



On the Radar

Issue 538

22 November 2021

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

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On the Radar

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Consultation on Draft National Safety and Quality Mental Health Standards for Community Managed Organisations

<https://www.safetyandquality.gov.au/our-work/mental-health/national-safety-and-quality-mental-health-standards-community-managed-organisations>

The Australian Commission on Safety and Quality in Health Care has released the draft *National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs)*.

The Commission is requesting input from CMOs, consumers, carers, members of the CMO workforce and other stakeholders to help shape the development of the standards before they are finalised and published in 2022.

Feedback can be provided via participation in a focus group or a written submission.

The Commission is holding a series of online focus groups between November and December 2021. The focus groups will be facilitated by David McGrath, Executive Lead, Mental Health Standards, and will give stakeholders an opportunity to discuss the NSQMH Standards for CMOs, provide feedback and ask questions.

Find out more and register to attend a focus group at <https://www.eventbrite.com.au/o/australian-commission-on-safety-and-quality-in-health-care-32829455729>

The consultation is open until midnight (AEDT) on Friday **21 January 2022**.

Reports

Delayed hospital handovers: Impact assessment of patient harm

Association of Ambulance Chief Executives

London: Association of Ambulance Chief Executives; 2021. p. 43.

DOI	https://aace.org.uk/news/handover-harm
Notes	The delayed handover from ambulance to hospital (sometimes termed “ramping”) can have consequences for patients, particularly when those delays are prolonged. This report from the UK’s Association of Ambulance Chief Executive. The assessment was undertaken in all ten English NHS ambulance services with a structured clinical review of a sample of cases from 4 January 2021. The report found that when handover from ambulance clinician to hospital clinician was delayed beyond 60 minutes some 85% of patients were assessed as having potentially experienced some level of harm; 53% low harm, 23% moderate harm and 9% experienced severe harm.

Journal articles

Non-biomedical factors affecting antibiotic use in the community: a mixed-methods systematic review and meta-analysis

Sun R, Yao T, Zhou X, Harbarth S, Lin L

Clinical Microbiology and Infection. 2021 [epub].





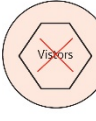





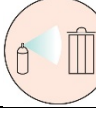

DOI	https://doi.org/10.1016/j.cmi.2021.10.017
Notes	This systematic review and meta-analysis sought to examine the non-biomedical factors that influence the use of antibiotics. Based on 71 articles, the analyse reveal that ‘Prevalent non-prescription antibiotic uses and irresponsible prescriptions were reported globally, especially in low-to-middle income countries’. The presence of barriers to healthcare were found to influence the use of antibiotics. Problems of substandard or counterfeit were noted due to lack of oversight and regulation and

weak supply chains. Analysis also revealed that ‘attitudes towards self-medication with antibiotics, relatives having medical backgrounds, older age, living in rural areas, and storing antibiotics at home to be risk factors for self-medication with antibiotics.’

Infection control in the intensive care unit: expert consensus statements for SARS-CoV-2 using a Delphi method

Nasa P, Azoulay E, Chakrabarti A, Divatia JV, Jain R, Rodrigues C, et al

The Lancet Infectious Diseases. 2021 [epub].

DOI	https://doi.org/10.1016/S1473-3099(21)00626-5	
Notes	<p>Using a Delphi process, multidisciplinary experts, including those from low-income and middle-income countries, reached broad consensus on infection control measures for SARS-CoV-2 in intensive care units. Key messages include:</p>	
	<ul style="list-style-type: none"> • Patients with COVID-19 should be separated from other patients • Health-care workers should be vaccinated against COVID-19 and wear full personal protective equipment, including an N95 mask and face shield for routine care of patients with COVID-19 • Routine testing of health-care workers for SARS-CoV-2 infection is not recommended • Hand hygiene, infection control surveillance, antimicrobial stewardship, environmental disinfection, and waste separation should be carried out as for patients without COVID-19 • Ideal practice might be amended if facilities or equipment are unavailable. 	
	 <p>Placement of patients with COVID-19, and ICU design and engineering 1 Patients with suspected and confirmed COVID-19 should be separated from other patients without COVID-19 and from each other 2 Patients with COVID-19 should be placed in an AIIR if available, or grouped together with at least a metre distance between beds 3 Optimal design requirements of an AIIR include negative differential pressure and six or more air changes per hour 4 Telemedicine ICU or remote monitoring can be used if available, to limit avoidable patient contact</p>	 <p>PPE 1 Coverall or gown, an N95 mask, surgical gloves, and goggles or a face shield should be used for AGPs 2 An N95 mask with a face shield are acceptable face protection for routine care 3 In case of mask shortages, extended use of an N95 mask during a single shift should be preferred over other strategies 4 Steps for performing a sterile procedure should include doffing of existing PPE, scrubbing up, and donning fresh PPE with sterile gown and gloves</p>
	 <p>Health-care workers 5 The optimal shift duration should be between 6–12 h 6 Nursing staff caring for patients with COVID-19 should not manage patients without COVID-19 during the same shift 7 When symptomatic, or in case of unprotected exposure to a patient with COVID-19, health-care workers (whether or not vaccinated against COVID-19) should be tested for COVID-19 infection and isolated 8 All health-care workers should be vaccinated against SARS-CoV-2</p>	 <p>Hand hygiene 5 Hand hygiene should be practised after removing used gloves and before donning a fresh pair of gloves between patients</p>
	 <p>Visiting policy 9 A reduced visiting policy (limited by number of visits, duration, people, or tailored to specific situations, such as end-of-life care or paediatric patients) should be followed</p>	 <p>Discontinuation of transmission-based precautions 6 Depending on available resources, transmission-based precautions for a patient with severe COVID-19 should be discontinued either 20 days from the onset of symptoms or at 10 days from the onset of symptoms with substantial resolution of symptoms and two negative RT-PCR reports</p>
	 <p>Infection control surveillance 10 Intensivists and nurses working in ICUs should be directly involved in the surveillance of infection control practices</p>	 <p>AGPs 7 Nebulisation, high-flow nasal oxygen therapy, non-invasive ventilation, bag-mask ventilation, tracheal intubation, open suctioning (oral or tracheal), bronchoscopy, tracheal extubation, and performing tracheostomy should be considered as AGPs 8 AGPs should preferably be performed in AIIRs 9 Tracheal intubation should be performed using a videolaryngoscope if available, by the most experienced airway operator available, wearing appropriate PPE, to increase first-pass intubation success and reduce aerosol transmission</p>
	 <p>Antimicrobial stewardship 11 The principles of judicious use of antibiotics (antimicrobial stewardship) should not be altered</p>	 <p>10 Use of an AIIR, closed-suction system, and a ventilatory circuit with appropriate pathogen filters should be considered to prevent aerosol transmission</p>
	 <p>Waste management, cleaning, and disinfection 12 Waste separation and disposal should be similar to that practised for any other infectious disease 13 Surface cleaning with diluted sodium hypochlorite should be the preferred method of cleaning, both during patient stay and following discharge</p>	 <p>11 The timing of tracheostomy to facilitate weaning from invasive mechanical ventilation should be the same as in patients without COVID-19; percutaneous tracheostomy (with or without bronchoscopy) should be the preferred technique, if feasible 12 Diagnostic respiratory procedures (eg, bronchoalveolar lavage and protected specimen brush) should be performed as for patients without COVID-19</p>

Associations of person-related, environment-related and communication-related factors on medication errors in public and private hospitals: a retrospective clinical audit

Manias E, Street M, Lowe G, Low JK, Gray K, Botti M
 BMC Health Services Research. 2021;21(1):1025.

DOI	https://doi.org/10.1186/s12913-021-07033-8
Notes	<p>The aim of the study reported here was to determine the associations of person-related, environment-related and communication-related factors on the severity of medication errors. This study examined medication errors in two Australian services comprising 16 hospitals. One health service was a private, non-profit organisation comprising nine hospitals, while the other was a public organisation involving seven hospitals. The study was a retrospective clinical audit of 11,540 medication errors that was undertaken over an 18-month period. Findings included:</p> <ul style="list-style-type: none"> • Medication errors caused by doctors, or by pharmacists, or by patients or families compared to those caused by nurses or midwives were significantly associated with reduced odds of possibly or probably harmful medication errors. • The presence of double-checking of medication orders compared to single-checking was significantly associated with reduced odds of possibly or probably harmful medication errors. • The presence of electronic systems for prescribing and dispensing were significantly associated with reduced odds of possibly or probably harmful medication errors compared to the absence of these systems. • Insufficient counselling of patients, movement across transitions of care, presence of interruptions, presence of covering personnel, misread or unread orders, informal bedside conversations, and problems with clinical handovers were associated with increased odds of medication errors causing possible or probable harm. • Patients or families were involved in the detection of 1100 (9.5%) medication errors.

For information on the Commission’s work on medication safety, see <https://www.safetyandquality.gov.au/our-work/medication-safety>

BMJ Quality & Safety

December 2021 - Volume 30 - 12

URL	https://qualitysafety.bmj.com/content/30/12
Notes	<p>A new issue of <i>BMJ Quality & Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Addressing quality in surgical services in sub-Saharan Africa: hospital context and data standardisation matter (Tihitena Negussie Mammo, Thomas G Weiser) • Editorial: Diagnostic errors and harms in primary care: insights to action (Greg Rubin, Ashley N D Meyer) • Editorial: Interruptive alerts: only one part of the solution for clinical decision support (Yogini H Jani, Bryony Dean Franklin) • Improving surgical quality in low-income and middle-income countries: why do some health facilities perform better than others? (Shehnaz Alidina, Pritha Chatterjee, Noor Zania, Sakshie Sanjay Alreja, Rebecca Balira, David Barash, Edwin Ernest, Geoffrey Charles Giiti, Erastus Maina, Adelina Mazhiqi, Rahma Mushi, Cheri Reynolds, Meaghan Sydlowski, Florian Tinuga, Sarah

	<p>Maongezi, John G Meara, Ntuli A Kapologwe, Erin Barringer, Monica Cainer, Isabelle Citron, Amanda DiMeo, Laura Fitzgerald, Hiba Ghandour, Magdalena Gruendl, Augustino Hellar, Desmond T Jumbam, Adam Katoto, Lauren Kelly, Steve Kisakye, Salome Kuchukhidze, Tenzing N Lama, Gopal Menon, Stella Mshana, Chase Reynolds, Hannington Segirinya, Dorcas Simba, Victoria Smith, Steven J Staffa, Christopher Strader, Leopold Tibyehabwa, Alena Troxel, John Varallo, Taylor Wurdeman, David Zurakowski)</p> <ul style="list-style-type: none"> • Surgical service monitoring and quality control systems at district hospitals in Malawi, Tanzania and Zambia: a mixed-methods study (Morgane Clarke, Chiara Pittalis, Eric Borgstein, Leon Bijlmakers, Mweene Cheelo, Martilord Ifeanyiichi, Gerald Mwapasa, Adinan Juma, Henk Broekhuizen, Grace Drury, Chris Lavy, John Kachimba, Nyengo Mkandawire, Kondo Chilonga, Ruairí Brugha, Jakub Gajewski) • Incidence, nature and causes of avoidable significant harm in primary care in England: retrospective case note review (Anthony J Avery, Christina Sheehan, Brian Bell, Sarah Armstrong, Darren M Ashcroft, Matthew J Boyd, Antony Chuter, Alison Cooper, Ailsa Donnelly, Adrian Edwards, Huw Prosser Evans, Stuart Hellard, Joanne Lymn, Rajnikant Mehta, Sarah Rodgers, Aziz Sheikh, Pam Smith, Huw Williams, Stephen M Campbell, Andrew Carson-Stevens) • Incidence, origins and avoidable harm of missed opportunities in diagnosis: longitudinal patient record review in 21 English general practices (Sudeh Cheraghi-Sohi, Fiona Holland, Hardeep Singh, Avril Danczak, Aneez Esmail, Rebecca Lauren Morris, Nicola Small, Richard Williams, Carl de Wet, Stephen M Campbell, David Reeves) • Nationwide study on trends in unplanned hospital attendance and deaths during the 7 weeks after the onset of the COVID-19 pandemic in Denmark (Søren Bie Bogh, Marianne Fløjstrup, Søren Kabell Nissen, Stine Hanson, Mickael Bech, Søren Paaske Johnsen, Mette Rahbek Kristensen, Line Emilie Laugesen, Jens Søndergaard, Lars Folkestad, Erika Frischknecht Christensen, Daniel Pilsgaard Henriksen, Renee Y Hsia, Colin A Graham, Tim Alex Lindskou, Keld-Erik Byg, Morten Breinholt Søvsø, Henrik Laugesen, Peter Hallas, Søren Mikkelsen, Kim Rose Olsen, Lau Caspar Thygesen, Hejdi Gamst-Jensen, Mikkel Brabrand) • Use of patient complaints to identify diagnosis-related safety concerns: a mixed-method evaluation (Traber D Giardina, Saritha Korukonda, Umber Shahid, Viralkumar Vaghani, Divvy K Upadhyay, Greg F Burke, Hardeep Singh) • Improving diagnostic performance through feedback: the Diagnosis Learning Cycle (Carolina Fernandez Branson, Michelle Williams, Teresa M Chan, Mark L Graber, Kathleen P Lane, Skip Grieser, Zach Landis-Lewis, James Cooke, Divvy K Upadhyay, Shawn Mondoux, Hardeep Singh, Laura Zwaan, Charles Friedman, Andrew P J Olson) • Exploring the actionability of healthcare performance indicators for quality of care: a qualitative analysis of the literature, expert opinion and user experience (Erica Barbazza, Niek S Klazinga, Dionne S Kringos) • Barcode medication administration technology use in hospital practice: a mixed-methods observational study of policy deviations (Alma Mulac, Liv Mathiesen, Katja Taxis, Anne Gerd Granås)
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	<ul style="list-style-type: none"> • Competing risks in quality and safety research: a framework to guide choice of analysis and improve reporting (Perla J Marang-van de Mheen, Hein Putter, Esther Bastiaannet, Alex Bottle) • The effectiveness of interruptive prescribing alerts in ambulatory CPOE to change prescriber behaviour & improve safety (Oliver Cerqueira, Mohsain Gill, Bishr Swar, Katherine Ann Prentice, Shannon Gwin, Brent W Beasley) • Safety cases for digital health innovations: can they work? (Mark Sujjan, Ibrahim Habli)
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International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Feedback of ATP Measurement as a Tool for Reducing Environmental Contamination in Hospitals in the Dutch/Belgian Border Area (Andreas van Arkel, Ina Willemsen, Linda Kilsdonk-Bode, Sindy Vlamings-Wagenaars, Anne van Oudheusden, Pascal De Waegemaeker, Isabel Leroux-Roels, Martine Verelst, Evelien Maas, Anita van Oosten, Patricia Willemse, Esther van Asselen, Ella Klomp-Berens, Karen Franssen, Elise Van Cauwenberg, Valentijn Schweitzer, Jan Kluytmans on behalf of the i-4-1-Health Study Group)

Online resources

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

The UK’s National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG208 **Heart valve disease** *presenting in adults: investigation and management*
<https://www.nice.org.uk/guidance/ng208>
- Clinical Guideline CG187 **Acute heart failure: diagnosis and management**
<https://www.nice.org.uk/guidance/cg187>

COVID-19 resources

<https://www.safetyandquality.gov.au/covid-19>

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <https://www.safetyandquality.gov.au/covid-19>

These resource include:

- **COVID-19 infection prevention and control risk management**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **Poster - PPE use for aged care staff caring for residents with COVID-19**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-ppe-use-aged-care-staff-caring-residents-covid-19>

STOP

DO NOT VISIT A RESIDENT BEFORE SEEING RECEPTION

Precautions for staff

caring for aged care home residents who are suspected, probable, or confirmed COVID-19 cases*

*Use of P2/N95 respirator masks to care for aged care home residents with suspected, probable or confirmed COVID-19 should be implemented as advised by local jurisdictional guidelines regarding use of personal protective equipment in areas with high levels of community transmission of COVID-19. The Infection Control Expert Group has provided guidance regarding use of P2/N95 masks and protective eye wear/face shields in these circumstances at: <https://www.health.gov.au/compliance-and-standards/infection-control-some-3-covid-19>

Before entering

a resident's room with suspected, probable, or confirmed COVID-19

- 1

Perform hand hygiene

Wash hands with soap and water or use an alcohol-based hand rub. Rub all parts of your hands, then rinse and dry with a paper towel if using soap and water, or rub till dry if using alcohol.
- 2

Put your gown on

Put on a fluid-resistant long sleeved gown or apron.
- 3

Put on your P2/N95 respirator mask

A. Hold the mask by its loops, then put the loops around your head.
B. Make sure the mask covers your mouth and nose. Ensure there are no gaps between your face and the mask, and press the nose piece around your nose.
C. Continue to adjust the mask along the outside until you feel you have achieved a good and comfortable facial fit.*
- 4

Check the fit of your P2/N95 respirator mask

A. Gently place hands around the edge of the mask to feel if any air is escaping.
B. Check the seal of the mask by breathing out gently. If air escapes, adjust the mask, and check again, until no air escapes. It may be harder to get a good fit if you have a beard.
C. Check the seal of the mask by breathing in gently. If the mask does not come in toward your face, or air leaks around the face seal, readjust the mask and repeat. You may need to check the mask for defects if air keeps leaking.
D. Finally, completely cover the mask with both hands before breathing in sharply to ensure the fit is good.
- 5

Perform hand hygiene again

Perform hand hygiene again after checking the fit of your mask, if you have touched your face. Then put on eyewear, and then gloves.

After you finish

providing care

- 1

Remove your gloves, gown and eyewear

A. Remove your gloves, dispose of them in a designated bin/garbage bag and perform hand hygiene.
B. Remove your gown, dispose of it in the same bin and perform hand hygiene.
C. Remove your eyewear, and place in a designated bin/garbage bag, if disposable, or in the designated reprocessing container if reusable.
- 2

Remove your mask

Take the mask off from behind your head by pulling the loops over your head and moving the mask away from your face.
- 3

Dispose of the mask

Dispose in a designated bin/garbage bag and close the bin/bag.
- 4

Perform hand hygiene again

Wash hands with soap and water or use an alcohol-based hand rub.

IMPORTANT

To protect yourself and your family and friends, when your shift finishes, change into clean clothes at work, if possible, and put your clothes in a plastic bag. Go straight home, shower immediately and wash all of your work clothes and the clothes you wore home.

To help stop the spread of COVID-19 and other infections, always:


- ✓ Stay home from work if you are sick.
- ✓ Perform hand hygiene frequently, and before and after you attend every resident, and after contact with potentially contaminated surfaces.
- ✓ Follow respiratory hygiene and cough etiquette.
- ✓ Keep 1.5 metres away from other staff and residents, except when providing resident care, if possible.
- ✓ Ensure regular environmental cleaning, especially of frequently touched surfaces.
- ✓ Wear gloves and a gown or apron to handle and dispose of waste and used linen in designated bags/bins.
- ✓ Close the bags/bins, and perform hand hygiene after every contact.
- ✓ Clean and disinfect all shared resident equipment.

*There are many types of respirator masks. Follow the manufacturer's instructions for the brand you are using.

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Clinical Excellence Commission and the Victorian Department of Health and Human Services. Photos reproduced with permission from the NSW Clinical Excellence Commission.

- *Poster – Combined contact and droplet precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions>







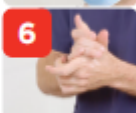




VISITOR RESTRICTIONS IN PLACE

For all staff

Combined contact & droplet precautions

in addition to standard precautions*

Before entering room/care area	At doorway prior to leaving room/care area
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div>  <div style="margin-left: 10px;">Perform hand hygiene</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div>  <div style="margin-left: 10px;">Remove and dispose of gloves</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div>  <div style="margin-left: 10px;">Put on gown</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div>  <div style="margin-left: 10px;">Perform hand hygiene</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">3</div>  <div style="margin-left: 10px;">Put on a surgical mask</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">3</div>  <div style="margin-left: 10px;">Remove and dispose of gown</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">4</div>  <div style="margin-left: 10px;">Put on protective eyewear</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">4</div>  <div style="margin-left: 10px;">Perform hand hygiene</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">5</div>  <div style="margin-left: 10px;">Perform hand hygiene</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">5</div>  <div style="margin-left: 10px;">Remove protective eyewear</div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">6</div>  <div style="margin-left: 10px;">Put on gloves</div> </div>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">6</div>  <div style="margin-left: 10px;">Perform hand hygiene</div> </div>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">7</div>  <div style="margin-left: 10px;">Remove and dispose of mask</div> </div>
	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;">Leave the room/care area</div> </div>
	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;">After leaving the room/care area perform hand hygiene</div> </div>

*e.g. Acute respiratory tract infection with unknown aetiology (low COVID-19 risk), seasonal influenza and RSV
 For more detail, refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, your state and territory guidance and <https://www.health.gov.au/committees-and-groups/infection-control-expert-group-ic-eg>

- *Poster – Combined airborne and contact precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions>

VISITOR RESTRICTIONS IN PLACE

For all staff

Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone

- 1

Perform hand hygiene
- 2

Put on gown
- 3

Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4

Put on protective eyewear
- 5

Perform hand hygiene
- 6

Put on gloves

At doorway prior to leaving room/care zone

- 1

Remove and dispose of gloves
- 2

Perform hand hygiene
- 3

Remove and dispose of gown
- 4

Leave the room/care zone
- 5

Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6

Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7

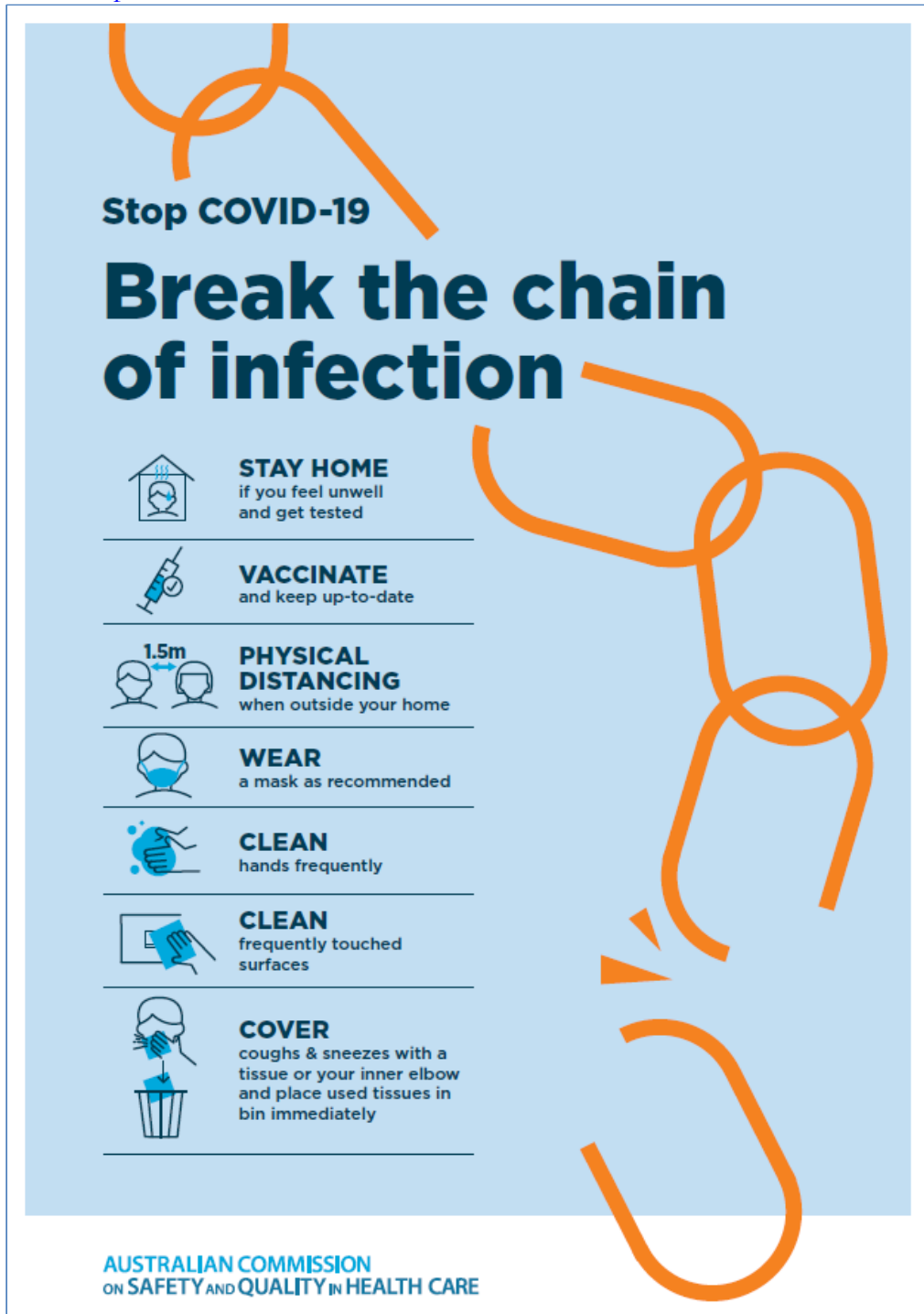
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9

Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *COVID-19 infection prevention and control risk management – Guidance*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- *Safe care for people with cognitive impairment during COVID-19*
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19>
- *Stop COVID-19: Break the chain of infection* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3>



- *FAQs for clinicians on elective surgery* <https://www.safetyandquality.gov.au/node/5724>
- *FAQs for consumers on elective surgery* <https://www.safetyandquality.gov.au/node/5725>
- *COVID-19 and face masks – Information for consumers*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers>

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

**INFORMATION
for consumers**

COVID-19 and face masks

Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.


When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

What can you do to prevent the spread of COVID-19?

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.



National COVID-19 Clinical Evidence Taskforce

<https://covid19evidence.net.au/>

The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are ‘living’ guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

COVID-19 Critical Intelligence Unit

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest, a COVID status monitor, a risk monitoring dashboard and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic. There is also a ‘Living evidence’ section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. The most recent updates include:

- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***Test, trace, isolate and quarantine*** – What is the evidence for and jurisdictional policies on test, trace, isolate and quarantine strategies for COVID-19?

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