

IMT chair COVID-19 Agenda/aide memoire

Item number	Agenda item	Points to note for discussion/consideration
1	Introduction (Reminder of confidentiality and need for accurate records)	
2	Appropriate Membership	Typically include IPCT, HPT, OH, clinical and managerial representative from affected ward/department, domestic manager, comms team
3	Declarations of conflicts of interest	
4	Items not on the agenda	
5	Minutes of last meetings (if applicable) including review of actions agreed	
6	Incident update <ul style="list-style-type: none"> a) General situation update b) Case report c) Other relevant reports 	<ul style="list-style-type: none"> a) Include ward/department and services impacted. Outbreak timeline. Total suspected/confirmed cases involved b) Detailed breakdown of patient/staff cases. <ul style="list-style-type: none"> • Total confirmed cases – of those, how many symptomatic/asymptomatic. Any giving cause for concern as a result of COVID-19? • Total suspected cases. Any giving cause for concern as a result of COVID-19? • Has contact tracing been undertaken as part of local outbreak management? Will asymptomatic testing of contacts be undertaken?

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		<ul style="list-style-type: none"> • How many contacts have been identified? Have any contacts developed symptoms and tested positive for COVID-19 since the last meeting? <p>c) Bed capacity reports. Service impact</p>
7.	<p>Investigations</p> <ul style="list-style-type: none"> a) Epidemiological b) Observation/Audits of staff practice c) Bed spacing d) Ventilation e) Testing (incl WGS) f) Other 	<ul style="list-style-type: none"> a) Date of first case identified. Associated cases in time and place b) SICPs audit scores? Any staff practice identified as not in line with IPC guidance? National cleaning monitoring – any concerns identified? Any other factors observed which may have contributed to onward transmission of COVID-19? c) Any inadequate bed spacing identified? Have there been any issues with overcrowding? d) Have any issues with the ventilation systems been identified? e) What testing is required for the incident? Does it need to be extended? Has WGS been considered? f) Have investigations yielded any other concerns which may have contributed towards nosocomial transmission eg. Non-compliance with IPC practices?
8	Hypothesis	Agree a hypothesis for the incident and re-visit each meeting to consider any change or update to the hypothesis
9	<p>Control measures</p> <ul style="list-style-type: none"> a) Patient placement b) PPE c) Environment and equipment cleaning d) Staff exclusions from work e) Ward closure status 	<ul style="list-style-type: none"> a) Are all patients placed appropriately? b) Has PPE been worn appropriately by all when required? Any known breaches? c) Is environment and equipment cleaning satisfactory and in line with the NIPCM? d) Which staff need to be excluded from work and need to be tested? What additional staffing needs to be provided to allow safe delivery of patient care in the ward/dept? e) Is the ward still open to admissions and transfers? If so, what

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		are the parameters for closure. If the ward is already closed, is there a provisional timeline for reopening?
10	Healthcare Infection Incident Assessment Tool (HIIAT)	Assess the incident using the HIIAT tool at every meeting. Where more than one incident is discussed at the same meeting, each incident will require its own HIIAT assessment.
11	<p>Communications</p> <ul style="list-style-type: none"> a) Advice to public b) Advice to professionals c) Duty of Candour d) RIDDOR e) Media f) Any need to inform other authorities g) ARHA/SG HAI Policy unit – reporting requirements h) COVID-19 messaging 	<ul style="list-style-type: none"> a) Is any public messaging required following this incident? e.g., letters, media. b) What communications need to be shared with clinical teams and managers within the service and outwith the service affected? e.g., safety briefs, printed materials. c) Consider duty of candour at every meeting d) Consider RIDDOR at every meeting e) Does a draft or reactive media statement need to be prepared (in line with HIIAT score). If so, review and update where required at each meeting. f) Do any other authorities need to be informed of the outbreak? g) Ensure the reporting requirements are fulfilled as per the designated HIIAT score. It is also important to agree the date of the next meeting to align with the next update required for ARHA. h) Is COVID-19 messaging in and around the hospital sufficient including the ward/dept affected?
12	Learning from the incident	Summarise any key learning points at the end of each meeting.
13	AOCB	
14	Review of agreed actions	Review and allocate responsibility and agreed timeline for completion of all actions.
.15	Date and time of next meeting	