

Analysis of training recommendations

As a result of COVID-19, a large number of workers require skills to decrease transmission of infection while undertaking their daily duties. While the fundamental principles of infection control may be consistent, these skills will likely require some contextualisation in different industries.

Recommended pathway to swiftly upskill impacted roles: As a single unit skill set, *HLTSS00066 Infection Control (Food Handling) Skill Set* has a high level of flexibility to be incorporated into learning pathways. The single unit contained in the skill set is named in AQF level 2-5 qualifications in the HLT Health Training Package and AQF level 2-3 Qualifications in the CHC Community Services Training Package. This unit can be used as an "upskilling" product for those with existing qualifications. For those undertaking a qualification, a very large number of qualifications will allow this unit to be included as part of their packaging rules. This unit can also be used as stand alone training for those currently in the workforce without a qualification, however, it should be trained in the context of the learner's job role.

Upskilling resources: A number of resources are available that provide important guidance and information about managing infection risks specific to COVID-19. These include resources published by the Department of Health, Safe Work Australia as well as state and territory governments (see RTO Factsheet for links).

The current Department of Health recommended COVID-19 infection control training provided by Aspen Medical and Australian Commission on Safety and Quality in Health Care e-learning modules specifically targeted at those working in healthcare settings. A free 30-minute online module, the Aspen Medical training offers the most efficient, cost-effective and industry-relevant method through which workers can be equipped with the skills and knowledge needed to address infection control demands created by COVID-19. Despite its current targeting, the training has applicability for workers who may benefit from this skill set in all sectors, and may contribute to the achievement of HLTSS00066 Infection Control (Food Handling) Skill Set.

Key training considerations: summary Large and small businesses Rural, regional and metropolitan areas Restaurants · Cafes and casual dining · Fast food outlets · Catering operations including in-flight catering and pre-packaged food · Conference centres · Meal delivery including commercial such as room service and home delivery and voluntary such as meals on wheels • Education facilities, including schools, universities, VET provider campuses What are the type and range of • Aged care & disability facilities including residential aged care, group homes, etc. Mobile food/coffee carts, soup kitchens, etc. · Sporting canteens · Bars that incorporate food service · Museums and galleries · Performance venues such as theatres and arenas Cookery classes Correctional centres · Online food delivery businesses



Analysis of training recommendations, cont.

| | Key training considerations: summary |
|---|---|
| Where will workers use infection control in these workplaces? | In kitchens – food preparation areas, food storage areas, service counters, waste disposal areas Front of house – food preparation areas such as sandwich or salad bars, service counters, table service to customers, cashier/point of sale Staff rooms Offices When accepting and storing food stock deliveries Cleaning and washing up areas Equipment storage – both the storage of the equipment and the equipment storage area Bathrooms and toilets Delivery vehicles – cars, trucks, etc. for home delivery, trollies, trays for rooms service etc. Packaging areas when packing food for delivery |
| What relevant interactions do workers have with clients? | Workers may have close physical interaction with team members and customers. Team members: This would be constant and longer term in nature for the duration of the shift or service period. exchange of equipment or ingredients while cooking or preparing food passing of plated or packaged meals for service to customers or delivery. Shared facilities such as rest rooms, staff areas and in some cases vehicles. Customers: This would vary in duration dependent on the service requirements. preparation of food in front of house areas such as sandwich bars, salad bars, etc. (medium term 5+ minutes) service of food either to tables or at point of sale such as fast food outlets (short term under 5 minutes) cashiering - this may incorporate use of cash register where cash would be passed from customer to worker, or EFTPOS console, etc. which may be used by both worker and customer (short term under 5 minutes) food delivery – this may be short term for delivery to customer door, or medium term for some delivery services such as meals on wheels where food may be placed inside the customer house or partially or fully prepared for consumption. * Further details of these potential options are given later in this document. |

Analysis of training recommendations, cont.

Key training considerations: summary

Work Health and Safety provisions in place in states and territories. Hand washing facilities in commercial kitchens are required under the Building Code of Australia.

According to the Food Safety Standards issued as part of the Australia New Zealand Food Standards Code, under Standard 3.2.2 Food Safety Practices and General Requirements, owners of food businesses are required to ensure that their workers have the skills and knowledge to handle food safely. This is usually achieved by training in food safety. Food safety training requirements vary by jurisdiction and training is generally conducted in line with state and territory requirements that apply for the location of the business.

This training may not cover specific infection control relating to COVID-19. Other risk mitigation measures relating to infection control within food service areas include:

- Food preparation and service areas cleaning checklists and rosters to ensure regular maintenance of hygiene.
- Signage in the workplace to alert and remind staff of requirements for hygiene,
 e.g. hand washing, cough etiquette, etc.
- Food storage protocols to ensure food is stored safely and not at risk of contamination.
- Food transport or delivery vehicles must be designed to protect food from contamination and must be able to be easily and thoroughly cleaned and sanitised if necessary.

Specific measures relating to COVID-19:

- Social distancing. This may include controlling client entry and egress.
- Hygiene measures and daily health checks of all staff.
- Increased time between shifts or service periods to reduce mingling and provide more time to clean.
- FSANZ emphasizes requirements under the Code regarding cleaning but recommends that cleaning and sanitisation practices are reviewed to reflect COVID 19 context.
- · Encouragement to take the Flu shot.

Hand washing procedures are trained as part of formal accredited food safety and food hygiene training. There are also a number of non-accredited training options which are used to ensure that workers have an understanding of correct hand washing procedures.

Hand washing facilities are available in kitchens, front of house food preparation areas, bathrooms/toilets. Since COVID-19 hand sanitiser is commonly available at cashiers and for home delivery services, where hand washing facilities are not readily available.

What hand washing protocols are already in place in this industry?

What existing measures are in place

to mitigate infection risks?

Hand washing facilities must be kept separate to food washing or preparation areas under the Food Safety Standards.

Single use hand towels or air dryers should be supplied for drying hands after washing to prevent potential transfer of infectious agents between workers.

Replacement of soap, hand towels and hand sanitiser (as applicable) on a regular basis (at least daily, or when stocks run out).

Circumstances specific to COVID-19:

• Encourage staff to wash hands more frequently throughout the day.



Analysis of training recommendations, cont.

| | Key training considerations: summary |
|---|---|
| | Reporting is initially verbally to supervisor at time of incident. Incidences of food contamination or infection would be followed up be written incident reports as the incidents occur. |
| What reporting in this industry covers infection control? | Investigations may be carried out as required. Circumstances specific to COVID-19: Daily health checks of staff to ensure they do not have flu like symptoms. If a staff member is diagnosed with COVID 19 the business must work with local public health authorities to rapidly trace close contact and prevent further spread. |
| What equipment and facilities could be included as part of this training? | Personal protective equipment such as gloves, chef's jacket or apron, closed shoes, hat or hair net, eye protection, masks, etc. Kitchen or food preparation area including stoves/burners, ovens, refrigerators, sinks, counters, food preparation equipment and machinery Food preparation and service equipment such as ingredients, knives, chopping boards, linen such as tea towels and tablecloths, utensils, trays, crockery and cutlery Point of sale equipment such as cash registers, EFTPOS machines, etc. Service areas including counters, doors (door handles and push plates), tables and chairs Waste receptacles including those for recycling and contaminated waste and required equipment such as garbage bags Hand hygiene facilities and equipment such as soap, hand sanitizer, hand towels, etc. Personal hygiene equipment such as tissues, etc. Workplace cleaning products including spill kits First aid kit Sharps receptacle |
| What resources could be used as part of this training? | Organisation policies and procedures Incident forms Waste disposal guidelines Food safety guidelines for storage Signage relating to hygiene such as clean/contaminated zones, cleaning protocols, hand washing procedures, cough etiquette, etc. Resources specific to COVID-19: Guidance produced by Safe Work Australia; Department of Health; and FSANZ regarding social distancing requirements; risk assessment; risk reduction strategies; and frequency and type of cleaning. |
| Entry considerations | Given the inclusion of the unit within this skill set across multiple AQF levels (2-5), 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 *HLTSS00066 Infection Control (Food Handling) Skill Set* to food handling industries, contextualisation may be required in the delivery 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.

| | Contextualisation required? | Identified barrier or issue affecting delivery | Contextualisation required |
|---|-----------------------------|--|---|
| Element 1: Follow standard and additional precautions for infection prevention and control | No | | |
| Follow hand hygiene practices in accordance with organisations policies and procedures | No | | |
| 1.2 Implement hand care procedures and cover cuts and abrasions | No | | |
| 1.3 Follow organisation procedures for choice and use of personal protection equipment | No | | |
| 1.4 Follow procedures for respiratory hygiene and cough etiquette | No | | |
| 1.5 Follow procedures for environmental cleaning | No | | Contextualisation for COVID-19 should reference Safe Work Australia and Health guidance re: risk-based approach to determine frequency and type of cleaning |
| 1.6 Follow procedures for handling, transporting and processing of linen in a manner that controls the spread of infection | No | | Note for contextualisation that in food handling, linen may refer to such things as aprons, tea towels, napkins, tablecloths etc. depending on the organisation. |
| 1.7 Follow procedures for disposal of contaminated waste | No | | Note for contextualisation that in food handling this would refer mainly to contaminated food products, but also bloodied bandaids, paper towels, etc. |
| 1.8 Follow procedures for handling and cleaning client equipment that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens | No | | Note for contextualisation that in food handling this would refer mainly to exposures such as rubbing nose or eyes, or coughing or sneezing without covering mouth or nose. |



| | Contextualisation required? | ldentified barrier or issue affecting delivery | Contextualisation required |
|--|-----------------------------|--|--|
| 1.9 Identify and respond to situations where additional precautions may be required to prevent transmission of infection | No | | Contextualisation for COVID-19: social distancing and managing customers with suspected illness, contactless delivery. Would also apply to high touch points such as fridges, door handles, handles of all kinds and proper sanitising of equipment. |



| | Contextualisation required? | Identified barrier or issue affecting delivery | Contextualisation required |
|--|-----------------------------|--|--|
| Element 2: Identify infection hazards and assess risks | No | | |
| 2.1 Identify infection hazards associated with own role and work environment | No | | Should be contextualised to reflect circumstances brought about by COVID-19. |
| 2.2 Identify own areas of responsibility in relation to infection prevention and control | No | | Contextualisation for COVID-19: Social distancing; practice frequent handwashing and good hygiene; not going to work if ill or if told to isolate. |
| 2.3 Assess risk by determining the likelihood and severity of harm from identified hazards. | No | | Should be contextualised to reflect circumstances brought about by COVID-19, including what is known about transmission. |
| 2.4 Document and report activities and tasks that put self, clients, visitors and/or other workers at risk | No | | |
| 2.5 Identify appropriate control measures to minimise risk in accordance with organisations procedures | No | | Contextualisation for COVID-19 should reference resources from Safe Work Australia; Department of Health and FSANZ re: infection control measures. |



| | Contextualisation required? | Identified barrier or issue affecting delivery | Contextualisation required |
|---|-----------------------------|--|--|
| Element 3: Follow procedures for managing risks associated with specific hazards | Yes | | |
| 3.1 Follow protocols for care after exposure to blood or other body fluids as required | No | | Contextualisation for COVID-19: Exposure not just to blood or bodily fluids but to an infected (or suspected infected person). Definition of 'close contact'. Working with public health authorities. |
| 3.2 Place appropriate signs when and where appropriate | No | | Refer to resources available from Department of Health and other sites relating to COVID-19. |
| 3.3 Remove spills in accordance with the policies and procedures of the organisation | No | | |
| 3.4 Minimise contamination of materials, equipment and instruments by aerosols and splatter | No | | |
| 3.5 Identify, separate and maintain clean and contaminated zones | No | | Note for food handling contextualisation: clean and contaminated zones would generally refer to food preparation areas, i.e. the food prep area is considered clean prior to commencing, contaminated while in use and then clean again once cleaned after completion of shift. This could also refer to situations such as a cut finger, where blood may be present and create a contaminated area. Consider whether the concept expands to other areas – such as food delivery. |
| 3.6 Confine records, materials and medicaments to a well-designated clean zone | Yes | Medicaments are not present in food handling environment. First aid kits are required, however, these do not contain medication. | Would require simulation of this PC. |
| 3.7 Confine contaminated instruments and equipment to a well-designated contaminated zone | No | | |



| | Contextualisation required? | Identified barrier or issue affecting delivery | Contextualisation required |
|----------------------|-----------------------------|---|--|
| Performance evidence | No | | Note for food handling contextualisation: clean and contaminated zones would generally refer to food preparation areas, i.e. the food prep area is considered clean prior to commencing, contaminated while in use and then clean again once cleaned after completion of shift. This could also refer to situations such as a cut finger, where blood may be present and create a contaminated area. |
| Knowledge evidence | Yes | No pre-surgical hand preparation in food handling Clinical moments when hand hygiene should be performed with soap and water rather than alcoholbased rub PPE – gowns Sharps handling and disposal techniques Reprocessing procedures for equipment Factors that increase the susceptibility to infection – immune status, medications and comorbidities | This knowledge evidence would have to be assessed in simulation or via a knowledge test Clinical moments would not occur in food handling, however, contextualisation could present the appropriate hand hygiene procedures and note that an effective hand sanitiser may be used where soap and water facilities are unavailable (such as home delivery) Gowns in food handling could be substituted for chefs jacket, apron or uniform as per organisational requirements Sharps handling in this context would be related back to sharps disposal bins for personal use e.g. insulin injectors, etc. In this context reprocessing would be such things as washing chopping boards, knives etc. at high temperatures for sterilisation purposes It is unlikely that in a food handling environment these factors would be known to other workers, therefore this knowledge evidence would need to be assessed in simulation, in relation to self or through a knowledge test. |



| | Contextualisation required? | Identified barrier or issue affecting delivery | Contextualisation required |
|-----------------------|-----------------------------|---|---|
| Assessment conditions | Yes | Organisational infection prevention and control guidelines Medical or client care equipment relevant to the workplace Clinical and other waste and waste disposal equipment | These guidelines could be simulated or template guidelines for the purpose of assessment. Consider also whether these could instead relate to organisational policies re: social distancing and cleaning of surfaces and equipment These items are not relevant to the food handling workplace In a food handling context this could relate to the use of single use towels for drying hands, bins for disposal of contaminated waste e.g. blood from a cut finger, personal sharps disposal as outlined above. |

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.

Equipment and facilities that may be available Resources include but are not limited to: include but are not limited to: Personal protective equipment such as gloves, chef's Organisation policies and procedures – templates contextualized to food handling business jacket or apron, closed shoes, hat or hair net, eye protection, masks, etc. Incident form templates Kitchen or food preparation area including stoves/burners, Model waste disposal guidelines Food safety guidelines for storage ovens, refrigerators, sinks, counters, storage areas, food preparation equipment and machinery Signage relating to hygiene such as clean/contaminated Food preparation and service equipment such as zones, cleaning protocols, hand washing procedures, cough ingredients, knives, chopping boards, linen such as tea etiquette, etc. towels and tablecloths, utensils, trays, serviceware, Model cleaning guidelines - Safe Work Australia crockery and cutlery Social distancing guidance – Department of Health et.al. Point of sale equipment such as cash registers, EFTPOS machines, etc. Service areas including counters, doors (door handles and push plates), tables and chairs Waste receptacles including those for recycling and contaminated waste and required equipment such as garbage bags Hand hygiene facilities and equipment such as soap, hand sanitiser, hand towels, etc. Personal hygiene equipment such as tissues, etc. Workplace cleaning and sanitising products including spill First aid kit Sharps receptacle



Demonstrating competency in a practical setting

The tables below give examples of activities that could be used in the food handling sector to demonstrate competency.

| Examples of activities that may be useful in demonstrating competency against the performance and knowledge evidence | Practical setting | Scenarios and simulations for the specific industry context |
|--|--|--|
| Correct hand hygiene practices including washing hands with soap and water and drying, and cleaning hands with alcoholbased sanitiser | Practical demonstration of soap and water hand hygiene in the workplace. Practical demonstration of the correct use of hand sanitiser at the appropriate times. | Completing a simulation of practical hand hygiene practices including washing hands with soap and water and drying, cleaning hands with alcohol-based sanitiser. Provide two scenarios to demonstrate where and when each method of hand hygiene practice should be utilised in the workplace (soap and water and hand sanitiser) – verbal or written. |
| Correct hand care procedures and covering cuts and abrasions | Practical demonstration in the workplace of method to treat and cover a cut. | Completing a simulation of practical hand care practices, including nails and jewellery, as well as treatment and appropriate cover for a cut or abrasion. |
| Correct personal protection equipment selected and used in appropriate manner | Practical demonstration of PPE selection and use in the workplace, e.g. using gloves for cleaning, or use of a hat/hair net in food preparation areas. | Provide two scenarios to demonstrate where different PPE should be utilised in the workplace for different tasks – verbal or written. |
| Knowledge of correct respiratory hygiene and cough etiquette | | Completing a simulation of cough etiquette and scenario related to respiratory hygiene techniques – verbal or written. |
| Environmental cleaning of both areas requiring frequent cleaning and infrequent cleaning – including preventing skin and mucous membrane exposures | Practical demonstration of surface cleaning and disinfecting procedures in the workplace could be applied to food preparation, service or storage areas. Includes demonstrating use of correct PPE, cleaning equipment and products according to manufacturer's guidelines and organisational policies and procedures. | Completing a simulation of surface cleaning and disinfecting procedures, including demonstrating use of correct cleaning equipment and products according to manufacturer's guidelines and organisational policies and procedures, including limiting mucous membrane exposures such as rubbing noses or eyes, or coughing or sneezing without covering mouth or nose. |
| Handling and transporting linen | Practical demonstration of appropriate handling of linen in the workplace, e.g. when to replace and where to store before collection for cleaning. | Provide two scenarios to demonstrate correct handling of linen for different situations, e.g. food preparation or service – verbal or written. |
| Disposal of contaminated waste | | Provide two scenarios to demonstrate appropriate disposal of contaminated waste, e.g. blood or vomit and limitation of contamination – verbal or written. |
| Identify infection hazards and assess risks | Practical demonstration of identifying infection hazards in the workplace, analysing the risk to staff and customers, managing the risk and documenting and reporting the hazard. | Provide a scenario of an identified hazard in the workplace – response relating to identification of the hazard including assessment of risk to staff and customers, reporting and documentation of the hazard – verbal or written. |



Demonstrating competency in a practical setting, cont.

| Examples of activities that may be useful in demonstrating competency against the performance and knowledge evidence | Practical setting | Scenarios and simulations for the specific industry context |
|--|--|--|
| Standard and additional precautions | | Provide two scenarios where learner can demonstrate knowledge of standard precautions to limit exposure to potential infection when interacting with staff or customers – verbal or written. |
| Sharps handling and disposal procedures | | Scenario relating to disposal of used syringe for personal health care management e.g. diabetes using appropriate sharps disposal unit – verbal or written. |
| Chain of infection | | Provide two scenarios where the learner can demonstrate knowledge of the chain of infection including source of infectious agent, mode of transmission and susceptible host and how the chain can be broken. Use COVID-19 as one example. |
| Basis of infection | | Written evidence of the learner having knowledge of the basis of infection. |
| Key modes of disease transmission | | Verbal or written evidence of the learner having knowledge of key modes of disease transmission as outlined in the unit of competency Knowledge Evidence and where these could occur in the workplace. Include COVID-19 transmission as an example. |
| Factors that increase susceptibility to infection | | Verbal or written evidence of the learner having knowledge of factors that increase a person's susceptibility to infection as outlines in the unit of competency Knowledge Evidence. Include COVID-19 transmission as an example and address both susceptibility to infection and susceptibility to severe outcomes. |
| Reprocessing procedures | Practical demonstration in the workplace of reprocessing procedures, e.g. cleaning of a chopping board at high temperatures to sanitise prior to next use. | |



Demonstrating competency in a practical setting, cont.

| Examples of activities that may be useful in demonstrating competency against the performance and knowledge evidence | Practical setting | Scenarios and simulations for the specific industry context |
|--|-------------------|---|
| Managing risks associated with specific | · · | Provide a scenario of an identified hazard, e.g a blood spill due to a cut – response relating to management of hazard in line with workplace protocols and guidelines (template guidelines to be provided if no workplace). Provide a scenario of a spill in the workplace – response on appropriate management of spill in accordance with assessment of risk. Verbal or written. |



| Approval and Version Control Table | | | |
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