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.

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

|  |  |
| --- | --- |
| **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. | |