

24 March 2020

[Novel coronavirus \(COVID-19\)](#) | [Health professionals](#)

Frontline COVID-19 advice Increasing presentations, vulnerable staff, coronial reporting

As of 06:00 hrs. 24 March 2020, Queensland and Australia have 319 and 1,823 confirmed cases of COVID-19 respectively (Source: [Australian Government](#)).

To put this in some perspective, just one week ago on 17 March 2020, Queensland had 78 confirmed cases. These figures clearly demonstrate COVID-19's potential for exponential growth.

This growth will continue as Queenslanders returned home from overseas and cruise ships late last week.

COVID-19 will again place increased pressure on our hospitals in coming days. Around 20 per cent of patients diagnosed with COVID-19 develop more serious symptoms at around 7-9 days of their illness. Some of this cohort are likely to require admission this week, and this trend will continue for many weeks ahead.

Vulnerable staff

Certain staff, like any member of our community, will be at higher risk from COVID-19.

Older employees and those with serious chronic medical conditions (e.g. heart disease, diabetes, lung disease) may be particularly at risk.

Please ensure you talk to these staff about alternative work arrangements, redeployment to another work unit or location, carrying out alternative duties, or accessing annual or long service leave.

More information on staff wellbeing for COVID-19 can be found on the [Queensland Health Intranet](#) (you must be on a QH device to access this information).

Ethical framework for clinician decision making

The first draft of this framework is expected to be shared for rapid consultation this week, with the endorsed framework distributed the following week. Thank you for your patience as we put the framework through necessary and stringent review.

Coronial reporting

A death known or suspected to most likely to be from COVID-19 will generally NOT need to be reported to the coroner.

A COVID-19 death will only be reportable to the coroner if:

- the death is a death in custody or a death in care; or
- the person died as a result of the care they received or did not receive, for example, a missed diagnosis or failure to treat COVID-19.

However, a COVID-19 death will NOT be reportable for failure to provide health care because of inadequate resourcing in the event of an overwhelming demand for critical care services provided clinical decision-making for the person is consistent with the Australian and New Zealand Intensive Care Society (ANZICS) COVID-19 Guidelines of 16 March 2020. For more information, please refer to the information sheet regarding the [reportability of COVID-19](#).

Further information

For further information for clinicians, please visit our novel coronavirus (COVID-19) [website](#) and [FAQs](#).

Your [feedback and questions](#) are welcome and we'll work with the State Health Emergency Coordination Centre (SHECC) to provide definitive answers and advice.

Kind regards,

Dr Alex Markwell, Chair, Queensland Clinical Senate

Prof. Liz Kenny, Chair, Queensland Clinical Networks Executive



We're intentionally distributing this information to the broader Queensland healthcare community to ensure as many frontline staff as possible have access to relevant information. **We encourage you to share this information** with your colleagues (including administration and operational staff).

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