



On the Radar

Issue 530
27 September 2021

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On the Radar

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Journal articles

How a crisis at one maternity service became a catalyst for change across the Victorian public hospital system: A discussion paper

Zugna SA, Cullinane M, McLachlan HL, Forster DA

Collegian. 2021 [epub].

DOI	https://doi.org/10.1016/j.colegn.2021.07.011
Notes	The aphorism “Never let a good crisis go to waste” has been attributed to various people, including Winston Churchill, and has certainly been well used in health settings. This piece looks at how a cluster of preventable perinatal deaths in a Victorian health service led to a number of inquiries. As the authors observe, ‘A common theme in the four inquiries into the crisis ... was that inadequate clinical governance was a key factor that led to these events. As a result, a number of significant changes were implemented across the state to improve patient safety across all areas of health care.’ The authors assert that ‘A robust clinical governance framework that is enacted at both the government and the health organisation level is essential to deliver high quality and safe patient care.’

For information on the Commission’s work on clinical governance, including the National Model Clinical Governance Framework, see <https://www.safetyandquality.gov.au/our-work/clinical-governance>

Exploring the factors that promote or diminish a psychologically safe environment: a qualitative interview study with critical care staff

Grailey K, Leon-Villalpos C, Murray E, Brett S

BMJ Open. 2021;11(8):e046699.

DOI	http://dx.doi.org/10.1136/bmjopen-2020-046699
Notes	Creating a safe environment for speaking up is often given as a key element in ensuring safe, quality care. This paper reports on a study that examined the factors around psychological safety ‘(defined as an environment “safe for interpersonal risk taking”)’ in three intensive care units within one National Health Service Trust in London. Based on semi-structured interviews that explored attitudes towards psychological safety with 30 participants, the authors report that 28 respondents ‘agreed that it was easy to ask for help, with 20 agreeing it is safe to take a risk on the team, demonstrating a strong perception of psychological safety in this group’. Analysis revealed personality, culture and leadership as factors with ‘Possible negative consequences of psychological safety included distraction and fatigue for the team leader.’

BMJ Quality & Safety

October 2021 - Volume 30 - 10

URL	https://qualitysafety.bmj.com/content/30/10
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: I-PASS handover system: a decade of evidence demands action (David Shahian) • Editorial: Implementing automated prognostic models to inform palliative care: more than just the algorithm (Erin M Bange, Katherine R Courtright, Ravi B Parikh) • Editorial: No one left behind: a case for more inclusivity in authorship for quality improvement and implementation research (Jennifer S Myers, Meghan Lane-Fall, Christine Soong) • Handoff improvement and adverse event reduction programme implementation in paediatric intensive care units in Argentina: a stepped-wedge trial (Facundo Jorro-Barón, Inés Suarez-Anzorena, Rodrigo Burgos-Pratx, Noelia De Maio, Matías Penazzi, Ana Paula Rodriguez, Gisela Rodriguez, Daniel Velardez, Luz Gibbons, Silvina Ábalos, Silvina Lardone, Rosario Gallagher, Joaquín Olivieri, Rocío Rodriguez, Juan Carlos Vassallo, Luis Martín Landry, Ezequiel García-Elorrio) • Barriers and enablers to the implementation of multidisciplinary team meetings: a qualitative study using the theoretical domains framework (Ashika D Maharaj, Sue M Evans, John R Zalberg, Liane J Ioannou, Marnie Graco, Daniel Croagh, Charles H C Pilgrim, Theresa Dodson, David Goldstein, Jennifer Philip, James G Kench, Neil D Merrett, Rachel E Neale, Kate White, Peter Evans, Trevor Leong, Sally E Green)

	<ul style="list-style-type: none"> • Publication of inspection frameworks: a qualitative study exploring the impact on quality improvement and regulation in three healthcare settings (Jan-Willem Weenink, Iris Wallenburg, Ian Leistikow, Roland A Bal) • Visual mapping of team dynamics and communication patterns on surgical ward rounds: an ethnographic study (Candice Bonaconsa, Oluchi Mbamalu, Marc Mendelson, Adam Boutall, Claire Warden, Shreya Rayamajhi, Tim Pennel, Mark Hampton, Ivan Joubert, Carolyn Tarrant, Alison Holmes, Esmita Charani) • Effectiveness of a multifaceted intervention to improve emergency department care of low back pain: a stepped-wedge, cluster-randomised trial (Danielle M Coombs, Gustavo C Machado, Bethan Richards, Chris Needs, Rachelle Buchbinder, Ian A Harris, Kirsten Howard, Kirsten McCaffery, Laurent Billot, James Edwards, Eileen Rogan, Rochelle Facer, Qiang Li, Christopher G Maher) • mHOMR: the acceptability of an automated mortality prediction model for timely identification of patients for palliative care (Stephanie Saunders, James Downar, Saranjah Subramaniam, Gaya Embuldeniya, Carl van Walraven, Pete Wegier)
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Journal of Patient Safety
Vol. 17, No. 7, October 2021

URL	https://journals.lww.com/journalpatientsafety/toc/2021/10000
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"> • Is There a Mismatch Between the Perspectives of Patients and Regulators on Healthcare Quality? A Survey Study (Renée Bouwman, Manja Bomhoff, Paul Robben, Roland Friele) • Impact of an Original Methodological Tool on the Identification of Corrective and Preventive Actions After Root Cause Analysis of Adverse Events in Health Care Facilities: Results of a Randomized Controlled Trial (Anthony Vacher, Sana El Mhamdi, Alain d'Hollander, Marion Izotte, Yves Auroy, Philippe Michel, Jean-Luc Quenon) • Detach Yourself: The Positive Effect of Psychological Detachment on Patient Safety in Long-Term Care (Martina Buljac-Samardžic, Connie Dekker-van Doorn, Jeroen Van Wijngaarden) • Patient Safety Activity Under the Social Insurance Medical Fee Schedule in Japan: An Overview of the 2010 Nationwide Survey (Masahiro Hirose, Toshihiko Kawamura, Mikio Igawa, Yuichi Imanaka) • Sustaining Teamwork Behaviors Through Reinforcement of TeamSTEPPS Principles (Soo-Hoon Lee, Harpal S Khanuja, Renee J Blanding, Jeanne Sedgwick, Kathleen Pressimone, James R Ficke, Lynne C Jones) • Prescribing Errors With Low-Molecular-Weight Heparins (Marielle Slikkerveer, Afke van de Plas, Johanna H M Driessen, Robin Wijngaard, Frank de Vries, Renske Olie, Nathalie Meertens, Patricia van den Bemt) • Test-Retest Reliability of an Experienced Global Trigger Tool Review Team (Brian Bjørn, Jacob Anhøj, Mette Østergaard, Anne Marie Kodal, Christian von Plessen) • Development and Psychometric Evaluation of the Speaking Up About Patient Safety Questionnaire (A Richard, Y Pfeiffer, D D L Schwappach)

	<ul style="list-style-type: none"> • Development of Survey Scales for Measuring Exposure and Behavioral Responses to Disruptive Intraoperative Behavior (Alexander Villafranca, Colin Hamlin, Thomas L Rodebaugh, Sandra Robinson, Eric Jacobsohn) • Descriptive Analysis of Patient Misidentification From Incident Report System Data in a Large Academic Hospital Federation (Paul Abraham, Laurence Augey, Antoine Duclos, Philippe Michel, Vincent Piriou) • Situation-Dependent Medical Device Risk Estimation: Design and Evaluation of an Equipment Management Center For Vendor-Independent Integrated Operating Rooms (Marianne Maktabi, Thomas Neumuth) • Limited Documentation and Treatment Quality of Glycemic Inpatient Care in Relation to Structural Deficits of Heterogeneous Insulin Charts at a Large University Hospital (Julia Kopanz, Katharina M. Lichtenegger, G Sendlhofer, B Semlitsch, G Cuder, A Pak, T R Pieber, C Tax, G Brunner, J Plank) • The Ideal Hospital Discharge Summary: A Survey of U.S. Physicians (Atsushi Sorita, Paul M Robelia, Sharma B Kattel, Christopher P McCoy, Allan Scott Keller, Jehad Almasri, M H Murad, J S Newman, D T Kashiwagi) • Medication Errors at Hospital Admission and Discharge: Risk Factors and Impact of Medication Reconciliation Process to Improve Healthcare (Cyril Breuker, Valérie Macioce, Thibault Mura, Audrey Castet-Nicolas, Yohan Audurier, Catherine Boegner, Anne Jalabert, M Villiet, A Avignon, A Sultan) • Evaluation of a Broad-Spectrum Partially Automated Adverse Event Surveillance System: A Potential Tool for Patient Safety Improvement in Hospitals With Limited Resources (Melody Saikali, Alain Tanios, A Saab) • Reducing and Sustaining Duplicate Medical Record Creation by Usability Testing and System Redesign (Adjhaporn Khunlertkit, Leonard Dorissaint, Allen Chen, Lori Paine, Peter J Pronovost) • High-Alert Medication Stratification Tool-Revised: An Exploratory Study of an Objective, Standardized Medication Safety Tool (Natalie C Washburn, Heather A Dossett, A C Fritschle, K E Degenkolb, M R Macik, T A Walroth) • Applying Decision Science to the Prioritization of Healthcare-Associated Infection Initiatives (Terry H Tsai, M D Gerst, C Engineer, H P Lehmann) • Leading Causes of Anesthesia-Related Liability Claims in Ambulatory Surgery Centers (Darrell Ranum, Anair Beverly, Fred E Shapiro, R D Urman) • Patient Safety Climate in General Public Hospitals in China: A Multiregion Study (Ping Zhou, Minqi Li, Xuefeng Wei, Hongbo Zhu, Di Xue) • Intervening in Interruptions: What Exactly Is the Risk We Are Trying to Manage? (Jonathan Gao, Andrew John Rae, Sidney W A Dekker) • Institution of Just Culture Physician Peer Review in an Academic Medical Center (Judith K. Volkar, Paul Phrampus, Dennis English, Ronald Johnson, Ashley Medeiros, Mark Zacharia, Richard Beigi)
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Milbank Quarterly

Volume 99, Issue 3, September 2021

URL	https://onlinelibrary.wiley.com/toc/14680009/2021/99/3
Notes	<p>A new issue of the <i>Milbank Quarterly</i> has been published. Articles in this issue of the <i>Milbank Quarterly</i> include:</p> <ul style="list-style-type: none"> • Social Prescribing in National Health Service Primary Care: What Are the Ethical Considerations? (Rebecca C. H. Brown, Kamal Mahtani, Amadea Turk, Stephanie Tierney)

	<ul style="list-style-type: none"> • Artificial Intelligence and Liability in Medicine: Balancing Safety and Innovation (George Maliha, Sara Gerke, I Glenn. Cohen, Ravi B Parikh) • Medicaid Waivers and Tenancy Supports for Individuals Experiencing Homelessness: Implementation Challenges in Four States (Frank J Thompson, Jennifer Farnham, E Tiderington, M K Gusmano, J C Cantor) • State Policymaking and Stated Reasons: Prenatal Care for Undocumented Immigrants in an Era of Abortion Restriction (Rachel E Fabi, Brendan Saloner, Holly Taylor) • Nurse Practitioner Scope-of-Practice Laws and Opioid Prescribing (Benjamin J Michael) • The Demise of Artificial Trans Fat: A History of a Public Health Achievement (M G Wootan, A Amico, M F Jacobson, C Leung, W Willett) • Who Would Pay Higher Taxes for Better Mental Health? Results of a Large-Sample National Choice Experiment (F Reed Johnson, Juan Marcos Gonzalez, Jui-Chen Yang, Semra Ozdemir, Steven Kymes) • Linking Data on Constituent Health with Elected Officials' Opinions: Associations Between Urban Health Disparities and Mayoral Officials' Beliefs about Health Disparities in their Cities (Jonathan Purtle, Rennie Joshi, Félice Lê-Scherban, Rosie Mae Henson, Ana V Diez Roux) • The Evolution of Supply and Demand in Markets for Generic Drugs (Richard G Frank, Thomas G McGuire, Ian Nason)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Editorial: Challenge of optimising medication in people with severe mental illness (Ian Maidment, Dolly Sud, Caroline Chew-Graham) • 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) • Editorial: Starting off on the right foot: providing timely feedback to learners in quality improvement education (Amanda L Mayo, Brian M Wong)

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"> • Overcoming Telemental Health Disparities During The COVID-19 Pandemic (Feng Qian, Julia F Hastings, Rukhsana Ahmed)

Online resources

[USA] *Effective Health Care Program reports*

<https://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Interventions To Decrease Hospital Length of Stay*
<https://effectivehealthcare.ahrq.gov/products/hospital-length-of-stay/report>

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:

- **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 significant 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/communities/covid-19/infection-control-expert-group>

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.

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

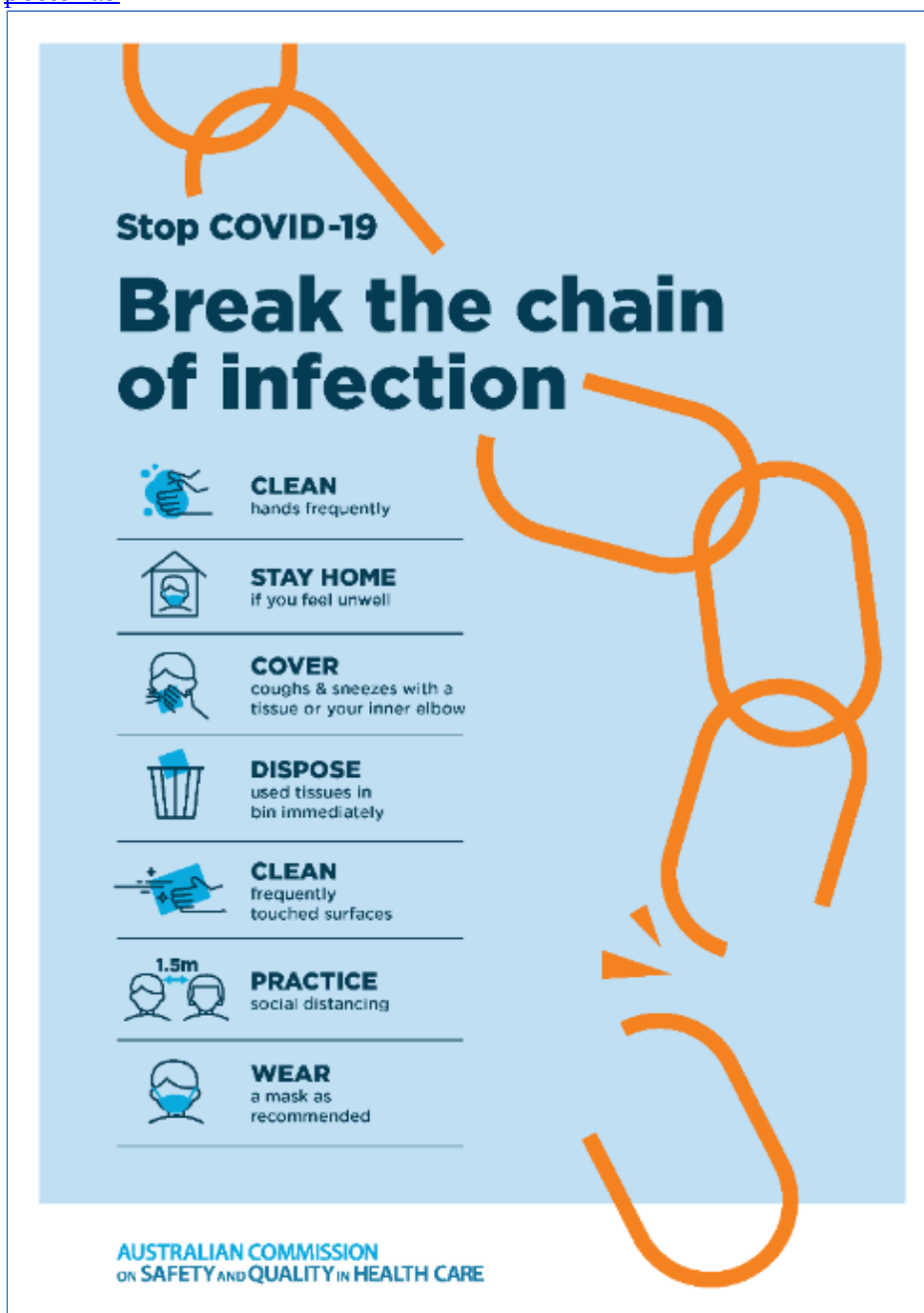
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

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
- *Infection prevention and control Covid-19 PPE* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment>
- *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-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>
- *FAQs on community use of face masks*
<https://www.safetyandquality.gov.au/faqs-community-use-face-masks>
- *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>

The Commission’s fact sheet on use of face masks in the community to reduce the spread of COVID-19 is now available in Easy English and 10 other community languages from <https://www.safetyandquality.gov.au/wearing-face-masks-community>.

The factsheet was developed to help people understand when it is important to wear a mask to reduce the risk of the spread of COVID-19, and to explain how to safely put on and remove face masks. It also reinforces the importance of staying home if you have symptoms, physical distancing, hand hygiene and cough etiquette.

**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 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:

- ***Furloughing staff following exposure to COVID-19*** – Evidence in brief on furloughing staff following exposure to COVID-19
- ***COVID-19 vaccines and fertility*** – Evidence in brief on COVID-19 vaccines and fertility
- ***Organisation of emergency departments during COVID-19*** – What is the evidence to support surging the capacity of emergency departments (EDs) during the COVID-19 pandemic in terms of: infrastructure, staffing, processes and patient flows, including flows out of ED.

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