
	NHS GREATER GLASGOW AND CLYDE CONTROL OF INFECTION COMMITTEE	Effective from	Feb 2024
	Communications During an Incident or Outbreak: Guidance for Problem Assessment Groups and Incident Management Teams	Review date	Feb 2026
		Version	4
The most up-to-date version of this document can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

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

### Document Control Summary

**Important Note:** The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

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## 1. Introduction

Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) remain the primary areas for managing an incident or outbreak and how it is communicated.

The purpose of these groups, and how they go about their work, is well documented and generally well understood. However, when it comes to the communications function, there can be less certainty about what the best course of action might be.

The Hospital Infection Incident Assessment Tool (HIIAT) – Appendix 1 – sets out some guidance around communications.

The purpose of this document is to give some additional pointers in the interim to support PAGs and IMTs, as their members agree how best to approach communications.

## 2. HIIAT guidance

The incident or outbreak will be assessed using the HIIAT, and the outcome of that assessment is marked GREEN, AMBER or RED.

- When an incident or outbreak is assessed as GREEN, there is no requirement for any actions around communications. However, it may still be appropriate to consider preparing a holding press statement or even undertaking proactive communications. This is a decision for the IMT based on the information it has at hand.
- Any incidents/outbreaks which are assessed as AMBER require the NHS Board to prepare a holding press statement. The IMT will determine if it is in the interest of the patient(s) directly involved and the public for this to be issued proactively. Communicating with other groups should also be considered.  
(See '3. *Who Should We Communicate With?*' – Page 7).

- Any incidents which are assessed as RED require the NHS Board either to prepare a holding press statement or to issue a press release proactively. The IMT will determine which course of action is in the best interest of the patient(s) directly involved and the public. Communicating with other groups should also be considered.

(See '3. Who Should We Communicate With?' – Page 7)

To help determine the best course of action in each of the above scenarios, the IMT – or, if appropriate, a PAG – should consider a range of questions to aid the decision-making process.

Issues that might be considered include – but are not limited to – the following:

Communicating and incident or outbreak: Questions to consider	
<p><b>Has the pathogen been identified?</b></p> <p><i>If not, care should be taken with what is said in communications. Saying nothing, or sharing theories or ideas which are not known to be true, should if possible be avoided.</i></p> <p><i>If the pathogen has been identified, a number of additional questions come into play. For example, would naming it publicly cause public anxiety?</i></p>	<p><b>How many individuals are affected?</b></p> <p><i>Generally, if a larger number of individuals is affected, there is more likely to be media interest and public concern.</i></p> <p><i>However, a small outbreak may cause high media interest and public anxiety given, for example, the nature of the infection.</i></p> <p><i>At all times, but particularly when the number of individuals affected is small, care should be taken to avoid sharing information that could identify individual patients, either directly or through deductive disclosure.</i></p> <p><i>In general, when there are fewer than five cases then the number should not be confirmed in line with data protection.</i></p>
<p><b>How severe is the infection?</b></p> <p><i>As with the number affected, generally, severe infection is more likely to generate interest.</i></p> <p><i>However, for example, when allied with the ages of those involved, or the speciality affected, simply the existence of infection, whether severe or not, could generate media interest or anxiety.</i></p>	<p><b>What are the ages of those affected?</b></p> <p><i>We know that if babies or children are involved there is a greater likelihood of media interest.</i></p>
<p><b>Is the risk of transmission clear?</b></p> <p><i>What is the mode of transmission?</i></p> <p><i>Is the pathogen highly communicable?</i></p> <p><i>Do we have controls in place to prevent further</i></p>	<p><b>How many are potentially at risk?</b></p> <p><i>Is the person affected in a ward made up of single rooms or a nightingale ward?</i></p> <p><i>Was the patient isolated from others nearby?</i></p>

<p><i>spread?</i></p>	<p><i>Did that happen quickly?</i></p> <p><i>Again, numbers are not the only factor to consider here. The ages of the patient cohort, the specialty involved, and the site where the incident/outbreak takes place should all be taken into account.</i></p>
<p><b>What specialty is affected?</b></p> <p><i>The specialty affected, and the vulnerability of patients receiving treatment there, are important factors in determining potential media interest and levels of public anxiety.</i></p>	<p><b>Is this one case of an unusual organism?</b></p> <p><i>A single case of a highly unusual organism – even if it is not particularly dangerous – could actually generate more interest than a large incident/outbreak.</i></p> <p><i>If it is highly unusual AND highly dangerous, media interest is likely to be significant.</i></p>
<p><b>On what site is the outbreak/incident?</b></p> <p><i>A key consideration. If the site of the outbreak is already under media scrutiny any outbreak/incident is more likely to generate significant coverage in the press.</i></p>	<p><b>Is the organism hospital or community acquired?</b></p> <p><i>This could be critical to the tone of any release.</i></p> <p><i>If it is community acquired, the reputation of the health board is unlikely to be affected and issues such as public health and public information are more likely to be the key drivers of any communications.</i></p> <p><i>If it is healthcare acquired, the additional questions listed here become important factors in decided a course of action.</i></p>
<p><b>What is the condition of those affected?</b></p> <p><i>Whether or not the condition is giving cause for concern would help inform a decision about issuing a proactive release.</i></p> <p><i>In addition, whether the condition is improving or deteriorating would, in conjunction with other questions, help to inform the course of action an IMT takes.</i></p>	<p><b>Are robust control measures in place/ has the potential source of infection been removed?</b></p> <p><i>Being able to add this information to any communications or responses to media inquiries can help to allay public anxiety.</i></p>
<p><b>What is the recent history of the site / speciality / board?</b></p> <p><i>Has there been recent media interest or controversy?</i></p> <p><i>Is this the latest in a number of incidents/outbreaks?</i></p>	<p><b>Is there a danger to the public?</b></p> <p><i>If the answer is ‘yes’, it is highly likely the HIIAT will have scored RED because of the potential for high public anxiety.</i></p> <p><i>In cases like these there will be a requirement to draft a holding statement.</i></p> <p><i>However, would proactive communications be appropriate? If robust control measures are in place, would proactive comms risk creating unnecessary public panic?</i></p>

	<p><i>The need for public health messaging, and how it is handled, is a further consideration.</i></p> <p><i>For example, a simple alert to the public over the existence of a pathogen in the community, and advice on how to avoid/mitigate it, would require some fairly straightforward communications.</i></p> <p><i>However, if there is the need for a clear warning to stay away from the hospital where the outbreak/incident is centred, the potential for public anxiety, and significant media interest, is extremely high.</i></p> <p><i>This latter scenario would need very careful planning, and delicate handling.</i></p>
<p><b>What is the current political landscape? Is there an election in the coming weeks? Is healthcare high on the political agenda?</b></p> <p><i>Does the incident/outbreak involve a pathogen that is the subject of significant debate?</i></p>	

Just because an incident is assessed as RED using HIIAT, issuing a proactive release may not be the best course of action. Similarly, even if an incident is assessed as GREEN, it may not be best to do or say nothing.

It is important for an IMT/PAG to be objective and measured in its approach to communications. Asking the above questions – or others more specific to the incident/outbreak – will help focus minds. It will also allow members of the IMT/PAG to take time to consider carefully and dispassionately the issue at hand.

### **3. Who should we communicate with?**

As well as assessing whether it should communicate, a PAG/IMT should also should examine who it should be communicating with outside patients and/or families/carers directly involved in the incident/outbreak.

- **Staff on the unit**

Staff on the unit are critical to the effective delivery of communications to those most closely affected by an incident or outbreak, and as such this group is represented on all IMTs. As part of the IMT agenda communication with staff is explicitly considered and if required the IPCT with clinical staff will prepare written information for both staff and patients to assist with this process. It is crucial that staff are supported in this and if required members of the IPCT can assist with the process of communications with staff groups or patients/families.

The IMT representative should ensure that all staff on the unit are informed of developments in an incident or outbreak and, where possible, that they are briefed in advance about all communications – including external communications such as press releases. This will allow them to communicate with patients and/or families/carers from a position of knowledge, will help reassure patients and/or families/carers if that is appropriate, and will help to avoid the growth of rumours or unfounded theories. It will be important to consider what other staff to involve in helping to answer questions e.g. Infection Control, Estates and Facilities.

- **NHSGGC staff / other cohorts of patients or families within NHSGGC**

The need for regular and appropriate communications with staff across NHSGGC who do not work on the unit, or patients and/or families/carers outwith the affected unit, should be considered by the IMT as part of the overall communications plan.

*(Questions such as those suggested above would aid the decision-making process here)*

If wider communications are deemed necessary, existing internal channels should be used as methods of sharing developments with staff. For patients and families, update briefings could be appropriate ways of sharing information.

### **Media statements/releases**

As indicated in the HIIAT, consideration will be given to issuing a media release. When doing so, depending on the issue, the Chair and communications officer need to agree who will act as spokesperson, including handling press interviews.

Within the release, care should be taken to avoid identifying individual patients either directly or through deductive disclosure. In general, when there are fewer than five cases then the number should not be confirmed in line with data protection.

**Also, when hypotheses are still being tested, the Chair and the communications adviser should consider the risks and benefits of reporting on hypotheses which have not been proven.**

Other groups to inform, and potential methods of communication with them, include the following:

- **Patients and/or families carers on the unit**

It is particularly important that this group – the patients and/or families/carers on the unit who are not directly involved in the incident/outbreak – are kept informed wherever possible of developments. This should be approached with the same balance of openness and sensitivity that is used when communicating with those directly involved in an incident/outbreak, and should consider the confidentiality of patients with the infection/colonisation.

Communications with this group can take a number of forms:

- **Verbal/informal:** Staff should be prepared to answer any questions from other patients and/or families/carers. Information should be delivered in an open and sensitive manner.

If the cause of an infection is not known, or if the member of staff cannot answer a question, they should relay that information to the patient and/or family/carers, with honesty and sensitivity. Advice should then be sought from a senior member of the team, so that the question can, if possible, be answered.

- **Information letters/briefings:** When there is a large amount of information to be shared, if information needs to be shared with a large number of people or if a highly sensitive piece of information needs disseminated, this is often the most effective method of communication.

Letters or briefings should be straightforward and business-like, but be written in a tone that displays compassion. They should be signed by a named director or senior clinical decision maker, and should include that person's contact details alongside an invitation for feedback or follow-up questions.

Briefing notes are appropriate for distribution to patients and/or family/carers on the unit to keep them informed of progress with the incident, or new decisions taken by the IMT. They should be handed out promptly by senior staff, and a record should be kept of who has received one. This is particularly important with day patients, to ensure all receive the communication during their visit. A verbal briefing, with an invitation for questions, should be given in conjunction with the written briefings. This interaction should be recorded.

More formal letters are appropriate when highly sensitive information needs shared directly with individual patients and/or families/carers, if a particularly important stage is reached in the progress of an incident, or if the IMT deems it appropriate to communicate in this manner.

If it is decided that a letter should be sent to patients and/or families/carers, it should be signed by a named director or senior clinical decision maker, and should include that person's contact details alongside an invitation for feedback or follow-up questions.

When it is decided that a letter or briefing should be distributed, the patients and/or families/carers directly involved in the incident should, where possible, be informed in advance.

- **Social media:** In the majority of circumstances, social media is not an appropriate method of sharing information about an HAI, and the risks and benefits should be weighed up very carefully before it is used.

However, in serious or rapidly developing outbreaks or incidents, the use of tools such as Private Facebook Groups can be extremely useful for sharing information and communicating directly with all patients or families/carers.

Ahead of establishing a private group, a number of issues should be considered:

- **Moderators/feedback:** The service lead, senior clinical decision makers and the corporate communications team should be identified to undertake this task, and the amount of work such a group entails should be clearly explained to, and understood by, all those involved. It is essential that a private group is monitored and that appropriate feedback to comments is provided in good time.
- **Membership:** Exactly who should be involved in the group should be decided ahead of launch. Criteria for adding new members, and for when users are no longer eligible for membership, should also be agreed. All staff involved in the administration of the group should be made aware of the membership, and of the criteria for choosing them and ending membership.
- **Rules of conduct:** These should be agreed upon, and communicated with the membership, ahead of launch. All staff involved in the administration of the group should be made aware of the membership, and of the sanctions available to them in cases when the rules of conduct are breached.
- **Timescale/winding up:** Clear criteria for winding up the group should be agreed ahead of launch, to avoid an unnecessary negative reaction when it is decided to close the group. The temptation to leave the timescale of the group as open-ended, without setting a date for closure, or agreeing criteria for closure, should be avoided if at all possible.

**It should be noted that, because of the complexities in setting up and administering a private social media group, this method of communication should only be considered in the most serious circumstances.**

## Appendix 1 - Mandatory - NIPCM Healthcare Infection Incident Assessment Tool (HIIAT)

### Part 1: Assessment

Assesses impact of a healthcare infection incident/outbreak on patients, services and public health. The HIIAT should:

- Be utilised to assess the initial impact and monitor any ongoing impact (escalating and de-escalating the incident/outbreak until declared closed).
- Remain assessed 'Amber' or 'Red' only whilst there is ongoing risk of exposure, new cases, or until all exposed cases have been informed. An individual member of the IPCT or HPT may undertake the initial assessment. If a PAG/IMT is established then further assessments will be led by the chair of the PAG/IMT.

Incident	Severity of illness	Impact on services	Risk of transmission	Public anxiety
<b>Minor</b>	Patients require only minor clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	No or minor impact on services.	Minor implications for Public Health. Minor risk or no evidence of cross transmission or on-going exposure	No or minor public anxiety is anticipated. No, or minimal, media interest: no press statement.
<b>Moderate</b>	Patients require moderate clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	Moderate impact on services e.g. multiple wards closed or ITU closed as a consequence of the control measures	Moderate implications for Public Health. Moderate risk or evidence of cross transmission or on-going exposure	Moderate public anxiety is anticipated. Media interest expected: prepare press statement
<b>Major</b>	Patients require major clinical interventional support as a consequence of the incident and/or Severe/life threatening/rare infection and/or there is associated mortality*	Major impact on services e.g. hospital closure(s) for any period of time as a consequence of the control measures	Major implications to Public Health or Significant risk of cross transmission, of a severe/life threatening/rare infection or significant ongoing exposure	Major public anxiety anticipated. Significant media interest: prepare press statement

Calculate the Impact: All Minor = **GREEN** 3 minor and 1 Moderate = **GREEN** No major and 2-4 Moderate = **AMBER** Any Major = **RED**

## Part 2 – Communication

Green*	Amber*	Red*
<p>If the HIIAT is assessed as Green, this should be reported through the electronic outbreak reporting tool (ORT).</p> <p>If support from ARHAI Scotland is required this should be communicated to ARHAI Scotland by <a href="#">email</a> <b>and</b> through the ORT.</p> <p>Follow local governance procedures for assessing and internal reporting.</p>	<p>If the HIIAT is assessed Amber, report to ARHAI Scotland through the ORT. This will be reviewed within 24 hours for onward reporting to SGHSCD. NHS board will be cited.</p> <p>Ensure fields are completed as fully as possible.</p> <p>If ARHAI Scotland support is required, this should be communicated by <a href="#">email</a> or by telephone (see contact pages) <b>and</b> through the ORT.</p> <p>Press statement (holding or release) must be prepared and sent to ARHAI Scotland via the ORT.</p> <p>Follow local governance procedures for assessing and internal reporting.</p> <p>Review and report HIIAT <b>at least twice weekly</b> or as agreed between IMT and ARHAI Scotland.</p> <p>The HIIAT should remain Amber only whilst there is ongoing risk of exposure to new cases or until all exposed cases have been informed.</p>	<p>If the HIIAT is assessed Red, report to ARHAI Scotland through the ORT. This will be reviewed within 24 hours for onward reporting to SGHSCD. NHS board will be cited.</p> <p>Ensure fields are completed as fully as possible.</p> <p>If ARHAI Scotland support is required, this should be communicated by <a href="#">email</a> or by telephone (see contact pages) <b>and</b> through the ORT.</p> <p>Press statement (holding or release) must be prepared and sent to ARHAI Scotland via the ORT.</p> <p>Follow local governance procedures for assessing and internal reporting.</p> <p>Review and report HIIAT <b>daily</b> or as agreed between HPS and IMT (<b>a minimum of weekly</b>).</p> <p>The HIIAT should remain Red only whilst there is significant ongoing risk of exposure to new cases or until all exposed cases have been informed.</p>

\*The final decision to release a press statement irrespective of HIIAT assessment (colour) is the decision of the IMT.

Following assessment by the NHS Board and ARHAI Scotland one collective HIIORT may be submitted for instances where multiple areas within a site are affected by the same infection such as seasonal influenza.

Only HAI deaths which pose an acute and serious public health risk must be reported to the Procurator Fiscal (SGHD/CMO(2014)27).