# 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 WaterAirGeneral 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 ProbablePossible |
| 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 WaterAirGeneral EnvironmentPerson to Person (type)ZoonoticOther (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.
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| **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.:**  |