



On the Radar

Issue 537

15 November 2021

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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Clinical Care
Standards

Managing acute anaphylaxis



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Webcast launch of the Acute Anaphylaxis Clinical Care Standard

<https://kapara.rdbk.com.au/landers/f74d6d.html>

The Australian Commission on Safety and Quality in Health Care will launch the new *Acute Anaphylaxis Clinical Care Standard* on Wednesday 24 November 2021.

Anaphylaxis presentations to emergency departments in public hospitals grew by 51% in the five years to 2019–20. Outside the emergency department, paramedics, GPs and other community-based clinicians also play a key role in safe patient care.

Webcast event and panel discussion

Join host Associate Professor Amanda Walker and panel of experts as they discuss how the *Acute Anaphylaxis Clinical Care Standard* will provide a national approach to the treatment of anaphylaxis and improve patient safety in and outside of healthcare settings.

Webcast: Wednesday 24 November, 1:00pm – 2:00pm AEDT

Register at <https://kapara.rdbk.com.au/landers/f74d6d.html>

Journal articles

The critical role of health information technology in the safe integration of behavioral health and primary care to improve patient care

Segal M, Giuffrida P, Possanza L, Bucciferro D

The Journal of Behavioral Health Services & Research. 2021.

DOI	http://doi.org/10.1007/s11414-021-09774-0
Notes	<p>The effective integration and coordination of an individual’s health care has been seen as means to improve the appropriateness, timeliness and quality of that care. This item observes the importance of health information and the efficient creation, delivery and sharing of information in achieving integration. While focused on the integration of mental health (“behavioral health”) and primary care, the observations and recommendations made in this item can presumably be applied more generally. This item stems from a workgroup convened by The Partnership for Health IT Patient Safety and the HIMSS Electronic Health Record Association (EHRA) to examine the use of information technology to facilitate integration. The authors suggest that the ‘positive benefits for behavioral health of such an approach are.</p> <ul style="list-style-type: none">• Improved communications and relationships among clinicians and their patients• Enhanced continuity of care• Better care for patients• More complete reflection of patient preferences for information sharing.’

For information on the Commission’s work on e-health safety, see

<https://www.safetyandquality.gov.au/our-work/e-health-safety>

Physician variation in opioid prescribing: the importance of sex and gender
 Rochon P, Borhani P, Akerman J, Mishra A.
 BMJ Quality & Safety. 2021 [epub]

Association of clinical competence, specialty and physician country of origin with opioid prescribing for chronic pain: a cohort study
 Tamblyn R, Girard N, Boulet J, Dauphinee D, Habib B
 BMJ Quality & Safety. 2021 [epub].

Sex Differences in the Pattern of Patient Referrals to Male and Female Surgeons
 Dossa F, Zeltzer D, Sutradhar R, Simpson AN, Baxter NN
 JAMA Surgery. 2021 [epub].

DOI	Rochon et al https://doi.org/10.1136/bmjqs-2021-013697 Tamblyn et al https://doi.org/10.1136/bmjqs-2021-013503 Dossa et al https://doi.org/10.1001/jamasurg.2021.5784
Notes	<p>People are different and how their body responds to treatments vary. A criticism of biomedicine is that it has tended to not appreciate this heterogeneity and has overlooked important variation, including by gender and sex. These two pieces – a study of opioid prescribing behaviour and an editorial reflecting on that piece – are two recent additions to the literature exploring the nature and impacts of such “blindness”. These behaviours cover the gamut of medical practice and range from how patients are viewed, to how treatment decisions are made, what treatments are delivered, and (as another recent study has shown) even to how referrals are done. Dossa et al found that male physicians tend to refer to male surgeons. Using a dataset of nearly 40 million referrals and 5,660 surgeons, they found that although male surgeons accounted for 77.5 per cent of all surgeons in the sample, they received 79 per cent of referrals sent by female physicians and 87 per cent of referrals sent by other male physicians. Female physicians were slightly (1.6 per cent) more likely to refer patients to a female surgeon, however male physicians were much more likely (32 per cent) to refer patients to a male surgeon.</p> <p>Rochon et al observe in their editorial, that ‘Women are more likely than men to experience the chronic conditions that cause pain’, and that Tamblyn et al study found ‘the odds of prescribing an opioid for non-cancer chronic conditions was 11% higher for male physicians’. They continue that ‘this study contributes to recent evidence from different clinical settings and specialties, suggesting that patients cared for by female physicians may have better clinical outcomes compared with their male colleagues.’ In their conclusion they note ‘This study has highlighted the importance of considering <i>patient and prescriber</i> [my emphasis] sex, gender and other key identity factors including age and culture’</p>

Healthcare Papers
 Volume 20, Number 1, 2021

URL	https://www.longwoods.com/publications/healthcarepapers/26636/1/vol.-20-no.-1-2021-rethinking-long-term-care
	<p>A new issue of <i>Healthcare Papers</i> has been published with a theme of “Rethinking Long-Term Care”. Articles in this issue of <i>Healthcare Papers</i> include:</p> <ul style="list-style-type: none"> • Editorial: Rethinking Long-Term Care (Audrey Laporte and Arjumand Siddiqi) • Our Values Are Showing: Long-Term Care and the Pandemic (Pat Armstrong)

	<ul style="list-style-type: none"> • Long-Term Care’s Financial Sustainability (Don Drummond and Duncan G Sinclair) • Federalism and Long-Term Care in Canada: A New Approach (Carolyn Hughes Tuohy) • Excellent Long-Term Care for Canadians and Federal Legislation (Colleen M Flood, Bryan Thomas and Kelli White) • Socialize, De-Commodify and De-Financialize Long-Term Care (Martine August) • Staffing for Quality in Canadian Long-Term Care Homes (Carole A Estabrooks) • There Is No Place Like Home ... But Things Could Be Better (Whitney Berta and Alison Dawson) • Moving beyond More of the Same, but Better – How Campuses of Care Can Transform Long-Term Care (Frances Morton-Chang and Paul A Williams) • Caregivers at the Heart of Re-Imagined Long-Term Care Delivery in Canada: Beyond the Pandemic (Carol Fancott, Tanya MacDonald, Kim Neudorf and Maggie Keresteci) • Deaths in Nursing Homes during the COVID-19 Pandemic – Lessons from Japan (Kazuhiro Abe and Ichiro Kawachi)
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URL	https://www.phrp.com.au/issues/november-2021-volume-31-issue-4/
	<p>A new issue of <i>Public Health Research & Practice</i> has been published with the theme “Strengthening health systems globally: a lingering challenge of funding”. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Strengthening health systems globally: a lingering challenge of funding (Vivian Lin, Abdul Ghaffar, Swee Kheng Khor, K Srinath Reddy) • Are we making the same mistakes in fighting COVID-19 as in past pandemics? Lessons from HIV show the urgent need to invest in HPSR (David Stuckler, Martin McKee, Alexander Kentikelenis) • Domestic funding for health policy and systems research: why is it invisible? (Geetanjali Lamba, Livia Dal Zennaro, Solip Ha, Sonam Yangchen) • Health policy and systems research: an inconsistent priority in South East Asia (Manu Raj Mathur, Aayushi Gurung, Sakthivel Selvaraj, K Srinath Reddy) • Funding for health policy and systems research in the Eastern Mediterranean region: amount, source and key determinants (Maha El Rabbat, Fadi El-Jardali, Racha Fadlallah, Sameh Soror, Elham Ahmadnezhad, Elsheikh Badr, Jennifer Dabis) • Soviet legacy is still pervasive in health policy and systems research in the post-Soviet states (George Gotsadze, Akaki Zoidze) • Politics and political determinants of health policy and systems research funding in Latin America and the Caribbean (Francisco Becerra-Posada, Laura dos Santos Boeira, Bárbara García-Godoy, Elizabeth Lloyd, Héctor Xavier Martínez-Sánchez, Carolina O'Donnell, Ulysses de Barros Panisset, Donald T Simeon, Diana Salazar-Barragán, Patricia Villa-Maldonado, Mauricio Bustamante-Garcia) • Challenges and opportunities for health policy and systems research funding in the Western Pacific region (Swee Kheng Khor)

	<ul style="list-style-type: none"> • An assessment of perceived prioritisation and resource allocation for health policy and systems research in West Africa (Chigozie J Uneke, Ijeoma N Okedo-Alex, Ermel A Johnson, Ifeyinwa C Akamike, Onyedikachi E Chukwu, Irene I Eze, Bilikis I Uneke) • NSW Health COVID-19 Emergency Response Priority Research program: a case study of rapid translation of research into health decision making (Danielle Campbell, Barry Edwards, Andrew Milat, Sarah Thackway, Elizabeth Whittaker, Laura Goudswaard, Michelle Cretikos, Antonio Penna, Kerry Chant)
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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"> • Interruption of Initial Patient Assessment in the Emergency Department and its Effect on Patient Perception of Care Quality (Kimberly D Johnson, Christopher J Lindsell, Craig Froehle, Gordon Lee Gillespie)

Online resources

Future Leaders Communiqué

Volume 6 Issue 4 October 2021

<https://www.thecommunikes.com/post/future-leaders-communicu%C3%A9-volume-6-issue-4-october-2021>

This issue of *Future Leaders Communiqué* focuses on the importance of **communication**, including **shared decision making**, **clinician accountability** and **ethical practice** at all stages of the health professional-patient relationship. The issue is based on a coronial investigation into the death of an elderly Indigenous man in hospital following a surgical procedure. This issue also contains expert commentaries that discuss the complexity and life-long need to continue developing communication skills and the ethical concerns surrounding clinician accountability and importance of maintaining audits and incident records to review and improve ongoing medical practice.

[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 NG188 *COVID-19 rapid guideline: managing the long-term effects of COVID-19* <https://www.nice.org.uk/guidance/ng188>

[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:

- *Prehabilitation and Rehabilitation for Major Joint Replacement* <https://effectivehealthcare.ahrq.gov/products/major-joint-replacement/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 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 in areas with high levels of 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/compliance-and-standards/infection-control-some-3-ways-to-keep-you-safe>

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

- 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

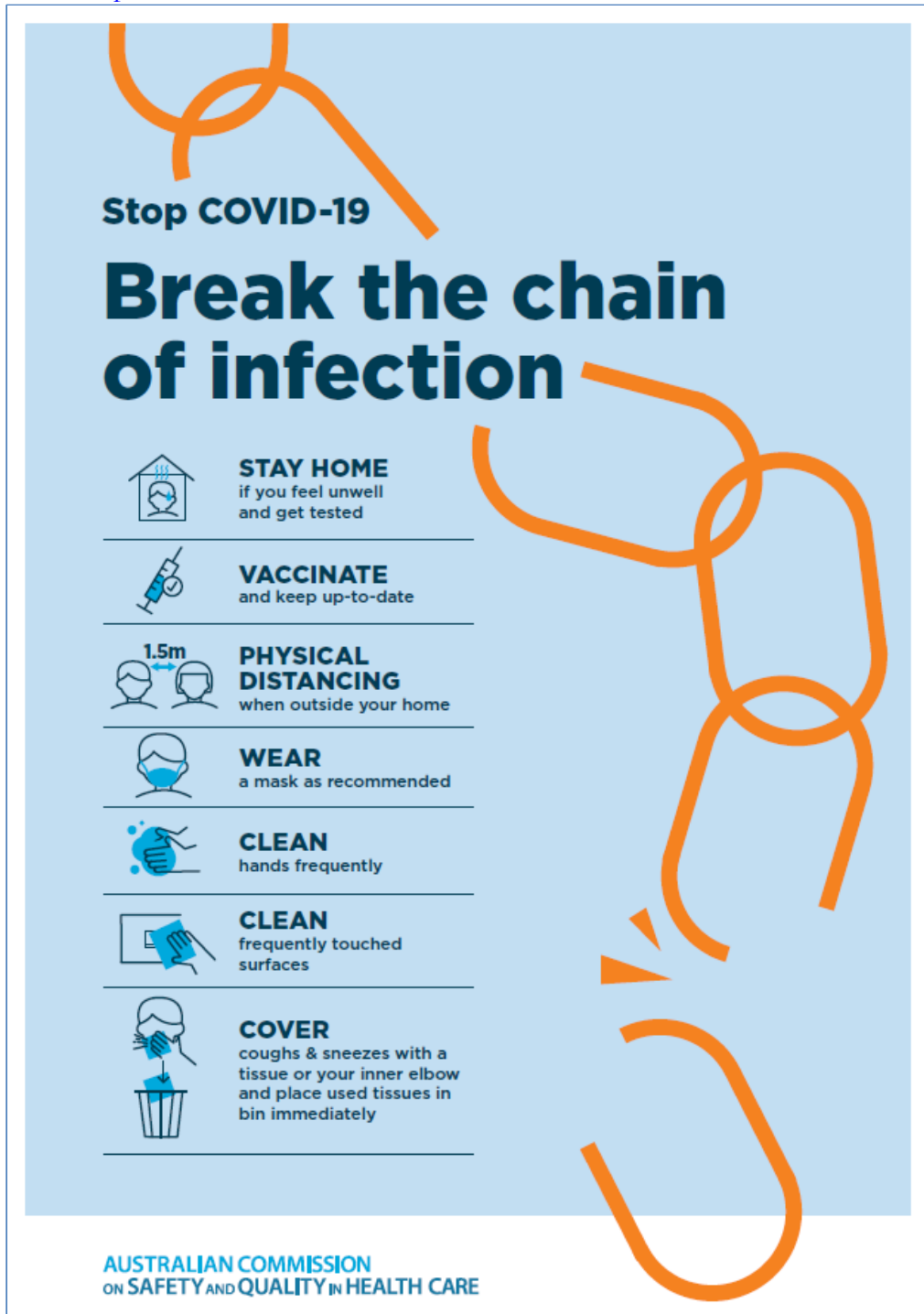
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

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
- *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 evidence on COVID-19 vaccines in Australia?

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