# Workplace Assessment Task 6 – Observation Form

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

## **Purpose**

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Workplace Assessment Task 6.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance 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 observation form to reflect the additional infection control precautions identified in the Additional Infection Control Record.
* Organise workplace resources required for the candidate to complete this 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**

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

## **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 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 additional infection control precautions identified in the Additional Infection Control Record completed by the candidate. Adapt or add more criteria below to ensure it reflects the additional infection control precautions identified in the Additional Infection Control Record completed by the candidate

| **During the task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate applies additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection.   Assessor to specify how the candidate applies additional precautions. Examples are provided below.  *Add more rows as needed.* |  |  |  |
| 1. The candidate requests for hand sanitizers to be placed in restrooms. | YES  NO |  |  |
| 1. The candidate prepares protective gloves for use when handling specific substances. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, apply additional precautions when standard precautions may not be sufficient to prevent transmission of infection.  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