



## On the Radar

Issue 612  
24 July 2023

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### On the Radar

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### **Clostridium difficile infections Data snapshot report: 2020 and 2021**

Australian Commission on Safety and Quality in Health Care.

Sydney: ACSQHC; 2021

<https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/clostridioides-difficile-infection-monitoring-australia>

The Australian Commission on Safety and Quality in Health Care (the Commission) has published the *Clostridium difficile infections Data snapshot report: 2020 and 2021*.

This report is the fifth in a series of reports on the prevalence of *Clostridioides difficile* infection (CDI) in Australia. This report was produced to investigate potential increases in community-onset CDI reported in the CDI Data Snapshot report: 2019 and the technical report: *Monitoring the national burden of CDI in Australian public hospitals: 2016 to 2018* (<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/monitoring-national-burden-clostridioides-difficile-infection-australian-public-hospitals-2016-2018>).

The key findings from the CDI Data snapshot report: 2020 and 2021 indicate:

- Separations with a CDI diagnoses increased by 29% from 2020 to 2021
- Community-onset CDI (pre-existing CDI symptoms on admission) accounted for over 80% of separations
- Hospital-onset CDI accounted for less than 20% of all CDI separations.

CDI is a preventable and significant healthcare-associated infection (HAI), and surveillance of CDI in Australia focuses mainly on hospital-identified CDI (HI-CDI) rates. However, the rate of community-onset CDI is increasing, suggesting that CDI is a larger health problem in the community than previously understood. The role of primary health practitioners in the prevention and management of CDI in the community is vital. Early detection of CDI is important given that CDI is potentially life-threatening and good antimicrobial stewardship practices can substantially reduce the risk and severity of disease.

## Reports

*Variations in the delivery of palliative care services to adults*

Independent report by the Healthcare Safety Investigation Branch NI-000835

Healthcare Safety Investigation Branch

Reading: HSIB; 2023. p. 63.

URL	<a href="https://www.hsib.org.uk/investigations-and-reports/variatio.../palliative-care-services-to-adults/">https://www.hsib.org.uk/investigations-and-reports/variatio.../palliative-care-services-to-adults/</a>
Notes	The Healthcare Safety Investigation Branch in England has published this report looking into how palliative care services vary across England. The report observes that ‘Palliative care aims to improve the quality of life of people with life-threatening or life-limiting illnesses, and their families. It does this by taking a holistic approach, which means it addresses a person’s physical, psychological, social, and spiritual needs.’ However, while there have been efforts to improve the provision of ‘palliative and end of life care (PEoLC) services’ there remain ‘continued concerns’. The report examines the various issues and includes a number of recommendations to improve palliative care provision.

For information on the Commission’s work on end-of-life care, see

<https://www.safetyandquality.gov.au/our-work/end-life-care>

*Promoting mental health in a changing climate: children and young people as a priority population group*

Deeble Institute for Health Policy Research Issues Brief No 51

Gunasiri H, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2023. p. 40.

URL	<a href="https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-51-promoting-mental-health-changing">https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-51-promoting-mental-health-changing</a>
Notes	This issues brief from the Australian Healthcare and Hospitals Association’s Deeble Institute looks at the links between mental health and climate change, particularly for children and young people. The brief examines issues, including knowledge and awareness issues, inclusion and engagement, the impact of social media and other sources of (mis)information, possible mental health needs and how to respond to those needs. The brief provides a number of recommendations, overing evidence, education, guidelines and care provision.

## Journal articles

*Patient engagement in the development and delivery of healthcare services: a systematic scoping review*  
Sagen JS, Smedslund G, Simonsen AE, Habberstad A, Kjekken I, Dagfinrud H, et al  
BMJ Open Quality 2023;12:e002309.

DOI	<a href="https://dx.doi.org/10.1136/bmjog-2023-002309">https://dx.doi.org/10.1136/bmjog-2023-002309</a>
Notes	Article reporting on a review that sought ‘explore barriers and facilitators to successful PE [patient engagement], how persons are engaged in the process and summarise reported consequences’. Based on 37 studies, the authors report that stakeholder representative, education, interpersonal relationships and power dynamics can all factor. The authors observe that ‘the most noteworthy outcomes of PE were reported as soft processual consequences such as patient representatives improving their self-esteem and feeling valued.’ They also note that the patient engagement ‘process may be facilitated by dedicated finances to PE education and by ensuring sufficient stakeholder representativeness.’

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

*Five golden rules for successful measurement of improvement*  
Etchells E, Trbovich P  
BMJ Quality & Safety 2023 [epub].

DOI	<a href="https://dx.doi.org/10.1136/bmjqs-2023-016129">https://dx.doi.org/10.1136/bmjqs-2023-016129</a>
Notes	Editorial in the <i>BMJ Quality &amp; Safety</i> reflecting initially on a study on ‘visual identifiers for patients with dementia. The results of that study led the author here to observe the ‘importance of knowing why and how an intervention might achieve the desired effects.’ This leads into the suggestion of ‘five golden rules for measurement that should help improvement projects get started in the right direction.’ Their five rules are: <ul style="list-style-type: none"><li>• Rule 1: know why your change might achieve the desired results</li><li>• Rule 2: identify fidelity/process measures—did the change take hold?</li><li>• Rule 3: how are you measuring change?</li><li>• Rule 4: be mindful of lag time—how long would it take before the change improves outcomes?</li><li>• Rule 5: anticipate unintended consequences—what can go wrong?</li></ul>

*Burden of serious harms from diagnostic error in the USA*  
Newman-Toker DE, Nassery N, Schaffer AC, Yu-Moe CW, Clemens GD, Wang Z, et al  
BMJ Quality & Safety 2023

DOI	<a href="https://dx.doi.org/10.1136/bmjqs-2021-014130">https://dx.doi.org/10.1136/bmjqs-2021-014130</a>
Notes	Paper reporting on an effort to estimate the ‘the annual US burden of serious misdiagnosis-related harms (permanent morbidity, mortality)’. Building upon previous work, the researchers, derived an estimate of ‘795 000 Americans become permanently disabled or die annually across care settings because dangerous diseases are misdiagnosed.’

*Human factors in anaesthesia: a narrative review*

Kelly FE, Frerk C, Bailey CR, Cook TM, Ferguson K, Flin R, et al. *Anaesthesia* 2023;78:479-90.

*Implementing human factors in anaesthesia: guidance for clinicians, departments and hospitals*

Kelly FE, Frerk C, Bailey CR, Cook TM, Ferguson K, Flin R, et al. *Anaesthesia* 2023;78:458-78.

DOI	<a href="https://doi.org/10.1111/anae.15920">https://doi.org/10.1111/anae.15920</a> <a href="https://doi.org/10.1111/anae.15941">https://doi.org/10.1111/anae.15941</a>
Notes	A pair of articles focussing on the how human factors thinking may be used in anaesthesia. Human factors is considered to be ‘a broad-based scientific discipline which aims to make it as easy as possible for workers to do things correctly’. Further, ‘The human factors strategies most likely to be effective are those which ‘design out’ the chance of an error or adverse event occurring. When errors or adverse events do happen, barriers are in place to trap them and reduce the risk of progression to patient and/or worker harm. If errors or adverse events are not trapped by these barriers, mitigations are in place to minimise the consequences.’ The second article offers guidance, including in Design, Barriers, Mitigations, Education and training, Well-being and Strategy.

*BMJ Quality & Safety*

Volume 32, Issue 8, August 2023

URL	<a href="https://qualitysafety.bmj.com/content/32/8">https://qualitysafety.bmj.com/content/32/8</a>
Notes	<p>A new issue of <i>BMJ Quality &amp; 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 &amp; Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: Imperfection in <b>adverse event detection</b>: is this the opportunity to mature our focus on preventing harm in paediatrics? (Chris Wong, Charles Macias, Marlene Miller)</li> <li>• Editorial: <b>Embracing carers</b>: when will adult hospitals fully adopt the same practices as children’s hospitals? (Mark V Williams, Jing Li)</li> <li>• Editorial: Learning <b>how and why complex improvement interventions work</b>: insights from implementation science (Paul Wilson, Roman Kislov)</li> <li>• Editorial: <b>Measurement and Monitoring of Safety Framework (MMSF)</b>: learning from its implementation in Canada (Jane Carthey)</li> <li>• Editorial: <b>Choosing Wisely for quality improvement</b>: more is not always better (Timothy J Stephens, William R N Thomson)</li> <li>• Mixed-methods study examining family carers’ perceptions of the relationship between <b>intra-hospital transitions and patient readiness for discharge</b> (Alycia A Bristol, Catherine E Elmore, Marianne E Weiss, Lisa A. Barry, Eli Iacob, Erin P Johnson, Andrea S Wallace)</li> <li>• What works in <b>medication reconciliation</b>: an on-treatment and site analysis of the MARQUIS2 study (Jeffrey L Schnipper, Harry Reyes Nieva, Catherine Yoon, Meghan Mallouk, Amanda S Mixon, Stephanie Rennke, Eugene S Chu, Stephanie K Mueller, G Randy Smith, Mark V Williams, Tosha B Wetterneck, Jason Stein, Anuj K Dalal, Stephanie Labonville, Anirudh Sridharan, Deonni P Stollendorf, Endel John Orav, Marcus Gresham, Jenna Goldstein, Sara Platt, Christopher Tugb�eh Nyenpan, Eric Howell, Sunil Kripalani)</li> <li>• <b>Measurement and Monitoring of Safety Framework</b>: a qualitative study of implementation through a Canadian learning collaborative (Joanne Goldman, Leahora Rotteau, Virginia Flintoft, Lianne Jeffs, G Ross Baker)</li> </ul>

	<ul style="list-style-type: none"> <li>• Impact of COVID-19 on <b>opioid use in those awaiting hip and knee arthroplasty</b>: a retrospective cohort study (Luke Farrow, William T Gardner, Chee Chee Tang, Rachel Low, Patrice Forget, George Patrick Ashcroft)</li> <li>• Reducing <b>unnecessary diagnostic phlebotomy in intensive care</b>: a prospective quality improvement intervention (Thomas Bodley, Olga Levi, Maverick Chan, Jan O Friedrich, Lisa K Hicks)</li> </ul>
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*Journal of Patient Safety*

Volume 19, Number 5, August 2023

URL	<a href="https://journals.lww.com/journalpatientsafety/toc/2023/06000">https://journals.lww.com/journalpatientsafety/toc/2023/06000</a>
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Widespread Misinterpretation of <b>Advance Directives and Portable Orders for Life-Sustaining Treatments</b> Threatens Patient Safety and Causes Undertreatment and Overtreatment (Mirarchi, Ferdinando; Pope, T M)</li> <li>• <b>Frontline Worker Safety</b> in the Age of COVID-19: A Global Perspective (Kavanagh, Kevin T.; Maiwald, Matthias; Pontus, Christine; Cimiotti, Jeannie P.; Palmieri, Patrick A; Cormier, Lindsay E)</li> <li>• <b>Patients Who Decompensate and Trigger Rapid Response Immediately Upon Hospital Admission</b> Have Higher Mortality Than Equivalent Patients Without Rapid Responses Lykins V, Joseph D.; Freedman, Matthew T.; Zemore, Z; Sedhai, Y R; Lubin, S; Sessler, C N; Hogan, C; Kashiouris, M G)</li> <li>• Identifying Contributing Factors Associated With <b>Dental Adverse Events</b> Through a Pragmatic Electronic Health Record–Based Root Cause Analysis (Kalenderian, Elsbeth; Bangar, Suhasini; Yansane, Alfa; Tran, Duong; Sedlock, Emily; Xiao, Yan; Urata, Janelle; Olson, Greg; Franklin, Amy; Kookal, K; Ibarra-Noriega, A; Tungare, S; Tokede, Oi; Spallek, H; White, J M; Walji, M F)</li> <li>• Integrated System for the <b>Proactive Analysis on Infection Risk</b> at a University Health Care Establishment Servicing a Large Area in the South of Italy (Montella, Emma; Iodice, Sabrina; Bernardo, Carlo; Frangiosa, Alessandro; Pascarella, Giacomo; Santalucia, Ida; Triassi, Maria)</li> <li>• Factor Structure and Construct Validity of a <b>Hospital Survey on Patient Safety Culture</b> Using Exploratory Factor Analysis (Falcone, Maureen L; Tokac, Umit; Fish, Anne F; Van Stee, Stephanie K; Werner, Kimberly B)</li> <li>• <b>Patient Safety Education in the Undergraduate Dental Curriculum</b>: Evidence Base and Current Practice in UK Dental Schools (Dargue, Anna; French, Kathryn; Fyfe, Eithne)</li> <li>• <b>Electronic Health Record Usability Contributions to Patient Safety and Clinician Burnout</b>: A Path Forward (Schwappach, David; Ratwani, Raj)</li> <li>• <b>Adverse Patient Safety Events During the COVID-19</b> Epidemic (Yackel, Edward E; Knowles, Regina; Jones, Carol M; Turner, James; Pendley Louis, Robin; Mazzia, Lisa M; Mills, Peter D)</li> <li>• The Effect of Daytime Surgical Hospitalists on Reducing <b>Night Shift Physicians’ Workload</b> (Jung, Yoon Bin; Lee, Kang Young)</li> <li>• <b>Wrong-Site Surgery</b> in Spain and Professional Liability Claims (Martin-Fumadó, Carles; Benet-Travé, Josep; Arimany-Manso, Josep)</li> <li>• <b>Human Error in an Automated Laboratory</b> (Sehgal, Tushar)</li> </ul>

URL	<a href="https://onlinelibrary.wiley.com/toc/13697625/2023/26/4">https://onlinelibrary.wiley.com/toc/13697625/2023/26/4</a>
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Person-centred sexual and reproductive health:</b> A call for standardized measurement (Patience A Afulani, Michelle K Nakphong, May Sudhinaraset)</li> <li>• Assessing collaborative efforts of <b>making care fit for each patient:</b> A systematic review (Marleen Kunneman, Derek Gravholt, Sandra A Hartasanchez, Michael R Gionfriddo, Zoe Paskins, Harry J Prokop, Anne M Stiggelbout, Victor M. Montori)</li> <li>• Optimizing the design and implementation of <b>question prompt lists to support person-centred care:</b> A scoping review (Shazia Dhanani, Jessica U Ramlakhan, Whitney B Berta, Anna R Gagliardi)</li> <li>• The benefits, challenges, and best practice for <b>patient and public involvement in evidence synthesis:</b> A systematic review and thematic synthesis (Eldad Agyei-Manu, Nadege Atkins, Bohee Lee, Jasmin Rostron, Marshall Dozier, Maureen Smith, Ruth McQuillan)</li> <li>• <b>Service user involvement in mental health service commissioning, development and delivery:</b> A systematic review of service level outcomes (Naseeb Ezaydi, Elena Sheldon, Alex Kenny, Elizabeth T Buck, Scott Weich)</li> <li>• <b>Patient and public co-creation of healthcare safety and healthcare system resilience:</b> The case of COVID-19 (Abigail Albutt, Lauren Ramsey, Beth Fylan, Chloe Grindey, Isabel Hague, Jane K O'Hara)</li> <li>• Unpacking the Cinderella black box of complex intervention development through the <b>Partners at Care Transitions (PACT)</b> programme of research (Jenni Murray, Ruth Baxter, Rebecca Lawton, Natasha Hardicre, Rosie Shannon, Joseph Langley, Rebecca Partridge, Sally Moore, Jane K O'Hara)</li> <li>• A qualitative study exploring the benefits of <b>involving young people in mental health research</b> (Rebecca Watson, Lowrie Burgess, Elise Sellars, Jodie Crooks, Rose McGowan, James Diffey, Georgia Naughton, Rebekah Carrington, Cassie Lovelock, Rachel Temple, Cathy Creswell, C McMellon)</li> <li>• 'Getting the vaccine makes me a champion of it': Exploring perceptions towards <b>peer-to-peer communication about the COVID-19 vaccines</b> amongst Australian adults (Joshua Karras, Mia Harrison, Holly Seale)</li> <li>• A qualitative exploration of <b>patient safety in a hospital setting</b> in Spain: Policy and practice recommendations on patients' and companions' participation (Daniel G Abiétar, Laia Domingo, Laura Medina-Perucha, Nuria Saavedra, Anna Berenguera, Laia Lacueva, Marta Hurtado, X Castells, M Sala)</li> <li>• <b>Cancer survival stories:</b> Perception, creation, and potential use case (Claudia Canella, Martin Inderbitzin, Manuela Oehler, Claudia M Witt, Jürgen Barth)</li> <li>• Priority setting for children and <b>young people with chronic conditions and disabilities</b> (Amy Finlay-Jones, Rebecca Sampson, Asha Parkinson, Karina Prentice, Keely Bebbington, Claire Treadgold, Belinda Frank, Amber Bates, Jacinta Freeman, Jayden Lucas, Julie Dart, E Davis, R Lingam, A McKenzie)</li> <li>• Women's perspectives on resilience and research on <b>resilience in motherhood:</b> A qualitative study (Susan Hannon, Agnes Higgins, D Daly)</li> <li>• Examining how study teams manage different viewpoints and priorities in <b>patient-centered outcomes research:</b> Results of an embedded multiple case</li> </ul>

	<p>study (Maureen E Maurer, Tandra Hilliard-Boone, Karen Frazier, Laura Forsythe, Rachel Mosbacher, Kristin L Carman)</p> <ul style="list-style-type: none"> <li>• Adapting <b>Patient and Public Involvement processes</b> in response to the Covid-19 pandemic (Claire Snowdon, Elizabeth Silver, Paul Charlton, Brian Devlin, Emma Greenwood, Andrew Hutchings, S Moug, R Vohra, R Grieve)</li> <li>• Strengthening <b>mental health research outcomes</b> through genuine partnerships with young people with lived or living experience: A pilot evaluation study (Grace Yeeun Lee, Sarah McKenna, Yun Ju C Song, Alexis Hutcheon, Samuel J Hockey, Rachael Laidler, Jo-An Occhipinti, Claudia Perry, Tara Lindsay-Smith, Annabel Ramsay, Skye Choi, Dakota Feirer, Andrew W Shim, J Cottle, A Mukherjee, J New, R Yu, E M Scott, L Freebairn, I B Hickie)</li> <li>• ‘When a patient chooses to die at home, that’s what they want... comfort, home’: Brilliance in <b>community-based palliative care nursing</b> (Ann Dadich, Michael Hodgins, Kerrie Womsley, Aileen Collier)</li> <li>• <b>Managing ‘sick days’ in patients with chronic conditions</b>: An exploration of patient and healthcare provider experiences (Kirnvir K Dhaliwal, Kaitlyn E Watson, Nicole C Lamont, Kelsea M Drall, Maoliosa Donald, Matthew T James, Sandra Robertshaw, Nancy Verdin, Eleanor Benterud, Kerry McBrien, Sarah Gil, Ross T Tsuyuki, Neesh Pannu, David J T Campbell)</li> </ul>
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*BMJ Quality & Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality &amp; Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• <b>Physician engagement in organisational patient safety</b> through the implementation of a Medical Safety Huddle initiative: a qualitative study (Leahora Rotteau, Dalia Othman, Richard Dunbar-Yaffe, Chris Fortin, Katharyn Go, Amanda Mayo, Jordan Pelc, Jesse Wolfstadt, Meiqi Guo, Christine Soong)</li> <li>• <b>Racial and ethnic disparities in common inpatient safety outcomes</b> in a children’s hospital cohort (Anne Lyren, Elizabeth Haines, Meghan Fanta, Michael Gutzeit, Katherine Staubach, Pavan Chundi, Valerie Ward, Lakshmi Srinivasan, Megan Mackey, Michelle Vonderhaar, Patricia Sisson, Ursula Sheffield-Bradshaw, Bonnie Fryzlewicz, Maitreya Coffey, John D Cowden PHARE Cohort Study Group)</li> <li>• Burden of <b>serious harms from diagnostic error</b> in the USA (David E Newman-Toker, Najilla Nassery, Adam C Schaffer, Chihwen Winnie Yu-Moe, Gwendolyn D Clemens, Zheyu Wang, Yuxin Zhu, Ali S. Saber Tehrani, Mehdi Fanai, Ahmed Hassoon, Dana Siegal)</li> </ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="https://academic.oup.com/intqhc/advance-articles">https://academic.oup.com/intqhc/advance-articles</a>
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"> <li>• Comparing rates of <b>adverse events</b> detected in incident reporting and the Global Trigger Tool: a systematic review (Peter D Hibbert et al)</li> <li>• Advancing quality in low human development index scoring (LHDIS) countries; the need for <b>standardized and shared quality measurement and reporting</b>. (Sheila Leatherman et al)</li> <li>• Addressing wounded <b>healers’ burnout and moral distress</b>: starts and ends with integrity (Tessy A Thomas et al)</li> </ul>

## Online resources

### *Hospital in the home*

<https://www.hithsociety.org.au/>

The COVID-19 pandemic saw a number of changes in health care delivery. One of these was the increased use of ‘Hospital in the home’ approaches.

Hospital In The Home (HITH) Society Australasia defines Hospital in the home (HITH):

‘HITH is acute inpatient equivalent care, utilising highly skilled staff, hospital technologies, equipment, medication, and safety and quality standards, to deliver hospital-level care within a person's place of residence or preferred (non-hospital) treatment location.’

The society’s current (May 2023) position statement and definition are available from their website.

### 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 resources include:

- ***COVID-19 infection prevention and control risk management*** This primer provides an overview of three widely used tools for investigating and responding to patient safety events and near misses. Tools covered in this primer include incident reporting systems, Root Cause Analysis (RCA), and Failure Modes and Effects Analysis (FMEA).  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- ***Poster – Combined contact and droplet precautions***  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-contact-and-droplet-precautions>

**STOP VISITOR RESTRICTIONS MAY BE IN PLACE**

**For all staff**  
**Combined contact & droplet precautions\***  
in addition to standard precautions

**Before entering room/care zone**

- 1 Perform hand hygiene
- 2 Put on gown
- 3 Put on surgical mask
- 4 Put on protective eyewear
- 5 Wear gloves, in accordance with standard precautions

**At doorway prior to leaving room/care zone**

- 1 Remove and dispose of gloves if worn
- 2 Perform hand hygiene
- 3 Remove and dispose of gown
- 4 Perform hand hygiene
- 5 Remove protective eyewear
- 6 Perform hand hygiene
- 7 Remove and dispose of mask
- 8 Leave the room/care zone
- 9 Perform hand hygiene

**What else can you do to stop the spread of infections?**

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

\*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and respiratory syncytial virus (RSV)  
For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

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ON SAFETY AND QUALITY IN HEALTH CARE

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- *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

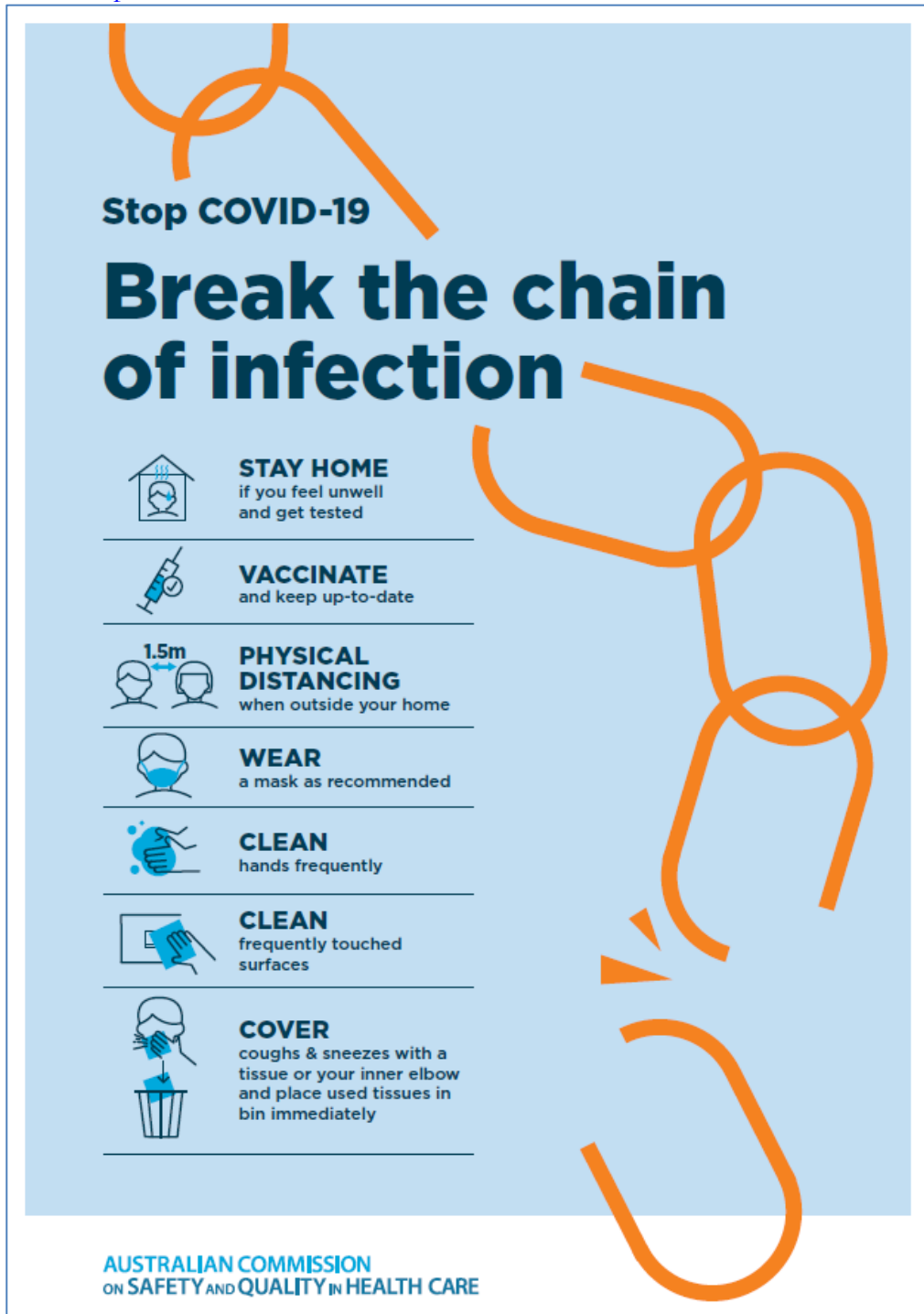
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**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](http://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>



- *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:

- **SARS-CoV-2 variants - retired living evidence** – What is the evidence on SARS-CoV-2 variants that are under monitoring by the World Health Organization?
- **COVID-19 vaccines - retired living evidence** – What is the evidence on COVID-19 vaccine effectiveness and safety?
- **Current and emerging patient safety issues during COVID-19** – What is the evidence on the current and emerging patient safety issues arising from the COVID-19 pandemic?
- **Bivalent COVID-19 vaccines** – What is the available regulatory and research evidence for bivalent COVID-19 vaccines?
- **Surgery post COVID-19** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- **Paxlovid** – What is the evidence for Paxlovid for treatment of COVID-19?
- **Molnupiravir** – What is the evidence for and regulatory context of molnupiravir for treatment of COVID-19?
- **Eating disorders and COVID-19** – What is the impact of the COVID-19 pandemic on the prevalence of eating disorders?
- **Long COVID** – What is the evidence on the prevalence, presentation and management of long-COVID?
- **Oseltamivir (Tamiflu) use in healthcare settings** – What is the evidence that use of oseltamivir in healthcare workers with a symptomatic influenza diagnosis result in an earlier return to work and reduced absenteeism? What is the evidence that use of oseltamivir in adults and children with symptomatic influenza reduces influenza transmission in health care settings?
- **Alternative models of care for acute medical conditions** – What is the evidence on alternative models of care for managing patients with acute medical conditions outside of emergency or inpatient hospital settings?
- **Exercise and long COVID** – Is exercise helpful in individuals with long COVID? Is post-exertional symptom exacerbation a risk in long COVID?
- **Influenza and seasonal prophylaxis with oseltamivir** – What is the place or evidence for seasonal influenza prophylaxis (such as taking oseltamivir for 10 to 12 weeks continuously) in healthcare and aged care settings?

- ***Rapid access models of care for respiratory illnesses*** – What is the evidence for rapid access models of care for respiratory illnesses, especially during winter seasons, in emergency departments?
- ***Post-acute sequelae of COVID-19*** – What is the evidence on the post-acute sequelae of COVID-19?
- ***Emerging variants*** – What is the available evidence for emerging variants?
- ***Chest pain or dyspnoea following COVID-19 vaccination*** – What is evidence for chest pain or dyspnoea following COVID-19 vaccination?
- ***Cardiac investigations and elective surgery post-COVID-19*** – What is evidence for cardiac investigations and elective surgery post-COVID-19?
- ***Breathlessness post COVID-19*** – How to determine those patients who present with ongoing breathlessness in need of urgent review or intervention due to suspected pulmonary embolus?
- ***COVID-19 pandemic and influenza*** – What is the evidence for COVID-19 pandemic and influenza?
- ***Budesonide and aspirin for pregnant women with COVID-19*** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***COVID-19 pandemic and wellbeing of critical care and other healthcare workers*** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.
- ***Disease modifying treatments for COVID-19 in children*** – What is the evidence for disease modifying treatments for COVID-19 in children?
- ***Mask type for COVID-19 positive wearer*** – What is the evidence for different mask types for COVID-19 positive wearers?
- ***Post acute and subacute COVID-19 care*** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- ***Hospital visitor policies*** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- ***Surgical masks, eye protection and PPE guidance*** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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