



On the Radar

Issue 527

6 September 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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Draft Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard consultation Draft Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard consultation

<https://www.safetyandquality.gov.au/standards/clinical-care-standards/consultations-clinical-care-standards>

In collaboration with consumers, clinicians, researchers and health organisations, the Australian Commission on Safety and Quality in Health Care has developed a draft *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard*.

Clinical care standards can play an important role in guiding the delivery of appropriate care and reducing unwarranted variation, as they identify and define the care people should expect to be offered, regardless of where they are treated in Australia.

The Commission is seeking comments on the draft *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard* and associated resources until 11:59 pm Monday, **4 October 2021**.

Submissions are requested via online survey, or in writing. The survey link and further details are available at <https://www.safetyandquality.gov.au/standards/clinical-care-standards/consultations-clinical-care-standards>

Technical report: Monitoring the national burden of Clostridioides difficile Infection in Australian public hospitals: 2016 to 2018

Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2021.

<https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-technical-reports/clostridioides-difficile-infection-monitoring-australia>

The Australian Commission on Safety and Quality in Health Care (the Commission) has published the *Technical report: Monitoring the national burden of Clostridium difficile infections in Australian public hospitals, 2016 to 2018* and an accompanying [infographic](#) to promote the importance of *Clostridium difficile* infections (CDI) in Australia.

The report summarises the findings from the 2016, 2017 and 2018 *Clostridioides difficile* infection (CDI) data snapshot reports, and includes discussion on the validation of patient administrative data for the monitoring of CDI and the utility of combining other surveillance datasets with CDI surveillance data. The key findings from the Technical Report include:

- The number of separations identified with a CDI diagnosis increased by 8.42% over the three year period
- A CDI diagnosis was associated with 24,247 separations during this time, with CDI symptoms present in 76.46% of these separations prior to hospital admission
- Patients who develop CDI symptoms during the course of their hospital admission account for around a third (32.52%) of all separations with a CDI diagnosis.

The Infographic was developed to highlight the key findings from the report and promote the preventative measures for CDI.

The report and infographic are available from the Commission's website at <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-technical-reports/clostridioides-difficile-infection-monitoring-australia>

Clostridioides difficile Infection (CDI) in Australia



CDI can be life threatening

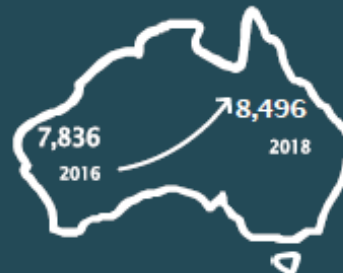
Clostridioides difficile is a bacterium* that causes severe, infectious diarrhoea

CDI is a common healthcare-associated infection related to antimicrobial use which affects thousands of Australians each year



21 DAYS

1 in 5 of patients with CDI will have a recurrent CDI within 21 days of their initial infection



Cases of CDI identified in Australian hospitals have increased



3/4 of people admitted to hospital with CDI develop symptoms while in the community



Overuse and misuse of broad spectrum antimicrobials increase the risk of CDI

The risk of CDI can be reduced through:

- ✓ Appropriate antimicrobial prescribing practices
- ✓ Early testing and detection of CDI
- ✓ Good environmental cleaning practices
- ✓ Using standard precautions for all patients
- ✓ Use contact precautions for patients with CDI symptoms

**Clostridioides difficile* is found in the environment in soil, water, food and animals, and can spread from person-to-person. For more information on the burden of CDI in Australian public hospitals see the latest [Technical report: Monitoring the national burden of *Clostridioides difficile* Infection in Australian public hospitals: 2016 to 2018](#)

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Reports

Reducing diagnostic errors related to medical imaging

Deeble Institute Issues Brief No. 44

Docking S, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2021. p. 60.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-44-reducing-diagnostic-errors-related
Notes	<p>This Issues Brief from the Australian Healthcare and Hospitals Association's Deeble Institute examines various policies that have been implemented internationally to improve the use of diagnostic imaging and reduce the consequences of diagnostic errors in relation to the Australian context. The author notes that while the number of diagnostic imaging services provided and substantial expenditure there are few data on the incidence and consequences of diagnostic errors related to medical imaging. The recommendations in the Issues Brief include</p> <ol style="list-style-type: none">1. A national strategy to identify and prevent diagnostic errors related to medical imaging2. Timely analysis of medical indemnity claims to measure the incidence and consequences of diagnostic errors3. Support the development of performance indicators to assess the value diagnostic imaging4. Improving communication throughout the diagnostic process5. Investing in strategies to improve the appropriate requesting of diagnostic imaging.

Journal articles

Dimensions of safety culture: a systematic review of quantitative, qualitative and mixed methods for assessing safety culture in hospitals

Churrua K, Ellis LA, Pomare C, Hogden A, Bierbaum M, Long JC, et al

BMJ Open. 2021;11(7):e043982.

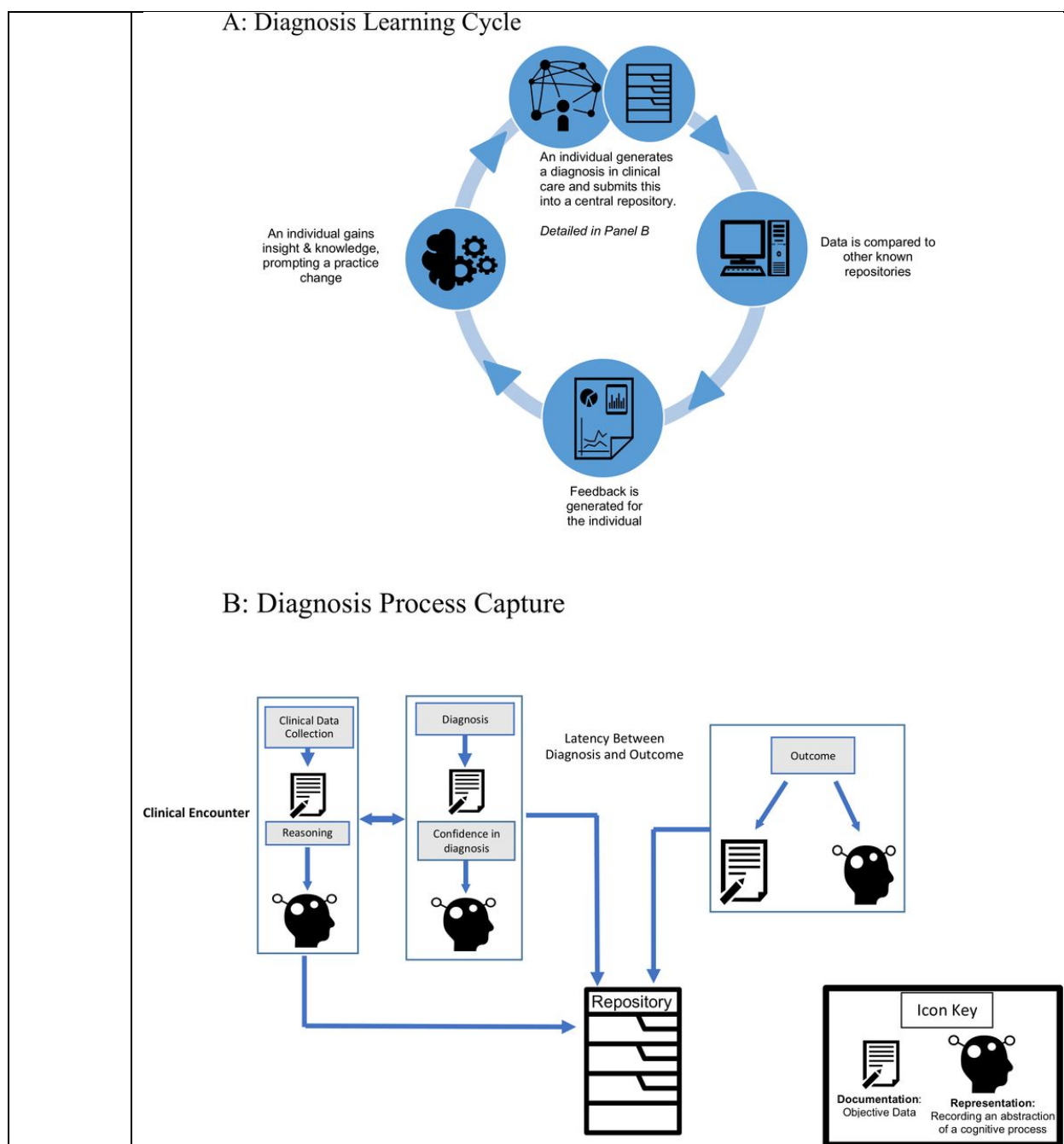
DOI	https://doi.org/10.1136/bmjopen-2020-043982
Notes	<p>The culture within which care is delivered as seen as having a significant influence on the safety and quality of that care. The paper reports on a review that sought to 'map methods to assess safety culture in hospitals, analyse the prevalence of these methods in the published research literature and examine the dimensions of safety culture captured through these processes.' Based on 694 studies, the study used thematic analysis to identify 11 themes related to safety culture dimensions across the reported methods, with 'Leadership' being the most common. The study also assessed the extent to which safety culture dimensions mapped to specific quantitative and qualitative tools and methods of assessing safety culture. The authors report that no single method or tool appeared to measure all 11 themes of safety culture.</p>

Improving diagnostic performance through feedback: the Diagnosis Learning Cycle

Fernandez Branson C, Williams M, Chan TM, Graber ML, Lane KP, Grieser S, et al

BMJ Quality & Safety. 2021 [epub].

DOI	https://doi.org/10.1136/bmjqs-2020-012456
Notes	<p>Issues around diagnosis, including misdiagnosis, delayed diagnosis, etc. have attracted much attention in recent years. The paper describes the development of the Diagnosis Learning Cycle which is intended to aid clinicians in improving their diagnostic skills through peer feedback.</p>



URL	https://journals.lww.com/jhqonline/toc/2021/10000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Editorial: The Profession of Healthcare Quality Focuses on Improving Healthcare by Improving Workforce Competencies for Quality and Safety (Mercado, Stephanie) • Why Competency Standardization Matters for Improvement: An Assessment of the Healthcare Quality Workforce (Miltner, Rebecca; Pesch, Lucie; Mercado, Stephanie; Dammrich, T; Stafford, T; Hunter, J; Stewart, G)

	<ul style="list-style-type: none"> • Rapid Expansion of the Airway Response Team to Meet the Needs of the COVID-19 Pandemic (Walsh, Elisa C; Kwo, Jean; Chang, Marvin G; Pino, Richard M; Bittner, Edward A) • Role of Race in Short-Term Outcomes for 1700 Consecutive Patients Undergoing Brain Tumor Resection (Halder, Debanjan; Glauser, Gregory; Schuster, James M; Winter, Eric; Goodrich, Stephen; Shultz, Kaitlyn; Brem, Steven; McClintock, Scott D; Malhotra, Neil R) • The LACE Index: A Predictor of Mortality and Readmission in Patients With Acute Myocardial Infarction (Labrosciano, Clementine; Tavella, Rosanna; Air, Tracy; Zeitz, Christopher J; Worthley, Matthew; Beltrame, J F) • Value of Interprofessional Education: The VA Quality Scholars Program (Godwin, Kyler M; Narayanan, Anand; Arredondo, Kelley; Miltner, Rebecca (Suzie); Bowen, M E; Gilman, S; Shirks, A; Eng, J A; Naik, A D; Hysong, S J) • Increasing Hepatitis C Screening in a Federally Qualified Health Center: A Quality Improvement Initiative (Klein, Melissa D; Harrington, Bryna J; East, Joan; Cunningham, Jennifer; Ifill, Nicole; Santos, Jan Lee) • The Influence of Physicians' Physical Activity Prescription on Indicators of Health Service Quality (Asiamah, Nestor; Kouveliotis, Kyriakos; Opoku, E) • Reducing Time to Surgery for Hip Fragility Fracture Patients: A Resident Quality Improvement Initiative (Rubenstein, William; Barry, Jeffrey; Rogers, Stephanie; Grace, Trevor R; Tay, Bobby; Ward, Derek)
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BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Determining the skills needed by frontline NHS staff to deliver quality improvement: findings from six case studies (David Wright, John Gabbay, Andrée Le May) • Evaluating the safety of mental health-related prescribing in UK primary care: a cross-sectional study using the Clinical Practice Research Datalink (CPRD) (Wael Y Khawagi, Douglas Steinke, Matthew J Carr, Alison K Wright, Darren M Ashcroft, Anthony Avery, Richard Neil Keers)

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"> • North-South Inequalities in Healthcare Response to Covid-19 in Italy (Pasquale Gallina, Saverio Caini)

Online resources

[USA] *Toolkit for Engaging Patients to Improve Diagnostic Safety*

<https://www.ahrq.gov/patient-safety/resources/diagnostic-safety/toolkit.html>

The Agency for Healthcare Research and Quality (AHRQ) in the USA has developed this toolkit to help patients, families, and health professionals work together to improve diagnostic safety. The toolkit contains two strategies, **Be The Expert On You** and **60 Seconds To Improve Diagnostic Safety**. Together, these strategies enhance communication and information sharing within the patient-provider encounter to improve diagnostic safety. Each strategy contains practical materials to support adoption of the strategy within office-based practices. A patient note sheet to help patients share their symptoms and several practice orientation and training tools to help clinicians foster deep listening and “presence” in the encounter are included.

[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 QS13 **End of life care** for adults <https://www.nice.org.uk/guidance/qs13>
- NICE Guideline NG191 *COVID-19 rapid guideline: **managing COVID-19***
<https://www.nice.org.uk/guidance/ng191>

[UK] *NIHR Evidence alerts*

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

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

- Group programmes for **weight loss** may be more effective than one-to-one sessions
 - A simple blood test may give women with symptoms a personalised risk assessment for **ovarian cancer**
 - Tourniquets increase the risk of serious complications in **knee replacement surgery**
 - **Adopted children** may develop specific types of post-traumatic stress.
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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:

- **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 or 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.nsw.gov.au/Control/Best-and-current-infection-control-standards.aspx>

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.

- **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**
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.

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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	
	Perform hand hygiene		Remove and dispose of gloves
	Put on gown		Perform hand hygiene
	Put on a surgical mask		Remove and dispose of gown
	Put on protective eyewear		Perform hand hygiene
	Perform hand hygiene		Remove protective eyewear
	Put on gloves		Perform hand hygiene
			Remove and dispose of mask
			Leave the room/care area
			After leaving the room/care area perform hand hygiene

*e.g. Acute respiratory tract infection with unknown aetiology (low COVID-19 risk), seasonal influenza and RSV
 For more detail, refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, your state and territory guidance and <https://www.health.gov.au/committees-and-groups/infection-control-expert-group-ic-eg>

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


















VISITOR RESTRICTIONS IN PLACE

For all staff

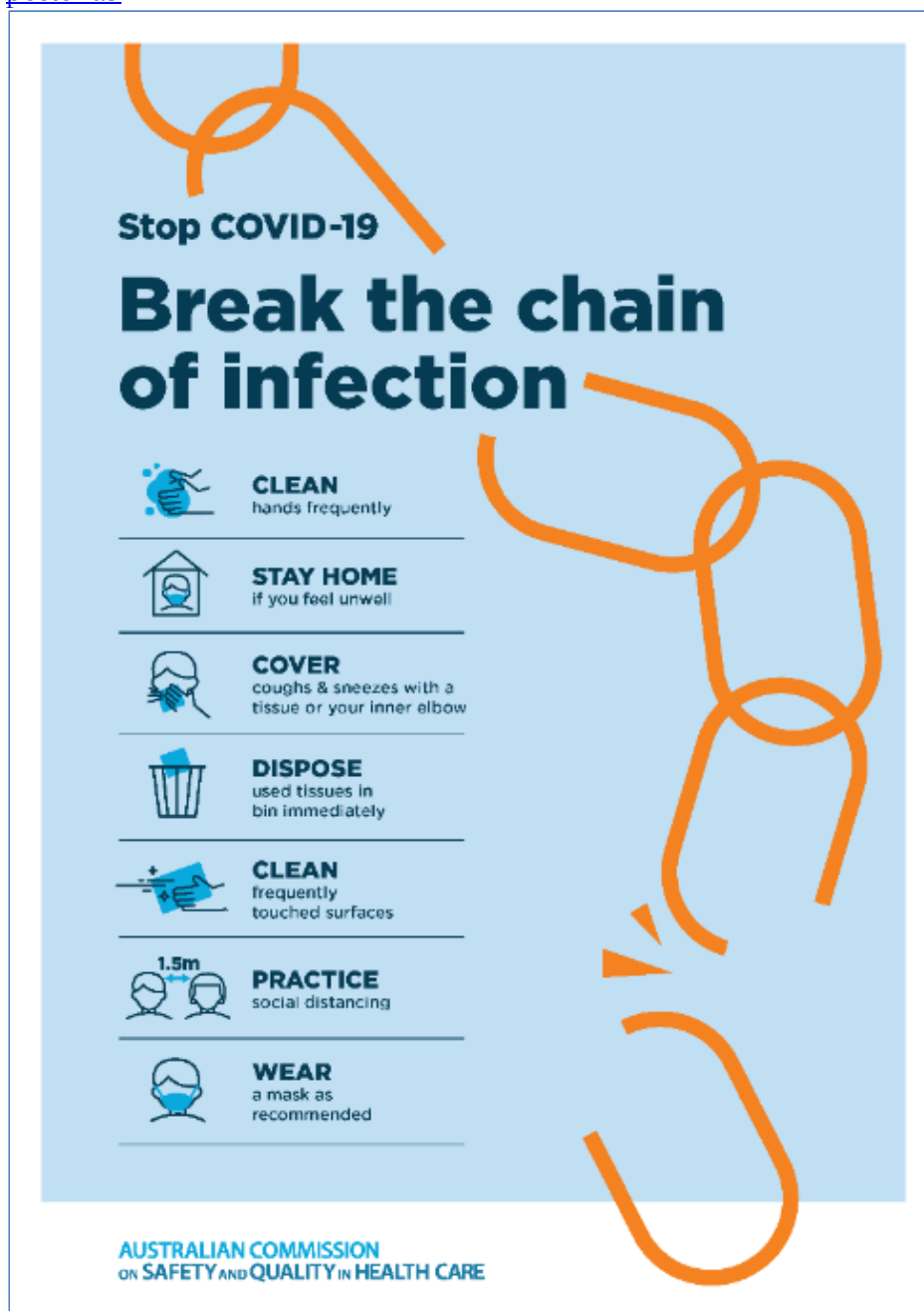
Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone	At doorway prior to leaving room/care zone
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div>  </div> <p>Perform hand hygiene</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div>  </div> <p>Remove and dispose of gloves</p>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div>  </div> <p>Put on gown</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div>  </div> <p>Perform hand hygiene</p>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">3</div>  </div> <p>Put on a particulate respirator (e.g. P2/N95) and perform fit check</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">3</div>  </div> <p>Remove and dispose of gown</p>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div>  </div> <p>Put on protective eyewear</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div>  </div> <p>Leave the room/care zone</p>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">5</div>  </div> <p>Perform hand hygiene</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">5</div>  </div> <p>Perform hand hygiene (in an anteroom/outside the room/care zone)</p>
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">6</div>  </div> <p>Put on gloves</p>	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">6</div>  </div> <p>Remove protective eyewear (in an anteroom/outside the room/care zone)</p>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">7</div>  </div> <p>Perform hand hygiene (in an anteroom/outside the room/care zone)</p>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">8</div>  </div> <p>Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)</p>
	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">9</div>  </div> <p>Perform hand hygiene</p>

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *Infection prevention and control Covid-19 PPE* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-covid-19-personal-protective-equipment>
- *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-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>
- *FAQs on community use of face masks*
<https://www.safetyandquality.gov.au/faqs-community-use-face-masks>
- *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>

The Commission's fact sheet on use of face masks in the community to reduce the spread of COVID-19 is now available in Easy English and 10 other community languages from

<https://www.safetyandquality.gov.au/wearing-face-masks-community>.

The factsheet was developed to help people understand when it is important to wear a mask to reduce the risk of the spread of COVID-19, and to explain how to safely put on and remove face masks. It also reinforces the importance of staying home if you have symptoms, physical distancing, hand hygiene and cough etiquette.

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 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:

- *Ocular transmission*
- *Steroid use post COVID-19 vaccination*
- *Ethics and duties of treating COVID-19 patients.*

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