# Workplace Assessment Task 5 – 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 5.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 5.

## **Task Overview**

For this task, the candidate is required to facilitate a support activity for your client in each of the following areas:

* Dressing, undressing and grooming
* Eating and drinking
* Oral hygiene
* Showering
* Toileting and the use of continence aid
* Using slide sheets, hoists, slings and lifters to assist the person in:
  + Transferring between bed and chair
  + Transferring from seated to standing

They must:

* Follow the person’s individualised support/care plan.
* Follow the organisation’s policies and procedures for providing support.

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 the person’s individualised support/care plan and relevant service standards, policies, and procedures
* Practical skills relevant to providing individualised support

## **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/territor.
  + 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  Individual support client, their family and carers  Volunteers to participate in the assessment activity (simulation)  The client’s individualised support plan/care plan  Organisational policies and procedures  Aids, devices/appliances, equipment used by the client  Facilities or equipment used to provide individualised support in the following areas:  Dressing, undressing and grooming  Eating and drinking using required mealtime assistance techniques and equipment, ensuring client has physical access  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 |
| 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.** |  | | |

## **Part I. Dressing, Undressing, and Grooming**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| 1. Doors are closed | YES  NO |  |  |
| 1. Curtains/blinds are drawn | YES  NO |  |  |
| 1. The candidate assists the client in dressing. |  |  |  |
| 1. The candidate asks the client what they want to wear. | YES  NO |  |  |
| 1. The client lays out the client’s clothes in the process the client should put them on (e.g. underwear, bottom clothing, top clothing, outerwear) | YES  NO |  |  |
| 1. The candidate hands the client one piece of clothing at a time. | YES  NO |  |  |
| 1. The candidate encourages the client to put on as many clothes as they can on their own. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in grooming. |  |  |  |
| 1. The candidate asks the client what their preference for their hairstyle for the day is. | YES  NO |  |  |
| 1. The candidate assists the client in styling their hair.   The assessor to specify assistance the candidate is to provide:  ☐ Drying wet hair with a hairdryer  ☐ Applying hair products, such as hair gels or hairsprays  ☐ Others (please specify): | YES  NO |  |  |
| 1. The candidate aids the client in combing or brushing their hair from the scalp to the ends.   The assessor to specify assistance the candidate is to provide:  ☐ For long hair, the candidate divides the hair into sections before combing or brushing.  ☐ For tangled hair, the candidate uses a wide-tooth comb to gently come or brush the hair.  ☐ For curly hair, the candidate starts at the ends of the hair. | YES  NO |  |  |
| 1. The candidate encourages the client to look in the mirror after styling. | YES  NO |  |  |
| 1. The candidate compliments how the client looks. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in undressing. |  |  |  |
| 1. The candidate asks if they want to undress. | YES  NO |  |  |
| 1. The candidate encourages the client to remove their clothes independently. | YES  NO |  |  |
| 1. The candidate allows the client to take their time to undress. | YES  NO |  |  |
| 1. The candidate reassures the client to ease any anxiety or embarrassment. | YES  NO |  |  |
| 1. When assisting the client, the candidate is gentle with their movements, making sure they are pulling on the clothes, not the person. | YES  NO |  |  |
| 1. The candidate makes use of simple dressing assistive aids.   Assessor to specify which aid was used:  ☐ Dressing sticks  ☐ Long-handled shoehorns.  ☐ Others (please specify) | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate seeks assistance and support from the supervisor regarding support requirements that are beyond the scope of their own role and responsibilities.   Assessor to specify support requirements that candidate seeks assistance/support: | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part II. Eating and Drinking**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private and safe space, as preferred by the client.   The assessor to specify:  ☐ In their own room.  ☐ With others (e.g., their friends, family) as the client prefers.  ☐ Others (please specify): | YES  NO |  |  |
| 1. The candidate prepares for the support activity. |  |  |  |
| 1. The candidate reviews the client’s individualised support plan. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate checks for any difficulties the client may have when eating or drinking. |  |  |  |
| 1. The candidate prepares necessary resources/materials to assist any difficulties the client may have when eating or drinking.   Assessor to describe preparation required:  For eating:  e.g. ensuring that meals are prepared so that the client can chew and swallow them without difficulty  For drinking:  e.g. preparing drinks that have thicker consistency to make it easier for the client to swallow | YES  NO |  |  |
| 1. The candidate ensures the client’s space or room is clean before mealtime. |  |  |  |
| 1. The candidate tidies up the space. | YES  NO |  |  |
| 1. The candidate puts away continence aids out of the client’s sight. | YES  NO |  |  |
| 1. The candidate asks the client if they want to go to the bathroom first before their meals. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reminds the client to wash their hands before meals. | YES  NO |  |  |
| 1. The candidate washes their hand before serving meals and drinks. | YES  NO |  |  |
| 1. The candidate gets the client to sit in a comfortable and well-supported position on their bed or chair. | YES  NO |  |  |
| 1. The candidate uses the assistive devices/equipment required by the client during mealtime.   The assessor to specify devices/equipment required:  (Assessor to tick all that apply)  ☐ Assistive dinnerware  ☐ Assistive utensils  ☐ Utensil holders  ☐ Feeding devices  ☐ Assistive cups and mugs  ☐ Others (please specify): | YES  NO |  |  |
| 1. The candidate ensures the client has physical access to their food and drinks. |  |  |  |
| 1. The candidate places the food in a location that the person can reach for them conveniently. | YES  NO |  |  |
| 1. The candidate places the drink in a location that the person can reach for them conveniently. | YES  NO |  |  |
| 1. The candidate encourages the client to eat their meals independently as much as possible. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate provides the appropriate level of support.   The assessor to specify the level of support required:  ☐ Cutting up food in pieces, so it’s easier for the client to eat.  ☐ Feeding the client some or all of the meal (if the client is having difficulties  ☐ Others: | YES  NO |  |  |
| 1. The candidate engages with the client during their mealtime.   This includes: |  |  |  |
| 1. Making sure to be at eye level with the client during the meal. | YES  NO |  |  |
| 1. Having a conversation with them about things the client likes, such as their hobbies. | YES  NO |  |  |
| 1. Directing the client’s attention towards the food. | YES  NO |  |  |
| 1. Explaining to the client what is on their plate. e.g. if the meal is puree, detailing what is inside can reduce their distaste for the appearance. | YES  NO |  |  |
| 1. If the client moves away from their food, gently guiding them back and prompt them to continue. | YES  NO |  |  |
| 1. Allowing the client to take their time to finish their meal. | YES  NO |  |  |
| 1. After the meal, the candidate helps the client wipe their mouth and take care of their oral hygiene. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate recommends the client to remain in a sitting position for at least thirty minutes to aid them in digesting their meal and preventing gastric reflux. | YES  NO |  |  |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate seeks assistance and support from the supervisor regarding support requirements that are beyond the scope of their own role and responsibilities.   Assessor to specify support requirements that candidate seeks assistance/support: | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part III. Oral Hygiene**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| 1. Doors are closed | YES  NO |  |  |
| 1. Curtains/blinds are drawn | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate prepares for the oral care procedures.   This includes: |  |  |  |
| 1. Preparing the materials to be used.   The assessor to specify these materials below (Tick all that apply)  ☐ Toothbrush (e.g. Regular or electric toothbrush)  ☐ Single tuft toothbrush  ☐ Tweezers  ☐ Gauze  ☐ Fluoride toothpaste  ☐ A glass of water  ☐ Small basin  ☐ Towel or  ☐ Waterproof sheet  ☐ Disposable gloves  ☐ Others: | YES  NO |  |  |
| 1. Washing their hands before and after providing oral care to the client. | YES  NO |  |  |
| 1. Using disposable gloves during the procedures. | YES  NO |  |  |
| 1. Covering the client’s body with a towel or waterproof sheet. | YES  NO |  |  |
| 1. For clients confined to bed, letting them sit upright with pillows behind their back for support. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Positioning the client so that you can always: |  |  |  |
| * 1. Support their head | YES  NO |  |  |
| * 1. Ensure they will not choke or gag while their head is tilted | YES  NO |  |  |
| * 1. See properly inside their mouth and manipulate the toothbrush freely and safely. | YES  NO |  |  |
| 1. Encourage the client to tell them if they are feeling unwell or uncomfortable during the procedure. | YES  NO |  |  |
| 1. If the client has dentures, remove them before the oral procedures. | YES  NO |  |  |
| 1. The candidate assists the client in oral care.   This includes: |  |  |  |
| 1. Checking the inside of their mouth for any wounds or abnormalities. | YES  NO |  |  |
| 1. Holding the client’s chin to support their head while inspecting their teeth. | YES  NO |  |  |
| 1. Brushing the client’s teeth. | YES  NO |  |  |
| 1. Using a single-tuft toothbrush to brush around the tooth and gumline if the client lost some of their natural teeth. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate seeks assistance and support from the supervisor regarding support requirements that are beyond the scope of their own role and responsibilities.   Assessor to specify support requirements that candidate seeks assistance/support: | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part IV. Showering**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| 1. Doors are closed | YES  NO |  |  |
| 1. Curtains/blinds are drawn | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate prepares for the support activity. |  |  |  |
| 1. The candidate gathers the necessary materials.   The assessor to specify the required materials (tick all that apply)  ☐ Toiletries (soap, shampoo, body lotion)  ☐ Bathroom assistive aids  ☐ Washcloths or bath sponges  ☐ Robe  ☐ Towels | YES  NO |  |  |
| 1. The candidate offers the client a robe for comfort and privacy while they prepare the bathroom | YES  NO |  |  |
| 1. The candidate gathers the necessary materials and sets up a shower chair or bench | YES  NO |  |  |
| 1. The candidate helps the client sit on the shower stool or chair if needed | YES  NO |  |  |
| 1. The candidate lets the client take off the robe by themselves | YES  NO |  |  |
| 1. The candidate checks the temperature of the water to ensure that it is not too hot or cold. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in the shower. |  |  |  |
| 1. The candidate places the soap on the washcloth or sponge and gives it to the client. | YES  NO |  |  |
| 1. The candidate lets the client wash, assisting in areas they cannot reach. | YES  NO |  |  |
| 1. The candidate encourages the client to start washing the cleanest areas and finish with the areas that are less clean. | YES  NO |  |  |
| 1. The candidate checks the client’s skin for signs of rashes or sores. | YES  NO |  |  |
| 1. The candidate pays attention to areas with creases, such as folds on the stomach. | YES  NO |  |  |
| 1. The candidate helps the person wash their hair with shampoo. | YES  NO |  |  |
| 1. The candidate gives the client a towel to dry off. Help dry their back and other hard to reach areas. | YES  NO |  |  |
| 1. The candidate helps dry their back and other hard to reach areas. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part V. Toileting and The Use of Continence Aids**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| 1. Doors are closed | YES  NO |  |  |
| 1. Curtains/blinds are drawn | YES  NO |  |  |
| 1. The candidate assists the client in toileting. |  |  |  |
| 1. The candidate encourages the client to pull their clothing down or up independently. | YES  NO |  |  |
| 1. The candidate gently reminds them to pull down their bottom clothes before sitting down. | YES  NO |  |  |
| 1. The candidate reminds the client to pull up their clothes once they are done | YES  NO |  |  |
| 1. The candidate supports the client to get on and off the toilet. | YES  NO |  |  |
| 1. The candidate encourages the client to use the handrails when getting on and off the toilet. | YES  NO |  |  |
| 1. The candidate allows the client to take time to empty their bladder and bowel. | YES  NO |  |  |
| 1. The candidate hands the client toilet paper to use. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in using continence aids.   The assessor to specify the continence aid to be used: e.g. bedpan  **The assessor to contextualise the criteria below as appropriate to the continence aid to be used.** |  |  |  |
| 1. The candidate gathers the supplies needed.   The assessor to specify supplies required (tick all that apply)  ☐ Bedpan  ☐ Gloves  ☐ Toilet paper/wet wipes  ☐ Basin with warm water  ☐ Towel and washcloths. | YES  NO |  |  |
| 1. The candidate places the bedpan in a flat and secure location. | YES  NO |  |  |
| 1. The candidate washes and dries their hands well. | YES  NO |  |  |
| 1. The candidate puts on gloves. | YES  NO |  |  |
| 1. The candidate assists the client take down their pants and underwear. | YES  NO |  |  |
| 1. The candidate helps the client get into the right position. | YES  NO |  |  |
| 1. The candidate gets the client to sit up or lift up the hips slightly and then slide the bedpan under the person. | YES  NO |  |  |
| 1. If the client prefers/requests, the candidate leaves the room to give them privacy. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. After the client uses the bedpan, the candidate makes sure to hold it in place and assists the person to roll off the bedpan carefully. | YES  NO |  |  |
| 1. The candidate places the bedpan in a flat and secure location. | YES  NO |  |  |
| 1. The candidate assists the client in wiping their private parts as required. | YES  NO |  |  |
| 1. The candidate washes and dries the area from the side. | YES  NO |  |  |
| 1. The candidate empties the bedpan into the toilet. | YES  NO |  |  |
| 1. The candidate rinses and washes the bedpan using disinfectant diluted with water. | YES  NO |  |  |
| 1. The candidate dries the bedpan or lets it air-dry. | YES  NO |  |  |
| 1. The candidate takes off their gloves and disposes of them properly. | YES  NO |  |  |
| 1. The candidate washes their hands thoroughly. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part VI. Transferring A Person Between Bed and Chair**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |
| Equipment to be used  **At least one must be used during this activity** | Slide sheets  Hoists  Slings  Lifters  **The assessor to adapt the criteria further below to align with the actual equipment to be used.** |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a safe and secure space. | YES  NO |  |  |
| 1. The candidate assists the client in transferring between bed and chair. |  |  |  |
| 1. The candidate prepares for the transfer: |  |  |  |
| 1. Performing hand hygiene | YES  NO |  |  |
| 1. Explaining to the client what will happen during the transfer | YES  NO |  |  |
| 1. Ensuring the client has the proper footwear on. | YES  NO |  |  |
| 1. The candidate lowers the client’s bed. | YES  NO |  |  |
| 1. The candidate places the chair next to the bed at a 45-degree angle on the client’s strong side. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. If the candidate is transferring the client onto a wheelchair, the candidate ensures that its brakes have been applied. | YES  NO |  |  |
| 1. The candidate gets the client to sit on the side of the bed with their feet on the floor. | YES  NO |  |  |
| 1. The candidate places a gait belt around the client’s waist. | YES  NO |  |  |
| 1. The candidate assists the client into a standing position. | YES  NO |  |  |
| 1. Once standing, the candidate gets the client to take a few steps back until they can feel the chair on the back of their legs. | YES  NO |  |  |
| 1. The candidate gets the client to grasp the arm of the chair and lean forward. | YES  NO |  |  |
| 1. The candidate allows the patient to sit on the chair slowly, using armrests for support. | YES  NO |  |  |
| 1. The candidate makes sure their knees are bent, and their back is straight to avoid injury. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment: |  |  |  |
| 1. The candidate uses one of the following   ☐ Slide sheets  ☐ Hoists  ☐ Slings  ☐ Lifters | ☐ YES ☐ NO |  |  |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate seeks assistance and support from the supervisor regarding support requirements that are beyond the scope of their own role and responsibilities.   Assessor to specify support requirements that candidate seeks assistance/support: | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate provides support according to the client’s individualised support plan, including: |  |  |  |
| 1. Instructions provided for facilitating this support activity. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s strengths. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The client’s preferences. |  |  |  |
| 1. The candidate’s supervisor confirm the candidate complied with this. | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** |  |  |  |
| 1. Duty of care |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Dignity of risk |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Preparing and maintaining a safe and healthy environment for the support activity |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Infection control |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |
| 1. Maintaining client privacy |  |  |  |
| 1. The supervisor confirms the candidate followed these policies and procedures. | YES  NO |  |  |

## **Part VII. Transferring A Person From Seated to Standing**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |
| Equipment to be used  **At least one must be used during this activity** | Slide sheets  Hoists  Slings  Lifters  **The assessor to adapt the criteria further below to align with the actual equipment to be used.** |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a safe and secure space. | YES  NO |  |  |
| 1. The candidate assists the client in transferring a person between seated to standing position.   This involves: |  |  |  |
| 1. Ensuring that the client does not feel dizzy or lightheaded by asking the client first before the transfer. | YES  NO |  |  |
| 1. Ensuring the client should be able to tolerate an upright position. | YES  NO |  |  |
| 1. Ensuring the client has proper footwear on, such as non-slip or slip-resistant footwear. | YES  NO |  |  |
| 1. Placing a gait belt around the client’s waist if needed. | YES  NO |  |  |
| 1. Refraining from holding onto the client’s armpits. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | | | **Date observed** | | **Assessor’s comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Instructing the client to move forward toward the edge of where they are seated.   Their feet should be flat on the floor. | | YES  NO |  | |  | |
| 1. Placing the client’s hands on the armrests of the chair or next to their sides on the bed. | | YES  NO |  | |  | |
| 1. Facing the client, bending their knees and holding each side of the client’s waist or gait belt. | | YES  NO |  | |  | |
| 1. Instructing the client that, on the count of three, they will push up with their arms as they pull them into a standing position. | | YES  NO |  | |  | |
| 1. Gently rocking back and forth three times. | | YES  NO |  | |  | |
| 1. On the third time, pulling the client into a standing position. | | YES  NO |  | |  | |

| **During this workplace task:** | **YES/NO** | | | **Date observed** | | **Assessor’s comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The candidate encourages the client to use the aids, devices/appliances, the equipment they require during the support activity.   Assessor to specify these aids, devices/appliances, equipment:    Additionally: | |  |  | |  | |
| 1. The candidate uses one of the following   ☐ Slide sheets  ☐ Hoists  ☐ Slings  ☐ Lifters | | YES  NO |  | |  | |
| 1. Furthermore, the assessor confirms that these aids, devices/appliances, equipment are consistent with the client’s individualised support plan.   To verify this, the assessor must review the aids, devices/appliances, equipment outlined in the client’s individualised support plan. | | YES  NO |  | |  | |
| 1. The candidate seeks assistance and support from the supervisor regarding support requirements that are beyond the scope of their own role and responsibilities.   Assessor to specify support requirements that candidate seeks assistance/support: | | YES  NO |  | |  | |

| **During this workplace task:** | **YES/NO** | | | **Date observed** | | **Assessor’s comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The candidate provides support according to the client’s individualised support plan, including: | |  |  | |  | |
| 1. Instructions provided for facilitating this support activity. | |  |  | |  | |
| 1. The candidate’s supervisor confirm the candidate complied with this. | | YES  NO |  | |  | |
| 1. The client’s strengths. | |  |  | |  | |
| 1. The candidate’s supervisor confirm the candidate complied with this. | | YES  NO |  | |  | |
| 1. The client’s preferences. | |  |  | |  | |
| 1. The candidate’s supervisor confirm the candidate complied with this. | | YES  NO |  | |  | |
| 1. The candidate follows organisational policies and procedures.   **The assessor must contextualise the criteria below according to the policies and procedures in the candidate’s organisation.** | |  |  | |  | |
| 1. Duty of care | |  |  | |  | |
| 1. The supervisor confirms the candidate followed these policies and procedures. | | YES  NO |  | |  | |
| 1. Dignity of risk | |  |  | |  | |
| 1. The supervisor confirms the candidate followed these policies and procedures. | | YES  NO |  | |  | |

| **During this workplace task:** | **YES/NO** | | | **Date observed** | | **Assessor’s comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Preparing and maintaining a safe and healthy environment for the support activity | |  |  | |  | |
| 1. The supervisor confirms the candidate followed these policies and procedures. | | YES  NO |  | |  | |
| 1. Infection control | |  |  | |  | |
| 1. The supervisor confirms the candidate followed these policies and procedures. | | YES  NO |  | |  | |
| 1. Maintaining client privacy | |  |  | |  | |
| 1. The supervisor confirms the candidate followed these policies and procedures. | | YES  NO |  | |  | |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, provide individualised support to the client in each of the following areas:   * Dressing, undressing and grooming * Eating and drinking * Oral hygiene * Showering * Toileting and the use of continence aids * Using slide sheets, hoists, slings and lifters in:   + Transferring a person between bed and chair   + Transferring a person from seated to standing   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