# Workplace Assessment Task 2.2 – Observation Form

*(This form is for the assessor’s use only)*

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Workplace Assessment Task 2.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 2.2.

## **Task Overview**

For this task, the candidate is required to dispose of infectious waste following waste management procedures while being observed by their assessor.

In this task, the candidate will be assessed on their:

* Practical knowledge of national standards and guidelines relevant to infection control
* Practical knowledge of waste management procedures
* Practical skills relevant to disposing of infectious waste

## **Instructions to the Assessor**

### Before the assessment

* Organise workplace resources required for this assessment.
* Contextualise the criteria in this observation form so that they align with organisational policies and procedures for waste disposal.
* Advise the candidate on the time and location of the assessment.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate during this task and the criteria for satisfactorily demonstrating each skill.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Observe the candidate as they complete the Workplace Assessment Task.
* For each practical skill listed in this observation form:
  + Tick YES if you confirm you have observed the candidate demonstrate/perform the practical skill.
  + Tick NO if you have not observed the candidate demonstrate/perform the practical skill.
* If you ticked YES, provide the date when you observed the candidate demonstrate the skill.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will help address any area/s for improvement.

### After the assessment

* Complete all parts of the *Observation Form*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

## **Candidate Details**

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |

## **Assessor Details**

|  |  |
| --- | --- |
| Candidate is observed and assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |

|  |  |
| --- | --- |
| Resources required for the assessment | A workplace/organisation or similar environment  Opportunities for managing bodily fluid spills  Hand hygiene facilities and equipment  Resources needed for disposing infectious waste, including but not limited to:  Biohazard bags  Colour-coded waste containers  Supplies for cleaning |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  Commonwealth state or territory legislation  Industry frameworks  Workplace systems, policies, and procedures  Equipment, tools, and facilities available in the candidate’s workplace/training organisation  National standards and guidelines  Procedures for waste management  Procedures for management of spills and exposure to blood  Summary:  Assessor to provide a summary of the contextualisation done here |

## **Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the workplace task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this workplace task, as well as any document(s) they will complete as part of this task. | YES  NO |
| 1. They have discussed with the candidate instructions on how they are to undertake the workplace task. | YES  NO |
| 1. They have provided the candidate guidance on how to satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the practical skills (listed below) they are required to demonstrate while completing this task. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Observation Form

**Instructions to the Assessor:** Before the assessment, the criteria listed below must be contextualised further to reflect the waste management requirements for disposing of infectious waste implemented in the candidate’s state/territory. The current criteria are based on waste management requirements in New South Wales.

Adapt or add more criteria below to ensure it reflects the waste management requirements for disposing of infectious waste implemented in the candidate’s state/territory.

|  |  |
| --- | --- |
| State/territory | New South Wales |
| Waste management requirements applicable to the state/territory | *Protection of the Environment Operations (Waste) Regulation 2014* |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate wears the required PPE when disposing of contaminated items.   PPE required: |  |  |  |
| 1. Gown or apron | 🞏 YES 🞏 NO |  |  |
| 1. Mask | 🞏 YES 🞏 NO |  |  |
| 1. Protective eyewear or face shield | 🞏 YES 🞏 NO |  |  |
| 1. Gloves | 🞏 YES 🞏 NO |  |  |
| 1. The candidate wears the required PPE properly.   For a satisfactory performance, the candidate’s use of the PPE must follow current National standards and guidelines for correct use of PPE, e.g. apron was worn first before the mask. |  |  |  |
| 1. Gown or apron | 🞏 YES 🞏 NO |  |  |
| 1. Mask | 🞏 YES 🞏 NO |  |  |
| 1. Protective eyewear or face shield | 🞏 YES 🞏 NO |  |  |
| 1. Gloves | 🞏 YES 🞏 NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate places the following materials contaminated with bodily fluid in biohazard bags: |  |  |  |
| 1. Soiled rags | YES  NO |  |  |
| 1. Used gloves | YES  NO |  |  |
| 1. The candidate follows the correct waste management procedures when disposing items contaminated with bodily fluid.   The assessor must contextualise the criteria below to reflect the waste management requirements applied in the candidate’s state/territory.  This includes: |  |  |  |
| 1. Placing any sharps waste in rigid-walled container that satisfies the applicable requirements of AS/NZS 3816:1998 | YES  NO |  |  |
| 1. Storing sharps waste separately from other wastes | YES  NO |  |  |
| 1. Storing wastes in properly labeled containers or bags compliant with AS/NZS 3816:1998   *Add more rows as necessary.* | YES  NO |  |  |
| 1. The candidate disposes all materials contaminated with bodily fluid.   This includes: |  |  |  |
| 1. Soiled rags | YES  NO |  |  |
| 1. Used gloves | YES  NO |  |  |
| 1. Sharps   *Add more rows as necessary.* | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | | **Date observed** | | **Assessor’s comments** | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The candidate removes the PPE in the correct order.   For a satisfactory performance, the candidate must remove each PPE one at a time according to how they are listed below: | YES  NO | |  | |  | |
| * + 1. Gloves | 🞏 YES 🞏 NO | |  | |  | |
| * + 1. Face shield or protective eyewear | 🞏 YES 🞏 NO | |  | |  | |
| * + 1. Gown or apron | 🞏 YES 🞏 NO | |  | |  | |
| * + 1. Mask | 🞏 YES 🞏 NO | |  | |  | |
| 1. The candidate properly disposes of the contaminated PPE. | YES  NO | |  | |  | |
| 1. Not touching the outer part of the gloves | | 🞏 YES 🞏 NO | |  | |  |
| 1. Not touching the front part of the protective eyewear or face shield | | 🞏 YES 🞏 NO | |  | |  |
| 1. Turning the gown or apron inside out | | 🞏 YES 🞏 NO | |  | |  |
| 1. Rolling the gown or apron into a bundle | | 🞏 YES 🞏 NO | |  | |  |
| 1. Only touching the ties of the mask | | 🞏 YES 🞏 NO | |  | |  |
| 1. Immediate throwing the PPE in the appropriate waste container | | 🞏 YES 🞏 NO | |  | |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate performs hand hygiene.   Hand hygiene performed: handwashing | YES  NO |  |  |
| 1. Wetting their hands with clean, running water | 🞏 YES 🞏 NO |  |  |
| 1. Turning off the tap while applying soap on hands |  |  |  |
| 1. Applying soap on both hands | 🞏 YES 🞏 NO |  |  |
| 1. Lathering their hands by rubbing them together with the soap | 🞏 YES 🞏 NO |  |  |
| 1. Lathering the palm of their hands with soap | 🞏 YES 🞏 NO |  |  |
| 1. Lathering the backs of their hands with soap | 🞏 YES 🞏 NO |  |  |
| 1. Lathering the spaces between their fingers with soap | 🞏 YES 🞏 NO |  |  |
| 1. Including the skin under their nails when lathering soap | 🞏 YES 🞏 NO |  |  |
| 1. Scrubbing their hands for at least 20 seconds | 🞏 YES 🞏 NO |  |  |
| 1. Rinsing their hands well under clean, running water | 🞏 YES 🞏 NO |  |  |
| 1. Drying their hands using clean towel | 🞏 YES 🞏 NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate whose name appears above, dispose of infectious waste following waste management procedures.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form

**Version Control & Document History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Summary of Modifications** | **Version** |
| 25 January 2023 | Version 1.0 released for publishing | 1.0 |
| 16 August 2023 | Version 1.1 released for publishing   * Modified some items | 1.1 |