# Workplace Assessment Task 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 **Workplace Assessment Task 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 3.

## **Task Overview**

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

The risk management they conduct must include:

* Identifying hazards and risks associated with these hazards
* Assessing the risks identified
* Eliminating or minimising the risks identified

**For the purposes of this assessment, there must be evidence that they have addressed both potential risks and actual risks across the two instances required for this task.**

* 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 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

* Contextualise the performance benchmarks outlined in this Observation Form so that they align with:
  + The context of direct support work in which the candidate will provide support – aged care, home and community care, disability, or community service
  + Relevant legal and regulatory requirements and service standards, as well as those specific requirements from the relevant own state/territory
  + Relevant policies, processes, and procedures from your RTO or the candidate’s organisation/workplace
  + Individualised support plans, including the goals, needs, preferences of the clients whom the candidate will be supporting in this assessment
* Organise workplace resources required for 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 |  |
| Workplace supervisor |  |
| Direct support context | Aged care  Home and community  Disability  Community service  Others (please specify): |

|  |  |
| --- | --- |
| Resources required for the assessment | Direct support work environment in at least one aged care, home and community, disability, or community service organisation  Workplace supervisor  Other staff in the workplace, as necessary  Individual support client, their family and carers  Volunteers to participate in simulations or role-play activity  The client’s individualised support plan/care plan  Organisational policies and procedures  Resources to conduct risk management, including but not limited to:  Areas to inspect  Resources to eliminate or minimise risks (e.g. PPE, cleaning equipment).  Risk management templates or forms, e.g. hazard identification form, risk register, safety checklists, etc. (or similar documents) |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  Equipment, tools, and facilities available in the candidate’s workplace/training organisation  Direct support context (indicated above)  Client’s individualised support plan, including their needs, preferences, and goals.  Others (please specify):  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 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

**IMPORTANT: The unit of competency *CHCCCS031 – Provide individualised support* *(Release 1)* requires the candidate to complete this task on three separate instances. In line with this requirement, the assessor must accomplish this Observation Form three times, once for each instance required.**

|  |  |  |  |
| --- | --- | --- | --- |
| This is the | First instance the candidate is completing this task | Second instance the candidate is completing this task | Third instance the candidate is completing this task |
| The candidate will access and review the individualised support plan of | Client A | Client B | Client A  Client B  Client C |
| 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:  Dressing, undressing, grooming  Eating and drinking  Oral hygiene  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 | | |

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

* 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 follows 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:   **The assessor must contextualise this observation form item before the assessment.** |  |  |  |
| * 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 |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Appliances kept out of reach of children. | YES  NO |  |  |
| * 1. Exhaust fans functioning. | YES  NO |  |  |
| 1. The candidate records the hazards identified in the safety inspection checklist | YES  NO |  |  |

## **Part II. Assessing Risks**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reviews the hazards identified in their safety inspection checklist. | YES  NO |  |  |
| 1. The candidate indicates the **likelihood of an accident** occurring as a result of each hazard.   E.g. Almost certain, likely, possible, unlikely rare. | YES  NO |  |  |
| 1. The candidate indicates the **potential consequence** occurring as a result of each hazard.   E.g. Negligible, minor, moderate, major, extreme. | YES  NO |  |  |
| 1. The candidate indicates the risk rating for each hazard identified based on their likelihood and consequence.   E.g. Low, medium, high, very high | YES  NO |  |  |

## **Part III. Eliminating or Minimising Risks**

**For this part of the assessment, the candidate must eliminate or minimise potential and actual risks identified in Part I.**

**For the purposes of this assessment, there must be evidence that they have addressed both potential risks and actual risks across the two instances required for this task.**

### A. Potential Risk

|  |  |
| --- | --- |
| Potential risk to be addressed | e.g. faulty wiring on a vacuum cleaner identified during an inspection of equipment before use. |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate does not proceed to use the faulty/defective equipment. | YES  NO |  |  |
| 1. The candidate labels the equipment as faulty or defective (e.g. use of tags, etc.) | YES  NO |  |  |
| 1. The candidate places the equipment in a location out of reach of children or other people. | YES  NO |  |  |
| 1. The candidate removes the faulty/defective equipment from service. | YES  NO |  |  |
| 1. The candidate inspects the replacement equipment for faults and defects. | YES  NO |  |  |
| 1. The candidate uses equipment that is in good working condition. | YES  NO |  |  |
| 1. The candidate records the fault/defect in the relevant form (e.g. hazard identification form) | YES  NO |  |  |

### B. Actual Risk

|  |  |
| --- | --- |
| Actual risk to be addressed | e.g. showering activity with a client who is at risk for falls |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate places a non-slip mat on the bathroom floor prior to the activity. | YES  NO |  |  |
| 1. The candidate encourages the client to use the handrails. | YES  NO |  |  |

## **Part IV. Seeking Additional Assistance**

|  |  |
| --- | --- |
| Risk to referred to others | e.g. faulty wiring on a vacuum cleaner identified during an inspection of equipment before use. |
| Risk to be referred to | e.g. supervisor or authorised repair agency |
| Additional assistance to be sought | e.g. further inspections and testing and repairs to be done by the authorised repair agency; or disposal |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate notifies the supervisor about the faulty/defective equipment. | YES  NO |  |  |
| 1. The candidate describes the fault/defect identified. | YES  NO |  |  |
| 1. The candidate contacts the authorised repair agency. | YES  NO |  |  |
| 1. The candidate hands over the faulty/defective equipment to the repair personnel. | YES  NO |  |  |

## **Part V. Reporting Hazards and Risks**

| **During this workplace task:** | **YES/NO** | | **Date observed** | | **Assessor’s comments** | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The candidate reports to the supervisor the outcomes of their inspection, including: |  | |  | |  | |
| 1. Hazards identified. | YES  NO | |  | |  | |
| 1. Risk rating of each hazard. | YES  NO | |  | |  | |
| 1. The candidate reports to the supervisor the risks they responded to/addressed, including: |  | |  | |  | |
| 1. The potential risk they responded to/addressed. |  | |  | |  | |
| 1. What the risk was | YES  NO | |  | |  | |
| 1. How the candidate responded to/addressed the risk | YES  NO | |  | |  | |
| 1. Further actions required if any. | YES  NO | |  | |  | |
| 1. Actual risk they responded to/addressed. |  | |  | |  | |
| 1. What the risk was | YES  NO | |  | |  | |
| 1. How the candidate responded to/addressed the risk | YES  NO | |  | |  | |
| 1. Further actions required if any. | | 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 their completion of this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form