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Objective

To ensure that Infection Prevention and Control Teams in Greater Glasgow & Clyde (GGC) have processes in place to initiate the NHS GG&C Boards Outbreak and Incident Management Plan & Chapter 3 of the National Infection Prevention and Control Policy

<https://www.nhsggc.org.uk/media/267383/outbreak-incident-management-plan-june-21.pdf>

<https://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

This framework applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS DOC

- New Document

Document Control Summary

Approved by and date	Board Infection Control Committee 9 th December 2021
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Developed by	Infection Prevention and Control Team
Related Documents	National IPC Manual – Chapter 3 https://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/ GGC Outbreak-Incident Plan https://www.nhsggc.org.uk/media/267383/outbreak-incident-management-plan-june-21.pdf
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Lead Manager	Board Infection Control Manager
Responsible Director	Executive Lead for Healthcare Associated Infections

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1. Introduction

This is the first version of the Greater Glasgow & Clyde IPCT Incident Management Process Framework which supports the implementation of the [GG&C Outbreak and Incident Management](#) plan and Chapter 3 of the [National Infection Prevention and Control Manual](#) in the context of the Infection Prevention and Control service within NHSGGC.

The purpose of this document is to provide those responsible for responding to incidents and outbreaks within the IPCT, a framework to ensure compliance with both local and national policies and that ward to board governance systems are informed.

This framework should be read in conjunction with other local and national guidance. Training on incident management is available via Public Health for everyone involved in the incident management process.

2. IPCT IMT Process

2.1. Initial Assessment/Problem Assessment Group

An initial assessment is required to determine if an outbreak or incident is taking place. In a hospital, this will be carried out by the IPCT, or through a Problem Assessment Group (PAG).

The initial assessment will be based on available information. It may not be possible to make a decision on the information available immediately and further investigations may be required. A PAG may not always be required, and it is not necessary to hold a PAG prior to activating an Incident Management Team (IMT).

If an assessment is required or a PAG is held the IPCT will complete a NHS GGC IPC Incident summary ([Appendix 1](#)). If the assessment is that either:

- No significant risk to public health and/or patients, the PAG stood down, continuing surveillance system, or
- Assessed as Healthcare Infection Incident Assessment Tool (HIIAT) (<https://www.nipcm.hps.scot.nhs.uk/media/1706/2019-01-nipcm-appendix-14.pdf>) green, then this document will be held by each sector IPCT. HIIAT greens must be recorded on the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Outbreak Reporting Tool (ORT).

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- If an incident is scored amber or red as assessed using the ARHAI HIIAT assessment tool, then the IPC Incident Summary should be shared by the IMT with the Service Director, Chief of Nursing and Chief of Medicine for information and the ORT is submitted to ARHAI.

2.2 Incident Management Team (IMT)

The IMT is an independent multi-disciplinary group with the responsibility for investigating and managing the incident. This document should be shared with all the IMT participants at the start of the meeting. Incidents must all be managed as per:

- Chapter 3 of the National Infection Prevention & Control Manual (NIPCM); and
- NHSGGC Outbreak and Incident Management Plan
<https://www.nhsggc.org.uk/media/267383/outbreak-incident-management-plan-june-21.pdf>

The documents from all outbreaks and incidents will be held in the NHSGGC IPCT pan Glasgow shared drive. Key documents in bold which must be held in each folder are:

- **NHS GGC IPC Incident summary** ([Appendix 1](#)) or Hot Debrief ([Appendix 10](#));
- **GGC IPCT IMT Decision & Improvement Log** ([Appendix 2](#))
- **ARHAI SBAR**
- Any results from environmental samples if done
- Any typing results if done
- Timeline if done
- Press releases
- Any other relevant reports/items

This folder will be audited twice per year to provide assurance.

2.3 IMT Process and Standing Actions

The IPCT process has three standard meetings adapting the template agenda ([Appendix 3](#)):

- New Incident
- Ongoing Incident
- Incident Closure

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These should ensure that all of the core actions required of an IMT, as detailed in Chapter 3 of the NIPCM and NHSGGC Outbreak and Incident Management Plan, are adhered to.

2.4 Action Log

Decisions must be clearly documented. The record must include not only the decision made, but if the alternative options have been considered and the rationale for the choice(s) made.

All actions must be concluded at the end of the final IMT or if this is not possible there is a clearly documented account of the actions that are to be included in another process or action plan.

2.5 Environmental Sampling

Environmental sampling should only be undertaken at the instruction of the Infection Control Doctor (ICD). Those instructing sampling must ensure that the correct documentation is completed:

- Ad Hoc/Additional Environmental Request Swabs etc -Non Water ([Appendix 4](#))
- Ad Hoc/Additional Environmental Request Air & Water ([Appendix 5](#))

And whomever is collecting the sample must ensure that full details are included on the request form

- Room number (both ward ID and estates if applicable);
- Location within the room, e.g. bedroom, en-suite etc;
- Item, e.g. sink, bed table etc and
- Other relevant details.

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2.6 Communicating with Patients, Carers and Families

The primary aim of the documents listed below, which were developed by GGC Communications Team, is to set out the key principles which should be adhered to when communicating with patients with infections and their relatives and carers, other cohorts of patients and families, ward staff, NHSGGC staff, and the public during incidents and outbreaks and should guide IMT participants at all times in the decision process with regards to what, whom and when.

- Healthcare Associated Infection Communications Strategy
<https://www.nhsggc.org.uk/media/269759/hai-communications-strategy-2021.pdf>
- Communications during an incident or outbreak: Guidance for Problem Assessment Groups and Incident Management Teams
<https://www.nhsggc.org.uk/media/269947/hai-strategy-guidance-for-imts-2021-final.pdf>.

A representative from Corporate Communications must be invited to all IMTs.

2.7 Risk Register

At the end of each incident the IMT will discuss if there is the requirement to consider if any actions or risks identified should be included on either the service or IPCT Risk Register.

This will also be considered in the hot debrief or IMT report which will be submitted to the relevant IPC Clinical Governance Committees (see section 3) and the relevant service clinical governance committees.

The IPCT Risk Register will be reviewed at each meeting of the IPCT Clinical Governance Committees and updated immediately if required.

2.8 Duty of Candour

During an IMT, Clinical Teams will be referred to the Duty of Candour guidance in relation to IPC.

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IPC Guidance on the Duty of Candour will be considered at the beginning and throughout the incident ([Appendix 6](#)) and members of the IMT will be required to follow the Health Boards Duty of Candour Policy:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Risk/Duty%20of%20Candour/Duty%20of%20Candour%20%20Policy%20and%20Guidance%20Sep%202021.pdf>

3. Reporting and Governance

National Reporting

All incidents and outbreaks that are HIIAT assessed are reported to ARHAI via the ARHAI Online Reporting Tool (ORT).

GGC Senior Management Team

A weekly report which contains a brief description of any incidents or outbreaks which are assessed as amber/red is completed and submitted to Board Executive Directors, Service Directors and Heads of Nursing and Medicine. An update on any incidents or outbreaks previously reported is also included until the incident is closed.

Infection Prevention and Control Governance Committees

All Incidents that score red/amber using the ARHAI HIIAT assessment will be reported to the relevant IPC governance groups, i.e. AICC or PICSG. All red/amber incidents will have a hot debrief/incident summary/IMT report completed at the closure of the incident.

A summary of **all** incidents that score amber or red will be presented at all IPC governance groups within the HAIRT; Acute Infection Control Committee (AICC) and Partnership Infection Control Support Group (PICSG).

Acute Services

A summary of any incidents or outbreaks which are assessed as HIIAT amber/red will be included in the IPC report which is presented monthly to the Acute Clinical Governance Committee (ACGC).

NHS GGC Clinical & Care Governance Committee

The Healthcare Associated Infection Reporting Template (HAIRT) will include a summary of all incidents including actions taken and lessons learned in order to support immediate or ongoing improvement. The HAIRT will be submitted to all IPC governance groups for information and review and to the Clinical Care Governance Group for Assurance. A

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summary HAIRT will be submitted to the NHS Board for assurance.

HAIRT – The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI Task Force and informs NHSGGC of activity and performance against Healthcare Associated Infection Standards and performance measures.

Summary HAIRT – Summary HAIRT will include performance against Local Development Plan (LDP) targets, mandatory surveillance, cleaning and estates audit results. A summary of all incidents and outbreaks will also be included.

Escalation

The IPCT will complete an IPC Incident summary ([Appendix 1](#)) for all amber/red incidents and outbreaks. This will be submitted to the Service Director/or equivalent and their SMT for information prior to inclusion in the ARHAI ORT.

The IMT may, after consideration, choose to brief the executive team via the existing rapid alert system.

IMT Governance and Assurance chart is included in [Appendix 8](#).

4. Assurance

Each quarter, four IMTs will be audited to ensure that the framework is in place and functioning correctly ([Appendix 9](#)). A summary of this process will be reported to the IPCT SMT to provide assurance and recommendations for improvement.

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Appendix 1

NHSGGC IPC Incident summary

Date reporting / Update no.	
Sector / Hospital	
Ward / departments	
Incident statement	
Patient cases	
Control measures	
Investigations	
Hypothesis	
HIIAT Score	
Patient Services Transmission Public Anxiety	
Communications / next steps	
Press statement	
Date	Incident update

Instruction for completion:

1. Complete the above following all non-COVID incident /PAG meetings
2. Send to ICM and ANDIPC (or deputy) for approval
3. ICM/ANDIPC will send to directorate for info/comments
4. ICM/ANDIPC will sent summary to Acute SMT (COO, AND, AMD, DIPCT)
5. ICM/ANDIPC will ask IPCT to complete ORT
6. IPC Data team will update ORT to ARHAI

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Appendix 2

GGC IPCT IMT Decision Log & Improvement Plan

Meeting:		Meeting called by:	
		Date:	
Attendees:		Apologies	
Next Meeting:		Venue:	

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DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

CLOSED ACTIONS:

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

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Appendix 3

Template Agenda
(Hospital, ward/dept/organism if applicable)
Date
Location

1. Welcome and Introduction (Reminder of confidentiality)
2. Apologies
3. Minutes from the previous meeting
4. Incident summary
 - a) General situation statement
 - b) Patient report
 - c) Microbiology report
 - d) Epidemiology
 - e) Environmental report
 - f) Other relevant reports
5. Case definition
6. Hypothesis
7. Risk Management/Control Measures
 - a) General
 - b) Patients
 - c) Staff
 - d) Public Health
8. Further Investigation
 - a) Epidemiological
 - b) Environmental
 - c) Standard Infection Control Precautions Standards (SICPS) audit
 - d) HH audit
 - e) Route Cause Analysis (RCA)
9. Control measures

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10. Healthcare Infection Incident Assessment Tool (HIIAT)

11. Communications

- a) Advice to patients and carers
- b) Advice to public
- c) Advice to Staff
- d) Media (print, radio, TV, websites, social networking sites)
- e) Executive management team/Clinical Governance
- f) Health Protection Scotland (HPS) / Scottish Government (SG) HAI Policy Unit (HIIORT)
- g) Duty of Candour Consideration

12. AOCB

13. Action list with timescale and allocated responsibility

14. Date and time of next meeting

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Appendix 4

LF591v2 Ad Hoc/Additional Environmental Request (Swabs etc - Non Water)

For Completion by Infection Control Team			
Date of Issue		Authorising Infection Control Consultant	
Expected Sampling Date		Frequency of Testing (e.g. One Off / Each Thurs)	
Estimated Numbers		Location(s) Hospital Site / Ward	
Sample Type(s)			
Estimation Request & Clinical Rational for Testing	<i>Example: Specify target organism only / All isolates / GNB only as part of IMT investigation</i>		
Result Notification	List all staff emails to receive a copy of results as they become available		
ALL SAMPLES TO BE SUBMITTED WITH A COMPLETED ENVIRONMENTAL REQUEST FORM			
For Completion by Laboratory Staff			
(in conjunction with Infection Control Consultant)			
Booking in PID as per LI720	<i>Ensure full details of locations are included so all samples are PID'd using the same location for duration if incident</i>		
Reporting Criteria	<i>Example: Any isolate present to be reported /Only target organism to be reported</i>		
Set Up & Reporting Procedure	<i>Media to be set up</i>		
	<i>Temperature and atmosphere</i>		<i>Duration of Incubation & Read Frequency</i>
	<i>Reporting Criteria</i>	<i>Example: NG2D/'Target Organism' Not Detected</i>	
All reported organisms to be stored in freezer			

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Appendix 5

LF592v2

Ad Hoc/Additional Environmental Request (Air & Water)

For Completion by Infection Control Team			
Date of Issue		Authorising Infection Control Consultant	
Expected Sampling Date		Frequency of Testing (e.g. One Off / Each Thurs)	
Estimated Numbers		Location(s) Hospital Site / Ward & Contact Details	
Examination Request & Clinical Rationale for Testing	<i>Air: / Air Sampling / Target Organism / Particle Count Water: Specify if target organism only / TVC / All GNB only as part of IMT investigation</i>		
Result Notification	<i>List all staff emails to receive a copy of results as they become available</i>		
ALL SAMPLES TO BE SUBMITTED WITH A COMPLETED ENVIRONMENTAL REQUEST FORM			
For Completion by Laboratory Staff (in conjunction with Infection Control Consultant)			
Booking in PID as per LI720	<i>Ensure full details of locations are included so all samples are PID'd using the same location for duration of incident</i>		
Reporting Criteria	<i>Example: Any isolate present to be reported / Only target organism to be reported</i>		
Set Up & Reporting Procedure	Media to be set up / Additional Plates set up		
	Reporting Criteria	<i>Example: Target organism Isolated / Target Isolate Not Detected etc</i>	
	All reported organisms to be stored in freezer		

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Appendix 6

Duty of Candour Considerations for Infection Control Incidents

For an infection incident to be considered as a Duty of Candour Event, there are a number of points to consider.

Incident Definition

An ‘incident’ as defined in NHS GGC Incident Management Policy is any event or circumstance that led to unintended or unexpected harm.

Was the patient harmed?

For the purposes of the Duty of Candour legislation, harm can be:

- death of the person
- a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions
- an increase in the person’s treatment
- changes to the structure of the person’s body
- the shortening of the life expectancy of the person
- an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days
- the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days
- the person requiring treatment by a registered health professional in order to prevent – (i) the death of the person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above

Was the event causing the harm avoidable?

Harm may occur as a result of the natural progression of a disease or is an inherent risk of the treatment given. That harm may be deemed unavoidable, in which case Duty of Candour legislation would not apply. There does however need to be evidence that this was considered. If the incident review process is unable to determine that the harm was avoidable, a SAER should be commissioned to seek to answer this in line with the NHS GGC Management of Significant Adverse Events Policy.

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Was the Patient Harmed?		Yes	No
1	<p>As a result of the infection, did the patient suffer harm (in line with the Organisational Duty of Candour Legislation definitions)?</p> <p><u>Was the patient harmed?</u></p> <p>For the purposes of the Duty of Candour legislation, harm can be:</p> <ul style="list-style-type: none"> • death of the person • a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions • an increase in the person's treatment • changes to the structure of the person's body • the shortening of the life expectancy of the person • an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days • the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days • the person requiring treatment by a registered health professional in order to prevent – (i) the death of the person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above 		
If answered no, this does not meet the threshold for Duty of Candour.			
On balance of probability was the unintended or unexpected infection incident avoidable?		Yes	No
2	Was there a systems issue e.g. guidance not followed, lack of PPE, poor practice identified?		
If answered no, this does not meet the threshold for Duty of Candour.			
<p>The Clinical Service</p> <p>If you have answered yes to question 1 and 2, the infection incident meets the threshold for Organisational Duty of Candour, pass to service specialty to progress a review in line with the NHS GGC Management of Significant Adverse Event Policy.</p> <p>If the answer is no, a SAER would not normally be required, evidence that the avoidability has been considered should be retained for future evidence.</p>			
SERVICE SPECIALTY (follow local SAER process)			
Ensure Datix has been completed			
Complete briefing note and commission of SAER			
Forward briefing note to clinical.risk@ggc.scot.nhs.uk			

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Appendix 7

Situation Report Template – take out

[Incident title]

[Update no #]

Date and time:

Author:

IMT Chair:

Introduction and incident background

This update was produced using data available at [date and time]

[Background to incident, including response tier, case definitions, completed investigations and risk assessment]

Common data set

[Key information agreed by IMT– no. Of cases/contacts/hospitalisations/deaths/recoveries etc]

Objectives

[Current principle objectives of the IMT]

Agencies/departments:

Participating in IMT

Receiving updates

Summary of control measures

Summary of ongoing investigations

Operational Issues

Forward look (including de-escalation plan)

Communications

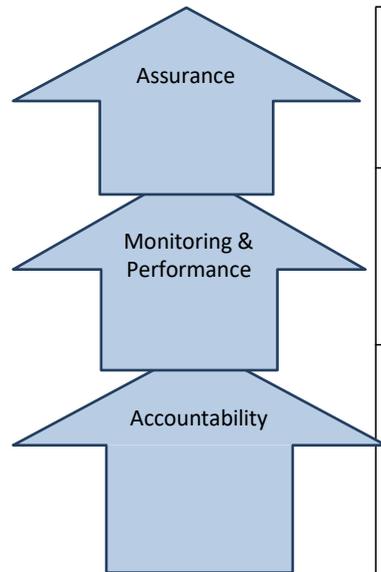
Requests for additional support (including legal issues)

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www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control

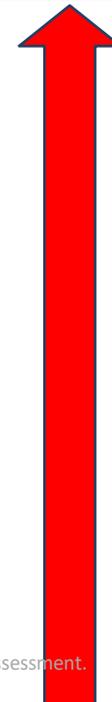
Appendix 8

Governance and Assurance IMT Process



- Summary *HAIRT NHS GGC Board.
 - HAIRT to Clinical Care Governance Committee.
 - HAIRT Board Clinical Governance Committee.
 - HAIRT/Hot Debriefs/ARHAI SBAR to Board Infection Control Committee.
-
- HAIRT/Hot Debriefs/ARHAI SBAR & IPC Risk Register to Acute Infection Control Committee & Partnership Infection Control Support Group.
 - Weekly update to Board Executives, Service Directors, Chiefs of Medicine and Chiefs of Nursing re ongoing red/amber incidents.
 - Director’s dashboard to include details on incident and outbreaks.
-
- IMT Process and associated paperwork.
 - IMT process audit report to committees twice per year.
 - Incident summary to Service Director CoM/CoN within 24hours of incident being identified (mon-Friday).
 - Incident update in monthly sector reports to be tabled at service governance groups. Outstanding actions to be included in monthly report.
 - ARHAI SBAR to be included in sector reports and weekly reports to microbiology.

Rapid Alert will be completed by chair of IMT if considered that this is required by the IMT.



*HAIRT – Hospital Associated Infection Reporting Template includes a summary of all incident and outbreaks that score red/amber after HIIAT assessment.

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Appendix 9

IPCT IMT Audit Template

1	The NHS board has undertaken a risk assessment following receipt of initial information.
2	The NHS Board has recorded whether there is a significant risk to patients and staff; <ul style="list-style-type: none"> • scale of problem; • severity of problem; • possible cause of incident/outbreak; • initial actions to be taken and why.
3	Decisions on whether the situation should be declared an incident/outbreak, and whether an IMT should be called recorded.
4	All agencies/disciplines involved in investigation and control represented at IMT meeting
5	Roles and responsibilities of IMT members agreed and recorded
6	Case definition agreed and recorded
7	Descriptive epidemiology undertaken and reviewed at IMT. To include: number of cases in line with case definition; epidemic curve.
8	Decisions on microbiological and environmental investigations agreed by IMT and recorded
9	Analytical study considered and rationale for decision recorded
10	The IMT has kept records of decisions made about incident control measures and documented: whether these measures have been applied; and <ul style="list-style-type: none"> • if not, the reason why; • if yes, by whom, when and where they have been carried out; • any further action arising from above.
11	The IMT has reviewed the impact of control measures at each IMT meeting and documented its view on this.
12	Communications strategy agreed at first IMT meeting and reviewed throughout the investigation.
13	The IMT chair and the Communications Advisor have agreed a single press spokesperson and press officer who have regularly reported to the IMT on the tone and content of communications and responses to them.
14	The IMT Chair has regularly reported on the incident to relevant senior management of the NHS board.
15	The IMT has agreed criteria for stepping down the IMT, and recorded when these criteria have been met
16	The IMT Chair has conducted a debrief immediately at the conclusion of the response phase. (within 2-4 weeks of step down)
17	The IMT Chair has arranged for a report, in the format agreed in consultation with the IMT, and submitted the report to the relevant NHS board committee (within 3 months of step down)
18	The IMT Chair has forwarded the report to relevant persons with responsibility for taking forward its recommendations and has agreed means of ensuring recommendations are followed up.

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19	Responsibilities regarding duty of candour have been considered
20	Formal recording of if any risk should be included on either the IPCT or service risk register.
21	<p>The auditor will check that each outbreak folder contains the documents listed below. The first four of which must be filed in the relevant folder in the IPC pan Glasgow drive.</p> <ul style="list-style-type: none"> • NHS GGC IPC Incident summary • GGC IPCT IMT Decision & Improvement Log • ARHAI SBAR • Hot Debrief • Any results from environmental samples if done • Any typing results if done • Timeline if done • Press statements • Any other relevant reports/items

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Appendix 10

Hot Debrief Tool

Hot debriefing document
<p>This is not a mandatory requirement but for the purpose of sharing lessons learned across Scotland particularly for rare or unusual events. The IPCT/HPT or chair of the IMT should complete this immediately following the end of an incident. It may be deemed that a full IMT report is not needed and this document may be sufficient. A full IMT reporting template can be found in the resources section of the NIPCM</p>
1. Incident reference
Please provide a reference/title for this incident.
2. Details of incident
Please provide a brief summary of incident: Include details of the following where relevant: dates when incident started/ended; case definition; description, number and features of cases; care areas/locations affected; source and modes of cross-transmission/exposure; diagnosis and treatment, any enhanced surveillance of interventions, any hypotheses.
3. What went well?
Please list aspects of the incident considered to have been managed well:

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4. What did not go well?	
Please list aspects of the incident considered not to have been managed well:	
5. Lessons Learned	
Please provide details of any learning points or recommendations:	
6. IMT lead details	
Name:	Email:
Job Title:	Address:
Contact number:	Contact number (mobile):
Date:	Signed:
Completed templates to be returned to: NSS.HPSinfectionControl@nhs.net	

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Glossary

AICC	Acute Infection Control Committee
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
BICC	Board Infection Control Committee
HIAT	Healthcare Infection Incident Assessment Tool
ICBEG	Infection Control in the Built Environment Group
ICD	Infection Control Doctor
IMT	Incident Management Team
IPCT	Infection Prevention and Control Team
NIPCM	National Infection Prevention Control Manual
ORT	Online Reporting Tool
PAG	Problem Assessment Group
PICSG	Partnership Infection Control Support Group
SAER	Significant Adverse Event Report
SBAR	Situation Background Assessment Recommendation