



On the Radar

Issue 663
26 August 2024

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On the Radar

Editor: Dr Niall Johnson, Natalie Kahwajy, Elise Campbell, Christina Lane

National Safety and Quality Primary and Community Healthcare Standards Guide for healthcare services

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2024. p. 174.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqpch-standards-guide-healthcare-services>

The Commission has developed the *National Safety and Quality Primary and Community Healthcare Standards Guide for healthcare services* to support implementation of the National Safety and Quality Primary and Community Healthcare Standards. It includes practical guidance and examples of evidence that can be used to implement the actions in a way that is appropriate to the healthcare service.

Visit <https://www.safetyandquality.gov.au/PCHS> for further information and supporting resources.

The Aged Care Infection Prevention and Control Guide

A supplementary resource for the **Australian Guidelines for the Prevention and Control of Infection in Healthcare** for aged care settings

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2024. p. 199.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/aged-care-infection-prevention-and-control-guide>

The Australian Commission on Safety and Quality in Health Care is pleased to announce the release of the *Aged Care Infection Prevention and Control Guide* (the Guide). The Commission developed the Guide to support implementation of the strengthened Aged Care Quality Standards. The Guide is informed by the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#), with content and key principles adapted for residential and community aged care settings. The Guide includes sections on IPC systems in aged care, risk assessment, standard and transmission-based precautions requirements, safely conducting and managing procedures and invasive devices, environmental sustainability in IPC, staff health and safety, infection monitoring and antimicrobial stewardship.

To download a copy of the Guide see <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/aged-care-infection-prevention-and-control-guide>

. For further information and to view more aged care infection prevention and control resources, visit the Infection prevention and control in aged care [webpage](#).

Journal articles

Ensuring a fit-for-purpose resource for consumers, clinicians and health services: the updated Osteoarthritis of the Knee Clinical Care Standard

Ackerman IN, Doukas F, Buchbinder R, Dooley S, Favorito W, Kimura PH, et al
Medical Journal of Australia. 2024;221(4):197-200.

DOI	https://doi.org/10.5694/mja2.52375
Notes	<p>This editorial in the <i>Medical Journal of Australia</i> (with parallel versions in <i>ANZ Journal of Surgery</i>; <i>Australian Journal of General Practice</i>; <i>Internal Medicine Journal</i>; <i>Journal of Medical Imaging and Radiation Oncology</i> and <i>Journal of Physiotherapy</i>) reports on the rationale, development and publication of the revised <i>Osteoarthritis of the Knee Clinical Care Standard</i>. The authors conclude that ‘The updated Osteoarthritis of the Knee Clinical Care Standard is an important tool that can support best practice care for people presenting with suspected knee osteoarthritis. Emphasising the role of clinical diagnosis and with an enhanced focus on physical activity, exercise, weight management and nutrition, the Clinical Care Standard covers the full spectrum of care that should be trialled before consideration of surgery. The addition of cultural safety and equity considerations and clinician communication tips, together with new guides for healthcare services, clinicians and consumers, ensures a contemporary resource with practical value.’</p> <p>The revised <i>Osteoarthritis of the Knee Clinical Care Standard</i> (2024) is available from https://www.safetyandquality.gov.au/standards/clinical-care-standards/osteoarthritis-knee-clinical-care-standard</p>

Achieving safe medication management during transitions of care from hospital: time for a stewardship approach
 Elliott RA, Angley M, Criddle DT, Emadi F, Liu S, Penm J
 Australian Prescriber. 2024;47(4):106-108.

DOI	https://doi.org/10.18773/austprescr.2024.034
Notes	<p>This editorial in <i>Australian Prescriber</i> suggests an approach for addressing issues around medication management at transitions of care. The authors argue that ‘A transitions-of-care medication stewardship approach, modelled on existing successful stewardship programs (e.g. antimicrobial stewardship), offers a potential solution to the intractable problem of medication-related harm following hospital discharge.’</p> <p>As outlined in this Editorial, the Australian Commission on Safety and Quality in Health Care is developing a Medication Management at Transitions of Care Stewardship Framework that will outline key elements hospitals, in consultation with primary care teams, can steward to improve medicines' safety and quality at care transitions. This framework is scheduled to undergo a public consultation shortly.</p>

Investigating the effect of enhanced cleaning and disinfection of shared medical equipment on health-care-associated infections in Australia (CLEEN): a stepped-wedge, cluster randomised, controlled trial
 Browne K, White NM, Russo PL, Cheng AC, Stewardson AJ, Matterson G, et al
 The Lancet Infectious Diseases. 2024.

DOI	https://doi.org/10.1016/S1473-3099(24)00399-2
Notes	<p>Paper reporting on a study that sought to assess ‘the effect of enhanced cleaning and disinfection of shared medical equipment on health-care-associated infections (HAIs) in hospitalised patients’. The study was a ‘a stepped-wedge, cluster randomised, controlled trial in ten wards of a single hospital located on the central coast of New South Wales, Australia’ between March 20 and Nov 24, 2023. Covering more than 5000 patients, the authors report:</p> <ul style="list-style-type: none"> • In unadjusted results, 433 confirmed HAI cases occurred in 2497 patients (17.3%, 95% CI 15.9 to 18.8) in the control phase and 301 confirmed HAI cases occurred in 2508 patients (12.0%, 10.7 to 13.3) in the intervention phase. • In adjusted results, there was a relative reduction of –34.5% (–50.3 to –17.5) in HAIs following the intervention (odds ratio 0.62, 95% CI 0.45 to 0.80; p=0.0006), corresponding to an absolute reduction equal to –5.2% (–8.2 to –2.3)

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

For information on the Commission’s work on infection prevention and control see <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control>

Developing the green operating room: exploring barriers and opportunities to reducing operating room waste
 Pillay L, Winkel KD, Kariotis T
 Medical Journal of Australia. 2024.

DOI	https://doi.org/10.5694/mja2.52394
Notes	<p>Piece in the <i>Medical Journal of Australia</i> on the challenges of reducing operating theatre waste and emissions. Many health systems are looking at how to reduce impacts and waste and be more sustainable. This piece looks at operating rooms and reports on a review of the literature. The authors report that ‘The waste reduction strategies focused on avoidance of high carbon products; correct waste segregation and reduced overage; reusing, reprocessing, and repurposing devices; and improved recycling.’ The barriers identified included</p> <ul style="list-style-type: none"> • a constrained interpretation of the concept of “first do not harm”, ingrained in surgeons’ practices, in prioritising single-use surgical products • ineffective or insufficient waste education • the immediate cost of implementing waste management compared with the long term realisation of environmental and economic benefits • was the lack of policies and regulations at the local hospital, federal and international levels.

For information on the Commission’s *Environmental Sustainability and Climate Resilience Healthcare Module* see <https://www.safetyandquality.gov.au/standards/environmental-sustainability-and-climate-resilience-healthcare-module>

Reducing computed tomography (CT) imaging for adults with minor traumatic brain injuries in the emergency department
 Rowe BH, Yang E, Corrick S, Hussain MW
 BMJ. 2024;386:e074867.

DOI	https://doi.org/10.1136/bmj-2023-074867
Notes	<p>Practice piece in the <i>BMJ</i> that suggests the use of non-contrast computed tomography (CT) for minor traumatic brain injury can be safely reduced by adopting a strategy of using a clinical decision rule. This article is part of a series of Education articles based on recommendations from international Choosing Wisely campaigns that seek to alert clinicians to need for changes in practice.</p>

Screening and Supplementation for Iron Deficiency and Iron Deficiency Anemia During Pregnancy: US Preventive Services Task Force Recommendation Statement
 U. S. Preventive Services Task Force
 Journal of the American Medical Association. 2024.

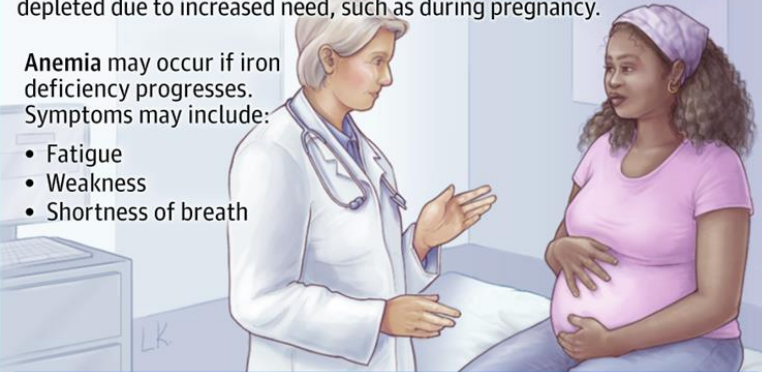
DOI	https://doi.org/10.1001/jama.2024.15196
Notes	<p>JAMA has published the Recommendation Statement from the US Preventive Services Task Force (USPSTF) on iron deficiency during pregnancy. According to the USPSTF, there is not enough evidence to say whether asymptomatic pregnant individuals should be screened for iron deficiency and iron deficiency anaemia. There is also not enough evidence about whether treatment with iron supplements is helpful in prevention of poor maternal and foetal health outcomes linked to iron deficiency anaemia. JAMA has also published evidence report and systematic review that informed the statement (https://doi.org/10.1001/jama.2024.13546) along with the ‘Patient Page’ (https://doi.org/10.1001/jama.2024.14791).</p>

Iron deficiency during pregnancy can cause anemia and have negative effects on maternal and infant health. Iron is essential for many bodily processes including production of red blood cells that transport oxygen through the body.

Pregnant individuals may be screened for iron deficiency if recommended by their physician. **Iron deficiency** occurs when iron stores in the body are depleted due to increased need, such as during pregnancy.


Anemia may occur if iron deficiency progresses. Symptoms may include:

- Fatigue
- Weakness
- Shortness of breath




US Preventive Services Task Force Recommendation

There is currently not enough evidence to say whether or not asymptomatic pregnant adolescents and adults should get screened for iron deficiency and iron deficiency anemia or if they should take regular iron supplements.

 **If suggested by their physician, pregnant individuals may take iron supplements.**

If following a vegetarian or vegan diet, pregnant individuals should discuss supplementation with their physician.



Australian Prescriber
Volume 47, Issue 3, August 2024

URL	https://australianprescriber.tg.org.au/
Notes	<p>A new issue of <i>Australian Prescriber</i> has been published. Content in this issue of <i>Australian Prescriber</i> includes:</p> <ul style="list-style-type: none"> • Editorial: Achieving safe medication management during transitions of care from hospital: time for a stewardship approach (Rohan A Elliott, Manya Angley, Deirdre T Criddle, Fatemeh Emadi, Shania Liu, Jonathan Penm) • Pharmacological management of polycystic ovary syndrome (Carolyn Ee, Chau Thien Tay) • Management of occupational exposure to blood and body fluids in primary care (Anna Pierce) • Utility of common investigations for suspected inflammatory arthritis in adults (Nicola Cook, Rachele Buchbinder) • Sum of the parts: a cascade of adverse effects (Jane Poon, Fiona Coombes, Ian Coombes) • Letter to the Editor: Mineralocorticoid receptor antagonists in adults with resistant hypertension and obstructive sleep apnoea (Adam Morton, Daniel Hynes, Darren Mansfield) • New drugs: Difelikefalin for pruritus associated with chronic kidney disease Rimegepant for migraine

URL	https://qualitysafety.bmj.com/content/33/9
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: ‘This time is different’: physician knowledge in the age of artificial intelligence (Gurpreet Dhaliwal) • Editorial: Examining telehealth through the Institute of Medicine quality domains: unanswered questions and research agenda (Timothy C Guetterman, Lorraine R Buis) • Editorial: Direct-to-consumer telemedicine: navigating the implications for quality and safety of care (Ana Luisa Neves) • Editorial: What’s in a name? On the rhetorical harm of ‘never events’ (Julia Szymczak) • Role of knowledge and reasoning processes as predictors of resident physicians’ susceptibility to anchoring bias in diagnostic reasoning: a randomised controlled experiment (Sílvia Mamede, Adrienne Zandbergen, Marco Antonio de Carvalho-Filho, Goda Choi, Marco Goeijenbier, Joost van Ginkel, Laura Zwaan, Fred Paas, Henk G Schmidt) • Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis (Rebecca Payne, Aileen Clarke, Nadia Swann, Jackie van Dael, Natassia Brenman, Rebecca Rosen, Adam Mackridge, Lucy Moore, Asli Kalin, Emma Ladds, Nina Hemmings, Sarah Rybczynska-Bunt, Stuart Faulkner, Isabel Hanson, Sophie Spitters, Sietse Wieringa, Francesca H Dakin, Sara E Shaw, Joseph Wherton, Richard Byng, Laiba Husain, Trisha Greenhalgh) • Temporal structures that determine consistency and quality of care: a case study in hyperacute stroke services (Georgia B Black, Angus I G Ramsay, Robert Simister, Abigail Baim-Lance, Jeannie Eng, Mariya Melnychuk, Naomi J Fulop) • Patient and family contributions to improve the diagnostic process through the OurDX electronic health record tool: a mixed method analysis (Sigall K Bell, Kendall Harcourt, Joe Dong, Catherine DesRoches, Nicholas J Hart, Stephen K Liu, Long Ngo, Eric J Thomas, Fabienne C. Bourgeois) • Assessing quality of direct-to-consumer telemedicine in China: a cross-sectional study using unannounced standardised patients (Zhen Zeng, Dong (Roman) Xu, Yiyuan Cai, Wenjie Gong) • The problem with ‘never events’ (Joanna Zaslów, Jacqueline Fortier, Gary Garber)

URL	https://journals.lww.com/journalpatientsafety/toc/2024/09000
Notes	<p>A new issue of the <i>Journal of Patient Safety</i> has been published. Articles in this issue of the <i>Journal of Patient Safety</i> include:</p> <ul style="list-style-type: none"> • The Role of Pediatric Nurses During Preventable Adverse Event Disclosure: A Scoping Review (Jessica R Sexton, Susan Kelly-Weeder) • Self-assessment and Modulation of Traction During Shoulder Dystocia Simulation Training (Robert H Allen, Rushnan Islam, Caio Sant’Anna Marhino, Edith Gurewitsch Allen) • Primary Care Organizational Support for Nurse Practitioner Practice and Emotional Health Care Delivery (Eleanor Turi, Amelia Schlak, Jamie Trexler, Suzanne Courtwright, Kathleen Flandrick, Jianfang Liu, L Poghosyan) • Handing Off Electronic Prescription Data From Prescribers to Community Pharmacies: A Qualitative Analysis of Pharmacy Staff Perspectives (Megan Whitaker, Corey Lester, Brigid Rowell) • Antithrombotic Questionnaire Tool for Evaluation of Combined Antithrombotic Therapy in Community Pharmacies (R C A E van Uden, B Sulaiman, P A M Pols, K Meijer, P M L A van den Bemt, M L Becker) • The “Double Victim Phenomenon”: Results From a National Pilot Survey on Second Victims in German Family Caregivers (SeViD-VI Study) (Stefan Bushuven, Milena Trifunovic-Koenig, Victoria Klemm, Paul Diesener, Susanne Haller, Reinhard Strametz) • Diagnostic Discrepancies in the Emergency Department: A Retrospective Study (Laurens A Schols, M E Maranus, P P M Rood, L Zwaan) • Detection of Adverse Events With the Austrian Inpatient Quality Indicators (Marten Schmied, Wolfgang Buchberger, Dieter Perkhofer, Irma Kvitsaridze, Wolfgang Brunner, Oliver Kapferer, Uwe Siebert) • Visitor Restrictions During the COVID-19 Pandemic and Increased Falls With Harm at a Canadian Hospital: An Exploratory Study (Stephanie Shennan, Natalie Coyle, Brittany Lockwood, Giulio DiDiodato) • Risk Controls Identified in Action Plans Following Serious Incident Investigations in Secondary Care: A Qualitative Study (Mohammad Farhad Peerally, Susan Carr, Justin Waring, Graham Martin, Mary Dixon-Woods) • Patient Falls in the Operating Room: Why Is This Still a Problem in 2024? (Allison Pellegrino, Karolina Brook)

URL	https://www.sciencedirect.com/journal/the-joint-commission-journal-on-quality-and-patient-safety/vol/50/issue/9
Notes	<p>A new issue of <i>The Joint Commission Journal on Quality and Patient Safety</i> has been published. Articles in this issue of <i>The Joint Commission Journal on Quality and Patient Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: A Half Century of Quality and Safety (Jonathan B Perlin) • Editorial: Communication After Medical Error: The Need to Measure the Patient Experience (Allen Kachalia, Carole Hemmelgarn, T H Gallagher) • Associations Between Organizational Communication and Patients' Experience of Prolonged Emotional Impact Following Medical Errors (Lauge Sokol-Hessner, Tenzin Dechen, Patricia Folcarelli, Patricia McGaffigan, Jennifer P. Stevens, Eric J. Thomas, Sigall Bell) • Divergent Trends in Postoperative Length of Stay and Postdischarge Complications over Time (Ruoja Debbie Li, Rachel Hae-Soo Joung, Jeanette W Chung, Jane Holl, Karl Y Bilimoria, Ryan P Merkow) • Patient Safety Indicators at an Academic Veterans Affairs Hospital: Addressing Dual Goals of Clinical Care and Validity (Nazima Allauddeen, Evann Schalch, Margaret Neff, Kimberly Poppler, Anita A Vashi) • Going (Anti)Viral: Improving HIV and HCV Screening and HPV Vaccination in Primary Care (Ann McGaffey, Gregory Castelli, Mary Pat Friedlander, Sanketh Proddutur, Courtney Simpkins, Donald B Middleton, Kaleigh O'Rourke Spencer, John M Taormina, A Gerlach, M P Nowalk) • Association of Homelessness with Before Medically Advised Discharge After Surgery (Hannah C Decker, Casey M Silver, Dave Graham-Squire, Logan Pierce, Hemal K Kanzaria, Elizabeth C Wick) • How Health Care Organizations Are Implementing Disability Accommodations for Effective Communication: A Qualitative Study (Jennifer Y Oshita, Charles D MacLean, Ashley E Couture, Megan A Morris) • BONE Break: A Hot Debrief Tool to Reduce Second Victim Syndrome for Nurses (Amberly Hess, Tasha Flicek, Alexandra T Watral, Meshach Phillips, Kelly Derby, Sara Ayres, Jason Carney, Anthony Voll, Renaldo Blocker) • Impact of a Daily Huddle on Safety in Perioperative Services (Hubert Tuyishime, Rebecca Cloure, Karthik Balakrishnan, Heidi Chan, Linda Lam, Matt Randolph, Jean Stroud, Kevin Traber, Kali Tileston, Kevin Shea) • The Joint Commission Journal on Quality and Patient Safety 50th Anniversary Article Collections: 50 Most Cited

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">• Equity in Choosing Wisely and beyond: the effect of health literacy on healthcare decision-making and methods to support conversations about overuse (Danielle M Muscat, Erin Cvejic, Jenna Smith, Rachel Thompson, Edward Chang, Marguerite Tracy, Joshua Zadro, Robyn Linder, Kirsten McCaffery)• Editorial: Aiming for equity in children with chronic conditions: introducing a new population health management system (Persijn Honkoop)• Development of the Patient-Reported Indicator Surveys (PaRIS) conceptual framework to monitor and improve the performance of primary care for people living with chronic conditions (Jose M Valderas, Ian Porter, Jimmy Martin-Delgado, Mieke Rijken, Judith de Jong, Oliver Groene, Janika Bloemeke-Cammin, Rosa Sunol, Rachel Williams, Marta Ballester, Katherine de Bienassis, Candan Kendir, Frederico Guanais, Dolf de Boer, Michael van den Berg)• Impact of a financial incentive on early rehabilitation and outcomes in ICU patients: a retrospective database study in Japan (Yudai Honda, Jung-ho Shin, Susumu Kunisawa, Kiyohide Fushimi, Yuichi Imanaka)

Online resources

Australian Living Evidence Collaboration

<https://livingevidence.org.au/>

[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:

- *Treatment of Stage I-III Squamous Cell Anal Cancer*
<https://effectivehealthcare.ahrq.gov/products/anal-cancer-treatment/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 resources include:

- **Poster – Combined contact and droplet precautions**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-contact-and-droplet-precautions>

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff
Combined contact & droplet precautions*
in addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on gown
- 3 Put on surgical mask
- 4 Put on protective eyewear
- 5 Wear gloves, in accordance with standard precautions

At doorway prior to leaving room/care zone

- 1 Remove and dispose of gloves if worn
- 2 Perform hand hygiene
- 3 Remove and dispose of gown
- 4 Perform hand hygiene
- 5 Remove protective eyewear
- 6 Perform hand hygiene
- 7 Remove and dispose of mask
- 8 Leave the room/care zone
- 9 Perform hand hygiene

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

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and respiratory syncytial virus (RSV)
For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

- *Poster – Combined airborne and contact precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-airborne-and-contact-precautions>

VISITOR RESTRICTIONS MAY BE 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

Wear gloves in accordance with standard precautions

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

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

At doorway prior to leaving room/care zone

- 1

Remove and dispose of gloves if worn
- 2

Perform hand hygiene
- 3

Remove and dispose of gown
- 4

Leave the room/care zone
- 5

Perform hand hygiene (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

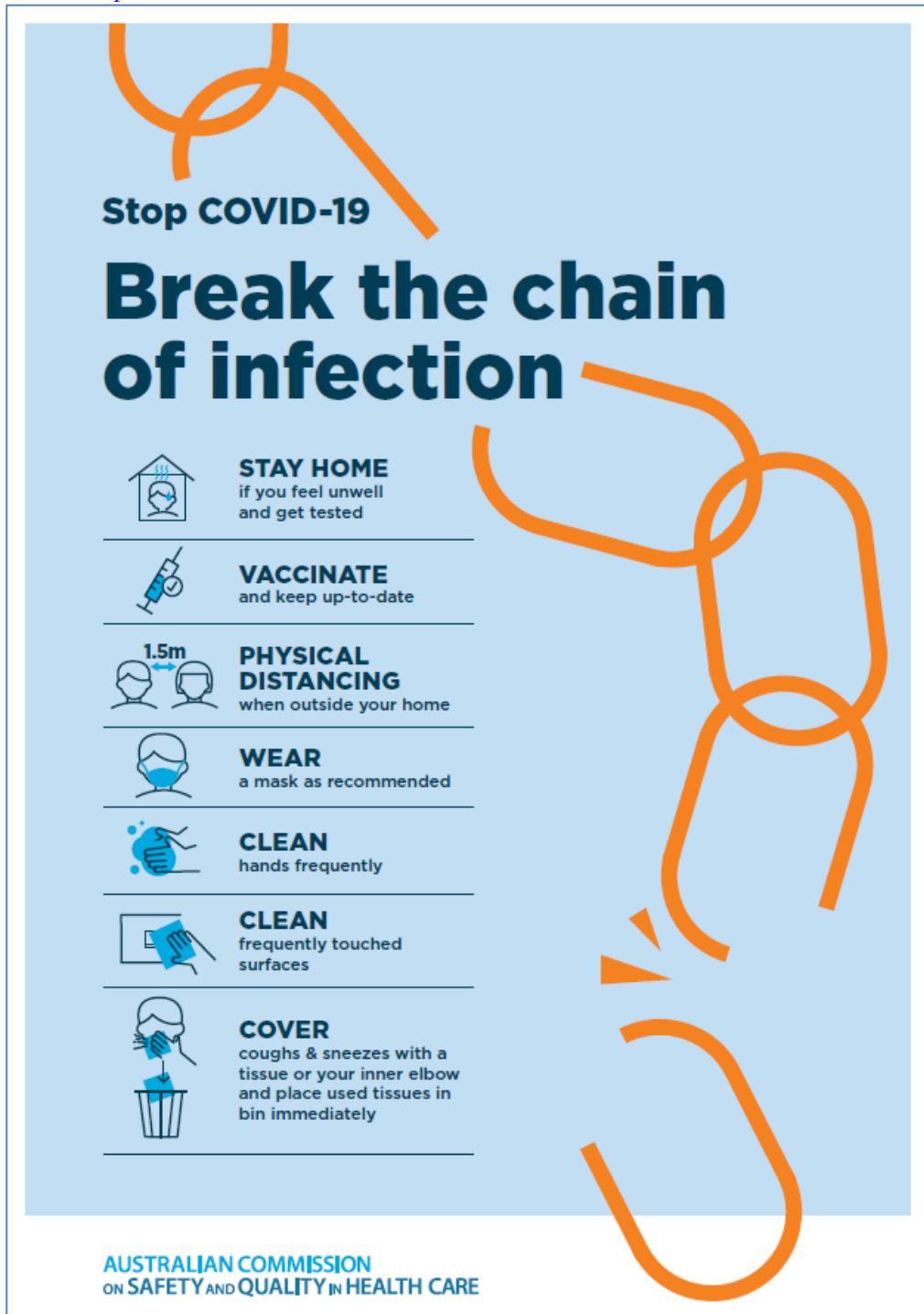
KEEP DOOR CLOSED AT ALL TIMES

AUSTRALIAN COMMISSION

ON SAFETY AND QUALITY IN HEALTH CARE

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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>



- **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.



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