



Appendix 1: Operational dynamic risk assessment template for settings under the responsibility of HMPPS

ONCE COMPLETED PLEASE EMAIL HMPPS and UKHSA with the subject line 'OUTBREAK AT [NAME OF SECURE SETTING]'.

- National incident management unit - nimu@justice.gov.uk
- Population management unit – pms@justice.gov.uk
- COPY TO – health and care partnership – health@justice.gov.uk
- National Health and Justice team, UKHSA healthequityinclusionhealth@ukhsa.gov.uk

Required information for risk assessment - please complete as much as possible but do not delay sending report while awaiting further information e.g. laboratory results		Additional Notes:
<u>Name of secure setting</u>		Type of secure setting
Date of meeting of IMT:	dd/mm/yyyy:	Time of first meeting (00:00)
Number of wings/units:	Total number of residents	Total number of staff
Nature of incident:	<ul style="list-style-type: none"> • Gastrointestinal disease <input type="checkbox"/> • Respiratory disease <input type="checkbox"/> • Chemical incident <input type="checkbox"/> • Other <input type="checkbox"/> 	Specify causative agent if known (e.g. norovirus, influenza A/B, TB etc.)
Date of onset of incident or date of first case	dd/mm/yyyy	Date of most recent case <ul style="list-style-type: none"> • Staff or resident?
Number of people affected	Residents: <ul style="list-style-type: none"> • Suspected: • Confirmed: Staff:	<ul style="list-style-type: none"> • Has an active case-finding programme been recommended? Y/N • Does case finding include staff? Y/N

	<ul style="list-style-type: none"> • Suspected: • Confirmed: <p>Are cases confined to one Wing/Area? Y/N</p>	<ul style="list-style-type: none"> • Are any staff on sick leave currently? Y/N <ul style="list-style-type: none"> ○ If yes, how many: • Have any cases been transferred for care to hospital? Y/N <ul style="list-style-type: none"> ○ If yes, how many:
Public Health Advice from IMT	<p>Has IMT provided recommendation to:</p> <ul style="list-style-type: none"> • Isolate/cohort cases Y/N. • Provide separate toilet/washing facilities Y/N • Restrictions on internal resident movements Y/N • Stop transfers out Y/N • Stop transfer in Y/N 	<p>Have residents at risk of infection been transferred to other secure settings prior to isolation Y/N</p> <p>If yes, estimate of numbers transferred:</p> <p>List of secure settings receiving:</p> <p>Any other information:</p>
Staff Health & Safety	<p>Has IMT recommended any specific actions to protect staff:</p> <ul style="list-style-type: none"> • PPE Y/N • Vaccinations Y/N • Testing Y/N • Prophylaxis Y/N • Treatment Y/N • Restrictions on activities for vulnerable staff Y/N 	<p>Specify nature of advice to protect staff:</p>
Assessment of severity	<ul style="list-style-type: none"> • Has IMT provided mortality risk assessment Y/N • Is there a significant risk of multiple mortalities as result of outbreak currently Y/N • Have any cases been transferred for care to hospital? Y/N <ul style="list-style-type: none"> ○ If yes, how many: 	<p>Provide specific information on assessment provided by IMT (e.g. critically ill resident(s) in hospital):</p>

Report from governor/director/ centre manager/ responsible individual	Please report any additional relevant information which can assist Population Management in undertaking a dynamic risk assessment:
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