

Risk Register Covid-19 – Cross-cutting Whole of NPHE Risks

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
1.	<p>NPHE not supplied with sufficient data and information to provide for full situational awareness and real time understanding of the prevailing epidemiological situation or to enable appropriate decision making</p> <p>Risk that modelling outputs prove inaccurate</p>	High	<p>High –</p> <p>NPHE unable to have confidence in making recommendations to the Government;</p> <p>Potential that recommendations made prove incorrect</p>	Development of new data flow and real time reporting by HSE; GeoHive; CRM;	HSE
2.	<p>Public health capacity constraints impact on ability to undertake enhanced surveillance and data analysis, prepare daily reports, undertake testing, manage outbreaks of Covid-19 and respond to the disease in terms of testing, isolating and contact tracing</p> <p><i>As such, risks relating to:</i></p> <ul style="list-style-type: none"> - <i>Lack of business intelligence</i> - <i>Testing capacity</i> - <i>Contact tracing arrangements</i> - <i>Ability to respond to outbreaks</i> - <i>Sustainability of isolating measures</i> - <i>Capacity to provide sufficient and timely public health advice and guidance</i> <p><i>are identified</i></p>	Medium	<p>High –</p> <p><i>lack of up to date and accurate business intelligence means that reliable</i> epidemiological data to inform pandemic response is not available;</p> <p>Testing capacity unable to meet the demand required;</p> <p>Inability to support contact tracing for complex cases;</p> <p>Inability to exit social distancing measures</p>	<p>Work underway to urgently increase staffing capacity in public health.</p> <p>New laboratory testing capacity being developed, supplies of swabs and reagents being secured, expanded contact tracing operation;</p> <p>Accurate utilisation of existing and development of new data sources and systems to ensure accurate and timely analysis</p>	HSE
3.	<p><i>Availability of workforce at levels required to provide services</i> prove insufficient to respond to service demands</p> <p>Risk of nosocomial infection further impacts</p>	High	High	<i>Ireland on Call'</i> initiative; fast track recruitment and professional re-registration processes; <i>accelerated training; engagement with</i>	DOH/HSE

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	on staff availability			<p><u>representative bodies; public contract to Private Hospital Consultants</u></p> <p>Staff Accommodation Arrangements being considered by HSE to reduce risk of nosocomial transmission</p> <p><u>Possible use of alternative staff sourced from e.g. private contractors, the Defence Forces</u></p> <p><u>PPE and enhanced protection measures being put in place</u></p>	
4.	Inability to provide care (related to both Covid-19, <u>emergency</u> and urgent elective care) due to insufficient bed or staffing numbers, or infrastructural deficits	Medium	High – Inability to provide care for acutely and critically ill patients which will lead to increased patient morbidity /mortality	<p>Significant funding for additional <u>acute care and critical care</u> capacity both in acute hospitals and <u>additional capacity in</u> the community</p> <p>fast track recruitment and professional re-registration processes; accelerated training programmes; Implementation of measures mandated by NPHET to reduce risk of nosocomial infection and ensure focus on outbreak prevention</p>	HSE

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
5.	<p>Postponing of elective care</p> <p>Patients choosing not to attend for urgent acute non-Covid-19 related care</p>	Medium	<p>High</p> <p><u>Risk that hospital services will be in excessive demand as Covid-19 related restrictions are eased</u></p> <p><u>Risk of increased morbidity and mortality due to non-COVID conditions</u></p>	<p>Parallel Hospital Framework and subsequent measures to protect time critical essential, non COVID-19 care, mandated by the NPHE; ethical guidance to support decision-making that treats all patients equally; Private Hospitals agreement.</p> <p>Comms messaging around 'business as usual' to encourage patients to attend EDs</p>	HSE/DOH
6.	<p>Insufficient supply of <u>safe, effective (e.g. CE marked)</u> PPE, equipment, medical gases and medicines</p>	<p><u>PPE – High</u></p> <p><u>Medical Devices – High</u></p> <p><u>Medicines - Medium</u></p>	<p>High –</p> <p>Risk of nosocomial spread;</p> <p><u>Reduction of staff availability due to illness</u></p> <p><u>care of acutely unwell and critically ill patients will be compromised;</u></p> <p><u>Risk of employer not being able to meet duty of care to employees (HAS)</u></p> <p><u>Uncertainty and pressure on front line staff</u></p> <p><u>Risk of candidate drugs for treatment of COVID-19 being unavailable for other clinical indications</u></p>	<p>Adoption of enhanced, integrated, strategic approach to procurement</p> <p><u>Mechanism to enable swift decision making and decisive action around deal closure required</u></p>	DOH/HSE

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
7.	Challenge to protect vulnerable residents in <i>Long Term Residential Care (LTRC)</i> setting due to the non-homogenous, non-clinical nature of the sector (i.e. predominately private providers, weak formal links to HSE structures and safety nets, high staff turnover and weak clinical governance, regulated as a home not a clinical setting)	High	High – transmission rates in LTRC settings and increased risk of broader community transmission.	<ul style="list-style-type: none"> • Additional HSE supports provided to sector (operational and clinical) • Continuous review of international evidence in relation to the sector an COVID-19 • Guidance on protecting those over 70 and those medically vulnerable to COVID-19 (cocooning) • Enhanced measures recommended by NPHE on 31 March and 3 April. • Financial Assistance Scheme established. 	HSE
8.	Ethics Guidance is applied in an inconsistent manner across the healthcare system.	Medium	High Impact <u>Potential inequities in prevention and control and treatment of infection</u>	<ol style="list-style-type: none"> 1. Ethics subgroup to liaise with HSE to ensure rapid dissemination of ethical guidance. 2. All ethical guidance to be added to the Covid-19 HSE Clinical Guidance and Evidence repository 	DoH and HSE
9.	Reduction in compliance with public health guidance due to either a significant ‘counter movement’ or reduced comprehension (and implementation) by certain groups of key behaviours, as well as risk of adverse mental health and wellbeing impacts	Medium	High – Increased risk of transmission of virus; Erosion of trust in public health communications; Reduced mental health and wellbeing which will impact on other behaviours.	<p>Continued articulation of the ‘why’ of measures and importance for public good. Continued monitoring of public attitudes. Communication around ‘end in sight’/hope;</p> <p>Mental Health & wellbeing initiative (including</p>	DOH/HSE / Wider Govt.

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
			<p>Increased demand for mental health services.</p> <p>Potential increase in alcohol, drug use or other behaviours with implications for health and other services</p> <p><u>Risk of a 'second wave' rapid increase in transmission</u></p>	<p>promotion of online mental health services) and Communications messages;</p> <p>Continue to identify higher risk groups and develop specific messaging and/or resources to support comprehension and compliance</p>	

Risk Register Covid-19 – Break Down by Sub-Group

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
Acute Hospital Preparedness	Nosocomial infection	High	High. Workforce depletion. Increased morbidity and mortality	Implementation of the specific measures mandated by NPHET to reduce risk and ensure focus on outbreak prevention	HSE
	Insufficient bed capacity	Medium	High. Inability to provide care for acutely ill and critically ill patients which will lead to increased patient morbidity /mortality	Significant funds have been provided to fund additional capacity both in acute hospitals and the community	HSE
	Insufficient workforce to staff additional beds	High	High. Inability to provide appropriate care for acutely ill and critically ill patients	'Ireland on Call' initiative; fast track recruitment and professional re-registration processes; accelerated training programmes.	DoH/HSE
	Negative impact on the mental health of the acute hospital workforce	Medium	High; Absenteeism; long term impact of moral injury	Provide ongoing and focussed occupational health support	HSE
	Difficulties in the nursing home/long term residential care sectors will result in additional hospital admissions and place increased pressure on acute hospitals	High	High. Patients not receiving care in the most appropriate setting; inefficient use of acute hospital resource	Package of measures to support the nursing home/long term residential care sectors	HSE
	The ability/capacity to maintain full maternity services in 19 maternity	Medium	Medium. Women may have to travel to another hospital for	'Ireland on Call' initiative; fast track recruitment and	HSE

NPHE T Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	hospitals/units due to staffing shortages		intra partum care	professional re-registration processes.	
	Accelerated training programme which is being rolled out to upskill ICU nurses	Medium	High. Care of acutely unwell and critically ill patients might be compromised	Through rostering, ensure that a sufficient level of supervision is provided within ICUs	HSE
	Insufficient supply of PPE, technical and other equipment, medical gases and medicines and vaccines when available	High	High. Risk of nosocomial spread; care of acutely unwell and critically ill patients will be compromised	Adoption of strategic approach to procurement	HSE
	Infrastructural deficiencies will limit hospitals' capacity to support medical gas supply to additional ventilators /critical care beds	Low	High. Oxygen flow will not be sufficient to meet the requirement for patient ventilation	HSE Estates assisting hospitals to enhance medical gas capacity and improve the resilience of supply	HSE
	Storage and usage of a large quantity of CD cylinders poses a fire risk	Low	High. Harm to staff, patients and infrastructure	Provision of appropriate training for staff	HSE
	Failure to protect urgent elective work	High	High. Increased morbidity /mortality	Parallel Hospital Framework and subsequent measures to protect time critical essential, non COVID-19 care, mandated by the NPHE T; ethical guidance to support decision-making that treats all patients equally; Private Hospitals agreement.	HSE

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	Failure of patients to attend acute hospitals for emergency treatment	High	High. Increased morbidity /mortality	Comms messaging around 'business as usual' to encourage patients to attend EDs	HSE
	Continued postponement of non-urgent elective work over medium term	High	High. Increased morbidity	A focussed initiative will be required to address the backlog when normal services resume	HSE
	Failure of patients to attend GP for conditions that require assessment or diagnosis	High	High. Delayed diagnosis could give rise to increased morbidity/ mortality	Comms messaging to encourage patients to attend GP if necessary; availability of virtual OP consultations	HSE
	Increased emergency ambulance response times due to elongated infection control procedures; delays in turnaround at EDs	Medium	High. Delay in transferring patients to hospitals could give rise to increased mortality/ morbidity	Escalate delays in line with the <i>Ambulance Turnaround Framework</i>	HSE
	Insufficient mortuary capacity	Medium	High. Inability to store bodies appropriately and respectfully	Actions being undertaken in line with the Mortality Plan developed by the Covid-19 Mortality, National Coordination Group including; additional temporary capacity at HSE mortuaries; additional capacity at national level	HSE
	Lack of timely data provided to the NPHET to	Medium	High. Insufficient evidence to inform	Timely completion of data on CRM and daily	HSE

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	inform decision making		decisions	reporting on same	
<u>Medicines and Medical Devices</u>	<p><u>ICU devices (e.g. ventilators and CRRT machines) – highly competitive global market in which supply does not match demand.</u></p> <p><u>Risk of counterfeit devices.</u></p> <p><u>Reliance on devices outside EU standards.</u></p> <p><u>Transport issues</u></p> <p><u>Export restrictions, including those on consumables.</u></p>	<u>High</u>	<u>Insufficient ICU capacity for critically ill patients.</u>	<p><u>224 new ventilators received since Covid-19 outbreak up to 27 April.</u></p> <p><u>Subject to receiving delivery of all orders by the end of April as scheduled, HSE should have sufficient ventilator capacity to meet anticipated surge demand</u></p>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<u>Supply of testing reagents and equipment facing global shortages.</u>	<u>High</u>	<p><u>Significantly reduced testing capacity.</u></p> <p><u>Excess use of PPE</u></p>	<p><u>New testing methods will be required.</u></p> <p><u>Second German testing laboratory sourced.</u></p> <p><u>HSE has placed orders for 100,000 test kits per week until the end of June 2020</u></p>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<p><u>Huge volumes of PPE required:</u></p> <ul style="list-style-type: none"> - <u>Volatile global market, with supply not aligned to demand</u> 	<u>Medium</u>	<u>Increased transmission risk among healthcare workers</u>	<u>Strategic procurement.</u>	<u>HSE</u>

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	<p><u>globally.</u></p> <ul style="list-style-type: none"> - <u>Risk of scam given market competition.</u> - <u>Export restrictions.</u> - <u>Reliance on PPE outside EU standards</u> - <u>Manufacturing shutdowns</u> <p><u>Transport issues – compounded by huge volumes</u></p>				
<p><u>Medicines and Medical Devices</u></p>	<p><u>Hand sanitiser: high volumes required of gel and of plastic bottles.</u></p> <p><u>Manufacturing shutdowns</u></p>	<p><u>Low</u></p>	<p><u>Increased transmission risk in healthcare settings and community.</u></p>	<p><u>Indigenous suppliers activated</u></p>	<p><u>HSE</u></p>
<p><u>Medicines and Medical Devices</u></p>	<p><u>Haemodialysis equipment and consumables: increased demand per-patient among Covid-19 patients in ICU and post-ICU step-down care.</u></p> <p><u>Manufacturing shutdowns and global shortages</u></p>	<p><u>Low</u></p>	<p><u>Insufficient renal care.</u></p>	<p><u>Reassurances sought and received from some suppliers of consumables</u></p>	<p><u>HSE</u></p>
<p><u>Medicines and Medical Devices</u></p>	<p><u>Oxygen delivery infrastructure within hospitals</u></p>	<p><u>Medium</u></p>	<p><u>Insufficient oxygen supply in ICU setting</u></p>	<p><u>Report received from HSE Estates on available and planned infrastructure</u></p> <p><u>HBS have completed some upscaling works and more are planned. Plant upgrade in UL underway.</u></p>	<p><u>HSE</u></p>

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
<u>Medicines and Medical Devices</u>	<u>Supply of medical oxygen to hospitals and long-term residential care.</u>	<u>Medium</u>	<u>Insufficient oxygen supply for critically ill Covid patients</u>	<u>Increased orders of industrial oxygen, in case authorised medical oxygen supplies constrained.</u> <u>Work underway to facilitate Ministerial granting of temporary authorisation for potential suppliers</u>	<u>HPRA / HSE / DoH</u>
<u>Medicines and Medical Devices</u>	<u>ICU medicines, especially neuromuscular blockers</u> <u>High demand globally</u> <u>Supply chain disruption due to Covid-19</u> <u>Export restrictions</u>	<u>Medium</u> <u>Increases as ICU bed capacity increases;</u> <u>Clarity on level of risk dependent on modelling data</u>	<u>Insufficient care capacity for critically ill patients</u>	<u>Clinicians to use full range of medicines with therapeutic class.</u> <u>Submission for participation in European Joint Procurement Procedures</u>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<u>Impact of medicine export restrictions.</u> <u>UK – exempt medicinal products</u> <u>France list of medicines banned for export.</u> <u>India – restricted exports of certain APIs</u>	<u>UK exports: medium to high</u> <u>French ban: medium</u> <u>Indian restrictions: low (will take time to impact local supply chains)</u>	<u>Shortages of medicines for treatment of Covid-19 patients and continuity of care for other patients</u>	<u>UK : seeking clarity on nature and application of restrictions from UK DHSC</u> <u>France: supporting CION work towards easing export bans.</u> <u>India: securing supplies of affected medicines through alternative sources</u>	<u>DoH / HPRA</u>
<u>Medicines and Medical Devices</u>	<u>General supply of medicines into Ireland</u>	<u>Low</u>	<u>Shortages of medicines for continuity of care for non-Covid patients</u>	<u>Active engagement with makers of medicines and wholesalers, to identify</u>	<u>DoH / HPRA / HSE</u>

NPHE T Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
				<u>emerging specific risks</u>	
<u>Medicines and Medical Devices</u>	<p><u>Proliferation of clinical trials outside of a national, prioritised approach.</u></p> <p><u>Supply of medicines to clinical trials will be from existing supply chains</u></p>	<u>Medium to high</u>	<u>Insufficient resourcing of trials</u>	<u>Centralised oversight of clinical trials</u>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<u>Supply of certain medicines from select suppliers, e.g. TPN: manufacturing disruptions due to staff illness/absenteeism</u>	<u>Low</u>	<u>Shortages of specific medicines affecting vulnerable patient cohorts</u>	<u>Manufacturers working altered shift patterns with new protocols in place</u>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<u>Supply of medicine through community pharmacy: Closures due to illness, absenteeism, and credit flow issues between pharmacies and wholesalers</u>	<u>Medium</u>	<u>Pharmacy closures, impacting medicine supply to community</u>	<u>Community Pharmacy Contingency Planning forum established</u>	<u>HSE</u>
<u>Medicines and Medical Devices</u>	<p><u>If authorised medicines are unavailable magistral preparations could be prepared .</u></p> <p><u>However, there is little or no capacity for hospital pharmacies to compound alternative products</u></p>	<u>Low</u>	<u>Shortages of specific medicines affecting vulnerable patient cohorts</u>	<u>tbc</u>	<u>HSE</u>
Vulnerable People Subgroup	Vulnerable groups in society not identified and the required public health, and operational measures, not put in place in a timely manner to contain	LOW	High transmission rates among vulnerable groups	<ul style="list-style-type: none"> • Whole of Government approach with all Department/Agencies required to have preparedness plans in 	Responsibly of relevant Department e.g. DHPLG for Homeless Sector

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	outbreaks of COVID-19.			place. <ul style="list-style-type: none"> • NPHET Subgroup on Vulnerable People established. • HSE Vulnerable People group established to lead on HSE operational issues. 	
	Challenge to protect vulnerable residents in <i>Long Term Residential Care (LTRC)</i> setting due to the non-homogenous, non-clinical nature of the sector (i.e. predominately private providers, weak links to HSE structures and safety nets, high staff turnover and weak clinical governance, regulated as a home not a clinical setting)	HIGH	High transmission rates in LTRC settings and increased risk of broader community transmission.	<ul style="list-style-type: none"> • Additional HSE supports provided to sector (operational and clinical) • Continuous review of international evidence in relation to the sector on COVID-19 • Guidance on protecting those over 70 and those medically vulnerable to COVID-19 (cocooning) • Enhanced measures recommended by NPHET on 31 March and 3 April. • Financial Assistance Scheme established. • HIQA regulatory and risk assessment role 	HSE
	Lack of accurate, timely information available from HSE on community outbreaks of COVID-19, and related operational	HIGH	Delays in putting in measures required to tackle the spread of the disease in the community.	<ul style="list-style-type: none"> • CRM system prioritised 	Dept. of Health & HSE

NPHEH Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	matters, impacting on the ability of the system to manage risk and put in place appropriate measures.				
	Lack of access to PPE and other essential medical supplies	HIGH	Patient and staff safety and quality of care compromised	• Clear pathways for access to PPE and other essential medical supplies in place	HSE
<u>Workforce Subgroup</u>	<u>Maximising & Expanding the Workforce</u>				
	<u>Availability of workforce at required levels to provide services - Inability to provide appropriate care to ill patients and working conditions for staff</u>	<u>High</u>	<u>High</u>	<u>'Ireland on Call' initiative; fast track recruitment and professional re-registration processes; accelerated training programmes.; redeployment protocols; engagement with representative bodies; public contract to Private Hospital consultants.</u>	<u>DOH/HSE</u>
	<u>Indemnity – redeployment of SNAs to S.39s</u>	<u>Medium</u>	<u>High</u>	<u>Proactive discussions at senior level to remove barriers. SCA engagement to assist with resolution.</u>	<u>DOH/HSE</u>
	<u>Temporary Reassignment Scheme for SNAs – garda vetting delays</u>	<u>Medium</u>	<u>Medium</u>	<u>Re-vetting of first 1,500 SNAs likely as role description an issue. Extra resource being put in place.</u>	<u>HSE / PAS</u>
	<u>Difference between public</u>	<u>High</u>	<u>Medium</u>	<u>DEASP payment of</u>	<u>DOH/PER</u>

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	<u>and private Sector essential health care workers (Agency staff, nursing homes and S.39) COVID related absence pay is a barrier to recruitment and retention</u>			<u>€350 available for those on Covid related absence. Ongoing engagement between PER and DOH.</u>	
	<u>Significant numbers of staff not being able to come to work due to caring duties, especially childcare</u>	<u>Medium</u>	<u>Medium</u>	<u>Paper of supports agreed at sub-group of the SOG on Covid-19 and consideration of measures as part of reduction of social distancing measures.</u>	<u>DOH / DCYA/ PER/Senior Officials Group</u>
	<u>Staff Supports & Protection</u>				
	<u>Staff living with at risk / vulnerable people</u>	<u>Medium</u>	<u>Medium</u>	<u>Staff Accommodation Arrangements being consider by HSE</u>	<u>HSE</u>
	<u>Availability of PPE for staff in line with public health guidance, including mandatory mask wearing in certain circumstances and training</u>	<u>High</u>	<u>High</u>	<u>Obtain updated information from relevant subgroup on provision of PPE</u>	<u>DOH/HSE</u>
	<u>Priority Testing for staff</u>	<u>Low</u>	<u>High</u>	<u>Testing being significantly ramped up</u>	<u>HSE</u>
	<u>Proportion of staff contracting Covid 19, pattern of infections and availability of data on impact of infection among HCW (lack of data on NIMs).</u>	<u>High</u>	<u>High</u>	<u>Guidance issued in line with public health advice PPE and enhanced protection measure being put in place; For staff contracting Covid 19 outside workplace,</u>	<u>HSE</u>

NPHEP Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
				accommodation measure should reduce the risk where taken up; Occupational Health guidance	
	Mental health of Health Sector Workforce - Absenteeism; long term impact of moral injury	Medium	High	Provision ongoing and focussed occupational health support	HSE
Health Legislation					
Pandemic Ethics Advisory	Misinterpretation of ethics guidance leading to public concern.	2. Possible	4. Significant but containable impact	1. Ethical guidance written in an accessible way. 2. Key points document provided with each paper to ensure the information is presented in digestible manner. 3. All ethical guidance published for transparency and accountability.	DoH
	Ethics Guidance is applied in an inconsistent manner across the healthcare system.	3. Possible	4. High Impact	1. Ethics subgroup to liaise with HSE to ensure rapid dissemination of ethical guidance. 2. All ethical guidance to be added to the Covid-19 HSE Clinical Guidance and Evidence repository	DoH and HSE

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
Behavioural Change	Significant 'counter movement' leading to reduction in compliance with public health measures	Medium but potentially increasing over time	Reduction in motivation or ability to comply with behaviours necessary to control spread. Erosion of trust in public health communications	Continued articulation of the 'why' of measures and importance for public good. Continued monitoring of public attitudes. Communication around 'end in sight'/hope	DH Wider Gov
	Adverse Mental Health & Wellbeing impacts	Medium	Reduced mental health and wellbeing which will impact on behaviours. Increased demand for mental health services. Potential increase in alcohol, drug use or other behaviours with implications for health and other services	Mental Health & wellbeing initiative (including promotion of online mental health services) and Communications messages	DH, HSE Wider Gov
	Reduced comprehension (and implementation) by certain groups of key behaviours	Medium	Higher levels of risk and virus spread in particular groups	Continue to identify higher risk groups and develop specific messaging and/or resources to support comprehension and compliance	DH, NPHET
Guidance and Evidence Synthesis	There is a risk that evidence synthesis and guidance work will be duplicated	Moderate	Wasted effort by scarce evidence synthesis /guidance resources and unavailability to undertake other evidence synthesis / guidance work of value	Database of evidence synthesis commissioned by NPHET, NPHET EAG, NPHET subgroups or DoH as part of the COVID-19 response Database of HPSC public health guidance	Subgroup membership

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
				and HSE clinical guidance	
	There is a risk that evidence synthesis to inform key decisions by NPHET, NPHET EAG or NPHET subgroups will not be available in a timely manner	Moderate	Decisions taken not informed by the best available evidence	Minimising duplication to maximise the available capacity. Leveraging off all capacity available to support evidence synthesis requests in a timely manner. Prioritisation of evidence synthesis requests to ensure timely response.	Subgroup membership
	There is a risk that evidence synthesis or guidance development will not be of adequate quality	Moderate	Incorrect decisions or incorrect guidance leading to poor outcomes	Promotion of a quality assurance approach to evidence synthesis and guidance development	Subgroup membership
Irish Epidemiological Modelling Advisory Group					