

The daily evidence digest collates recently released reports and evidence – provision of these links does not imply endorsement nor recommendation.

### **New guidance for Aboriginal people, GP telehealth, surge capacity, model-based analysis of severity, vulnerable workforce**

Guidance has been released from various bodies:

- The Australian Government has released a Management Plan for Aboriginal and Torres Strait Islander Populations. It provides guidance for preparedness, suspected cases, outbreak situations, and the stand down phase [click here](#)
- The RACGP has released a guide for telephone and video consultations in general practice which outlines when to use telehealth; principles for quality care, privacy and risk management [click here](#)
- The Royal College of Pathologists has published a briefing on testing for COVID-19 [click here](#)
- The Gastroenterological Society of Australia has release guidance for clinicians caring for patients with inflammatory bowel disease (IBD) during the COVID-19 pandemic [click here](#)
- The Royal College of Ophthalmologists has published a set of core principles for organising ophthalmology services during COVID-19 [click here](#)
- Recommendations for physiotherapy management in the acute hospital setting were published In the Journal of Physiotherapy [click here](#)
- Guidelines for the management of critically ill adults [click here](#)
- Recommendations from Royal Australasian College of Dental Surgeons regarding safety for dental professionals [click here](#)

The TGA released an alert on lack of scientific evidence to support the usage of vitamin C in the management of COVID-19 [click here](#)

An article based on ANZICS data, explores the surge capacity of Australian ICUs and discusses required increases in workforce and ventilator [click here](#)

#### **Emerging perspectives**

- A new blog from the CEBM notes a shift from hospitals to the community could avert a disaster for the wider population, reducing risk of healthcare workers acting as potential vectors [click here](#)
- A number of letters on optimising care and protection for oncology patients [click here](#) and [here](#)
- Implications for older clinicians in the workforce and considerations to protect and preserve workforce during COVID-19 pandemic in a viewpoint published in JAMA [click here](#)
- Operational instructions on COVID-19 disease Emergency Operational Instructions for Mental Health Departments issued by the Italian Society of Epidemiological Psychiatry [click here](#)

## Twitter

There is increasing Twitter activity on leadership and the need to focus on human factors when responding to COVID-19. The King’s Fund has published a blog on [compassionate leadership](#) and key points from the @BMJLeader #BMJLeaderchat include: (1) leading through a crisis requires the long view; (2) there is a need for collaborative and distributed leadership; (3) leaders can show vulnerability.

## International expert advisory committee

The International experts’ advisory committee for the Critical Intelligence Unit met on 1 April 2020. The committee explored how to fit “innovation for tomorrow” with the urgency of the “now” response and get ready for the “post” emergency. Follow @nswaci and track #ACIshare and #NSWHealthCIU on twitter.

### It’s kinda obvious, but not to everyone.

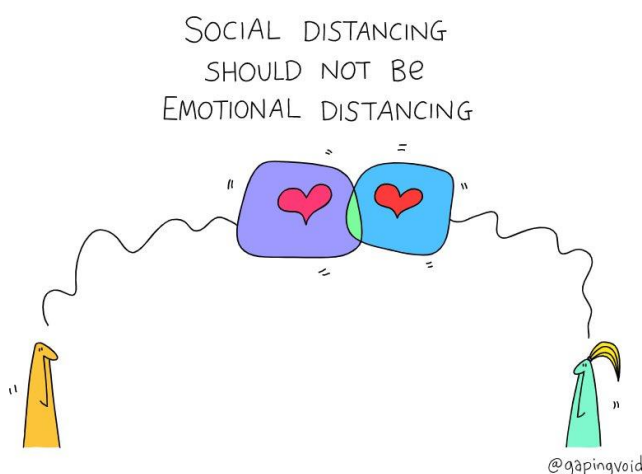
Since we don’t have that tactile, face-to-face connection, we are losing a lot of what connecting means to us. There is a ton of science on the subject.

While we are losing the physical connection, we must compensate and double down on emotional connection.

This can be through all the tech we know so well, but let’s think about expanding our language, the people we connect with, and be thoughtful about the depth of our conversations.

Be open. Be honest. Be clear. Don’t be afraid to express how you feel. Do it more, harder and better than you normally do.

You’ll be happy you did.



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