# Workplace Assessment Task 2.3 – Assessor’s Checklist

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

## **Purpose**

This *Assessor’s Checklist* lists the specific criteria that the candidate’s submission for **Workplace Assessment Task 2.3** must satisfactorily meet.

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Workplace Assessment Task 2.3.

## **Task Overview**

For this task, the candidate is required to document the incident and meet with relevant individuals to report it. They must accomplish an incident report form. They must use their organisation’s template for reporting incidents related to breaches in infection control. They may also use the Incident Report template provided along with this workbook.

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

* Practical knowledge of procedures relevant to documenting and reporting breaches in infection control
* Practical skills relevant to reporting breaches in infection control

## **Instructions to the Assessor**

### Before the assessment

* Organise workplace resources required for the candidate to complete this assessment.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s Infection Incident Report.
* For each criterion listed in this checklist:
  + Tick YES if you confirm the candidate’s submission satisfactorily meets the criterion.
  + Tick NO if you confirm the candidate’s submission does not satisfactorily meet the criterion.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will be helpful in addressing any area/s for improvement.

### After the assessment

* Complete all parts of the *Assessor’s Checklist*, 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 assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Workplace/organisation |  | |
| Organisational policies and procedures relevant to documenting breaches in infection control | Policies:    Procedures: | |
| Resources required for the assessment | A workplace/organisation or similar environment  Organisation’s template for reporting breaches in infection control | |
| 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  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 they can satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the criteria (listed below) they are required to meet to complete the task satisfactorily. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Assessor’s Checklist

|  |  |  |
| --- | --- | --- |
| **The candidate’s Infection Incident Report submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Includes the following details about the person completing the record: |  |  |
| * 1. Name | YES  NO |  |
| * 1. Position | YES  NO |  |
| * 1. Date and time record was made | YES  NO |  |
| * 1. Handwritten signature | YES  NO |  |
| 1. Includes any breach of infection control encountered during this task, e.g. incidents that may result in the transmission of infection | YES  NO |  |
| 1. Includes the following details about the incident: |  |  |
| 1. Incident date and time | YES  NO |  |
| 1. Incident location | YES  NO |  |
| 1. Type of incident, e.g. blood spill | YES  NO |  |
| 1. General description of the incident | YES  NO |  |
| 1. Name of witness | YES  NO |  |
| 1. Handwritten signature of witness | YES  NO |  |
| 1. Includes the following details about the action/s taken about the incident: |  |  |
| 1. Details of action taken (clean up, disinfection, etc.) | YES  NO |  |
| 1. Risk management strategies implemented to address the breach in infection control | YES  NO |  |
| 1. Steps taken to prevent or minimise this type of incident in the future | YES  NO |  |
| 1. Includes any additional notes relevant to the incident | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Infection Incident Report submission for this workplace assessment task.  I confirm that the information recorded on this *Assessor’s Checklist* is true and accurately reflects the candidate’s submission for this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment - Assessor’s Checklist