

# Safe Distancing, We Can!

# PATIENT SAFETY AND QUALITY BULLETIN

SingHealth Duke-NUS Institute for Patient Safety and Quality (IPSQ), Singapore

"The COVID Safe Distancing Audit at Campuses is jointly led by the SingHealth Duke-NUS Institute for Patient Safety & Quality and the SingHealth Cross Institution Infection Control Audit Lead"

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Together we can, for ourselves, our colleagues, and patients.

## Background

Social distancing, or physical distancing is a set of non-pharmaceutical interventions or measures taken to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. This form of social distancing, together with regular hand washing, are key efforts to halt the spread of COVID-19. From literature reviews and the Ministry of Manpower (MOM) guidelines, physical distancing of 1 meter or more was associated with a much lower risk of infection, as with use of face masks (including N95 respirators or similar and surgical or similar masks (e.g. 12–16-layer cotton or gauze masks) and eye protections (e.g., goggles or face shields). Based on the SingHealth Disease Outbreak Taskforce (SDOT) feedback and various observations, there are vulnerability and gaps in the implementation of safe distancing measures, especially when it involves the adjustment of human activities/practices. To enhance the safety of our healthcare workers, the need to constantly educate our staff for optimal safe distancing is critical. Thus, the Safe Distancing Audit at Campuses (COVID SDA @ Campuses) was initiated in May 2020, as a proactive response to boost the efforts to help safeguard against COVID-19, for our patients and our colleagues. The audit checklist (Figure 1) anchors on 4 Domains (Figure 2), with a total of 20 indicators ranging from environment, human factors, and activity-based items. The checklist is reviewed frequently to align with the different phases of the circuit breaker as well as post circuit breaker. Timely communication with Institution representatives were done concerning the updates on the audit checklist.

Figure 1: COVID SDA Checklist

## Remember to:

1. Practice appropriate PPE donning and doffing
2. Wear appropriate mask during work at workplace
3. Wear appropriate mask during rest at workplace
4. Keep N95/ Surgical Mask in the receptacle (e.g. ziplock bag, plastic bag, customised boxes, etc.) when not in use.
5. Practice hand hygiene
6. Observe good personal hygiene
7. Practice physical distancing of at least 1 meter when with another colleague at work setting
8. Practice physical distancing of at least 1 meter when at non work setting (e.g. when buying lunch or other items at retail outlet within the institution, chatting along corridors, etc.)
9. Download or carry any required app or devices in support of contact tracing
10. When unwell with ARS such as fever, cough and runny nose, please seek medical attention.

## Challenges faced when the audit first started

The checklist had undergone few revisions after learnings from various audits. The audit lead and team decided on the scoring system to determine the performance of the respective indicators for resources to be focused on the appropriate improvement actions required. As the audit is new to the pool of appointed auditors, numerous briefings and shadowing with the audit lead was arranged to ensure the competency and consistency of the audits.



Figure 2: 4 Domains of COVID SDA Checklist

## Adopt a systematic approach (e.g. Plan-Do-Study-Act (PDSA) tool)

Here are some key considerations when planning and management an audit:

- Refer to National advisories on required measures as well as international literatures when developing the audit checklist and guidelines.
- Introduce a formula (Figure 3) to compute the performance (e.g. compliance rate) and scoring criteria for the purpose of trending the audit and improvement efforts.
- Articulate background, purpose, checklist, and guidelines to institutions for meaning and purpose.
- Conduct the audit based on planned schedule. Adjust the frequency based on audit findings as institution performance will differ and require different degree of attention (i.e. frequency of audit).
- Organise periodic sharing of the findings and performance with institutions' leaders and institutions representatives.
- Schedule meetings to constantly review the audit findings and hear from the auditors as well as institutions' representatives to address the challenges, and to help in the review and refinement of the checklist for precise and practical implementation.
- Share consolidated best practices with all institutions for cross learning and improvement.

Let us all be a safe and engaged workforce by doing our part in practicing safe distancing for the safety of ourselves, our colleagues, our patients, and our family!

Computation of SDA Compliance Rate (%)	
Total Observations Met	
Total Observations (Met + Not Met)	

> 90% - 100%	Fully Met the Target
>75% - 90%	Substantially Met
> 50% -75%	Moderately Met
> 25% -50%	Partially Met
≤ 25%	Not Met

Figure 3: Formula for compliance

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1. For more information on IPSQ, please visit <https://www.singhealthdukenus.com.sg/ipsq>