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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**