

**GUIDANCE**  
for health service  
organisations

# COVID-19: Infection prevention and control risk management

This guidance supports health service organisations with risk assessment in relation to COVID-19.

The risks associated with COVID-19 in Australia remain current. Health service organisations, including community and Aboriginal health services, and residential aged care facilities, need to manage the risk of transmission of COVID-19. To help mitigate this risk, organisations should:

- Maintain an up-to-date and comprehensive organisation-wide Risk Management Plan that incorporates the response to COVID-19
- Conduct regular risk assessments for the spread of COVID-19 within their facilities
- Ensure compliance with standard and transmission-based precautions in accordance with the current [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- Use protocols to screen the workforce, patients and visitors for risk of COVID-19 and other acute transmissible infections
- Comply with physical distancing requirements, except when unavoidable during physical examinations and providing care; in these circumstances standard precautions and transmission-based precautions should be employed, as appropriate
- Promote observance of cough etiquette and respiratory hygiene by the workforce, patients and visitors at all times.

This guidance should be read in conjunction with [COVID-19: Elective surgery and infection prevention and control precautions](#), which was developed by the Australian Commission on Safety and Quality in Health Care (the Commission) and [guidance](#) developed by the Australian Health Protection Principal Committee (AHPPC) Infection Control Expert Group (ICEG). Health service organisations should continue to ensure that there is:

- Equitable access for all patients determined by clinical urgency and safety
- Appropriate use of personal protective equipment (PPE).

## For immediate action

Health service organisations implementing the National Safety and Quality Health Service (NSQHS) Standards will already have in place additional measures to reduce the risk of spread of COVID-19.

Action 1.10 of the Clinical Governance Standard requires the health service organisation to manage risk. It states that:

“The health service organisation

- c. Acts to reduce risks
- d. Regularly reviews and acts to improve the effectiveness of the risk management system
- f. Plans for, and manages, internal and external emergencies and disasters.”

Action 3.1 of the NSQHS Preventing and Controlling Healthcare-Associated Infection Standard states:

“The workforce uses the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship
- b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship
- c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship.”

## Organisation-wide Risk Management Plan

Health service organisations are required to prepare and implement an organisation-wide Risk Management Plan to manage and reduce the risk related to the transmission of COVID-19 (see Appendix 1 for guidance).

The Risk Management Plan should be informed by a risk assessment that takes into account the current context of the epidemiology of COVID-19 and local transmission, and provide for escalation of infection prevention and control precautions aligned with the risk of community transmission and onward spread.

Based on the findings of the assessment, mitigation strategies to manage the risks associated with the spread of COVID-19 should be developed and documented.

Mitigation strategies must include:

- Protocols for screening of the workforce, patients and visitors for risk of COVID-19
- Implementing standard and transmission-based infection prevention and control precautions
- Use of PPE that is consistent with the current [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(currently 2019\)](#) and with [specific guidance](#) published by the Commission, relevant state or territory health department guidance and [ICEG guidance](#)
- **Environmental cleaning**
- Complying with physical distancing requirements, except when unavoidable during physical examinations and providing care; in these circumstances standard precautions and transmission-based precautions should be employed, as appropriate
- Support for cough etiquette and respiratory hygiene
- **[Management of people with cognitive impairment.](#)**

Implementing these strategies supports the organisation's compliance with NSQHS Standards Actions 1.10, 3.1 and Actions 3.5 to 3.7.

## Workforce, patient and visitor screening

The screening frequency and protocols for screening and monitoring should be determined by considering current [public health advice](#), local epidemiology and community transmission of COVID-19, best available evidence and level of organisational risk. Screening may involve use of questions relating to [epidemiological and clinical risk factors for COVID-19](#) in combination with temperature and/or laboratory screening, as required.

Protocols for screening processes should take account of variable working times and schedules, location of entry points, clinical and other areas at risk, admission processes and visiting arrangements for each facility and/or service. Health service organisations should have protocols in place for risk assessment to:

- Determine that members of the workforce, patients and visitors do not meet the current [Australian definition](#) of a suspect, probable or confirmed COVID-19 case
- Support PPE risk assessment
- Support assessment of risks to capacity associated with the resumption of business as usual, including planned surgery, procedures and investigations.

Members of the workforce and visitors who, on screening, require further investigation for COVID-19 risk should be referred to an appropriate health service. Patients who require further investigation should only be considered for emergency surgery, procedures or investigations.

In the case of a confirmed COVID-19 infection or positive screening results in the workforce, patient population or visitors, the organisation is required to make immediate contact with their local public health unit and follow their directions for the management of risks and operation of the health service organisation.

Healthcare workers with any illness should remain at home until their symptoms have resolved. Visitors with respiratory symptoms should not be permitted to enter the health service organisation.

Patients for elective surgery, procedures or investigations require screening but do not routinely require prior testing for COVID-19 or quarantine. Depending on local rates of community transmission, individual states and territories may recommend testing and quarantine to manage risks for patients, healthcare workers and health service organisations.

## Implementing standard and transmission-based infection prevention and control precautions

The current prevalence of COVID-19 in the Australian context does not require all asymptomatic individuals to be classified as suspected COVID-19 cases. AHPPC, individual states and territories and local public health units may amend that advice from time to time, as appropriate.

The Commission has developed **signage** on standard and transmission-based infection prevention and control precautions.

### Standard precautions

Standard precautions are required for all patients, regardless of known COVID-19 status. Standard precautions include hand hygiene; risk assessment to determine PPE (mask, gown, apron, gloves, and eye protection) requirements, if any; correct use of PPE and environmental cleaning.

The care of patients who are not suspected of, or who do not have, confirmed COVID-19 PPE in operating suites and procedure rooms should be consistent with the current [Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#). A surgical mask, gown, gloves, and eye protection may be necessary, depending on the type of care being provided and the patient's clinical presentation. Head covering may also be required in operating theatre.

### Transmission-based precautions

Contact and droplet precautions are adequate for managing COVID-19 patients unless aerosol-generating procedures (AGPs) are being performed, in accordance with the Commission's resources: [Infection Prevention and Control COVID-19 Personal Protective Equipment, Special precautions for COVID-19 Designated Zones and ICEG guidance](#).

Surgery on patients with, or suspected of having, COVID-19 should be delayed until they have recovered or performed only in an emergency.

### Performing aerosol-generating procedures on non-COVID-19 patients:

ICEG has included examples and other information regarding AGPs in its guidance regarding use of face masks and respirators in the context of COVID-19. This

ICEG guidance also includes special consideration of cardiopulmonary resuscitation (CPR), and suggests that cardiac compression and defibrillation are unlikely to pose significant risk to first responders or bystanders who commence CPR, without knowledge of the subject's COVID-19 status. In a hospital setting, it is recommended that risk can be mitigated by the use of a surgical mask. For clinicians who subsequently perform airway manoeuvres, ICEG recommends airborne precautions.

Standard precautions and the use of standard operating theatre attire and PPE, are adequate for the performance of AGPs (such as intubation) on patients who are not suspect, probable or confirmed cases of COVID-19, in the absence of another airborne-transmissible infectious agent. In operating theatres, a surgical mask, theatre cap, eye protection, gown, and gloves should typically be worn. A P2/N95 respirator is not necessary in this context.

### Performing aerosol-generating procedures on COVID-19 patients:

If AGPs are being performed on COVID-19 patients, standard plus contact and airborne precautions should be used.

### Environmental cleaning

Environmental cleaning should be consistent with the current [Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#). Routine [environmental cleaning processes](#) should be followed for all settings (including operating theatres, day procedures areas, medical imaging procedural areas, labour and delivery wards, and general wards).

In addition to routine cleaning of surfaces and equipment in all care settings, in accordance with usual practices, frequently touched surfaces should be cleaned frequently with detergent solution and then disinfected using a disinfectant wipe or solution, or with a combined detergent/disinfectant product. The Commission has produced resources regarding [product selection, principles for auditing environmental cleaning and cleaning processes](#).

Where care has been provided for a patient who is a suspect, probable or confirmed case [specific guidance](#) regarding COVID-19 should be followed. The virus that causes COVID-19 can survive on surfaces for many hours but is readily inactivated by routine cleaning and disinfection.

Disinfection should always be undertaken following, and in addition to, cleaning with detergent. Use of a disinfectant is necessary:

- For cleaning surfaces (including floors) suspected or known to have been contaminated by a multi-resistant organism; an organism with outbreak potential such as COVID-19; and/or, other potentially infectious material including blood and other body fluids
- In high or extreme risk settings (according to local risk assessment)
- For discharge cleaning following a patient with multi-resistant organisms or other infections, including COVID-19.

### **Physical distancing requirements**

Health service organisations should ensure that arrangements are in place to enable the workforce, patients and visitors to comply with physical distancing requirements of 1.5 metres during planning, preparation and post treatment, and in all clinical and non-clinical areas.

The exception is during physical examination and provision of one-to-one care, when standard precautions are required for all patients, regardless of known COVID-19 status; and transmission-based precautions should be employed, as appropriate.

### **Cough etiquette and respiratory hygiene**

As part of standard precautions, the health service organisation should promote cough etiquette and respiratory hygiene for the workforce, patients and visitors. Cough etiquette involves covering the mouth and nose with a tissue during coughing and sneezing and disposing of the tissue immediately, coughing or sneezing into the elbow if a tissue is not available, and hand hygiene.

Patients with respiratory symptoms should wear a surgical mask, if tolerated.

### **Management of people with cognitive impairment**

Cognitive impairment is a temporary or permanent condition that affects a person's memory, communication, attention, thinking and judgement. It can affect a person's ability to carry out daily tasks or follow instructions. COVID-19 can cause delirium. While dementia and delirium are common causes of cognitive impairment in hospital, cognitive impairment can be

the result of a range of conditions such as intellectual disability, acquired brain injury, stroke, psychiatric disorders, or side effects of medications.

The unfamiliar hospital environment may increase the risk of harm for people with cognitive impairment and health care workers. People with cognitive impairment may be frightened by staff wearing personal protective equipment, and find infection control instructions hard to follow. Carers may not be physically present due to temporary visitor restrictions, which can affect communication about treatment preferences.

The Commission has a [range of resources](#) to support provision of safe high quality care for people with cognitive impairment, including a [Delirium Clinical Care Standard](#) and a [specific resource on COVID-19](#).

### **More information**

For more information about COVID-19 infection prevention and control please visit:

<https://www.safetyandquality.gov.au/covid-19>

<https://www.health.gov.au/committees-and-groups/infection-control-expert-group-iceg#iceg-endorsed-infection-control-guidance>

<https://www.chiefscientist.gov.au/RRIF> - Australian Chief Scientist Rapid Research Information Forum.

## Appendix 1

### **COVID-19 risk management guidance framework**

This guidance framework has been developed to support organisations prepare an organisation-wide Risk Management Strategy to manage and reduce the risk related to the transmission of COVID-19. The National Safety and Quality Health Service (NSQHS) Clinical Governance and Preventing and Controlling Healthcare-Associated Infection Standards require health service organisations to identify and act to reduce healthcare-associated infection risks.

Work-related risk is managed under the Work Health and Safety Act (2011), Regulations and the approved code of practice, 'How to Manage Work Health and Safety Risks' (2011). These require all Australian workplaces to assess and manage risk 'so far as is reasonably practicable'.

Health service organisations are required to apply standard and transmission-based precautions that are consistent with the current [Australian Guidelines for the Prevention and Control of Infections in Healthcare](#) and guidance developed by the Australian Health Protection Principal Committee (AHPPC)

Infection Control Expert Group (ICEG) and their state or territory health department. It is important to note that individual states and territories may issue guidance relating to the local level of risk of COVID-19 exposure and use of PPE.

The processes described in this guidance are consistent with AS/NZO ISO 31000:2019 Risk Management Principles and Guidelines.

This risk assessment process can be applied at individual service level or at organisational level, but should be integrated with the organisation's routine corporate and clinical risk processes. Reporting on COVID-19 risks and mitigation strategies should be incorporated into the organisation's clinical governance monitoring and reporting processes.

#### **1. Establish the context**

Organisations need to self-assess what measures are currently in place to respond to operational and infection risks, and the issues arising from the continuation or resumption of services while COVID-19 remains an infection risk. The outcome of the following steps must be documented as part of the Risk Management Strategy.

**1.1 Table 1: External parameters and considerations**

External parameters and considerations	Sample questions for consideration	Notes
Local epidemiology and rates of community transmission of COVID-19	<ul style="list-style-type: none"> <li>a. Are there geographic clusters?</li> <li>b. What is the rate of local community transmission?</li> <li>c. Are there any other possible sources for infection?</li> </ul>	Review relevant state, territory and national data on cases and location of cases, including hot spots and international travellers.
Community expectations/external stakeholders	<ul style="list-style-type: none"> <li>a. How has COVID-19 affected community expectations of service provision?</li> <li>b. Are any additional practices or resources required to meet these changed expectations?</li> </ul>	<p>Consider the higher levels of awareness in the community about physical distancing and hand hygiene, and how this impacts on local operational policies, access to hand hygiene products, physical layout of facilities where care is provided and information for patients.</p> <p>Consider the level of awareness in the community about protecting vulnerable populations, and how this impacts on local operational policies and information for patients.</p> <p>Consider whether increased access to technology and digital literacy in the community can be used as part of service delivery, e.g. enable uptake of telehealth services.</p>
Legal, regulatory and policy requirements	<ul style="list-style-type: none"> <li>a. Have any new legal, regulatory or policy requirements emerged in response to COVID-19 that have implications for local service provision?</li> <li>b. Are any additional practices or resources required to meet these new requirements?</li> </ul>	Consider current physical distancing restrictions, which may affect staffing and ready access to external services (e.g. equipment, maintenance, personnel).
Financial/economic	<ul style="list-style-type: none"> <li>a. Has COVID-19 affected access to supplies or services needed to continue or resume service provision?</li> <li>b. Are alternative providers available?</li> <li>c. How is business continuity being managed?</li> <li>d. Are there waste management and sustainability implications?</li> </ul>	<p>Consider procedural supplies, medicines and PPE supplies and cleaning supplies.</p> <p>Consider linen and waste services, including waste management and sustainability.</p> <p>Consider access to maintenance services, particularly if there is any equipment that requires servicing by interstate/international agents.</p>

External parameters and considerations	Sample questions for consideration	Notes
Current drivers and trends	<ul style="list-style-type: none"> <li>a. How has COVID-19 affected demand for service provision?</li> <li>b. Are any additional practices or resources required to meet these changes in the volume or nature of service demand?</li> </ul>	<p>Consider potential for reduced demand due to fear of COVID-19 transmission, and how these fears could be managed to ensure that necessary clinical care is delivered.</p> <p>Consider potential for subsequent high demand due to temporary cessation of services.</p>

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*Depending on the organisation governance and business structure, and its catchment population, other external parameters, such as technological, natural environment and competition, may also need to be considered.*

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**1.2 Table 2: Internal parameters and considerations**

Internal parameters for consideration	Sample questions for consideration	Notes
Governance, organisational structure, roles and accountabilities	<ul style="list-style-type: none"> <li>a. What existing structures, roles and accountabilities are in place in the organisation to manage risks associated with COVID-19?</li> <li>b. Are any new structures, roles and accountabilities required to manage risks associated with COVID-19?</li> </ul>	<p>Consider who currently has accountability for business continuity planning, infection control, outbreak management and incident control in the organisation.</p> <p>Ensure business continuity plan is updated appropriately.</p>
Policies, protocol and procedures	<ul style="list-style-type: none"> <li>a. What policies, protocol and procedures are in place in the organisation to manage risks associated with COVID-19?</li> <li>b. Do any of the existing policies need to be updated to address risks associated with COVID-19?</li> <li>c. Are any new policies, protocol and procedures required to manage risks associated with COVID-19?</li> </ul>	<p>Consider the current risk management policy – does this resource address infection risk?</p> <p>Consider the content of existing business continuity planning, infection control, outbreak management and incident control policies, protocol and procedures. Are sufficient resources available to meet requirements?</p>
Capability and capacity	<ul style="list-style-type: none"> <li>a. Is there a sufficient number of skilled staff available to resume or continue service provision?</li> <li>b. What existing contingency measures does the organisation have in place to manage high staff absenteeism or fluctuating availability of staff?</li> <li>c. How might areas where care is provided need to be re-arranged?</li> </ul>	<p>Consider potential for absenteeism due to illness, positive COVID-19 tests, carer responsibilities, physical distancing restrictions and personal concerns.</p> <p>Consider capacity to redeploy staff within and between health service organisations, if required.</p> <p>Consider re-arrangement of spaces and furniture and changes to workflows to meet physical distancing requirements, and protocols for situations where physical distancing may not be possible, including PPE use.</p>



Internal parameters for consideration	Sample questions for consideration	Notes
Information and communication processes	<ul style="list-style-type: none"> <li>a. What processes are currently in place to communicate infection transmission risk to patients, their families and their visitors and staff?</li> <li>b. What processes are currently in place to support rapid identification of at risk staff, in the event of contact with a confirmed COVID-19 case in the organisation?</li> <li>c. What processes are currently in place to communicate infection events to public health units, general practitioners and organisations such as aged care facilities and hostels?</li> </ul>	<p>Consider all forms of communication – clinical communication via healthcare records, patient correspondence, signage, staff communication.</p> <p>Consider privacy and confidentiality requirements around the disclosure of infectious disease status.</p> <p>Consider availability and surge capacity of translation services and availability of translated resources.</p> <p>Consider any additional information that is required to be captured in the organisation’s visitor registry.</p>
Internal stakeholders	<ul style="list-style-type: none"> <li>a. What is currently being done to ensure that staff/on-site contractors understand the infection risks associated with COVID-19, and can respond to these risks?</li> <li>b. Is additional training required to educate staff/on-site contractors on the infection risks associated with COVID-19?</li> </ul>	<p>Consider existing orientation and/or infection prevention and control training program.</p> <p>Consider the effectiveness of the staff communication mechanism and communication with contracting organisations.</p>
Standards, guidelines and other resources	<ul style="list-style-type: none"> <li>a. What standards, guidelines and other resources are available to assist the organisation in managing risks associated with COVID-19?</li> <li>b. Are any additional practices or resources required to meet these standards and guidelines and resources?</li> </ul>	<p>Refer to the Australian Government Department of Health COVID-19 resource page.</p> <p>Refer to state/territory health department COVID-19 resource page.</p> <p>Refer to the Australian Commission on Safety and Quality in Health Care resource pages.</p>
Contractual relationships	<ul style="list-style-type: none"> <li>a. Is there provision in current contracts with on-site service providers that have direct or indirect patient care involvement for infection control training and competency for these individuals?</li> <li>b. Is there provision in the current contracts with linen, waste and cleaning services for additional services related to enhanced infection control management?</li> </ul>	<p>Review contract and enact or make provision for ensuring infection control competency and/or training.</p> <p>Review contract and enact or make provision to address the additional risks associated with COVID-19.</p>

## 2. Risk assessment

This step combines the processes of risk identification, risk analysis and risk evaluation.

### 2.1 Risk identification

As part of Step 1, the organisation has identified processes in place for identifying and managing risk. Where processes are not up to date or are absent, there is a risk. There may be other risks that emerge that are independent of the context. These risks should also be re-considered and updated in the strategy documentation.

### 2.2 Risk analysis

For the purposes of this risk management strategy, the focus is on minimising the risk of COVID-19 transmission. Table 3 outlines how to analyse and

allocate the level of risk based on the probability of exposure to infectious material, and the level of contact with that material, in a situation where community transmission is low. The risk of exposure will be mitigated if staff are fully compliant with standard, contact and droplet precautions (or standard, contact and airborne precautions if aerosol-generating procedures are being undertaken), cough etiquette and respiratory hygiene, and physical distancing, except when unavoidable during physical examination and care.

In situations where community transmission of COVID-19 is high, and there is increased risk of exposure in healthcare settings, escalation of infection prevention and control precautions may be necessary to align with that risk. For example, in July 2020, NSW Health issued guidance in response to increased risk of community transmission.

**Table 3: Level of risk of exposure to COVID-19**

	Patient with no exposure to known COVID-19 case or contact	Patient with exposure to known COVID-19 contact	Patient with exposure to suspected COVID-19 case	Patient with exposure to known COVID-19 case	Patient with COVID-19
Indirect patient contact (e.g. cleaner, food services)	LOW	LOW	LOW	MODERATE	MODERATE
Direct patient contact – procedure, no AGP	LOW	LOW	LOW	MODERATE	HIGH
Direct patient contact – procedure, AGP or dental	LOW	LOW	MODERATE	HIGH	VERY HIGH

### 2.3 Risk evaluation

Risk evaluation is about comparing the level of risk and prioritising which risks require treatment.

### 3. Risk mitigation and response

For those risks that were deemed in Step 2 as necessary to act upon, this step supports local consideration and documentation of individual risks and the strategies to be developed to eliminate the risk, or if that is not possible, to minimise the level of risk.

Risk identification	Risk analysis	Impact of Risk	Risk evaluation	Risk treatment
Risk 1	What is the level of risk?  LOW, MODERATE, HIGH, VERY HIGH	LOW, MODERATE, HIGH, VERY HIGH	Is there is a need to treat this risk? YES/NO	What needs to be done to eliminate or reduce this risk?
Risk 2				
Risk 3, etc				

### 4. Risk mitigation and response

Organisations should monitor the control of any identified risks identified in Steps 2 and 3 above, as well as the evidence regarding prevention and control of COVID-19. If monitoring identifies emergent risks, Steps 2 and 3 above should be repeated.