**STEC risk assessment proforma**

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| --- | --- | --- | --- | --- | --- | --- |
| Case name |  | HPZ number |  | | Date |  |
| **Clinical picture** | | | | | | |
| Date of onset, symptoms (bloody diarrhoea)  Date symptoms ceased or ongoing |  | | | | | |
| **Key risks** | | | | | | |
| **Case**  (Risk group)   1. Inadequate hygiene 2. Children 5 years and under 3. Food handler 4. Direct patient contact |  | **C**  (Risk group)  A. Inadequate hygiene  B. Children 5 years and under  C. Food handler  D. Direct patient contact | | 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| Employer, school or nursery |  | General hygiene standards, awareness and so on | |  | | |
| **Hygiene standards and considerations** | | | | | | |
| Hygiene facilities in home – separation of bathroom and WC |  | Activities attending | |  | | |
| If child – nappies or toilet trained |  | Result of EH assessment (where undertaken) | |  | | |
| **Decision** | | | | | | |
| Rational for decision and who involved in decision |  | | | | | |
| Assessor name |  | Signature |  | | Date |  |