**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 hygieneB. Children 5 years and underC. Food handlerD. 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 |  |