AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



On the Radar

Issue 562 20 June 2022

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On the Radar

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

REGISTER NOW Clinical Care Standards

Launch of the first national standard of care for sepsis

https://www.safetyandquality.gov.au/standards/clinical-care-standards/sepsis-clinical-care-standard The Australian Commission on Safety and Quality in Health Care will launch the first national *Sepsis Clinical Care Standard* on **Thursday, 30 June 2022**.

Every year, there are over 55,000 cases of sepsis in Australia and more than 8,700 sepsis-related deaths.

The new clinical care standard provides guidance to ensure we spot the warning signs early and act quickly to stop sepsis and save lives.

Join our webcast to hear the experts discuss timely recognition of sepsis, systems to support timecritical management, the ongoing effects of sepsis, and the importance of multidisciplinary, coordinated sepsis care.

Hosted by Ms Julie McCrossin AM, Broadcaster and Commentator, the panellists include:

- Dr Carolyn Hullick Clinical Director, Australian Commission on Safety and Quality in Health Care and Emergency Physician, Hunter New England Health NSW
- Professor Simon Finfer AO Professorial Fellow in the Critical Care Division at The George Institute for Global Health. Adjunct Professor, University of New South Wales and Chair of Critical Care, School of Public Health, Imperial College London
- Associate Professor Paula Lister Director Paediatric Critical Care, Sunshine Coast University Hospital QLD & Medical Co-Chair, Queensland Paediatric Sepsis Program
- Dr Lorraine Anderson Medical Director, Kimberley Aboriginal Medical Services WA

Date: **Thursday, 30 June 2022** Time: **12:00pm – 1:00pm AEST**

Location: Online

Click <u>here</u> to register

For more information, email ccs@safetyandquality.gov.au or visit our web page at https://www.safetyandquality.gov.au/standards/clinical-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis-care-standards/sepsis

Reports

The courage of compassion: Supporting nurses and midwives to deliver high-quality care West M, Bailey S, Williams E

,	e King's Fund; 2022. p. 156.
URL	https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-
	midwives This was at form the King's Food in the LIV as a validational bands a Paral Calles of
	This report from the King's Fund in the UK commissioned by the Royal College of Nursing Foundation. The review 'investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer.' 'To ensure wellbeing and motivation at work, and to minimise workplace stress, research evidence suggests that people have three core needs: • autonomy – the need to have control over their work lives, and to be able to act consistently with their values • belonging – the need to be connected to, cared for, and caring of others around them at work, and to feel valued, respected and supported • contribution – the need to experience effectiveness in what they do and deliver valued outcomes. All three must be met for people to flourish and thrive at work. The review identified eight key areas where action is needed to ensure that these three core needs are met for nurses and midwives' (see below). The report includes eight recommendations designed to meet these three core work needs. These recommendations focus on: authority, empowerment and influence; justice and fairness; work conditions and working schedules; teamworking; culture and leadership; workload; management and supervision; and learning, education and development. Figure 1: The ABC framework of nurses' and midwives' core work needs
Notes	Autonomy The need to have control over one's work life, and to be able to act consistently with one's values Pelonging The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported • Authority, empowerment and influence Influence over decisions about how care is structured and delivered, ways of working and organisational culture • Justice and fairness Equity, psychological safety, positive diversity and universal inclusion • Work conditions and working schedules Resources, time and a sense of the right and necessity to properly rest, and to work safely, flexibly and effectively • Teamworking Effectively functioning teams with role clarity and shared objectives, one of which is team member wellbeing • Culture and leadership Nurturing cultures and compassionate leadership enabling high-quality, continually improving and compassionate care and staff support
	 Workload Work demand levels that enable the sustainable leadership and delivery of safe, compassionate care Management and supervision The support, professional reflection, mentorship and supervision to enable staff to thrive in their work Education, learning and development Flexible, high-quality development opportunities that promote continuing growth and development for all

National Guidance on Quality Risk Response and Escalation in Integrated Care Systems

National Quality Board

London: NHS England; 2022. p. 20.

URL	https://www.england.nhs.uk/publication/national-guidance-on-quality-risk-response- and-escalation-in-integrated-care-systems
	Guidance from the NHS England's National Quality Board for integrated care
Notes	systems leadership. The guidance is intended to support approaches to 'quality
	management, providing clarity on how quality concerns and risks should be managed'.

Journal articles

Diagnostic Excellence and Patient Safety: Strategies and Opportunities Shah NR, Gandhi TK, Bates DW

Journal of the American Medical Association. 2022 [epub].

DOI	https://doi.org/10.1001/jama.2022.9629
Notes	The latest in JAMA's series of items on diagnostic excellence. In this short piece, the authors observe that 'errors in the use and performance of diagnostic tests can harm patients, both from delayed and missed diagnoses and from the preventable harm from unnecessary diagnostic tests'. They seek to examine 'diagnostic safety issues in various clinical scenarios across the care continuum, with selected examples illustrating successful strategies for improvement'. Examples include cancer screening in primary
	care, sepsis diagnosis in the ED, inpatient pulmonary embolism, and telehealth.

Diagnostic Trajectories in Primary Care at 12 Months: An Observational Cohort Study Fontil V, Khoong EC, Lyles C, Rivadeneira NA, Olazo K, Hoskote M, et al The Joint Commission Journal on Quality and Patient Safety. 2022 [epub].

DOI	https://doi.org/10.1016/j.jcjq.2022.04.010
Notes	Paper reporting on a prospective observational cohort study of adults presenting to primary care clinics across two health systems in the USA with an undiagnosed medical problem. In the 410 cases, '206 (50.2%) reached a final diagnosis within 12 months, with a median time to diagnosis of 5 days (interquartile range = 0–46). Among these cases, 32.4% reached a diagnosis within the first month. A majority of cases not diagnosed within a month of the first presentation remained undiagnosed at 12 months.' The authors observe 'Patients presenting with new or unresolved problems in ambulatory primary care often remain undiagnosed after a year. There were no provider or patient-level variables associated with such lack of diagnosis.'

URL	https:/	/www.phrp.com au	/issues/	/June-2022-volume-32-issue-2/
CILL	111103.7	/ www.piiip.com.au,	1334637	Julic-2022-Volume-32-138uc-2/

A new issue of *Public Health Research & Practice* has been published with a theme 'Coproduction of research: aspirations, challenges, and the way ahead'. Articles in this issue of *Public Health Research & Practice* include:

- Editorial: **Co-production**: aspirations, challenges, and the way ahead for **public health and health services research** (Nicholas Mays, Ben Harris-Roxas)
- Launching a **global movement for societal wellbeing** (Vivian Lin, Colin Sindall, Carmel Williams, Tony Capon)
- A personal reflection on **co-creation in public health**: a dream partly realised (Adrian Bauman)
- Co-creation, co-design, co-production for public health a perspective on definition and distinctions (Carmen Vargas, Jill Whelan, Julie Brimblecombe, Steven Allender)
- Establishing an enduring **co-production platform in Aboriginal health** (Sandra Bailey, Deanna Kalucy, Janice Nixon, Anna Williamson, Darryl Wright, Jamie Newman, Martin McNamara, Sumithra Muthayya)
- Ethics and the co-production of knowledge (Katie Page)
- Enabling the space and conditions for **co-leadership in co-design**: an evaluation of co-facilitator training for culturally and linguistically diverse consumers (Bróna Nic Giolla Easpaig, Éidín Ní Shé, Ashfaq Chauhan, Bronwyn Newman, Kathryn Joseph, Nyan Thit Tieu, Reema Harrison)
- Applying collective impact in Aboriginal health services and research: three case studies tell an important story (Kylie Gwynne, Boe Rambaldini, Vita Christie, David Meharg, Josephine D Gwynn, Yvonne Dimitropoulos, Carmen Parter, John C Skinner)
- A COVID-19-era rapid review: using **Zoom and Skype for qualitative group research** (Joshua Boland, Susan Banks, Robin Krabbe, Suanne Lawrence, Therese Murray, Terese Henning, Miriam Vandenberg)
- Alcohol brands' use of age-restriction controls on Facebook and Instagram in Australia (Hannah Pierce, Abbie-Clare Vidler, Julia Stafford, Danica Keric)
- Influenza vaccination among pregnant women in two hospitals in Sydney, NSW: what we can learn from women who decline vaccination (Jocelynne E McRae, Aditi Dey, Samantha Carlson, John Sinn, Peter McIntyre, Frank Beard, Kristine Macartney, Nicholas Wood)
- Co-producing research with people impacted by dementia and service providers: issues and challenges (Ellen Gaffy, Bianca Brijnath, Briony Dow)
- Co-production of a transdisciplinary assessment by researchers and healthcare professionals: a case study (Aleysha K Martin, Theresa L Green, Alexandra L McCarthy, P Marcin Sowa, E-Liisa Laakso)
- Absence of COVID-19 workplace transmission from hairdressers in Victoria, Australia (Ericka Swaney, Brittany Murnane, Lauren Heard, N Deborah Friedman, Daniel P O'Brien)
- Effectiveness and costs of strategies to recruit Australian adults with type 2 diabetes into a text message intervention (DTEXT) study)(Karen Waller, Susan Furber, Rebecca Cook, Margaret Allman-Farinelli, Stephen Colagiuri, Lisa Franco, Robert Moses, Alison Webb, Adrian Bauman)

• Righting a wrong: turning the tide on **geopolitics in healthcare** (Frances Rapport)

Australian Journal of Primary Health Volume 28, Number 3, June 2022

URL https://www.publish.csiro.au/py/issue/10794 A new issue of the Australian Journal of Primary Health has been published. Articles this issue of the Australian Journal of Primary Health include: • A systematic review on assessment and management of preventive cardiovascular care in primary health for Aboriginal and Torres Stra	
this issue of the <i>Australian Journal of Primary Health</i> include: • A systematic review on assessment and management of preventive	
,	
Islander women and men (Katharine McBride, Jayden Nguyen, Anna Dowling, Natasha J Howard, Christine Franks, Susan Hillier, Vicki Wade, Veronica King, Janice Rigney, Nyunmiti Burton, Julie Anne Mitchell, Step J Nicholls, Catherine Paquet and Alex Brown	
 Implications of the ongoing coronavirus disease 2019 pandemic for primary care (Pathiyil Ravi Shankar, Vishna D Nadarajah and Ian G Wilson Clinical software packages can be improved to help general practitioners increase the provision of preventive care (Oliver R Frank) 	son)
Integrating cultural considerations and developmental screening into an Australian First Nations child health check (Natasha Reid, Marjad Pag Theresa McDonald, Erinn Hawkins, Wei Liu, Heidi Webster, Codi White Doug Shelton, Mary Katsikitis, Andrew Wood, Bronwyn Draper, Karen Moritz and Dianne C Shanley)	-
 Developing indicators and measures of high-quality for Australian general practice (Christine Metusela, Natalie Cochrane, Hannah van We Tim Usherwood, Shahana Ferdousi, Ray Messom, Diana O'Halloran, Mic Fasher, Andrew Page, Steven Trankle, Penelope Abbott, W. Kathy Tanno Kath Peters, Kirsten Meisinger and Jennifer Reath) 	hael
 Primary care consumers' experiences and opinions of a telehealth consultation delivered via video during the COVID-19 pandemic (Jo-Ar Manski-Nankervis, Sandra Davidson, Harriet Hiscock, Christine Hallinan Jemimah Ride, Vignesh Lingam, Jessica Holman, Andrew Baird, Emma McKeown and Lena Sanci) 	
After-hours presentations to community-based primary care in the Australian Capital Territory (Katelyn Barnes, Jason Agostino, Dagmar Ceramidas and Kirsty Douglas)	
Barriers and enablers to hepatitis C treatment among clients of Aborig Community Controlled Health Services in South East Queensland, Australia: a qualitative enquiry (Cheneal Puljevic, Luciana Massi, Renee Brichard Mills, Lyle Turner, Andrew Smirnov and Linda A Selvey)	
 Qualitative analysis of the barriers and facilitators influencing uptake of deacting antiviral therapy for hepatitis C in a primary healthcare environm (Kevin Jia 0000-0001-5698-6647, Harsha Venkateshan and Michael Burke 	nent
Community participation in Australia's National Suicide Prevention T (Kylie King, Teresa Hall, Sanne Oostermeijer and Dianne Currier)	
 Impact of dual diagnosis on healthcare and criminal justice costs after release from Queensland prisons: a prospective cohort study (K J Snov Petrie, J T. Young, D B Preen, E Heffernan and S A Kinner) 	

	Number 3, May/June 2022
URL	https://journals.lww.com/pqs/toc/2022/05000
	A new issue of <i>Pediatric Quality & Safety</i> has been published. Articles in this issue of
	Pediatric Quality & Safety include:
	 Erratum: Quality Improvement Effort to Decrease Unplanned Extubation in a Cardiac Neonatal Intensive Care Unit
	 Utilization of Family as Faculty: A Patient Directed Simulation Education to Improve Patient and Family Communication during Patient-Family Centered Rounds (PFCR) (Asuncion, Arsenia M; Quintos-Alagheband, Ma Lyn; Leavens-Maurer, Jill; Akerman, Meredith; Janicke, Patricia; Cavanaugh, Rethinking Blood Testing in Pediatric Cancer Patients: A Quality Improvement Approach (Grant, Andrew M; Wright, Felicity A; Chapman, Laura R M; Cook, Eleanor; Byrne, Renee; O'Brien, Tracey A)
	Improving Adherence to AAP Acute Otitis Media Guidelines in an
	Academic Pediatrics Practice through a Quality Improvement Project (Wolf, Ryan M; Langford, Kyle T; Patterson, Barron L)
	High-stage Device-related Pressure Injury Reduction in a Neonatal
	Intensive Care Unit: A Quality Improvement Project (Moyer, Laurel B; Lauderbaugh, Denise L; Worten, Katherine; Carter, Chelsea; Holub, Peggy; Santos Manrique, Rose A; Bergman, J H; Dilloway, M A; Hamid, M; Glenn,
	Reducing Antibiotic Use in a Level III and Two Level II Neonatal
	Intensive Care Units Targeting Prescribing Practices for Both Early and Late-onset Sepsis: A Quality Improvement Project (Kahn, Doron J; Perkins, Beckett S; Barrette, Claire E; Godin, Robert)
	• Therapeutic Hypothermia on Transport: The Quest for Efficiency: Result of a Quality Improvement Project (Redpath, Stephanie; Moore, Heather; Sucha, Ewa; Agarwal, Amisha; Barrowman, N; Lemyre, B; St Germain, L)
	 Reducing Wait Time in a High-volume Pediatric Neuro-oncology Clini by Optimizing Process Flow: A Quality Improvement Project (Vinitsky, Ann David, Barbara; Michalik, Layna; Ramirez, Nicole; Risinger, Adam; Burlison, Jonathan D.; Zanders, Jacky; Mans, Bridget; Heady, Katie; Holdiness, Joni; Qaddoumi, Ibrahim; Robinson, G W; Moreira, D; Upadhyaya, S A; Gajjar, A
	• Response Time in the Transport of Pediatric Patients to a Tertiary Critic Care Unit (Villacrés, Sindy; Katyal, Chhavi; Gomez, James; Longani, Neha; Chang Deiden Velagge, Swang Zeimen, Lindy Chai, Stayen)
	 Chang, Deidre; Velasco, Susan; Zeiman, Linda; Choi, Steven) Improving Blood Pressure Screening in Neonatal Follow-up Clinic: A
	Quality Improvement Initiative (Flynn, Rachel .; Zedalis, Jacqueline; Denbur Michelle R; Bernbaum, Judy C; DeMauro, Sara B)
	• Increasing Pediatric Infectious Diseases Consultation Rates for <i>Staphylococcus aureus</i> Bacteremia (Gordon, Oren; Peart Akindele, Nadir Schumacher, C; Hanlon, A; Simner, P J; Carroll, K C; Sick-Samuels, A C)
	 Practicing What We Preach: An Effort to Improve Safe Sleep of Hospitalized Infants (Salada, Katherine O; Arzu, Jennifer; Unti, Sharon M; Tanz, Robert R; Badke, Colleen M)
	 Standardized Scoring Tool and Weaning Guideline to Reduce Opioids in Critically Ill Neonates (Vyas, Dipen; Quinones Cardona, Vilmaris; Carroll, Amanda; Markel, Catherine; Young, Megan; Fleishman, Rachel)
	• Reducing the Time to Blood Administration after Pediatric Injury : A Quality Improvement Initiative (Sullivan, Travis M; Milestone, Zachary P;

Alberto, Emily C; Waibel, Elizabeth M; Gestrich-Thompson, Waverly V; Tempel, Peyton E; Fritzeen, Jennifer L; O'Connell, K J; Cheng, J; Burd, R S)
A Quality Improvement Approach to Ensuring Access to Specialty Care for Pediatric Patients (Vora, Sheetal S; Buitrago-Mogollon, Talia L; Mabus, S C)

• Improving Follow-Up Skeletal Survey Completion in Children with Suspected Nonaccidental Trauma (Ashraf, Iram J; Faivus Ackley, Danielle; Razawich, Kristin; Botash, Ann; Schafer, Melissa; Pekarsky, Alicia)

Unexpected Benefits in Single Institution Experience With Successful
Implementation of a Standardized Perioperative Protocol in Pediatric
Thyroidectomy (Cossen, Kristina; Santore, Matthew T; Prickett, Kara K;
Goudy, Steven L; Heiss, Kurt F; Shanker, K; Alazraki, A L; Patterson, B C)

• Improving Knowledge of Active Safety and QI Projects Amongst Practitioners in a Pediatric ICU (Flaherty, Brian F; Hummel, Kevin; Vijayarajah, Senthuran; White, Benjamin R; Outsen, Shad; Larsen, Gitte Y)

Assessing Suicide Risk in a Pediatric Outpatient Behavioral Health
 System: A Quality Improvement Report (Soffer, Stephen L; Lewis, Jason;
 Lawrence, O'Nisha S; Marroquin, Yesenia A; Doupnik, S K; Benton, T D)

• Improving Blood Product Transfusion Premedication Plan Documentation: A Single-institution Quality Improvement Effort (Sitthiamorn, Jitsuda; Denton, Emily; Harper, Erin; Carias, Delia; Hashmi, Saman; Bami, Sakshi; Ast, Allison; Landry, Taylor; Pettit, Kenneth L Jr; Gorantla, Shilpa; Vinitsky, Anna; Zheng, Yan; Johnson, Liza-Marie)

BMJ Quality & Safety online first articles

1 <u>9 29 °</u>		
URL	https://qualitysafety.bmj.com/content/early/recent	
	BMJ Quality & Safety has published a number of 'online first' articles, including:	
	Editorial: Addressing long-term and repeat antibiotic prescriptions in	
	primary care: considerations for a behavioural approach (Eva M Krockow,	
	Eleanor J Harvey, Diane Ashiru-Oredope)	
	Editorial: Reporting on implementation trials with null findings: the need	
Notes	for concurrent process evaluation reporting (Anne Sales)	
	• Editorial: High reliability organising in healthcare : still a long way left to	
	go (Christopher G Myers, Kathleen M Sutcliffe)	
	Eszter P Vamos, Kamlesh KhuntiEditorial: Indirect effects of the COVID-	
	19 pandemic on people with type 2 diabetes: time to urgently move into a	
	recovery phase (Eszter P Vamos, Kamlesh Khunti)	

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 NG25 *Preterm labour and birth* https://www.nice.org.uk/guidance/ng25
- NICE Guideline NG221 *Reducing sexually transmitted infections* https://www.nice.org.uk/guidance/ng221
- NICE Guideline NG191 COVID-19 rapid guideline: managing COVID-19 https://www.nice.org.uk/guidance/ng191

[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:

- Telehealth for Women's Preventive Services https://effectivehealthcare.ahrq.gov/products/telehealth-women/research
- Transitions of Care From Pediatric to Adult Services for Children With Special Healthcare Needs https://effectivehealthcare.ahrq.gov/products/transitions-care-pediatric-adult/research

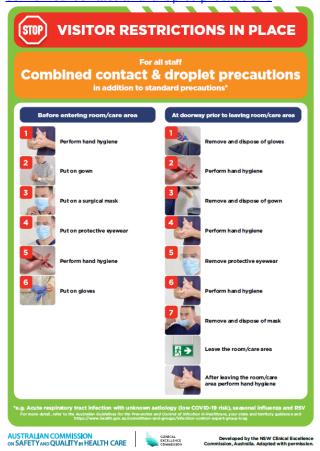
COVID-19 resources

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:

- OVID-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/poster-combined-contact-and-droplet-precautions
 https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions
 https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions
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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



Perform hand hygiene



Put on gown



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



Put on protective eyewear



Perform hand hygiene



Put on gloves

At doorway prior to leaving room/care zone



Remove and dispose of gloves



Perform hand hygiene



Remove and dispose of gown



Leave the room/care zone



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



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



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



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



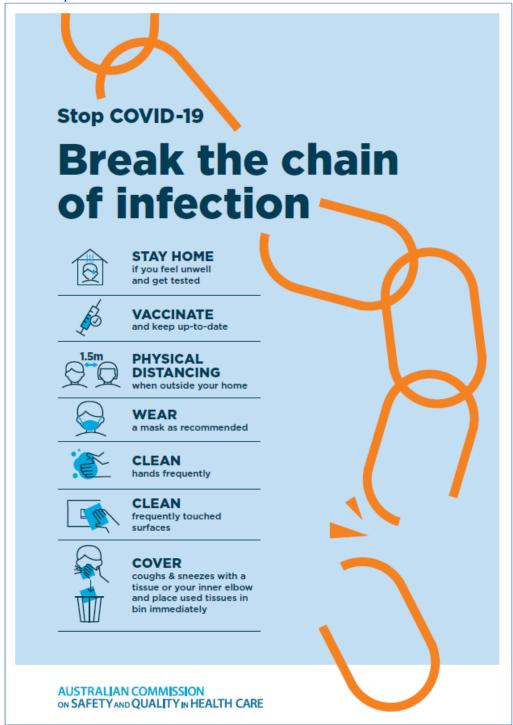
Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Clinical boolience Commission and the Australian Government infaction Control Expert Group Photos reproduced with permission of the NSW Clinical Boolience Commission.

- 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



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:

- *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?
- *Post-acute sequelae of COVID-19* What is the evidence on the post-acute sequelae of COVID-19?
- 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.
- *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?
- *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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