# Case Study 1 Task 1.3 – 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 **Case Study 1 Task 1.3.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study 1 Task 1.3.

## **Task Overview**

For this task, the candidate is required to conduct risk management prior to facilitating the required support activities.

The risk management they conduct must include the following:

* Identifying hazards and risks associated with these hazards.
* Assessing the risks identified.
* Eliminating or minimising the risks identified.
* Seeking assistance for hazards and risks that are beyond the scope of their role and responsibilities.
* Reporting these outcomes to the supervisor.

The candidate must be observed by the assessor and supervised by the supervisor while completing this task.

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

* Practical knowledge of hazards and risks in individualised support.
* Practical skills relevant to risk management, including identifying hazards, assessing risks, eliminating and minimising risks, and referring risks.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment, including:
  + One volunteer to act as the supervisor.
  + One volunteer to act as the other support staff in the organisation.
  + Resources to conduct risk management, including but not limited to:
    - Areas to inspect
* Advise the candidate on the time and location of the assessment.
* Discuss with the candidate the requirements listed in the Assessor’s Checklist prior to the assessment.
* Discuss with the candidate the practical skills listed in the Observation Form prior to the assessment.
* Brief the candidate on their role in this assessment.
* Brief the volunteers on their role in the assessment.
* Address the candidate’s queries and concerns regarding this task.

### 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 |  |
| Workplace supervisor |  |
| Direct support context | aged care  home and community  disability  community service  Others (please specify): |
| Resources required for the assessment | Simulated environment where the candidate will complete this assessment  A volunteer to act as the workplace supervisor  A volunteer to act as the other support staff in the organisation  Abraham’s individualised support plan/care plan  Resources to conduct risk management, including but not limited to:  Areas to inspect  Risk management templates or forms, e.g. hazard identification form, risk register, safety checklists, etc. (or similar documents) |

## **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 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

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |
| The site where the risk management is to be conducted |  |
| Support activities facilitated/conducted at this site  (e.g. bathroom for showering, oral care, shaving, etc.) | Assessor to tick all activities that apply:  Bed bathing  Dressing, undressing, grooming  Eating and drinking  Oral hygiene  Shaving  Showering  Toileting and the use of continence aids  Using slide sheets, hoists, slings and lifters  Transferring a person between bed and chair  Transferring a person from seated to standing  Transferring a person in and out of a car |

**To the assessor:** The risk management the candidate will conduct may vary depending on the following:

* The context of risk management including:
  + The site or environment where the risk management is to be conducted
  + Support activities facilitated at this site/environment
  + Hazards and risks commonly identified in this context.
* The processes and procedures their workplace follow for managing risks in the workplace in this context

Before the assessment, ensure to revise and adapt the criteria contained in this Observation Form so that they align with the context specified above and the processes and procedures implemented in the candidate’s workplace for managing risks in this context.

## **Part I. Identification of Hazards**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate uses a safety inspection checklist to conduct a safety inspection. | YES  NO |  |  |
| 1. The candidate inspects the bathroom to check on the following: |  |  |  |
| * 1. Non-slip flooring | YES  NO |  |  |
| * 1. Change bench provided (where necessary) | YES  NO |  |  |
| * 1. Bathing aids provided where appropriate | YES  NO |  |  |
| * 1. Wastewater drain on the floor | YES  NO |  |  |
| * 1. Adequate storage for linen and toiletries | YES  NO |  |  |
| * 1. Hoist provided (where necessary) | YES  NO |  |  |
| * 1. Appliances (for example, hair drier) kept away from water | YES  NO |  |  |
| * 1. Appliances kept out of reach of children | YES  NO |  |  |
| * 1. Exhaust fans functioning | YES  NO |  |  |
| 1. The candidate asks the other staff for assistance in checking on the following: |  |  |  |
| 1. The faucet, shower and toilet have no leaks | YES  NO |  |  |
| 1. Grab bars are installed correctly | YES  NO |  |  |
| 1. The candidate asks the other staff for their findings. | YES  NO |  |  |
| 1. The candidate records the hazards identified in the safety inspection checklist. | YES  NO |  |  |

## **Part II. Reporting Risks**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reports hazards and risks they identified to their supervisor. |  |  |  |
| 1. Each hazard they identified during their safety inspection | YES  NO |  |  |
| 1. The likelihood of an accident occurring as a result of each hazard | YES  NO |  |  |
| 1. The potential consequence occurring as a result of each hazard | YES  NO |  |  |
| 1. The risk rating for each hazard | YES  NO |  |  |
| 1. The candidate reports hazards and risks outside the scope of their role. | YES  NO |  |  |
| 1. The candidate seeks the supervisor’s advice on the hazards and risks outside the scope of their role. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, conduct risk management prior to facilitating support activities.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during the completion of this task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Simulated Assessment – Observation Form