

Ongoing COVID-19 risk register

Date completed:

Government directives and local transmission of COVID-19	Date of last review	Actions required/notes
I monitor the Department of Health website at least once a week for new COVID-19 directives that apply in my state/jurisdiction		<i>Record current directives in force in your jurisdiction</i>
I am aware of the current level of restriction in my jurisdiction/local area: <u>NSW</u> <u>ACT</u> <u>VIC</u> <u>QLD</u> <u>TAS</u> <u>SA</u> <u>WA</u> <u>NT</u>		<i>Record current level of restrictions in your jurisdiction</i>

Date completed:

Government directives and local transmission of COVID-19	Date of last review	Actions required/notes	
<p>I monitor the Department of Health website for updates about current transmission of COVID-19.</p> <p><u>NSW</u></p> <p><u>ACT</u></p> <p><u>VIC</u></p> <p><u>QLD</u></p> <p><u>TAS</u></p> <p><u>NT</u></p> <p><u>WA</u></p> <p><u>SA</u></p>		<i>Record number of community transmissions and active cases in your local government area</i>	
		Post codes	No. of transmissions
<p>I monitor and review my policy on treatment of vulnerable clients in response to local community transmission of COVID-19</p>		<i>Record any changes you have made in response to local community transmission or other factors since your last review</i>	

Date completed:

Government directives and local transmission of COVID-19	Date of last review	Actions required/notes
I have reviewed my screening questions to reflect new COVID-19 transmissions reported in my local area/state		<i>Record current screening questions here</i>

Date completed:

Personal Protective Equipment (PPE)	Date of last review	Actions	
I am aware of Department of Health directives regarding use of PPE in my local area/jurisdiction		<i>Record current jurisdictional/local PPE requirements</i>	
I have checked my clinic stock of PPE:		Number in stock	Reorder required? Y/N
Level 1 surgical masks			
Face shields/eye protection			
Gloves			
Others			

Date completed:

Personal Protective Equipment (PPE)	Date of last review	Actions
I communicate current PPE requirements to clients prior to attending for an appointment		<i>Record any changes that have occurred since the last review</i>

Date completed:

Infection Control	Date of last review	Actions required	
I maintain consistent repeatable protocols for routine cleaning and environmental cleaning		Current cleaning schedule	
		Routine	Environmental
I have revised the frequently touched surfaces register that underpins cleaning protocols between each client		<i>Record any new surfaces you have added to the register since your last review</i>	

Date completed:

Infection Control	Date of last review	Actions required
My appointment schedule allows adequate time for cleaning and <u>ventilation</u> of the clinic (including application and drying time for cleaning products)		<i>Record current time scheduled between appointments</i>
I have an adequate stock of cleaning products/disinfectants		<i>Record current stock on hand</i>

Date completed:

Stress management/ mental health	Date of last review	Actions required/notes
I have strategies in place to have time away from "COVID stress"		<i>List the times you have set aside for downtime / to do something for yourself</i>
I allow myself to celebrate the good stuff		<i>List 5 positive things that have happened this week</i>
I have a self care plan for the coming week		<i>Write down the self care activities you have planned</i>

Date completed:

For multi-practitioner settings	Date of last review/ training	Actions required/notes
I have conducted staff/team member training on COVIDsafe protocols and requirements		<i>Attach record or link to resources/outcomes from last training session and list any required follow up or action items</i>
I have engaged staff/team members in the risk assessment process and ongoing review of hazard and control measures		<i>List any modifications required or new protocols to be implemented</i>
I have supported staff/team members to help them respond to any resistance from clients in relation to COVID protocols in the clinic		<i>List resources that have been supplied or any that could be developed to support team members</i>

Date completed:

For multi-practitioner settings	Date of last review/ training	Actions required/notes
I have informed staff/team members about pandemic leave entitlements and reinforced the need to stay home if unwell		<i>Record current provisions for COVID-19 leave</i>
I have reviewed policy for protecting vulnerable staff at risk of serious illness from COVID-19		<i>Record any changes you have made in response to local community transmission or other factors since your last review</i>



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