



CUMBRIA HEALTH AND SOCIAL CARE NOROVIRUS ESCALATION STRATEGY

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APPROVED: COLIN COX Director of Public Health Cumbria County Council Paul Dickens Regional Head of EPRR NHS England and NHS Improvement		SIGNATURE:  

INTRODUCTION.

This escalation plan has been developed in response to a severe and protracted outbreak of norovirus which occurred in Cumbria in the Spring of 2015. This outbreak resulted in immense pressure on acute service provision and the Trust ultimately declared a major incident. Following the debrief of this incident, it was agreed that it would be useful to develop a local plan to trigger a response from all local health and social care agencies during future significant norovirus outbreaks with the aim being to reduce pressure across the health and social care system.

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 norovirus. The plan was agreed and signed off at executive level by the Local Health Resilience Partnership.

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

ORGANISATION	RESPONSE
NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality)	<p>Collate a clear distribution list for NHSE-I/NECSU outbreak teleconference Chair which provides names, job titles and contact details for representatives required on the multi-agency strategic teleconference.</p> <p>Standard agenda to be developed and used in the norovirus escalation teleconferences</p> <p>Lead the review of previous year's norovirus season and relevant changes to local strategy.</p>
PRIMARY CARE	Notify PHE of increase in consultations for vomiting/diarrhoea
CUMBRIA HEALTH ON CALL	Report increase in out of hours consultations for vomiting / diarrhoea to PHE
PUBLIC HEALTH ENGLAND	<p>Notify all organisations of increase in syndromic surveillance.</p> <p>Notify all organisations of outbreaks in residential /nursing care/ schools</p>
NORTH WEST AMBULANCE	<p>Promote awareness to all frontline staff and management teams of potential for increase in viral gastroenteritis</p> <p>Highlight best practice of infection control</p>
PROVIDERS OF INPATIENT CARE: NCIC	<p>Business continuity plans in place</p> <p>Preparedness aspects of Norovirus policy implemented</p>

	<p>Screening all patients on admission</p> <p>Generic coms to all staff – raise awareness</p> <p>Cubicle lists circulated</p> <p>Continuous background actions (365 days)</p> <p>IPS audits on all wards monthly</p> <p>Daily IP attendance at bed meetings</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Business continuity plans in place</p> <p>IP Policies & Procedures in place</p> <p>Norovirus Outbreak procedure in place</p> <p>Non- compliance to policies / procedures raised as a clinical incident and appropriate actions taken to mitigate future re-occurrences</p> <p>Regular visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)</p> <p>Attendance at bed flow meetings when required in line with the trust bed management meeting arrangements.</p> <p>IP training mandatory for all employees</p> <p>Bed Utilisation training provided, by IPT, for clinical site managers</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>Social media messages throughout the year re: avoid visiting hospital if symptoms of / contact with D and/or V within previous 48 hours</p> <p>Concerns re: outbreak planning raised and discussed at IP team meetings and</p>

	<p>IPCC in order to support contingency plans / mitigate risk if required</p> <p>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</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC, UHMBFT & LCFT</p>	<p>IP Policies & Procedures in place for norovirus including care pathway, all available via intranet norovirus button.</p> <p>Blend of e-learning and face to face IP training mandatory for all clinical staff with intervals dependant on clinician's role.</p> <p>Link Nurse training and meetings quarterly which includes norovirus training and awareness sessions.</p> <p>On call out of hours microbiology support (24 hours / 7/7 a week).</p> <p>Social media messages and trust communications strategy in place Nov-Feb with public advice messages.</p> <p>Outbreaks discussed at IPCC quarterly and any subsequent actions agreed.</p> <p>Terminal cleaning protocols reviewed and whole room fogging now completed following all norovirus outbreaks.</p> <p>Admissions to in-patient areas with symptoms of D+V MUST be isolated on admission.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>Business continuity plans in place.</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p> <p>Clear plans in place re the policy for segregation of service users</p> <p>Staff education and updates.</p>

	<p>Infection prevention and control advice available</p> <p>Notify NWAS and receiving hospital of suspected / confirmed infection prior to transfer/ admission to hospital</p> <p>Have an easy to access reminder for all staff listing what to do in event of a case of D&V</p>
<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Business continuity plans in place.</p> <p>Staff education and updates, to include infection prevention and control</p> <p>Infection prevention and control advice available</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>Provide IP training for Cumbria Care staff, Adult Social Care staff and commissioned private sector residential care</p> <p>Infection prevention and control advice available.</p> <p>Offer visit to care homes as necessary for advice and support</p>

INDICATOR	TRIGGER
Rise in syndromic surveillance within the community	The GP in hours consultation rate for vomiting is significantly higher than the average for England as a whole for 2 consecutive weeks.

ORGANISATION	RESPONSE
NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality)	Where a decision is made to escalate, convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response
NORTH CUMBRIA CLINICAL COMMISSIONING GOUP	Escalate appropriate intelligence to stakeholders
MORECAMBE BAY CLINICAL COMMISSIONING GROUP	Alert public health teams Signpost infection control queries from nursing homes to CCC Public Health Team
CUMBRIA HEALTH ON CALL	Inform ward/ site coordinator when admitting patient with D&V The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or where D&V is not the primary condition necessitating admission. Inform NWAS of possible diagnosis if needing admission/transfer
PRIMARY CARE	Inform ward/ site coordinator when admitting patient with D&V The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or where D&V is not the primary condition necessitating admission. Inform NWAS of possible diagnosis if patient is needing admission/transfer

<p>PUBLIC HEALTH ENGLAND</p>	<p>Use generic email system to notify stakeholders of emerging issues.</p> <p>Cascade alerts for rise in syndromic surveillance for vomiting</p> <p>Provide telephone advice to nursing / residential care homes</p>
<p>NORTH WEST AMBULANCE SERVICE</p>	<p>Alert memo to staff highlighting the potential for increased viral gastroenteritis activity</p>
<p>PROVIDERS OF ACUTE IN-PATIENT CARE: NCIC</p>	<p>In addition to GREEN level trigger</p> <p>Enhanced coms campaign for visitors and staff. Key message - admission avoidance</p> <p>Increase Norovirus posters</p> <p>Seek assurance that awareness is high and screening is robust.</p> <p>Increase visibility of IP Team</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>In addition to GREEN level trigger</p> <p>Increased communications via weekly news and intranet site for clinical staff raising awareness of situation.</p> <p>Increased public communications via trust corporate communications team.</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC, UHMBFT & LCFT</p>	<p>In addition to green actions:</p> <p>Increase communications for admission avoidance and screening for staff.</p> <p>Increase public communications via internet site and display awareness posters in main inpatient sites.</p> <p>Audit community and inpatient areas for compliance with outbreak policy and preparedness, including PPE provision.</p>

<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green level triggers:</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p> <p>Place reminder listing necessary actions in event of outbreak in a prominent place where all staff can see it.</p> <p>Ensure visitors aware of outbreak.</p> <p>Provide information, hand washing facilities visitors on entry to buildings.</p> <p>Provide PPE for visitors providing personal care.</p>
<p>CCC ADULT SOCIAL CARE</p>	<p>Business continuity plans in place.</p> <p>Staff education and updates.</p> <p>Infection prevention and control advice available</p> <p>Support wider primary care initiatives</p>
<p>CCC PUBLIC HEALTH</p>	<p>Establish multi-agency comms group.</p> <p>Instigate proactive public awareness campaign</p> <p>Monitor management of outbreaks in Cumbria Care and commissioned private sector care</p> <p>Provide IP advice and support as necessary</p>

INDICATOR	TRIGGER
In-patient services are affected by beds closed due to diarrhoea and /or vomiting	Two or more cases of suspected/confirmed viral gastroenteritis in an open bay/ward area

ORGANISATION	RESPONSE
ALL ORGANISATIONS	<p>When norovirus 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.</p> <p>The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process</p> <p>The organisation experiencing pressures is responsible for contacting the NHSE on call if a system-wide teleconference is required.</p>
NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality)	Where a decision is made to escalate, convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	Escalate appropriate intelligence to stakeholders
MORECAMBE BAY CLINICAL COMMISSIONING GROUP	<p>Alert public health teams</p> <p>Signpost infection control queries from nursing homes to CCC Public Health Team</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward/ site coordinator when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or where D&V is not the primary condition necessitating admission.</p>

	<p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward/ site coordinator when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or where D&V is not the primary condition necessitating admission.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
NORTH WEST AMBULANCE SERVICE	<p>Alert to staff re increased viral gastroenteritis activity.</p> <p>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</p> <p>Give alert/ increased concerns of activity to PTS control centres</p> <p>Ensure effective communication with staff within care homes and hospitals</p>
PUBLIC HEALTH ENGLAND	<p>Keep watching brief and support NHS Trusts if outbreak control team is convened</p>
PROVIDERS OF ACUTE IN-PATIENT CARE: NCIC	<p>In addition to GREEN & YELLOW Triggers</p> <p>Implement Norovirus Policy</p> <p>Daily Internal Postmaster & circulate to external stakeholders</p> <p>Isolate all cases/suspected cases</p> <p>Invoke cohort nursing of cases</p>

	<p>Terminal clean affected areas (increase coms to hygiene cleaning teams in order to prepare)</p> <p>Increase IP attendance at Bed Management meetings</p> <p>Occupational Health surveillance and increase staff awareness</p> <p>Temporary suspension of visitors to the affected wards</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>In addition to GREEN & YELLOW Triggers:</p> <p>Instigate enhanced comms campaign aimed at admission avoidance (internal & external)</p> <p>Increase visitor awareness re; avoid visiting hospital if symptoms of / contact with D and/or V within previous 48 hours</p> <p>Increase IPT presence across clinical areas – concentrating on affected areas</p> <p>Increase attendance of IPT to bed flow meetings, as required.</p> <p>External agencies to be invited to join bed flow meetings for acute update & to support UHMBT</p> <p>Occupational Health surveillance of staffing</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC, UHMBFT & LCFT</p>	<p>In addition to green and yellow actions:</p> <p>Daily outbreak management meetings/conference calls which would include an invitation to external parties i.e. CCG, PHE, CCC or acute providers.</p> <p>Enhanced cleaning strategy implemented via facilities (outbreak calls) including whole room fogging at terminal clean.</p>

	<p>External and internal communications strategy implemented (outbreak calls)</p> <p>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.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green and yellow level triggers:</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p> <p>Place reminder listing necessary actions in event of outbreak in a prominent place where all staff can see it.</p> <p>Strict attention to rehydration plans</p> <p>Ensure visitors aware of outbreak. Provide information and hand washing facilities on entry to buildings.</p> <p>Provide PPE for visitors providing personal care.</p>
<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Business continuity plans in place.</p> <p>Escalated support to hospital system to facilitate discharges to create capacity given closed wards</p> <p>Staff education and updates. Infection prevention and control advice available</p> <p>Staff working on Trust premises must adhere to the Trust's infection prevention and control policies</p> <p>Support wider primary care initiatives</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>Increase presence within Cumbria Care premises.</p>

	<p>Circulate daily sit rep reports to ASC and Cumbria Care County Managers.</p> <p>Director of Public Health led comms campaign with messages to the public advising of temporary ward closures and stressing that affected visitors should stay away from hospital until 48 hours symptom free</p> <p>Advice and support to care homes</p>
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INDICATOR	TRIGGER
High community activity / secondary care outbreaks	Providers of in-patient care at surge plan level 4 in conjunction with outbreak of viral gastroenteritis resulting in one or more ward closures

ORGANISATION	RESPONSE
ALL ORGANISATIONS	<p>The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process</p> <p>The organisation experiencing pressures is responsible for contacting the NHSE on call if a system-wide teleconference is required.</p>
NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality)	Convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	<p>Escalate appropriate intelligence to stakeholders</p> <p>Support business continuity with affected Trusts</p>
MORECAMBE BAY CLINICAL COMMISSIONING GROUP	<p>Monitor acute admission rates / GP referrals</p> <p>Support business continuity with affected Trusts</p> <p>Link with other providers to ensure all parties are implementing action plans</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward/ site coordinator when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or</p>

	<p>where D&V is not the primary condition necessitating admission.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward/ site coordinator when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice. Or where D&V is not the primary condition necessitating admission.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PUBLIC HEALTH ENGLAND	<p>Provide advice on outbreak control</p> <p>Daily collating and analysis of data.</p> <p>Raise concerns with CCC PH team and CCG IP Lead</p> <p>Advice and consultation with PHE Field Epidemiology Service</p> <p>Invoke 24 hour symptom-free Norovirus Discharge Policy where patients are medically fit for discharge</p>
NORTH WEST AMBULANCE	<p>Alert to staff re increased viral gastroenteritis activity.</p> <p>Place flash message on MDT screens within vehicles via control centres to highlight the alert.</p> <p>For patient transport highlight drop box relating to infection control risks on booking</p> <p>Give alert/ increased concerns of activity to PTS control centres</p>

	Ensure effective communication with staff within care homes and hospitals
PROVIDERS OF INPATIENT CARE: NCIC	<p>In addition to Green, Yellow and Amber Triggers</p> <p>Escalate to NHSE / CCG</p> <p>Involvement of resilience team Executive led outbreak control group (OCG) - daily</p> <p>Risk assess capacity to take elective/planned admissions</p> <p>Maximise use of isolation facilities – IP Team</p> <p>Invoke cohort nursing of cases</p> <p>Restrict staff movement (including cleaning teams)</p> <p>Restrict visiting</p> <p>Invoke 24 hour symptom-free discharge policy to Care Homes where patients are medically fit for discharge.</p> <p>Discuss case by case 24 hour symptom free discharges with CPFT</p> <p>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.</p> <p>Daily IP Team led plan for Norovirus management</p> <p>Data analysis to produce epicurve of situation – daily</p> <p>Norovirus control measure sessions within clinical areas</p>
PROVIDERS OF INPATIENT CARE: UHMBFT	In addition to GREEN, YELLOW and AMBER Triggers:

	<p>Escalate situation to NHSE / CCG</p> <p>Restrict staff & patient movement wherever possible.</p> <p>Consider visitor restrictions</p> <p>Invoke 24 hour symptom-free discharge policy where patients are medically fit for discharge.</p> <p>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.</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: NCIC, UHMBFT & LCFT</p>	<p>Actions in addition to green yellow and amber:</p> <p>Increased of communications to staff and public forums</p> <p>Increased surveillance by IPC team.</p> <p>Increased communications with other care providers and external agencies.</p> <p>Restrict visiting</p> <p>Collaborative approach to bed management with acute providers to ensure safe transfers and admissions to prevent future spread in unaffected wards/depts.</p> <p>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.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green, yellow and amber triggers:</p> <p>Attendance at norovirus escalation teleconferences to provide situation reports.</p>

	<p>Invoke 24 hours symptom free discharge policy where patients are medically fit for discharge and it is possible to isolate them within the care home setting until they are 48 hours symptom free.</p> <p>Assessment of care home residents within 24 hours of notification of discharge where possible</p> <p>Maintain communications plan</p> <p>Strict attention to rehydration plans</p> <p>Implement strict adherence to admission avoidance plans and monitor</p> <p>Defer hospital outpatient appointments where possible.</p>
<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Escalate to Assistant Director Level</p> <p>Staff working on Trust premises must adhere to the Trust's infection prevention and control policies</p> <p>Attendance at norovirus escalation teleconferences to provide situation reports.</p> <p>Facilitate measures to prevent delayed transfers of care.</p> <p>Assessment of relevant patients by Social Worker as highest priority (same day) or exceptionally within 24 hours of notification of discharge.</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>In addition to green, yellow and amber triggers:</p> <p>Escalate communications plan to include health economy media response on a daily basis</p> <p>Circulate daily sit rep reports to ASC and Cumbria Care County Managers.</p> <p>Promote self-management</p>

	<p>Promote stay away campaigns.</p> <p>Increased IP support to residential/ nursing homes, schools and institutions</p> <p>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.</p>
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APPENDIX ONE: CONTACT DETAILS FOR ESCALATION TELECONFERENCE

ORGANISATION	NAME	JOB TITLE	CONTACT
<p>NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality) Required if the outbreak reaches a critical incident and system wide response is required</p>		<p>NHSE/I 24/7 On Call</p>	<p>Via NWAS Duty Manager: 0345 1130099 (Option 3)</p>
<p>NHS ENGLAND/IMPROVEMENT – North East and Yorkshire (Cumbria and the North East locality)</p>	<p>One of the following:</p> <p>Andy Summerbell</p> <p>Val Bowman</p>	<p>Head of EPRR</p> <p>Head of EPRR</p>	<p>Telephone 01138251615 Mobile 07824432876 Email: Andy.summerbell@nhs.net</p> <p>Mobile 07879 488 307 Email: Val.bowman@nhs.net</p>
<p>NHSE & NHSI (NE & Yorks) Communication Required if the outbreak reaches a critical incident to provide expert communication advice and support to the community and media</p>	<p>Cara Charlton</p>	<p>Senior Communications and Engagement Manager</p>	<p>Telephone : 0113 825 5481 Mobile : 07730 391 162 Email: Cara.charlton@nhs.net</p>
<p>NORTH CUMBRIA CCG</p>	<p>Paula Smith</p>	<p>Patient Safety Lead</p>	<p>Tel 07768 104 903 Paula.smith@northcumbriaccg.nhs.uk</p>

MORECAMBE BAY CCG	Margaret Williams	Chief Nurse	1524 518957 mbccg.qst@nhs.net
	Sue Bishop	Senior Quality Manager	
NWAS	Rick Shaw	Sector Manager, Cumbria and North Lancashire	Rick.shaw@nwas.nhs.uk Telephone 01772 773 045 NWAS mobile: 07812 305 578
NCIC		Silver on call	01228 523444 (ASK FOR SILVER ON CALL)
	Dr Clive Graham	Director for infection Prevention and Control	01228 814648 07787518562 Clive.Graham@ncic.nhs.uk
	Nicola O'Reilly	Matron IP	01228 814423 07798681146 Nicola.o'reilly@ncic.nhs.uk
UHMBFT		Silver on call	01524 65944 (ASK FOR SILVER ON CALL)
	Lorna Pritt	Matron IP	01524 583796 01229 491121 07973688254 Lorna.Pritt@mbht.nhs.uk
LCFT			
CCC ADULT SOCIAL CARE	One of the Following:		
	Paul Latimer	Senior Manager Adult Social Care (South)	07825 732168 Paul.Latimer@cumbria.gov.uk
	Karen Bell	Service Manager Adult Social Care (North)	07870 153286 karen.bell@cumbria.gov.uk
IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA	One of the Following:		
	Jonathan Comber	County Manager	07771 624261 Jonathan.Comber@cumbria.gov.uk

COUNTY COUNCIL	Anna Darling	Management Support Cumbria Care	07824820059 Anna.Darling@cumbria.gov.uk
CCC PUBLIC HEALTH	Fiona McCredie	Head of Health Protection	07900 668648 Fiona.mccredie@cumbria.gov.uk
	Debbie McKenna	Health Protection Specialist	07769 301904 Debbie.McKenna@cumbria.gov.uk
PUBLIC HEALTH ENGLAND		Health Protection Consultant	Office hours: 0344 2250562 (Option Two) Out of hours: 0151 4344819

APPENDIX 2: STANDARD AGENDA FOR NOROVIRUS TELECONFERENCE

CUMBRIA NOROVIRUS 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 3: NHSE ON CALL MANAGER ACTION CARD

ACTION CARD – AC23

Cumbria Norovirus Escalation Plan

1st On Call Manager

	<p>Rationale</p> <p>The aim of the plan is to reduce pressure across the health and social care system.</p> <p><i>(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).</i></p> <p>Reference: Cumbria Norovirus Escalation Strategy</p>	
1.	<p>Action:</p> <p>When notified that a decision has been made to escalate, convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response.</p>	Tick Complete
2.	<p>Refer to the Cumbria Norovirus Plan</p> <p>https://collaborate.resilience.gov.uk/RDService/home/208153/Local-Health-Resilience-Partnership-Plans</p>	
3.	<p>Upon receipt of the notification that a norovirus specific teleconference is required:</p> <ul style="list-style-type: none"> • refer to the Norovirus plan (Appendix 1) • contact the organisations listed, and advise the norovirus teleconference time/dial in details 	
4.	<p>Use the standard Agenda (inserted overleaf) to guide the call</p>	
5.	<p>Review the actions required of health organisations in the plan to inform yourself as to what each should be undertaking at each escalation level</p>	
6.	<p>If the situation reaches ‘Critical Incident’ status, contact the NHSE/I Comms team and NHSE/I EPRR</p>	
7.	<p>Arrange further calls as required</p>	