COMPLY WITH INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES

HLTINFCOV001

TRANSPORT AND LOGISTICS INDUSTRY Learner Delivery Information and RTO Contextualisation Information

JUNE 2020
COMPLY WITH INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES (HLTINFCOV001)

This resource has been developed for the Department of Education, Skills and Employment. It is designed to assist Registered Training Organisations in the delivery of the Unit of Competency HLTINFCOV001 – Comply with infection prevention and control policies and procedures.

This unit describes the skills and knowledge required to follow organisational infection prevention and control procedures, including implementing standard and transmission-based precautions and responding to infection risks.

This unit applies to individuals working in direct contact with customers in the Transport and Logistics Industry.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

This Resource has been contextualised for delivery to the transport and logistics sectors.

Disclaimer: At the time this product was published, the unit of competency HLTINFCOV001 was the most recent version found within the national Health Training Package. Clinical information within this resource was provided by the Australian Nursing and Midwifery Federation (Federal Office) and contextualised information was provided and validated by industry stakeholders. Information found within this product was current and correct at the time of publication.

This product remains the copyright of the Department of Education, Skills and Employment. This resource cannot be altered without written permission and the author/s take no responsibility for misuse or misinterpretation of this product. Evidence regarding COVID-19 is continually evolving. This resource was developed based on the best available evidence at the time of production, so may not reflect the latest emerging evidence.

CC BY-ND: This work is licensed under the Creative Commons Attribution-NoDerivs 3.0 Australia License. This license allows reusers to copy and distribute the material in any medium or format in unadapted form only, and only so long as attribution is given to the creator. The license allows for commercial use. CC BY-ND includes the following elements:

BY – Credit must be given to the creator
ND – No derivatives or adaptations of the work are permitted
INTRODUCTION

Workers can help stop the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19), as well as many other infectious viral, bacterial, fungal, and other diseases by engaging in effective infection prevention and control procedures.

The single most effective way of combatting infectious diseases is to perform correct and frequent hand washing to ensure that contaminated hands do not transfer pathogens (germs) to the mouth, nose, and eyes where they can enter the body and cause infection. Hand sanitiser can also be used in place of hand washing if hand washing is not feasible to disinfect hands.

Proper cough and sneeze etiquette, and maintaining and ensuring a recommended physical distance between individual people in the workplace are important ways you can help reduce infection spread. Other things you should do include performing regular cleaning of surfaces and objects that are regularly touched by workers and customers, and ensuring that you and other workers do not come into work if unwell or if you have been in contact with someone who has been confirmed as having COVID-19.

A better understanding of how infection occurs and can be prevented, assists all workers to help protect themselves, their colleagues, and the community from infectious diseases, including COVID-19.
WHAT IS AN INFECTION?

Infection occurs when microorganisms/microbes enter the body. A microbe is a single-celled organism. These single-celled organisms are microscopic and can only be seen through a microscope, though a large collection of microbes, known as a colony, may be seen with the naked eye (e.g. fungal mould and bacterial colonies).

Microbes can enter the body and cause illness. These are known as infectious diseases. Infectious diseases that are easily passed on between animals or people are referred to as contagious diseases.

Viruses are much, much smaller than bacteria, do not form colonies, and cannot be seen even with a microscope.

SARS-CoV-2, the coronavirus that causes COVID-19, therefore cannot be seen with the naked eye.

Colonisation is when microbes are within a body or host and replicate without causing damage or illness. This can occur prior to a person experiencing or showing symptoms. This disease phase is also known as the incubation phase. A person with disease colonisation does not show signs of infection (for example fever, headache, tiredness or other symptoms) and is not easily recognised as having been infected. During this phase, the person can be understood as an infectious disease ‘reservoir’. This means that they can transmit the microbe, and therefore the disease, to other people.

The SARS-CoV-2 virus that causes COVID-19 can reproduce inside the cells of some animals (e.g. originally the virus is thought to have come from some species of bats in Hubei province, China) and in humans, which can then become reservoirs of the virus. There have been no reported cases of animals becoming infected by the COVID-19 virus in Australia and there is currently no evidence that domestic animals (pets or livestock) pose an infection risk to humans. The COVID-19 virus is not known to replicate in other reservoirs such as water, soil, or food where other microorganisms may live or replicate. People who have COVID-19 can still be infectious to others before they experience any symptoms. While most people generally experience some symptoms within 5 days of being infected, some do not show symptoms for up to 14 days. Other people may never notice any symptoms but can still be infectious. This means that it is very important to practice infection control such as proper handwashing and cleaning/decontamination even if you and the people you encounter do not appear to be sick.

Used tissues are an example of an object that must be properly disposed of to stop the spread of disease. Also; computer mice, keyboards, counter tops, and money can also be contaminated by virus particles that have been transferred from mucus or saliva.

SARS-CoV-2 virus particles can also enter through the tissue around the eyes, so this is why hand hygiene is important, as touching a contaminated surface and then your nose, mouth, or eyes can cause infection.
Recap: COVID-19, is an infectious disease caused by a newly discovered coronavirus (SARS-CoV-2).

Coronaviruses are quite common viruses that can cause illness in both animals and humans, and are similar to the virus that causes the common cold and influenza.

Many coronaviruses can cause illness in animals only, and these usually only affect certain kinds of animals and not others. Other coronaviruses, such as SARS-CoV-2 probably originated from animals but were able to be transmitted to humans. This has also happened in the past with many other viruses that originally affected animals but later were transmitted to humans (for example, H5N1 also known as Avian Influenza or ‘bird flu’).

The best way to prevent and slow down respiratory virus transmission, including COVID-19, is to be well informed about the COVID-19 virus, the disease symptoms it causes and how it spreads. It is very important to understand that people who aren’t experiencing any symptoms at all may still be infected and not feel sick or know they have been infected. This means that washing your hands properly and regularly, covering your mouth and nose with your inner elbow or a tissue if you do cough or sneeze and disposing of the tissue carefully, and maintaining a safe distance of around 1.5 - 2 metres from other people, even if they do not seem sick, is important. This physical distance is important, because the virus can spread in droplets carried by sneezes and coughs, so if people are practicing physical distance from each other, it is less likely that the virus can spread to other people.

Protect yourself and others from infection by washing your hands properly and regularly or using an alcohol-based (80% ethanol or 75% isopropyl alcohol) hand sanitiser/rub frequently and not touching your face or other surfaces in public that could be contaminated. It is also important to understand that correct handwashing technique is important and is more effective than using a hand sanitiser, so hand sanitiser is useful only when it is not feasible to wash your hands – such as if you are away from a sink and soap, for example in the car or at the shops.

The COVID-19 virus spreads primarily through droplets of saliva or mucus discharge from the nose and mouth when an infected person coughs or sneezes. These droplets can travel through the air and into a non-infected person’s nose, mouth, or eyes and cause infection. Uncovered, a cough or sneeze can send droplets several metres. This is why physical distance and cough or sneeze etiquette is important to stop the spread. COVID-19 virus transmission can also occur when these droplets land on surfaces in the environment or onto skin which can then be deposited from these surfaces to the mouth, nose or eyes. For example, saliva or mucus may be transferred from droplets on a dirty tissue or hand or from an uncovered cough or sneeze to a handrail or elevator button which can then be a transmission risk for an uninfected person touching that surface and their mouth, nose or eyes before they wash their hands. This is why hand hygiene is so important for everyone.
The COVID-19 virus can live on environmental surfaces for some time; this can be days on a hard, smooth surface like metal or plastic. The virus can live on other surfaces like cardboard and material for only a few hours. The COVID-19 virus does not live for very long on porous surfaces or materials like cloth/fabric, skin, or hair. In any case, washing your hands after touching any objects or surfaces in public places is very important.

At this time, there are no vaccines or treatments for COVID-19, so preventing infection is the best way of combating the virus.

Most people, (up to around 80%) infected with the COVID-19 virus will experience mild to moderate symptoms of respiratory illness similar to a common cold or mild flu (for example fever, coughing, a sore throat and shortness of breath) and recover without requiring special treatment. Within this 80% many people may also not experience any symptoms at all and many not even know they have been infected. Younger people (aged under 65-70 years) are more likely than older people to only experience mild or moderate symptoms or no symptoms at all.

However, because COVID-19 is a new virus, some people’s immune systems do not typically have the ability to easily fight off the infection. Around 15% of people may experience more severe infections similar to a bad flu and around 5% of people who are infected may develop critical illness. While the illness can be serious in people of all ages, it is less likely to be severe in younger, healthy people. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, obesity, and cancer are more likely to develop serious illness and experience more severe symptoms that may require special treatment and hospitalisation.

Aboriginal and Torres Strait Islander Australians aged over 50 years are also more likely than younger people to experience more severe illness.
When an infection occurs, the body responds by mounting an immune response and producing antibodies that attack the invading virus.

Following some infections an immune response is established which can lead to longer lasting immunity for that person. This can provide protection against further infection by the same virus. Most childhood viral infections such as mumps or measles will produce long lasting immunity in this way.

As a new (novel) virus, unlike common flu/influenza virus, there are very few people with existing immunity to COVID-19. It is currently unknown whether contracting COVID-19 once leads to long term immunity, however it may be possible.

Antibodies cannot always successfully fight off and destroy viruses. Some viral infections can cause potentially fatal diseases such as Acquired Immunodeficiency Syndrome (AIDS) caused by the Human Immunodeficiency Virus (HIV). This virus attacks the immune system itself, so it is often other illnesses that may eventually cause death rather than HIV directly.

Factors that affect bacterial replication and colony formation are the presence and amount of: moisture, oxygen, pH (acidity or alkalinity), temperature and food.

Different bacteria have different favoured habitats; some types of bacteria can survive in extremely hot or cold temperatures. There are many bacteria that are able to survive in conditions present in the healthy human body. In ideal conditions, a bacterial cell can replicate itself in 20 minutes. This means that a bacterium can replicate to about 1 million cells within 7-8 hours.

While most bacteria are harmless, and many are even beneficial to humans. However, some bacteria produce toxins which are harmful and cause disease in humans, e.g. Botulism (a severe form of food poisoning which can be fatal) which is caused by toxins by ‘Clostridium botulinum’ bacteria.

BACTERIA

Bacteria are tiny, single celled organisms. Under the microscope different types of bacteria may look like tiny balls, rods, or spirals.
**VIRUSES**

Viruses are microbes which are smaller than bacteria and can infect bacteria themselves.

Viruses do not have cell walls but consist of one or more molecules of DNA or RNA (which contains the virus’s genes) surrounded by a protein coat. *(DNA – Deoxyribonucleic Acid, RNA – Ribonucleic Acid)*

Viruses can be rod shaped, spherical, or multisided.

Viruses are sub-microbial microbes that cannot be seen with a normal microscope. They are technically non-living as they cannot replicate themselves outside of a living cell.

While many viruses can remain infectious outside the body for periods of time, viruses also need nutrients and other living (host) cells to survive. Many viruses cause infections in humans when they invade healthy cells.

Infections caused by viruses can produce mild to severe symptoms. Some strains of the influenza (flu) virus only cause mild symptoms and people can recover from the flu in a few days. Other strains are much more serious and may be fatal for some people.

**Viral infections can behave in different ways, these include:**

- The virus is completely eliminated from the body and the person recovers.
- The virus stays dormant in the body but may reactivate to cause infection in the future (latent infection). Repeated ‘cold sores’ are caused by the Herpes Simplex Virus (HSV), and shingles is caused by latent chicken pox (varicella).
- The virus remains in the body and multiplies slowly, causing damage over a long period of time. A person with this type of virus may have no symptoms for a long period of time and be unaware that they are infected and unknowingly infect others e.g. Hepatitis C.
- Various types of cancers have been linked to viral infections e.g. cervical cancer is linked with infection by Human Papilloma Virus (HPV).
Fungi

Fungi are unique organisms that fall into a different kingdom to animals and vegetables and include microorganisms such as yeasts and mould. Fungi can be found in air, soil, water, and on or in plants and animals. There are many types of fungi which include yeasts (some are used to bake bread and make beer) and moulds (some are used to make cheese).

Most fungi are not harmful to humans and do not cause infection. Most fungi that can grow on the skin or inside the human body do not normally cause infections in healthy people. Some fungal infections include skin infections such as tinea, ringworm, paronychia, and oral and vaginal thrush.

Fungal infections of the skin can be spread from person to person through direct contact with contaminated items such as toiletries, hairbrushes, clothing and/or hats. Other fungal infections are spread to humans through inhaling spores or entry through broken skin.

People in poor health such as those that are immune deficient, have cancer, are organ transplant recipients, and/or those who are critically ill can be more susceptible to fungal infections. Serious and life-threatening fungal infections can occur in immune deficient individuals and may affect internal organs and whole body systems.

Parasites

Parasites include any plant or animal that lives on or in another organism of a different species or ‘host’ that derives sustenance (e.g. food or moisture) or protection (e.g. warmth, or protection from the elements) from the host, without benefitting – and usually harming the host.

Parasites that live in or on humans range in size from microscopic organisms such as Giardia lamblia or larger worms (e.g. tapeworms or pinworms) and small insects like lice (e.g. head lice). Parasites can be transmitted between people usually by direct contact or though touching contaminated surfaces which may harbour the parasites themselves (e.g. hair lice can contaminate garments) or their eggs (e.g. intestinal worms and their eggs can be present in faecal matter).

Many parasites can interfere with bodily functions (e.g. cause diarrhoea) or cause irritation (e.g. bites and itching); some can destroy the host’s tissues and release toxins into the bloodstream.

People can have a parasitic infection and not experience any symptoms. However, in some cases where large numbers of parasites are present or when the person’s immune system is challenged by illness or injury, parasites may start to cause symptoms. The chance of infection is higher in certain geographical locations (e.g. tropical climates) or in particular groups of people (e.g. children).
Children may come into your workplace and they might be contaminated with parasites such as head lice or intestinal worms they have picked up at school or day care centres. Ensuring hand hygiene and cleaning procedures are followed reduces the risk that parasites can be transferred between people.

As parasitic infection is generally uncommon in most parts of Australia, people who travel overseas are at higher risk of infection by parasites, as are children in day care centres and those who care for them.

Infections caused by protozoa include; malaria, toxoplasmosis, amoebic dysentery, giardiasis, diarrhoea caused by Cryptosporidium and Microsporidium, and sleeping sickness.

Protozoa can enter the body through contaminated water, insect bites, and sexual intercourse. The way protozoa enter the body depends on the particular type, e.g. malaria is acquired through the bite of the Anopheles mosquito – a particular type of mosquito that lives in tropical areas.

**METAZOANS**

Metazoans are multi-cellular microorganisms with tissues and organs and usually a digestive cavity and nervous system. These microorganisms are classified according to external appearance.

- Flatworms
- Roundworms
- Flukes

*Based on current evidence, the COVID-19 virus cannot enter the body through water, insect bites, or sexual intercourse. Because sexual intercourse generally involves close physical contact however, it is likely that COVID-19 may be transmitted between sexual partners via normal droplet and contact pathways.*
**PRIONS**

Prions are so tiny they cannot be seen even with an electron microscope. They are a type of protein that cause normal tissues in the brain to clump together or fold in an abnormal way, resulting in changes in conscious state and ability to function normally. They can be transferred from animals to people, and between people, through exposure to brain matter, cerebrospinal fluid (the liquid that surrounds the brain and spinal cord), and through blood. At this stage, we cannot treat prionic diseases.

The most well-known prion diseases are:

- Creutzfeldt-Jakob disease (CJD), which is usually inherited
- Variant CJD (usually caused by eating diseased meat from animals with mad cow disease)
- Kuru (increasingly rare, caused by eating infected human brains)
The spread of infection requires an **infectious agent**. Infectious agents are pathogens that can cause infection. These may be viral, bacterial, fungal, or parasitic.

The infectious agent needs a **reservoir** where it can grow and reproduce. Often, reservoirs are warm, moist places. Humans, animals, or the inanimate environment (e.g. water, food, soil) are potential reservoirs for many potentially infectious agents.

Human reservoirs include individuals with an acute infectious disease, those who are in the incubation period of the disease (while the infectious organism reproduces), and asymptomatic carriers, who show no symptoms of infection.

The transmission of infection also requires a **susceptible host**.

Susceptibility to an infectious agent varies depending on age, general physical, mental and emotional health, the amount and duration of exposure to the agent, and the immune status of the individual.

Chronic disease, shock, coma, traumatic injury, surgical procedures or treatment with irradiation or immunosuppressive agents increase a persons’ susceptibility to infection.

**Mode of transmission** refers to how infectious agents are transmitted from the reservoir to the susceptible host.

Transmission requires:

- a route for the infectious agent to exit the reservoir (**a portal of exit**)
- a mode of travel to the susceptible host (**a mode of transmission**)
- and a route to enter the susceptible host (**portal of entry**)

Infectious agents can exit one host and enter another through different points e.g. respiratory (e.g. mouth, nose while breathing), gastrointestinal (e.g. mouth/via food), genitourinary tracts (e.g. genitals via sexual activity), skin lesions (e.g. cuts and abrasions), and through mucous membranes (e.g. eyes, nose, mouth).

**THERE ARE FIVE MODES OF INFECTION TRANSMISSION.**

1. **CONTACT TRANSMISSION**

   **Direct contact** transmission occurs when contact is made between the infectious agent and the susceptible host.

   In the case of COVID-19, this can occur if an infected person kisses a non-infected person on the mouth and saliva containing the virus is transferred. Saliva or mucus may also be on a person’s hands if they have wiped their nose, mouth, or not washed their hands after going to the toilet. This is why maintaining physical distance from people not in your household is so important.

   "Practising physical distancing and maintaining good hygiene is the best defence against the spread of COVID-19 and will usually be a better control measure than wearing gloves."

   Washing your hands frequently for at least 20 seconds with soap and water or using alcohol-based hand sanitiser with at least 60% ethanol or 70% isopropanol as the active ingredient can help to minimise the spread of germs.

Think about all the times during your work day where you come into contact with customers and other staff members and others, such as the person who may be delivering goods.
While gloves (such as disposable or multi-use) should still be used for some practices (such as food handling, cleaning, gardening and trades), washing hands with soap and water is one of the best defences to prevent the spread of COVID-19.

If gloves are not used appropriately, they can pose a risk of spreading germs, putting workers and others at risk. When a person wears gloves, they may come into contact with germs which are then transferred to other objects or their face if they don’t replace and dispose of or clean their gloves between tasks. Gloves are not a substitute for frequent hand washing. Complacency while wearing gloves can reduce hand hygiene.

Disposable gloves should be replaced regularly. Multi-use gloves should be kept clean, washed and stored according to the manufacturer’s instructions or workplace policy. Disposable gloves should not be re-used and multi-use gloves should not be shared between workers.¹

Transport drivers may be required to be closer than 1.5 metres to physically assist elderly or less able passengers to board transport. If a passenger displays symptoms, ensure they are wearing a mask before assisting them. If drivers have safety concerns, they should check transport regulations and workplace procedures for circumstances where drivers may refuse or terminate a passenger trip. Drivers should also wear PPE as recommended by their workplace when in direct contact with passengers. Both driver and passenger should wash or sanitise hands immediately after contact. Passenger touch points in private vehicles should be cleaned and sanitised after each trip, and driver touch points cleaned and sanitised routinely throughout their shift. A full vehicle clean and sanitise should be completed at the end of each shift and at driver change over times.

Delivery drivers picking up or dropping off food or parcels for delivery should maintain 1.5 meters physical distance with clients and customers and use gloves to handle goods as per the advice from Safe work regarding gloves¹. Delivery drivers of two up teams for tasks that may require a two-person lift should follow the advice for heavy vehicle drivers with regard to social distancing measures while in the cabin of the vehicle and while moving freight. Upon delivery, drivers can avoid contact with the customer by placing the goods on a surface to avoid physical contact. Drivers should wash or sanitise hands immediately after pickup and delivery.

Heavy vehicle drivers may come into direct contact with colleagues in a depot or workplace, with other drivers at rest stops and roadhouses and suppliers and customers at various stages of their shift. Precautions should be taken at truck stops and roadhouses including time limitations and requirements for using shower facilities. Drivers should not use a shower if it has not been cleaned and sanitised prior to use and should advise roadhouse staff if they have used the showers and required cleaning. In some circumstances, two people in the cabin (e.g. two-up driving, training and assessment) may be required and physical distancing will not be possible at all times. Windows should be open slightly to promote airflow to remove airborne droplets and drivers should ensure the air con is not on recirculate mode to minimise the risk of transmission. In addition, some jurisdictions have mandated a maximum of a two-hour period during training before a break is required. If either driver is unwell or is symptomatic, they should not come to the workplace and follow health authority requirements regarding self-quarantine and testing.

¹ https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/retail/gloves#heading--1--tab-toc-who_should_wear_gloves_to_protect_against_covid-197
Indirect contact transmission involves contact between a susceptible host and a contaminated intermediate object such as a tissue, object, or other equipment including hands of workers. This could be receiving goods and needing to touch/open those goods in your workplace or though touching money, computer equipment, or items touched recently by someone who is infected.

Remember that the virus SARS-COV-2 can live on some surfaces, including plastic, for several days.

When transporting passengers in private vehicles, hand sanitiser should be available to passengers. Drivers can apply social distancing by asking passengers to travel in the rear of the vehicle where possible. Contact with passenger property such as luggage should be avoided, or appropriate PPE used where it is necessary. Use digital or contact-free payment methods if available. Ensure passengers take used tissues and masks with them or provide a safe method of disposal in the vehicle. Clean and sanitise passenger touch points at the end of each trip and driver touch points routinely throughout the shift, and complete a full vehicle clean at the end of each shift and at driver changeover.

Delivery drivers picking up or dropping off goods should maintain 1.5 metres physical distance and wear PPE, such as disposable gloves when handling goods. Where possible, goods should be sanitised before handling and transported in a container or to the rear of the vehicle to minimise contamination of the driver area. If drivers or customers are required to sign for goods, ensure items such as pens and electronic devices are sanitised before and after use. Clean and sanitise vehicle touch points, including trolleys throughout shift and complete a full vehicle clean at the end of each shift and driver changeover.

Heavy vehicle drivers may be vulnerable to indirect contact in depots or warehouses, at rest stops and roadhouses or client premises. Touchpoints to consider are shared keys and safety equipment, plant controls, door handles and roller door chains and controllers, time punch clocks, kitchen and break rooms, keys for restrooms and petrol pumps. Gloves should be used for high touch areas, and the use of sanitiser at other times wherever possible, to minimise risk of transmission from indirect contact.

REMEMBER: Washing hands regularly and properly with soap/detergent and hot water, is the best defence against ensuring your hands are free from contaminants (germs).
2. DROPLET TRANSMISSION

Droplet transmission involves contact with the conjunctivae (eyes) or mucous membranes of the nose or mouth (of a susceptible host) by large particle droplets that contain the infectious agent. How many times a day do we touch our face?

Droplets are released through talking, coughing or sneezing. We do these things all the time, particularly talking. An uncovered cough or sneeze releases many droplets into the air which can come into contact with other people or land on surfaces.

Bacteria and viruses can live outside of the body for some time, dependent on the nature of the microorganism and the environment i.e. hot, cold, damp, sunny.

Some viruses can survive on indoor surfaces for up to 7 days. Some last on hands for only an hour, think about all the surfaces you can potentially touch in an hour!

Some last much longer, such as the Clostridium difficile (C. difficile) which can survive for up to 5 months. This is often transmitted when people, especially children, don’t wash their hands after going to the toilet.

Influenza virus can survive as droplets in the air for several hours, low temperatures increase their survival in the air and they can survive for up to 10 hours on hard surfaces and up to 4 hours on soft surfaces.

The COVID-19 virus can live on surfaces and in the air for different amounts of time, but so far it is not fully understood how long the virus can live outside the body and still be an infection risk. In the case of the COVID-19 virus, droplets of saliva or mucus from an infected person may cause infection if they land directly in an uninfected person’s mouth, nose, or eyes. This why maintaining physical distance and ensuring that coughs and sneezes are safely covered is important.

Hand hygiene and proper cleaning of potentially contaminated surfaces is also important to protect yourself and others from infection from droplets that land on surfaces.

Changeover drivers are susceptible to droplet transmission if driver truck cabin and touch points are not cleaned and sanitised effectively between driver changeover.

3. VEHICLE TRANSMISSION

Food, water, or soil contaminated with an infectious agent can act as a vehicle for transmission when ingested. Contaminated equipment can also act as a vehicle for transmission.
4. **AIRBORNE TRANSMISSION**

Small particle residue of evaporated droplets or dust particles remain suspended in air for long periods and may contain infectious agents. These smaller droplets can travel in the air, but also tend to mean that virus particles are fewer and may pose a lower infection risk.

Infectious agents carried in this manner can be widely dispersed by air currents (think of air conditioned environments) and can be inhaled, or deposited on to a susceptible host in the same room or over a longer distance. Airborne particles are simply very small droplets that can be dispersed by coughs and sneezes.

In the case of COVID-19, airborne transmission is not thought to be a common route of infection in normal contexts. At the moment, it is unclear how infectious the virus is in these smaller droplets. However, because we know that COVID-19 might be present in small droplets/aerosols, the standard precautions from droplet and indirect contact transmission (e.g. cough/sneeze etiquette, physical distance, hand hygiene, and surface decontamination/disinfection) are important to protect against the potential risks of these smaller droplets as well.
5. VECTOR-BORNE TRANSMISSION

Vectors such as insects may carry infectious agents and transfer it to a human through bites or stings.

Mosquitoes, fleas, lice, and ticks move from host to host and may infect large numbers e.g. mosquitoes can carry the malaria parasite or West Nile virus.

![Vector-borne transmission](image)

For COVID-19, vector-borne transmission is not known to occur commonly, but may have originally occurred when the virus was transmitted from animals to humans. There is no evidence that domestic animals in Australia (farm animals or pets) can transmit the virus to people.
BODY DEFENCES

The human body has natural defences to protect itself from infection. Some human defence mechanisms prevent the entry of microorganisms and others destroy microorganisms that gain entry to the body.

There are three (3) lines of defence.
1. Mechanical barriers e.g. skin, mucous membranes
2. Inflammatory response
3. Immunity

VACCINATION

Vaccines can give people specific active, artificial immunity to infectious diseases. Vaccines stimulate the production of antibodies to specific diseases. Vaccines may provide protection against these diseases for months or years.

HOW SUCCESSFUL ARE VACCINES?

There are currently no vaccinations for COVID-19, however many groups are doing research to develop a vaccine. If a vaccine is developed for COVID-19, it will be the first time a vaccine has been developed for a coronavirus.

Being vaccinated for the flu reduces your risk of being immunocompromised, which may mean that if you develop COVID-19 you are less likely to get sick.

Vaccination is the one of the most effective preventative measures against infectious diseases. Most vaccine preventable illnesses, are highly contagious, spread quickly, and can cause severe illness which may impact on quality of life and cause death.

When enough people in the community are vaccinated, the spread of a disease slows down or stops completely and even unvaccinated people are protected. So as long as enough people are vaccinated, diseases are not able to spread. This is called ‘herd immunity’ or ‘community immunity’.
WHAT IS INFECTION CONTROL?

Infection control refers to policies and actions used to minimise the risk of spreading infectious diseases. These policies and actions relate to disease surveillance and investigation as well as the prevention and control of the spread of infectious diseases.

- It is an important component of your role as a worker to know and comply with your organisation’s policies and procedures in relation to infection prevention and control.

Infection control measures are designed to combat everything from the spread of common, generally more minor illnesses such as colds and mild forms of influenza (flu) to potentially more serious and life-threatening illnesses such as hepatitis B and C, SARS (SARS-CoV-1), HIV/AIDS, and COVID-19 (SARS-CoV-2).

Appropriate infection control measures may range from simple activities such as frequently and correctly following proper hand washing procedure to coordinated policies involving employee health screening, immunisation, social distancing measures, isolation/quarantine, and treatment.

WHAT ARE INFECTION CONTROL MEASURES?

To prevent and control infectious diseases, the chain of infection must be broken.

To do this you must:

Control or eliminate reservoirs (resource where pathogens can grow)

The most effective way of eliminating a reservoir for infection is to prevent them from becoming a source of infection in the first place e.g. correct washing of hands, disinfecting/sterilisation of surfaces and equipment and physical/social distancing.

Ensuring that work spaces allow the maintenance of recommended physical distance between individuals is important.

This might mean that you can only have a limited amount of people in a certain area to ensure they can keep a safe distance from each other. You may need to put up signage to let people know this before entering your workplace.

Putting signs or distancing lines on the floor can remind people what a safe distance is from others.
CONTROL PORTALS OF EXIT
Include careful handling of all excreta and exudates (e.g. used tissues), soiled linen, and contaminated equipment and waste.
Provide bins with a plastic liner for the disposal of tissues by staff and customers and do not touch the contents of the bag when emptying.

For COVID-19, this includes ensuring things like tissues are correctly disposed of in a way that does not contaminate other surfaces.

CONTROL OF TRANSMISSION
Correct HAND WASHING is the most basic, important, and effective technique in preventing and controlling the transmission of many infectious pathogens.
Other measures include using disposable equipment where possible and using correct technique for cleaning and disinfecting.
Having policies for regular and frequent cleaning of surfaces and equipment and also how to clean them properly and which products to use, is a good way to ensure surfaces and equipment remain as clean as possible.
The use of isolation precautions if indicated. This may be as simple as staying home when you are sick.

In the case of COVID-19, isolating or quarantining people who are known to be infected or who are suspected of being infected, is an effective way of ensuring that they are less likely to pass the infection on to other uninfected people. This may be relevant to workers and workplaces in terms of ensuring that workers who are unwell do not enter the workplace or come to work until they are confirmed to be well and not potentially infected, particularly with the COVID-19 virus.

CONTROL OF PORTALS OF ENTRY
Maintaining skin and mucous membrane integrity. Cover any cuts or abrasions with an occlusive dressing.
Use of Personal Protective Equipment (PPE) if necessary.

PROTECTION OF A SUSCEPTIBLE HOST
• Correct hand washing procedure.
• Correct use of PPE.
• Taking antibiotics as prescribed and ensuring you finish the prescribed dose.
THE FOUR MAJOR ELEMENTS TO PREVENTATIVE PRACTICE ARE:

1. Hand washing/sanitisation – it is vital that every person follow hand washing/sanitisation policy that is appropriate for their customers, workers, and business.

2. Protective barriers – Appropriate barrier precautions should be used when saliva, mucus, blood, secretions or body fluids are likely to come in contact with the skin, mucous membranes, or could penetrate clothing. This might mean you will need to wear disposable gloves when cleaning or when disposing of rubbish. You will need to remove gloves in a way that prevents your hands from touching the contaminated surface of the gloves and dispose of them appropriately. Always wash your hands after removing gloves.

   With COVID-19, for people in everyday situations, a surgical mask is only recommended and necessary if respiratory symptoms are present or if the person is suspected or confirmed to be infected with COVID-19 virus. Someone suspected of being infected however, should not be permitted to work and must follow local laws regarding self-quarantine and testing. To be effective, protective barriers must be put on, taken off, and disposed of properly. There are clear policies governing the use of PPE which should be carefully followed.

3. Care of equipment – this involves the appropriate disposal of waste, contaminated items, and the correct cleaning, and disinfection of equipment, surfaces, tools and devices. This may involve washing of your work clothes or uniforms separately, with an anti-bacterial solution added to your regular washing powder or solution, using hot water. Leaving work footwear outside of your home before entering, and ensuring you do not touch the underside of your footwear whilst taking it off can help prevent you taking ‘germs’ inside your home. Do not leave your clothes on the bed or floor when changing and do not wear the same clothes or uniform more than once before washing.

   Where possible, use of laundry facilities at roadhouses should be avoided to minimise the risk of transmission. If this is not avoidable, a detergent that has anti-bacterial properties should be used. Alternatively, ensuring the washing machine is cleaned between uses by the providing organisation can assist in reducing the bacterial/viral count in the machine.

   The risk of COVID-19 transmission from contaminated clothing in everyday situations is currently quite low. This is because the COVID-19 virus does not last very long on fabric surfaces. To minimise or prevent the potential for viral contamination, the following general guidelines for washing clothing or uniforms can be followed:
   — Wash uniform separately from other items — Fill washing machine to no more than half-capacity — Use standard laundry detergent according to manufacturer instructions — Run a full-length hot wash cycle between 40°C and 60°C — Tumble-dry uniforms or hang dry in full sun (where conditions are warm and dry) — Iron uniforms at conclusion of drying — Wear fresh, clean uniform to each shift — Adhere to additional employer guidelines for uniform laundering.

4. Health practice of the worker – workers who believe that they have been contaminated with an infectious agent should access and follow their organisations policy regarding the contamination. The worker should assess the risk of transmitting the infectious agent to others and take appropriate precautions. Workers should also know and review their immunisation status.

   For COVID-19, if someone believes they have been exposed or infected, it is important to notify your supervisor, restrict contact with others (i.e. return home), and contact your local health provider via telephone.
ACTIVITIES THAT MAY CAUSE CONTAMINATION INCLUDE:

- Handling of items soiled with saliva or mucus, blood (which is not known to transmit COVID-19) or other bodily substances.
- Direct contact with body secretions or excretions including blowing the nose, sneezing, or coughing
- Going to the toilet
- Eating food

NORMAL SKIN FLORA

To understand how different approaches to hand cleansing works, a knowledge of normal bacterial skin flora is essential.

Normal human skin is colonised with bacteria and different areas of the body have varied total bacterial counts.

Transient flora, which colonise the superficial layers of the skin, are more easily removed by routine handwashing.

They are often acquired having direct contact with customers and co-workers or through contact with environmental surfaces close to or regularly used by customers and co-workers.

The number of organisms present on intact areas of the skin can vary. Persons with diabetes, people undergoing dialysis for chronic renal failure, and those with chronic dermatitis are likely to have areas of intact skin that are colonised with certain infective bacteria.

Because skin cells containing viable microorganisms are shed daily from normal skin, viable microorganisms from normal skin shed onto clothing, curtains, linen and fabrics, equipment and other objects that customers and/or co-workers are near or use.

Organisms are transferred to various types of surfaces in much larger numbers from wet hands than from hands that are thoroughly dried.

The association between infections and overcrowding is a real risk; this can also be linked with poor adherence to hand hygiene.

Because parts of the hands are harder to clean and collect more dirt and grime (e.g. under nails, jewellery, and between fingers) it is important that these parts of the hands are cleaned carefully, as it is likely that virus particles may more readily collect here.

For tasks where gloves are not practical to be worn, drivers who carry out manually laborious tasks on their vehicles may get a build-up of grease and grime on their skin. Sanitisers will not be effective on skin that has residue from grease and oils. In these instances, soap and water are optimal for hand hygiene.

As described above, the COVID-19 virus can remain on surfaces, including the skin, for some time. It is not known exactly how long the COVID-19 virus can remain on human skin and still be infectious, but it is reasonable to assume that it can be there long enough to be a risk. This is why frequent, proper handwashing is very important.
STANDARD AND TRANSMISSION BASED PRECAUTIONS

Standard Precautions are the minimum infection prevention practices that apply to all contact with people and standard clean work practices. These apply regardless of suspected or confirmed infection status of the person and in any setting where a service is delivered. These practices are designed to both protect the worker and prevent workers from spreading infections. Standard Precautions include:

1. Hand hygiene.
2. Use of personal protective equipment (e.g. gloves, masks, eyewear).
3. Respiratory hygiene / cough etiquette.
4. Sharps safety (how to handle them should you come across a discarded syringe or need to use sharp objects in your course of work).
5. Clean and disinfected environmental surfaces.

ALL PEOPLE POTENTIALLY HARBOUR INFECTIOUS AGENTS.

Standard precautions refer to those work practices that are applied to everyone, regardless of their perceived or confirmed infectious status and ensure a basic level of infection prevention and control.

TRANSMISSION BASED PRECAUTIONS (TBP)

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when people have diseases that can spread through contact, droplet, or airborne routes (e.g. skin contact, sneezing, coughing) and are always used in addition to Standard Precautions.

Transmission based precautions apply in the context of the COVID-19 outbreak such as self-isolation.

Suggested learning/assessment activity: Case study into heavy vehicle in Victoria who tested positive to COVID-19 resulted in closure of 12 McDonald’s restaurants in Victoria after coming into contact with workers when delivering food stores during infectious period.
Hand hygiene is a general term referring to any action of cleaning the hands properly.

This includes the use of a soap/solution (non-antimicrobial or antimicrobial) and water, or a waterless antimicrobial agent to the surface of the hands (e.g. alcohol-based hand rub).

Hand hygiene is the single most effective action to reduce infections, including COVID-19.

If you need to wear gloves in the course of your work, remember gloves are not a substitute for hand washing.

Hands should be washed before and after contact with people after activities likely to cause contamination and after removing gloves if they are worn.

A mild liquid hand wash solution should be used for routine hand washing.

Skin disinfectants formulated for use without water may be used in certain limited circumstances and should only be used when handwashing is not feasible.

Workers can unknowingly transmit microorganisms they have picked up on their hands from a previous person contact or contact with the environment to the next person or their environment if they do not perform hand hygiene in-between.

**CLEAN YOUR HANDS**

- Before eating;
- Before and after having direct contact with a person’s skin (touching a person);
- After contact with mucus, saliva, blood, body fluids or excretions, mucous membranes, non-intact skin (blowing your nose, putting a bandaid on another person’s cut);
- After contact with objects and surfaces (including equipment) in the immediate vicinity of the person;
- Before starting work and when leaving work;
- Handling of food and drinks (whether own or another person’s);
- Using a computer keyboard or mouse, cash register in the work area;
- Handling laundry/equipment/waste;
- After glove removal (if used);
- After using a restroom; and
- After coughing, sneezing or blowing your nose.

Cuts and abrasions should be covered by a water-resistant occlusive dressing and changed as necessary.

Wash hands with soap and water when visibly dirty or visibly soiled with mucus, saliva, blood or other body fluids or after using the toilet.

If exposure to potential pathogens is strongly suspected or proven, including outbreaks of gastroenteritis or COVID-19, hand washing with soap and water is the preferred means of limiting the spread.

Use an alcohol-based hand rub as the preferred means for routine hand cleaning when hand washing is not possible or feasible and in all other situations if hands are not visibly soiled.

If alcohol-based (80% ethanol or 75% isopropyl alcohol) hand rub is not obtainable, wash hands with soap and water.

- Before and after touching another person;
- After removing gloves (if used)
- Before preparing food perform hand hygiene using an alcohol-based hand rub or wash hands with either plain or antimicrobial soap and water; and
• Soap and alcohol-based hand rub should not be used together.

Water by itself cannot directly remove substances such as fats and oils often present on soiled hands. Proper handwashing therefore requires the use of soaps or detergents to dissolve materials and facilitate their subsequent flushing with water.

To ensure proper hand hygiene, soap or detergent must be rubbed on all skin surfaces of both hands followed by thorough rinsing and drying.

WASHING HANDS WITH SOAP AND WATER

When washing hands, rub hands for a minimum of 20 seconds so that the soap/solution comes into contact with all surfaces of the hand. Pay particular attention to areas between the fingers, the thumbs, under the nails and tips of the fingers. Rinse hands thoroughly using running water.

Always dry hands well by patting with a clean single-use paper towel. Turn off tap with paper towel and dispose of the towel.

HOW TO PERFORM HAND HYGIENE WITH ALCOHOL BASED HAND RUB

• Apply hand rub on dry hands.
• Use manufacturer recommended amount.
• Rub hands together.
• Solution must come into contact with all surfaces of the hand. Pay particular attention to areas between the fingers, the thumbs, under nails, and tips of the fingers.
• Continue until dry.

Continue until solution has evaporated and the hands are dry before touching people, surfaces or putting on gloves.
BARRIERS TO HAND HYGIENE

NAILS AND JEWELLERY

Artificial nails, chipped nail polish, or long natural nails can harbor microorganisms. Special care should be taken to ensure that space under nails and jewellery are properly cleaned when washing or sanitising hands. If wearing artificial or painted nails, ensure you wash thoroughly underneath the nails when performing hand hygiene.

Jewellery can inhibit your ability to perform correct hand hygiene, and wearing jewellery, particularly rings with stones can also be areas that can harbor pathogens.

Remove finger and wrist jewellery prior to hand washing. Wrist bands and wrist watches should be removed prior to hand washing.

Long sleeves need to be pulled up or folded up prior to hand washing and when conducting cleaning of potentially contaminated surfaces.
SKIN CARE

Chaffed and dry cracked hands can increase your risk of colonisation with potential pathogens.

COVID-19 is not known to infect humans via cuts and open skin. To protect your skin, use a moisturiser three times a day (minimum) e.g. during breaks and before you go home.

Remember also to moisturise at home.

Occupational contact dermatitis is an inflammatory skin condition that can affect workers who must frequently use hand sanitiser or wash their hands. Usually the hands of workers are affected, although other exposed skin may be involved, such as the arms, face and neck.

SIGNS AND SYMPTOMS OF CONTACT DERMATITIS INCLUDE:

- Dryness (involvement of the web spaces between the fingers is often the first sign)
- Redness
- Itchiness
- Soreness
- Scaling and flaking
- Splitting and cracking
- Blistering

Common causes of contact dermatitis affecting workers include:

- Repeated exposure to water, including hand washing
- Skin cleaners, antiseptic washes, detergents, liquid and bar soaps
- Drying of the skin using paper towels
- Heat from hot water
- Sweating, especially when wearing occlusive gloves for extended periods of time
- Glove powder
- Low humidity; hands often get drier in winter

Dermatitis can let microorganisms into the skin if the skin is damaged. The damaged skin can also transmit infection so it is necessary to get appropriate treatment and protect your skin as per a health professional’s advice.
RESPIRATORY HYGIENE/COUGH ETIQUETTE

Covering coughs and sneezes and keeping hands clean can help prevent the spread of serious respiratory illnesses like influenza, respiratory syncytial virus (RSV), whooping cough, and COVID-19. Pathogens can be easily spread by:

- Coughing, sneezing, or talking
- Touching your face with unwashed hands after touching contaminated surfaces or objects
- Touching surfaces or objects that may be frequently touched by other people

Cover your mouth and nose with a tissue when you cough or sneeze and discard used tissues into the garbage and if you don’t have a tissue, cough or sneeze into your inner elbow, not your hands.

Your workplace should ensure the availability of materials such as tissues and lined garbage bins, hand sanitiser and soap and disposable towels in rest rooms.

Private passenger vehicles should have tissues available to passengers and a disposable bag for used tissues. If that is not possible, ensure passengers take used tissues with them. Clean the vehicle and sanitise passenger touch points on completion of the trip to minimise risk of transmission.

Remember to immediately wash your hands after blowing your nose, coughing, or sneezing or use hand sanitiser if you are unable to wash your hands.
PERSONAL PROTECTIVE EQUIPMENT (PPE)

All workplaces where PPE is required, must provide PPE and equipment that complies with relevant Australian standards and is appropriate for the intended use. All equipment should be readily available.

GLOVES
Workers should wear gloves when there is a risk of exposure to mucus, saliva, blood and/or body fluids, such as when cleaning dirty surfaces or cleaning up spills. Wearing gloves must not replace hand washing. Gloves may have defects that are not immediately obvious or may become damaged with use and become a hazard to the worker. If you are using gloves to clean a spill always perform hand hygiene before applying gloves and after removing or changing gloves. Let hands dry thoroughly prior to putting on gloves.

When the first glove is removed, place the ungloved fingers under the wrist of the remaining glove and fold onto itself so you do not touch the top surface of the glove, only the uncontaminated underside. Wash hands.

Hands frequently become contaminated during removal, so you need to take gloves off properly to prevent contamination of your hands and dispose of appropriately.

To take gloves off, grab one glove with the other gloved hand on the contaminated side, near the wrist and fold over until it comes off. Alternatively, you can pull the contaminated gloves on the first hand for removal by the fingertips of the glove.
Gloves may need to be changed multiple times during the day (remember gloves can become contaminated too).

Do not re-use gloves and do not wash gloves.

Always ask yourself:

- Why am I wearing gloves?
- Who am I trying to protect? Would frequent hand hygiene be better?
- Don’t be afraid to inform and guide other people about the correct use of gloves

Masks

The wearing of suitable masks is only applicable for a spill that you were concerned about when excessive fluid exposes your mouth or nose or if you are concerned about airborne infection. It should be worn for a short period and removed carefully using the straps. The outside of the mask is contaminated and should not be touched whilst wearing the mask and on removal. The mask needs to be disposed of effectively to ensure it does not become a risk to yourself or anyone else.

If you are required to wear a mask it is important to cover both your nose and mouth. Do not put it on your head or around your neck when not in use. If you don’t need it, take it off.

How to wear & remove face mask

WEAR

REMOVE
WASTE DISPOSAL

WHEN HANDLING WASTE

- Apply standard precautions to protect against exposure to mucus, saliva, blood, and other body substances during handling of waste; wash hands following handling of waste.
- Waste should be contained in the appropriate receptacle and disposed of properly.
- Bins should be provided in the work area for customers to dispose of used tissues and rubbish.

Workers should be trained in the correct procedures for waste handling if waste is excessive.

WASTE TRANSPORTATION

- Internal or on-site movement is the movement of waste from its source to the storage, or collection point.
- The container must not allow liquids to leak or soak through.
- Trolleys (if used) and bins should not be overfilled, to avoid potential spillage.
ENVIRONMENTAL CLEANING

General surfaces can be divided into two groups—those with minimal hand contact (e.g. floors and ceilings) and those with frequent skin contact (‘frequently touched’ or ‘high risk’ surfaces).

The methods, thoroughness, and frequency of cleaning and the products used are determined by risk analysis and reflected in the workplace cleaning policy.

Frequently touched surfaces should be cleaned using a detergent solution and more frequently than surfaces with minimal hand contact.

Avoid touching cash when possible and, if possible, introduce cashless transactions.

Wash hands thoroughly after restocking goods or handling cash and coins. Take care not to touch your face, mouth, nose or eyes after handling money until hands have been washed properly.

Mass transit passenger vehicles such as buses and trains would be routinely cleaned by dedicated personnel to sanitise high contact touch points such as seat handles, handrails, door handles or controls, luggage racks and electronic fare and payment terminals and Perspex shields, windows, seats and floor surfaces. Private passenger vehicles such as rideshare or taxis should be cleaned after each trip. High contact touch points for passengers in these vehicles includes internal and external door handles, seat belts and release buttons, arm rests, door grab handles and door linings, window controls, cup holders, air conditioning vents, fare and payment terminals and boot lids.

High contact driver touch points should be cleaned and sanitised at intermittent times throughout the shift and at driver handover. Additional driver touch points include keys, steering wheel, gear stick, hand brake indicators, dash controls and mirrors.

If delivery drivers cannot be certain that the surface of any goods being picked up or delivered have been sanitised, PPE, such as disposable gloves, can be used when handling goods to minimise transmission.

Where practicable, drivers should maintain separate clean and contaminated zones. Some sites will have restricted access for staff-only. These areas should be appropriately sign posted so visitors recognise which areas are restricted access. If visitors are permitted to enter certain zones, they may be required to sign a visitor log to assist with contact tracing.

The driver cabin should be maintained as a clean zone by limiting the number of non-essential items stored in the cabin and sanitising hands and touch points regularly. Items that cannot be sanitised should be segregated to a separate compartment of the cabin or stored in the rear of the vehicle.

Mass transit passenger vehicles such as buses and trains would be routinely cleaned by dedicated personnel to sanitise high contact touch points such as seat handles, handrails, door handles or controls, luggage racks and electronic fare and payment terminals and Perspex shields, windows, seats and floor surfaces. Private passenger vehicles such as rideshare or taxis should be cleaned after each trip. High contact touch points for passengers in these vehicles includes internal and external door handles, seat belts and release buttons, arm rests, door grab handles and door linings, window controls, cup holders, air conditioning vents, fare and payment terminals and boot lids.

CLEANING OF SHARED EQUIPMENT

Clean touched surfaces of shared equipment between uses, with detergent solution.

If a shared toilet or public toilet is the only option available for hand washing, wash hands, dry thoroughly and use the paper towel to open the toilet door to exit and then dispose of the towel appropriately.

If drivers are visiting a site, they may be required to supply their own equipment and should check prior to entering the site. At their normal place of work, drivers may be required to use shared or pooled equipment items when operating around vehicles or in depots and warehouses. This can include items such as hi-vis safety vests, protective gloves, hearing protection, safety glasses, protective headwear or cold weather jackets for cold storage transport, site computers, manual handling equipment, pallet jacks, pens, books, paperwork and load restraint equipment. When using shared or pooled PPE, ensure workplace procedures are followed for
segregating used or contaminated items and sanitising in-between use. If drivers are required to drive a different vehicle, procedures for environmental cleaning should be followed prior to changeover.

**Surface barriers** (e.g. clear plastic wrap, bags, sheets, or other materials that don’t let moisture in).

Use surface barriers to protect surfaces (including equipment) that are:

- touched frequently by staff and customers
- likely to become contaminated with saliva, mucus, blood or body substances
- difficult to clean

**MANAGEMENT OF BLOOD AND BODY SUBSTANCE SPILLS**

Prompt removal or reporting of spots and spills of fluid, blood and body substance (such as vomit or urine) followed by cleaning and disinfection of the area contaminated is a sound infection control practice and meets workplace health and safety requirements.

Due to the nature of work within the Transport and Logistics Industry, drivers may be exposed to hazardous substances in the course of their work. Standard practice for managing a spill is to conduct a risk assessment upon discovery to determine the substance and any associated risks. The incident is reported in accordance with workplace procedures prior to removal and cleaning of any spill including blood and other body substances.

Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill:

- In service areas, workers can manage small (up to 10cm diameter) spills by cleaning with detergent solution.

For spills of blood and other body substances containing large (greater than 10cm diameter) amounts of fluid, blood or other body substances, workers should contain and confine the spill by:

- removing visible matter with absorbent material (e.g. disposable paper towels)
- removing any broken glass or sharp material with tongs
- soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules, found in a spill kit if they are available)
- place relevant signage to notify people that the area may be damp, wet or slippery.

**SPILL KIT**

A spill kit should be readily available in each area that has the potential for spills and should include a scoop and scraper, single-use gloves, protective apron, surgical mask and eye protection, absorbent agent, waste bags and ties, and detergent. All parts should be disposable to ensure that cross contamination does not occur.

**PERSONAL PROTECTION EQUIPMENT**

- Always wear appropriate PPE when attending to spills. Gloves must be worn for any spill clean.
- Thoroughly wash hands after cleaning the spill.
- Dependent on the nature and size of the spill, safety glasses and masks may be worn.
- Dispose of all waste including PPE appropriately.
• Signage – place an appropriate sign near the spill to alert others that the area may be wet or slippery.

• Used linen is ‘bagged’ at the location of use into an appropriate laundry receptacle.

• Used linen must not be rinsed or sorted in public areas.

• Linen soiled with contaminants should be placed into leak-proof laundry bags for safe transport.

• **Hand hygiene** is performed following the handling of used linen.

• Clean linen must be stored in a clean dry place that prevents contamination by aerosols, dust, moisture and vermin and is separate from used linen.

Some linen items used in transport and logistics have traditionally been available for use on an as needs basis from shared or pooled equipment such as cleaning rags, hi-vis vests or cold weather equipment for handling cold storage goods. Some workplaces will no longer have shared or pooled equipment available and drivers will be required to use personal equipment to minimise the risk of transmission. When use of items from a shared or pooled source is essential, ensure workplace procedures are followed for segregating used or contaminated items and for sanitising equipment in-between use.

Drivers in a two-up situation and workshops may also use disposable seat protectors on their shift. This single use linen should be treated as waste and disposed of appropriately after use.

**HANDLING OF LINEN**

All relevant facilities must have documented policies on the collection, transport and storage of clothing, curtains, linen and fabrics if these are used in the course of work.

All used linen and fabrics should be handled with care to avoid dispersal of microorganisms into the environment and to avoid contact with staff clothing.

**The following principles apply for linen**

Appropriate PPE is worn (e.g. gloves) during handling of soiled clothing, linen or fabrics to prevent skin and mucus membrane exposure to contaminants.
RISK MANAGEMENT

Risk management is a process used to address risks involved in work activities. It is used to eliminate or minimise health and safety risks to people in workplaces.

We have an obligation to ourselves, colleagues and customers to identify, assess and manage the risk of infection in all settings.

To successfully control transmission of infectious agents we need to:

1. Identify hazards or work practices that may cause transmission of infections
2. Assess whether the risk of infection is high or low
3. Develop ways in which you can manage that risk by controlling it or eliminating it, if possible
4. Review the processes you put in place to ensure they are working.

To effectively control the risk of transmission of infectious agents all parties in the workplace need to be involved such as managers, workers and support staff.

Different workplaces will have differing processes dependent on the size and nature of the business. Larger workplaces, where more workers are likely to be exposed, will have different processes to that of small workplaces where less people are likely to be exposed to infectious agents.

RISK ASSESSMENT

If the risk is well known (e.g. common cold), or you have processes already in place to manage the risk, then you don’t need to formally assess the risk but rather ensure you follow your processes and evaluate them to ensure they are working for your workplace.

You must always ensure that new risks are identified as early as possible, so control measures can be explored and regularly check that processes you do have in place are working.

You can use a risk matrix like the one below to determine the likelihood of someone being harmed by the risk, or infection in this case.
First, you rate the likelihood of someone being harmed, such as getting sick from an infection in your workplace.

- Almost certain to occur - it is reasonably certain that workers could get infected
- Likely - may occur in most circumstances
- Possible - might occur now and then
- Unlikely - could happen but reasonably unlikely
- Rarely - may only happen in exceptional circumstances

According to the result of the analysis, you need a matrix to determine how to manage that risk.

| Likelihood          | Consequences
|---------------------|----------------
|                     | Negligible | Minor | Moderate | Major | Extreme |
| Rarely              | Low        | Low   | Low      | Medium | High    |
| Unlikely            | Low        | Medium| Medium   | High   | Very high |
| Possible            | Low        | Medium| High     | Very high | Very high |
| Likely              | Medium     | High  | Very high | Very high | Extreme |
| Almost certain      | Medium     | Very high | Very high | Extreme | Extreme |

Once you have determined the likelihood of the risk/hazard occurring, such as the transmission of an infectious agent, you need to determine by its rating, how you will manage that risk/hazard.

- Can be managed by routine procedures such as cleaning.
- Manage as above and monitor to ensure routine procedures are effective.
- This is serious, such as the COVID-19 epidemic. You may need to implement further procedures such as social distancing, isolation, more regular cleaning practices, immunisation and ensuring Standard Precautions are being utilised correctly.
HANDLING OF SHARPS

The use of sharp devices exposes workers to the risk of injury and potential exposure to blood borne infectious agents, including hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV).

Sharps injuries can occur in any setting, including settings such as in offices, public toilets, waste containers, change rooms etc. Sharps may be used when opening boxes of stock in a workplace or using sharp scissors in the course of work. A sharps injury may also occur if someone discards a syringe in one of the above areas.

Injuries most often occur:
- during use of a sharp device;
- after use and before disposal of a sharp device (or cleaning); and
- during or after appropriate or inappropriate disposal of sharp devices

There are many possible mechanisms of injury when using sharps.

To limit the risk of sharps injuries, the first priority is to eliminate and reduce the use of sharps where possible.
And if you can’t then store them safely and out of reach of children, and notify others that you are using the device (whatever it is) and to keep a safe distance.

Any person who has used a sharp instrument must be responsible for its safe management and immediate disposal/or storage.

**REDUCING RISKS IF A SHARPS INJURY IS SUSTAINED**

- Seek care immediately if you sustain a sharps injury such as being pricked by a discarded needle or cut by a box cutter.

- If skin is penetrated, wash the affected area immediately with soap and water. Alcohol-based hand rub can be used to clean the area if soap and water are not available.

- Do not squeeze the affected area.

- Report the incident immediately to your supervisor.

- Ask about follow-up care, including post-exposure prophylaxis (if applicable) which is most effective if implemented soon after the incident.

**REDUCING RISKS IF A SHARPS INJURY IS SUSTAINED**

- Complete an accident / incident report form, including the date and time of the exposure, how it happened, and name of the person/s involved.

- If a sharps injury happens to you, you can be reassured that only a small proportion of accidental exposures result in infection.

- Taking immediate action will lower the risk even further.
• Workplace or organisational policies and procedures must always be followed when implementing infection control in order to keep yourself and others as safe as possible and free from infection.
• This includes when documenting and reporting on daily practices and incidents when they arise.
• This may be through general documentation or by using an incident report, dependent on the nature of the event.
• An incident report is a tool that documents any event that may or may not have caused injuries to a person or damage to a company asset. It is used to capture injuries and accidents, near misses, property and equipment damage, health and safety issues, security breaches and workplace misconduct.
• An incident report can be used in the investigation and analysis of an event. It includes the cause and corrective actions to eliminate the risks involved and prevent similar future occurrences. Incident reports can also be used as safety documents which indicate potential risks and uncontrolled hazards found in the workplace.

An incident report can be used by:
• an authority to create a report of an incident;
• an employee to report an incident he/ she has witnessed; and
• a member of the organisation to raise awareness about an incident that has occurred in the workplace.

Incident reporting is the process of documenting all workplace injuries, near misses and accidents. An incident report should be completed at the time an incident occurs no matter how minor an injury is.

An incident report should state all the essential information about the accident or near-miss. It should contain the following key elements to ensure that all facts and necessary details are complete and properly documented.

An incident report should be:

**ACCURATE**
Information must be clear and specific. Most inaccuracies are due to typographical and simple grammar and spelling errors (e.g. incorrect details of names of people involved, date and time of the incident, contact numbers, etc.). Provide more specific details of what you are referring to and avoid any vague statements that may cause confusion. Lastly, always proofread your report before submission to see errors that you might have overlooked. It is important to complete the incident form in a timely manner, such as within a 24 hour timeframe, this will help to ensure you recall as much information about the incident as possible.

**FACTUAL**
Incident reports should be objective and supported by facts. Avoid including emotional, opinionated and biased statements in the incident report. It should provide both sides of the story and should not favour one side. However, if there’s a need to include statements from witnesses or patients, make sure to quote them.
COMPLETE
Ensure that all essential questions (what, where, when, why and how) are covered in the incident report. Record not only the people who were injured and what caused the accident to happen, but also include details such as people who witnessed and reported the incident or those who will conduct an investigation.

GRAPHIC
Photos, diagrams, and illustrations should be included as supporting evidence if appropriate. Take photos of the injury, damage and surrounding environment. This supplements the facts stated and provides more clarity to be easily understood by the recipient.

VALID
Upon completion, those who are involved in the incident (e.g. victim, witnesses, manager, reporter, etc.) should sign off to testify and validate all the information that was mentioned in the incident report. This confirms that the incident report is truthful and unquestionable.

The incident report should be submitted to the correct people according to your workplace or organisational policies. This may be a manager or a member of the WHS team, dependent on the size of the place you work. Incident reports need to be submitted in a timely manner so relevant action can be implemented.
The following information is provided to assist Registered Training Organisations to contextualise assessment for their learner cohorts.

## ANALYSIS OF TRAINING RECOMMENDATIONS

### KEY TRAINING CONSIDERATIONS: SUMMARY

<table>
<thead>
<tr>
<th>What are the type and range of workplaces applicable?</th>
<th>Large Business through to sole traders (1 employee to 1000’s)</th>
<th>Transport and distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Rural, regional, city areas</td>
<td>- Rural, regional, city areas</td>
<td>- Distribution centres / warehouses</td>
</tr>
<tr>
<td>- Offices</td>
<td>- Offices</td>
<td>- Client workplaces</td>
</tr>
<tr>
<td>- Depots</td>
<td>- Depots</td>
<td>- Commercial buildings</td>
</tr>
<tr>
<td>- Customer sites</td>
<td>- Customer sites</td>
<td>- Residential buildings</td>
</tr>
<tr>
<td>- Roadside service areas</td>
<td>- Roadside service areas</td>
<td>- Vehicles, including public transport vehicles</td>
</tr>
<tr>
<td>- Service centres</td>
<td>- Service centres</td>
<td>- Yards and storage facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where will workers use infection control in these workplaces?</th>
<th>- In vehicles</th>
<th>- Company depots</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Lunch and locker rooms</td>
<td>- Truck service centres &amp; onsite break down service response units</td>
<td></td>
</tr>
<tr>
<td>- Using manual handling and other pooled equipment</td>
<td>- Rest breaks at service centres and rest areas</td>
<td></td>
</tr>
<tr>
<td>- Distribution centres, loading / unloading</td>
<td>- Driver swap over, eg. interstate, taxis, buses etc.</td>
<td></td>
</tr>
<tr>
<td>- At customer’s premises, loading / unloading</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What relevant interactions do workers have with clients?</th>
<th>- Some close contact including exchange of items/documents short, medium timeframes</th>
<th>- Long: Two up driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Short term e.g. couriers home deliveries</td>
<td>- Long: Off sider in vehicle (e.g. furniture removal, hand unload work)</td>
<td></td>
</tr>
<tr>
<td>- Medical hospitals have longer interactions for dangerous goods supply, e.g. oxygen</td>
<td>- Long: Double shifting of vehicle i.e. Multiple people drive vehicle, not set to one person</td>
<td></td>
</tr>
<tr>
<td>- Loading / unloading e.g. unpacking cartons of alcohol direct to store (hand unload): approx. 1 2 hrs on site in some instances</td>
<td>- Long: Passenger transport</td>
<td></td>
</tr>
<tr>
<td>- Long: Two up driving</td>
<td>- Long: Contract sites customers operate vehicles to load through night, then drivers drive in day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What existing measures are in place to mitigate infection risks?</th>
<th>- Current risk mitigation procedures and safety management systems, including those implemented in response to COVID 19 and social distancing requirements.</th>
<th>- Where hand washing facilities not available, hand sanitiser has to be sourced (availability unpredictable, many workers sourcing their own)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hand washing facilities</td>
<td>- On road some (but not all vehicles) have a water tank to use for washing hands, so soap can be incorporated to wash hands. Local vehicles generally not fitted with water tanks so rely on access to delivery sites for wash facilities</td>
<td></td>
</tr>
<tr>
<td>- Incident procedures</td>
<td>- Roadside service centres, distribution centres and customer sites generally have them</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What hand washing protocols are already in place in this industry?</th>
<th>- On road some (but not all vehicles) have a water tank to use for washing hands, so soap can be incorporated to wash hands. Local vehicles generally not fitted with water tanks so rely on access to delivery sites for wash facilities</th>
<th>- On road some (but not all vehicles) have a water tank to use for washing hands, so soap can be incorporated to wash hands. Local vehicles generally not fitted with water tanks so rely on access to delivery sites for wash facilities</th>
</tr>
</thead>
</table>
KEY TRAINING CONSIDERATIONS: SUMMARY

What reporting in this industry covers infection control?

- Incident reports completed as incidents occur
- Investigations also carried out when required
- Some contact tracing forms developed in some businesses to help identify process for cleaning of premises and notification to various delivery sites (under contract).
- Fitness for Duty checks incorporate driver assessment of overall wellness
- Sites (own depot or customer sites) conduct contactless temperature checks before granting access to site.
- Business must work with local public health authorities to rapidly trace any close contacts/ prevent further spread of COVID 19 where a staff member tests positive.

What equipment and facilities could be included as part of this training?

- Work site
- Vehicles
- Manual handling equipment pallet jack, trolley, gloves
- Cleaning products, supplies and PPE
- First aid kits
- COVID 19 Guidance produced by Agencies and Industry

What resources could be used as part of this training?

- Work site
- Guidelines and procedures
- Equipment
- Cleaning products, supplies and PPE
- First aid supplies
- Simulated hazards and materials

ENTRY CONSIDERATIONS

Given the inclusion of the unit within this skill set across multiple AQF levels (2 to 5), if an individual has the capacity to undertake training at that level, they are likely suitable to undertake this unit.
OVERVIEW OF APPROVED CONTEXTUALISATION

To ensure the applicability of HLTSS00067 (Transport and Logistics) Infection Control Skill Set to multiple industries, contextualisation may be required in the delivery and assessment of the unit of competency contained in the skill set. The following tables break down the unit of competency and identify potential barriers that may arise due to the nature of the individual industry or measures taken in response to COVID 19. The contextualisation identified has been approved by the AISC and may be revoked at any time. The RTO may consider other contextualisation updates in line with the Standards for RTOs.

<table>
<thead>
<tr>
<th>CONTEXTUALISATION REQUIRED?</th>
<th>IDENTIFIED BARRIER OR ISSUE AFFECTING DELIVERY</th>
<th>CONTEXTUALISATION NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 1: Follow standard and additional precautions for infection prevention and control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.1 Follow hand hygiene practices in accordance with organisations policies and procedures</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Generic hand hygiene practices and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.2 Implement hand care procedures and cover cuts and abrasions</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Generic hand care practices and precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.3 Follow organisation procedures for choice and use of personal protection equipment</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Generic infection control procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.4 Follow procedures for respiratory hygiene and cough etiquette</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Generic procedures and etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.5 Follow procedures for environmental cleaning</strong></td>
<td>Yes</td>
<td>Not typically a part of T&amp;L job roles.</td>
</tr>
<tr>
<td>Development of a generic T&amp;L environmental cleaning procedure that is risk and evidence based and takes account of COVID 19 advice. Although environments will differ, practical application of skills and knowledge would be generic in accordance with guidance produced by Agencies and Industry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.6 Follow procedures for handling, transporting and processing of linen in a manner that controls the spread of infection</strong></td>
<td>Yes</td>
<td>Linen is not typical of job role in T&amp;L industry. Specific reference to linen needs removal or assessment relief. Replace linen with processing of goods and cargo. Knowledge evidence may be sufficient. Substitute &quot;linen&quot; with &quot;frequent contact material&quot; for contextualisation in any occupation, i.e. pooled protective equipment such as high vis vests and safety headwear for visitors, disposable seat covers etc.</td>
</tr>
<tr>
<td>CONTEXTUALISATION REQUIRED?</td>
<td>IDENTIFIED BARRIER OR ISSUE AFFECTING DELIVERY</td>
<td>CONTEXTUALISATION NOTES</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Yes</td>
<td>Not typically a part of T&amp;L job roles.</td>
<td>Development of a generic T&amp;L disposal of contaminated waste procedure. Although waste categories will differ, generic contaminated waste disposal procedures could be relevant to all occupations.</td>
</tr>
<tr>
<td>Yes</td>
<td>Only specific to operations of specialist T&amp;L job roles.</td>
<td>Identification of additional situations relevant to the cohort such as a COVID 19 outbreak on a work or customer's site. Generic infection control measures for a variety of situations, i.e. COVID 19, Gastro, Flu etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTEXTUALISATION REQUIRED?</th>
<th>IDENTIFIED BARRIER OR ISSUE AFFECTING DELIVERY</th>
<th>CONTEXTUALISATION NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes - Contextualise to occupation and to social distancing and other COVID 19 requirements.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes - Link to standard WHS/OHS workplace reporting requirements and to social distancing/COVID 19 requirements.</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No - Generic risk assessment in accordance with guidance produced by Agencies and Industry.</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No - Link to standard WHS/OHS workplace reporting requirements and to COVID 19 and social distancing requirements.</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No - Generic risk mitigation in accordance with guidance produced by Agencies and Industry.</td>
</tr>
<tr>
<td>CONTEXTUALISATION REQUIRED?</td>
<td>IDENTIFIED BARRIER OR ISSUE AFFECTING DELIVERY</td>
<td>CONTEXTUALISATION NOTES</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Element 3: Follow procedures for managing risks associated with specific hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Follow protocols for care after exposure to blood or other body fluids as required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Yes | Not typical in T&L job roles to be exposed to blood or other body fluids but can occur in customer service and other operational roles in passenger transport | Target participant will need to be assessed (can be simulated):  
- Awareness training and knowledge assessment to be created to address exposure to blood or other body fluids.  
- Contextualise to COVID 19 by expanding exposure to include exposure to a person with COVID 19 (or Link to standard WHS/OHS workplace near miss requirements and to COVID 19 requirements re exposure. |
| 3.2 Place appropriate signs when and where appropriate |
| No | No | No - Link to standard WHS/OHS workplace procedures and to relevant social distancing/COVID 19 requirements. |
| 3.3 Remove spills in accordance with the policies and procedures of the organisation |
| No | No | No - Link to standard WHS/OHS workplace procedures. |
| 3.4 Minimise contamination of materials, equipment and instruments by aerosols and splatter |
| No | No | No - Link to use of PPE and respiratory hygiene and cough etiquette (PC 1.4). |
| 3.5 Identify, separate and maintain clean and contaminated zones |
| No | No | No - Contextualise for workplace i.e. clean zones for food prep, separate zones for staff and visitors etc. |
| 3.6 Confine records, materials and medicaments to a well designated clean zone |
| Yes | Medicaments are not typical in T&L job roles | Target participant will need to be assessed (can be simulated):  
- Develop procedures for designated clean zones  
Utilisation of typical materials such as log books, manual handling equipment, first aid kits.  
Contextualise “medicaments” such as hand sanitizer, antibacterial cleansers and disinfectants etc. |
<p>| 3.7 Confine contaminated instruments and equipment to a well designated contaminated zone |
| Yes | Confine contaminated instruments and equipment not typical to T&amp;L job roles | Replace instruments with goods, cargo and manual handling equipment. Link to shared protective equipment handling procedures (PCL6). |</p>
<table>
<thead>
<tr>
<th><strong>CONTEXTUALISATION REQUIRED?</strong></th>
<th><strong>IDENTIFIED BARRIER OR ISSUE AFFECTING DELIVERY</strong></th>
<th><strong>CONTEXTUALISATION NOTES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance evidence</td>
<td>Infection and prevention control procedures don’t typically exist in T&amp;L job roles</td>
<td>Development of generic procedures which must be assessed the prescribed minimum amount of times. Need to reflect policies and procedures related to COVID 19 such as social distancing requirements, cleaning requirements etc. Contextualise for public facing and non public facing occupations.</td>
</tr>
</tbody>
</table>
| Knowledge evidence | The following knowledge components are not common in the Transport & Logistics  
• pre surgical hand preparation  
• managing a blood or body fluid spill  
• chain of infection:  
  - source of infectious agent  
  - mode of transmission  
  - susceptible host. | Development of information for the training so the knowledge can be assessed in relation to COVID 19. Generic knowledge requirements. Can be contextualised for non clinical applications. |
| Assessment conditions | The following conditions must be met for this unit, may be difficult in the Transport & Logistics sector:  
• use of suitable facilities, equipment and resources, including:  
  - organisational infection prevention and control guidelines  
  - medical or client care equipment relevant to the workplace  
  - clinical and other waste and waste disposal equipment. | Assess in simulated contexts and situations related to:  
• organisational infection prevention and control guidelines (including COVID 19 social distancing and cleaning policies)  
• medical or client care equipment relevant to the workplace  
• clinical and other waste and waste disposal equipment.  
Contextualise medical, client care equipment and waste that are relevant only to the workplace or occupation. |
ASSESSMENT RESOURCES, POTENTIAL SCENARIOS AND SIMULATIONS

The following tables set out ways in which assessment strategies can be contextualised, including potential resources available and means of demonstrating competency in practical settings.

<table>
<thead>
<tr>
<th>EQUIPMENT AND FACILITIES THAT MAY BE AVAILABLE</th>
<th>RESOURCES INCLUDE BUT ARE NOT LIMITED TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tissues</td>
<td>• Relevant organisation policies and procedures</td>
</tr>
<tr>
<td>• Hand sanitiser</td>
<td>• Incident forms</td>
</tr>
<tr>
<td>• Soap (if applicable)</td>
<td>• Garbage disposal guidelines</td>
</tr>
<tr>
<td>• PPE</td>
<td>• Goods, parcels, cargo</td>
</tr>
<tr>
<td>• Garbage bags</td>
<td>• Cleaning and other guidelines produced by Agencies and Industry</td>
</tr>
<tr>
<td>• Waste receptacle</td>
<td></td>
</tr>
<tr>
<td>• Cleaning products, supplies and PPE</td>
<td></td>
</tr>
<tr>
<td>• Paper towels</td>
<td></td>
</tr>
<tr>
<td>• Spill kit</td>
<td></td>
</tr>
<tr>
<td>• First aid kit</td>
<td></td>
</tr>
<tr>
<td>• Signage</td>
<td></td>
</tr>
<tr>
<td>• Sharps receptacle</td>
<td></td>
</tr>
<tr>
<td>• Manual handling equipment</td>
<td></td>
</tr>
<tr>
<td>• Transport vehicle</td>
<td></td>
</tr>
<tr>
<td>• Storage containers (reusable)</td>
<td></td>
</tr>
<tr>
<td>• Occlusive dressings (band aids)</td>
<td></td>
</tr>
<tr>
<td>• Vehicle wash base</td>
<td></td>
</tr>
</tbody>
</table>
### AGENCY AND INDUSTRY RESOURCES

**Roadhouse - Article with Guidance and Posters**

**Roadhouse - Commentary**

**General - Retail Site Guides and Posters**

**QTA in conjunction with the Qld Health Department Transport specific training package for the industry**
https://www.drvrtraining.com/courses/hygiene-for-drivers

**VTA are referring its members to this training.**
https://www.drvrtraining.com/courses/QTA-hygiene-awareness-truck-drivers

**Australian Industry Group - WHS Factsheet: When working from home doesn’t work Managing Covid safety in manufacturing, warehousing and other industrial workplaces**

**Safe Work Australia - COVID 19 entry page**

**Safe Work Australia - Information for workplaces entry page (can select specific industries)**

**Safe Work Australia - How to clean and disinfect your workplace**

**Safe Work Australia - COVID 19 Resources Kit**

**Department of Health - COVID 19 Resources page**

**Department of Health - Information for employers**
### DEMONSTRATING COMPETENCY IN A PRACTICAL SETTING

The tables below give examples of activities that could be used in the Transport and Logistics sector to demonstrate competency.

<table>
<thead>
<tr>
<th>EXAMPLES OF ACTIVITIES THAT MAY BE USEFUL IN DEMONSTRATING COMPETENCY AGAINST THE PERFORMANCE AND KNOWLEDGE EVIDENCE</th>
<th>PRACTICAL SETTING</th>
<th>SCENARIOS AND SIMULATIONS FOR THE SPECIFIC INDUSTRY CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct hand hygiene practices including washing hands with soap and water and drying, and cleaning hands with alcohol based sanitiser</td>
<td>Practical demonstration of soap and water hand hygiene in the workplace if facilities are available Practical demonstration of the correct use of hand sanitiser at the appropriate times.</td>
<td>Completing a simulation of practical hand hygiene practices including washing hands with soap and water and drying, cleaning hands with alcohol based sanitiser. Given two (2) scenarios where each method of hand hygiene practice should be utilised in the workplace (soap and water and hand sanitiser) verbal or written.</td>
</tr>
<tr>
<td>Correct hand care procedures and covering cuts and abrasions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct personal protection equipment selected and used in appropriate manner</td>
<td></td>
<td>Demonstration of cough etiquette and scenario related to respiratory hygiene techniques verbal or written.</td>
</tr>
<tr>
<td>Knowledge of correct respiratory hygiene and cough etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental cleaning of both areas requiring frequent cleaning and infrequent cleaning including preventing skin and mucous membrane exposures</td>
<td></td>
<td>Assess equipment surface cleaning procedures and the specified timing/frequency based on risk assessment.</td>
</tr>
<tr>
<td>Handling and transporting linen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal of contaminated waste</td>
<td></td>
<td>Assess managing a blood or body fluid spill with PPE and risk control methods.</td>
</tr>
<tr>
<td>Identify infection hazards and assess risks</td>
<td></td>
<td>Assess additional COVID 19 precautions and their relevance to particular areas of work or client groups.</td>
</tr>
<tr>
<td>Standard and additional precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps handling and disposal procedures</td>
<td></td>
<td>Assess sharps handling and disposal techniques in accordance with procedures.</td>
</tr>
<tr>
<td>Chain of infection</td>
<td></td>
<td>Assess on chain of infection.</td>
</tr>
<tr>
<td>Basis of infection</td>
<td></td>
<td>Assess on COVID 19 infection types, signs and hazards risk control.</td>
</tr>
<tr>
<td>Key modes of disease transmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAMPLES OF ACTIVITIES THAT MAY BE USEFUL IN DEMONSTRATING COMPETENCY AGAINST THE PERFORMANCE AND KNOWLEDGE EVIDENCE</td>
<td>PRACTICAL SETTING</td>
<td>SCENARIOS AND SIMULATIONS FOR THE SPECIFIC INDUSTRY CONTEXT</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Factors that increase susceptibility to infection</td>
<td></td>
<td>Assess on key modes of disease transmission and factors that increase the susceptibility to infection.</td>
</tr>
<tr>
<td>Reprocessing procedures</td>
<td>Target participant will need to be assessed: • cleaning</td>
<td>Assess cleaning hands in accordance with procedures. Assess cleaning of manual handling equipment before and after use in accordance with reprocessing procedures.</td>
</tr>
<tr>
<td>Managing risks associated with specific hazards</td>
<td>Target participant will need to be assessed: • handling infectious material</td>
<td>Assess using PPE when controlling infectious hazards, for example spills etc.</td>
</tr>
</tbody>
</table>
REFERENCES

• CDC – Centers for Disease Control and Prevention: Introduction to Epidemiology; Chain of Infection: May 18, 2012: https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section10.html Accessed April 2020

• National Health and Medical Research Council (NHMRC) 2019: Australian guidelines for the Prevention and Control of Infection in Healthcare. Accessed August 2019:


• World Health Organization (WHO): Coronavirus: https://www.who.int/health-topics/coronavirus#tab=tab_1: April 2020


• CDC Standard Precautions https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html June 18, 2018

• CDC Transmission based precautions: January 7, 2016 https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html


• CDC - Centers for Disease Control and Prevention: Coughing and sneezing: April 22 2020 https://www.cdc.gov/healthywater/healthye/etiqloue/coughing_sneezing.html

