

HONG KONG AIR CADET CORPS

Sung Wong Toi Road, Kowloon, Hong Kong
Tel 852 2712 8900 Fax 852 2715 6944

Administration and Support Group Medical Squadron

MEMO



From : HQ, Med Sqn
To : CSO, OC Med Sqn, OC AAS,
Unit Commanders and HKACC HQ
Ref : (1) in T&D/MS/Trg/ICW/2014
cc : CO, DCOs
Date : 15th May 2014

Infection Control Workshop (ICW) 1/2014 **Exclusively for Camp Organizing Committee members and adult members**

In order to enhance the basic infection control knowledge and provide practical for officers of the Camp Organizing Committee and unit commanders of the Hong Kong Air Cadet Corps, the captioned training course will be organized by the Medical Squadron in June 2014.

Details of the Course are as follow:

Programme: Infection Control Training with practical exercise includes:

- I. Lecture
- II. Practical session usage of "PPE"
- III. Scenario Sharing "Infectious disease outbreak"

Date : 0930 to 1300 on 8th June 2014(Sunday)

Venue: Hong Kong Aviation Club

Instructors: Qualified Medical Officers and Medical Nursing Officers of the Medical Squadron

Target : Members of the Summer Camp Organizing Committee, Unit Commanders who will participate
Participants in the Summer Camp and interested adult members

Course size: Maximum 30 persons (On first come first serve basis)

Medium : Cantonese and English

Fee : Free

Dress Code: Corps or Squadron Polo, Jeans/Unit operational working dress

2. Officers please fill in the required information of the list of the applied participants at 'Annex A' attached (email to: medicalflight@yahoo.com.hk) not later than **1st June 2014**. Either withdrawal or late submission will not be entertained.

3. Any further information required, please feel free to email to medicalflight@yahoo.com.hk to contact the course OIC Dr Loletta SO.

(Loletta SO K.Y.)
OC Trg & Dev Flt
Medical Squadron

List of Applicants

Course Date: 8th June 2011 (Sun) 0930 –1300 hours

<u>S/N</u>	<u>Name</u>	<u>Rank</u>	<u>S/N</u>	<u>Unit</u>	<u>Email</u>	<u>Contact number</u>
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Endorsed by OC Unit: _____ Date: _____