Objective

To ensure that Infection Prevention and Control Teams in Greater Glasgow & Clyde (GGC) have processes in place to initiate and follow:

Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Publications - Public Health Scotland

https://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/

Incident Management Plan - NHSGGC

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

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS DOCUMENT

- Addition of Situational Assessment process.
- Hot Debriefs will be prepared at the discretion of the Chair of the IMT.
- Update on IMT membership.
- Addition of a Template Agenda for Problem Assessment Group.
- Addition of Appendix 10. Description of various stages of problem assessment and management.
- Glossary table updated.

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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Document Control Summary

Approved by and date	Board Infection Control Committee 23rd April 2025
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Developed by	Infection Prevention and Control Team
Related Documents	National IPC Manual – Chapter 3 https://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/ Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Publications - Public Health Scotland Incident Management Plan - NHSGGC
Distribution/ Availability	NHSGGC Infection Prevention and Control web page www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Lead for Healthcare Associated Infections

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1. Introduction

This IPCT Incident Management Process Framework supports the implementation of the Public Health Guidance, Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams, the NHSGGC Incident Management Plan and Chapter 3 of the National Infection Prevention and Control Manual in the context of the Infection Prevention and Control service in healthcare settings within NHS GGC.

The purpose of this document is to provide those responsible for responding to suspected or confirmed incidents and outbreaks, a framework to ensure compliance with both local and national policies and that point of care to board governance systems are informed.

This framework should be read in conjunction with other local and national guidance. Training on incident management is available via NES courses and/or locally via Public Health Protection Unit (PHPU) for everyone involved in the incident management process.

2. IPCT Incident Management Process

2.1. Initial Assessment

There are various ways to be alerted to a potential infection related problem – local or national surveillance systems (including retrospective data reviews), ICNet triggers and alerts, information obtained from other data collection systems, information from other local clinical teams like microbiology team, PHPU or national agencies like UKHSA, ARHAI Scotland, HPS and others would be the main sources of information.

An initial assessment is required to determine if an outbreak or incident is taking place. In a healthcare setting, this will be carried out by the IPCT. The first step will be a situational assessment (SA) which may or may not include members of other teams or clinical services. After this assessment, if the review requires further assessment, the IPCT may wish to convene a Problem Assessment Group (PAG) or an Incident Management Team (IMT) meeting.

The initial SA will be based on available information at that time. It may not be possible to make a decision on the information available immediately and further investigations may be required. The review and decisions made during this assessment should be documented in a Situation Summary document, but this is not a compulsory requirement, especially if there are no further actions planned. A record of individual patient assessment is available on ICNet.

A Problem Assessment Group might be called if the situation requires further discussion, or an opinion of other teams is required. The outcome of a PAG might be either escalation to an Incident Management

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Team meeting or a PAG being stood down as there is no evidence of this being an incident or outbreak. It is not necessary to hold a PAG prior to activating an Incident Management Team meeting.

If a PAG is held the IPCT will complete an NHS GGC IPC Situation Summary document (Appendix 1). If an incident is suspected or declared, the situation will be assessed using the National Healthcare Infection Incident Assessment Tool (HIIAT) National Infection Prevention and Control Manual: Appendix 14 - Healthcare Infection Incident Assessment Tool (HIIAT). All HIIAT assessments must be recorded on the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Outbreak Reporting Tool (ORT).

2.2. Incident Management Team (IMT)

The IMT is an independent multi-disciplinary group with the responsibility for investigating and managing the incident. Incidents should all be managed as per Chapter 3 of the National Infection Prevention & Control Manual (NIPCM); Public Health Guidance, Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Publications - Public Health Scotland and the Incident Management Plan - NHSGGC.

The membership of the IMT will vary depending on the nature of the incident. The IMT Chair will decide on the composition of the IMT and invite members to attend. The status of IMT members should be clarified at the first meeting i.e. full members, in attendance or observers. Prospective members of the IMT should declare any potential conflict of interest as individuals or on behalf of their organisations. Where a declaration of potential conflict of interest is made, it should be recorded and a decision made on the individual's status. Individuals who are not full members may continue to attend the IMT by invitation but should not expect to have equal rights in terms of determining the conduct of the investigation, the advice given to the public, the content of press statements, or the final IMT report.

The documents from all outbreaks and incidents will be held in the NHSGGC IPCT pan Glasgow shared drive.

Key documents which should be held are:

- NHS GGC IPC Incident summary (Appendix 2)
- Hot Debrief if completed (Appendix 9)
- IMT Report if completed.

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- GGC IPCT IMT Decision & Action Log or minutes (Appendix 3)
- RHAI SBAR if available.
- Records of results from screening/additional clinical/environmental samples if done.
- Records of any isolate typing results if done.
- Timeline and/or epidemiological curve (or any other epidemiological information) if done.
- Press releases if required.
- Any other relevant reports/items.

The IMT Chair, in discussion with the IMT, should determine the most appropriate format for reporting the incident, e.g. IMT report, SBAR, or Hot Debrief paper. This is to support organisational learning or if recommendations have been identified for consideration by the whole organisation.

2.3. IMT Process and Template Agenda

A template agenda is included in (Appendix 4). This is provided as guidance only and it is expected that agenda will be adapted for a specific situation.

2.4. Action Log/Minute

Decisions made at PAG or IMT meetings must be clearly documented. All actions should be concluded at the end of the IMT process or if this is not possible there should be a clearly documented account of the actions that are to be included in another process or action plan. If the chair of the IMT instructs that a formal minute should be taken, then a separate action log must also accompany minute.

2.5. Environmental Sampling

Environmental sampling should only be undertaken at the instruction of the Infection Control Doctor (IPCD). IPCDs instructing sampling must ensure that the correct documentation is completed, and the decision is communicated to the supporting laboratory management team:

- Ad Hoc/Additional Environmental Request Swabs etc Non-Water (Appendix 6)
- Ad Hoc/Additional Environmental Request Air & Water (Appendix 6)

NB Please check with the Microbiology laboratory to ensure the latest version of the request form is used.

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2.6. Patient screening

If a decision to undertake patient screening is agreed by IMT, the rationale, inclusion/exclusion criteria, communication strategy, frequency, duration, methods and subsequent course of actions needs to be discussed and documented. Management team of supporting laboratory should be informed about this decision and invitation of colleagues from supporting laboratory to IMT should be considered.

2.7. Staff screening

DL (2020) 1, "Healthcare Associated Infection (HAI): Guidance for Staff Screening during Healthcare Associated Infection Incidents and Outbreaks" provides information on aspects of staff screening dl-2020-01.pdf Decision on staff screening needs to be agreed with relevant management teams and Occupational Health Team who should be invited to IMT. All decisions regarding staff screening and management of subsequent results need to be clearly documented maintaining confidentiality of staff.

2.8. Communicating with Patients, Carers and Families

The primary aim of the documents listed below which were developed by GGC Communications Team, is to set out the key principles which should be adhered to when communicating with patients with infections and their relatives and carers, other cohorts of patients and families, ward staff, NHSGGC staff, and the public during incidents and outbreaks and should guide IMT participants at all times in the decision process with regards to what, whom and when to communicate.

- Healthcare Associated Infection Communications Strategy HAI Communications Strategy and Guidance for IMTs - NHSGGC

- Communications during an incident or outbreak: Guidance for Problem Assessment Groups and Incident Management Teams HAI Communications Strategy and Guidance for IMTs - NHSGGC

A representative from Corporate Communications should be invited to all IMTs.

2.9. Risk Register

At the end of each incident the IMT will discuss if there is the requirement to consider if any actions or risks identified should be included on either the service or IPCT Risk Register.

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This will also be considered in the Hot Debrief or IMT report (if completed) which will be submitted to the relevant IPC Clinical Governance Committees (see section 3) and the relevant service clinical governance committees.

2.10. Duty of Candour

During an incident or outbreak investigation process, Clinical Teams may be referred to the NHSGGC Duty of Candour guidance.

Duty of Candour will be considered throughout the incident (Appendix 7) and members of the IMT will be required to follow the Health Boards Duty of Candour Policy:

Duty of Candour Policy and Guidance (sharepoint.com)

3. Reporting and Governance

National Reporting
All incidents and outbreaks that are HIIAT assessed are reported to ARHAI via the ARHAI Outbreak Reporting Tool (ORT).

GGC Senior Management Team
A weekly report which contains a brief description of any incidents or outbreaks which are assessed as amber/red is completed and submitted to Board Executive Directors, Service Directors and Heads of Nursing and Medicine. An update on any incidents or outbreaks previously reported is also included until the incident is closed.

Infection Prevention and Control Governance Committees
All Incidents that score red/amber using the ARHAI HIIAT assessment will be reported to the relevant IPC governance groups, i.e. BICC, AICC or PICSG.

A summary of **all** incidents that score amber or red will be presented at all IPC governance groups via the Healthcare Associated Infection Reporting Template (HAIRT).

Acute Services
A summary of any incidents or outbreaks which are assessed as HIIAT amber/red will be included in the IPC report which is presented monthly to the Acute Clinical Governance Committee (ACGC).

NHS GGC Clinical & Care Governance Committee

HAIRT will include a summary of all incidents including actions taken in order to support immediate or ongoing improvement. The HAIRT will be submitted to all IPC governance groups for information and review and to the Clinical Care Governance Group for Assurance. A summary HAIRT will be submitted to the NHS Board for assurance.

Escalation

The IMT may, after consideration, choose to brief the executive team via the existing rapid alert system. IMT Governance and Assurance chart is included in Appendix 8.

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Appendix 1. Situation Summary Template

NHS GGC IPC Situation summary

Sector / Hospital	
Ward / departments	
Situation Description (inc patient details)	
IPCT members	

Appendix 2. Incident Summary Template

NHS GGC IPC Incident summary

Date reporting	
Sector / Hospital	
Ward / departments	
Incident statement	
Patient cases	
Control measures	
Investigations	
Hypothesis	
HIIAT Score	
Patient	
Services	
Transmission	
Public Anxiety	
Communications / next steps	
Press statement	

Date	Incident update

Instruction for completion:

1. *Complete the above following all red and amber incidents /PAG meetings.*

2. *Send to ICM/ANDIPC (or deputy) for information and onward cascade.*

3. *ICM/ANDIPC will ask IPCT to complete ORT*

4. *IPC Data team will update ORT to ARHAI*

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Appendix 3. IPCT Decision Log and Action Plan Template

GGC IPCT IMT Decision Log & Action Plan

Meeting:		Meeting called by:	
		Date:	
Attendees:		Apologies	
Next Meeting:		Venue:	

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

The most up-to-date version of this document can be viewed at the following website:
www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control

CLOSED ACTIONS:

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

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Appendix 4. Template IMT Agenda

Template Agenda

(Hospital, ward/department/organism if applicable)

Date and Location

1. Welcome and Introduction, Reminder of confidentiality and Recording of the meeting.

2. Membership and Apologies

3. Minutes from the previous meeting

4. Incident summary
   a) General situation statement
   b) Patient report
   c) Microbiology report
   d) Epidemiology
   e) Environmental report
   f) Other relevant reports

5. Case definition

6. Hypothesis

7. Risk Management/Control Measures
   a) General
   b) Patients
   c) Staff
   d) Public Health

8. Further Investigation
   a) Epidemiological
   b) Environmental
   c) Standard Infection Control Precautions Standards (SICPS) audit
   d) HH audit

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e)   Root Cause Analysis (RCA)

9. Control measures

10. Healthcare Infection Incident Assessment Tool (HIIAT)

11. Communications
   a)   Advice to patients and carers
   b)   Advice to public
   c)   Advice to Staff
   d)   Media (print, radio, TV, websites, social networking sites)
   e)   Executive management team/Clinical Governance
   f)   Health Protection Scotland (HPS) / Scottish Government (SG) HAI Policy Unit (HIIORT)
   g)   Duty of Candour Consideration

12.   AOCB

13.   Action list with timescale and allocated responsibility

14.   Date and time of next meeting

Appendix 5. Problem Assessment Group Meeting Agenda

Problem Assessment Group Meeting
AGENDA

Location, Date and time

1. Introduction/Membership/Apologies/Recording of the meeting/Reminder of confidentiality

2. Situation update
   - General situation statement
   - Epidemiological timeline
   - Patient condition report
   - Other control measures

3. Hypothesis – if required

4. Further Investigations/Actions

5. Healthcare Infection Incident Assessment Tool (HIIAT) – if required

6. Communications:
   - Public/patients
   - Staff
   - Media
   - Organisational/governmental
   - Duty of Candour

7. AOCB

8. Action list with timescale and allocated responsibility

Appendix 6. Ad Hoc/Additional Environmental Sampling Request

LF591v2   Ad Hoc/Additional Environmental Request (Air & Water)

For Completion by Infection Control Team			
Date of Issue		**Authorising Infection Control Consultant**	
Expected Sampling Date		**Frequency of Testing (e.g. One Off / Each Thurs)**	
Estimated Numbers		**Location(s) Hospital Site / Ward**	
Sample Type(s)			
Estimation Request & Clinical Rational for Testing	*Example: Specify target organism only / All isolates / GNB only as part of IMT investigation*		
Result Notification	List all staff emails to receive a copy of results as they become available		
ALL SAMPLES TO BE SUBMITTED WITH A COMPLETED ENVIRONMENTAL REQUEST FORM			
For Completion by Laboratory Staff (in conjunction with Infection Control Consultant)			
Booking in PID as per LI720	*Ensure full details of locations are included so all samples are PID'd using the same location for duration if incident*		
Reporting Criteria	*Example: Any isolate present to be reported /Only target organism to be reported*		
Set Up & Reporting Procedure	*Media to be set up*		
	Temperature and atmosphere	*Duration of Incubation & Read Frequency*	
	Reporting Criteria	*Example: NG2D/'Target Organism' Not Detected*	
All reported organisms to be stored in freezer			

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LF592v2   Ad Hoc/Additional Environmental Request (Air & Water)

For Completion by Infection Control Team			
Date of Issue		**Authorising Infection Control Consultant**	
Expected Sampling Date		**Frequency of Testing (e.g. One Off / Each Thurs)**	
Estimated Numbers		**Location(s) Hospital Site / Ward & Contact Details**	
Examination Request & Clinical Rational for Testing	**Air:** / *Air Sampling / Target Organism /Particle Count* **Water:** *Specify if target organism only / TVC / All GNB only as part of IMT investigation*		
Result Notification	*List all staff emails to receive a copy of results as they become available*		

ALL SAMPLES TO BE SUBMITTED WITH A COMPLETED ENVIRONMENTAL REQUEST FORM

For Completion by Laboratory Staff (in conjunction with Infection Control Consultant)		
Booking in PID as per LI720	*Ensure full details of locations are included so all samples are PID'd using the same location for duration of incident*	
Reporting Criteria	*Example: Any isolate present to be reported /Only target organism to be reported*	
Set Up & Reporting Procedure	**Media to be set up / Additional. Plates set up**	
	Reporting Criteria	*Example: Target organism Isolated/'Target Isolate' Not Detected etc*
	All reported organisms to be stored in freezer	

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Appendix 7 – Duty of Candour Considerations for Infection Control Incidents

Duty of Candour Considerations for Infection Control Incidents

For an infection incident to be considered as a Duty of Candour Event, there are a number of points to consider.

Incident Definition

An 'incident' as defined in NHS GGC Incident Management Policy is any event or circumstance that led to unintended or unexpected harm.

Was the patient harmed?

For the purposes of the Duty of Candour legislation, harm can be:
- Death of the person.
- A permanent lessening of bodily, sensory, motor, physiologic or intellectual functions.
- An increase in the person's treatment.
- Changes to the structure of the person's body.
- The shortening of the life expectancy of the person.
- an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days.
- The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.

• The person requiring treatment by a registered health professional in order to prevent – (I) the death of the person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above.

Was the event causing the harm avoidable?

Harm may occur as a result of the natural progression of a disease or is an inherent risk of the treatment given. That harm may be deemed unavoidable, in which case Duty of Candour legislation would not apply. There does however need to be evidence that this was considered. If the incident review process is unable to determine that the harm was avoidable, a SAER should be commissioned to seek to answer this in line with the NHS GGC Management of Significant Adverse Events Policy.

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	Was the Patient Harmed?	Yes	No
1	As a result of the infection, did the patient suffer harm (in line with the Organisational Duty of Candour Legislation definitions)? **Was the patient harmed?** For the purposes of the Duty of Candour legislation, harm can be: • death of the person • a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions • an increase in the person's treatment • changes to the structure of the person's body • the shortening of the life expectancy of the person • an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days. • the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days. • the person requiring treatment by a registered health. professional in order to prevent – (i) the death of the person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above		

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If answered no, this does not meet the threshold for Duty of Candour.			
	On balance of probability was the unintended or unexpected infection incident avoidable.	Yes	No
2	Was there a systems issue e.g. guidance not followed, lack of PPE, poor practice identified?		
If answered no, this does not meet the threshold for Duty of Candour.			

The Clinical Service

If you have answered yes to question 1 and 2, the infection incident meets the threshold for Organisational Duty of Candour, pass to service specialty to progress a review in line with the NHS GGC Management of Significant Adverse Event Policy.

If the answer is no, a SAER would not normally be required, evidence that the avoidability has been considered should be retained for future evidence.

SERVICE SPECIALTY (follow local SAER process)
Ensure Datix has been completed
Complete briefing note and commission of SAER
Forward briefing note to clinical.risk@ggc.scot.nhs.uk

If answered no, this does not meet the threshold for Duty of Candour.			
	On balance of probability was the unintended or unexpected infection incident avoidable?	Yes	No
2	Was there a systems issue e.g. guidance not followed, lack of PPE, poor practice identified?		
If answered no, this does not meet the threshold for Duty of Candour.			

The Clinical Service

If you have answered yes to question 1 and 2, the infection incident meets the threshold for Organisational Duty of Candour, pass to service specialty to progress a review in line with the NHS GGC Management of Significant Adverse Event Policy.

If the answer is no, a SAER would not normally be required, evidence that the avoidability has been considered should be retained for future evidence.

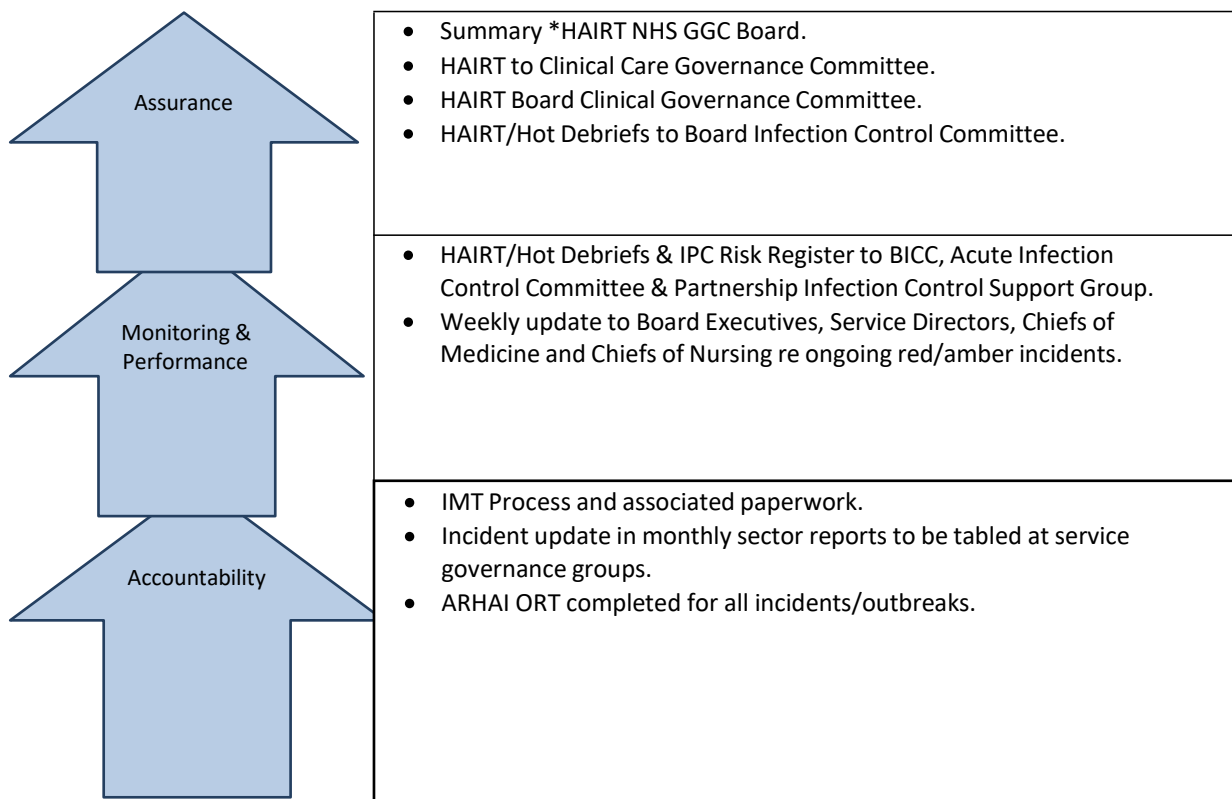| SERVICE SPECIALTY (follow local SAER process) |
|---|
| Ensure Datix has been completed |
| Complete briefing note and commission of SAER |
| Forward briefing note to clinical.risk@ggc.scot.nhs.uk |

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Appendix 8 – Governance and Assurance IMT Process

Governance and Assurance IMT Process

Rapid Alert will be completed by chair of IMT if considered that this is required by the IMT.

Assurance
- Summary *HAIRT NHS GGC Board.
- HAIRT to Clinical Care Governance Committee.
- HAIRT Board Clinical Governance Committee.
- HAIRT/Hot Debriefs to Board Infection Control Committee.

Monitoring & Performance
- HAIRT/Hot Debriefs & IPC Risk Register to BICC, Acute Infection Control Committee & Partnership Infection Control Support Group.
- Weekly update to Board Executives, Service Directors, Chiefs of Medicine and Chiefs of Nursing re ongoing red/amber incidents.

Accountability
- IMT Process and associated paperwork.
- Incident update in monthly sector reports to be tabled at service governance groups.
- ARHAI ORT completed for all incidents/outbreaks.

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Appendix 9 – Hot Debrief Tool

This is not a mandatory requirement but for the purpose of sharing lessons learned across Scotland particularly for rare or unusual events. The IPCT/HPT or chair of the IMT should complete this following the end of an incident. It may be deemed that a full IMT report is not needed and this document may be sufficient. A full IMT reporting template can be

Found in the **resources section of the NIPCM** The Decision to complete the Hot Debrief will be made by the Chair of the IMT.

1.Incident reference

Please provide a reference/title for this incident.

2. Details of incident

Please provide a brief summary of incident: Include details of the following where relevant: dates when incident started/ended; case definition; description, number and features of cases; care areas/locations affected; source and modes of cross-transmission/exposure; diagnosis and treatment, any enhanced surveillance of interventions, any hypotheses.

3. What went well?

Please list aspects of the incident considered to have been managed well:

4. What did not go well?

Please list aspects of the incident considered not to have been managed well:

5.Lessons Learned

Please provide details of any learning points or recommendations:

6. IMT lead details

Name:	Email:
Job Title:	Address:
Contact number:	Contact number (mobile):
Date:	Signed:
Completed templates to be returned to: NSS.HPSInfectionControl@nhs.net	

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	The most up-to-date version of this document can be viewed at the following web page: Infection Prevention and Control - NHSGGC		

Appendix 10. Description of various stages of problem assessment and management

	SA	PAG	IMT
Purpose	Initial assessment of a problem/trigger/alert to determine the need for further actions	Follow up assessment to establish if the problem should be considered as incident/outbreak	Identification and coordination of multidisciplinary actions to effectively manage incident/outbreak
Membership	IPCT, information from other teams might be required	IPCT or IPCT in collaboration with relevant clinical or management teams	Multidisciplinary and determined by the chair of IMT based on the nature of problem
Recurrence	No formal meeting	Usually no more than one meeting but a follow up meeting/communication might need to be arranged	As required
Recording and Reporting	Decision documented in Situation Summary document or in patient record in ICNet	Situation summary document needs to be completed if no evidence of incident/outbreak taking place. Action Log (minutes) and Incident summary document needs to be completed if HIIAT score is required or escalation to IMT is appropriate	Action Log (minutes) is required for every meeting. Incident summary document is required for every incident/outbreak. Incident report or Hot Debrief completed if instructed by the chair of IMT
HIIAT and ORT	Not required	Required only if incident/outbreak identified	Required
Audit	Document stored in ICNet or specific team folder on the IPCT shared drive	Document stored in specific team folder on the IPCT shared drive	Reports and associated documents stored on IPCT Shared Drive, controlled and audited by IPCT BM every three years and at the time of submission (check list completed)

Glossary

AICC	Acute Infection Control Committee
ACGC	Acute Clinical Governance Committee
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
BICC	Board Infection Control Committee
BM	Business Manager
DoC	Duty of Candour
GGC	Greater Glasgow and Clyde
HAI	Healthcare-associated infections
HAIRT	Healthcare Associated Infection Reporting Template
HIIAT	Healthcare Infection Incident Assessment Tool
HIS	Healthcare Infection Society
HPT	Health Protection Team
ICBEG	Infection Control in the Built Environment Group
IPCD	Infection Prevention & Control Doctor
ICNet	IPC Electronic referral system, incudes records on patients and cases
IMT	Incident Management Team
IPCT	Infection Prevention and Control Team
LI	Laboratory Instruction
NIPCM	National Infection Prevention Control Manual
NHS	National Health Service
ORT	Online Reporting Tool
PAG	Problem Assessment Group
PHS	Public Health Scotland
PHPU	The Public Health Protection Unit
PICSG	Partnership Infection Control Support Group
PID	Patient Identification
PPE	Personal Protective Equipment
RCA	Root Cause Analysis
SA	Situational Assessment
SAER	Significant Adverse Event Report

SBAR	Situation Background Assessment Recommendation
SIPC	Standard Infection Control Precautions
SMT	Senior Management Team
SOP	Standard Operating Procedure
UKHSA	UK Health Security Agency