



On the Radar

Issue 535

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On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

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On the Radar

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Journal articles

Systematic review: Nurses' safety attitudes and their impact on patient outcomes in acute-care hospitals

Alanazi FK, Sim J, Lapkin S

Nursing Open. 2021 [epub].

DOI	https://doi.org/10.1002/nop2.1063
Notes	Paper reporting on a systematic review that sought to 'synthesize the best available evidence on the impact of nurses' safety attitudes on patient outcomes in acute-care hospitals.' Based on 9 studies, the authors report that 'Nurses with positive safety attitudes reported fewer patient falls, medication errors, pressure injuries, healthcare-associated infections, mortality, physical restraints, vascular access device reactions and higher patient satisfaction.' It's recognised that culture and attitudes matter and the authors suggest that 'Nurse managers can improve nurses' safety attitudes by promoting a non-punitive response to error reporting and promoting effective teamwork and good communication.'

Digital technologies: a new determinant of health
 The Lancet Digital Health
 The Lancet Digital Health. 2021;3(11):e684.

The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world
 Kickbusch I, Piselli D, Agrawal A, Balicer R, Banner O, Adelhardt M, et al.
 The Lancet. 2021 [epub].

DOI	<i>The Lancet Digital Health</i> https://doi.org/10.1016/S2589-7500(21)00238-7 Kickbusch et al https://doi.org/10.1016/S0140-6736(21)01824-9
Notes	Editorial in <i>The Lancet Digital Health</i> that reflects on <i>The Lancet</i> and <i>Financial Times</i> Commission (https://doi.org/10.1016/S0140-6736(21)01824-9) on governing health futures, that includes ‘recommendations for successful integration of digital technologies in health’. The editorial observes that ‘The bottom line of the Commission is that weak governance of digital technologies is causing health inequities and compromising human rights. ’ Digital technologies, e-health, digital health offer potentials for improving the care we receive. However, there is a risk that the “digital divide” exacerbates health inequities. The editorial also touches on the fact that the Commission focus many of their recommendations on the health future of children and many of these young people are offline and that there is a digital gender divide. Access and equity are considered by many as safety and quality issues and the editorial concludes by asserting that ‘Governments must provide comprehensive governance and leadership to define globally agreed rules on the sharing of health data for the future of equitable health care.’

Building patient trust in hospitals: a combination of hospital-related factors and health care clinician behaviors
 Greene J, Samuel-Jakubos H
 The Joint Commission Journal on Quality and Patient Safety. 2021 2021/09/12/.

DOI	https://doi.org/10.1016/j.jcjq.2021.09.003
Notes	We apparently live in a world in which trust is diminished and there is an apparent need to rebuild trust. This paper reports on a qualitative study that examined patients’ perspectives on trust in hospitals and health care systems. The study is based on 38 semi-structured telephone interviews conducted in early 2020 with participants across the United States. The patients who participated identified three factors that impact their trust in hospitals: competence, caring, and communication. The authors conclude that ‘The findings underscore the importance of perceived quality of care and hospital safety/hygiene, as well as having an organizational culture that emphasizes caring and effective communication, for building patient trust.’ Onora O’Neill suggests that we worry not such much about trust, as trustworthiness. If we are considered trustworthy, then trust follows. It then becomes the demonstration of trustworthiness that is significant. O’Neill concluded ‘Trust requires an intelligent judgement of trustworthiness. So those who want others’ trust have to do two things. First, they have to be trustworthy, which requires competence, honesty and reliability. Second, they have to provide intelligible evidence that they are trustworthy, enabling others to judge intelligently where they should place or refuse their trust.’ (https://blog.ted.com/how-to-trust-intelligently/)

EMS non-conveyance: a safe practice to decrease ED crowding or a threat to patient safety?

Paulin J, Kurola J, Koivisto M, Iiro T

BMC Emergency Medicine. 2021;21(1):115

DOI	https://doi.org/10.1186/s12873-021-00508-1
Notes	This Finnish study into the decision of emergency medical services (EMS) to not convey patients used EMS re-contacts, primary health care or emergency department (ED) visits, and hospitalization within 48 hours to evaluate the decision. This was a cohort study that prospectively collected data on 11,861 non-conveyed EMS patients from three different regions in Finland between 1 June and 30 November 2018. The authors report that ‘Of the non-conveyed EMS patients (n = 11,861), 6.3% re-contacted the EMS, 8.3% attended a primary health care facility, 4.2% went to the ED, 1.6% were hospitalized, and 0.1% died 0–24 h after the EMS mission’. They noted that ‘Four in five non-conveyed patients did not have any re-contact in follow-up period’ and suggest that ‘EMS non-conveyance seems to be a relatively safe method of focusing ED resources and avoiding ED crowding.’

Australian Journal of Primary Health

Volume 27 Number 5 October 2021

URL	https://www.publish.csiro.au/py/issue/10189
	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • Scoping review of health outcomes for people with disabilities in user-led organisations (Michael Crowe and Lorraine Sheppard) • Moral distress in community health nursing practice (Diana Guzys, Kathleen Tori and Carey Mather) • Evaluation of Australian prescription drug monitoring programs need a holistic approach (Sarah Haines and Pallavi Prathivadi) • COVID-19 challenges faced by general practitioners in Australia: a survey study conducted in March 2021 (Tessa Copp, Jennifer M J Isautier, Brooke Nickel, Kristen Pickles, Marguerite Tracy, Jenny Doust, Carissa Bonner, Rachael H Dodd, Julie Ayre, Erin Cvejic, Lyndal Trevena, Ramesh Manocha and Kirsten J McCaffery) • Understanding the general practice of telemonitoring integrated care: a qualitative perspective (Josephine S F Chow, Andrew Knight, Anna Disney, Friedbert Kohler, Justin Duggan, Nutan Maurya and Veronica Gonzalez-Arce) • Mixed-methods evaluation of screening for hearing loss using the hearScreen™ mobile health application in Aboriginal and Torres Strait Islander children presenting to an urban primary healthcare service (Geoffrey K Spurling, Claudette ‘Sissy’ Tyson, Deborah Askew and Jennifer Reath) • Quality of condition suggestions and urgency advice provided by the Ada symptom assessment app evaluated with vignettes optimised for Australia (Stephen Gilbert, Matthew Fenech, Shubhanan Upadhyay, Paul Wicks and Claire Novorol) • Refugee healthcare perceptions in regional northern Australia: transition through engagement, access, trust, privacy, the old, and the new (Michael Au, Robyn Preston, Robin A Ray and Meg Davis) • Qualitative experiences of primary health care and social care professionals with refugee-like migrants and former quota refugees in New Zealand (Jonathan Kennedy, Helen Kim, Serena Moran and Eileen McKinlay)

	<ul style="list-style-type: none"> • Understanding the research capacity and culture of a regional allied health workforce (Angela Crombie, Donna Borkowski, Marcus Gardner, Kevin Masman and Owen Howlett) • Implications for clients when nurses view weight as main cause of Type 2 diabetes in primary care (Cynthia J Smith, Darlene A McNaughton and Samantha B Meyer) • Perspectives of Australian GPs on tailoring fall risk management: a qualitative study (Lynette Mackenzie, Jeannine Liddle, Lindy M Clemson, Amy C W Tan, Meryl Lovarini, Sabrina W Pit, Roslyn G Poulos, Chris Roberts, Constance D Pond and Karen Willis) • Patterns of real-world opioid prescribing in Australian general practice (2013–18) (Doreen Busingye, Benjamin Daniels, Jonathan Brett, Allan Pollack, Josephine Belcher, Kendal Chidwick and Suzanne Blogg)
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Healthcare Quarterly

Volume 24, Number 3, October 2021

URL	https://www.longwoods.com/publications/healthcare-quarterly/26613/1/vol.-24-no.-3-2021
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published with the theme of ‘Resetting the Future of Healthcare Leadership’. Articles in this issue of <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> • Editorial: Resetting the Future of Healthcare Leadership (Anne Wojtak and Neil Stuart) • Reviewing the Evidence on Prenatal Opioid Exposure to Inform Child Development Policy and Practice (Andi Camden, Madeleine Harris, Sophia den Otter-Moore, Douglas M Campbell and Astrid Guttman) • The Impact of the COVID-19 Pandemic in Long-Term Care in Canada (Raquel Betini, Sandra Milicic and Christina Lawand) • Commentary: Moral and Ethical Leadership in the Age of Diversity, Equity, Inclusiveness and Social Accountability (Alex Anawati and Sarita Verma) • Commentary: Laying the Groundwork to Meaningfully Engage Indigenous Leadership (Harmony Johnson, σεῶακας) • Leadership Perspective: Addressing Canada’s Opioid Crisis – Reducing the Harm of Leadership (Anne Wojtak and Neil Stuart) • Leveraging Innovative Leadership Models within Community and Healthcare Organizations to Support Safe School Reopening during the COVID-19 Pandemic (Catherine Yu, Karen Chu, Janine McCready, Sarah Downey and Thuy-Nga(Tia) Pham) • Impactful Approaches to Leadership on the Front Lines of the COVID-19 Pandemic: Lived Experiences of Canadian Paramedics (Lindsey Boechler, Cheryl Cameron, J Chris Smith, Polly Ford-Jones and Patrick Suthers) • Leadership during a Crisis: Observations by Emerging Leaders during the COVID-19 Pandemic (Wendy Nelson, Arlinda Ruco and Isser Dubinsky) • Leading through Crises: Healthcare Supply Chain Strategies and Lessons Learned from the COVID-19 Challenges (Roxanne Patel, Connor Schmidt, Karen Belaire, Tammy Quigley and Rebecca Repa) • Foundations, Functions and Current State of Collaborative Leadership: A Case of Newly Developing Integrated Care in Ontario (Shannon L Sibbald, Ruth E Hall, Gayathri Embuldeniya, Jennifer Gutberg and Walter P Wodchis)

	<ul style="list-style-type: none"> • Leadership Perspective: Partnering with Patients to Co-Design Healthcare Systems (Neil Stuart and Anne Wojtak) • Commentary: The Future of Aging in Canada (Cathy Szabo) • Building Environmentally Sustainable Health Systems in Canada: The Time Is Now for Emergent and Strategic Leadership (Danielle Toccalino, Anna Cooper Reed, Colin Sue-Chue-Lam, Anson Cheung and V Haldane)
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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: Outsourcing care to the private sector: some reassuring evidence on patient outcomes (Alex Bottle, John Browne) • Editorial: 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)

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"> • An Appraisal of Healthcare Accreditation Agencies and Programs: Similarities, Differences, Challenges and Opportunities (David Greenfield, Usman Iqbal, Elaine O’Connor, Nicola Conlan, Heather Wilson) • Patients Experience More Support, Information and Involvement After First-Time Hospital Accreditation: A Before and After Study in the Faroe Islands (Maria Daniella Bergholt, Anne Mette Falstie-Jensen, Jan Brink Valentin, Peter Hibbert, Jeffrey Braithwaite, Søren Paaske Johnsen, Christian von Plessen)

Online resources

[USA] AHRQ Perspectives on Safety

<https://psnet.ahrq.gov/psnet-collection/perspectives>

The US Agency for Healthcare Research and Quality (AHRQ) publishes Perspectives on Safety essays. Recent essays include:

- *The Role of **Community Pharmacists in Patient Safety***
<https://psnet.ahrq.gov/perspective/role-community-pharmacists-patient-safety>

[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 NG191 COVID-19 rapid guideline: managing COVID-19
<https://www.nice.org.uk/guidance/ng191>

[UK] NIHR Evidence alerts

<https://evidence.nihr.ac.uk/alerts/>

The UK's National Institute for Health Research (NIHR) has posted new evidence alerts on its site. Evidence alerts are short, accessible summaries of health and care research which is funded or supported by NIHR. This is research which could influence practice and each Alert has a message for people commissioning, providing or receiving care. The latest alerts include:

- Why don't **teenagers** seek help for **anxiety and depression**?
- Advice by mail is as effective as targeted interventions at **preventing fall-related injuries in older people**
- **Diabetes checks**: delays in treatment are reduced when support staff assess eye images
- How to improve information for people with **osteoporosis**
- **Statins** do not commonly cause muscle pain and stiffness
- Stressing the personal benefits of the **COVID-19 vaccine** could encourage more people to accept.

[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:

- *Living Systematic Review on **Cannabis and Other Plant-Based Treatments for Chronic Pain***
<https://effectivehealthcare.ahrq.gov/products/plant-based-chronic-pain-treatment/living-review>

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:

- **COVID-19 infection prevention and control risk management**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **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 guidance on regarding use of personal protective equipment to care with suspected, probable or confirmed 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/commission-and-panels/infection-control-some-3-covid-19>

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.

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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>







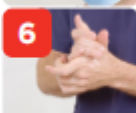




VISITOR RESTRICTIONS IN PLACE

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

At doorway prior to leaving 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

- 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

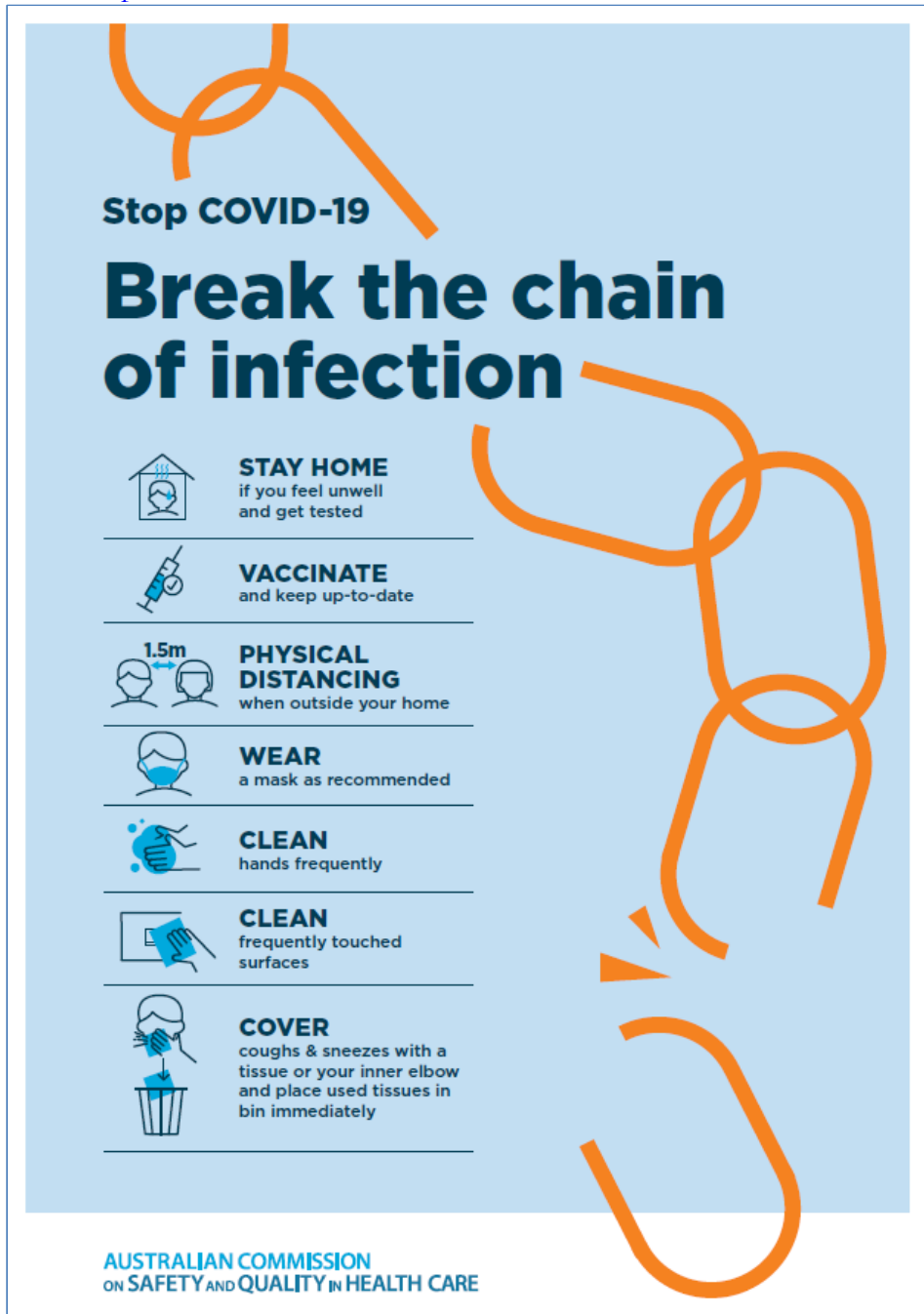
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- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *COVID-19 infection prevention and control risk management – Guidance*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-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**

**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:

- **COVID-19 vaccines in Australia** – What is the latest evidence on COVID-19 vaccines in Australia?

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