Operational dynamic risk assessment template

Public health advice from an outbreak/incident control team (OCT/ICT)

Guidance notes for completion

This form is to be completed jointly by the PHE lead and the establishment governor following an OCT meeting and updated by them at any subsequent OCT.

The CCDC/CHP leading the response should complete the form and send it to PHE's national health and justice team at [Health&Justice@phe.gov.uk,](mailto:Health&Justice@phe.gov.uk,%20) with subject line “Risk assessment [insert specific infectious disease] outbreak HMP [insert prison or institution name]".

Please also copy PHE respiratory disease surveillance [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk)

The governor should also send the completed assessment to HMPPS at the email addresses below, with the subject line "Outbreak at HMP [Name of establishment]" and email to:

HMPPS National Incident Management Unit: [NIMU@hmps.gsi.gov.uk](mailto:NIMU@hmps.gsi.gov.uk)

HMPPS Population Management Unit: [PMS@hmps.gsi.gov.uk](mailto:PMS@hmps.gsi.gov.uk)

HMPPS Health and Care Partnerships [health@justice.gov.uk](mailto:health@justice.gov.uk)

Please note that once this this document is completed, it is subject to the Data Protection Act 2018 and patient confidentiality protocols. Please do not refer to patients by name or provide any other patient identifiable information (PPI).

OFFICIAL SENSITIVE ONCE COMPLETE

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| This is required information for risk assessment. Please complete as much as possible but do not delay sending a report while awaiting further information, such as laboratory results. | | Additional notes |
| Date form completed | PHE dd/mm/yyyy | Governor dd/mm/yyyyy |
| Date of meeting of OCT/ICT | dd/mm/yyyy: | Time of first meeting (00:00) |
| Name of establishment |  | |
| Name of PHE lead and email address |  | |
| Name of governor and email |  | |
| Nature of incident  To be completed by the PHE region consultant in communicable disease control or consultant in health protection | Gastrointestinal disease [ ] Respiratory disease [ ]  Chemical incident [ ]  Other | Specify causative agent if known (for example norovirus, influenza A/B, tubercolosis etc.) |
| Date of onset of incident or date of first case | dd/mm/yyyy | |
| People affected  To be completed by the PHE consultant in communicable disease control or consultant in health protection | Prisoners  Suspected [ ]  Confirmed [ ]  Staff  Suspected [ ]  Confirmed [ ]  Are cases confined to 1 wing or area? Y/N | Has an active case-finding programme been recommended? Y/N  Does case finding include staff? Y/N  Are any staff on sick leave currently? Y/N  If Yes, how many [ ]  Have any (prisoner) cases been transferred to hospital for care? Y/N  If Yes, how many: [ ]  Any other information: |
| Public health advice from OCT  To be completed by the PHE consultant in communicable disease control or consultant in health protection | Has OCT provided recommendation to:  Isolate/ cohort cases Y/N  Provide separate toilet/ washing facilities Y/N  Restrictions on internal prisoner movements Y/N  Stop transfers out Y/N  Stop transfer in Y/N | |
| Movement of prisoners  Transfer information to be completed by the governor | Have prisoners at risk of infection been transferred to other prisons before | |
| quarantine? Y/N |  |
| If Yes, estimate of numbers transferred: [ ] | |
| List of establishments receiving prisoners: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| Any other information: |  |
| Staff health and safety  To be completed by the PHE Centre consultant in communicable disease control or a consultant in health protection | Has OCT recommended  any specific actions to  protect staff:  PPE Y/N  Vaccinations Y/N  Testing Y/N  Prophylaxis Y/N  Treatment Y/N  Restrictions on activities for vulnerable staff Y/N | Specify nature of advice to protect staff: |
| Assessment of mortality risk  To be completed by the PHE  Centre consultant in  communicable disease  control/consultant in health  protection | Has OCT provided mortality risk assessment Y/N  Is there a significant risk of multiple mortalities as result of outbreak at this time Y/N | Provide specific information on assessment provided by OCT (eg critically ill prisoner(s) in hospital): |
| Additional information from governor, director or IRC centre manager  Please report any additional relevant information which can assist Population Management in undertaking a dynamic risk assessment: | | |