



HLTINF006(Apply basic principles and practices of infection prevention and control)

## **Safe work practices and Infection Control**

### **Assessment 1 of 3 of the Clustered Module**

Written assessment -1



SWINBURNE  
OPEN  
EDUCATION

## Assessment Details

This section is for SUT VE Quality and Compliance review and feedback and must be deleted in the student version of the assessment.

SECTION 1		
UNIT OF COMPETENCY DETAILS		
Code	Title	
HLTINF006	Apply basic principles and practices of infection prevention and control	
COURSE AND MODULE DETAILS		
<i>Assessments may be published in more than one course. Add lines for additional courses as needed.</i>		
Course Code (UPed)	Module Number (Order)	Module Code (UPed)
SOE3IS11A	5	M00270A
ASSESSMENT TYPE		
<b>Assessment Method:</b>	Written Assessment    Choose an item.    Choose an item.	
<i>Select all that apply.</i>		

SECTION 2
STUDENT INSTRUCTIONS
<i>The following instructions detail the requirements of the assessment and are captured in the LMS assessment page. This includes a description of the student instructions, associated files and submission instructions.</i>
<b>Student instructions</b>
<p>This is assessment 1 of 3 of the clustered unit Safe work practices and infection control . This assessment is for HLTINF006 unit Apply basic principles and practices of infection prevention and control, in addition to the portfolio, third-party report and interview questionnaire completed in the SWLA process.</p> <p>This assessment requires you to answer <b>23</b> questions to test your knowledge and understanding required of this unit.</p> <p>To be assessed as competent, you must complete all tasks in the spaces required.</p> <p>You are required to download your assessment by clicking on the assessment document icon below (see Let's begin) and upload your completed assessment for submission.</p>
<b>Supporting documents</b>
<p>To answer some of the questions, you will need to access the following documents:</p> <p>N/A</p>
<b>Files for submission</b>
<p>Submit the assessment document with all tasks completed in the spaces provided.</p> <p>Submit the following files:</p> <ul style="list-style-type: none"><li>Assessment document</li></ul>
<b>Submission instructions</b>

## **PDF File Submissions**

**Please save all Word documents as PDF files before submitting.**

**IMPORTANT:** Word documents will **not** be accepted.

Most modern web browsers can open and display a PDF file. If you have an older operating system, however, you may need a PDF reader installed on your device such as the Acrobat Reader, available from Adobe.

*Windows: Word 2013 and newer*

Choose **File > Export > Create PDF/XPS**.

*Windows: Word 2010*

Click the **File** tab

Click **Save As**

To see the Save As dialog box in Word 2013 and Word 2016, you have to choose a location and folder

In the **File Name** box, enter a name for the file, if you haven't already

In the **Save as type** list, click **PDF (\*.pdf)**.

If you want the file to open in the selected format after saving, select the Open file after publishing check box.

If the document requires high print quality, click Standard (publishing online and printing).

If the file size is more important than print quality, click Minimum size (publishing online).

Click **Options** to set the page to be printed, to choose whether markup should be printed, and to select output options. Click **OK** when finished.

Click **Save**.

*macOS: Office for Mac*

To save your file as a PDF in Office for Mac follow these easy steps:

Click the **File**

Click **Save As**

Click **File Format** towards the bottom of the window

Select **PDF** from the list of available file formats

Give your file a name, if it doesn't already have one, then click **Export**

For more detailed instructions refer to [Microsoft Support](#).

## **SECTION 3**

### **ASSESSMENT TASK CRITERIA AND OUTCOME**

This assessment will be graded as Satisfactory (S) or Unsatisfactory (US).

To achieve Satisfactory; valid, sufficient, authentic, and current evidence of meeting the criteria must be submitted.

Refer to the mapping spreadsheet for details for this unit.

## **SECTION 4**

### **ASSESSMENT DETAILS**

*Please refer to SECTION 2 to confirm how the assessment tools will be built and the methods that will be used to collect evidence i.e., Student's will type answers directly into LMS or will upload of files of completed assessment tasks.*

*The STUDENT INSTRUCTIONS above will be added directly into the LMS.*

*All associated files will be accessed via the LMS, as will any Assessor Guides, Matrix, Templates etc.*

*Students and Assessors have restricted permissions in the LMS. Assessor Guides, including model answers, will be available to Assessors ONLY.*

The following pages contain the draft assessment which will be built into the LMS once reviewed. This includes:

- Instructions to students
- Questions /tasks
- Templates /tables where applicable
- Links to supporting files /websites
- Instructions to assessors
- Sample answers /examples of benchmark answers

## SECTION 5

### STAKEHOLDERS AND SIGN OFF

*List all that apply for each of the stakeholder roles below.*

UPed Learning Designer/Author name	EduWorks
SOE Quality and Compliance Manager name	
SUT VE Quality Compliance name	
Date approved	

## Assessment Instructions

### Task overview

This assessment task is divided into **23** questions. Read each question carefully before typing your response in the space provided.



### Assessment Information

#### Submission

You are entitled to three (3) attempts to complete this assessment satisfactorily. Incomplete assessments will not be marked and will count as one of your three attempts.

All questions must be responded to correctly to be assessed as satisfactory for this assessment.

Answers must be typed into the space provided and submitted electronically via the LMS. Hand-written assessments will not be accepted unless previously arranged with your assessor.

#### Reasonable adjustment

Students may request a reasonable adjustment for assessment tasks.

Reasonable adjustment usually involves varying:

- the processes for conducting the assessment (e.g. allowing additional time)
- the evidence gathering techniques (e.g. oral rather than written questioning, use of a scribe, modifications to equipment)

However, the evidence collected must allow the student to demonstrate all requirements of the unit.

Refer to the Student Handbook or contact your Trainer for further information.



Please consider the environment before printing this assessment.

### Question 1

Using a step-by-step approach, explain the correct hand hygiene technique on how to wash and dry your hands properly.

(Approximate word count 165-170 words)

Assessor note: Students should provide a step-by-step overview on how to wash and rub hands properly. As per the sample answer provided below.

1.	Wet your hands with warm water.
2.	Apply one dose of liquid soap and lather (wash) well for 15–20 seconds (or longer if the dirt is ingrained).
3.	Rub hands together rapidly across all surfaces of your hands and wrists to help remove dirt and germs.
4.	Don't forget the backs of your hands, your wrists, between your fingers and under your fingernails.
5.	If possible, remove rings and watches before you wash your hands, or ensure you move the rings to wash under them, as microorganisms can exist under them
6.	Rinse well under running water and make sure all traces of soap are removed, as residues may cause irritation.
7.	Pat your hands dry using paper towels (or single-use cloth towels). Make sure your hands are thoroughly dry.
8.	Dry under any rings you wear, as they can be a source of future contamination if they remain moist.
9.	Hot air driers can be used but, again, you should ensure your hands are thoroughly dry.

### Question 2

This question has two parts, you must complete both parts.

Part A - Provide step by step procedure for applying alcohol-based handrub

(Approximate word count 70-80 words)

Assessor note: Students should provide step by step procedures for applying alcohol – based handrub in the sequence provided in the sample answers :

1.	Remove all jewellery (rings, watches, bracelets).
2.	When decontaminating hands with an alcohol-based handrub use an amount of alcohol-based handrub sufficient to cover all surfaces of hands.
3.	Apply handrub to palm of one hand.
4.	Rub hands together covering all surfaces of hands and fingers..
5.	Rub until handrub is absorbed.

Part B- List five (5) situations where you should use soap and water instead of alcohol based handrub?

Assessor note: students must list the five(5) situations as per sample answer provided below.

when hands are visibly soiled with food, dirt or blood and body fluids
during food preparation
following glove removal for care of patients with diarrhea and/or vomiting.

When exposure to potential spore forming organisms is strongly suspected or proven,

After using the bathroom

### Question 3

Fill out the table below about the five 5 clinical moments of when and why hand hygiene should be performed .

(Approximate word count 110-120 words)

Assessor note: Students answer must be based on sample answers provided below however the wording may vary.

Moment	When?	Why?
Before touching a patient	Clean your hands before touching a patient when approaching him/her.	To protect the patient against harmful germs carried on your hands.
Before clean/aseptic procedure	Clean your hands immediately before performing a clean/aseptic procedure.	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
After body fluid exposure risk	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).	To protect yourself and the health-care environment from harmful patient germs.
After touching a patient	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.	To protect yourself and the health-care environment from harmful patient germs.
After touching patient surroundings	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.	To protect yourself and the health-care environment from harmful patient germs.

### Question 4

Read the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) and answer the following questions below referring the guidelines.

Complete the table below on how you would maintain the routine for managing skin, fingernails and jewellery/watches as per the guidelines.

Assessor note: Students responses must be as per the sample answer provided below however the wording may vary.

	Briefly describe how you would maintain the routine for managing each
Skin	<ol style="list-style-type: none"><li>Any breached skin (cuts, dermatitis or abrasion) should be covered with a semi-permeable film dressing.</li><li>Band-aids are not recommended in clinical areas as once wet they stay moist and potentially become an ideal environment for microorganisms.</li></ol>

	<ol style="list-style-type: none"> <li>3. Use hand moisturising lotion to prevent drying is strongly recommended.</li> <li>4. Notify supervisor or manager if skin irritation occurs.</li> </ol>
Fingernails	<ol style="list-style-type: none"> <li>1. Nails should be kept short and clean</li> <li>2. Use of nail polish should be avoided.</li> <li>3. Artificial nails must not be worn by any worker with direct patient contact.</li> </ol>
Jewellery/watches	<ol style="list-style-type: none"> <li>1. Minimal jewelry is recommended such as a plain flat band.</li> <li>2. Bracelets, wrists watch and rings with stones or ridges should not be worn when providing clinical care.</li> <li>3. Jewellery must not interfere with effective hand hygiene.</li> </ol>

#### Question 5

List five (5) precautions you need to take when there are breaks in the skin or skin conditions?

Assessor note: Students must provide the five(5) precautions as per the sample answers however the wording may vary.

(Approximate word count 110-115)

1)	cover visible skin lesions (eg. cuts, abrasions, and/or infections) on exposed parts of your body with an adhesive water-resistant dressing. Change the covering regularly or when the dressing becomes soiled
2)	Taking proper hand care is important as a means of preventing rashes and lesions, because intact skin is a natural defence against infection
3)	before using hand cream under gloves, check the label to see whether it is oilbased or aqueous.
4)	Use Aqueous-based hand creams and Oil-based preparations should be avoided as they may cause latex gloves to deteriorate
5)	wear gloves whenever the skin of the hand is grazed, torn, cracked or broken (wearing gloves does not eliminate the need for hand washing

#### Question 6

This questions has two parts, you must complete both parts of the question.

Part A - Hand Hygiene is generally considered to be the most important measure in preventing the spread of infection. List below five(5) circumstances identifying when hand hygiene is required.



Assessor note: Students must identify 5(five) out of nine (9) situations listed in the sample answer below.

1. immediately before attending to any client
2. before putting on and after removing gloves
3. after contact with blood or other body substances
4. after contact with used instruments, jewellery and surfaces contaminated with (or which may have been contaminated with) blood and body substances
5. before contact with instruments that penetrate the skin
6. after other activities which may cause contamination of the hands and forearms, eg. smoking, eating, using the toilet, touching part of your body whilst performing a procedure
7. before a skin penetration procedure is undertaken, and whenever an operator leaves the procedure area and then returns to resume the procedure
8. whenever hands are visibly soiled
9. in any other circumstances when infection risks are apparent

Part B List five (5) factors for identifying correct hand hygiene product.

Assessor note: Students must identify five (5) out of six(6) options below in the sample answer.

1. relative efficacy of antiseptic agents and consideration for selection of products for hygienic hand antisepsis and surgical hand preparation;
2. dermal tolerance and skin reactions;
3. product cost
4. aesthetic preferences of Health care workers and patients such as fragrance, colour, texture, “stickiness”, and ease of use;
5. practical considerations such as availability, convenience and functioning of dispenser, and ability to prevent contamination;
6. time for drying (consider that different products are associated with different drying times; products that require longer drying times may affect hand hygiene best practice);

#### Question 7

In the table below are listed essential PPE that you will be required to use at work. Complete the following

- a) Briefly explain the safe and effective use of different types and grades of each of the PPE
- b) List the correct technique and sequence for applying and fitting the PPE
- c) List the correct technique and sequence of removing the PPE

Assessor note: Student answers must be based on the relevant sample answers provided below however the wording may vary.

PPE	Safe and effective use of types and grades of PPE	correct technique and sequence for applying and fitting	correct technique and sequence for removing the PPE
Gloves	<p>(Approximate word count 200-230)</p> <p>Gloves can protect both patients and healthcare workers from exposure to infectious agents that may be carried on hands. As part of standard precautions, they are used to prevent contamination of healthcare workers' hands.</p> <p>There are four general categories of gloves:</p> <ol style="list-style-type: none"> <li>1. Work gloves (leather, metal, canvas)</li> <li>2. Fabric and coated gloves (cotton/other fabric, cotton-coated with plastic)</li> <li>3. Chemical-resistant/liquid-resistant gloves (butyl rubber, natural latex, neoprene, nitrile rubber)</li> <li>4. Insulating rubber (for electrical protective work)</li> </ol> <p>Gloves are divided into three Grades:</p> <ol style="list-style-type: none"> <li>1. Minimal risk: These are commonly known as disposable gloves they are simple and designed for hygiene, comfort or to protect against risks, the effects of which are easily reversible or have no consequence to the health of the user.</li> <li>2. Medium risk: These gloves protect against risks which can result in permanent adverse health effects. These protective gloves are tested according to the</li> </ol>	<p>(Approximate word count 75-80 words)</p> <ol style="list-style-type: none"> <li>1. Thoroughly wash hands</li> <li>2. Select the appropriately sized gloves.</li> <li>3. Hold with one hand and Insert the other. When the base of your thumb reaches the cuff of the glove begin to spread fingers and insert hand into glove.</li> <li>4. Pull glove cuff towards wrist to cover as much skin as possible and secure glove.</li> <li>5. Check to make sure there are no holes or tears.</li> <li>6. Repeat steps 3-5 for your other hand.</li> </ol>	<p>(Approximate word count 70-80 words)</p> <ul style="list-style-type: none"> <li>•Outside of gloves are contaminated!</li> <li>• If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer</li> <li>• Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove</li> <li>•Hold removed glove in gloved hand</li> <li>•Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove</li> <li>•Discard gloves in a waste container</li> </ul>

	<p>Australian standards by an accredited laboratory.</p> <p>These protective gloves protect against cuts, abrasion, burns, chemicals, infectious agents, radioactive contamination.</p> <p>3. Major risk: These gloves are of very complex design to protect against irreversible damages to health. These protective gloves are very specific, e.g. for firemen, founders, butchers, electricians or employees of the chemical industry. They protect against burns due to flames or splashes of molten metal, deep cuts, electrical high tension, burns and poisoning by chemicals.</p>		
<p>wearing gowns and waterproof aprons</p>	<p>(Approximate word count 70-80 words)</p> <p>Gown and aprons are worn to protect the healthcare worker's exposed body areas and prevent contamination of clothing with blood, body substances, and other potentially infectious material, they protect when there is a risk of contact of the healthcare worker's skin with a patient's broken skin, extensive skin to skin contact (e.g. lifting a patient with scabies), or a risk of contact with bloody and body substances which are not contained (e.g. vomiting).</p>	<p>(Approximate word count 65-70 words)</p> <ol style="list-style-type: none"> <li>1. Ensure the gown is sized properly, and large enough to allow unrestricted freedom of movement.</li> <li>2. Tie the gown securely but in a manner that it can be easily untied when you begin the doffing process Leave some length of the tie so that it can be pulled and untied without much effort.</li> <li>3. Ensure cuffs of the inner gloves are tucked under</li> </ol>	<p>(Approximate word count 90-100 words)</p> <ul style="list-style-type: none"> <li>• If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer</li> <li>• Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands</li> <li>• While removing the gown, fold or roll the gown inside-out into a bundle</li> <li>• As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container</li> </ul>

		the sleeve of the gown.	
masks	<p>(Approximate word count 70-80 words)</p> <p>Surgical masks are loose fitting, single-use items that cover the nose and mouth. They are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them. They also provide some protection from respiratory secretions and are worn when caring for patients on droplet precautions. Surgical masks can be placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others.</p>	<p>(Approximate word count 45-55 words)</p> <ol style="list-style-type: none"> <li>1. Wash or sanitize hands before wearing the mask</li> <li>2. Check the mask for damages</li> <li>3. Ensure the colored-side faces outwards</li> <li>4. Cover the mouth, nose, and chin and adjust accordingly without leaving gaps on the side</li> <li>5. Ensure you can breathe properly while wearing a mask</li> <li>6. Avoid touching the mask while using it</li> </ol>	<p>(Approximate word count 45-50 words)</p> <ul style="list-style-type: none"> <li>• Front of mask/respirator is contaminated — DO NOT TOUCH!</li> <li>• If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer</li> <li>• Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front</li> <li>• Discard in a waste container</li> </ul>
wearing protective glasses	<p>(Approximate word count 70-75 words)</p> <p>Goggles with a manufacturer's anti-fog coating provide reliable, practical eye protection from splashes, sprays, and respiratory droplets from multiple angles. Newer styles of goggles fit adequately over prescription glasses with minimal gaps (to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow). Other types of protective eyewear include safety glasses with side-shield protection, which are widely used in dentistry and other specialties that use operating microscopes.</p>	<p>(Approximate word count 45-50 words)</p> <p>Check if safety glasses comply with the ANSI Z87.1 eye protection standard.</p> <p>Ensure that there are no cracks or deformities on the lenses.</p> <p>Ensure the strap is in good working condition and is firmly sealed to the cheek and forehead.</p> <p>Clean and disinfect after use.</p>	<p>(Approximate word count 55-65 words)</p> <ul style="list-style-type: none"> <li>• If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer</li> <li>• Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield</li> <li>• If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container</li> </ul>

Q8 This question has two parts you must complete both the parts.

## Part A

List five (5) methods to prevent contamination while applying, wearing and removing PPE.

Assessor note: Student must list all the five (5) method as per the sample answer provided below.

1. Keep hands away from face and PPE being worn.
2. Change gloves when torn or heavily contaminated.
3. Limit surfaces touched in the patient environment.
4. Regularly perform hand hygiene.
5. Always clean hands after removing gloves.

## Part B

List six (6) methods you would use to safely dispose off the PPE after use.

Assessor note: Student must identify all the six (6) methods provided below however they can be in any order and the wording may vary.

(Word count approximate: 300-315 words)

1. Follow strict organisational guidelines on disposing off contaminated PPE after use. This document will provide guidance on the use of PPE and organisations approved methods and instructions to remove, dispose off PPE safely.

2. Use a closed-lid waste bin

According to the World Health Organization (WHO), PPE needs to be disposed of in a closed-lid waste bin rather than a regular bin precisely because it can be infectious or hazardous waste.

3. use dedicated waste bins for contaminated PPE

Read organisations signage for disposal of clinical waste such as PPE. Most organisations will have clearly marked bins to know where to dispose of their PPE and prevent them from disposing of their mask or gloves in a regular bin, which could lead to others coming into contact (knowingly or unknowingly) with potentially infectious waste.

4. Removing PPE correctly

Before the PPE is even put into the bin, you should know how to safely and hygienically remove PPE. The best prevention is awareness. Read signage carefully and many organisations now have signage in various languages around the workplace to ensure that you have clear, written instructions at your disposal.

5. Prevent overflowing of disposals

If you see an overflowing bin immediately advise the supervisor or cleaning staff for it to be cleaned. Most organisations now have bins which are touch-free so using those are better as manually opening a bin could lead to the user touching a potentially contaminated surface and preventing others from coming into close contact with used PPE.

6. Disinfect units

Finally, increased surface hygiene is part of every organisations response plan. This includes regularly and safely cleaning PPE disposal bins using disinfectants to kill any potential germs. Whoever is cleaning the PPE disposal bins should wear adequate PPE to avoid the possibility of being contaminated.

#### Question 9

This questions has two parts, you need to complete both the parts of the question.

a) Provide an outline of routine environment cleaning procedures(surface and floors) in a care facility/home.

(Approximate word count 130-135 words in total)

Assessor note: Students should provide an outline of environment cleaning procedure as per sample response is provided below.

1)	All cleaning solutions should be prepared immediately prior to use.
2)	Work surfaces should be cleaned (wiped over) with a neutral detergent and warm water solution, rinsed and dried before, and after, each session or when visibly soiled. Spills should be cleaned up as soon as practical.
3)	When a disinfectant is required for surface cleaning, the manufacturer's recommendations for use and OH&S instructions should be followed.
4)	Buckets should be emptied after use, washed with detergent and warm water, rinsed in hot water and stored dry – turn upside down.
5)	Mops should be laundered or cleaned in detergent and warm water, rinsed in hot water then stored dry. Mop heads should be detachable or stored with mop head uppermost\
6)	All cleaning solutions should be prepared immediately prior to use.

b) Provide an outline of routine equipment cleaning procedures in a care facility/home

1)	Clean and disinfect equipment after each use (as per normal infection prevention and control practice).
2)	Equipment must be thoroughly cleaned (that is, scrubbing, using an instrument washer, and/or ultrasonic cleaner) so that they are free from any contaminants, protein residues and other stains, before processing through a steam-under-pressure bench-top autoclave..
3)	Clean water needs to be used for cleaning equipment. Water with a high mineral content is not suitable for rinsing because it can damage equipment.
4)	Follow the manufacturer's instructions when using cleaning products on equipment. Common household detergents are not recommended due to their high foaming properties and difficulty removing residues.
5)	Equipment, which is difficult to clean and sterilise, must be single-use.
6)	Dry all items using a drying cabinet or with a lint free cloth (instruments must be properly dried - residual moisture may impede the sterilisation process and can damage instruments)..

#### Question 10

List the cleaning procedures for enhanced cleaning such as frequently touched surfaces.

(Approximate word count 125-130 words in total)

Assessor note: Students answer must be the same as sample answers provided below however the wordings may vary.

<p>Frequently touched surfaces including door handles, bedrails, bins, tabletops, kitchen areas, equipment of daily use and light switches</p>	<ul style="list-style-type: none"> <li>▪ These surfaces should be cleaned frequently (at least daily) or after any spills or when visibly dirty.</li> <li>▪ Detergent solution (diluted as per manufacturer’s instructions) can be used, with the exact choice of detergent determined by nature of surface and likely degree of contamination.</li> <li>▪ Detergent-impregnated wipes may be used for single pieces of equipment or small areas but should not be used routinely as a replacement for the mechanical cleaning process.</li> </ul>
--	--

Question 11

Provide step by step procedures for the three (3) tasks listed in the table below. Ensure you provide all the procedures in the correct order from start to finish for all the three listed tasks.

Assessor note: Students should provide an overview of safe handling instructions that outline what they should do, who is involved and any required equipment/supplies involved in the infection control procedure as per sample answers below.

Tasks	Procedures
<p>Management of Linen and Clothing (Approximate word count 130-135 words)</p>	<ol style="list-style-type: none"> <li>1) Ensure appropriate Personal Protective Equipment (PPE) is worn during the handling of any soiled linen in order to prevent exposure to blood or body substances;</li> <li>2) ‘Bag’ any used linen or clothing into an appropriate laundry receptacle at the location of use;</li> <li>3) Do not rinse or sort used linen or clothing in a patient-care area or in a domestic washing machine;</li> <li>4) Place any linen or clothes soiled with body substances into a leak-proof laundry bag to ensure it is transported safely;</li> <li>5) Always perform proper and thorough hand hygiene after handling used linen and clothing; and</li> <li>6) Store clean linen in a clean, dry area where it will not be contaminated by dust, moisture, vermin, or aerosols. Ensure it is kept separate from used linen.</li> </ol>
<p>Cleaning up bodily fluid spills (Approximate word count 130-135 words)</p>	<ol style="list-style-type: none"> <li>1) Isolate the area.</li> <li>2) Wear gloves, a plastic apron and eye protection, such as goggles.</li> <li>3) Soak up the fluid with disposable paper towels, or cover the spill with a granular chlorine releasing agent for a minimum of 10 minutes.</li> <li>4) Scoop up granules and waste using a piece of cardboard (or similar), place in a plastic bag and dispose of appropriately.</li> <li>5) Mix one part bleach to 10 parts water and apply to the area for 10 minutes.</li> <li>6) Wash with hot water and detergent.</li> <li>7) Dry the area.</li> <li>8) Dispose of paper toweling and gloves appropriately.</li> <li>9) Wash your hands.</li> </ol>

Tasks	Procedures
	10) Rinse any contaminated clothing in cold running water, soak in bleach solution for half an hour, then wash separately from other clothing or linen with hot water and detergent.
Provide step by step reprocessing equipment procedures (Approximate word count 45-50 words)	<p>1) Reprocessing refers to the activities required to ensure that reused medical devices are safe and clean to be used again.</p> <p>2) Reprocessing is a multistep process that includes cleaning, inspection and assembly, functional testing (if applicable), disinfection (if applicable), packaging and labelling, sterilization (if applicable) and storage.</p>

Question 12

Provide waste management procedures for the following waste materials listed in the table below.

Assessor note: Students response must include the correct hazard, risk and any one control measure from list provided below.

Waste materials	Waste management procedures
Disposal of general waste (Approximate word count 65-75 words)	<ol style="list-style-type: none"> <li>1. These are waste which is not capable of being composted, recycled, reprocessed or re-used. This includes incontinence pads, sanitary waste and disposable nappies.</li> <li>2. It should be inspected in comparison to other waste materials to accurately determine the level of segregation.</li> <li>3. All waste should be stored in secure areas until collected.</li> <li>4. General waste is to be contained in bags which are labelled for general waste disposal</li> </ol>
Safe handling and disposal of contaminated waste (Approximate word count 160-170 words)	<p>Contaminated waste must not be disposed of in general waste.</p> <p>Contaminated waste such as clinical waste should be labelled with a black Biohazard symbol and the text "Clinical Waste" .</p> <p>Contaminated waste must be stored in a manner so as to reduce the chance of people and the environment being exposed to or affected by the waste.</p> <p>It must be bagged and stored in rigid-walled, leak-proof secondary containers, preferably in a bunded area with an impervious surface, e.g. concrete.</p> <p>stored in bags and containers with the appropriate colours and labels.</p> <ul style="list-style-type: none"> <li>• Kept so as not to cause environmental nuisance, e.g. by refrigerating potentially odorous materials.</li> <li>• Kept in an area not accessible by unauthorised people or animals</li> </ul> <p>Every clinical waste bin should have a liner. This liner shall be tied off prior to that bin being stored in a waste storage area</p> <ul style="list-style-type: none"> <li>• The clinical waste bin shall be locked either by a padlock or zip tie.</li> <li>• Clinical waste bins that are ready for collection by the waste disposal contractor will be placed in designated storage areas.</li> </ul>



<p>Safe handling and disposal of sharps (Approximate word count 95-100 words)</p>	<p>Disposing sharps and needles wearing proper PPE and as per the organisations policies and procedures Place sharps into a suitable container that: - is puncture-resistant, leak-proof, shatter-proof and able to withstand heavy handling - displays the universal biohazard label and has a label clearly indicating the nature of the contents - has an opening which is accessible, safe to use, and designed so that it is obvious when the container is full - is sealed when full or ready for disposal - can be handled without danger of the contents spilling or falling out</p>
---	--

QUESTION 13

The chain of infection involves six (6) steps. In the table below list the steps in correct order and provide a brief explanation of transmission of infectious agent as per the chain of infection.

(Approximate word count 240-245 words total)

Assessor note: students must provide the answer in the same order as the sample response and must include a brief explanation as per sample answer.

Six steps	Brief explanation of each step
<p>Infection agent: Pathogen and degree of pathogen exposure</p>	<p><b>Infectious agents (pathogens)</b> include not only bacteria but also viruses, fungi, and parasites. The degree of pathogens exposure depends on their number, their potency, their ability to enter and survive in the body, and the susceptibility of the host. For example, the smallpox virus is particularly virulent, infecting almost all people exposed. In contrast, the tuberculosis bacillus infects only a small number of people, usually people with weakened immune function, or those who are undernourished and living in crowded conditions.</p>
<p>Reservoir</p>	<p>A reservoir is any person, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent normally lives and multiplies. The infectious agent depends on the reservoir for survival, where it can reproduce itself in such manner that it can be transmitted to a susceptible host. Animate reservoirs include people, insects, birds, and other animals. Inanimate reservoirs include soil, water, food, feces, intravenous fluid, and equipment.</p>
<p>Portal of exit</p>	<p>Portals of exit is the means by which a pathogen exits from a reservoir. For a human reservoir, the portal of exit can include blood, respiratory secretions, and anything exiting from the gastrointestinal or urinary tracts.</p>
<p>Mode of transmission including direct and indirect contact</p>	<p>Once a pathogen has exited the reservoir, it needs a mode of transmission to transfer itself into a host. This is accomplished by entering the host through a receptive portal of entry. The pathogen can be transmitted either directly or indirectly. Direct transmission requires close association with the infected host, but not necessarily physical contact. Indirect transmission requires a vector, such as an animal or insect</p> <p>Contact is the most frequent mode of transmission of health care associated infections and can be divided into: direct and indirect.</p> <p>Direct Contact(droplet and airborne): involves direct body surface to body surface contact and physical transfer of microorganism between an infected or colonized person to another person by touch. Transmission occurs when droplets containing microorganisms generated during coughing, sneezing and talking are propelled</p>

	<p>through the air. These microorganisms land on another person, entering that new person's system through contact with his/her conjunctivae, nasal mucosa or mouth. These microorganisms are relatively large and travel only short distances (up to 6 feet/2 metres). Airborne transmission are also known as Aerosol transmission of infectious agents occurs either by:</p> <ul style="list-style-type: none"> <li>• Airborne droplet nuclei (small particles of 5 mm or smaller in size)</li> <li>• Dust particles containing infectious agents.</li> </ul> <p>Microorganisms carried in this manner remain suspended in the air for long periods of time and can be dispersed widely by air currents. Because of this, there is risk that all the air in a room may be contaminated This can occur from breathing, coughing, sneezing, or vocalization of an infected individual, but also during certain medical procedures (e.g., suctioning, bronchoscopy, dentistry, inhalation anesthesia.</p> <p>Indirect contact includes both vehicle-borne and vector borne contact. A vehicle is an inanimate go-between, an intermediary between the portal of exit from the reservoir and the portal of entry to the host. Inanimate objects such as cooking or eating utensils, handkerchiefs and tissues, soiled laundry, doorknobs and handles, and surgical instruments and dressings are common vehicles that can transmit infection. Blood, serum, plasma, water, food, and milk also serve as vehicles. For example, food can be contaminated by E.coli if food handlers do not practice appropriate handwashing techniques after using the bathroom. If the food is eaten by a susceptible host, such as a young child or a person with HIV/AIDS, the resulting infection can be life-threatening.</p> <p>Vector-borne contact is transmission by an animate intermediary, an animal, insect, or parasite that transports the pathogen from reservoir to host. Transmission takes place when the vector injects salivary fluid by biting the host, or deposits feces or eggs in a break in the skin. Mosquitoes are vectors for malaria and West Nile virus. Rodents can be vectors for hantavirus.</p>
Portal of entry	Infectious agents get into the body through various portals of entry, including the mucous membranes, non-intact skin, and the respiratory, gastrointestinal, and genitourinary tracts. Pathogens often enter the body of the host through the same route they exited the reservoir, e.g., airborne pathogens from one person's sneeze can enter through the nose of another person.
The susceptible host	Entry of the pathogen can take place in a future host (ie the person who is next exposed to the pathogen). The microorganism may spread to another person but does not develop into an infection if the person's immune system can fight it off. They may however become a 'carrier' without symptoms, able to then be the next 'mode of transmission' to another 'susceptible host'. Once the host is infected, he/she may become a reservoir for future transmission of the disease.

Question 14

In the table below describe the following infectious agents that are the causes of infection.

(Approximate word count 185-195 words total)

Assessor note: Students answers must be based on the benchmark sample answers provided below.

Parasite	A parasite is an organism that lives on or in a host organism and gets its food from or at the expense of its host. There are three main classes of parasites that can cause disease in humans: protozoa, helminths, and ectoparasites.
----------	---

Bacteria	is a single-celled organism characterised by the absence of a cell nucleus surrounded by a membrane. A bacterial infection occurs when bacteria enter the body, increase in number, and cause a reaction in the body.
Virus	a parasitic nucleoprotein complex that can only be reproduced inside cells. Viruses are smaller and are not cells. Unlike bacteria, they need a host such as a human or animal to multiply. Viruses cause infections by entering and multiplying inside the host's healthy cells.
Fungus	are eukaryotic organisms that combine some of the traits of both plants and animals and include microorganisms such as yeasts and moulds. When the body comes into contact with certain fungi and the immune system is weakened or compromised, there is a chance that a person may develop a fungal infection. Many fungal infections are also caused by an overgrowth of fungus that naturally lives on our skin.

Question 15

Briefly explain the process of colonisation infection and disease

(Approximate word count between 145-150 words)

Assessor note: Students response must be as per the sample answer however wording may vary.

The process of infection, colonisation and disease is that infection occurs when germs are in or on the body and make a person sick, which results in signs and symptoms such as fever, pus from a wound, a high white blood cell count, diarrhea, or pneumonia, colonization occurs when germs are on the body but do not make a person sick. Colonisation is the presence of various bacteria on the surface of the body, such as in the intestines, on the skin or in the mouth, that do not cause disease in humans. Infection is the penetration of pathogens into the tissues of the host's body. Infection occurs when viruses, germs, or bacteria enter the body and begin to multiply. When the cells of the body are damaged because of infection, a disease occurs.

Question 16

Briefly explain how the below reservoirs lead to a spread of infection

Assessor note: Students response must be based on the sample answers provided below however the wording may vary.

(Approximate word count 175-200 words in total)

Blood or bodily fluids	Some infections are spread when body fluids such as blood, saliva come into direct contact with an uninfected person through kissing, sexual contact or through a needlestick injury. For example contaminated substances can enter the body through break in skin which can infect the person.
------------------------	---

People who are actually ill	People who are actually ill are infectious hence its called the Infectious period it is the time during which a person is contagious and able to transmit an infection to other people
Food, water and soil	touching contaminated food or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects, if their hands are dirty
Waste	Most of the waste materials contains blood, bodily fluids, and tissue of patients and these substances may contain infectious microorganisms that have the potential to transmit disease and thus require proper management and disposal. Patients with known infections are likely to generate waste containing a large amount of microorganisms for example the sputum of a patient with known TB, the syringe used on a patient with known HIV or viral hepatitis, a diaper with the stool of a baby admitted with diarrhea, are all examples of infectious waste with the potential to transmit disease.
Penetrating injuries	Penetrating injury is an injury caused by a foreign object piercing the skin, which damages the underlying tissues and results in an open wound Skin penetrating injuries can introduce infectious agents directly into the blood stream, e.g. tetanus and blood borne viruses such as hepatitis B, hepatitis C and HIV.
Infection through vectors(animal, insect or parasite)	Vector-borne diseases are infections transmitted by the bite of infected arthropod species, such as mosquitoes, ticks, triatomine bugs, sandflies, and blackflies. Arthropod vectors are cold-blooded (ectothermic) and thus especially sensitive to climatic factors. Examples of vector-borne diseases include Dengue fever, West Nile Virus, Lyme disease, and malaria.

#### Question 17

Briefly explain why each of the following factors increase susceptibility to infection.

(Approximate word count 119-125 words total)

Assessor note: Students response must be based on the sample answers provided below however the wording may vary.

<b>Immune system</b>	the immune system plays one of the most important roles in the fight against pathogens and in the case of a compromised immune system, the infection can easily penetrate overcoming all defense mechanisms in the human body
<b>Wounds and devices</b>	Wounds and devices such as needles, sharps ect create an unprotected entry point for infection
<b>Medications and comorbidity</b>	some medications such as steroids suppress the immune system and thus reduce resistance to infections. with age, people are more likely to suffer from comorbidities and diseases such as diabetes, arthritis, kidney failure, which significantly reduces their immunity hence making them more susceptible to infections.

Age	Decreased activity and low body weight index slow down many biological processes and cause a higher susceptibility to infection
-----	---

Question 18

Briefly explain the purpose of the established national standards and guidelines for the prevention and control of infection.

(Word count approximate :85-95 words)

Assessor note: Benchmark answers provided below. Students answers must reflect the below however wording may vary.

The Australian guidelines for the prevention and control of infection in healthcare is a nationally accepted approach to infection prevention and control. The guidelines focus on core principles of infection control and outline priority areas for health services. The routine work practises outlined in the Guidelines for Infection Control are designed to reduce the number of infectious agents in the work environment; prevent or reduce the likelihood of transmission of these infectious agents from one person or item/location to another; and guidelines to make areas as free as possible from infectious agents.

Question 19

List two(2) common types of infectious risk in work environment and two(2) ways to prevent and reduce harm.

(word count approximate 150-200 words total)

Assessor note: Students must list two (2) out of four (4) types of common infections risks and related two (2) ways to prevent and reduce harm out of the list of options provided in the sample answers below. Please note students wording may vary.

Two types of common infections risks	Two ways to prevent and reduce harm
increased risks and likelihood of an infective organism gaining entry into the body, such as through cuts, needle-stick or other sharps injuries.	<ol style="list-style-type: none"> <li>1. If exposed to sharp injury ensure to disinfect and wash your hands</li> <li>2. use personal protective equipment where appropriate use gloves, protective clothing, and other protective equipment when necessary</li> <li>3. remove or isolate the hazard by using sharps disposal containers</li> <li>4. handle needles and sharp objects safely</li> </ol>

	<ol style="list-style-type: none"> <li>attend education and training on the correct use of medical devices incorporating sharps protection mechanisms including demonstrated competent use of the device</li> </ol>
<p>contact with people who have an increased prevalence of having an infectious disease;</p>	<ol style="list-style-type: none"> <li>Thoroughly wash hands with water and soap for at least 15 seconds after visiting the toilet, before preparing food, and after touching clients or equipment. Dry hands with disposable paper towels</li> <li>Cover any cuts or abrasions with a waterproof dressing to stop the spread of infection.</li> <li>wear gloves when handling body fluids or equipment containing body fluids, when touching someone else's broken skin or mucus membrane, or performing any other invasive procedure.</li> <li>Wash hands between each client and use fresh gloves for each client where necessary</li> <li>don't share towels, clothing, razors, toothbrushes, shavers or other personal items.</li> </ol>
<p>working in an area in which a potentially infectious organism is endemic or where there is an outbreak of infection.</p>	<ol style="list-style-type: none"> <li>maintaining good hand hygiene and using hand disinfectant (hand sanitizer)</li> <li>not touching face with your hands if there are higher chances of being exposed to the infection</li> <li>having good cleaning routines in the workplace</li> <li>equipping and organising the workplace to prevent infection</li> <li>using safety gloves if the risk assessment shows it is necessary.</li> </ol>
<p>contact with animals that have an increased prevalence of having an infectious disease</p>	<ol style="list-style-type: none"> <li>Use appropriate insect repellent.</li> <li>practise good hand hygiene. Thorough hand washing after handling any potential source of infection is also necessary.</li> <li>use personal protective equipment (PPE) when needed.</li> <li>Wear protective clothing and wearing gloves when handling animals or their tissues, taking care not to rub the face with contaminated hands or gloves.</li> </ol>

	5. Get vaccinated against tick-borne encephalitis virus (TBE).
--	--

Question 20

Briefly describe what is asepsis? List the key principles of asepsis and how are they relevant to your role as a healthcare worker.

(word count approximate 150-200 words total)

Assessor note: Benchmark answers provided below. Students answers must reflect the below however wording may vary

Asepsis is a set of practices that protect patients from healthcare-associated infections and protects healthcare workers from contact with blood, body fluid and body tissue. Aseptic technique, when performed correctly it help minimise contamination and spread of infection. Its key principles includes:

1. Minimizing the amount of microorganisms and dust in the environment through general cleanliness of rooms, air and equipment.
2. Reduction of bacteria at the point of entry (skin or mucosa of patients) of the host through the use of antiseptics
3. Reduction of bacteria on the care provider especially the hands through hand washing, gowning and wearing sterile gloves.
4. Prevention of re-contamination of sterilized or disinfected instruments by avoiding contact between sterile and non-sterile items
  - Reducing predisposition of host to infection by:
  - minimizing tissue injury and ischaemia including excessive use of diathermy and sutures that are too tight
  - reducing presence of blood clots
  - shortening duration of retention of catheters / drains

Following aseptic technique helps prevent the spread of pathogens that cause infection. sterile gloves sterile gowns, masks for the patient provide necessary bbarriers to protect the patient from the transfer of pathogens from a healthcare worker, from the environment, or from both.

Question 21

Below is the list of situations related to personal care and hygiene. Read each situation and List ways how you would apply personal hygiene practices for each of the situations below.

Assessor note: Benchmark answers provided below. Students answers must be based and be similar to the sample answers provided below however wording may vary.

Situations	How would you apply personal hygiene practices
------------	--

You have been doing long hours shifts supporting many sick clients. List three (3) personal hygiene practices to use and wear clean clothing and uniforms.

(Approximate word count for three options between 50-150 words)

- 1) Wear gowns and other personal protective equipment over the uniform while caring for patients who may have infections to reduce the chance of spreading germs from patients or items in their environment to other patients or environments.
- 2) Change clothes early and often. If you have likely come into contact with the virus during your day, then change clothes as soon as possible or at least as soon as you get home, and treat what you were wearing as you would other contaminated clothing. This minimises your exposure if your clothes do happen to have the virus on them.
- 3) Wash uniforms and other clothing worn to work daily in hot water and laundry detergent, or with cold water and bleach.
- 4) Drying clothes completely in a hot dryer, rather than air-drying, to kill bacteria in clothes.
- 5) Ensuring to not mix soiled uniforms with other personal clothing.

List three (3) steps you would follow for managing and laundering of work clothes after your work shift.

- 1) Store contaminated laundry separately
- 2) Do not shake out contaminated laundry – it can release viruses and other germs into the air. Carry contaminated clothing carefully and load your washing machine gently.
- 3) Wash contaminated clothing in hot water – ideally 60°C or above (provided it won't damage the fabric) – and use a bleach-containing detergent, or if washing whites, then add bleach to the wash itself (following the manufacturer's recommendation) for the best virus-destroying performance.
- 4) Once the laundry's on, clean and sanitise any surfaces you've had contact with in the course of doing the laundry using bleach or household disinfectant. This includes the door and control panel of your washing machine, the laundry doorknob, and of course the hamper you've kept



	<p>contaminated clothing in (and throw the hamper liner in with the wash too, if it's reusable).</p> <p>5) Viruses spread more easily via wet surfaces than dry ones, so make sure your laundry's completely dry after washing to minimise the risk of contamination.</p>
<p>You have just come down with flu like symptoms however you have been rostered for a work shift as it is holiday season and your organisation is really short staffed. Briefly explain what you would do in this situation.</p> <p>(Approximate word count 65-75 words)</p>	<p>An important way to reduce the spread of flu is to keep sick people away from those who are not sick.</p> <p>Therefore, if its flu like symptoms I would stay home and not come to work.</p> <p>The best way to manage this is would be to contact the supervisor inform them about the condition and stay at home till the symptoms subside and I am fit to be back at work again.</p>
<p>List three(3) Safe respiratory and cough etiquette you should follow to avoid the spread of infection</p> <p>(Approximate word count 40-65 words)</p>	<ol style="list-style-type: none"> <li>1. Cover your mouth and nose with a tissue when coughing or sneezing;</li> <li>2. If you don't have a tissue, cough or sneeze into your elbow;</li> <li>3. Use the nearest waste receptacle to dispose of the tissue after use;</li> <li>4. Perform hand hygiene (e.g. hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.</li> <li>5. Wear a mask with ear loops or a surgical mask with ties during periods of increased community respiratory illness such as influenza season.</li> </ol>

Question 22

Briefly explain what an exposure incident is. List the steps you would follow as per the organisational policies and procedures to manage exposure incident?

Assessor note: Benchmark answers provided below. Students answers must reflect the below however wording may vary

Briefly explain what an exposure incident is?

(Approximate word count 45-50 words)

Workplace exposures occur when members work with or around chemical, biological, and physical hazards that can lead to an acute or chronic illness, and even death. An exposure incident is defined as specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or potentially infectious materials.

List the steps you would follow as per the organisational policies and procedures to manage exposure incident?

(Approximate word count 400-410 total)

- When an exposure incident occurs, immediate action must be taken to expedite medical treatment for the exposed employee and to assure compliance with the Standard. immediate decontamination of the exposed area and treatment of any wounds must take place.
- immediate reporting of the exposure to the supervisor, manager or designated responsible person such as first aid officer must be done.
- immediate assessment of the risk of transmission of infection must take place. The organisation may choose to refer the exposed person to an occupational health specialist or transfer them to a hospital emergency department for this assessment and counselling.
- prompt treatment if indicated, eg post-exposure prophylaxis against a known or suspected blood-borne virus, tetanus vaccination or immunoglobulin, as required. If the exposed person is referred for assessment, treatment is administered or arranged by the hospital or consulting physician. (Post-exposure prophylaxis is not delayed while waiting for results of testing of the source person, but is administered immediately when indicated on the basis of the assessment.)

parties to whom it should be reported to manage exposure incidents:

- supervisor – Immediately as you have been exposed to incident
- general practitioner – Employee or supervisor must contact a GP for exposure prone disease or infection that an employee may be exposed to. A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form), Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form). All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.
- health care professional - Evaluate the exposure incident and arrange for testing of employee and source individual (if status is not already known). Notify the employee of results of all testing. Provide counseling and post-exposure, evaluate reported illnesses. Send written opinion to the employee including further treatment requirements post exposure.

- carer - Implementation of various methods of exposure control, including: Universal precautions  
Engineering and work practice controls Personal protective equipment Housekeeping
- responsible person – this would be based on the level of exposure. The immediate person to report is supervisor and based on exposure incident and infection involved it would need to be further reported to health care professionals, GP ect.
- responsible authority- This would be based on the level of exposure. If the exposure is life threatening, then this would involve relevant health authorities and police in many cases.

### Question 23

You work as a carer in Happyville Compassionate care organisation. On one of your shifts while working in the kitchen area you nearly trip over a pile of boxes that have been left near the kitchen sink. You escape any injury but are not sure why the boxes have been left near a kitchen sink which is a busy area that is accessed by many people and leaving the boxes there would increase the risk of more people tripping over. Refer to the Happyville Compassionate care handbook and provide answers to the questions below.

**Assessor note: Students should refer to Happyville Compassionate Care Handbook and student answers must be in line with the sample answer provided below however there wording may vary.**

List the steps you would follow to record, report and document risks and incidents

(Approximate word count 30-35 words)

1. Complete a hazard report form following the incident stating clearly the risk and hazard associated with large pile of boxes and associated risks
2. Document and complete an Incident report form reporting 'near miss'

Who would you advise report this risk and incident to?

(Approximate word count 5-8 words)

Report it to immediate supervisor/manager/WHS representative

**Assessment checklist:**

Students must have completed all short answer questions within this assessment before submitting. This includes:

1	23 short answer questions to be completed in the spaces provided.	<input type="checkbox"/>
---	---	--------------------------



**Congratulations you have reached the end of Assessment 1!**

**© Copyright 2021 Eduworks Pty. Ltd.**

All rights reserved. This publication is copyright to Eduworks Pty Ltd. No part of this publication or its supporting documents may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without prior written permission from the publisher.

**© UP Education Australia Pty Ltd 2021**

Except as permitted by the copyright law applicable to you, you may not reproduce or communicate any of the content on this website, including files downloadable from this website, without the permission of the copyright owner.