**Instructions**

Undertake a safety check with this template for a COVID-19 patient cluster/ outbreak in a healthcare setting, to guide and record immediate steps of post incident management and to address the needs of people involved.

The safety check is confidential.

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| --- | --- | --- | --- | --- |
| Incident number |  | | Notification Date |  |
| Incident Date |  | | Facility/Service |  |
| Date of meeting |  | | Time of meeting |  |
| Incident notification attached | | Yes | | |

The safety check team to immediately advise the Chief Executive in writing if they are of the opinion that the incident indicates there is a risk of serious or imminent harm to workers, patients or visitors, or there is continuing critical risk due to loss of service.

| Action | Response |
| --- | --- |
| 1. Description of Incident | |
| Record the known facts of the cluster/ outbreak incident. |  |
| Confirm the Harm Score.  The death or harm was not reasonably expected as an outcome of healthcare. | 1 – Death of worker or visitor or complete loss of service  2 – Major harm to worker or visitor or major loss or disruption  3 – Minor harm to worker or visitor or minor loss or disruption  4 – No harm or near miss |
| 1. Immediate Risks identified and managed | |
| Is a person at risk of serious or imminent harm? | Yes  No  If Yes, send written advice to Chief Executive (CE) immediately |
| Record any risks or hazards that require immediate action e.g. removal of equipment, CCTV footage preserved. |  |
| Actions taken to mitigate risks or hazards. |  |
| 1. Healthcare team | |
| Which members of the health care team have been notified of the incident? Tick all that apply. | Clinical team e.g. Consultant, Nurse Unit Manager  Team caring for patient when incident happened  General Practitioner  Others |
| 1. Patient, Carer and Family | |
| Have the immediate needs of the patients, carers and families been addressed? | Yes  No |
| Has a staff member been assigned as a dedicated family contact (DFC) as appropriate? | Yes  No |
| Will additional support be provided?  Notify TMF if out of pocket expenses paid. | Yes  No |
| 1. Apology/ Open disclosure (OD) | |
| Has clinician disclosure been initiated within 24 hours? | Yes  No |
| Has the organisation offered an apology? | Yes  No |
| Is a formal open disclosure team required? | Yes  No |

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| --- | --- | --- |
| 1. Staff | | |
| Has the staff wellbeing been considered? | | Yes  No |
| What support has been provided to staff directly or indirectly involved? | |  |
| Have staff been informed of the next steps in the incident review process? | | Yes  No |
| Who will lead final staff feedback after the review is complete? | |  |
| Has the organisation acknowledged distress and been visible to staff? | | Yes  No |
| Are there concerns about the conduct of any clinicians directly or indirectly involved in the incident? | | Yes  No |
| 1. Complete reportable incident brief (RIB) | | |
| Have the facts been clarified to complete the RIB? | | Yes  No |
| Who is writing the RIB? | |  |
| 1. Proposed type of review | | |
| Proposed type of review | | Rapid root cause analysis |
| Proposed Review team membership  Consider leader, clinical experts, independent expert. | |  |
| 1. The Organisation | | |
| Is there an **immediate state-wide risk** that requires notification e.g. Safety Alert, Public Health Unit? | | Yes  No |
| Communications | Is there potential for media interest? | Yes  No |
| Who is the LHD/SHN contact for communications? |  |
| Has the patient/ carer/ family agreed on information to be released? | Yes  No |
| Are clinical experts available to assist with communications? | Yes  No  Not applicable |
| Has a holding statement been prepared? | Yes  No  Not applicable |
| MoH | Should MoH advice / assistance be obtained (e.g. Legal Branch)? | Yes  No |
| External Notifications | Has the Coronial Checklist been completed? | Yes  No  Not applicable |
| Has the Coroner been notified? | Yes  No  Not applicable |
| Which organisations have been notified? Tick all that apply. | Department of Communities & Justice  Treasury Managed Fund (TMF)  Therapeutic Goods Administration (TGA)  Child Protection  National Disability Insurance Scheme (NDIS)  SafeWork NSW  NSW Ombudsman  NSW Police  Aged Care  Other |
| 1. Other | | |
|  | | |

# Action log

| **Steps** | **Outstanding initial actions** | **Person Responsible** | **Due** |
| --- | --- | --- | --- |
| **1. Description of Incident** |  |  |  |
| **2. Immediate risks** |  |  |  |
| **3. Healthcare team** |  |  |  |
| **4. Patient, Carer and Family** |  |  |  |
| **5. Apology/ open disclosure** |  |  |  |
| **6. Staff** |  |  |  |
| **7. Reportable incident brief (RIB)** |  |  |  |
| **8. Proposed type of review**  **Rapid root cause analysis** |  |  |  |
| **9. Organisation** |  |  |  |
| **10. Other** |  |  |  |