# Appendix 1: IIMARCH Template

**IIMARCH Template for Reporting NHS Commissioned Services Communicable Disease Outbreak**

This IIMARCH template to be completed for all Providers of NHS commissioned services including Acute, Community, Mental Health, Ambulance, Learning Disability and Autism and Health & Justice and all Primary Care commissioned services including General Practice, General Dental Practice, Local Pharmacists and Optometrists.

The IIMARCH template to be immediately completed on identification of any new Communicable Disease outbreak. The completed IIMARCH template is to be submitted to SW Regional Operations Centre at england.sw-incident1@nhs.net by no later than 1200 the day after the outbreak has been notified.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation: |  | Organisation Lead (Director of Infection Prevention and Control or equivalent) | Name: |  |
| Site: |  | E-mail: |  |
| Telephone: |  |
| Service / ward area orOutbreak Location (with site): |  | Public Health Lead  | Name: |  |
| Date outbreak identified: |  | E-mail: |  |
| Date of last positive case: |  | Telephone: |  |
| Date of next outbreak meeting: |  | System IPC Lead | Name: |  |
| Date and time of submission: |  | E-mail: |  |
| Telephone: |  |
| Has this outbreak resulted in the suspension of an essential service within your organisation, or closure of patient admissions to a service? (Yes/No) |  |
| Notification to PHE: | Yes/No |
| Date of Notification to PHE: |  |
| Please RAG rate the box on the right as to the post mitigating actions status of the outbreak:Red = Critical service (as per BCP) not available (due to outbreak) Amber = Services running but with disruption or significant additional strain on organisation Green = Services running with no operational impact (due to the outbreak) |  |
| **Element** | **Key questions and considerations** | **Action / Response** |
| **Information** | **What, where, when, how, how many, so what, what might?**Timeline and history (if applicable), key facts (including outline description of any facility affected), rationale for workplace transmission e.g breach in PPE, lack of social distancing etc |  |
| **Next steps:**What actions do you plan to take? |  |
| 1. **Initial outbreak information (1.1 to 1.11 for completion when reporting a Covid-19 outbreak for the first time)**
 |
| 1.1 Has the organisation completed all the locally required actions in the organizations outbreak plan flowchart?  |  |
| 1.2 Last positive case date (patient/staff) |  |
| 1.3 Cumulative number of positive patients with Covid-19? |  |
| 1.4 Number of patients in isolation - swabbed/blood tested awaiting result?  |  |
| 1.5 Total number of patients in the area |  |
| 1.6 Total number of patients who are indeterminate (diagnosed at 3-7 days) |  |
| 1.7 Total number of patients who are probable healthcare onset (diagnosed at 8-14 days) |  |
| 1.8 Total number of patients who are definite healthcare onset (diagnosed at 15+ days) |  |
| 1.9 Number of staff affected and tested positive for Covid-19? |  |
| 1.10 Number of staff swabbed/blood tested awaiting result? |  |
| 1.11 Number of staff self-isolating as a result of this outbreak **excluding those who have tested positive****(% of total organisation staff number)?**  | No Self-Isolating |  |
| % of Organization |  |
| 1.12 Number of staff showing symptoms?  |  |
| **Capacity/Impact on:** |
| 1.13 Number of areas affected (e.g. ward, bay, care home, clinic rooms, beds etc)? |  |
| 1.14 Number of wards/areas closed to new admissions?  |  |
| 1.15 Number of empty beds that cannot currently be utilised?  |  |
| 1.16 Number of bed days lost? |  |
| **INTENT** | **Why are we here, what are we trying to achieve?**Strategic aim and objectives, joint working strategyWhat are your immediate interventions attempting to achieve with regard to the outbreak, in order of priority? |  |
| **METHOD** | **How are we going to do it?**Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plansPlease include operational governance process including detail of outbreak control meetings and frequency  |  |
| **ADMINISTRATION** | **What is required for effective, efficient and safe implementation?**Identification of commanders, tasking, timing, decision logs, equipment, PPE, welfare, logisticsPlease include a clear timeline for actions and interdependences including resources, capacity and confidence to deliver and mobilise actions  |  |
| **RISK ASSESSMENT** | **What are the relevant risks, and what measures are required to mitigate them?**Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls and clear process for escalation. |  |
| **COMMUNICATIONS** | **How are we going to initiate and maintain communications with all partners and interested parties?**Comms strategy including understanding of inter-agency communications, information assessment, media handling and joint media strategy and frequency of updates |  |
| **HUMANITARIAN ISSUES** | **What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?**Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals’ human rights |  |

When using IIMARCH, it is helpful to consider the following:

* Brevity is important - if it is not relevant, leave it out
* Communicate using unambiguous language free from jargon and in terms people will understand
* Check that others understand and explain if necessary
* Consider whether an agreed information assessment tool or framework has been used