



CUMBRIA HEALTH AND SOCIAL CARE NOROVIRUS ESCALATION STRATEGY

DOCUMENT CONTROL	
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DATE	23 DECEMBER 2015
VERSION	01
STATUS	APPROVED
ISSUE DATE	01.02.2016
REVIEW DATE	February 2018
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VERSION	DATE	COMMENT
1 ST DRAFT	02.12.2015	Circulated for comment to all planning group members
2 ND DRAFT	23.12.2015	Circulated for approval to Local Health Resilience Partnership (LHRP) members
FINAL DRAFT	27.01.2016	Submitted to LHRP co-chairs for sign off
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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	Lead the review of previous year's norovirus season and relevant changes to local strategy.
CUMBRIA CLINICAL COMMISSIONING GROUP	Notify PHE of increase in out of hours consultations for vomiting/diarrhoea when information is available
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: NCUHT	<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>Ward Norovirus monitoring daily returns</p>

	<p>Continuous background actions (365 days) National Norovirus surveillance scheme</p> <p>IPS audits on all wards monthly</p> <p>Daily IP attendance at 0930 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>Daily visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)</p> <p>Daily attendance by IPT to bed flow meeting (9am & 12md) managed by GOLD on call</p> <p>IP training mandatory for employees</p> <p>Bed Utilisation training provided, by IPT, for site / bed/ ward managers</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>Social media messages all year through 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 monthly IPOG and quarterly at 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</p>

	for weekend activities
PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT	<p>IP Policies & Procedures in place for norovirus including care pathway, all available via intranet norovirus button.</p> <p>IP training mandatory for all clinical staff (3 yearly face-to-face training).</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>
PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CCC	<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 NWS 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</p>

	of D&V
CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE	<p>Business continuity plans in place.</p> <p>Staff education and updates.</p> <p>Infection prevention and control advice available</p>
CUMBRIA COUNTY COUNCIL PUBLIC HEALTH	<p>Provide IP training for Cumbria 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
CUMBRIA CLINICAL COMMISSIONING GOUP	<p>Provide telephone advice and support to nursing homes</p> <p>Alert public health teams</p> <p>Weekly situation reports to primary care services.</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward 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.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward 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.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PUBLIC HEALTH ENGLAND	<p>Drop box 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>

NORTH WEST AMBULANCE SERVICE	Alert memo to staff highlighting the potential for increased viral gastroenteritis activity
PROVIDERS OF ACUTE IN-PATIENT CARE: NCUHT	<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>
PROVIDERS OF INPATIENT CARE: UHMBFT	<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>Daily visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)</p> <p>Daily attendance by IPT to bed flow meeting (9am & 12md) managed by GOLD on call</p> <p>IP training mandatory for employees</p> <p>Bed Utilisation training provided, by IPT, for site / bed/ ward managers</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>Social media messages all year through 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 monthly IPOG and</p>

	<p>quarterly at 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>
PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT	<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>
PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA CARE	<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>
CCC ADULT SOCIAL CARE	<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>

CCC PUBLIC HEALTH	Establish multi-agency comms group. Instigate proactive public awareness campaign Monitor management of outbreaks in Cumbria Care and commissioned private sector care Provide IP advice and support as necessary
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INDICATOR	TRIGGER
In-patient services are affected by beds closed due to diarrhoea and /or vomiting	Two or more cases of suspected viral gastroenteritis in an open bay/ward area

ORGANISATION	RESPONSE
CUMBRIA CLINICAL COMMISSIONING GROUP	<p>Provide telephone advice and support to nursing homes</p> <p>Alert public health teams</p> <p>Weekly situation reports to primary care services.</p> <p>Provide IP support to acute Trusts as needed</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward 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.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward 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.</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</p>

	<p>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: NCUHT	<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>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>
PROVIDERS OF INPATIENT CARE: UHMBFT	<p>Cascade escalation Policy & Norovirus Procedure into all areas</p> <p>Instigate enhanced comms campaign aimed at admission avoidance (internal & external)</p> <p>Restrict staff / patient movement 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 (9am, 12md, 4pm)</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>External agencies to be invited to join bed flow meetings (managed by GOLD on call) for acute update & to support UHMBT</p> <p>Occ Health surveillance of staffing</p> <p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT</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>PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA CARE</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>
CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE	<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>Support wider primary care initiatives</p>
CUMBRIA COUNTY COUNCIL PUBLIC HEALTH	<p>Increase presence within Cumbria Care premises.</p> <p>Director of Public Health led comms campaign</p> <p>Advice and support to care homes</p>

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
NHS ENGLAND	<p>Monitor health economy risks including staffing</p> <p>Initiate multiagency health and social care teleconference to invoke strategic decision maker response</p> <p>Invoke command and coordination of local NHS services in line with multi agency escalation plan.</p>
CUMBRIA CLINICAL COMMISSIONING GROUP	<p>Monitor acute admission rates / GP referrals</p> <p>Support business continuity with affected Trusts</p> <p>Provision of IP mutual aid to requesting trusts.</p> <p>Link with other providers to ensure all parties are implementing action plans</p> <p>Provide daily situation reports to Primary Care colleagues.</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward 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.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>

<p>PRIMARY CARE</p>	<p>Inform ward 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.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
<p>PUBLIC HEALTH ENGLAND</p>	<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>
<p>NORTH WEST AMBULANCE</p>	<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> <p>Ensure effective communication with staff within care homes and hospitals</p>
<p>PROVIDERS OF INPATIENT CARE: NCUHT</p>	<p>In addition to Green, Yellow and Amber Triggers</p> <p>Escalate to NHSE / CCG</p> <p>Involvement of resilience team</p>

	<p>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>Visitor restrictions</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>Weekend working by IPT in addition to on call microbiologists</p> <p>Norovirus control measure sessions within clinical areas</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Escalate to NHSE / CCG</p> <p>Increased daily bed flow meetings (from 3 to 4 daily) managed by GOLD on call</p> <p>External agencies to be invited to join bed flow meetings (managed by GOLD on call) for acute update & to support UHMBT</p>

	<p>On call out of hours microbiology (24 hours / 7/7 a week) support with additional daily site visits in outbreak management situations</p> <p>Monitor capacity</p> <p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation</p> <p>Restrict staff & patient movement</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: CPFT</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>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>PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA CARE</p>	<p>In addition to green, yellow and amber triggers:</p> <p>Invoke 24 hours symptom free discharge policy where patients are medically fit for discharge.</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>Attendance at daily teleconference calls.</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>Escalate communications plan to include health economy media response on a daily basis</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</p>

	promote compliance with IP policies and procedures in clinical practice.
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