



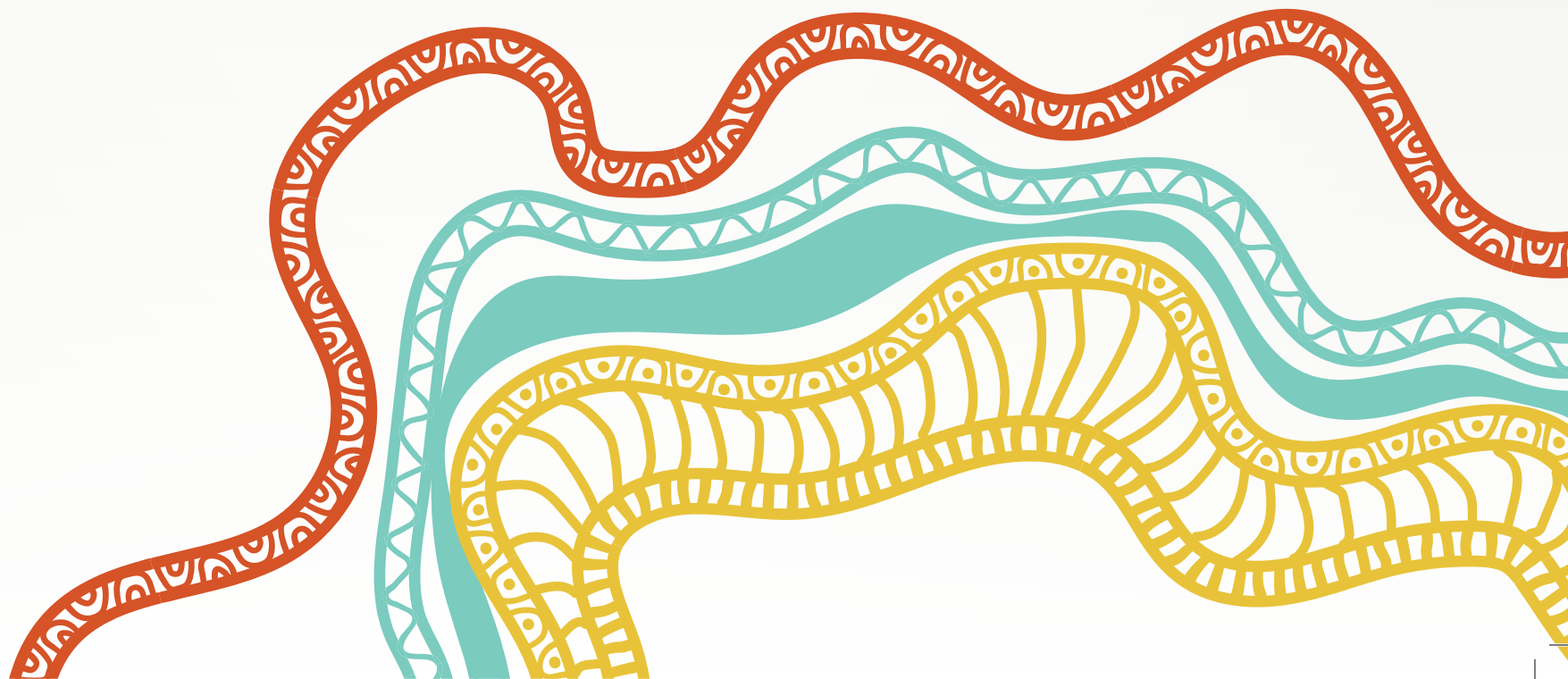
# YOUR EYES AND 715 HEALTH CHECK

**Regular eye checks  
keep our eyes healthy**

# ACKNOWLEDGEMENT OF COUNTRY

Minum Barreng: Indigenous Eye Health Unit at The University of Melbourne acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to waters, communities, and lands.

Minum Barreng is grateful to the Traditional Owners, Elders and Knowledge Holders of all Indigenous Nations and Clans who have been instrumental in our journey to Close the Gap for Vision. We extend our respect to all Aboriginal and Torres Strait Islander peoples, cultures and Elders; past, present and emerging.



# ACKNOWLEDGEMENTS

Minum Barreng would like to thank and acknowledge those who provided valuable input, guidance and encouragement during the development of the *'Eyecare Now, Eyecare Always'* health promotion resources. This includes:

- Project Steering Group members: Kerry Woods (Palawa), Digby Mercer (Gadigal), Vanessa Murdoch (Kullilli and Wakka Wakka), Nick Wilson (Ngarrindjeri), Kylie Clarke (Gunditjmara, Wotjobaluk, Ngarrindjeri and Buandig) and Carol Wynne
- An Aboriginal and Torres Strait Islander Reference Group (workshop participants) made up of the target audience including those with lived experience
- Gilimbaa - Indigenous-led creative agency

We also acknowledge the wonderful community members who feature in these resources:

- Karlie Noon - Gamilaroi - Astronomer
- Scott West and Mantua Nangala - Kiwirrkurra Rangers & Traditional Owners
- Nornie Bero - Meriam of Mer Island, Torres Strait - Chef
- Dr Kristopher Rallah-Baker - Yuggera, Warangu, Wiradjuri - Ophthalmologist

Support for this project was provided by the Australian Government Department of Health.



Australian Government  
Department of Health, Disability and Ageing



# ARTWORK STORY

*'TRAVERSING COUNTRY'* by Gilimbaa artist David Williams (Wakka Wakka).

These elements represent the strength and vibrancy of First Nations peoples all over Australia. We are diverse and culturally strong peoples with humour to share and stories to tell. We are forever connected to Country, our families, and our communities.

Continuity of culture is one of the most important things for First Nations peoples. Our health and wellbeing is strengthened by these connections. The connections here are represented as a continual line from left to right; the line has no end.

**As we walk on, feel, and see our Country, we are connected.**



# CONTENTS

1. Early detection and regular eye checks
2. The eye
3. Common eye conditions
4. The basic eye check in the 715 Health Check
5. Referral to an eye specialist
6. Preventing vision loss and blindness
7. Further information and resources



**BACKGROUND**

**THE EYE**

**EYE  
CONDITIONS**

**715 HEALTH  
CHECK**

**REFERRAL**

**PREVENTION**

**FURTHER  
INFORMATION**

# INTRODUCTION

Regular eye checks keep our eyes healthy. Most vision loss and blindness in Aboriginal and Torres Strait Islander peoples is preventable or treatable, if detected early.

Primary care providers, such as Aboriginal Health Workers and Practitioners, nurses, and doctors, play an important role in helping identify eye conditions and supporting regular eye checks to reduce vision loss and blindness.

The *Aboriginal and Torres Strait Islander Health Assessment* under the Medicare Benefits Scheme (MBS) 715 (715 Health Check) includes a basic eye check, which is an important opportunity to check eyes, find problems early, and improve eye health outcomes.

## USING THE FLIPCHART

This flipchart aims to provide key information to raise awareness about the importance of regular eye checks, particularly through the 715 Health Check. It is picture-based, with accompanying text on one side to ensure information is easy to understand, and supports health literacy.



This flipchart is part of the 'Eyecare Now, Eyecare Always' health promotion resources.

For more information on other eye health promotion resources, please visit Minum Barreng: Indigenous Eye Health Unit [www.iehu.unimelb.edu.au](http://www.iehu.unimelb.edu.au)



# SUPPORTING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WITH REGULAR EYE CHECKS



## 1. EARLY DETECTION AND REGULAR EYE CHECKS

In primary care (Aboriginal Medical Service or local health clinic), a basic eye check is performed as part of the routine annual 715 Health Check. This quick and simple eye check helps detect early signs and symptoms of eye conditions including refractive error, cataract, diabetic retinopathy and trachoma/trichiasis in Aboriginal and Torres Strait Islander peoples.

## 2. EDUCATION AND SUPPORT

Providing education on eye health and the risk factors for common eye conditions is important in preventing vision loss and blindness. Supporting individuals with this knowledge empowers them to take proactive steps towards maintaining and improving their eye health.

## 3. REFERRAL PATHWAYS

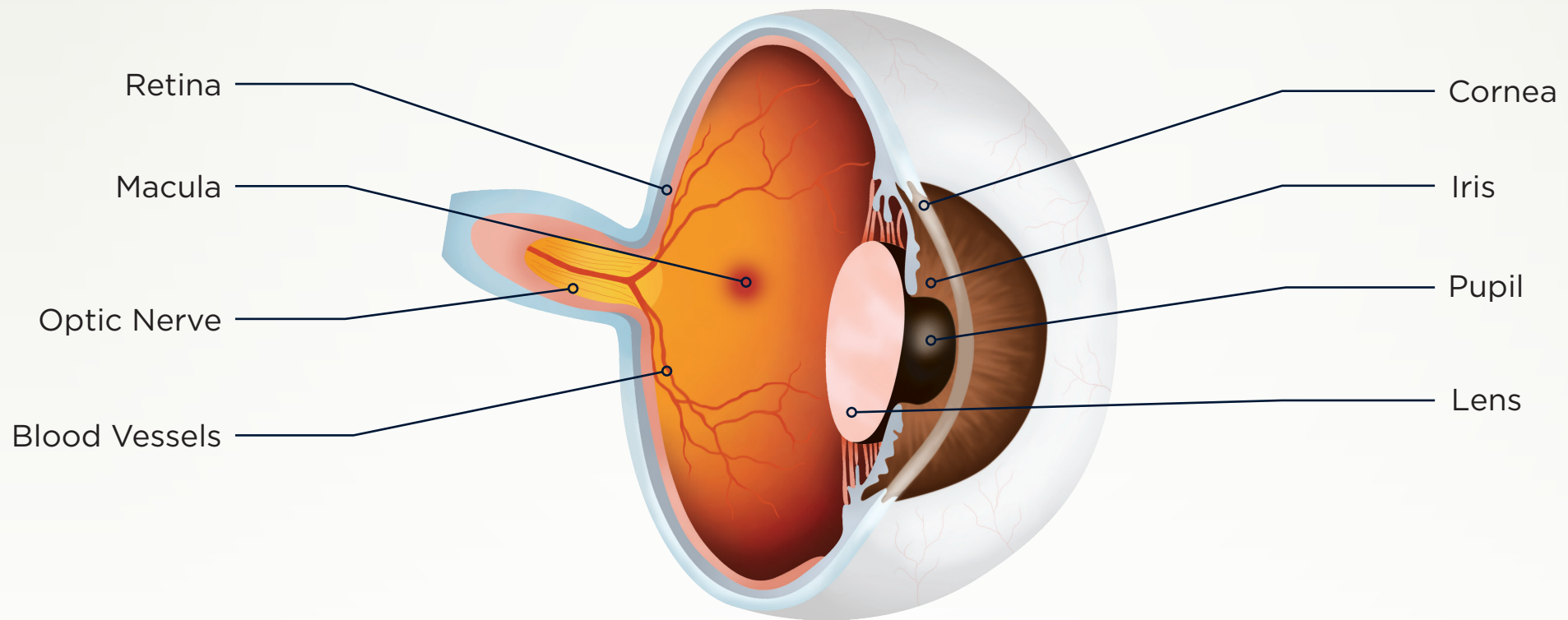
Clear information about eye care pathways will help Aboriginal and Torres Strait Islander peoples access the appropriate next steps - for further assessment with an eye specialist (optometrist or ophthalmologist). Most optometry and some ophthalmology services are supported by Medicare.

## 4. TIMELY TREATMENT

When an eye condition is detected, access to timely treatment and follow-up care, as recommended by an eye specialist, is key to preventing further vision loss. Support may be available at the clinic.

# THE EYE

## MAIN COMPONENTS OF THE EYE



THE EYE

# THE EYE

## MAIN COMPONENTS OF THE EYE

### CORNEA

The clear outer part at the front of the eye. It helps to focus light through the pupil to the retina. Trachoma can affect the cornea.

### IRIS

The coloured part of the eye. It regulates the amount of light entering the eye.

### PUPIL

The opening at the centre of the iris. The iris adjusts the size of the pupil and controls the amount of light that can enter the eye.

### LENS

A clear part of the eye behind the iris that helps to focus light, or an image, on the retina. Cataract can affect the lens.

### VITREOUS

A transparent, colourless gel that fills the eyeball between the lens and the retina.

### RETINA

A red/orange layer of light-sensitive tissue at the back of the eye. It sends vision signals to the brain. Diabetes can affect the retina.

### MACULA

The central area of the retina. This part of the retina is responsible for fine, detailed vision.

### BLOOD VESSELS

Arteries and veins (blood vessels) visible on the retina. They provide blood to maintain the health and function of the retina.

### OPTIC NERVE

Appears as a round nerve in the retina. It carries messages from the retina to the brain and is responsible for the blind spot.

# REFRACTIVE ERROR

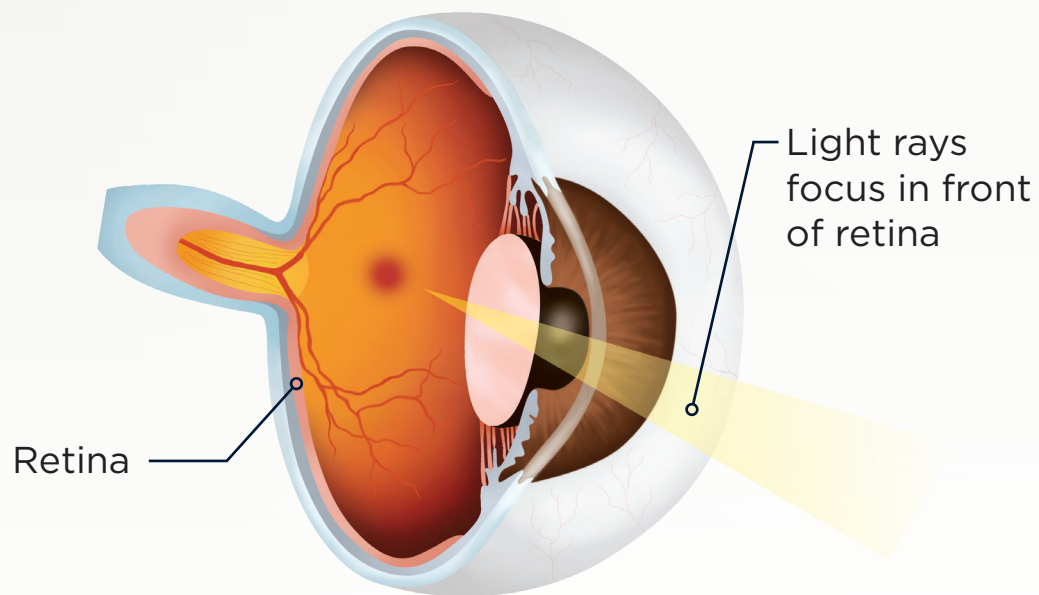
Refractive error (the need for glasses) occurs when the shape of the eye prevents light from focusing properly on the retina, leading to blurry vision.

Common types of refractive error include:

## Short-sightedness (Myopia)

This is when you see:

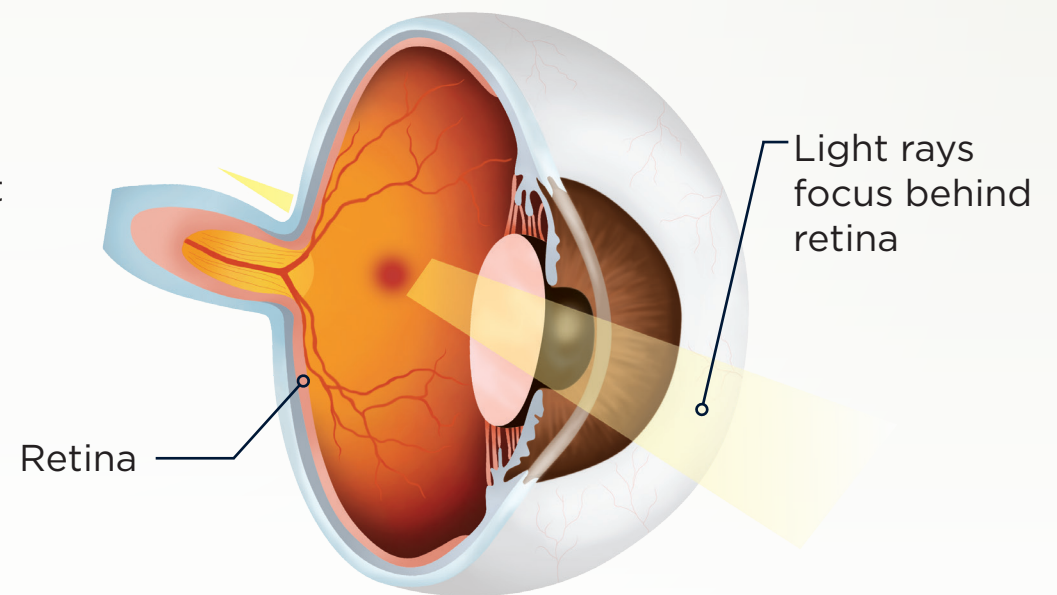
- clear up close
- blurry in the distance



## Long-sightedness (Hyperopia)

This is when you see:

- clear in the distance
- blurry up close (this may also happen as you get older)



**EYE  
CONDITIONS**

# REFRACTIVE ERROR

Refractive error (the need for glasses) occurs when the shape of the eye prevents light from focusing properly on the retina, leading to blurry vision.

Common types of refractive error include:

## SHORT-SIGHTEDNESS (MYOPIA)

This is when you see:

- clear up close
- blurry in the distance

## LONG-SIGHTEDNESS (HYPEROPIA)

This is when you see:

- clear in the distance
- blurry up close (this may also happen as you get older)

Symptoms can include blurry vision at certain distances, eye strain, and headaches

**Regular eye checks help ensure that your vision can be corrected to improve how well you see and your quality of life**

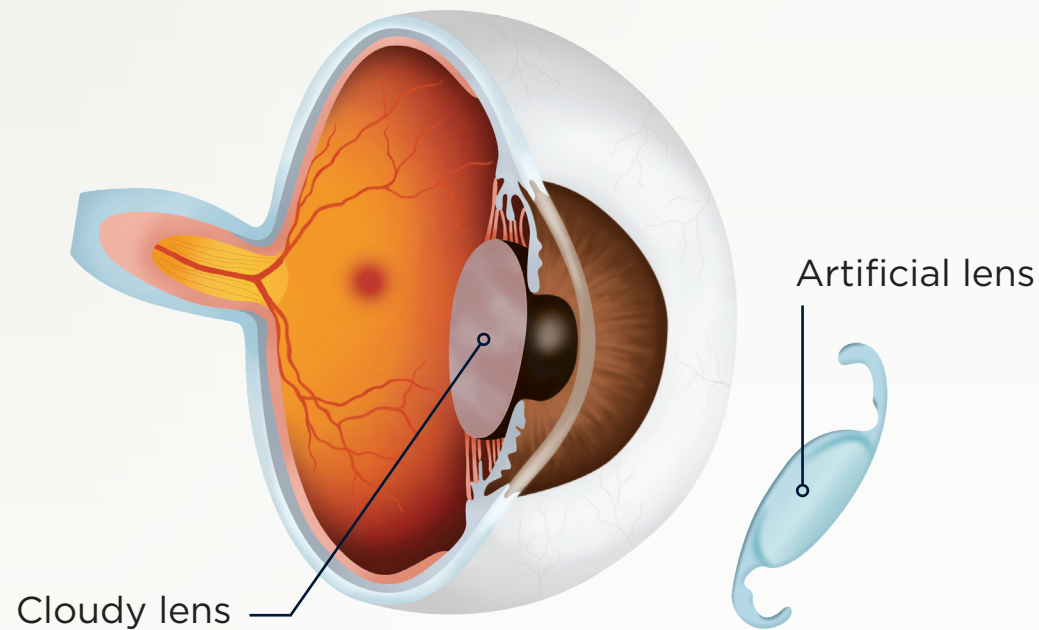
EYE  
CONDITIONS



# CATARACT

Cataract is a clouding of the lens inside the eye.

Cataract can affect one or both eyes and can lead to blindness.



**Cloudy lens is removed and replaced with an artificial lens during cataract surgery**



**Blurry or cloudy vision from cataract**

# CATARACT

Cataract is a clouding of the lens in the eye, leading to blurry or cloudy vision.

Symptoms also include difficulty seeing at night, sensitivity to light, and seeing colours as faded or yellow.

Cataract is often caused by ageing, the older you are the more likely you are to develop cataract. It can also result from injury, having spent a lot of time in the sun or certain medical conditions like diabetes.

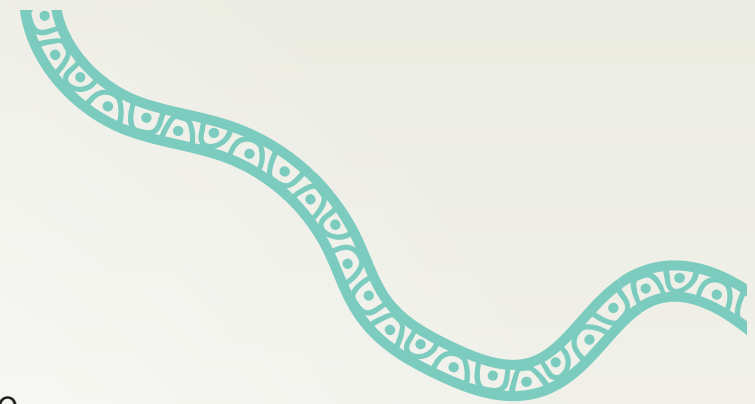
Cataract is detected through a full eye examination by an eye specialist.

Treatment typically involves surgery to remove the cloudy lens and replace it with an artificial lens.

**Regular eye checks can detect the early signs and symptoms of cataract**

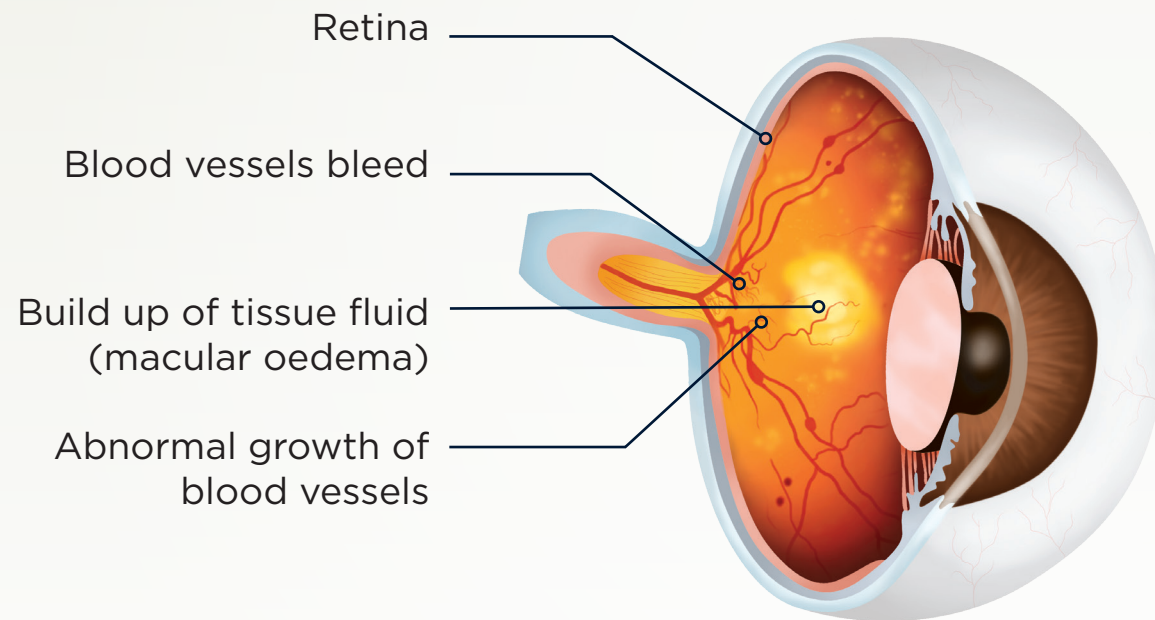
**EYE  
CONDITIONS**





# DIABETIC RETINOPATHY

Diabetes can damage the blood vessels in the retina at the back of your eye causing an eye condition called diabetic retinopathy.



**Vision with 'spots' from bleeding in the retina**

# DIABETIC RETINOPATHY

Diabetes can damage the blood vessels in the retina at the back of your eye causing an eye condition called diabetic retinopathy.

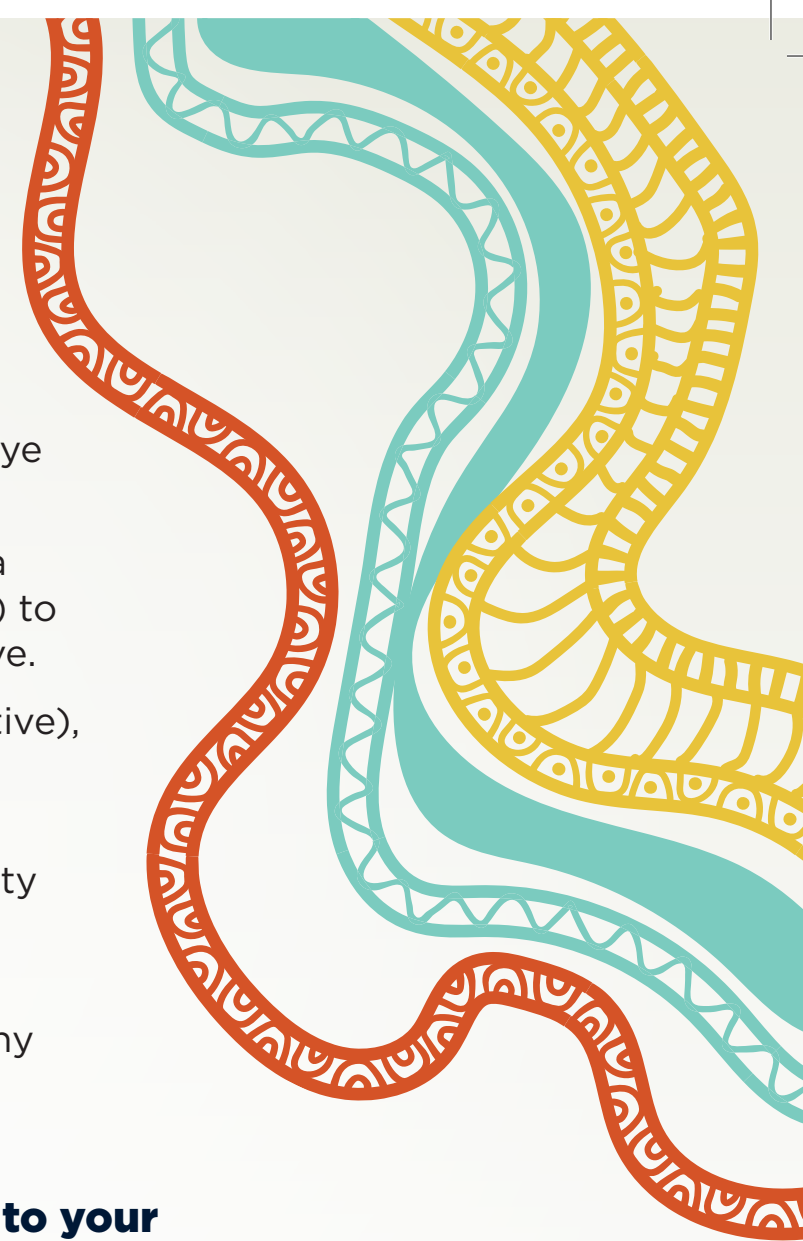
These blood vessels can swell, or leak blood and other fluid into the retina causing bleeding (haemorrhage) or fuzzy white spots (cotton wool spots) to develop. This 'early stage' of diabetic retinopathy is called non-proliferative.

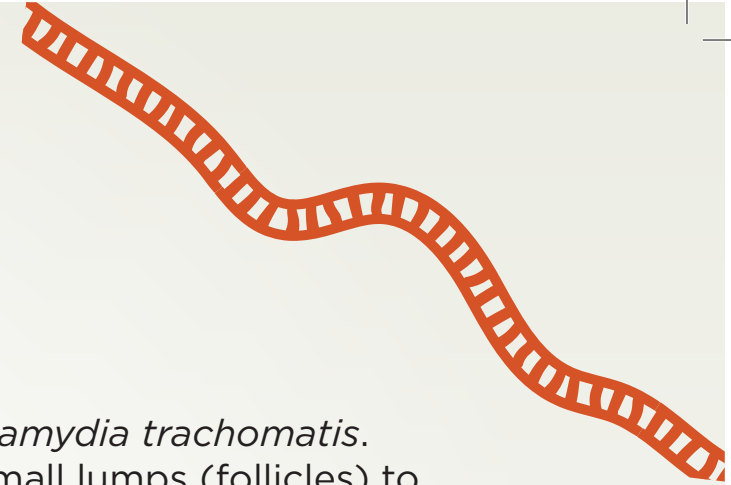
If diabetic retinopathy progresses to a 'sight-threatening stage' (proliferative), new abnormal blood vessels develop and more blood can leak into your retina, leading to severe vision loss.

Symptoms often develop gradually and can include blurred vision, difficulty seeing at night, and spots or floaters in your vision.

Treatments include laser, injections or surgery to prevent further damage. Regular eye checks are necessary and if left untreated, diabetic retinopathy can lead to blindness.

**A YEARLY eye check will detect the early signs of any damage to your retina from diabetes and help you before your vision is affected**

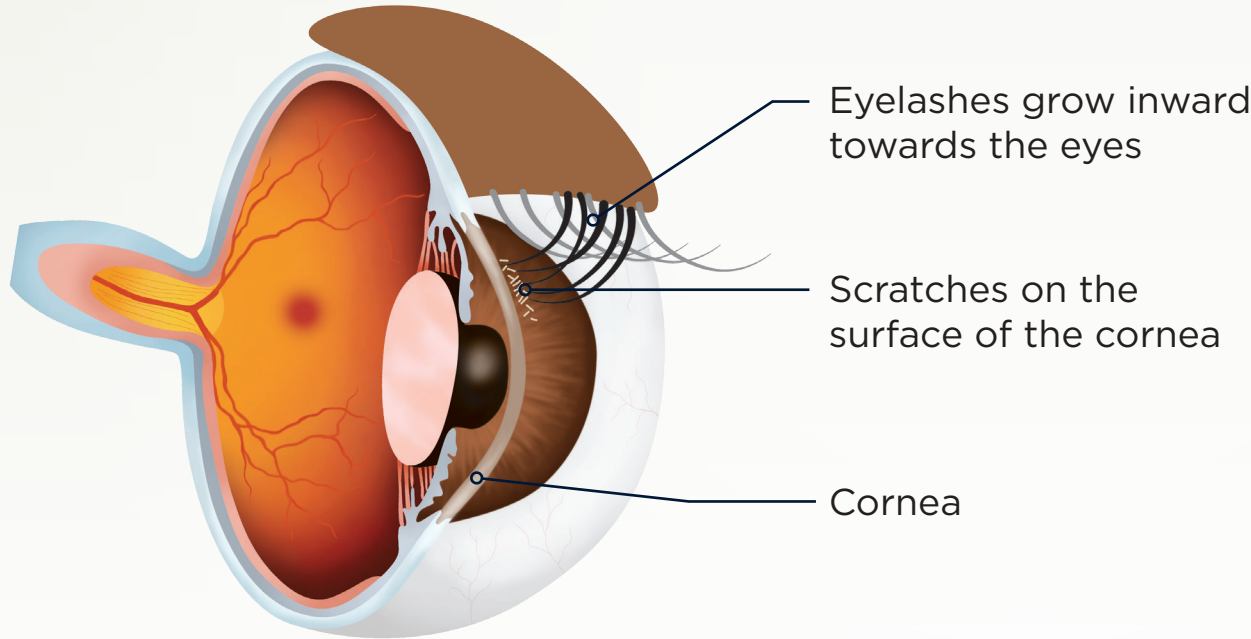




# TRICHIASIS (FROM TRACHOMA)

Trachoma is a preventable infectious eye disease caused by the bacterium *Chlamydia trachomatis*. Repeated trachoma infections, most commonly found in children, can cause small lumps (follicles) to develop inside the upper eyelid. This can lead to scarring of the eyelids and may cause trichiasis and even blindness.

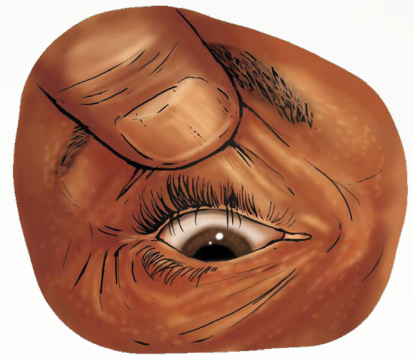
Trichiasis occurs when the eyelashes grow inward and rub against the surface of the eye (cornea).



**Trachoma (follicles)**



**Trichiasis (eyelashes growing inward)**



# TRICHIASIS (FROM TRACHOMA)

Trachoma remains a health concern in some remote communities of Australia.

Trachoma is a preventable infectious eye disease caused by the bacterium *Chlamydia trachomatis*. Repeated trachoma infections, most commonly found in children, can cause small lumps (follicles) to develop inside the upper eye lid. This can lead to scarring of the eyelids and may cause trichiasis.

Trichiasis occurs when the eyelashes grow inward, rubbing against the cornea. This can cause severe irritation, pain, and potential blindness.

Clean faces and antibiotics help stop repeated trachoma infections in children. Regular eye checks, and surgery for in-turned eyelashes in adults, can help prevent vision loss.

**Good hygiene is important. Follow Milpa's Six Steps to Stop Germs for strong eyes and healthy bodies**

CLEAN FACES, STRONG EYES!



**EYE  
CONDITIONS**



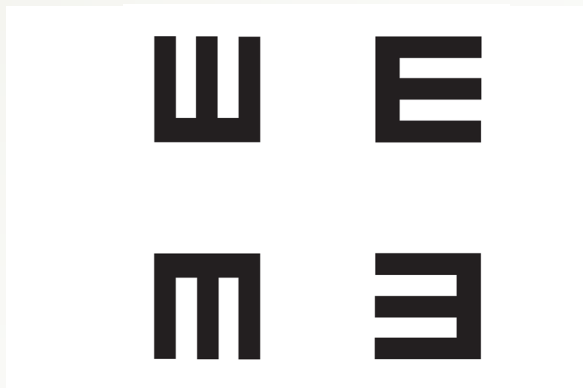
# YOUR EYES AND 715 HEALTH CHECK

A basic eye check is a mandatory component of the 715 Health Check that helps to detect signs and symptoms of common eye conditions such as refractive error, cataract, diabetic retinopathy and trachoma/trichiasis.

The basic eye check of the 715 Health Check includes asking about any problems or difficulties with your vision and eyes. This is followed by:

## VISION TEST/VISUAL ACUITY

(Using an eye chart)

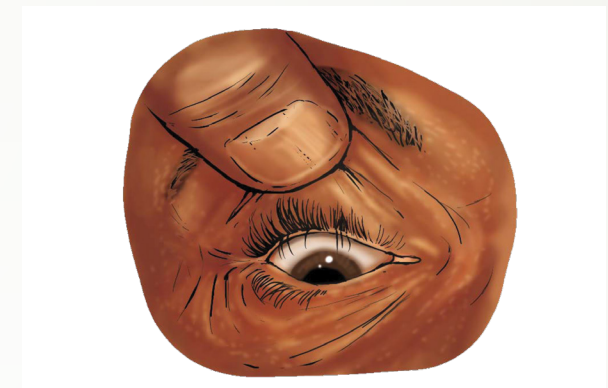


## EYE EXAMINATION

(A look at the front and back of the eye)



**For people with diabetes  
check retina at back of eye**



**Look for signs of trachoma/  
trichiasis**

**Early detection of eye conditions can prevent vision loss and blindness. Ensure your eyes are checked as part of the annual 715 Health Check**

**715 HEALTH  
CHECK**

# YOUR EYES AND 715 HEALTH CHECK



The 715 Health Check is a comprehensive health assessment for Aboriginal and Torres Strait Islander peoples. It helps detect health issues early, including eye conditions, and provides opportunities for timely treatment and prevention.

## Basic eye check of the 715 Health Check

A basic eye check is a mandatory component of the 715 Health Check that helps to detect signs and symptoms of common eye conditions such as refractive error, cataract, diabetic retinopathy and trachoma/trichiasis.

The basic eye check of the 715 Health Check includes asking about any problems or difficulties with the eyes, including vision issues, discomfort, or any changes in vision. This is followed by:

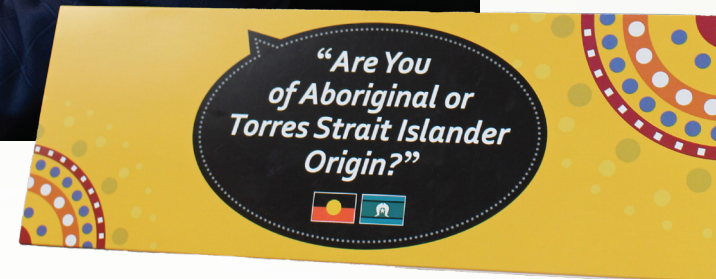
- **Vision Test/Visual Acuity:** Measures how well you can see at different distances (near and distance vision) using an eye chart
- **Eye Examination:** This includes a basic look at the front and back of the eye, including the cornea, lens, retina and other eye components:

*For people with diabetes:* It is important to check the retina at the back of the eye every 12 months using retinal photography (Medicare Item 12325) to capture photographs of the retina, or through a comprehensive eye examination using an ophthalmoscope or slit-lamp (usually performed by an eye specialist)

*Trachoma/Trichiasis:* Look for signs of infection or inward-growing eyelashes that rub against the eye, which can cause discomfort and potential eye damage

# REFERRAL TO AN EYE SPECIALIST

If any changes in vision, signs, or symptoms are detected during the 715 Health Check, a referral should be made to an eye specialist for further assessment and treatment.



**REFERRAL**

# REFERRAL TO AN EYE SPECIALIST



If any changes in vision, signs, or symptoms are detected during the 715 Health Check, a referral should be made to an eye specialist for further assessment and treatment.

Some signs and symptoms that may require a referral include:

- Vision or eye problems including a change in vision
- Reduced vision at near or distance
- Retinal photography with signs of diabetic retinopathy
- Retinal examination is needed for people with diabetes (if retinal photography is not available)
- Eyelashes growing inward and rubbing against the cornea (trichiasis)

## Eye specialists:

- **Optometrist:** Health professional who assesses eye health and vision problems including the prescription and provision of eye glasses
- **Ophthalmologist:** Specialist eye doctor who manages and treats eye conditions including eye surgery

**Including Indigenous status** in the referral is important to ensure Aboriginal and Torres Strait Islander peoples receive culturally appropriate care and services.

After a referral, follow-up care is important to monitor progress and ensure that the necessary treatment is being provided. The primary care provider should continue to be involved, particularly in managing eye conditions like diabetic retinopathy.

**REFERRAL**

# PREVENTING VISION LOSS AND BLINDNESS

There are steps you can take to protect eye health and prevent vision loss and blindness.



**Get a regular eye check**



**Manage your diabetes**



**Eat healthy and exercise**



**Protect your eyes**



**Stop smoking**



**Reduce your alcohol consumption**



**Wash your face regularly**



**Limit screen time**

**PREVENTION**

# PREVENTING VISION LOSS AND BLINDNESS



There are steps you can take to protect eye health and prevent vision loss and blindness.

- **Early detection** of eye conditions such as refractive error, cataract, diabetic retinopathy, and trachoma/trichiasis can prevent vision loss. Ensure your eyes are checked as part of your annual 715 Health Check. People with diabetes should have a YEARLY eye check to detect any changes in the retina
- **Manage chronic conditions** such as diabetes, high blood pressure, and cholesterol to reduce the risk of eye problems, particularly diabetic retinopathy
- **Eat a healthy diet and exercise regularly** to support eye health
- **Protect eyes** from the sun by wearing sunglasses, a hat, and using safety goggles during high-risk activities to prevent eye damage
- **Stop smoking** if you are a smoker, as smoking increases the risk of eye conditions like cataract
- **Reduce alcohol consumption** to reduce risk of developing eye conditions
- **Wash your face regularly**, especially in areas where trachoma is common, to reduce the risk of eye infections (in children)
- **Limit screen time**, and take frequent breaks to protect your eyes and vision
- **Follow treatment** recommended by eye specialists to manage eye conditions and prevent vision loss and blindness

PREVENTION

# USEFUL RESOURCES AND TOOLS





CHECK TODAY, SEE TOMORROW

## MBS Item 12325 Non-mydriatic Retinal Photography for Detection of Diabetic Retinopathy

Key steps for GPs and others providing diabetic retinopathy screening for people with diabetes

### STEP 1: History

- Ask about problems or difficulties with vision or eyes:
  - Consider blurred vision (at near or distance)? floaters? visual distortion?
- Ask about problems with glasses or contact lenses
- Ask “Can you see clearly and comfortably?”  
When looking at things up close (e.g. when held in your hands)?  
When looking at things far away?
- Ask/check whether the person has diabetes

### STEP 2: Vision Test/Visual Acuity

(See reverse side)

- Test near vision:  
Test both eyes together, with glasses if normally worn, using near test
- Test distance vision:  
Test one eye at a time, with glasses if normally worn, using distance chart

### STEP 3: Capture retinal photos and grade for signs of diabetic retinopathy

(See Diabetic Retinopathy Screening Card)

- **Normal or Minimal Non Proliferative**  
No referral required. Arrange routine retinal review
- **Abnormal or Moderate Non Proliferative/Diabetic Macular Oedema\***  
Non-urgent referral (to be seen within 90 days)
- **Sight-threatening or Severe Non Proliferative/Proliferative/Diabetic Macular Oedema#**  
Urgent referral (to be seen within 30 days)

### STEP 4: Refer

- Refer to an optometrist or ophthalmologist if:
  - Vision is worse than 6/12 at distance
  - Visual acuity difference greater than 2 lines between the eyes
  - Patients with a previous medical diagnosis of diabetic retinopathy not under the care of an optometrist or ophthalmologist
  - Patient shows signs of diabetic retinopathy
  - Poor image quality

\*Mild Macular Oedema distant from the macula but within posterior pole

#Moderate/Severe Macular Oedema at or near the macula

## MBS Item 715

### Aboriginal and Torres Strait Islander Health Assessment

Key steps for GPs and others providing eye and vision screening in health assessments

### STEP 1: History

- Ask about problems or difficulties with vision or eyes:
  - Consider ‘sore or watery eye’ as a possible symptom of trichiasis
- Ask about problems with glasses or contact lenses
- Ask “Can you see clearly and comfortably?”  
When looking at things up close (e.g. when held in your hands)?  
When looking at things far away?
- Ask/check whether the person has diabetes

### STEP 2: Vision Test/Visual Acuity

(See reverse side)

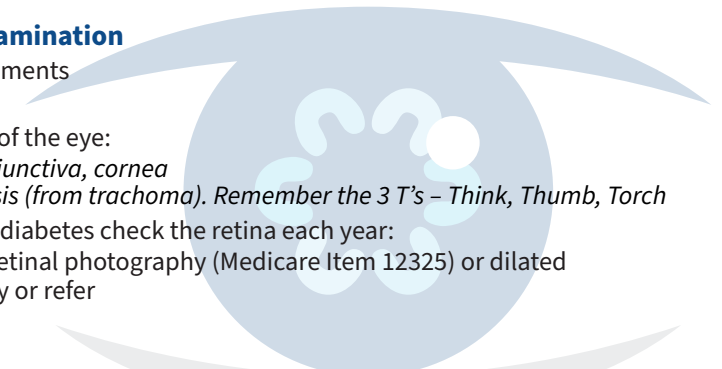
- Test near vision:  
Test both eyes together, with glasses if normally worn, using near test
- Test distance vision:  
Test one eye at a time, with glasses if normally worn, using distance chart

### STEP 3: Eye Examination

- Check eye movements
- Check pupils
- Check the front of the eye:  
*Lids, lashes, conjunctiva, cornea*  
Consider trichiasis (from trachoma). Remember the 3 T's – Think, Thumb, Torch
- For people with diabetes check the retina each year:  
Non-mydriatic retinal photography (Medicare Item 12325) or dilated ophthalmoscopy or refer

### STEP 4: Refer

- Refer to an optometrist or ophthalmologist if:
  - Vision or eye problems including a change in vision
  - Reduced vision at near (worse than N8) or distance (worse than 6/12)
  - Retinal photography shows signs of diabetic retinopathy
  - Retinal examination is needed for person with diabetes



The Online Self-Directed Diabetic Retinopathy Grading Course and Diabetic Retinopathy Screening Card are available on our website: [www.iehu.unimelb.edu.au](http://www.iehu.unimelb.edu.au)

**FURTHER  
INFORMATION**

# Check Near Vision

Reading glasses on (if usually worn)

Test conducted at patients preferred near reading distance  
with both eyes open

## STEP 1:

Ask patient to hold the chart at their preferred reading distance  
Start with middle row (N20)

## STEP 2:

Ask the patient to indicate direction legs of E are pointing (up, down, left or right)

## STEP 3:

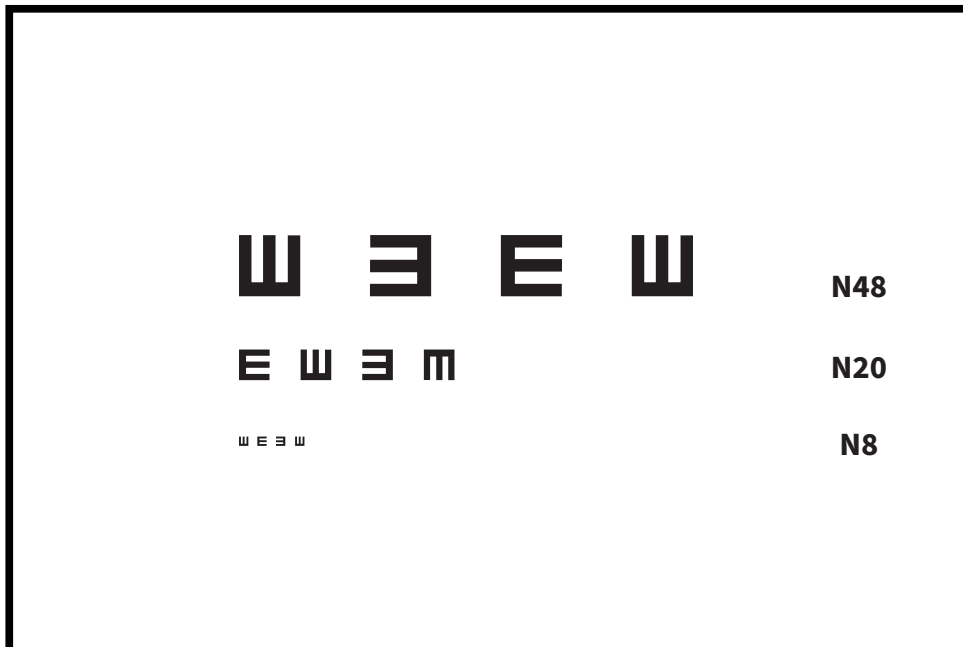
If patient correctly identifies three out of the four E's, test with smallest row (N8)  
If not, test with largest row (N48)

## STEP 4:

Record N point score of smallest sized E's correctly identified

## STEP 5:

Refer for assessment if patient cannot read N8



# Check Distance Vision

Distance glasses on (if usually worn)

Test one eye at a time from a distance of 3 metres  
in adequate lighting

## STEP 1:

Cover non-testing eye with occluder or get patient to cover eye with hand  
(ensure patient cannot see between fingers)

## STEP 2:

Ask the patient to indicate direction legs of E are pointing (up, down, left or right)

## STEP 3:

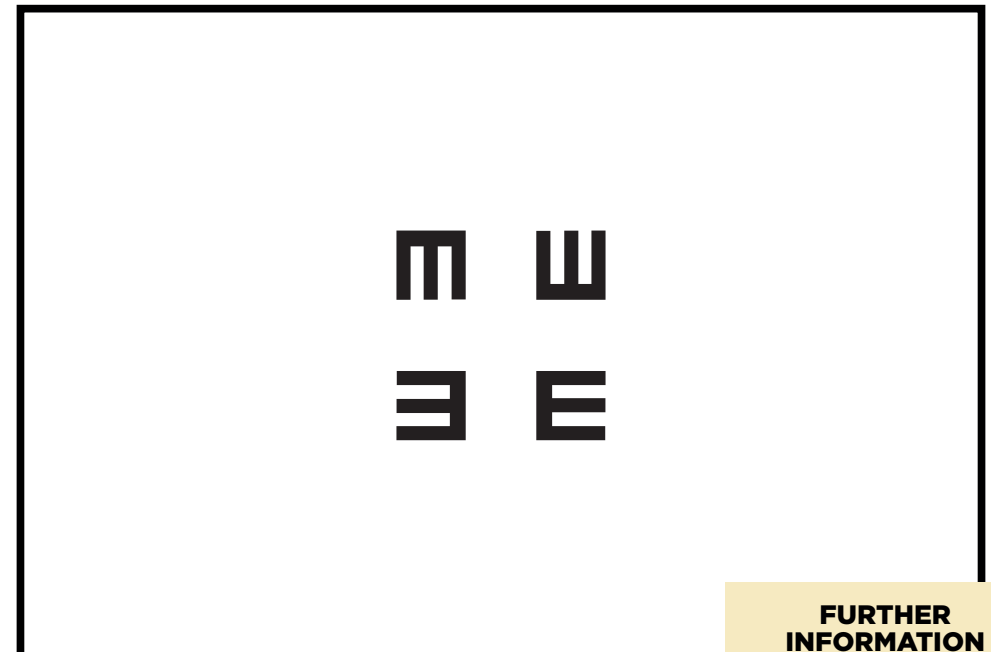
If the patient correctly identifies three out of four E's record distance vision as 6/12 or better. If not, record distance vision as worse than 6/12

## STEP 4:

Repeat above process for other eye

## STEP 5:

Refer for assessment if patient cannot read 6/12



**FURTHER  
INFORMATION**

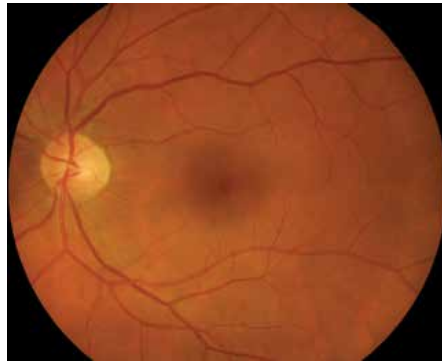
# Diabetic Retinopathy Screening Card

Check for **Red** and **White Signs**\*. Look at where they are located and how much of the retina is affected – does the retina look normal, abnormal or sight-threatening? \*See other side

## Normal

**Vision**  
Presenting vision 6/12 or better in each eye

**Retina**  
No signs of Diabetic Retinopathy



**Routine eye examination**  
(Indigenous within 12 months,  
Non-Indigenous within 2 years)

## Abnormal

**Vision**  
Presenting vision worse than 6/12 in either eye or

**Retina**  
Unable to View Retina or  
Diabetic Retinopathy showing any:

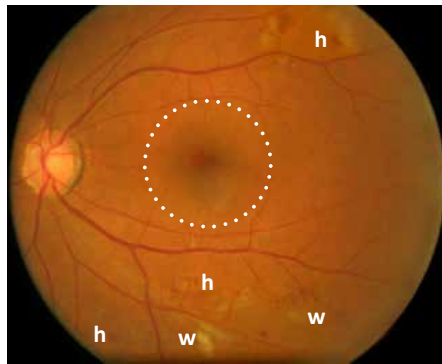
**Red Signs**

- Haemorrhages (**h**) in less than 4 quadrants
- Venous beading (**v**) in 1 quadrant\*

**White Signs**

- Cotton wool spots (**w**)
- Hard exudates (**e**) more than 1 optic disc diameter from macula (as outlined with dots)

**Refer to optometrist or ophthalmologist**  
(to be seen within 90 days)



## Sight-threatening

**Retina**  
Severe Diabetic Retinopathy or  
Macular Oedema showing any:

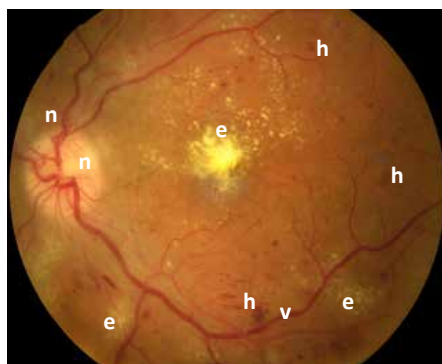
**Red Signs**

- New blood vessels (**n**) on optic disc or elsewhere
- Venous beading (**v**) in 2 or more quadrants
- Haemorrhages (**h**) in all 4 quadrants
- Intra retinal microvascular abnormalities\*
- Vitreous haemorrhage\*

**White Signs**

- Hard exudates (**e**) within 1 optic disc diameter of macula

**Refer urgently to the ophthalmologist**  
(to be seen within 30 days)

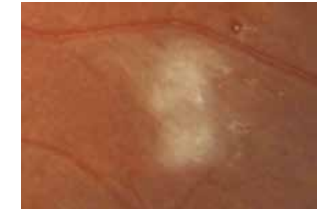


# Diabetic Retinopathy Signs

## Retinopathy Signs - to be seen within 90 days



**Intraretinal haemorrhages (h)**  
Haemorrhages are seen as red lesions in the retina and can vary in shape. They can be small red dots, larger blot lesions with round, blurred or irregular edges, or flame shaped. Haemorrhages in all 4 quadrants require urgent referral.



**Cotton wool spots (w)**  
Cotton wool spots appear as grayish/whitish spots with soft, fuzzy edges, giving them a resemblance to a ball of cotton wool. They do not usually appear in clusters like hard exudate.

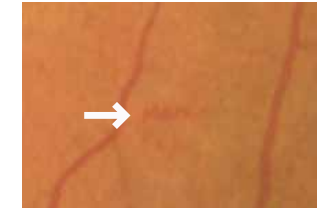


**Venous beading (v)**  
Venous beading has an appearance ranging from slight irregularity of the venule caliber, to a sausage-like dilatation. Venous beading in 2 or more quadrants requires an urgent referral.

## Sight-threatening Retinopathy Signs - to be seen within 30 days



**Hard exudates (e)**  
Hard exudates are pale yellow, waxy looking lesions in the retina. Where there is evidence of hard exudate within 1 optic disc diameter (1500 microns) of the macula, an urgent referral is required.



**Intraretinal microvascular abnormalities (irma)**  
Intraretinal microvascular abnormalities often appear as small red squiggles in areas between major vessels and stand apart from the more regular array and branching of retinal vessels due to their delicate and jagged appearance.



**Vitreous haemorrhage**  
Small vitreous haemorrhages may appear as dark "floaters" in the vitreous. Large haemorrhages may obscure the retina entirely. These lie under the surface membrane of the retina and may be boat shaped due to the effect of gravity.



**New blood vessels (n)**  
New vessels can be seen on or around the optic disc, or elsewhere in the retina. The appearance of new vessels can vary, but new vessels always form loops and nets whereas normal retinal vessels never form loops.



**Free online Retinopathy Grading Course: [drgrading.iehu.unimelb.edu.au](http://drgrading.iehu.unimelb.edu.au)**

**FURTHER INFORMATION**

CLEAN FACES, STRONG EYES!

# TRACHOMA

## CHECKING FOR TRICHIASIS



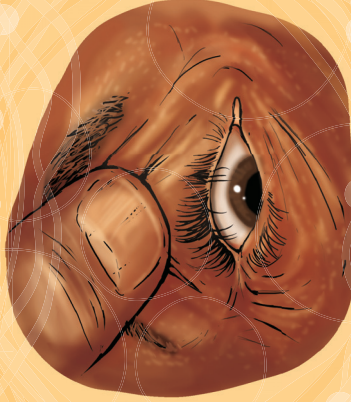
### THREE T'S FOR TRICHIASIS

**T**HINK



Check for trichiasis at every old person's check

**T**HUMB



Use your thumb to lift the eyelid off the eyeball

**T**ORCH



Shine the torch to check for inturned eyelashes

### REMEMBER!

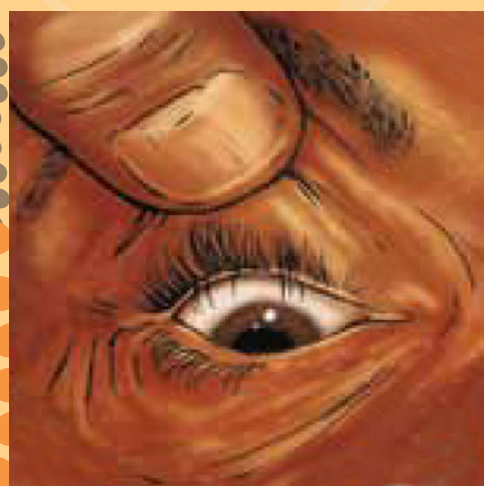
- Trichiasis must be checked in every health check
- Look for trichiasis if patient has sore or watery eyes
- People with trichiasis must be referred for eyelid surgery

FURTHER INFORMATION

CLEAN FACES, STRONG EYES!



# THE SAFE STRATEGY TO ELIMINATE TRACHOMA



## S

### SURGERY

to correct Trichiasis  
(in-turned lashes)



## A

### ANTIBIOTICS

to reduce  
infection



## F

### FACIAL CLEANLINESS

to stop  
transmission



## E

### ENVIRONMENTAL IMPROVEMENT

to give  
safe bathrooms

**FURTHER  
INFORMATION**



# MILPA'S SIX STEPS TO STOP GERMS

KIDS NEED YOUR HELP TO STOP GERMS



**1:** BLOW NOSE UNTIL EMPTY



**3:** WASH FACE TO CLEAN SNOT AND YUCKY EYES



**2:** WASH HANDS WITH SOAP AND WATER



**4:** BRUSH TEETH WITH TOOTHPASTE, MORNING AND NIGHT



**5:** HAVE A SHOWER WITH SOAP EVERY DAY



**6:** DON'T SHARE TOWELS



AND REMEMBER TO ALWAYS COUGH AND SNEEZE INTO YOUR ELBOW

FURTHER INFORMATION



## MORE INFORMATION

For more information about 'Eyecare Now, Eyecare Always' health promotion resources or additional eye health promotion resources please visit [www.iehu.unimelb.edu.au](http://www.iehu.unimelb.edu.au) or contact:

### **Minum Barreng: Indigenous Eye Health Unit**

Level 5, 207 Bouverie Street  
The University of Melbourne  
Parkville 3010

Email: [Indigenous-eyehealth@unimelb.edu.au](mailto:Indigenous-eyehealth@unimelb.edu.au)



Australian Government  
Department of Health, Disability and Ageing

