AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate
https://www.safetyandquality.gov.au/newsroom/joint-statement-climate-change-and-health

The Australian Commission on Safety and Quality in Health Care, in partnership with the interim Australian Centre for Disease Control and Australian medical colleges, have released an historic Joint Statement that signifies a shared commitment to address the health impacts of climate change. All specialist medical colleges affiliated with the Council of Presidents of Medical Colleges and the Australian Indigenous Doctors' Association have endorsed the Joint Statement.

The Joint Statement recognises that climate change poses profound and urgent challenges to physical and mental health. The health system contributes around 5% of Australia's greenhouse gas emissions, with clinical care contributing more than half of these emissions. The Joint Statement demonstrates the commitment to work together to reduce the health system's contribution to carbon emissions to achieve a more sustainable health system for the people of Australia.

Visit https://www.safetyandquality.gov.au/newsroom/joint-statement-climate-change-and-health to read the Joint Statement and learn more about work the Commission is leading to improve the appropriateness and sustainability of health care.

Draft Medication Management at Transitions of Care Stewardship Framework
https://www.safetyandquality.gov.au/newsroom/consultations/draft-medication-management-transitions-care-stewardship-framework

'The Commission has developed a draft *Medication Management at Transitions of Care Stewardship Framework* (the Framework) which aims to:

- Support coordinated governance of medication management at transitions of care
- Promote and optimise appropriate medicines management practices at transitions of care
- Reduce hospital re-admission rates due to medication errors that occur at discharge
- Improve hospital referral pathways to primary and community healthcare providers for safer medication management at transitions of care.

The Commission seeks your feedback and input on the draft Framework via a 20-minute online survey. The survey closes on Sunday 27 October 11:59pm (AEDT).

Reports

The Patient's Role in Diagnostic Safety and Excellence: From Passive Reception towards Co-Design
Epstein HM, Haskell H, Hemmelgarn C, Coffee S, Burrows S, Burrows M, et al
Rockville, MD: Agency for Healthcare Research and Quality. Rockville, MD: Agency for Healthcare Research and Quality; 2024. p21.

URL	https://www.ahrq.gov/diagnostic-safety/resources/issue-briefs/dxsafety-patient-role.html
Notes	The US Agency for Healthcare Research and Quality has released this issue brief on diagnostic safety and excellence and how the patient may figure in this. The authors observe that 'Patients are the ultimate arbiters of diagnostic excellence. They are the only ones present and focused on getting results through the full diagnostic process beginning when they initiate it. Only they know for certain if the medical process, systems, teamwork, and professional expertise have resulted in an accurate, timely, and effectively communicated diagnosis. And they are the ones who must live with the results of diagnostic errors.' The issue brief examines aspects of the diagnostic process and the changing roles for patients over time and possible options. The authors close by noting that 'The journey toward co-production in diagnostic safety involves creating and sustaining structures that support patient leadership and partnership, bringing valuable insights and lived experiences into the diagnostic process. It requires healthcare systems to embrace transparency, trust, and mutual respect, acknowledging that patients are experts in their own right. This evolution not only enhances diagnostic accuracy but also builds a healthcare system that is more responsive, patient centered, and, ultimately, safer for all.'

The Queensland Trauma Strategy 2024–2029
Queensland Mental Health Commission
Brisbane: Queensland Mental Health Commission,; 2024. p. 56.

URL	https://info.qmhc.qld.gov.au/queensland-trauma-strategy
Notes	The Queensland Mental Health Commission has published the state's trauma strategy. This is intended to enable a vision of 'A compassionate, supportive and resilient Queensland, where communities are connected, and systems and services prevent, recognise and respond to trauma, ensuring everyone can lead healthy and fulfilling lives'.

Journal articles

Adherence to clinical care standards and mortality after hip fracture surgery in New South Wales, 2015–2018: a retrospective population-based study
Harvey L, Taylor ME, Harris IA, Mitchell RJ, Cameron ID, Sarrami P, et al
Medical Journal of Australia. 2024

| DOI	https://doi.org/10.5694/mja2.52470
Notes	This paper has been published online ahead of inclusion in a forthcoming issue of the *Medical Journal of Australia*. Using data from the Australian and New Zealand Hip Fracture Registry (ANZHFR) the study sought to 'determine whether adherence to hip fracture clinical care quality indicators influences mortality among people who undergo surgery after hip fracture in New South Wales'. The registry data 'were available for 9236 hip fractures in 9058 people aged 50 years or older during 2015–2018'. From their analyses, the authors report that in these patients 'Clinical care for two-thirds of hip fractures attained a high level of adherence to the six quality care indicators, and short and longer term mortality was lower among people who received such care than among those who received low adherence care.' Clinical care standards consist of a set of quality statements and a set of indicators to allow local monitoring for quality improvement. Clinical care standards are intended to be used alongside relevant national safety and quality standards and in the context of key principles of safe and high quality care. The *Hip Fracture Clinical Standard* was first published in 2016. An updated version was released in 2023 following a review of current evidence and consultation with clinical experts and key organisations. For information on the *Hip Fracture Clinical Standard* and related resources see https://www.safetyandquality.gov.au/standards/clinical-care-standards/hip-fracture-care-clinical-care-standard

From Theory to Policy in Resilient Health Care: Policy Recommendations and Lessons Learnt From the Resilience in Health Care Research Program
Wiig S, Lyng HB, Guise V, Ree E, Fagerdal B, Dombestein H, et al
Journal of Patient Safety. 2024;20(7): e109-e114.

DOI	https://doi.org/10.1097/PTS.0000000000001258
Notes	Paper briefly summarising a research program (Resilience in Healthcare) and providing a number of recommendations informed by that research for policymakers. Resilience in health care is described as being 'crucial for quality and safety in service provision and is about the proactive, inherent capacity of the system to enact care safely and respond to constant challenges and changes at different system levels.' The recommendations for policymakers include: 1. Define resilience from a system perspective while acknowledging the role of individuals

2. Consider patients and families as continuous, deep sources of resilient performance
3. Prompt awareness of resilience capacities through a research-based resilience framework
4. Promote a culture of collaborative learning to structure feedback and establish learning arenas for resilience
5. Position contextual awareness as integral of any assessment and support for resilience . Relational leadership is crucial in resilience and leaders must support positive relations with the workforce
6. Relational leadership is crucial in resilience and leaders must support positive relations with the workforce
7. Position resilience as a multilevel phenomenon and use regulatory mechanisms to establish reflexive spaces to leverage resilience into practice
8. Advocate adaptive capacity as positive and needed for change and improvement.
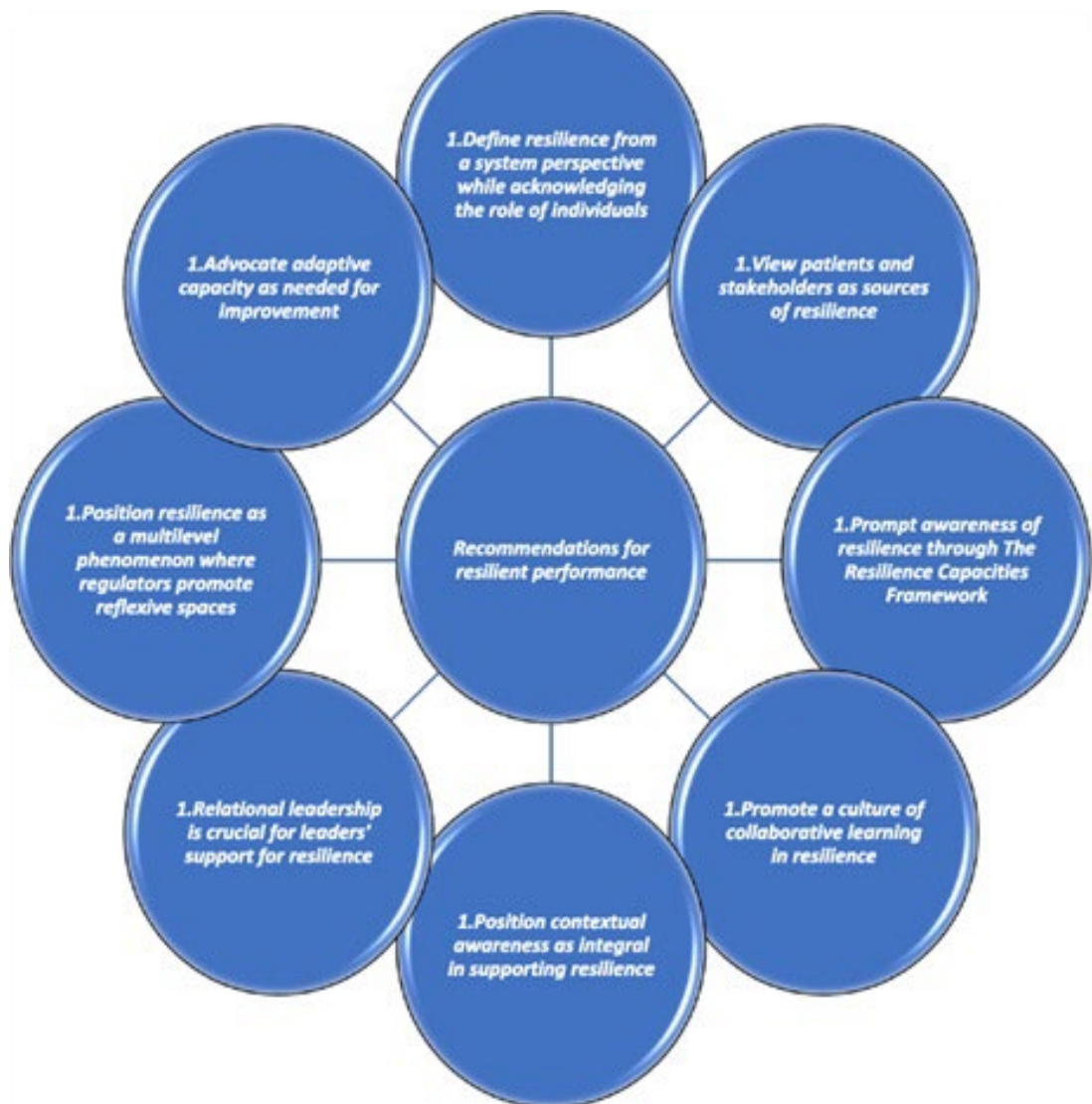
Factors influencing the reporting of medication errors and near misses among nurses: A systematic mixed methods review
Braiki R, Douville F, Gagnon M-P
International Journal of Nursing Practice. 2024: e13299.

DOI	https://doi.org/10.1111/ijn.13299
Notes	Paper reporting on a review that sought to identify the influences on how nurses report medication errors and near misses. The review included 42 studies, but only one looked at the near misses. The authors report that the main factor influencing reporting was 'Fear of the reaction of superior, colleagues and patients'. A number of the factors point to (nursing and system) culture.

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

Association between potentially inappropriate medications prescription and health-related quality of life among US older adults
Clark CM, Guan J, Patel AR, Stoll J, Wahler Jr RG, Feuerstein S, et al.
Journal of the American Geriatrics Society. 2024;72(9):2807-2815.

DOI	https://doi.org/10.1111/jgs.18957
Notes	Paper reporting on a study that sought to examine the impact of potentially inappropriate medications (PIMs)on health-related quality of life (HRQoL) among older adults in the United States. The authors consider that their 'results suggest that patients' exposure to PIMs is associated with poorer HRQoL.'

Patient perspectives on adverse event investigations in health care
Dijkstra-Eijkemans RI, Knap LJ, Elbers NA, Friele RD, Pemberton A
BMC Health Services Research. 2024;24(1):1044.

DOI	https://doi.org/10.1186/s12913-024-11522-x
Notes	Paper reporting on a study in the Netherlands examining how patients and next of kin and patient representatives (client councils and the Patient Federation Netherlands) view the involvement of patients and next of kin in adverse event investigations. From analysis of the interviews and focus groups, the authors suggest that 'An adverse event investigation should be considered as part of an existing relationship between P/N [patients and next of kin] and hospital that starts before the investigation and continues during follow up care. It is crucial for hospitals to take the initiative in the investigation and in the involvement of P/N'

For information on the Commission's work on open disclosure, including the *Australian Open Disclosure Framework*, see https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure

International Journal for Quality in Health Care
Volume 36, Issue 3, 2024

URL	https://academic.oup.com/intqhc/issue/36/3
Notes	A new issue of the *International Journal for Quality in Health Care* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of the *International Journal for Quality in Health Care* include: • Seeking systems-based facilitators of **safety and healthcare resilience**: a thematic review of incident reports (atherine Leon, Helen Hogan, Y H Jani) • Attitude toward **perioperative safety** among operation room clinicians at Ethiopian University Hospital (Yophtahe Woldegrima Berhe, Yonas Admasu Ferede, Biresaw Ayen, Tadesse Belayneh Melkie, Aklilu Yiheyis et al)

- Use of the DMAIC Lean Six Sigma quality improvement framework to improve **beta-lactam antibiotic adequacy** in the critically ill (Rebecca J Wessel, Christina G Rivera, Sara E Ausman, Nathaniel Martin, S A Braga et al)
- Measuring the overall development of **patient safety in a new hospital** using trigger tools (Ivan Adamovic, Peter Dahlem, Johannes Brachmann)
- **Sharps injuries** among healthcare workers in Liberia and Ghana: a cross-sectional survey (Laura Jean Ridge, John Arko-Mensah, Josh Lambert, Lydia Aziato, G Clinton Zeantoe et al)
- Giving meaning to **quality of healthcare in Malaysia** (Divya Nair Narayanan, Samsiah Awang, Bruce Agins, Izzatur Rahmi Mohd Ujang, Nur Wahida Zulkifli et al)
- A study of **prehospital EMS response time** and influencing factors in the main urban area of Chongqing, China (Saijuan Chen, Dianguo Xing, Qiuting Wang, Yunyi An, Ying Chen et al)
- Formal and informal **hospital emergency management practices**: managing for safety and performance amid crisis (Tuna Cem Hayirli, Masha Kuznetsova, Paul D Biddinger, Elizabeth A Bambury, Mariam Krikorian Atkinson)
- **People-centered primary care measures in health equity**: a perspective of urban–rural comparison in Beijing, China (Yingchun Peng, Shaoqi Zhai, Zhiying Zhang, Ruyi Zhang, Jiaying Zhang et al)
- The relationship between person-centred care and well-being and satisfaction with care of **patients living with obesity** (Paige I Crompvoets, Anna P Nieboer, Elisabeth F C van Rossum, Jane M Cramm)
- Quality criteria and certification for **paediatric oncology centres**: an international cross-sectional survey (Sarah P Schladerer, Maria Otth, Katrin Scheinemann)
- A comparative study of **home healthcare quality** in urban and rural home health agencies throughout the USA (2010–22) (Yili Zhang, Güneş Koru)
- **Potentially avoidable hospitalizations** and associated factors among older people in French Guiana using the French National Health Data System (Loreinzia Clarke, Marie Josiane Castor-Newton, Constanca Jalles, Maryse Lapeyre-Mestre, Virginie Gardette)
- Hospital employees' perception of Joint Commission International Accreditation: effect of **re-accreditation** (HongFan Zhang, Siou-Tang Huang, Mark J Bittle, LeiYu Shi, Lilly Engineer et al)
- Identification of risk factors for **adverse drug events** in a general hospital (Leticia Mara Pisetta, Fernanda Zanardo Tonin, Fernando Kenji Akiyoshi, Fábio André Santos, Daniel Fernandes)
- How can we measure **psychological safety in mental healthcare staff**? Developing questionnaire items using a nominal groups technique (Katharina Sophie Vogt, John Baker, Rebecca Coleman, Sarah Kendal, B Griffin et al)
- The **'Silent Threat' in medical, surgical, and intensive care unit wards**: a daytime and nighttime study (M. Emilia Monteiro, Francisca Sarmento, Filipe Froes, Mariana Alves)
- Editorial: Addressing the challenge of reducing **low-value care** (Rudolf B Kool, Eva W Verkerk, Simone A van Dulmen)
- Editorial: What does the **future of quality improvement** look like? (Amar Shah, Rosa Sunol)

	- Editorial: Embracing the use of **artificial intelligence in scientific publishing** (Phillip Phan, Sonali Desai, Ezequiel Garcia Elorio, David Greenfield, Reece Hinchcliff et al) - Editorial: Navigating the complex terrain of patient safety: challenges, strategies, and the importance of **ongoing evaluation and knowledge sharing** (Hugh Macleod, David Greenfield) - Editorial: Understanding what it will take to **sustain improvement in healthcare** (Peter Lachman, Paschal Ruggajo, David Weakliam) - Editorial: An invitation to contribute to a dynamic community committed to quality without borders: the rise of a **global francophone network focused on healthcare improvement** (Pierre M Barker, Mathieu Louiset, Philippe Michel, James Mountford, Anthony Staines et al) - Editorial: The **second victim phenomenon**: comprehensive support and systemic change in healthcare (Reinhard Strametz, José Joaquin Mira, P Sousa) - Editorial: Heeding frontline voice for **better quality and safer care** (Russell Mannion, David Greenfield **Control charts in healthcare quality monitoring**: a systematic review and bibliometric analysis (Muhammad Waqas, Song Hua Xu, Sajid Hussain, Muhammad Usman Aslam) - The utility of **website-based quality improvement tools** for health professionals: a systematic review (Georgie Tran, Bridget Kelly, Megan Hammersley, Jennifer Norman, Anthony Okely) **Physicians' perspectives on clinical indicators**: systematic review and thematic synthesis (Ana Renker-Darby, Shanthi Ameratunga, Peter Jones, Corina Grey, Matire Harwood et al) **Reporting patient experiences** within elective perioperative care: a scoping review (Sharon Mickan, Jenna Fletcher, Rosanne Burrows, Sarah Bateup, Alison Stokes et al) **Anti-Indigenous racism** in Canadian healthcare: a scoping review of the literature (Martin Cooke, Tasha Shields) **Virtue ethics**, the next step in quality improvement? (Pleuntje M B Verstegen, J J Kole, A Stef Groenewoud, Frank J A van den Hoogen) - How should medical society face **patient feedback in online review platforms**? (Yudai Kaneda, Akihiko Ozaki, Kazunoshin Tachibana, Masahiro Wada, Kenji Gonda et al)

Pediatric Quality & Safety
Volume 9, Number S3, September/October 2024

URL	https://journals.lww.com/pqs/toc/2024/09003
Notes	A new issue of *Pediatric Quality & Safety* has been published. Articles in this issue of *Pediatric Quality & Safety* include: - Optimization of the Rounds for Influence **Maintenance Bundle Process** (Cate Collins, Josephine B Snider, Allison N Klamka, Jennifer M Neubauer, Matthew McHugh, Lauren M Weisert) - The Evolution of "Wipeout Wednesdays": A Clinical Staff Engagement Initiative to **Reduce CLABSIs in the NICU** (Ilyse Richman, Lina Puntervold, Doron J Kahn) - Adopting a Proactive Safety Approach: Creating a **CLABSI Rapid Response Team** (Lauren M Edwards, Lindsey Garcia, Thomas S Murray, S B Kandil)

	- Decreasing **Overexertion Injuries** by Improving Workflow, Staffing, Culture, Best Practices, and Reporting of Environmental Services Staff (Joshua Perryman, Maha Siddiqui) - Undulating but Undaunted Path to **Unplanned Extubation Reduction** (Karrie Moses, A Lipes, D Hundley, G Cady, K Ramsey, H Patel, L Keele) - High Ventilator Days and Low **Unplanned Extubations** in an NICU: It Is Possible! (Lauren M Edwards, Cathleen Garcia, Lindsey Garcia) - Developing an **Oral Care Bundle** to Reduce the Incidence of Mucosal Barrier Injuries in Hematology/Oncology Patients (Christian A Schneider, Jennifer A McDonnell, Erin K O'Neill) - Development of a **Central Line Team to Reduce CLABSI** in a Level IV NICU (Soraya Riley, Emily Vadner) - A System-wide Approach: Implementing a Plan for **Behavioral Events in Children's Healthcare** (Audra Bradfield, Connie Pantano, Erica Bunch) - Enhancing a **High-reliability Safety Culture** through a Reimagined Leadership Workshop Series (Allison Starr, Shi Yuan Susan Hu, Maitreya Coffey, Daniela D'Annunzio, David During, Bonnie Fleming-Carroll, Richard Wray)

Healthcare Papers
Volume 22, Number 2

URL	https://www.longwoods.com/publications/healthcarepapers/27392/
Notes	A new issue of Healthcare*Papers* has been published with a theme of 'Technology as a Fix for the Age-Old Challenge of Aging in Place?'. Articles in this issue of Healthcare*Papers* include: - Technology as a Fix for the Age-Old Challenge of **Aging in Place**? (Sara Allin and Audrey Laporte) - Opportunities and Challenges in the Use of **Technology to Support Aging in the Right Place** (Kristina M Kokorelias, Caroline Emmer De Albuquerque Green and Samir K Sinha) **Technology, Aging and Home and Community Care**: Picking the Right Problems to Solve (James Shaw, Sonia Nizzer and Sandra McKay) - Key Considerations for the Design, Development and Deployment of **AgeTech Solutions Supporting Aging in the Right Place** (Mary Chiu and Marianne Saragosa) - Addressing **Aging-in-Place Policy Challenges** in Canada: A Call to Action (Maurita T Harris, Stephanie Kiggundu and Michelle Goonasekera) **Leveraging Technology to Support Aging in Place**: Opportunities, Challenges and Recommendations (Jing Z Forrest and M Randriambelonoro) - Prioritizing **Technology Initiatives to Reduce Social Isolation and Loneliness** Among Older Adults (Walter R Boot and Sara J Czaja) - Realizing the Promise of Technologies for **Enhancing Aging in Place Within Long-Term Care Homes** (Alisa Grigorovich and J McMurray) - A Human Factors Approach for Designing, Developing and Deploying Technology for **Aging in the Right Place** (W A Rogers and H P Mahajan) **Tech-Enabled Aging in the Right Place** Will Only Succeed by Harmonizing Innovation With the Provision of Person-Centred Care (Kristina M. Kokorelias, Caroline Emmer De Albuquerque Green and Samir K Sinha)

Health Affairs Scholar
Volume 2, Issue 9, September 2024

URL	https://academic.oup.com/healthaffairsscholar/issue/2/9
Notes	A new issue of *Health Affairs Scholar* has been published. Articles in this issue of *Health Affairs Scholar* include: • Over- and underreporting of prices: most hospitals are not compliant with the **Hospital Price Transparency Rule** (Mitchell Mead and Andrew M Ibrahim) • Perceptions of **multi-cancer early detection tests** among communities facing barriers to health care (Kristi L Roybal et al) • Differential impacts of the **COVID-19 pandemic on mental health service access** among Medicaid-enrolled individuals (K John McConnell et al) • Public deliberation on **health gain measures** (Ching-Hsuan Lin et al) • Community design of the **Brooklyn Health Equity Index** (Aimee Afable et al) • **Dementia-focused programs** in older adult centers and health care use among individuals with dementia (Ayse Akincigil et al) • Perceptions of **prior authorization burden** and solutions (Nikhil R Sahni et al) • **Disability inclusion in national surveys** (Caroline Cerilli et al) • Integrating **firearm storage and safety devices** into health care (Christopher R Cogle et al) • **Personalized nutrition**: aligning science, regulation, and marketing (Stephanie Rogus and Peter Lurie) • Counting everyone: evidence for **inclusive measures of disability** in federal surveys (Jean P Hall et al) • Return on investments in **social determinants of health interventions**: what is the evidence? (Sayeh Nikpay et al)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality &Safety* has published a number of 'online first' articles, including: • **Adverse diagnostic events in hospitalised patients**: a single-centre, retrospective cohort study (Anuj K Dalal, Savanna Plombon, Kaitlyn Konieczny, Daniel Motta-Calderon, Maria Malik, Alison Garber, Alyssa Lam, Nicholas Piniella, Marie Leeson, Pamela Garabedian, Abhishek Goyal, Stephanie Roulier, Cathy Yoon, Julie M Fiskio, Kumiko O Schnock, Ronen Rozenblum, Jacqueline Griffin, Jeffrey L Schnipper, Stuart Lipsitz, David W Bates Patient Safety Learning Laboratory Adjudicator Group) • **Artificial intelligence-powered chatbots in search engines**: a cross-sectional study on the quality and risks of drug information for patients (Wahram Andrikyan, Sophie Marie Sametinger, Frithjof Kosfeld, Lea Jung-Poppe, Martin F Fromm, Renke Maas, Hagen F Nicolaus)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • **Intravenous iron staining**. Real-world incidence, preventability, and mitigation tools from a long-term quality improvement project (M l Canning et al) • International research priorities for **integrated care and cross-boundary working**: an electronic Delphi study (Jason Scott et al)

Online resources

Australian Living Evidence Collaboration
https://livingevidence.org.au/

[UK] NIHR Evidence
https://evidence.nihr.ac.uk/
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 https://evidence.nihr.ac.uk/browse-content/?_sft_articletype=alert include:
- How can we support the mental health of children with **epilepsy**?
- Is the NHS Health Check improving our **population's health**?
- What is the role of psychiatric decision units in **mental health crisis care**?
- How to **choose the right antidepressant or antipsychotic**
- **Chronic migraine**: which drugs are best?
- Is **long COVID** linked with orthostatic intolerance?

The NIHR has also collated two evidence collections:
- **Dialysis for kidney** failure: evidence to improve care https://evidence.nihr.ac.uk/collection/dialysis-for-kidney-failure-evidence-to-improve-care/
- Can stratified care help **primary care teams manage long-term conditions**? This collection draws together research on stratified approaches to four4 common long-term conditions: diabetes, chronic obstructive pulmonary disease, depression and musculoskeletal conditions. https://evidence.nihr.ac.uk/collection/can-stratified-care-help-primary-care-teams-manage-long-term-conditions/

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

- *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

- *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
- *Break the chain of infection* poster
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster
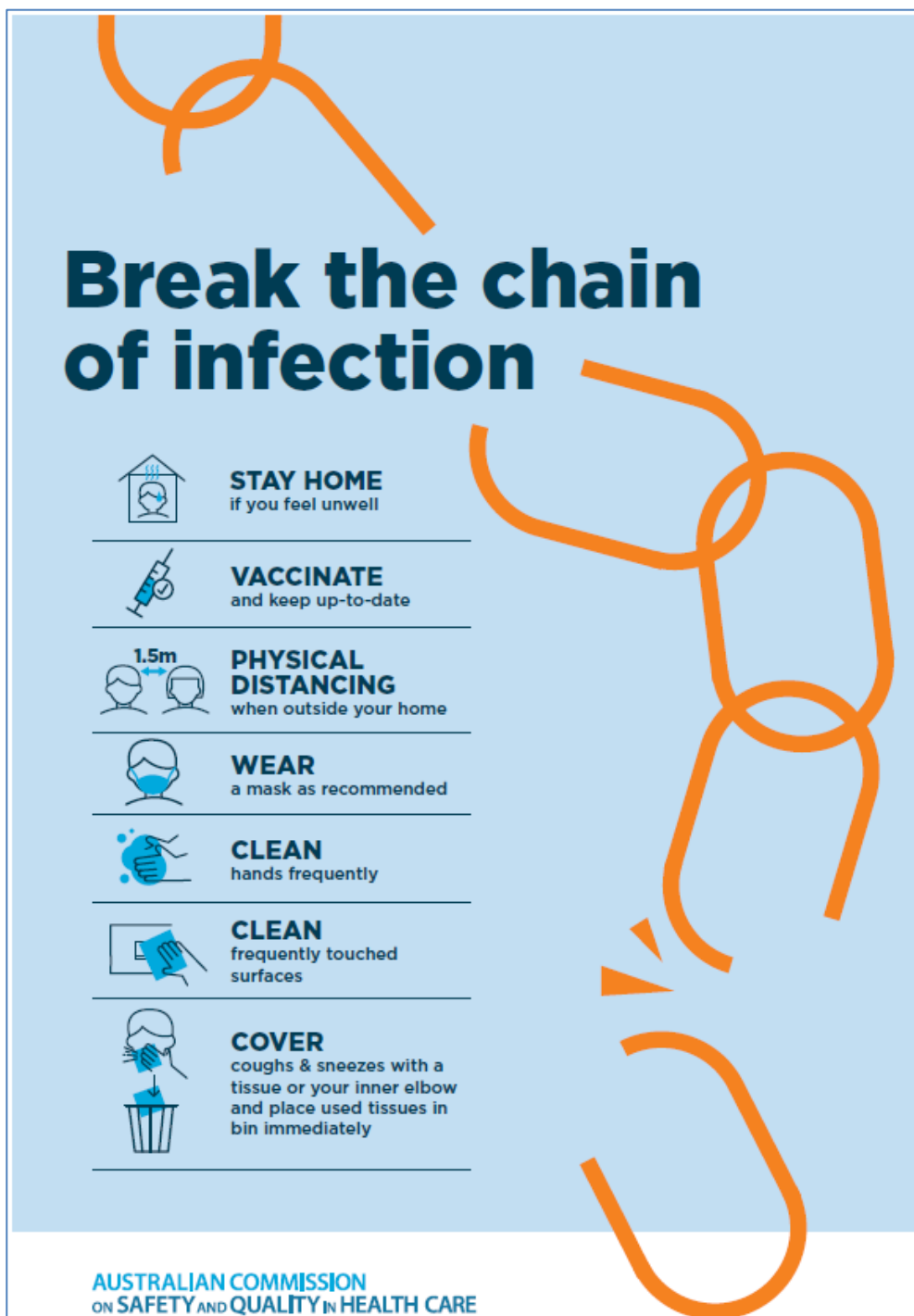
- *COVID-19 and face masks – Information for consumers*
  https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers

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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