

Safety and
Quality

Debate

Affirmative

No disclosures or conflicts
to declare.





We would like to acknowledge this land that we meet on today is the traditional lands of the Kaurna people and that we respect their spiritual relationship with their country.

We also acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today.

Transmission-based Precautions

Do we stay with standard contact droplet airborne or do we move to standard contact respiratory?

Safety and Quality

Posters

Standard

Standard precautions

Standard precautions must always be used when caring for all patients, regardless of their infection status

1 Perform hand hygiene

2 Use personal protective equipment (PPE)*

3 Use respiratory hygiene and cough etiquette

4 Use aseptic technique

5 Use and dispose of sharps safely

6 Clean and reprocess reusable patient equipment

7 Perform routine environmental cleaning

8 Handle and store waste safely

*When used as part of standard precautions, PPE protects against probable exposure to blood and body substances. When used as part of transmission-based precautions, PPE serves as a barrier to specific means of transmission of infectious agents.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Contact

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Contact precautions
In addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on a gown
- 3 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 Leave the room/care zone
- 5 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

Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)*
- Use respiratory hygiene and cough etiquette
- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment
- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Droplet

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Droplet precautions
In addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on surgical mask
- 3 Put on protective eyewear
- 4 Perform hand hygiene

At doorway prior to leaving room/care zone

- 1 Perform hand hygiene
- 2 Remove protective eyewear
- 3 Perform hand hygiene
- 4 Remove mask and dispose of mask
- 5 Leave the room/care zone
- 6 Perform hand hygiene

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

- Consider patient placement
- Minimise patient movement
- Appropriate bed allocation

Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)*
- Use respiratory hygiene and cough etiquette
- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment
- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Airborne

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff

Airborne precautions
In addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on a particulate filter respirator (e.g. N95/HEPA) and perform a fit check
- 3 Put on protective eyewear
- 4 Perform hand hygiene

At doorway prior to leaving room/care zone

- 1 Perform hand hygiene
- 2 Leave the room/care zone
- 3 Perform hand hygiene (in the anteroom/outside the room/care zone)
- 4 Remove protective eyewear (in the anteroom/outside the room/care zone)
- 5 Perform hand hygiene (in the anteroom/outside the room/care zone)
- 6 Remove and dispose of particulate filter respirator (in the anteroom/outside the room/care zone)
- 7 Perform hand hygiene

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

- Consider patient placement
- Use a negative pressure room, where available
- Keep door closed at all times
- Minimise patient movement

Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)*
- Use respiratory hygiene and cough etiquette
- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment
- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Safety and
Quality

Posters- Combined

Contact & Droplet



Contact & Airborne



QUESTION?



Safety and Quality

<https://tenor.com/search/bugs-bunny-gifs>



Series of National Guidelines (SoNGs) for Coronavirus (COVID-19)

Version updates

2020	2021	2022	2023
44	14	9	0

Moral injury refers to the psychological, social and spiritual impact of events involving betrayal or transgression of one's own deeply held moral beliefs and values occurring in high stakes situations

The National Safety and Quality Health Service (NSQHS) Standards

1 July 2023 short notice assessments have commenced



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<https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/short-notice-assessment>

Infection Prevention and Control Systems

Item	Action
<p>Standard and transmission-based precautions</p> <p>Standard precautions include hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or body fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management.</p> <p>Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.</p>	<p>3.06 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>¹⁷, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p> <hr/> <p>3.07 The health service organisation has:</p> <ul style="list-style-type: none"> a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions

Infection Prevention and Control Systems

Item	Action
Standard and transmission-based precautions Standard precautions include hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or body fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management. Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.	<p>3.06 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>¹⁷, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p> <hr/> <p>3.07 The health service organisation has:</p> <ul style="list-style-type: none"> a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions

Item	Action
Standard and transmission-based precautions	<p>3.08 Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider:</p> <ul style="list-style-type: none"> a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care <hr/> <p>3.09 The health service organisation has processes to:</p> <ul style="list-style-type: none"> a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection

Environmental footprint

- Waste streams
- Product selection
- Product development
- Use of solar/wind energy systems

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Vasilevski, V., J. Huynh, A. Whitehead, C. Noble, C. Machado, and L. Sweet (2023). "The Green Maternity project: A midwife-led initiative to promote correct waste segregation on an Australian postnatal ward." *Journal of Advanced Nursing*. DOI: <https://doi.org/10.1111/jan.15789>

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Thank you!