## Introduction

The following table provides an example description of the risk titled ‘Pandemic COVID-19’ and has been developed as an example for inclusion on the LOGIQC QMS Risk Register.

The definition of the risk COVID-19 is based on the World Health Organisations’ definition and the example includes a description of the associated cause/contributing factors and existing controls that may be relevant to healthcare and related organisations.

This description is an example only and may not reflect the regulatory requirements of the respective jurisdiction your health facility operates within.

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| **Risk** | **Pandemic – COVID-19** |
| Risk Dimension | Safety |
| Additional description | Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).  [Coronavirus disease (COVID-19)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) is a new strain that was discovered in 2019 and has not been previously identified in humans.  Coronaviruses are zoonotic, meaning they are transmitted between animals and people.  Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.  Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.  Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.  Ref. <https://www.who.int/health-topics/coronavirus> |
| Potential consequences | Health facility contributes to spread of COVID-19 throughout the community  Compromised workforce due to the spread of the virus within the staff team  Loss or injury to reputation as a competent health service provider  Potential regulatory sanctions  Litigation resulting from poor or inadequate response to COVID-19  Damages / compensation arising from cross contamination  Client related deaths |
| Cause / contributing factors | No coherent pandemic control plan  Limited or no business continuity plan in place to manage the event of a pandemic spread  Inadequate or insufficient PPE equipment available for front line staff  Inadequate triage processes to identify clients at risk  Inadequate communication throughout the staff team in relation to the organisation’s response to COVID-19  Inadequate staff training on infection prevention and control and management of universal precautions  No audit of the health facility against RACGP and applicable regulatory requirements in relation to responding to a pandemic  No patient/client alert signage as per RACGP and WHO requirements  No incident reporting system in place to manage reporting of exposure to the risk  Failure to identify potential patients/clients at risk of COVID-19  Staff and/or contracted service providers not following the organisation’s Pandemic Control Plan  No strategy in place to minimise travel to contain COVID-19, particularly with respect to remote communities  Inadequate oversight of the Pandemic Control Plan by management |
| Existing controls | Formal communication channels within the health service team and patients/clients have been implemented to support the organisation’s response to COVID-19  Health facility has been audited against the relevant regulatory requirements in relation to responding to a pandemic  Patient/client alert signage has been placed through the health facilities as per the RACGP and WHO requirements  Systems are in place to support reporting of the exposure to the risk through the Incident Register  Staff and contracted service providers have been provided with training on the Pandemic Control Plan  Strategies have been implemented to minimise staff travel to contain COVID-19, particularly with respect to remote communities  Executive Management Team has oversight of the Pandemic Control Plan |
|  | **Pandemic Control Plan developed for the initial containment stage:**  Clear incident management governance protocols  Protocols to identify and test suspected cases – including triage  Protocols for case management  Protocols for contact management, including contact tracing mechanisms  Protocols for outbreak management  Protocols for infection prevention and control procedures, including updates  Staff absenteeism protocols  Ongoing staff education on the organisation’s infection prevention and control procedures  Infection prevention and control procedures audit program  Business Continuity Plan developed  PPE equipment available for all front-line staff  Communicate with at-risk groups about preventive actions  **Pandemic Control Plan developed for the targeted action stage COVID-19 Response Plan to include (in addition to the above):**  Consideration of streamed or cohorted care in acute care settings  Consideration of cancellation, or delay of non-urgent care or procedures  Consideration of how the facility might implement or articulate with alternate models of care relative to the service including (but not limited to)  – Acute Respiratory Centres  – Telehealth or Remote healthcare. This would apply for both local and remote consultations in order to minimise contact and exposure of suspected cases to the community.  – Increased Hospital in the Home services  Consideration of requirements to scale key clinical services, including critical care and palliative care  Capacity and capability to manage outbreaks in all health settings, including residential and aged care, disability services and rehabilitation/step-down settings.  Careful management of workforce capacity and wellbeing  Supporting and maintaining quality care for those most in need  Consideration of management through Residential In Reach (RIR) programs now in place statewide (Vic), providing multidisciplinary health services directly into public and private aged care facilities.  **Pandemic Control Plan developed for the peak action stage these plans should include (in addition to the above):**  • Implementing plans developed in the first two stages in a proportionate manner  • Significant triaging and prioritising of care needs  • Consideration of designated hospitals for COVID-19 patients, in addition to Acute Respiratory Centres  • Planning for the full range of scenarios relating to the size and duration of an outbreak.  *Ref:* *Based on Pandemic plan for the Victorian Health Sector, Version 1.0, 10th March 2020* |

**Coronavirus Information Links**

Keeping up to date with the latest news on Coronavirus can be difficult, however, the following links may be useful:

**Australia**

Australian Government Department of Health

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

ACT

<https://health.act.gov.au/public-health-alert/updated-information-about-covid-19>

NSW

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

NT

<https://health.nt.gov.au/news/coronavirus>

QLD

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

SA

<https://health.nt.gov.au/news/coronavirus>

TAS

<https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus>

VIC

<https://www.dhhs.vic.gov.au/coronavirus>

WA

<https://www.healthywa.wa.gov.au/coronavirus>

**New Zealand**

Ministry of Health

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>