Public Health Medicine Incident and Risk Assessment Record

**Date of start of incident:** Click here to enter a date.

**Date Public Health informed:** Click here to enter a date.

**Date of end of incident:** Click here to enter a date.

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| --- |
| **SUMMARY OF INCIDENT:** |
| Click here to enter text. |

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| **DATE:**  Click here to enter a date. **TIME:** Click here to enter text. |
| **CALL TAKEN BY:** Click here to enter text. |
| **NOTFIER NAME:** Click here to enter text.**NOTIFIER ORGANISATION:** Click here to enter text.**CONTACT EMAIL:** Click here to enter text.**CONTACT NUMBER:** Click here to enter text. |
| **M** |
| **MAJOR INCIDENT DECLARED:**Choose an item.**If YES, by whom:**  Click here to enter text.**If YES, what agency:** Click here to enter text. |
| **E** |
| **EXACT LOCATION:** Click here to enter text. |
| **T** |
| **TYPE OF INCIDENT**: Click here to enter text. |
| **H** |
| **HAZARD (please specify):** Click here to enter text. |
| **A** |
| **ACCESS (any access information):** Click here to enter text. |
| **N** |
| **NUMBERS*** **People Exposed**: Click here to enter text.
* **Fatalities:** Click here to enter text.
* **People reporting symptoms:** Click here to enter text.
* **Symptoms reported:** Click here to enter text.
* **People seeking medical attention:** Click here to enter text.
* **Additional information:** Click here to enter text.
 |
| **E** |
| **EMERGENCY SERVICES PRESENT:** Choose an item.**If YES, what agency:** Click here to enter text.**If YES, what agency:** Click here to enter text.**If YES, what agency:** Click here to enter text.**If YES, what agency:** Click here to enter text. |
| **INITIAL PUBLIC HEALTH RISK ASSESSMENT** | **SELECT OPTION** |
| **No Public Health Risk***No Incident* |[ ]
| **Low Public Health Risk***Minor Incident (Advice Only)* |[ ]
| **Medium Public Health Risk***Minor Incident (Advice & Further Actions)* |[ ]
| **High Public Health Risk***Major Incident* |[ ]
| **RATIONALE FOR INITIAL PUBLIC HEALTH RISK ASSESSMENT**Click here to enter text. |
| **INITIAL ACTIONS TAKEN:**Click here to enter text. |
| **COMMUNICATIONS TEAM INVOLVED: YES** [ ]  **NO** [ ] **If YES, what involvement:** Click here to enter text. |
| **INCIDENT MANAGEMENT TEAM MEETING(S)**Click here to enter text. |
| **FINAL PUBLIC HEALTH RISK ASSESSMENT** | **SELECT OPTION** |
| **No Public Health Risk***No Incident* |[ ]
| **Low Public Health Risk***Minor Incident (Advice Only)* |[ ]
| **Medium Public Health Risk***Minor Incident (Advice & Further Actions)* |[ ]
| **High Public Health Risk***Major Incident* |[ ]
| **RATIONALE FOR FINAL PUBLIC HEALTH RISK ASSESSMENT**Click here to enter text. |
| **FULL ACTIONS TAKEN:**Click here to enter text. |
| **COMMUNICATIONS TEAM INVOLVED: YES** [ ]  **NO** [ ] **If YES, what involvement:** Click here to enter text. |