# Workplace Assessment Task 6 – 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 6** 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 6.

## **Task Overview**

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

1. Record situations in the workplace when
   * additional infection control procedures are needed
   * standard precautions may not be enough to prevent transmission of infection.
2. Apply additional precautions for situations identified when standard precautions to prevent transmission of infection may not be sufficient.

In this task, the candidate will be assessed on:

* Their practical knowledge of the following:
  + Situations when additional infection control procedures are required
  + Additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection
* Their practical skills in the following:
  + Recognising situations when additional infection control procedures are required
  + Applying additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to standard precautions and infection control procedures in their organisation and discuss these with them.
* Contextualise the criteria in this checklist to reflect these standard precautions and infection control procedures.
* 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 Additional Infection Control Record submission.
* 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**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| The organisation’s standard precautions to prevent transmission of infection | Assessor to list relevant workplace documents here |
| The organisation’s infection control procedures | Assessor to list relevant procedures here |
| Resources required for the assessment | Additional Infection Control Record template |

## **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 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 Additional Infection Control Record submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains information about additional infection control procedures required in the workplace |  |  |
| * 1. Situations where infection control procedures are required | YES  NO |  |
| * 1. Current infection control procedures being followed for each situation | YES  NO |  |
| * 1. What the current infection control procedures lack | YES  NO |  |
| * 1. Additional infection control procedure to be implemented | YES  NO |  |
| 1. Contains information about precautions to prevent transmission of infection in the workplace |  |  |
| 1. Situations where transmission of infection may happen | YES  NO |  |
| 1. Standard precautions to prevent transmission of infection | YES  NO |  |
| 1. What the standard precautions lack | YES  NO |  |
| 1. Additional infection control precautions to implement | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Additional Infection Control Record 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