ACT Government | Canberra Health Services

Risk Assessment Template

COMPLETE RISK ASSESSMENT DETAILS

Group, Division, Branch, Work area/unit, physical location **or** National Standard Group: **CHS Workforce - Return of CHS Staff to usual place of work & Mandatory COVID vaccination requirements**		
Completed by:	Daniel Guthrie & Frances Kaye WHS Team – People & Culture	Date: 5 April 2022

Risk Category: ☒ PEOPLE ☒ CLINICAL ☒ PROPERTY AND SERVICES ☐ INFORMATION
☒ FINANCIAL ☒ BUSINESS SYSTEMS AND PROCESSES ☒ REPUTATION ☐ ENVIRONMENT

STEP 1. ESTABLISH THE CONTEXT

Context *(What are the circumstances in which you are operating? You should consider the background, the objective of your team/unit/division, the resources available, the information/data available, the political climate, who your stakeholders are):*

This risk assessment focuses on risks associated with:

1. The return to work (RTW) of all or some of the CHS workforce to their usual place of work.
2. Options for COVID vaccination requirements for existing and future CHS staff post removal of PHO.

As part of the comprehensive response to the COVID pandemic, CHS implemented two key actions to manage COVID transmission risks:

1. Temporary approval for some staff to work from home (WFH) or under hybrid arrangements – i.e. full time WFH or some days/hours WFH and some in the usual workplace or other approved workplace (e.g. another office).
2. A mandatory vaccination requirement for all staff as per the PHO – resulting in redeployment of some staff, approval to work by medical exemption and approval to work from home for some non-vaccinated staff.

RTW for all or some of the CHS workforce is the next step in the relaxing of restrictions associated with the COVID pandemic response and may present risks to staff, patients, visitors, and CHS itself. In addition, CHS will need to determine a position on COVID vaccination requirements for existing staff and new staff joining CHS with the expected removal of the PHO in April 2022.

The temporary WFH and hybrid arrangements have been in place for many staff for well over 1 year without significant impact on the delivery of CHS services and it is likely that some staff may request approval for the same or similar arrangements when the RTW of the workforce is announced. As the ACTPS embraces more flexible ways of working, renewed ways of delivering services need to be considered into the future to make CHS an employer of choice, particularly with current worker shortages in the job market. Accordingly, these requests should be considered on their merits under CHS and ACTPS procedure and not through the lens of the pandemic as the temporary WFH and hybrid arrangements were.

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Risk Assessment Template

STEP 2. IDENTIFY THE RISKS

The risk of:

A - Increased rates of COVID transmission/serious illness

RISK 1 – Increased rates of COVID transmission in CHS workplaces due to the RTW of a large number of CHS staff (the vast majority vaccinated) and increased interaction and potential adverse staff/patient outcomes e.g. increased risk of serious illness to patients and staff and associated impact on clinical service delivery

B – Employee physical/mental stress, workforce disruption and operational issues

RISK 2 – Impacts on clinical and non-clinical service delivery due patients/staff getting COVID or being a close contact i.e. increased pressure on services and isolation/reduction of staff

RISK 3 – Increased physical, mental stress and psychosocial impacts to staff who RTW after long term WFH/hybrid arrangements

RISK 4 – Short term disruption to CHS operations and staff wellbeing due to increased volume of staff who RTW at once e.g. increased traffic, carparking, and service capacity pressures.

Cause *(Why is it a risk?)*

A - Increased rates of COVID transmission/serious illness

RISK 1 – RTW of large number of **CHS staff** may increase COVID transmission exposure and associated adverse staff/patient outcomes e.g. serious illness for unvaccinated and vulnerable patients.

B – Employee physical/mental stress & workforce disruption and operational issues

RISK 2 – infection rates in the community will be reflected in teams and staff working in offices may create close contacts that require 7-14 days quarantine impacting service delivery

RISK 3 – After long term WFH/hybrid arrangements employees who RTW may have difficulty reintegrating and adjusting physically and psychologically and psychosocially due to:

- change in physical environment that may lead to musculoskeletal injury.
- workers having heightened levels of concern about the risk of exposure or transmission of COVID and ongoing perceived uncertainty about the pandemic may lead to psychological injury/illness
- additional stressors may include changed family arrangements at home, financial and commuting issues, changes in the workplace in the past year (requiring staff re-orientation) etc.

RISK 4 – Large volume of staff who RTW all at once may cause short term operational disruption caused by:

- increased traffic, carparking, limited office space and inability to maintain business rules associated with the pandemic response i.e. appropriate social distancing
- service capacity pressures to address lost or expired swipe card access, ICT issues, increased food and retail demands such as staff café, Zouki etc.
- difficulty of staff adjusting may lead to psychological and psychosocial issues impacting staff and operational goals.

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Risk Assessment Template

Consequence *(What will happen if this risk eventuates?)*

Potential consequences of these risks are detailed in the above section, additional consequence information is detailed below:

- Increased COVID exposure leading to increased COVID transmission and COVID positive results
- Poorer health outcomes for staff and patients particularly those who are immunocompromised or vulnerable
- Increased staff sick leave and resulting workforce issues
- Leave planning issues, the inability of staff to take time off when desired, and excessive accrued annual leave
- Multiple staff from highly specialised teams on leave at one time
- Teams / staff currently using unoccupied offices to reduce COVID transmission risk forced to work in close proximity (e.g. MET team currently spread across several areas as very small office area and highly specialised staff)
- Increased workload for CHS managers and staff due to staff absence/inability to deliver role including associated psychological considerations)

Note: *The 'risk description' is a succinct summary of the risk, causes and consequences i.e. The risk of…caused by…resulting in….*

STEP 3. ANALYSE THE RISK			
Current controls *What is in place NOW to control the risk?* *(Consider policy and procedures, education programs, data analysis)*	**Are these controls effective in reducing the risk?**		
Majority of CHS have at least two COVID vax doses like the ACT population (98% plus) with many also booster dose to have up-to-date vax status as per ATAGI recommendations (70+ % of ACT residents have this status.	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Staff working from home/hybrid arrangements where possible as part of the pandemic response have been supported by CHS Management	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Strict and enforced risk control measures to reduce COVID transmission in place at CHS workplaces including: 1. Hand hygiene training and practices to reduce COVID transmission are in place 2. PPE mandated in CHS workplaces and enforced. 3. PPE available for all staff, patients, and visitors. 4. All patient facing staff wearing N95/P2 and approved eye protection. 5. Surgical masks available and enforced for non-patient facing staff, visitors and patients	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE

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(where patient is medically able to wear the mask. 6. Symptomatic and COVID positive staff not allowed to enter a health facility for specified periods to reduce transmission risks.			
CHS COVID Business Rules including Pandemic Safe Checklist (PSC) completed for all work areas. This includes: - Social distancing - Hygiene procedures (including training) - Check-in app now less monitored	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Management of high-risk patients in specific areas with increased controls (e.g. RAT for staff in these areas)	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Vulnerable staff working from home and implementation of ACTPS WHS guidance for vulnerable workers	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Employee Assistance Program (EAP) available to all CHS staff. CHS My Health program and CMTEDD WHS COVID intranet provides excellent support materials for health and wellbeing and COVID on CMTED and CHS sites.	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Regular consultation and communication with workers to ensure that risks are being appropriately addressed through regular CEO updates and invitation to staff to raised issues.	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
Visitor restrictions are limited to vulnerable areas	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
1.5 metre social distance enforced for all non clinical duties activities and for all clinical and non clinical rest breaks in approved break areas.	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE
CHS staff maintain near 100% completed training in hand hygiene and staff are highly experienced in use of PPE to reduce transmission risks, both of which reduce transmissibility in the community and at work.	☒ ADEQUATE	☐ NEEDS IMPROVEMENT	☐ INADEQUATE

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Current level of risk *(Consider all existing/current controls)*	**Consequence** *Most likely/ common form not worst case*	**Likelihood**	**Risk Rating**
RISK 1 – Increased rates of COVID transmission in CHS workplaces due to the RTW of a large number of CHS staff (the vast majority vaccinated) and increased interaction and potential adverse staff/patient outcomes e.g. increased risk of serious illness to patients and staff and associated impact on clinical service delivery.	**Moderate**	**Possible**	**Medium**
RISK 2 – Impacts on clinical and non-clinical service delivery due patients/staff getting COVID or being a close contact i.e. increased pressure on services and isolation/reduction of staff	**Moderate**	**Unlikely**	**Medium**
RISK 3 – Increased physical, mental stress and psychosocial impacts to staff who RTW after long term WFH/hybrid arrangements	**Moderate**	**Possible**	**Medium**
RISK 4 – Short term disruption to CHS operations and staff wellbeing due to increased volume of staff who RTW at once e.g. increased traffic, carparking, and service capacity pressures	**Moderate**	**Possible**	**Medium** (short term)

Refer to the CHS Consequence and Likelihood rating tables – Appendix A

STEP 4. EVALUATE THE RISK
A totally risk-free environment is unrealistic. Risk evaluation should recognise that it is not usually possible to eliminate all risk and question whether the current level of risk is tolerable.
This risk is: ☒ **ACCEPTABLE** ☐ **INTOLERABLE**

Refer to the CHS Risk Tolerance table – Appendix A

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STEP 5. TREAT THE RISK					
RISK TREATMENT ACTION PLAN					
Possible Risk Treatment Actions/Strategies	**Advantages**	**Disadvantages**	**Action/ Strategy accepted (Yes/No)**	**Action Owner** *(Position responsible for completing the action)*	**Estimated completion date**
Consultation with HSRs, Managers and Unions regarding this risk assessment and key documents inviting feedback.	Ensures that appropriate consultation occurs and feedback is considered as per the WHS Act	Nil	Yes	EGM – P&C	Consultation to commence 8 April 2022
Maintain physical distancing requirements and only return staff in areas where this can be met.	Ensures good infection control	Will limit some staff returning or require a hot desking arrangement	yes	Communications to managers	Ongoing
Communication to all CHS staff detailing: • RTW arrangements and organisational position on mandatory vaccination arrangements • Other risk controls in this table e.g. staggered RTW, applying for WFH/hybrid arrangements, staff wellbeing and support available etc. • EAP contact information • CHS MyHealth Intranet site. • Information and resources for employees, managers and workplaces on health, safety and wellbeing	Provides clear direction on RTW and mandatory vaccination arrangements. Also further information and support e.g. staff wellbeing and support available etc.	Nil	Yes	EGM – P&C EGM - Comms	14 April 2022

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when returning to the office e.g. below • for everyone • for managers • for workplaces					
Transition to flexible working policy and ensure all staff working from home have a documented working from home plan and have a safe workplace. Review all staff who wish to request to remain working at home.	Provides ongoing flexibility	Will require new ways of working for teams	Yes	EGM P&C	9 May 2022
Propose mandatory vaccination* only for higher risk (e.g. patient/client facing staff) with a tiered approach to vaccination according the role of the employee and associated COVID transmission risks (to be detailed in risk matrix similar to current CHECC PPE and risk control measures chart for staff). ** Note* *A clear exemption process for vaccination is to be in place e.g. contraindications* *A clear process/procedure is to be in place to readily determine for staff to continue working in other CHS workplaces if staff member chooses not to receive vaccination and have a role where vaccination is compulsory.*	Reduction in available workforce and potential future workforce is minimised (which may have resulted in loss of employees expertise and potentially increased other staff and patient safety issues as a result e.g. due to critical workforce shortages) Increases CHS competitive advantage in a tight labour market. Assists in business continuity	Does not provide maximum protection to staff, patients and others on CHS sites due to some staff not being vaccinated (noting that visitors and patients themselves may not be vaccinated and checks are not made on whether they are or not upon entry to CHS facilities)	Yes	EGM – P&C	9 May 2022

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	planning in the event of further outbreaks				
Staggered RTW of staff from working from home/hybrid arrangements in first two weeks of announced RTW date. Managers to offer returning staff the option to: • Attend 60% (approx) of shifts in their usual workplace weeks 1 and 2 of staff returning • 80 % of shifts in weeks 3 and 4 **Mandatory RTW - 100% attendance for all staff in their usual workplace on the commencement of 5rd week** (unless formal approved home based/hybrid arrangements in place).	Allows gradual adjustment and reduction in body and mental stress for staff who RTW after long term WFH/hybrid arrangements. Reduces impact on traffic, carparking etc., Security for replacement lost access cards, ICT issues etc. Allows flexible working arrangements where possible. This will make CHS a more attractive employer, reduce commute times etc.	Nil	Yes	EGM – P&C	June 2022
Notify food and retail on CHS campus of the RTW to enable preparation for greater demand for services e.g. Staff Café TCH, Zouki UCH etc.	Reduces potential capacity issues to deliver food and retail outlets e.g. preparation of more meals by staff café.	Nil	Yes	EGM – IHSS	April 2022

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Risk Assessment Template

Continue Vulnerable staff working from home and implementation of ACTPS WHS guidance for vulnerable workers	Ensures risks are reduced for these workers.	Nil	Yes	EGM – P&C	Ongoing
Review this risk assessment at least every 6 months or sooner as required e.g. in response to COVID outbreaks, changes to risk levels et.c	Ensures that the risk assessment remains current and is updated regularly including in response to outbreaks etc.	Nil	Yes	Senior Director WHS	6 monthly from endorsement of risk assessment

	Consequence	**Likelihood**	**Risk Rating**
Target level of risk *(Level of risk that is aspired to following implementation of risk treatment action plan)*			
RISK 1 – Increased rates of COVID transmission in CHS workplaces due to the RTW of a large number of CHS staff (the vast majority vaccinated) and increased interaction and potential adverse staff/patient outcomes e.g. increased risk of serious illness to patients and staff and associated impact on clinical service delivery.	**Moderate**	**Unlikely**	**Medium**
RISK 2 – Impacts on clinical and non-clinical service delivery due patients/staff getting COVID or being a close contact i.e. increased pressure on services and isolation/reduction of staff	**Moderate**	**Unlikely**	**Medium**
RISK 3 – Increased physical, mental stress and psychosocial impacts to staff who RTW after long term WFH/hybrid arrangements	**Moderate**	**Unlikely**	**Medium**
RISK 4 – Short term disruption to CHS operations and staff wellbeing due to increased volume of staff who RTW at once e.g. increased traffic, carparking, and service capacity pressures	**Moderate**	**Unlikely**	**Medium** (short term)

Likelihood and Consequence Tables

Consequence table

Category of risk	Consequence/outcome				
	Insignificant	Minor	Moderate	Major	Catastrophic
People	Injuries or ailments not requiring first aid treatment and/or psychological impact not requiring treatment from a health professional	Minor injury or First Aid Treatment required and/or psychological impact resulting in reduced ability to perform tasks	Serious injury causing hospitalisation or medium-term reversible disability (e.g. broken bone) or multiple medical treatment cases and/or psychological impact resulting in reduced ability to perform tasks and likely to require ongoing support (e.g. from a health professional)	Life threatening injury (e.g., loss of limb/s) or multiple serious injuries causing hospitalisation and/or permanent disability and/or psychological injury resulting in reduced ability to perform tasks requiring significant psychological treatment	Death or multiple people have life threatening injuries and/or permanent disability/ies and/or psychological injury resulting in inability to perform tasks requiring ongoing significant psychological treatment.
Clinical	• No injury • No review required • No increased level of care	Minor injury requiring: • Review and evaluation • Additional observations • First aid treatment	Temporary loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.	• Permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.	• Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of patient management. • All national sentinel events.
Property and Services	• Minimal or no destruction or damage to property • No loss of service • Event that may have resulted in the disruption of services but did not on this occasion.	• Destruction or damage to property requiring some unbudgeted expenditure • Closure or disruption of a service for less than 4 hours- managed by alternative routine procedures. • Reduced efficiency or disruption of some aspects of an essential service.	• Destruction or damage to property requiring minor unbudgeted expenditure • Disruption to one service or department for 4 to 24 hours - managed by alternative routine procedures • Cancellation of appointments or admissions for number of patients. • Cancellation of surgery or procedure more than twice for one patient.	• Destruction or damage to property requiring major unbudgeted expenditure • Major damage to one or more services or departments affecting the whole facility – unable to be managed by alternative routine procedures. • Service evacuation causing disruption of greater than 24 hours, e.g. Fire/ flood requiring evacuation of staff and patients/clients (no injury); or Bomb threat procedure activation, potential bomb identified, partial or full evacuation required (+/- injury).	• Destruction or damage to property requiring significant unbudgeted expenditure • Loss of an essential service resulting in shut down of a service unit or facility. • Disaster plan activation.
Financial	Less than $5K.	Less than $50K.	Less than $500K.	Less than $1M (Note: Less than $5M for infrastructure related costs.)	Greater than $1M. (Note: Greater than $5M for infrastructure related costs)
Information	Interruption to ICT systems, records and data access less than ½ day and/or system breach to business administration system with no personal or classified information stored	Interruption to ICT systems, records and data access less ½ - 1 day and/or system breach to business administration system with some identifiable information but not client threatening (data access not known)	Significant interruption (but not permanent loss) to ICT systems, records and data access 1-7 days and/or system breach to business administration system but not client threatening (data access not known)	Complete, permanent loss of some records and / or data, or loss of access to ICT systems and/or data for more than 7 days and/or systems breach to business administration system with identifiable/classified information stored but not client welfare threatening.	Complete, permanent loss of/or inability to recover/reconstruct all records and data and/or total loss of confidence in data/record integrity and/or systems breach to Government or business critical systems with client and/or business welfare threatened.
Business Process and Systems	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule and/or insignificant impact on business outcomes and strategic objectives and/or negligible disruption to services or non-essential subsidiary services	Services do not fully meet needs and/or minor impact on business outcomes and strategic objectives and/or non-essential or subsidiary services experience minor disruptions.	One or more key accountability requirements not met and/or inconvenient but not client welfare threatening and/or moderate impact on business outcomes and strategic objectives and/or a number of objectives not met, minor or subsidiary services impaired.	Significant impact on business and/or strategic objectives and/or strategies not consistent with Government's agenda and/or trends show service is degraded and/or key service delivery impaired.	Strategic business outcomes processes fail, control infrastructure failure, critical business objectives not met. Unable to deliver necessary critical services.
Compliance/ Regulation	Non-compliance with CHS policy and procedures which are not legislated or regulated.	Numerous instances of non-compliance with CHS policy and procedures which are not legislated or regulated.	Non-compliance with CHS policy and procedures which require self-reporting to the appropriate regulator and immediate rectification.	Restriction of business operations by regulator due to non-compliance with relevant guidelines and/or significant non-compliance with CHS policy and procedures which threaten business delivery.	Operations shut down by regulator for failing to comply with relevant guidelines/legislation and/or significant non-compliance with CHS procedures which could result in failure to provide business outcomes and service delivery.
Reputation	Internal review and/or minor dissatisfaction across a small number of demographic groups or stakeholders.	Scrutiny required by internal committees or internal audit to prevent escalation and/or moderate dissatisfaction across a small number of demographic groups or several stakeholders.	Local media scrutiny (less than 1 week) and/or scrutiny required by external committees or ACT Auditor General's Office or inquest etc and/or dissatisfaction across a few demographic groups or multiple stakeholders.	Intense public, political and national media scrutiny (less than1 week) e.g. front-page headlines, TV stories and/or Minister/Chief Minister involvement and/or dissatisfaction across a large range of demographic groups and stakeholders.	Adverse finding/s from Assembly inquiry or Commission of inquiry or sustained adverse international media and/or loss of public confidence in Govt or Public Service forcing changes to the machinery of Govt
Environment	Limited effect to something of low significance and/or effects are limited to a small area with rapid recovery	Transient, minor effects and/or minor effects to environment and/or disturbance of native vegetation or waterways.	Moderate, short term harm to environment and/or disturbance of native vegetation or waterways.	Significant medium-term harm to environment and/or disturbance of native vegetation or waterways	Long term harm to the environment and/or widespread and/or severe impact or disturbance of native vegetation or waterways

Likelihood of Risk Event Occurring

Descriptor	Probability of occurrence	Indicative Frequency (Expected to occur)
Almost certain	Occurs more frequently than 1 in 10 tasks.	Is expected to occur in most circumstances.
Likely	1 in 10 – 100	Will probably occur
Possible	1 in 100 – 1,000	Might occur at some time in the future
Unlikely	1 in 1,000 – 10,000	Could occur but doubtful
Rare	1 in 10,000 – 100,000	May occur but only in exceptional circumstances

Risk Matrix

The risk matrix is used for determining the risk rating or level of risk and is derived from the Consequence and Likelihood Tables, providing a qualitative outcome.

			Consequence →				
			Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Likelihood ↑	5	Almost Certain	Medium	High	High	Extreme	Extreme
	4	Likely	Medium	Medium	High	High	Extreme
	3	Possible	Low	Medium	Medium	High	Extreme
	2	Unlikely	Low	Medium	Medium	High	High
↑	1	Rare	Low	Low	Medium	Medium	High

Risk Rating / Priority	Priority and Authority for Action	Escalation Time Frame	Action Plan submission
Extreme	**Intolerable** **Escalate verbally to Chief Executive Officer** Implement a detailed risk treatment action plan to reduce the risk rating	**Within 24 hours**	**1 month or sooner through CPR**
High	**Intolerable** **Escalate to Corporate Plan Review (CPR) Committee and Executive Director** Implement a detailed risk treatment action plan to reduce the risk rating	**Within 7-14 days**	**2 months or sooner**
Medium	**Tolerable** **Escalate to Divisional Senior management** Implement a risk treatment action plan	**4 weeks**	**3 months or sooner**
Low	**Acceptable** **Escalate to Program manager** Manage through existing processes and procedures. Requires periodic monitoring	**8 weeks**	**3-6 months or sooner**