**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[ ]  NoIf 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** |  |  |  |