

Risk Assessment – NSW Health Mandatory Cat A Influenza Vaccination

Risk location:	NSW Health Agencies
Scope	All of NSW Health workforce
Date of Risk Assessment	13 May 2022
Risk Description:	Community transmission of COVID-19 and influenza in NSW creates risks to NSW Health in ensuring continuity of effective service delivery and the safety of workers, patients and others arising through the operation of its services. The potential consequences of these risks include increased patient, worker and others' mortality and morbidity and associated increased operating resource requirements (people/ products/services) increasing the burden on the NSW Health system.
Purpose	To assess whether worker vaccination status (no vaccination and seasonal vaccination) for Category A NSW Health workers in conjunction with current control measures assists to minimise the transmission of influenza in NSW Health facilities. .
NSW Health context:	<p>Please also refer to the NSW Health Mandatory COVID-19 vaccination risk assessment for additional information</p> <p>NSW Health Service is required to be in a state of constant preparedness to maintain service delivery in the context of community transmission of COVID-19 and re-emerging and co-circulating influenza</p> <p>COVID 19 is a highly contagious and potentially fatal condition caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The highly infectious nature of COVID-19 means it represents a serious and ongoing public health risk to the community of NSW (ref 4).</p> <p>For the last two years there has been a very low prevalence of influenza in the community, but influenza is now re-emerging and circulating in the community in combination with COVID-19. People with co-infection with COVID-19 and influenza were more than twice as likely to die due to infection (odds ratio of 2.27, 95% CI: 1.23; 4.19) compared to SARS-CoV-2 infection alone (ref 1). The impact of co-circulation of influenza, SARS-CoV-2, and other winter respiratory viruses, particularly at high levels, is unclear but is anticipated to pose a significant risk to healthcare settings for transmission, workplace absenteeism and other impacts.</p> <p>With COVID-19 and influenza co-circulating, it is important we are optimally prepared and can respond to their fluctuating community prevalence and health system impact. We need a health system that is ready and can quickly mobilise resources to meet the changing health needs of the NSW community.</p>

Influenza vaccination has been a mandatory requirement for high risk front line clinical staff (currently defined as Cat A plus) and recommended for all NSW Health Staff

Mandatory annual flu vaccination for high-risk clinical staff is already policy in NSW Health. [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases \(nsw.gov.au\)](#) . The categorisation guidelines for staff that work in NSW Health and are used to determine vaccination requirements for workers based on their level of exposure.

All staff in NSW Health are strongly encouraged to have seasonal Influenza vaccination. It is free and accessible to everyone who wants or requires the vaccine. Those working in high risk areas are required to be vaccinated annually.

Maintaining vaccination protection is an effective, safe, and reasonably practicable control to keep the workforce safe by optimising individual immunity and assisting in preventing transmission

For our workforce and patients to be as safe as is reasonably practicable requires maintaining influenza protection by staying up to date with vaccinations. Immunity through vaccination does change over time.

Seasonal influenza vaccines on average have approximately 40% effectiveness against laboratory-confirmed influenza infection outcomes (such as medically attended illness and hospitalisation). Annual vaccination is recommended for all individuals aged 6 months and older, particularly healthcare workers and others who care for people at increased risk of complications from influenza (ref 2).

Keeping a high proportion of the NSW Health workforce appropriately vaccinated in accordance with ATAGI advice will assist in preventing the spread of influenza in NSW Health workplaces. When immunity decreases, the risk of worker influenza acquisition increases. While influenza vaccine offers modest protection against influenza infection for several months following seasonal vaccination, this will assist in reducing virus transmission to vulnerable people, and particularly in certain settings including the healthcare environment.

NSW Health has a primary duty of care for the health and safety of our patients and visitors accessing our facilities who are often vulnerable to the risk of severe influenza infection

The cohort of people that use health services are at a higher risk of severe infection, illness, and death due to their personal complex medical conditions or being immune compromised (ref 1). The nature of health care work locates unwell people together which increases the potential risk of microbes being present. Currently all clinical areas within health facilities are likely to have patients at higher risk of severe illness from influenza, including from co-infection with COVID-19 and influenza. High uptake of both vaccines can assist in reducing the risk of virus transmission in contexts where high risk individuals are cared for, such as healthcare and aged care settings (ref 2).

Prevention of influenza remains important in essential workforces, such as health and aged care workers who also may transmit infection to others in their care (ref 2). The Work Health and Safety Act (2011) s 19(2) outlines health agencies' primary duty of care for the health and safety of others entering our premises (ref 9). Vaccination of the workforce is a practical control that can be implemented to assist in meeting this duty of care in combination with other control measures such as social distancing, good ventilation, hand hygiene, cleaning protocols and personal protective equipment (PPE) (ref 9 and 10).

NSW Health workforce providing clinical or supporting clinical services is at increased risk of exposure due to the work performed

Due to the inherent requirements of the role of a worker in NSW Health in clinical areas there is an increased risk of exposure to influenza due to the type of work performed. Workers are at risk of infection in the community but also in their day-to-day work, including from patients and co-workers with whom they come into close contact. Keeping up to date with all vaccine recommendations – both for COVID-19 and influenza – will reduce the likelihood of infection, severe disease and work absenteeism (ref 2).

NSW Health cannot modify essential services if the workforce is furloughed or unwell

NSW Health essential services must continue to be provided and cannot close when staffed are furloughed or unwell. Unlike other government agencies that can stop or reduce the provision of services (e.g., closing school and classrooms) essential public hospital services must be provided. Vaccination can assist in preventing disease and therefore assist in preventing absenteeism to maintain workforce availability. This is true for absenteeism for COVID-19 and influenza.

NSW Health may need to redeploy workers quickly to maintain service delivery

A health system providing essential services may require workers that can be deployed and relocated to maintain health service operations in emergencies. This includes the ability to move frontline clinical staff to all areas of a hospital or community health setting.

There is a lead time associated with further Influenza vaccination of the NSW Health workforce. This includes time required to administer and then allow the vaccine to be effective.

From experience, the process of vaccinating the workforce has required significant resources and requires at least two months to implement. It is important that the workforce is constantly prepared for mobilisation of frontline workers by being up to date with the ATAGI recommendations for vaccination. This will assist to minimise the risk of illness and transmission in the workplace and enable quick mobilisation of staff to maintain health service delivery.

There is a legal obligation to ensure, so far as is reasonably practicable, for the safety of workers, based on the hierarchy of controls

The *WHS Act (2011)* s 19 requires organisations to eliminate, and if not reasonably practicable to minimise, the risk of exposure to influenza in the workplace. Workers under the *WHS Act (2011)* s28 have duties which include taking reasonable care for their own and others' health and safety and complying with reasonable instruction (ref 9).

Where possible the hierarchy of controls needs to be applied when minimising the risk of influenza in the workplace (ref 1,3 and 5). The hierarchy of controls provides that where it is not reasonably practicable to eliminate risks of health and safety, risks must be minimised through risk control measures as follows (WHS Regulation 2017, clause 36):

- (1) by doing one of more of the following:
 - (a) substituting the hazard with something else
 - (b) isolating the hazard
 - (c) implementing engineering controls
- (2) if the risk remains after (1), implementing administrative controls so far as is reasonably practicable
- (3) if the risk remains after (2), minimise risk so far as is reasonably practicable by use of PPE

It is not possible to eliminate the risk of exposure to influenza in the workplace. Applying the hierarchy of controls, along with current measures such as social distancing, good ventilation, hand hygiene and cleaning protocols, vaccination provides a higher-level engineering/administration control (vaccination and associated policy/ processes to requiring vaccination) to manage the risk of influenza. Lower-level controls such as PPE alone are less effective at preventing transmission. The CEC provides research based guidance for infection and prevention control (IPAC) to ensure that recommended controls that include PPE are considered an administrative control based on how they are packaged and implemented in the workplace (ref 3).

Risk assessment comparing the impact of vaccination status allows better decision making

When determining hazards, the likelihood for transmission is impacted by the workplace - location, work performed, workplace design and worker mobility. The outcome (consequence of illness including disease severity) for workers and patients is based on age, chronic health conditions and vaccination status including time since previous vaccination dose. Following a vaccination, a worker's level of immunity will decrease over time which increases the likelihood of acquiring and transmitting influenza. This may also impact on the severity of their illness and health.

Appendix 1 outlines the NSW Health Risk Matrix used to determine likelihood and consequence used to determine the addition of vaccination to current control measures for Category A clinical staff.

Current infection prevention and control risk mitigation strategies for the health care workforce is based on guidance from the CEC and may change based on the prevalence of influenza. These controls are implemented independent of vaccination status.

	<p>The CEC infection prevention and control (IPAC) risk protocols are patient focused and based on clinical requirements and include:</p> <ul style="list-style-type: none"> • Isolation or cohorting patients with influenza as reasonably practicable • Standard precautions including hand hygiene and cough etiquette • Cleaning protocols for reusable medical equipment and surrounding environment • Ventilation including air changes and air flow • PPE requirements based on the work performed and risk of transmission (mask either surgical or P2/N95, gown, gloves, eye protection) • Health care workers follow a risk assessment process and mitigating IPAC strategies to determine when and how it is safe to return to the workplace following illness <p>In addition to these provisions additional controls implemented include</p> <ul style="list-style-type: none"> • Improving air quality when reasonably practicable • Increased cleaning and maintenance • Physical distancing in the workplace as appropriate for the task
Consultation	Office of Chief Health Officer, CEC, Workplace Relations, ACI, SHEOC, Directors of Workforce, Unions
Report created by	Catherine Mackay, MoH Principal WHS advisor

Influenza Risk Assessment examining patient health outcomes for care from vaccinated and unvaccinated clinical staff (Cat A)

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
1. WORKPLACE - Prevalence of influenza affects the risk of exposure for workers and patients			
Likelihood of Person with influenza entering the Workplace Due to the inherent requirements of work performed there is a higher likelihood of Influenza being in the workplace as patients with Influenza attend health services for treatment. People that have Influenza access health services and are treated in facilities for their disease	<ul style="list-style-type: none"> • CEC IPAC protocols and guidance • Entry screening for visitors • Visitor policy encouraging vaccination 	P	K
Increased risk of transmission within facilities as health services are provided to patients with influenza and COVID-19. The location, type of work, environmental design and layout will impact prevalence and transmission in the workplace. Patients that are immune compromised and at risk of severe outcomes if they acquire influenza/COVID-19 are also located in health facilities. Healthcare workers care for all patients which may increase in the risk of transmission due to the work performed.	<ul style="list-style-type: none"> • Implementation of facility/service risk management plans including recommendations from Clinical Excellence Commission and Australian Commission of Safety and Quality in Health Care. • CEC IPAC risk management protocols (previously outlined) with staff training • Facilities may cohort patients with influenza (patient placement) • Limiting access for the number of workers in locations with known influenza • Good ventilation • Cleaning protocols and schedules based on risk of transmission • Application of standard precautions including hand hygiene and PPE 	Q	P

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
1. WORKPLACE – The workplace needs to maintain service delivery to ensure the health of the community			
Inability to maintain service delivery In a pandemic or other significant event, service delivery must be maintained, and workers need to be able to be mobilised based on service requirements and community needs.	<ul style="list-style-type: none"> Business Continuity Planning for mobility of workforce Induction for workers to a new work area for workers (PD2019_013 Work Health & Safety- Better Practice Procedures) Worker training to enable provision of new services NSW Health awards have mobility clauses to enable workers to be moved in an emergency 	M	K
Workers requiring isolation due to Influenza exposure impacting service delivery (Business Continuity) The geographic size and location of health facility, number of staff and options for replacement will impact on Business Continuity in the event of a worker infections. Workers as a close or household contact self-isolate as required.	<ul style="list-style-type: none"> Business Continuity Planning Risk assessment for close and household contacts occur with guidance on when it is safe to return to the workplace. 	M	K
Meeting Community Expectations by implementing all reasonable controls to minimise Influenza transmission in the workplace Community expects that all controls to ensure that patients/consumers do not acquire influenza as part of routine care	<ul style="list-style-type: none"> All available strategies to minimise the risk of Influenza transmission are implemented which includes current Influenza risk management processes 	U	P

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
1. WORKPLACE – The workplace design may increase the risk of transmission			
Ventilation needs to be appropriate to work performed Improving ventilation can minimise the risk of transmission	<ul style="list-style-type: none"> If possible, patients with influenza receive health care in an area that minimises transmission (isolation, negative pressure, or well-ventilated areas to improve air flow or air change frequency) based on recommendations CEC IPAC protocols 	P	P
Shared Workspaces/ Workstations Due to the inherent design of the workplaces and work performed, workspaces will be shared.	<ul style="list-style-type: none"> CEC infection prevention and control guidelines including social distancing, good ventilation, hand hygiene, cleaning, and PPE requirements Advice from CEC to minimise numbers in shared work locations 	Q	P
Shared Eating/ Other Facilities Areas Due to the inherent design of the workplaces and work performed, facilities will be shared. Workers may share eating areas in breaks, use shared bathrooms and entrances and not have prerequisite PPE to prevent transmission in these areas.	<ul style="list-style-type: none"> CEC infection prevention and control guidelines including social distancing, good ventilation, hand hygiene, cleaning, and PPE requirements Advice from CEC to minimise numbers in tea rooms Encouraging staff breaks in outdoor locations if practicable 	Q	P

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
2. WORK PERFORMED- The type of work and requirements of the work increases risk of exposure			
Social distancing cannot be maintained when providing clinical care To provide patient diagnosis, treatment and care often requires people to be within 1.5 meters distance for greater than 15 minutes. This includes when transporting patients to and between health facilities.	<ul style="list-style-type: none"> • Determine if other options for medical care are possible that maintain social distancing (e.g., telehealth) • Screening and surveillance upon entry to the workplace for workers and visitors • Good ventilation, hand hygiene, cleaning and Standard Precautions based on IPAC risk protocols • PPE (gloves/ gown/mask and eye protection) and additional PPE based on a risk management plan and cleaning of work areas based on protocols and risk of transmission 	Q	P
Work tasks and workplace design increases potential for exposure between workers To perform some duties, workers are required to move around a workplace, between workplaces and may be in vehicles (inadequate space) with other workers and/or patients. examples- PTS, ambulance, travelling to group meetings, pathology collection, cleaners, food service delivery, security	<ul style="list-style-type: none"> • Risk management plan to minimise worker mobility • Social distancing as appropriate • Cleaning protocols • Use of Standard precautions and PPE based on risk of transmission as per infection control guidance (ref 6) 	Q	P

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
Workplace Exposure to Blood and Bodily Fluids (BBF) Due to the work performed and activities occurring in the workplace there is a risk of exposure to BBF.	<ul style="list-style-type: none"> Facility risk management processes and adherence to Australian Infection control guidelines (ref 4) Cough etiquette Competency training for tasks that require handling, storing, transporting, and disposing of BBF 	Q	P
Aerosols Generating Procedures (AGP) Some medical procedures cause aerosol generation of body fluid particles and if performed on patients with influenza this increases the risk of transmission	<ul style="list-style-type: none"> Patients with influenza are identified prior to procedures if possible and if unknown, treated as though they are positive Aerosol generating procedures (AGPs) are identified and risk mitigation strategies are implemented including appropriate ventilation controls, additional PPE requirements (P2/N95 respirator) and additional cleaning protocols 	Q	P
Due to their medical conditions or age some patients maybe aggressive and/or not comply with reasonable requests for workplace Influenza risk mitigation strategies Some patients may not be able to comply with reasonable instructions for masks, social distancing, hand hygiene etc. Some patients will remove PPE from healthcare workers when aggressive	<ul style="list-style-type: none"> Patient risk management behavioural plan Facility aggression minimisation strategies Contact tracing and additional risk mitigation strategies if PPE is removed forcefully from staff CEC IPAC risk management protocols 	Q	P

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
1. WORKER – Personal factors relevant to the transmission of influenza in the workplace These risk factors will vary based on individual health risk factors including age, chronic health conditions and vaccination status including time since previous vaccination. It also is related to vaccination hesitancy and previous experience with seasonal Influenza vaccination			
Personal Health Risk for Severe Disease Due to underlying medical conditions, some workers are more vulnerable to serious illness from influenza and need to be identified and appropriately managed for their health and wellbeing	<ul style="list-style-type: none"> Vulnerable workers are assessed as per the AHPPC Guidelines and following a risk assessment appropriate controls are implemented which may include alternative work duties (ATSI, >60yrs with health chronic health issues, 70 years, immunocompromised) 	M	K- but can vary on individual health risk factors
Attending the Workplace while Ill Decrease the risk of workers transmitting Influenza in the workplace requires strategies to limit entry into the workplace for workers with the flu or who are unwell.	<ul style="list-style-type: none"> Workers monitor for symptoms and do not attend the workplace if unwell Screening processes for attending workplace including questionnaire for personal risk factors Availability of Sick Leave 	Q	M- but can vary on individual health risk factors
Non-Compliance when using recommended Personal Protective Equipment (P2/N95 Fit Test) may impact acquisition of influenza To ensure a worker risk of influenza transmission is minimised during a range of aerosolisation work activities a P2/N95 mask may need to be worn ..	<ul style="list-style-type: none"> Criteria for use based on CEC guidelines including IPAC and Respiratory Protection in Health Care Selection of masks types available to cater for face shape and size and protocols Fit testing of P2/N95 masks protocols Fit checking by worker when donning P2/N95 Mask including training HealthShare manage supply of P2/N95 	Q	M- but can vary on individual health risk factors

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
<p>Non - Compliance with Standard Precautions and Personal Protective Equipment may impact acquisition and transmission of Influenza</p> <p>Staff need to maintain compliance with Standard Precautions in the workplace including PPE requirements. Donning and Doffing PPE occurs many times during a shift. As PPE is a lower-level control and occasionally, human error occurs with this process.</p>	<ul style="list-style-type: none"> Standard Precautions may change depending on the alert level RERF Standard precautions apply for all workers and contractors including hand hygiene, social distancing and wearing appropriate PPE based on designated area and risk of transmission All staff are trained on PPE use and orientated to the work area. PPE requirements are matched using a risk matrix based on the inherent requirements of the job 	Q	P- but can vary on individual health risk factors
<p>Vaccine Safety and Availability</p> <p>Vaccines need to be fit for purpose, safe and accessible to all workers to ensure they are effective. Vaccination protection does change over time.</p>	<ul style="list-style-type: none"> Only influenza vaccines approved by Therapeutic Goods Administration (TGA) are approved for use in Australia to ensure safety and effectiveness. These should be used for all health worker vaccination programs. For an adverse reaction to the vaccination, they are provided immediate medical care, advice sheets and access to sick leave and can apply for Workers Compensation. 	L	Not Applicable

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & seasonal vaccination	Risk Rating with current controls without Influenza vaccination
<p>Appropriate management of staff to reduce the risk due to medical restrictions for vaccinations</p> <p>Workers that have temporary or permanent medical conditions that prevent vaccination to ALL available vaccines need to have a process to ensure personal safety.</p>	<ul style="list-style-type: none"> • ATAGI has specific processes and requirements for medical exemption • For those with approved medical exemptions, risk assessments for the current work with options of redeployment if a suitable job is available • Additional screening/counselling on an ongoing basis for both temporary and permanent exceptions 	Not applicable	M
<p>Vaccine Hesitancy/Resistance</p> <p>Some workers may require additional information and reassurance to understand the risks and opportunities for vaccination.</p>	<ul style="list-style-type: none"> • Workers are provided with research based, information in their workplace from NSW Health and local Agencies/LHD's • Communication plans and messaging from NSW Health promotes the risks and opportunities for vaccination • Workers have access to Employee Assistance Programs (EAP) to provide support as needed • Additional information sheets for workplace safety and IPAC guidelines from the CEC for all additional controls 	U	Not applicable
<p>Inappropriate access to vaccine information through incorrect storage of and uncontrolled access to vaccination records may impact on workers vaccine hesitancy</p> <p>To ensure workers vaccination records are stored correctly and are accessible requires suitable electronic data storage platforms and processes.</p>	<ul style="list-style-type: none"> • Vaccine completion for workers is recorded on Vax link a digital platform linked to Staff link which stores information on vaccines for NSW Health staff • Process to add vaccination records is not automatically uploaded which requires workers to submit a certificate • Delegated access control occurs through Human resources to Vax link and Staff link • NSW Health Policies are available and implemented for security of information and privacy. 	R	Not applicable

References

- 1 Stowe J, Tessier E, Zhao H, et al. Interactions between SARS-CoV-2 and influenza, and the impact of coinfection on disease severity: a test-negative design. International journal of epidemiology. 2021;50(4):1124-1133.
- 2 National Centre for Immunisation Research and Surveillance 28 April 2022 Summary of evidence on protection following COVID-19 vaccination: focus on third and fourth doses and the Omicron variant
- 3 Australian Commission Safety and Quality in Health Care (ACSQHC) Guidance COVID19: Infection prevention and control risk management, 2021 [COVID-19 Resources | Australian Commission on Safety and Quality in Health Care](#)
- 4 Australian Government Infection Control Expert Group (ICEG) Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19, June 2021; <https://www.health.gov.au/sites/default/files/documents/2021/06/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19.pdf>
- 5 Australian Government, Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019; [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\) | NHMRC](#)
- 6 Australian Government Department of Health, Minimising the risk of infectious respiratory disease transmission in the context of COVID-19; The hierarchy of Controls July 2021; [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls | Australian Government Department of Health](#)
- 7 Clinical Excellence Commission (CEC), COVID-19 Infection and Prevention Control Manual, October 2021; [COVID-19 Infection Prevention and Control Manual - Clinical Excellence Commission \(nsw.gov.au\)](#)
- 8 Clinical Excellence Commission (CEC), Health Care Worker COVID-19 Exposure Risk Assessment Matrix for Vaccinated, Partially Vaccinated and Unvaccinated Staff, August and October 2021; [risk-matrix-hcw-unvaccinated.pdf \(nsw.gov.au\)](#) and [risk_matrix_for_hcw_exposure_final_12_83.pdf \(nsw.gov.au\)](#)
- 9 New South Wales *Work Health and Safety Act 2011* no 10 [Work Health and Safety Act 2011 \(nsw.gov.au\)](#)

Appendix 1 – NSW Health risk matrix

NSW Health Risk Matrix

				CONSEQUENCE EXAMPLES				
				Catastrophic	Major	Moderate	Minor	Minimal
Risk rating	Action required	NSW HEALTH RISK CATEGORIES	Clinical Care & Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
Red = Extreme (A – E)	Escalate to CE or Head of Health Service and Director-General A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.		Health of the Population	An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories currently measured by NSW Health and or an increase of more than 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic disease across the majority of the state-wide population health KPI categories measured by NSW Health and or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of more than one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population health KPI categories measured by NSW Health or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but the prevalence of known condition is continuing to decrease in line with KPI targets.
			Workforce	Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program availability within a Health Service with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
			Communication & Information	Loss or permanent damage of major utilities, records, IT data systems and communications resulting in prolonged suspension of service delivery.	Restriction or damage of or prolonged service disruption to some utilities, records, IT data systems & communication.	Temporary suspension of work due to damage to property, assets, records or access to IT or communication systems.	Localised damage to property, assets or records and restricted access to IT systems or communication.	Minimal effect on infrastructure, records, IT systems or communication and minimal or no disruption to service delivery or work.
Orange = High (F – K)	Escalate to Senior Management A detailed action plan must be implemented to reduce risk rating.		Facilities & Assets Management					
			Emergency & Disaster Response	State-wide system dysfunction resulting in total shutdown of service delivery.	Health Service is compromised as service providers are unable to provide effective support and other areas of NSW Health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
Yellow = Medium (L – T)	Specify Management Accountability and Responsibility Monitor trends and put in place improvement plans.		Finance & Legal	More than 5% over budget NOT recoverable within the current or following financial year. Unable to pay staff or finance critical services. Legal judgement, claim, non compliance with legislation resulting in indeterminate or prolonged suspension of service delivery. Fraud impacts on service delivery.	Up to 5% over budget or a material overrun NOT recoverable within the current financial year. Unable to pay creditors within DOH benchmark. Legal judgement, claim, non compliance with legislation resulting in medium term suspension of service delivery. A fraud impacts on service delivery.	Up to 5% over budget but recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Up to 1% temporarily over budget and recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in short term disruption to services.	Less than 1% temporarily over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget. Legal judgement, claim or legislative change but no impact on service delivery.
				Safety & Security	Multiple deaths or life threatening injuries to non-patients.	Death or life threatening injury/ illness causing hospitalisation of non-patients.	Serious harm / injury or illness causing hospitalisation or multiple medical treatment cases for non-patients.	Minor harm or injury to a non-patient where treatment or First Aid is required.
Green = Low (U – Y)	Manage by routine procedures Monitor trends.		Leadership & Management	Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation and/or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Sustained adverse publicity at a state-wide level leading to the requirement for external intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the service's performance agreement. Increasing and broadening adverse publicity at a local level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the KPI's (excluding priority KPI's) included in the service's performance agreement. Periodic loss of public support.	Occasional adverse local publicity.
			Community Expectations					
				CONSEQUENCE RATINGS				
				Catastrophic	Major	Moderate	Minor	Minimal
Probability	Frequency	LIKELIHOOD	Almost certain	A	D	J	P	S
> 95% to 100%	Several times a week		Likely	B	E	K	Q	T
> 70% to 95 %	Monthly or several times a year		Possible	C	H	M	R	W
> 30% to 70%	Once every 1 -2 years		Unlikely	F	I	N	U	X
> 5% to 30%	Once every 2 – 5 years		Rare	G	L	O	V	Y
< 5%	Greater than once every 5 years							