# Workplace Assessment Task 2.3 – 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 2.3.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 2.3.

## **Task Overview**

For this task, the candidate is required to document the incident and meet with relevant individuals to report it.

For this task, the candidate is required to complete the following while being observed by the assessor:

1. 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.

1. Meet with their supervisor, manager or responsible authorities to report the incident.
2. Seek advice from their supervisor, manager or responsible authorities for other actions they must take to address the incident.

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 this assessment.
* Contextualise the criteria in this observation form so that they align with organisational policies and procedures relevant to documenting and reporting breaches in infection control.
* 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  Organisation’s template for reporting breaches in infection control  Individuals to report the incident to, including:  Supervisor  Manager  Responsible authorities | |
| 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  Organisational policies and procedures relevant to documenting breaches in infection control  Organisational policies and procedures relevant to reporting breaches in infection control  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 organisational policies and procedures relevant to documenting and reporting breaches in infection control. For a satisfactory performance, the candidate must follow these policies and procedures when documenting and reporting breaches in infection control.

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate informs the following of the incident that occurred (tick all that applies):   🞏 Supervisor  🞏 Manager  🞏 Responsible authority:  How the above party was informed: | YES  NO |  |  |
| 1. The candidate sets a meeting with the identified party/parties to discuss the breach in infection control. | YES  NO |  |  |
| 1. The candidate discusses the details of the incident during the meeting.   The details discussed must match those in the Incident Report completed by the candidate. This includes: |  |  |  |
| 1. Any breach in infection control, e.g. incidents that may result in the transmission of infection | YES  NO |  |  |
| 1. Date and time of the incident, e.g. when the incident happened | YES  NO |  |  |
| 1. Incident location, e.g. where the incident happened | YES  NO |  |  |
| 1. General description of the incident, e.g. what happened | YES  NO |  |  |
| 1. Risk management strategies implemented to address the breach in infection control | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate seeks advice from the party/parties above for other actions they must take to address the incident.   This includes: |  |  |  |
| 1. Asking if the actions they took were enough to address the incident | YES  NO |  |  |
| 1. Asking if they missed any actions when addressing the incident | YES  NO |  |  |
| 1. Asking if further actions are needed to fully address the incident | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate whose name appears above, report the incident.  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