay away campaigns. Increased IP support to residential/ nursing homes, schools and institutions Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice. Attendance at influenza escalation teleconferences to provide situation reports.

Appendix 1 – Discharge criteria

As part of the Influenza escalation plan, it is important to ensure that there is a clear understanding & expectation of when patients may be discharged from an acute setting to a community care setting and what should be considered in discharging patents back to these settings.

It is not intended to duplicate, or replace existing discharge policies already in place, but aims to supplement these policies in considering specific issues that may arise in patients with confirmed or suspected influenza given the likelihood that patients with respiratory viral infections may remain infectious after discharge.

General criteria/situations for discharge (at green/orange thresholds):

a) Patients discharged to their own home (none care setting)
   - in the view of the treating clinical staff, the resident has clinically recovered sufficiently to be discharged. Note that there is no requirement for the resolution of all symptoms or a minimum period of treatment
   - all appropriate treatment will be completed after discharge
   - Patients & families are provided with advice with regard to potential spread of infection.
   - the discharge is planned in accordance with local hospital policy

b) Patients admitted with ILI who are being discharged back to the care setting they were admitted from

   Care homes may close wholly or in part to new admissions during outbreaks of influenza or other respiratory viruses. Where appropriate outbreak control measures have been taken at the care home, residents hospitalised with a respiratory viral infection may return home during a period of closure occasioned by an outbreak of the same type of respiratory virus, if following conditions also met:
   - in the view of the treating clinical staff, the resident has clinically recovered sufficiently to be discharged to a care home.
   - all appropriate treatment will be completed after discharge
   - appropriate infection control measures to prevent transmission of infection, including single room dwelling or cohorting, will be continued outside hospital until a minimum of five days after the onset of symptoms. In line with other symptomatic residents within the home.
   - Home have reviewed control measures required for outbreak with PHE/PH HP nurses and have implemented them and any required Post Exposure Prophylaxis has been provided in line with guidance.

c) Patients admitted for reasons other than ILI, who develop ILI in hospital, and are being discharged back to the care setting they were admitted from

   (or patient with ILI being discharged to a different care setting from which they were admitted)

- in the view of the treating clinical staff, the resident has clinically recovered sufficiently to be discharged to a care home.
- all appropriate treatment will be completed after discharge
- It is at least 5 days post onset of symptoms - note that in some circumstances it may be considered necessary to continue infection control measures for longer than five days
- the discharge is planned in accordance with local hospital policy

If not all 4 bullet points can be met then a risk assessment needs to be carried out on a case by case basis.

d) Patients admitted for none ILI, who have not developed symptoms in hospital but are being discharged to a care setting with known flu outbreak

- Care home residents hospitalised for reasons unrelated to influenza or respiratory viral infections should only be discharged back to a care home with an on-going respiratory virus outbreak after a careful assessment of the risk of exposure to cases of infection
- The assessment of the likelihood of exposure to infection should take account of the affected sections of the care home, the location of the resident within the care home, the overall geography of the care home, contacts between residents or cross-over of staff or visitors between affected and unaffected sections of the care home and satisfactory compliance with infection control precautions by care home staff.
- Need for Antiviral Post Exposure Prophylaxis prior to discharge should be discussed

e) Patients exposed to confirmed influenza in hospital who are not displaying symptoms, but who are being discharged to a care setting not experiencing outbreaks

- Contacts should be considered for antiviral prophylaxis in accordance with antiviral guidance.
- Contacts can be discharged back to care homes if they are asymptomatic**.**
- Contacts should be isolated in their own room for a minimum of 48 hours after their last exposure to an influenza case.
- The care home should be made aware to isolate the contact immediately if they develop ILI symptoms and to contact the residents GP surgery to advise that their patient is symptomatic and has been in contact with a confirmed influenza case.

Minimum Expectations for discharge if high community activity / secondary care outbreaks (RED) threshold reached.

Part of the purpose of this plan is to identify responses organisations may need to take during levels of severe activity.

With regard to flu discharges, although the examples/standards outlined above are the normal expected standards, during high community activity, the following standards may be applied, in line with national guidance:

Residents may be discharged from hospital at any point when the following criteria are satisfied:

- In the view of the treating clinical staff, the resident has clinically recovered sufficiently to be discharged to a care home. Note that there is no requirement for the resolution of all symptoms or a minimum period of treatment;
- All appropriate treatment will be completed after discharge;
- Appropriate infection control measures to prevent transmission of infection, including single room dwelling or cohorting, will be continued outside hospital until a minimum of five days after the onset of symptoms. Note that in some circumstances it may be considered necessary to continue infection control measures for longer than five days;
- The discharge is planned in accordance with local hospital policy.

APPENDIX TWO: CONTACT DETAILS FOR ESCALATION TELECONFERENCE

ORGANISATION	NAME	JOB TITLE	CONTACT
NORTH CUMBRIA CCG	Andrea Loudon	Primary Care Development and Medicines Lead	07795317473
MORECAMBE BAY CCG	Sue Bishop	Senior manager for quality	07976225021
NWAS	Deborah Bulloock	Head of Clinical Safety	01228403000 07812304058
CUMBRIA HEALTH ON CALL	NEIL MARGERISON	Medical Director for Cumbria health On Call	01228514830
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST (NCIC)		Silver Exec On Call	01228 523444 (ASK FOR SILVER ON CALL)
	Dr Clive Graham	DIPC	01228 814648
	Nicola O'Reilly	IP Matron	01228 814423
		Patient Flow Manager	01228 8114103
UHMBFT	Lorna Pritt	IP Matron	07973688254
ADULT SOCIAL CARE	Paul Latimer Mark Hasting Nick Waterfield	South Cumbria West Cumbria North Cumbria	07825732168 07973811194 07976062185
CUMBRIA CARE	Jonathan Comber	County Manager	07771 624261
CCC PUBLIC HEALTH	Fiona McCredie	Head of Health Protection	07900 668648
	Debbie McKenna	Health Protection Specialist	07769 301904
PUBLIC HEALTH ENGLAND		Health Protection Consultant	Office hours: 0344 2250562 (Option Two) Out of hours: 0151 4344819
NHS ENGLAND	Via NHSE 24/7 on call	On call manager	NWAS duty manager 0345113099 (select option 3)

Appendix 3

CUMBRIA INFLUENZA INCIDENT CONTROL MEETING

Date and time:

Venue:

Dial in details:……..

AGENDA

1. **Introductions**

2. **Purpose of the meeting**
   - **Current Trigger/Escalation Level**

3. **Current situation (Number of wards / homes closed /patients, residents and staff affected)**
   - **NCIC (North Cumbria Integrated Care NHS Foundation Trust)**
   - **UHMB FT**
   - **Adult Social Care CCC**
   - **Cumbria Care CCC**

4. **Control measures and actions undertaken by each agency (as per escalation plan)**

5. **Risks and mitigation**

6. **Communication**

7. **Any other business**

8. **Date and time of next meeting**

APPENDIX 4: NHSE ON CALL MANAGER ACTION CARD

ACTION CARD – AC23
Cumbria Influenza Escalation Plan
1st On Call Manager

	Rationale **The aim of the plan is to reduce pressure across the health and social care system.** *(NB The escalation levels outlined within this plan do not link to the OPEL system of escalation but will contribute to the decision making process for those individuals responsible for declaring the OPEL levels).* **Reference: Cumbria Influenza Escalation Strategy**	
1.	**Action:** **When notified that a decision has been made to escalate, convene and Chair Influenza- specific multi-agency teleconference to manage and coordinate system wide response.**	**Tick Complete**
2.	Refer to the Cumbria Influenza Plan https://collaborate.resilience.gov.uk/RDService/home/208153/Local-Health-Resilience-Partnership-Plans	
3.	Upon receipt of the notification that an Influenza specific teleconference is required: • refer to the Influenza plan (Appendix 1) • contact the organisations listed, and advise the influenza teleconference time/dial in details	
4.	Use the standard Agenda (inserted overleaf) to guide the call	
5.	Review the actions required of health organisation in the plan to inform yourself as to what each should be undertaking at each escalation level	
6.	If the situation reaches 'Critical Incident' status, contact the NHSE/I Comms team and NHSE/I EPRR	
7.	Arrange further calls as required	