



On the Radar

Issue 528

13 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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World Sepsis Day 2021 and the National Sepsis Awareness Campaign

<https://www.safetyandquality.gov.au/sepsis-campaign>

Monday 13 September 2021 is World Sepsis Day – an initiative of the Global Sepsis Alliance established in 2012 to draw attention to the impact sepsis has on the lives of everyday people and their families.

World Sepsis Day provides an opportunity for clinicians and the community alike to be aware of the signs and symptoms of sepsis, encourage prompt recognition and treatment, and ensure adequate support for survivors.

The Australian Commission on Safety and Quality in Health Care, in partnership with The George Institute for Global Health are undertaking a National Sepsis Awareness Campaign targeted towards clinicians, health service organisations and the general community, focussed on reducing preventable harm caused by sepsis.

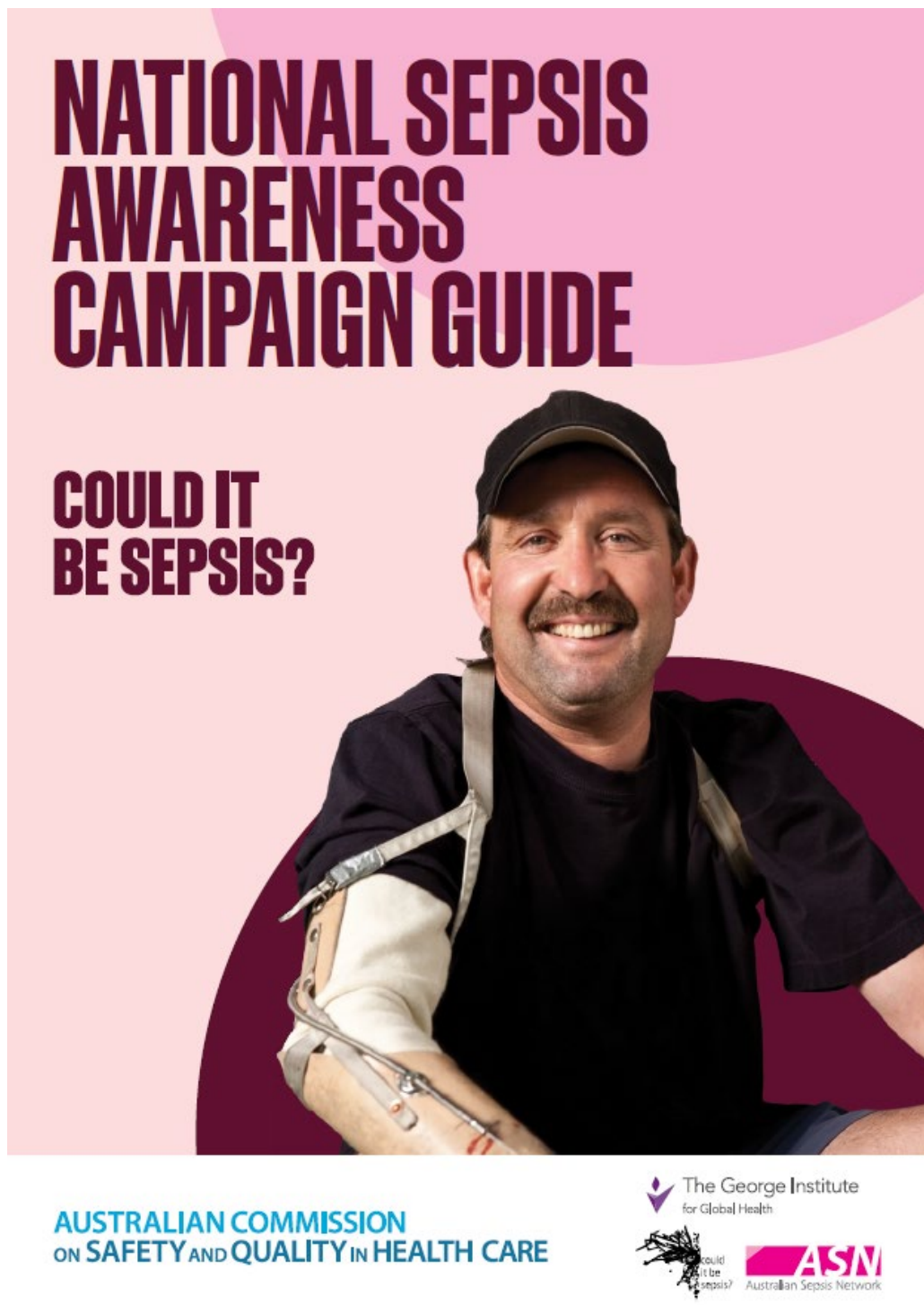
The Campaign will commence on World Sepsis Day 2021 – 13 September 2021 – and run for ten weeks through to 26 November 2021.

Campaign theme

The consistent theme to raise awareness nationally is: “Could it be sepsis?”

By simply asking whether it could be sepsis, life-saving treatment can be provided to stop severe health complications and death. “Could it be sepsis” is an enabling phrase that the public can use to engage with clinicians when concerned and it empowers clinicians to suspect sepsis where patients present with no clear provisional diagnosis and there is the possibility of infection.

A sepsis awareness toolkit and resources can be found at <https://www.safetyandquality.gov.au/sepsis-campaign>



Delirium Clinical Care Standard

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2021. p.52.

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard>

The updated *Delirium Clinical Care Standard* was launched at the Australasian Delirium Association Conference, DECLARED 2021, on Thursday 9 September 2021, by Associate Professor Gideon Caplan, President of the Australasian Delirium Association.

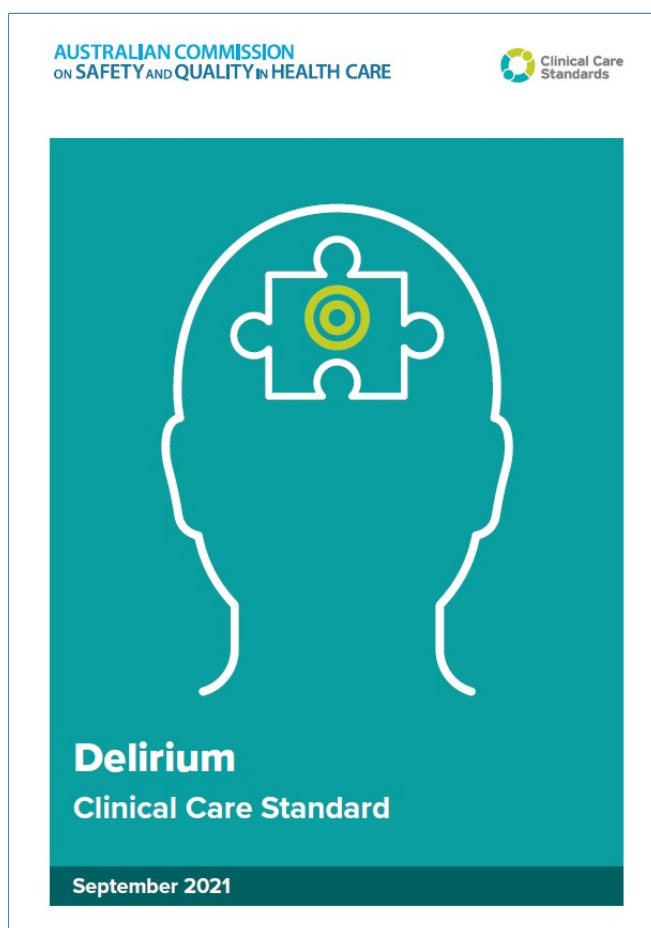
Professor Susan Kurrle, geriatrician and Curran Chair in Health Care of Older People in the Faculty of Medicine and Health at the University of Sydney and Anne Cumming, Principal Advisor, Cognitive Impairment at the Commission, presented about the Delirium Clinical Care Standard and updates, followed by a panel discussion with Dr Carolyn Hullick, Clinical Director from the Commission and emergency physician on day 2 of the conference.

The *Delirium Clinical Care Standard* is made up of eight quality statements and a set of indicators for safe and appropriate care.

For consumers, the standard describes the care you should expect to receive when you are at risk of developing delirium or experience delirium.

For clinicians, the standard provides guidance on the eight evidence-based quality statements from the clinical care standard.

For health service organisations, the standard describes key components of care that health services can use to guide practice and monitor improvements in care.



Journal articles

Why is there variation in test ordering practices for patients presenting to the emergency department with undifferentiated chest pain? A qualitative study

Li J, Dahm MR, Thomas J, Wabe N, Smith P, Georgiou A

Emergency Medicine Journal. 2021:emermed-2020-211075.

DOI	http://dx.doi.org/10.1136/emermed-2020-211075
Notes	<p>Variation in the delivery of healthcare has attracted much attention in recent years. Variation is common. Variation can be warranted due to patient need or preference. Variation in itself is not necessarily bad, and it can be good if it reflects health services responding to differences in patient preferences or underlying needs. When a difference in the use of health services does not reflect these factors, it is unwarranted variation and represents an opportunity for the health system to improve.</p> <p>This study sought to examine the reasons for variation in pathology ordering. The authors observe that as much as a third of laboratory tests ordered in the emergency department (ED) for adults presenting with undifferentiated chest pain are generally not indicated by current Australian guidelines. Using data from semi-structured interviews and focus groups, four main reasons or excuses emerged:</p> <ul style="list-style-type: none"> • Clinicians requested tests outside of guidelines and the ED scope of practice to facilitate the patient journey along the broader continuum of care, including admission to hospital or transfer to another site. • Clinicians were also faced with multiple and inconsistent guidelines regarding appropriate test selection. • Limited access to in-house specialty and diagnostic services also influenced ordering patterns in smaller non-referral hospitals. • Finally, certain features of the current electronic ordering framework facilitated overordering and failed to impose any real restrictions on ordering inappropriately or outside of scope of practice.

For information on the Commission's work on healthcare variation, see

<https://www.safetyandquality.gov.au/our-work/healthcare-variation>

For information on the *Australian Atlas of Healthcare Variation* series see

<https://www.safetyandquality.gov.au/publications-and-resources/australian-atlas-healthcare-variation-series>

Implementation of the Australian Hospital Patient Experience Question Set (AHPEQS): a consumer-driven patient survey

Jones CH, Woods J, Brusco NK, Sullivan N, Morris ME

Australian Health Review. 2021 [epub].

DOI	https://doi.org/10.1071/AH20265
Notes	<p>The Australian Hospital Patient Experience Question Set (AHPEQS) were developed by the Australian Commission on Safety and Quality in Health Care. The AHPEQS is a survey tool designed for Australian health services to assess the perceived quality of their consumers' experiences. This study reports on the implementation of the AHPEQS by a group of 36 Australian private hospitals over an 18-month period. The authors observe that 'Uptake was rapid across the 36 hospitals, with minimal resources and demonstrable acceptability, adoption, appropriateness, feasibility, fidelity, penetration and sustainability.' Responses from 86,180 patient experience surveys in these private hospitals indicated that 'From a consumer perspective, feeling cared for, having needs met and confidence in the safety of care, correlated with a positive patient experience.'</p>

For information on the Commission's work on patient experience, including the Australian Hospital Patient Experience Question Set (AHPEQS), see <https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/australian-hospital-patient-experience-question-set>

Public Health Research & Practice

Volume 31, Issue 3, September 2021

URL	https://www.phrp.com.au/issues/september-2021-volume-31-issue-3/
Notes	<p>A new issue of <i>Public Health Research & Practice</i> has been published. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Recovering from a punch in the mouth – the need for continuous adaptation to COVID-19 (Don Nutbeam) • Learning to live with COVID-19 in Australia: time for a new approach (Catherine M Bennett) • Innovations in suicide assessment and prevention during pandemics (Connor TA Brenna, Paul S Links, Maxwell M Tran, Mark Sinyor, Marnin J Heisel, Simon Hatcher) • Medicine reviews: do they reduce benzodiazepine use in older Australians? (Leo A Coleman, Jonathan Brett, Benjamin J Daniels, Sallie-Anne Pearson, Michael O Falster) • “We have to make sure you meet certain criteria”: exploring patient experiences of the criminalisation of abortion in Australia (Kathryn J LaRoche, L L Wynn, Angel M Foster) • General practice perspectives on a bowel cancer screening quality improvement intervention using the Consolidated Framework for Implementation Research (Carol A Holden, Deborah Turnbull, Oliver R Frank, Ian Olver) • Impact of a fall prevention education program for health and exercise professionals: a randomised controlled trial (Anne Tiedemann, Daina L Sturnieks, Anne-Marie Hill, Lorraine Lovitt, Lindy Clemson, Stephen R Lord, Catherine Sherrington) • Public Health Unit notifications of hepatitis C and their follow-up in South Western Sydney, Australia (Elizabeth R O'Brien, Michelle C Whelan, Tenzin Lama, Miriam Levy) • Bondi and beyond. Lessons from three waves of COVID-19 from 2020 (Adam Capon, Vicky Sheppeard, Nicolas Gonzalez, Jenny Draper, Alice Zhu, Maria Browne, Eleanor Sullivan, Milica Mihajlovic, Rebecca Rockett, Mark J Ferson) • Why would a woman screen? Facilitators and barriers for women least likely to participate in cervical screening in Australia (Helen M Achat, Nina M Hartcher, Kate Lamb, Joanne Stubbs, Holger Möeller) • Who votes for public health? An analysis of Australian politicians' parliamentary voting behaviour (Sophia Cicchini, Amanda Lee, Katherine Cullerton)

URL	https://www.healthaffairs.org/toc/hlthaff/40/9
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the theme of “Care For Elders, Prices & More”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • A Mental Health Center Uses Photos To Connect People To Community (Jessica Bylander) • Family Care Availability And Implications For Informal And Formal Care Used By Adults With Dementia In The US (HwaJung Choi, Michele Heisler, Edward C Norton, Kenneth M Langa, T-C Cho, and C M Connell) • Optimal Staffing Models To Care For Frail Older Adults In Primary Care And Geriatrics Practices In The US (David I Auerbach, Douglas E Levy, Peter Maramaldi, Robert S Dittus, J Spetz, P I Buerhaus, and K Donelan) • The Relationship Between States’ Staffing Regulations And Hospitalizations Of Assisted Living Residents (Kali S Thomas, Portia Y Cornell, Wenhan Zhang, Lindsey Smith, C Hua, B Kaskie, and P Carder) • Regulating Hospital Prices Based On Market Concentration Is Likely To Leave High-Price Hospitals Unaffected (Maximilian J Pany, Michael E Chernew, and Leemore S Dafny) • Price Differences To Insurers For Infused Cancer Drugs In Hospital Outpatient Departments And Physician Offices (James C Robinson, Christopher M Whaley, and Timothy T Brown) • Controversy Over Using Quality-Adjusted Life-Years In Cost-Effectiveness Analyses: A Systematic Literature Review (Leah Z Rand, and Aaron S Kesselheim) • Food Insecurity Among Health Care Workers In The US (Mithuna Srinivasan, Xi Cen, Brandy Farrar, Jennifer A. Pooler, and Talia Fish) • National Trends In ED Visits, Hospital Admissions, And Mortality For Medicare Patients During The COVID-19 Pandemic (Peter B Smulowitz, A James O’Malley, H Khidir, L Zaborski, J M McWilliams, and B E Landon) • Vaccinations Against COVID-19 May Have Averted Up To 140,000 Deaths In The United States (Sumedha Gupta, Jonathan Cantor, Kosali I Simon, Ana I Bento, Coady Wing, and Christopher M. Whaley) • Equity And The Uneven Distribution Of Federal COVID-19 Relief Funds To US Hospitals (Jason D Buxbaum, and Summer Rak) • Myocardial Infarction Care Among The Elderly: Declining Treatment With Increasing Age In Two Countries (John Hsu, Tor Iversen, Mary Price, Tron Anders Moger, Delaney Tevis, Terje P Hagen, and William H Dow) • US Sick Leave In Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions (Jody Heymann, Aleta Sprague, Alison Earle, Michael McCormack, Willetta Waisath, and Amy Raub) • ‘Long COVID’: Making The Invisible Visible (Maria Victoria Bovo)

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"> • Editorial: Call for emergency action to limit global temperature increases, restore biodiversity and protect health (Lukoye Atwoli, Abdullah H Baqui, Thomas Benfield, Raffaella Bosurgi, Fiona Godlee, Stephen Hancocks, Richard Horton, Laurie Laybourn-Langton, Carlos Augusto Monteiro, Ian Norman, Kirsten Patrick, Nigel Praities, Marcel GM Olde Rikkert, Eric J Rubin, Peush Sahni, Richard Smith, Nicholas J Talley, Sue Turale, Damián Vázquez) • Outcomes for surgical procedures funded by the English health service but carried out in public versus independent hospitals: a database study (Hannah Crothers, Adiba Liaqat, Katharine Reeves, Samuel I Watson, Suzy Gallier, Kamlesh Khunti, Paul Bird, Richard Lilford)

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"> • A Predictive Model for Identifying Patients at Risk of Delayed Transfer of Care: A Retrospective, Cross-Sectional Study of Routinely Collected Data (Andrew Davy, Thomas Hill, Sarahjane Jones, Alisen Dube, Simon C Lea, Keira L Watts, Md Asaduzzaman) • Using Telemedicine to Improve the Quality of Life of Parents of Infants With CHD Surgery After Discharge (Qi-Liang Zhang, Yu-Qing Lei, Jian-Feng Liu, Hua Cao, Qiang Chen) • Predictors of Job Satisfaction and Intention to Stay in the Job Among Healthcare Providers in Uganda and Zambia (Min Kyung Kim, Catherine Arsenault, Lynn M Atuyambe, Margaret E Kruk) • Improving First-Pass Success Rates During Emergency Intubation at an Academic Emergency Department: A Quality Improvement Initiative (Abdullah Bakhsh, Ahd Alharbi, Raghad Almekhadi, Sara Kamfar, Arwa Aldhahri, Ahmed Aledeny, Imad Khojah)

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 QS202 **Workplace health: long-term sickness absence and capability to work**
<https://www.nice.org.uk/guidance/qs202>

[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:

- *Interventional Treatments for Acute and Chronic Pain: Systematic Review*
<https://effectivehealthcare.ahrq.gov/products/interventional-treatments-pain/research>

COVID-19 resources

<https://www.safetyandquality.gov.au/covid-19>

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <https://www.safetyandquality.gov.au/covid-19>

These resource include:

- *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/national guidance regarding use of personal protective equipment. It must be a dedicated community transmission of COVID-19. The Infection Control Expert Group has provided guidance regarding use of P2/N95 masks and protective eye wear. Please refer to these documents for further information: <https://www.health.gov.au/resources/publications/2020/04/2020-04-20-ic-eg-guidance-on-use-of-p2-n95-masks>

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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ON SAFETY AND QUALITY IN HEALTH CARE

The content of this poster was informed by resources developed by the NSW Clinical Excellence Commission and the Victorian Department of Health and Human Services. Photos reproduced with permission from the NSW Clinical Excellence Commission.

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



VISITOR RESTRICTIONS IN PLACE

For all staff


Combined contact & droplet precautions

in addition to standard precautions*

Before entering room/care area		At doorway prior to leaving room/care area	
	1 Perform hand hygiene		1 Remove and dispose of gloves
	2 Put on gown		2 Perform hand hygiene
	3 Put on a surgical mask		3 Remove and dispose of gown
	4 Put on protective eyewear		4 Perform hand hygiene
	5 Perform hand hygiene		5 Remove protective eyewear
	6 Put on gloves		6 Perform hand hygiene
			7 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-icieg>

- *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

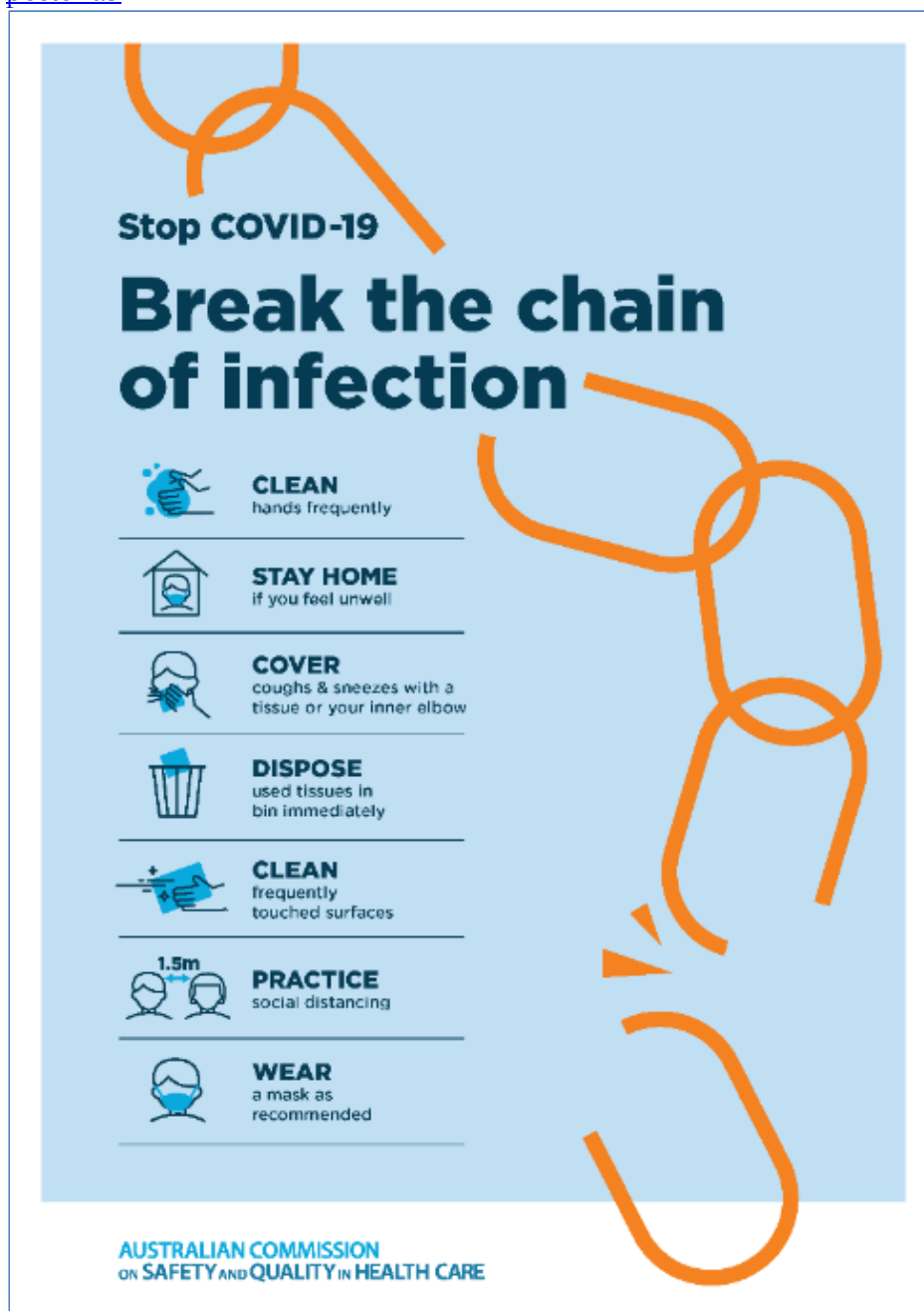
Combined airborne & contact precautions

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>Perform hand hygiene</div> </div>	<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>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: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div>  <div>Put on gown</div> </div>	<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>Perform hand hygiene</div> </div>
<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>Put on a particulate respirator (e.g. P2/N95) and perform fit check</div> </div>	<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>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: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div>  <div>Put on protective eyewear</div> </div>	<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>Leave the room/care zone</div> </div>
<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>Perform hand hygiene</div> </div>	<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>Perform hand hygiene (in an anteroom/outside the room/care zone)</div> </div>
<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>Put on gloves</div> </div>	<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>Remove protective eyewear (in an anteroom/outside the room/care zone)</div> </div>
	<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>Perform hand hygiene (in an anteroom/outside the room/care zone)</div> </div>
	<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>Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)</div> </div>
	<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>Perform hand hygiene</div> </div>

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:

- ***COVID-19 vaccines in Australia - AstraZeneca and Pfizer.***

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