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# Mandatory - Healthcare Infection, Incident and Outbreak Reporting Template (HIIORT)

**Initial assessment to be completed within 24 hours for all HIIAT Red and Amber;**

**for HIIAT Green complete only if HPS Support requested.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 :Contact Details** | | | | | | | | |
| NHS Board/Care organisation | | | |  | | | | |
| Date and time of reporting | | | |  | | | | |
| Person Reporting and designation | | | |  | | | | |
| Telephone number and email | | | |  | | | | |
| **Section 2: Infection Incident/outbreak Details** | | | | | | | | |
| Care facility/hospital | | | |  | | | | |
| Clinical area/ward and speciality | | | |  | | | | |
| **Section 3: Initial assessment** | | | | | | | | |
| Type: Incident/outbreak/ data exceedance e.g. Gastrointestinal, decontamination failure | | | |  | | | | |
| Infectious agent known or suspected | | | |  | | | | |
| Case definition | *Please enter time/place/person/pathogen e.g.*  *Any patient/staff member/person with laboratory confirmed [insert pathogen e.g. Group A Streptococcus] in ward [insert clinical area/ward] from [insert date]* | | | | | | | |
| Date of first case (if applicable) | | |  | | | | | |
| Total number of confirmed patient cases | | | Total number of probable patient cases | | Total number of possible patient cases: | | | Total number of staff cases: |
| Number of patients giving clinical cause for concern as a consequence of this incident/outbreak | | | | | | |  | |
| Number of deaths as a consequence of this incident/outbreak | | | | | | |  | |
| Was the infectious agent cited as a cause of death on a **death certificate\* (**if yes, state which part of the certificate**)** | | | | | | |  | |
| Are infection prevention and control measures as per National Infection Prevention and Control Manual (NIPCM) implemented? If not, state reason. | | | | | | |  | |
| Has additional information regarding this Incident/outbreak i.e. leaflets been provided to patients/relatives. Provide details: | | | | | | |  | |
| Additional Information: *e.g. closure of clinical area, control measures, staff exclusions, working hypothesis* | | | | | | | | |
| **Section 4: Healthcare Infection Incident Assessment Tool (HIIAT) (link to tool)** | | | | | | | | |
| Severity of illness | | Minor/Moderate/Major | | | |  | | |
| Impact on services | | Minor/Moderate/Major | | | |  | | |
| Risk of transmission | | Minor/Moderate/Major | | | |  | | |
| Public anxiety | | Minor/Moderate/Major | | | |  | | |
| HIIAT Assessment | | Red Amber Green | | | |  | | |
| **Section 5: Organisational Arrangements** | | | | | | | | |
| PAG/IMT meeting held | | Y /N/ NA | | | | Date: Chair: | | |
| Next planned IMT | | Y /N/ NA | | | | Date: | | |
| Press statement (proactive press statements **must** be sent with HIIORT) | | Proactive Y/N | | | | ***Must*** *be sent prior to release* | | |
| Release Y/N | | | | *Direct to SG comms within 48hrs* | | |
| Holding Y/N | | | | *Direct to SG comms within 48hrs* | | |
| HPS support requested | | Y/N | | | | Date.................................... | | |
| Other information:  e.g. decisions from IMT | |  | | | | | | |

**Complete this section if:**

Red: complete daily or as agreed between IMT and HPS (a minimum of weekly)

Amber: complete twice weekly or as agreed between IMT and HPS (a minimum of weekly)

Green: complete if HPS support required (a minimum of weekly)

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 6: Update** | | | | | | |
| **On this date:** |  |  |  |  |  |  |
| Cumulative total of confirmed patient cases |  |  |  |  |  |  |
| Cumulative total of probable patient cases |  |  |  |  |  |  |
| Cumulative total of possible patient cases |  |  |  |  |  |  |
| Cumulative total of staff cases |  |  |  |  |  |  |
| Total number of symptomatic patients today |  |  |  |  |  |  |
| Number of patients giving cause for concern |  |  |  |  |  |  |
| Total number of deaths as a consequence of the incident since last HIIORT report |  |  |  |  |  |  |
| Is the ward/services closed |  |  |  |  |  |  |
| Is a service restricted |  |  |  |  |  |  |
| HIIAT assessment |  |  |  |  |  |  |
| *Organisation update Comments (including changes to any control measures, case definition or death) certification information)* | | | | | | |
| Date: |  | | | | | |
| Date: |  | | | | | |
| Date: |  | | | | | |
| Date: |  | | | | | |
| Date: |  | | | | | |

**ONCE COMPLETED, EMAIL TO:** [**NSS.HPSInfectionControl@nhs.scot**](mailto:NSS.HPSInfectionControl@nhs.scot)