



On the Radar

Issue 542
20 December 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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Journal articles

Culturally safe health care practice for Indigenous Peoples in Australia: A systematic meta-ethnographic review

De Zilva S, Walker T, Palermo C, Brimblecombe J

Journal of Health Services Research & Policy. 2021:13558196211041835 [epub].

DOI	https://doi.org/10.1177%2F13558196211041835
Notes	Review that sought to examine what constitutes culturally safe health care practice. The authors state that their review ‘review explores culturally safe health care practice from the perspective of Indigenous Peoples as recipients of health care in Western high-income countries, with a specific focus on Australian Aboriginal and Torres Strait Islander Peoples.’ Based on 34 studies, the authors report that ‘Elements of culturally safe health care identified were inter-related and included personable two-way communication, a well-resourced Indigenous health workforce, trusting relationships and supportive health care systems that are responsive to Indigenous Peoples’ cultural knowledge, beliefs and values.’

Worldwide incidence of surgical site infections in general surgical patients: a systematic review and meta-analysis of 488,594 patients

Gillespie BM, Harbeck E, Rattray M, Liang R, Walker R, Latimer S, et al
International Journal of Surgery. 2021;95:106136.

DOI	https://doi.org/10.1016/j.ijssu.2021.106136
Notes	Surgical site infections (SSI) are relatively common and can have a significant impact on patients. This systematic review and meta-analysis sought to estimate the worldwide incidence of SSI and identify associated factors in adult general surgical patients. Based on 57 studies covering 488,594 patients, the authors report that the pooled 30-day cumulative incidence of SSI was 11% in adult general surgical patients and rates varied across anatomical location, surgical approach, and priority (i.e., planned, emergency).

For information on the Commission’s work on healthcare-associated infection, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection>

Impact of Statewide Prevention and Reduction of Clostridioides difficile (SPARC), a Maryland public health–academic collaborative: an evaluation of a quality improvement intervention

Rock C, Perlmutter R, Blythe D, Bork J, Claeys K, Cosgrove SE, et al
BMJ Quality & Safety. 2021 [epub].

DOI	https://doi.org/10.1136/bmjqs-2021-014014
Notes	<i>Clostridioides difficile</i> infection (CDI) is a serious gastrointestinal disease caused by toxins produced by the spore-forming bacterium <i>Clostridioides difficile</i> . CDI is associated with prolonged and unnecessary use of broad-spectrum antimicrobials, hospitalisation, advanced age and underlying morbidity. This paper describes the experience and evaluation of the Statewide Prevention and Reduction of <i>C. difficile</i> (SPARC) collaborative in the US state of Maryland. The SPARC program invited 13 hospitals with higher <i>C. difficile</i> rates to participate in the intervention, with 92% (n=12) participating. The other 36 acute care hospitals that did not participate served as control hospitals. The SPARC intervention hospitals experienced 45% greater reduction in <i>C. difficile</i> rates than control hospitals.

Reducing medication errors for adults in hospital settings

Ciapponi A, Fernandez Nievas SE, Seijo M, Rodríguez MB, Vietto V, García-Perdomo HA, et al
Cochrane Database of Systematic Reviews. 2021 (11).

DOI	https://doi.org/10.1002/14651858.CD009985.pub2
Notes	Cochrane review that examined the literature on interventions to reduce medication errors in adults in hospital settings. Based on 65 studies, involving 110,875 participants, the reviewers report ‘Low- to moderate-certainty evidence suggests that, compared to usual care, medication reconciliation, CPOE/CDSS [Computerised Physician Order Entry/Clinical Decision Support Systems], barcoding, feedback and dispensing systems in surgical wards may reduce medication errors and ADEs [Adverse Drug Events].’

For information on the Commission’s work on medication safety see <https://www.safetyandquality.gov.au/our-work/medication-safety>

Next-Generation Artificial Intelligence for Diagnosis: From Predicting Diagnostic Labels to “Wayfinding”
 Adler-Milstein J, Chen JH, Dhaliwal G
 Journal of the American Medical Association. 2021.

DOI	https://doi.org/10.1001/jama.2021.22396
Notes	This is the latest piece in JAMA’s “Diagnostic Excellence” series. In this piece the authors look at how artificial intelligence (AI) can aid diagnosis. The authors stress ‘the importance of shifting the role of diagnostic AI from predicting labels to “wayfinding” (interpreting context and providing cues that guide the diagnostician).’

BMJ Quality & Safety
 January 2022 Volume 31 - 1

URL	https://qualitysafety.bmj.com/content/31/1
Notes	<p>A new issue of <i>BMJ Quality & Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality & Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: The need for quality self-management support in cancer care (Claire Foster) • Editorial: Peripherally inserted central catheters: spreading the MAGIC beyond Michigan (Peter Wilson, Andrew Rhodes) • Editorial: Measuring overuse: a deceptively complicated endeavour (Christine Soong, Scott M Wright) • Improving the quality of self-management support in ambulatory cancer care: a mixed-method study of organisational and clinician readiness, barriers and enablers for tailoring of implementation strategies to multisites (Doris Howell, Melanie Powis, Ryan Kirkby, Heidi Amernic, Lesley Moody, Denise Bryant-Lukosius, Mary Ann O'Brien, Sara Rask, Monika Krzyzanowska) • Improving peripherally inserted central catheter appropriateness and reducing device-related complications: a quasiexperimental study in 52 Michigan hospitals (Vineet Chopra, Megan O'Malley, Jennifer Horowitz, Qisu Zhang, Elizabeth McLaughlin, Sanjay Saint, Steven J Bernstein, Scott Flanders) • Conceptualising interventions to enhance spread in complex systems: a multisite comprehensive medication review case study (Laura Lennox, Susan Barber, Neil Stillman, Sophie Spitters, Emily Ward, Vanessa Marvin, Julie E Reed) • COVID-19 hospital prevalence as a risk factor for mortality: an observational study of a multistate cohort of 62 hospitals (Mohamad Ghazi Fakih, Allison Ottenbacher, Baligh Yehia, Richard Fogel, Collin Miller, Angela Winegar, Christine Jesser, Joseph Cacchione) • Overuse of diagnostic testing in healthcare: a systematic review (Joris L J M Müskens, Rudolf Bertijn Kool, Simone A van Dulmen, Gert P Westert) • To improve quality, leverage design (Byron Crowe, Jessica S Gaulton, Noah Minor, David A Asch, Jeff Eyet, Erin Rainosek, Kristen Flint, Joseph Joo, Chip Chambers, Sherry Bright, Julius J Yang, Gene Beyt, Read Pierce, James M Moses)

BMJ *Quality & Safety* online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• Using a dark logic model to explore adverse effects in audit and feedback: a qualitative study of gaming in colonoscopy (Jamie Catlow, Rashmi Bhardwaj-Gosling, Linda Sharp, Matthew David Rutter, Falko F Sniehotta)• Impact of Statewide Prevention and Reduction of <i>Clostridioides difficile</i> (SPARC), a Maryland public health–academic collaborative: an evaluation of a quality improvement intervention (Clare Rock, Rebecca Perlmutter, David Blythe, Jacqueline Bork, Kimberly Claeys, Sara E Cosgrove, Kate Dzintars, Valeria Fabre, Anthony D Harris, Emily Heil, Yea-Jen Hsu, Sara Keller, Lisa L Maragakis, Aaron M Milstone, Daniel J Morgan, Prashila Dullabh, Petry S Ubri, Christina Rotondo, Richard Brooks, Surbhi Leekha)

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:

- Quality Standard QS77 **Urinary incontinence in women**
<https://www.nice.org.uk/guidance/qs77>
- NICE Guideline NG210 **Pelvic floor dysfunction: prevention and non-surgical management**
<https://www.nice.org.uk/guidance/ng210>
- NICE Guideline NG191 **COVID-19 rapid guideline: managing COVID-19**
<https://www.nice.org.uk/guidance/ng191>
- NICE Guideline NG151 **Colorectal cancer** <https://www.nice.org.uk/guidance/ng151>
- NICE Guideline NG131 **Prostate cancer: diagnosis and management**
<https://www.nice.org.uk/guidance/ng131>
- NICE Guideline NG12 **Suspected cancer: recognition and referral**
<https://www.nice.org.uk/guidance/ng12>

Pride in Health + Wellbeing

<https://www.prideinhealth.com.au/>

ACON’s Pride in Health + Wellbeing program runs a free national benchmarking exercise every year that is open to all organisations big and small to measure their inclusion.

The Health + Wellbeing Equality Index (HWEI) is currently open closing 1 Feb 2022. It comprises 3 parts which can be done in any combination.

1. **HWEI benchmarking index** – an evidence-based submission for work completed in the 2021 calendar year. Submissions review the complete patient/service user lifecycle for inclusive practice and the results (provided to every organisation) provides services a wonderful baseline of their inclusion work, a gap analysis for where improvements can be made, and year on year growth metrics. The submission document and evidence guide can be found at <https://www.prideinhealth.com.au/index-benchmarking/pride-in-health-wellbeing-hwei-index-submission-document-and-scoring-guide/>

2. *HWEI staff survey* – this anonymous survey asks all staff to reflect on why inclusion is important, their personal beliefs, tools they can use to be inclusive and their own comfort levels in providing inclusive care. The responses not only provide you with a snapshot of your staff, but also help measure the cultural shift from understanding inclusion, to being comfortable in providing inclusive care. All responses are anonymous, provide demographic measurement data for your staff as well as free text commentary on your particular services work.
3. *HWEI service user survey* – this anonymous survey is for all users of your service, irrespective of how they identify. It measures expectations vs experiences within your service from an inclusion perspective. This survey also has a free text section at the end for comprehensive feedback on your specific service delivery. There is an option for a paper version of this survey for those where an online survey is not suitable. Registration for either or both surveys is at <https://www.prideinhealth.com.au/index-benchmarking/hwei-staff-and-service-user-survey-sign-up/>

These three tools are available to every service across Australia.

ACON are also hosting the inaugural LGBTQ awards on 30 March where service can nominate their teams or individuals for three award categories.

1. LGBTQ Out Role Model Award
2. LGBTQ Ally Award
3. LGBTQ Innovation Award.

Registrations are also open now and details can be found at <https://www.prideinhealth.com.au/awardnominations/>

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 regarding use of personal protective equipment in areas with significant 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/commission-and-panels/infection-control-exper-tgroup/loag>

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

- Hold the mask by its loops, then put the loops around your head.
- 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.
- 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

- Gently place hands around the edge of the mask to feel if any air is escaping.
- 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.
- 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.
- 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.

- Never touch the front of the mask after the fit check is completed, and while providing care.
- Change the mask when it becomes wet or dirty.
- Never reuse masks.
- Keep doors of rooms closed if possible.

After you finish

providing care



1

Remove your gloves, gown and eyewear

- Remove your gloves, dispose of them in a designated bin/garbage bag and perform hand hygiene.
- Remove your gown, dispose of it in the same bin and perform hand hygiene.
- 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.

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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>










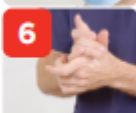



VISITOR RESTRICTIONS IN PLACE

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

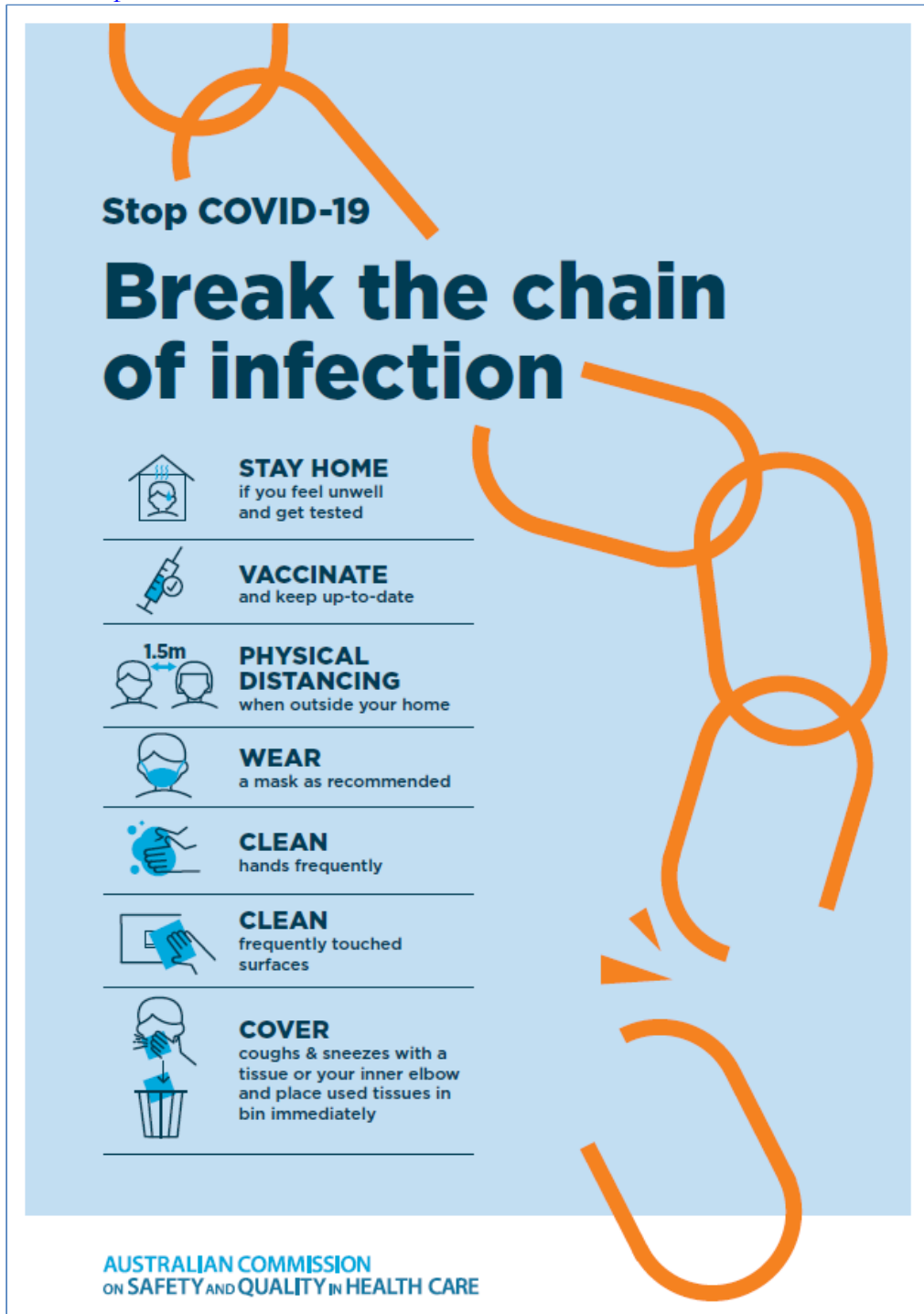
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

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:

- ***Face masks and COVID-19 transmission in the community*** – What is the evidence for the effectiveness of face masks in community settings for reducing influenza-like illnesses, including COVID-19?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***Omicron (B.1.1.529) variant*** – What is the evidence for the variant of concern Omicron (B.1.1.529) in terms of transmissibility, disease severity, COVID-19 treatments and vaccines?
- ***Monoclonal antibodies*** – What is the evidence for the use of monoclonal antibody treatments for COVID-19?
- ***Renal dialysis and COVID-19 vaccination*** – What is the evidence for the use of SARS-CoV-2 vaccinations in renal dialysis patients?

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