### RPL Standard



### VU21874 – Manage health risks in a myotherapy environment

**How to complete this form:**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

This unit describes the skills and knowledge required to manage health risks within a myotherapy environment. It includes aspects of health risk analysis, personal and premises hygiene, as well as infection prevention and control. It also covers special infection prevention and control for treatments involving dry needling.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* Establish infection prevention and control policy and procedures for the clinic and advise others
* Establish and promote infection prevention and control procedures to comply with relevant regulations and guidelines
* Apply special infection prevention and control measures for dry needling treatments
* Conduct health risk assessments of a myotherapy practice
* Address promptly any non-compliance issues associated with infection prevention and control
* Ability to interpret relevant Commonwealth and State regulations, codes of practice and guidelines for infection prevention and control within a myotherapy context
* Prepared dry needling work practices, regularly reviewed and adjusted, if necessary, to maintain infection control
* Ability to provide prompt feedback to colleagues on any non-compliance issues resulting in changes to work practices
  + Completed appropriate training, where infection prevention or control risks or incidents suggest that it is necessary
  + Identify relevant training needs for colleagues to maintain infection control
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### Evidence of working within the industry

### Completion of ACFB e-learning quiz/oral questioning related to work within a massage practice. If required, this will be completed after enrolment.

**Evidence MUST include, but not limited to:**

* Policy and procedures for a Myotherapy practice including policy and procedures for;
* clinic room set-up/design to comply with council regulations and reduction of health risks within a Myotherapy clinic room
* linen management; type, number, different cleaning requirements, etc.
* waste disposal
* hand washing
* sharps disposal arrangements
* personal protective equipment
* housekeeping and waste management
* infection prevention and control procedures for dry needling
* Evidence of conducting health risk assessments of a Myotherapy practice

**Practical Demonstration** *(completed after enrolment to determine currency of knowledge and skills)*

* A practical demonstration of your ability to:
* competently implement a health risk assessment
* apply appropriate infection prevention and control procedures for dry needling

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| 22316VIC | | Advanced Diploma of Myotherapy | | **VU21874** | **Manage health risks in a myotherapy environment** | **Office Use Only** | |
| **Type of Unit:** Core | | **Prerequisite:** HLT50307 or HLT52015 | |
| **Elements / Performance Criteria** | | | **EVIDENCE***(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | **Sufficient** | **F.E.R.** |
| **1.** **Provide guidance on health hazards, infection prevention and control** | | | | | | | |
| **1.1** | Relevant information on health risks, infection control regulations and the legal obligations of the practice is sourced and interpreted | |  | | |  |  |
| **1.2** | Colleagues are fully informed of the need for compliance with infection control regulations and the implications of non-compliance | |  |  |
| **1.3** | Health hazards are identified and removed or minimised, where possible | |  |  |
| **1.4** | Policies and procedures are established that incorporate infection prevention and control into work practices | |  |  |
| **1.5** | Opportunities are provided for colleagues to seek further information on workplace health hazards, infection prevention and control | |  |  |
| **1.6** | Colleagues are encouraged to report health hazards and to improve infection prevention and control procedures | |  |  |
| **1.7** | The importance of maintaining personal hygiene in minimising infection is emphasised | |  |  |
| **1.8** | The importance of the premises layout, cleanliness and workflow arrangements in managing health risks is promoted | |  |  |
| **1.9** | Issues relating to health hazards and infection prevention and control are resolved through a consultative process | |  |  |
| **2 Apply infection prevention and control procedures for dry needling treatments** | | | | | | | |
| **2.1** | Commonwealth, State and local standards, regulations and guidelines applying to skin penetration treatments are interpreted | |  | | |  |  |
| **2.2** | Infection control risks for dry needling are identified and appropriate procedures are established and followed | |  |  |
| **2.3** | The hygiene of the premises is monitored to ensure that infection risks are eliminated or minimised | |  |  |
| **2.4** | Dry needling treatments are performed in accordance with client needs and to industry standards | |  |  |
| **2.5** | Single use items are disposed of in appropriate waste containers | |  |  |
| **2.6** | Potentially contaminated items are separated, removed, cleaned and sterilised according to the infection control policy and procedure | |  |  |
| **2.7** | Dry needling work practices are regularly reviewed and adjusted, if necessary, to maintain infection control | |  |  |
| **3. Monitor infection prevention and control measures** | | | | | | | |
| **3.1** | Work practices are scrutinised regularly and adjusted, if necessary to control infection risks | |  | | |  |  |
| **3.2** | Infectious hazardous event are investigated promptly to identify their cause, in accordance with the clinic’s policies and procedures | |  |  |
| **3.3** | Prompt feedback is provided to colleagues on any non-compliance issues resulting in changes to work practices | |  |  |
| **3.4** | Accurate records are maintained of any infection prevention and control risk or incidents and the corrective action taken | |  |  |
| **3.5** | Appropriate training is provided, where infection prevention or control risks or incidents suggest that it is necessary | |  |  |
| **3.6** | Potential breaches of the infection prevention and control procedures are recorded and investigated, to determine the appropriate corrective action required | |  |  |

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| **4. Conduct a health risk assessment of a myotherapy clinic** | | | | |
| **4.1** | Checklists are established to facilitate the risk assessment process for the myotherapy practice |  |  |  |
| **4.2** | Health hazards and risks are identified and removed or minimised, as required |  |  |
| **4.3** | The clinic design is assessed to identify potential improvements that would minimise the risk of transmission of infection |  |  |
| **4.4** | Relevant policies and procedures are evaluated to identify potential improvements in work practices relating to risk of infection |  |  |

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| **Knowledge Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Types of health hazards in the workplace |  |  |  |
| Chain of infection |  |  |  |
| Basis of infection |  |  |
| Key modes of disease transmission |  |  |
| NHMRC Guidelines for Prevention and Control of Infection in Healthcare |  |  |  |
| Risk management in relation to infection control |  |  |  |
| Established guidelines for the prevention and control of infection, including:   * Cleaning, disinfection and sterilising procedures * Personal and hand hygiene * Use and scope of personal protective equipment * Surface cleaning * Managing body fluid spills * Sharps handling and disposal techniques * Reprocessing procedures for equipment |  |  |
| Additional precautions required for dry needling treatments |  |  |  |
| Needle stick or sharps injury procedures for notification and response |  |  |
| Infection risks and control measures specific to Myotherapy |  |  |
| Factors that increase susceptibility to infection |  |  |
| Management and work processes used to control infection |  |  |

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| Local Council requirements for businesses offering skin penetration treatments |  |  |  |
| Impact of premises layout and workflow arrangements on infection control risks |  |  |  |
| Hierarchy of risk control measures, most to least preferred:   * Elimination * Engineering controls * Administrative control * Personal protective equipment |  |  |  |

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| **Required Skills** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page & oral questioning if required)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Identify relevant Commonwealth and State legislation, industry codes of practice and Australian standards relating to infection prevention and control | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Establish infection prevention and control procedures for the clinic and advise others | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Follow established myotherapy infection prevention and control procedures | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstration |  |  |
| Resolve issues relating to infection risks through consultation | This evidence will be collected via submission of documentation requested on the first & second page and oral questioning |  |  |
| Monitor adherence to the myotherapy practice’s infection prevention and control procedures | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstration |  |  |
| Apply appropriate infection prevention and control procedures for dry needling | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstration |  |  |
| Conduct a health risk assessment of a myotherapy practice | This evidence will be collected via submission of documentation requested on the first & second page |  |  |

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| **Performance Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required skills listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Interpret relevant Commonwealth and State regulations, codes of practice and guidelines for infection prevention and control within a myotherapy context | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Establish and promote infection prevention and control procedures to comply with relevant regulations and guidelines | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Identify relevant training needs for colleagues in order to maintain infection control | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Apply special infection prevention and control measures for dry needling treatments | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Conduct health risk assessments of a myotherapy practice | This evidence will be collected via submission of documentation requested on the first & second page |  |  |
| Address promptly any non-compliance issues associated with infection prevention and control | This evidence will be collected via submission of documentation requested on the first & second page and oral questioning |  |  |
| The unit must be assessed in a myotherapy workplace or a simulated workplace under the normal range of work conditions | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |

**Office Use Only**

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| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
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| *RPL Assessor Name:* | | | *Date:* | |