



Individual Risk Assessments

| Hazard/threat Category | |
|--|------------------|
| 7. Human Health | |
| Hazard and threat description, including scale: | |
| Emerging Infectious Diseases | |
| Date of Revision | Next review date |
| 20.11.14 | 20.11.17 |
| Overview of hazard or threat: | |
| <p>Possible sources of common communicable disease outbreaks that might develop into a significant incident and an emergency could be any of the following:</p> <p>Tuberculosis, MRSA, Hepatitis, Meningitis - meningococcal, toxigenic diphtheria, Legionnaires' disease Measles, Pertussis (whooping cough), mumps (given the reduced take up of MMR in young children) E-Coli, Salmonella, Botulism, Norovirus</p> <p>The increased travel to worldwide destinations also increases the risk of communicable disease outbreaks such as viral haemorrhagic fever.</p> | |
| Key historical evidence (last 5 years or of particular note): | |
| <ul style="list-style-type: none"> • 2012 – Norovirus – impacting the social care environment • Salmonella- Gold Coast (Whelks) the source was from a factory in Kings Lynn which impacted people across the country e.g. Norovirus can be the result of infected oysters • 2012/3 – National outbreak of Pertussis (Whooping cough) • 2013 – National outbreak of a measles which impacted a local community • 2013 - Outbreak of mumps in a Norfolk Boarding School • Given the number of open farms in Norfolk there is a high risk of E-Coli e.g. Outbreak in Godstone • 2014 – 610 outbreaks of norovirus across England in hospitals from July 13 to June 14: Source PHE Website • 2014 – WHO declared Ebola outbreak in West Africa as an International Emergency. The direct risk to the UK remains low but we could see individual cases in the UK. | |
| Likelihood: | |
| Hazard | Likelihood |
| 7. Human Health | Medium |
| Impact: | |
| Summary: | |
| Hazard | Impact |
| 7. Human Health | Minor |

| Details: | | | |
|--|-------------------|-------------|---|
| Impact associated with risk (i.e. 1 of x) | | | |
| Primary: | | | |
| <ul style="list-style-type: none"> Capacity of health organisations significantly affected to provide ongoing and emergency response across the system Excess casualties and fatalities Potential staff shortages impacting on agencies abilities to respond | | | |
| Secondary: | | | |
| <ul style="list-style-type: none"> Higher than usual staff sickness/absenteeism rates | | | |
| Overall assessment: | | | |
| Category: | | | |
| 7. Human Health | | | |
| Likelihood | Impact | Risk Rating | |
| Medium | Overall | Medium | |
| | Fatalities | | 1 |
| | Casualties | | 2 |
| | Economic | | 2 |
| | Social Disruption | | 3 |
| | Psychological | 3 | |
| Controls in place | | | |
| <ul style="list-style-type: none"> NSC Joint Incident Outbreak Plan including:- <ul style="list-style-type: none"> Section 3 Planning and Preparedness Section 5.5 Public Health Investigations Section 5.6 Control Measures PHE Communicable Disease Outbreak Management Operational Guidance available at www.phe.gov.uk. LRF and organisations Emergency Response Plans World Health Organisation Monitoring Business Continuity Plans in place Public health actions that need to be taken including reporting and surveillance as a means to mitigate the risk. | | | |