# Full Incident Management Team Report

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| **Incident Management** | | | | |
| Incident Management Team (IMT) lead: | Name and job title, Board: | | | |
| Agencies represented on IMT: |  | | | |
| Date of first IMT meeting: |  | | | |
| Date of last IMT meeting: |  | | | |
| Number of IMT meetings held: |  | | | |
| Guidance used by IMT: |  | | | |
| Please record any other points on IMT: |  | | | |
| **Incident Detection and Initial Response** | | | | |
| Date of first notification of case(s): |  | | | |
| Date incident detected: |  | | | |
| Description of how the incident was detected: |  | | | |
| Description of the initial risk assessment response and communications: |  | | | |
| Please note any other points on incident detection and initial response: |  | | | |
| **Type of Incident** | | | | |
| Causative Organism : |  | | | |
| Main presenting illness: |  | | | |
| Main Primary Exposure(s): | Food  Water  Air  General Environment  Person to Person (type e.g. sexual, respiratory, contact)  Other (please describe) | | | |
| Source(s) of Exposure: |  | | | |
| Duration of Incident: | From: | | To: | |
| Please Note any Other Points on the Type of Incident: |  | | | |
| **Investigation** | | | | |
| **Epidemiological Investigation** | | | | |
| Type(s) of Epidemiological Investigation: |  | | | |
| Final Case Definitions: | Confirmed  Probable  Possible | | | |
| Number of Cases by Definition and Sex: |  | | | |
| Number of Cases by Definition and Age: |  | | | |
| Clinical Status | Admitted: | ITU: | | Deaths: |
| First and Last Date of Onset by Definition: |  | | | |
| Epidemic Curve Appended?: | Yes/No | | | |
| Areas of Incident Occurrence: |  | | | |
| Mapping of Cases Appended? | Yes/No | | | |
| Primary Exposures Investigated: | Food  Water  Air  General Environment  Person to Person (type)  Zoonotic  Other (please describe) | | | |
| Source(s) of Exposures: |  | | | |
| Secondary Exposures Investigated: |  | | | |
| Other Risk Factors for Illness: |  | | | |
| Underlying Medical Conditions: |  | | | |
| Further Epidemiological Investigations  Report Appended?: | Yes/No | | | |
| Key Findings: |  | | | |
| Main Conclusions: |  | | | |
| Please Note Any Further Points on the Epidemiological Investigations: |  | | | |
| **Laboratory Investigations** | | | | |
| Diagnostic Laboratories Involved: |  | | | |
| Reference Laboratory Involved: |  | | | |
| Causative Agent: |  | | | |
| Strain/genotype of Micro-Organism: |  | | | |
| Dates of First and Last Positive Results in Confirmed Cases by Laboratory: |  | | | |
| Key Findings: |  | | | |
| Main Conclusions: |  | | | |
| Please Note any Further Points on the Laboratory Investigation: |  | | | |
| **Overall Summary from Investigation** | | | | |
| Key Findings: |  | | | |
| Main Conclusions: |  | | | |

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| **Control Measures** | | | |
| Objectives: |  | | |
| **Prevention of Primary Exposure** | | | |
| **Exposure** | **Measure** | **Onset and Duration** | **Agency Responsible** |
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| **Prevention of Secondary and Further Exposure(s)** | | | |
| **Exposure** | **Measure** | **Onset and Duration** | **Agency Responsible** |
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| **Prevention of Ill Health in Those Exposed** | | | |
| **Exposure** | **Measure** | **Onset and Duration** | **Agency Responsible** |
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| **Treatment and Care of Cases** | | | |
| **Services** | **Measure** | **Onset and Duration** | **Agency Responsible** |
| Primary Care |  |  |  |
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| Secondary Care |  |  |  |
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| Other |  |  |  |
| **Criteria for Cessation of Main Control Measures** | |  | |
| **Summary** | | | |
| Compliance Issues | |  | |
| Evaluation of Impact and Achievement of Objectives | |  | |
| Main Conclusions | |  | |

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| **Communications** | | |
| **Strategy** | | |
| Objectives: | |  |
| Audience(s): | |  |
| Key Content: Assessed Risk to Health: | |  |
| Key Content: Advice on Risk Reduction: | |  |
| Main Spokesperson(s): | |  |
| Method of assessing impact: | |  |
| **Communications Made: Service** | | |
| Public Health (Scotland): | |  |
| Public Health (UK & Europe): | |  |
| Scottish Government : | |  |
| General Practice: | |  |
| NHS 24: | |  |
| Out of Hours & A&E: | |  |
| Local Authorities: | |  |
| Secondary Care: | |  |
| Others: | |  |
| **Communications Made: Public** | | |
| Cases and Contacts: | |  |
| Affected Communities: | |  |
| Local Media: | |  |
| National Media: | |  |
| Helpline: | |  |
| Publicity and Specific Health Information: | |  |
| Others: | |  |
| **Summary** | | |
| Evaluation of Impact and Achievement of Objectives: | |  |
| Main Conclusions: | |  |
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| **Antecedents of Outbreak** | | |
| What occurred to Precipitate the Outbreak? : |  | |
| Were there any System Failures which Contributed to this? : |  | |
| Were there any Organisational or Cultural Issues Contributing to these? : |  | |
| What is the Likelihood of a Similar Event Occurring? |  | |
| What Needs to be Done to Prevent this? |  | |

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| **Learning from Experience** | |
| **Organisational Arrangements** | *What worked well? :* |
| *What could be improved?:* |
| **Investigation** | *What worked well? :* |
| *What could be improved?:* |
| **Control Measures** | *What worked well? :* |
| *What could be improved?:* |
| **Communications** | *What worked well? :* |
| *What could be improved?:* |
| Please Identity any Updates to Guidance that Should be Considered as a Result of the Incident: |  |
| Please Identify any Research that Should be Considered as a Result of the Incident: |  |
| Please Identify any Workforce/ Education/ Development Priorities to Arise as a Result of the Incident: |  |

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| **Recommended Actions Arising from the Incident**  Recommended Action Should be set out as Objectives Using the ‘SMART Approach’ i.e. Specific, Measurable, Achievable, Realistic, Timed:   * **Specific –** Be Precise about the objective to be achieved. * **Measurable –** Quantify the extent of the action. * **Achievable –** Actions should not be an excessive burden on the owners. * **Timed –** State the expected completion date. | | | |
| **Action No.** | **Description of Action** | **Action Owner** | **Complete by Date** |
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**Report Approval**

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| **For Completion by the Chair of the Incident Management Team** | |
| **Name:** | **Designation:** |
| **Signature:** | **Date:** |
| **Email:** | **Tel.:** |