

CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY TRAINING (COHST)
**Recognition of Prior Learning (RPL) &
 Recognition of Current Competencies (RCC)
 Application Form**



Student's Name

Student No.

UNIT: HLTIN301B Comply with infection control policies and procedures

Unit Structure:

This unit of competency describes the skills and knowledge required for workers to comply with infection control policies and procedures. All procedures must be carried out in accordance with current infection control guidelines, Australian and New Zealand Standards for maintaining infection control and the policies and procedures of the organisation.

This unit acknowledges the importance of complying with an effective infection control strategy that ensures the safety of the client (or end-user of health-related products/services), maintains personal protection and prevents the transmission of infections from person to person. All tasks must be carried out in accordance with State or Territory legislative requirements that affect work practices of the organisation and/or worker.

If you can answer yes to all the performance criteria below for this unit then you might be eligible for RPL/RCC.

Note: RPL/RCC can only be granted for whole units (Please note that some assignments have multiple units, so you might have to complete part of an assignment which contains units you have not received RPL for)

Nominal hours for this unit

Element 1		Follow infection control guidelines	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
1.1	Demonstrate the application of <i>standard precautions</i> to prevent the spread of infection in accordance with organisation requirements			
1.2	Demonstrate the application of <i>additional precautions</i> when standard precautions alone may not be sufficient to prevent transmission of infection			
1.3	<i>Minimise contamination</i> of materials, equipment and instruments by aerosols and splatter			

Element 2		Identify and respond to infection risks	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
2.1	Identify <i>infection risks</i> and implement an appropriate response within own role and responsibility			
2.2	Document and report activities and tasks that put clients and/or other workers at risk			
2.3	Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organisation			
2.4	Follow <i>procedures for risk control</i> and risk containment for specific risks			
2.5	Follow <i>protocols for care following exposure to blood or other body fluids</i> as required			
2.6	Place appropriate signs when and where appropriate			
2.7	Remove spills in accordance with the policies and procedures of the organisation			

Element 3		Maintain personal hygiene	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
3.1	Maintain hand hygiene by washing hands before and after client contact and/or after any activity likely to cause contamination			
3.2	Follow <i>handwashing procedures</i>			
3.3	Implement <i>hand care</i> procedures			
3.4	Cover cuts and abrasions with water-proof dressings and change as necessary			

Element 4		Use personal protective equipment	Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required
4.1	Wear personal <i>protective clothing and equipment</i> that complies with Australian/New Zealand Standards, and is appropriate for the intended use			

4.2	Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each client contact			
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Element 5		Limit contamination		Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required	
51	Demarcate and maintain clean and contaminated zones in all aspects of health care work				
5.2	Confine records, materials and medicaments to a well-designated <i>clean zone</i>				
5.3	Confine contaminated instruments and equipment to a well-designated <i>contaminated zone</i>				

Element 6		Handle, package, label, store, transport and dispose of clinical and other waste		Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required	
6.1	Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste				
6.2	Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified				
6.3	Store clinical or related waste in an area that is accessible only to authorised persons				
6.4	Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release				
6.5	Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements				

Element 7		Clean environmental surfaces		Assessor OFFICE USE ONLY	
	Performance Criteria	List the evidence to support your claim	Sufficient	Further evidence required	
7.1	Wear personal protective clothing				

	and equipment during <i>cleaning procedures</i>			
7.2	Remove all dust, dirt and physical debris from work surfaces			
7.3	Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled			
7.4	Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols			
7.5	Dry all work surfaces before and after use			
7.6	Replace surface covers where applicable			
7.7	Maintain and store cleaning equipment			

APPLICANTS PLEASE CHECK:

- That you have ticked off each element and performance criterias for this unit
- Written in each element **HOW YOU HAVE GAINED THAT EXPERIENCE**
- Attached evidence summary sheet
- Attached evidence to support your claim for each element (including 3 examples of your work)
- Ensured that any qualification transcripts have been certified

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Element	Element	√ RPL/RCC CLAIM	√Attach supporting evidence
1	Follow infection control guidelines	€	€
2	Identify and respond to infection risks	€	€
3	Maintain personal hygiene	€	€
4	Use personal protective equipment	€	€
5	Limit contamination	€	€
6	Handle, package, label, store, transport and dispose of clinical and other waste	€	€
7	Clean environmental surfaces	€	€

NEXT

Complete the **RPL Tracking Record Form** and **Assessment Outcome Form** on the following pages

- 1 Write in your details and contact information
- 2 Sign the **RPL Tracking Record Form** and **Assessment Outcome Form** where indicated on both pages.
- 3 Send this completed application form and **ALL EVIDENCE** to :

RPL APPLICATIONS, COHST, Swinburne University, Mail No H71, PO Box 218, Hawthorn, VIC 3122

- Once COHST has received your application for RPL allow up to 5 weeks for RPL to be processed.
- If the COHST assessor is **NOT SATISFIED** with the evidence provided you will be asked, to submit additional information or asked to come in for a **Presentation of Evidence Interview** and be assessed on your claims.
- If COHST finds that your RPL application is correct you will be notified and credited for the unit and will not have to do course work for that unit. Please note that some assignments have multiple units, so you might have to complete part of an assignment which contains units you have not received RPL for.

Student's Name

Student No.

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Assessors Comments (OFFICE USE ONLY)

Element number where Gap Training/Learning is required	Evidence/Training/Learning still required			
Assessor Comments -				
Final student result for the competency (please circle)			RPLC	RPLN
Name of Assessor:				
Signature of Assessor:		Date		

RPL/RCC Assessment Outcome

INSTRUCTIONS FOR DEPARTMENT

1. The student must be enrolled in the current year in the subjects listed in this application. Please attach an Amendment to Enrolment if the student is not currently enrolled in all subjects.
2. Please forward this form to TAFE Student Administration for processing.

Student Number:

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 Date of Birth:

Student Family Name:

 Student Other Names:

Course Code :	
Course Title in which RPL is sought:	

ASCOL UNIT CODE	UNIT TITLE	RPL Assessment Granted (RPLC) /Not Granted (RPLN)	TEACHER/ASSESSORS NAME and SIGNATURE
HLTIN301B	Contribute to the Implementation of a Systematic Approach to Managing OH&S		Assessors Name Assessors Signature

Assessor Name	Signature	Date
Student Name Acknowledgement	Signature	Date
Student Administration Entered	Initials	Date

**Please return this completed RPL Application Form with your evidence to:
RPL APPLICATIONS, COHST, Swinburne University, Mail No H71, PO Box 218, Hawthorn, VIC 3122**