



## On the Radar

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### On the Radar

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Contributors: Niall Johnson

### Reports

*Australia's Health Reimagined: The journey to a connected and confident consumer*

Deloitte, Digital Health Cooperative Research Centre, Consumers Health Forum of Australia, Curtin University 2022, p. 24.

URL	<a href="https://www2.deloitte.com/content/dam/Deloitte/au/Documents/life-sciences-health-care/deloitte-au-lshc-australias-health-reimagined-report-02032022.pdf">https://www2.deloitte.com/content/dam/Deloitte/au/Documents/life-sciences-health-care/deloitte-au-lshc-australias-health-reimagined-report-02032022.pdf</a>
Notes	The brief “whitepaper” stems from a collaborative Digital Health CRC research project between Curtin University, the Consumers Health Forum of Australia (CHF) and Deloitte. The project (and this document) included ‘a review of virtual health academic literature and a consumer survey.’ The paper seeks to present ‘the purpose, path and principles to deliver a digitally enabled future health system – one that benefits all Australians and removes barriers to accessing healthcare.’

For information on the Commission’s work on partnering with consumers, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers>

## Journal articles

*Inappropriate antibiotic prescribing: understanding clinicians' perceptions to enable changes in prescribing practices*

Laka M, Milazzo A, Merlin T

Australian Health Review 2022;46:21-7.

DOI	<a href="https://doi.org/10.1071/AH21197">https://doi.org/10.1071/AH21197</a>
Notes	'The wish to ensure antimicrobial/antibiotics are used appropriately has gained increasing interest in recent years, including the issue of antimicrobial resistance. This paper reports on a survey of 180 clinicians on perceived barriers to appropriate antibiotic prescribing. The survey revealed that 'diagnostic uncertainty and limited access to guidelines and prescribing information were significant barriers to appropriate antibiotic prescribing. Factors associated with these barriers were clinical experience, care setting (hospitals vs primary care) and the use of guidelines.'

*Antimicrobial Prescribing in a Regional Hospital: Impact on Prescribing Through Collaboration with an On-Site Clinical Pharmacy Service*

Tantiongco M DP, Kowalski S

Clinical Audit 2022;14:31-9.

DOI	<a href="https://doi.org/10.2147/CA.S347799">https://doi.org/10.2147/CA.S347799</a>
Notes	'The authors of this piece observe that 'Antimicrobial stewardship programs are critical for promoting and monitoring judicious use of antimicrobials; however, there are many well-established barriers to their effective implementation in the rural setting.' Here they report on a study that examined the impact of implementing a clinical pharmacy service on antimicrobial prescribing in a rural GP-led hospital in regional Australia. This was a retrospective case series audit of pre- and post-implementation of a new clinical pharmacy service. All adult patients who presented with sepsis, cellulitis, urinary tract infections and pneumonia between May and August 2015 and repeated for the same months in 2018 were included. The audit found that 'Appropriate prescribing increased from 57% (66/115) in 2015 to 82% (129/158) in 2018 (P=0.001). Ceftriaxone was the most inappropriately prescribed antimicrobial. The cost of antimicrobial therapy was halved from \$10.00 to \$5.33 per patient day, pre- and post-implementation of a clinical pharmacy service, respectively.'

For information on the Commission's work on antimicrobial stewardship, including the *Antimicrobial Stewardship in Australian Health Care* publication, see <https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship>

A recent addition to the *Antimicrobial Stewardship in Australian Health Care* book was a chapter on "Antimicrobial stewardship in rural and remote hospitals and health services".

*Implementation of an Antibiotic Stewardship Program in Long-term Care Facilities Across the US*

Katz MJ, Tamma PD, Cosgrove SE, Miller MA, Dullabh P, Rowe TA, et al

JAMA Network Open 2022;5:e220181-e.

DOI	<a href="https://doi.org/10.1001/jamanetworkopen.2022.0181">https://doi.org/10.1001/jamanetworkopen.2022.0181</a>
Notes	'Antimicrobial stewardship has been considered an important means by which to provide more appropriate use of these important resources. This paper reports on a study of 439 nursing homes in the USA who engaged in a quality improvement program using the US Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Antibiotic Use. The authors report that participation 'associated with a reduction in antibiotic use and urine culture collection. Fluoroquinolones, an antibiotic class targeted by the AHRQ safety program, had the greatest decrease.'

*Understanding and Communicating Uncertainty in Achieving Diagnostic Excellence*  
 Dahm MR, Crock C  
 JAMA 2022 [epub].

DOI	<a href="https://doi.org/10.1001/jama.2022.2141">https://doi.org/10.1001/jama.2022.2141</a>
Notes	This is the latest in <i>JAMA</i> 's series on diagnostic excellence. This piece picks up on the key issue of uncertainty and how that figures in the diagnostic process and the challenges of communicating uncertainty. Uncertainty is something of a recurring theme in <i>On the Radar</i> as it has appeared regularly from 2011 through to today. Here there is consideration of that uncertainty from both the clinician and patient perspective, before discussion of how to both manage and communicate uncertainty. The piece ends with exhortation 'To effectively manage the complexity and challenges of the diagnostic process, clinicians and patients need to find approaches to address uncertainty. Acknowledging, embracing, and communicating uncertainty opens diagnostic possibilities and a way toward achieving diagnostic excellence.'

*What problems in health care quality should we target as the world burns around us?*  
 Shojania KG  
 Canadian Medical Association Journal 2022;194:E311.

DOI	<a href="https://doi.org/10.1503/cmaj.220134">https://doi.org/10.1503/cmaj.220134</a>
Notes	Fires, floods, pandemics and all the other problems of our lives can sometimes make focusing on quality of care difficult. This piece suggests that returns on research and knowledge translation aimed at quality and the 'The mainstream approach to improving health care quality amounts to eking out marginal increases in the delivery of care.' The suggestion here is that: <ul style="list-style-type: none"> <li>• 'Efforts in quality improvement might better focus on increasing resilience of the health system and devising better models of care.'</li> <li>• Efforts to address social determinants of health would offer larger impacts on health care quality and population health.'</li> </ul>

*Public Health Research & Practice*  
 Volume 32 Issue 1, March 2022

URL	<a href="https://www.phrp.com.au/issues/march-2022-volume-32-issue-1/">https://www.phrp.com.au/issues/march-2022-volume-32-issue-1/</a>
Notes	A new issue of <i>Public Health Research &amp; Practice</i> has been published with the theme 'The skin cancer capital of the world: tackling Australia's ongoing public health challenge'. Articles in this issue of <i>Public Health Research &amp; Practice</i> include: <ul style="list-style-type: none"> <li>• Editorial: <b>Skin cancer</b> – time for national leadership to meet critical challenges ahead (Paige Preston, Craig Sinclair, Anne E Cust, Catherine M Olsen)</li> <li>• Forty years of Slip! Slop! Slap! A call to action on <b>skin cancer prevention</b> for Australia (Heather Walker, Clover Maitland, Tamara Tabbakh, Paige Preston, Melanie Wakefield, Craig Sinclair)</li> <li>• The <b>economics of skin cancer prevention</b> with implications for Australia and New Zealand: where are we now? (Louisa G Gordon, Sophy Shih, Caroline Watts, David Goldsbury, Adèle C Green)</li> <li>• <b>Keratinocyte cancer incidence in Australia</b>: a review of population-based incidence trends and estimates of lifetime risk (Catherine M Olsen, Nirmala Pandeya, Adele C Green, Bruna S Ragaini, Alison J Venn, David C Whiteman)</li> <li>• <b>Early detection of skin cancer</b> in Australia – current approaches and new opportunities (Monika Janda, Catherine M Olsen, Victoria J Mar, A E Cust)</li> <li>• Review of <b>sun exposure guidance</b> documents in Australia and New Zealand (Christina Verma, Jessica Lehane, Rachel E Neale, Monika Janda)</li> </ul>

	<ul style="list-style-type: none"> <li>• Effectiveness, compliance and application of <b>sunscreen for solar ultraviolet radiation protection</b> in Australia (Stuart I Henderson, Kerryn L King, Ken K Karipidis, Rick A Tinker, Adele C Green)</li> <li>• <b>Aboriginal and Torres Strait Islander health</b> checks: sociodemographic characteristics and cardiovascular risk factors (Danielle C Butler, Jason Agostino, Ellie Paige, Rosemary J Korda, Kirsty A Douglas, V Wade, E Banks)</li> <li>• Assessing cultural appropriateness of <b>patient-reported outcome measures for Aboriginal people with diabetes</b>: study protocol (Alicia Burgess, Jessica Hawkins, Catherine Kostovski, Kerith Duncanson)</li> <li>• Renewal of the <b>National Cervical Screening Program</b>: health professionals' knowledge about screening of specific populations in NSW, Australia (Sally O Sweeney, Yan Cheng, Jessica R Botfield, Deborah J Bateson)</li> <li>• Alternatives to low birthweight as a population-level <b>indicator of infant and child health</b> (Daneta Hennessy, Siranda Torvaldsen, Jason P Bentley, Jennifer R Bowen, Helen A Moore, Christine L Roberts)</li> <li>• <b>Blood lead levels among Broken Hill children</b> born 2009–2015: a longitudinal study to inform prevention strategies (David M Lyle, Frances T Boreland, Stephen J Quartermain)</li> <li>• Integrating <b>shade provision</b> into the healthy built environment agenda: the approach taken in NSW, Australia (Elizabeth L King, Susan Thompson, Nicola Groskops)</li> <li>• A dermoscopy training program for Victorian GPs to improve <b>skin cancer prevention and detection</b> (Shannon M Jones, Heather Walker, C Maitland)</li> </ul>
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*Health Affairs*

Volume 41, Number 3 (March 2022)

URL	<a href="https://www.healthaffairs.org/toc/hlthaff/41/3">https://www.healthaffairs.org/toc/hlthaff/41/3</a>
Notes	<p>A new issue of <i>Health Affairs</i> has been published with the themes “<b>Hospitals, Health Equity, And More</b>”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• Raising The Stakes To Advance Equity In <b>Black Maternal Health</b> (Michele Cohen Marill)</li> <li>• <b>Hospital Service Offerings</b> Still Differ Substantially By Ownership Type (Jill R Horwitz, and Austin Nichols)</li> <li>• <b>Reductions In Hospitalizations Among Children</b> Referred To A Primary Care–Based Medical-Legal Partnership (Andrew F Beck, Adrienne W Henize, TingTing Qiu, Bin Huang, Yin Zhang, Melissa D Klein, Donita Parrish, Elaine E Fink, and Robert S Kahn)</li> <li>• Legislation Increased <b>Medicare Telestroke Billing</b>, But Underbilling And Erroneous Billing Remain Common (Andrew D Wilcock, Lee H Schwamm, Jose R Zubizarreta, Kori S Zachrison, Lori Uscher-Pines, Jennifer J Majersik, Jessica V Richard, and Ateev Mehrotra)</li> <li>• Disparities In Uptake Of <b>HIV Pre-Exposure Prophylaxis</b> Among California Medicaid Enrollees (Nina T Harawa, Diane Tan, and Arleen A Leibowitz)</li> <li>• Despite The FDA’s Five-Year Plan, <b>Black Patients Remain Inadequately Represented In Clinical Trials</b> For Drugs (Angela K Green, Niti Trivedi, Jennifer J Hsu, Nancy L Yu, Peter B Bach, and Susan Chimonas)</li> <li>• Three-Year Impact Of Stratification In The <b>Medicare Hospital Readmissions Reduction Program</b> (Sukruth A Shashikumar, R J Waken, Rahul Aggarwal, Rishi K Wadhera, and Karen E Joynt Maddox)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Multicancer Screening Tests:</b> Anticipating And Addressing Considerations For Payer Coverage And Patient Access (Patricia A Deverka, Michael P Douglas, and Kathryn A Phillips)</li> <li>• Evaluating A <b>Nonemergency Medical Transportation Benefit</b> For Accountable Care Organization Members (Seth A Berkowitz, Katharine Ball Ricks, Jingyan Wang, Morgan Parker, Ram Rimal, and Darren A DeWalt)</li> <li>• <b>Physician Practices With Robust Capabilities Spend Less On Medicare Beneficiaries</b> Than More Limited Practices (Hector P Rodriguez, Elizabeth L Ciemins, Karl Rubio, and Stephen M Shortell)</li> <li>• The Effect Of <b>Clinician Feedback Interventions On Opioid Prescribing</b> (Amol S Navathe, Joshua M Liao, Xiaowei S Yan, M Kit Delgado, William M Isenberg, Howard M Landa, Barbara L Bond, Dylan S Small, Charles A L Rareshide, Zijun Shen, R S Pepe, F Refai, V J Lei, K G Volpp, and M S Patel)</li> <li>• The Effectiveness Of Government <b>Masking Mandates On COVID-19</b> County-Level Case Incidence Across The United States, 2020 (Jing Huang, Brian T Fisher, Vicky Tam, Zi Wang, Lihai Song, Jiasheng Shi, Caroline La Rochelle, Xi Wang, Jeffrey S Morris, Susan E Coffin, and David M Rubin)</li> <li>• <b>Strengthening Health Systems To Face Pandemics:</b> Subnational Policy Responses To COVID-19 In Latin America (Felicia Marie Knaul, Michael M Touchton, Hector Arreola-Ornelas, Renzo Calderon-Anyosa, Silvia Otero-Bahamón, Calla Hummel, Pedro Pérez-Cruz, Thalia Porteny, Fausto Patino, Rifat Atun, Patricia J Garcia, Jorge Insua, Oscar Mendez, E Undurraga, C Boulding, J Nelson-Nuñez, V. X V Guachalla, and M Sanchez-Talanquer)</li> <li>• Surviving <b>Two Pandemics</b> (Richard Sorian)</li> </ul>
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BMJ *Quality & Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p>BMJ <i>Quality &amp; Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Safety implications of <b>remote assessments for suspected COVID-19:</b> qualitative study in UK primary care (Sietse Wieringa, Ana Luisa Neves, Alexander Rushforth, E Ladds, L Husain, T Finlay, C Pope, T Greenhalgh)</li> <li>• Effects of <b>tall man lettering</b> on the visual behaviour of critical care nurses while identifying syringe drug labels: a randomised in situ simulation (Quentin Lohmeyer, Cornel Schiess, Pedro David Wendel Garcia, Heidi Petry, Eric Strauch, Andreas Dietsche, R A Schuepbach, P K Buehler, D A Hofmaenner)</li> <li>• The problem with ‘My Five Moments for <b>Hand Hygiene</b>’ (Dinah Gould, Edward Pursell, Annette Jeanes, Nicolas Drey, Jane Chudleigh, J McKnight)</li> </ul>

## 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:

- NICE Guideline NG213 **Disabled children and young people up to 25 with severe complex needs:** *integrated service delivery and organisation across health, social care and education*  
<https://www.nice.org.uk/guidance/ng213>
- NICE Guideline NG191 **COVID-19 rapid guideline: managing COVID-19**  
<https://www.nice.org.uk/guidance/ng191>



## 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:

- **OVID-19 infection prevention and control risk management**  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **Poster – Combined contact and droplet precautions**  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions>

**STOP 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
<b>1</b> Perform hand hygiene	<b>1</b> Remove and dispose of gloves
<b>2</b> Put on gown	<b>2</b> Perform hand hygiene
<b>3</b> Put on a surgical mask	<b>3</b> Remove and dispose of gown
<b>4</b> Put on protective eyewear	<b>4</b> Perform hand hygiene
<b>5</b> Perform hand hygiene	<b>5</b> Remove protective eyewear
<b>6</b> Put on gloves	<b>6</b> Perform hand hygiene
	<b>7</b> 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-icge>

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

## VISITOR RESTRICTIONS IN PLACE

For all staff

### Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone

- 1

**Perform hand hygiene**
- 2

**Put on gown**
- 3

**Put on a particulate respirator (e.g. P2/N95) and perform fit check**
- 4

**Put on protective eyewear**
- 5

**Perform hand hygiene**
- 6

**Put on gloves**

At doorway prior to leaving room/care zone

- 1

**Remove and dispose of gloves**
- 2

**Perform hand hygiene**
- 3

**Remove and dispose of gown**
- 4

**Leave the room/care zone**
- 5

**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 6

**Remove protective eyewear (in an anteroom/outside the room/care zone)**
- 7

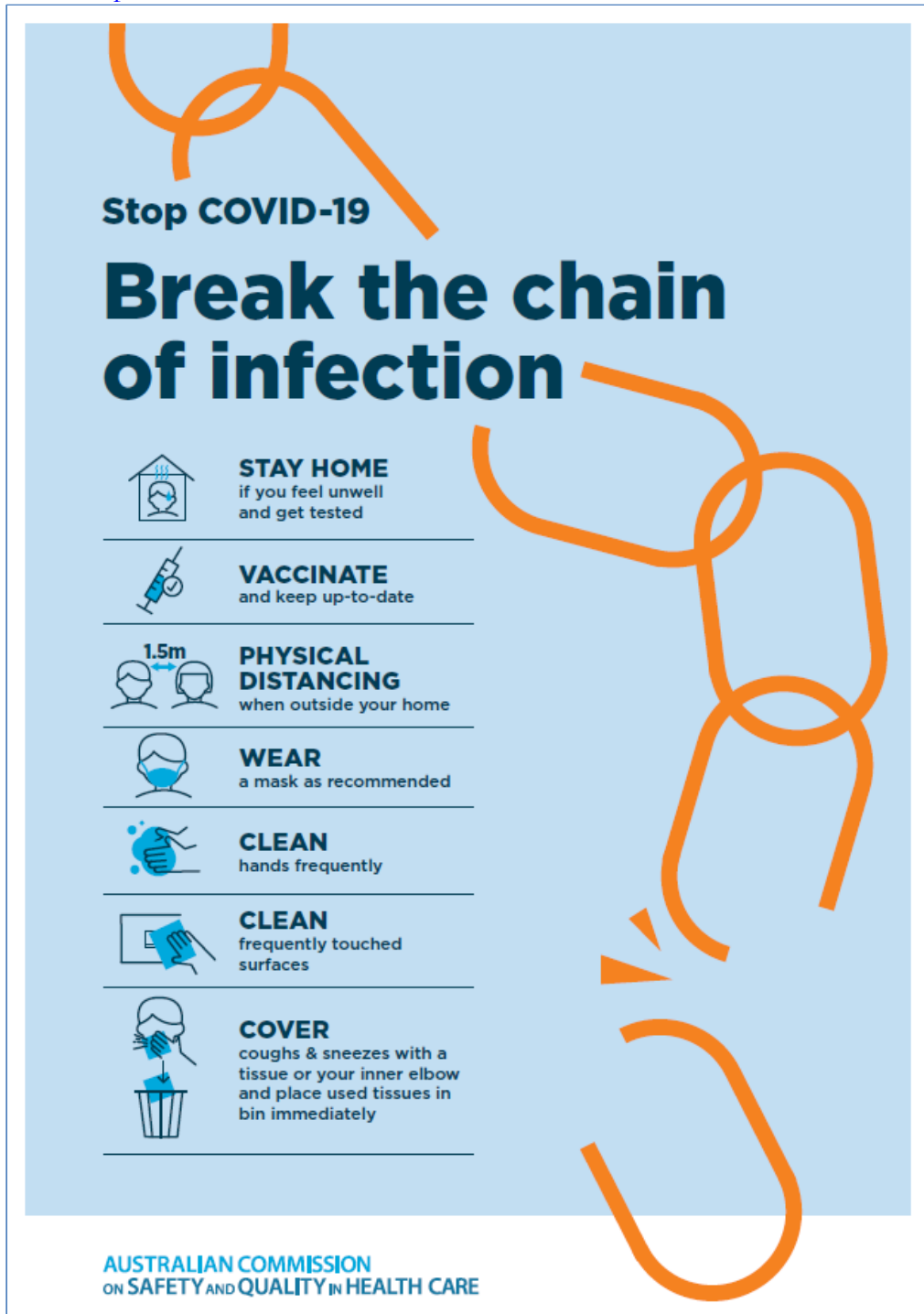
**Perform hand hygiene (in an anteroom/outside the room/care zone)**
- 8

**Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)**
- 9

**Perform hand hygiene**

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*  
[www.safetyandquality.gov.au/environmental-cleaning](http://www.safetyandquality.gov.au/environmental-cleaning)
- *COVID-19 infection prevention and control risk management – Guidance*  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- *Safe care for people with cognitive impairment during COVID-19*  
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19>
- *Stop COVID-19: Break the chain of infection* poster  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3>





- *FAQs for clinicians on elective surgery* <https://www.safetyandquality.gov.au/node/5724>
- *FAQs for consumers on elective surgery* <https://www.safetyandquality.gov.au/node/5725>
- *COVID-19 and face masks – Information for consumers*  
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers>

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**

**INFORMATION**  
for consumers

## COVID-19 and face masks

### Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.

When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

### What can you do to prevent the spread of COVID-19?

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.

*National COVID-19 Clinical Evidence Taskforce*

<https://covid19evidence.net.au/>

The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are ‘living’ guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

*COVID-19 Critical Intelligence Unit*

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest, a COVID status monitor, a risk monitoring dashboard and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic. There is also a ‘Living evidence’ section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. The most recent updates include:

- ***Budesonide and aspirin for pregnant women with COVID-19*** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- ***Omicron (BA.2 sub-lineage)*** – What is the available evidence for the BA.2 sub-lineage of the Omicron variant of concern?
- ***COVID-19 vaccines in Australia*** – What is the evidence on COVID-19 vaccines in Australia?
- ***COVID-19 pandemic and wellbeing of critical care and other healthcare workers*** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.
- ***Surgery post COVID-19*** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- Show summary | Download full Evidence Check (PDF 189 KB)
- ***Disease modifying treatments for COVID-19 in children*** – What is the evidence for disease modifying treatments for COVID-19 in children?
- ***Mask type for COVID-19 positive wearer*** – What is the evidence for different mask types for COVID-19 positive wearers?
- ***Post acute and subacute COVID-19 care*** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- ***Hospital visitor policies*** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- ***Surgical masks, eye protection and PPE guidance*** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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## Disclaimer

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