

# Trainee's Assessment

Describe risks, impacts, and actions for falls and minimise risk of falls in an aged care, health, or disability context

US 26981 V1

Level 3 Credits 3

Name \_\_\_\_\_

careerforce

## Trainee's assessment

This trainee's assessment contains:

- Instructions for the trainee
- Assessment tasks
- Demonstration checklist
- Feedback form
- Assessment result sheet

## Tips for the trainee

Before you start this assessment you must read the instructions.

The following colours show different areas of this assessment:

- **Green boxes:** sections to be filled out and usually signed – by you or someone else such as an assessor, verifier or supervisor.
- **Purple boxes:** areas for the assessor to write in. Please do not write in these boxes.
- **Blue boxes:** tasks where you are asked to give a written or spoken answer.
- **Grey boxes:** tasks where your answer is a demonstration.

**A person assessed as competent in this unit standard is able to:**

	<b>Outcome</b>	<b>Task and evidence</b>
Describe factors that may contribute to a person's risk of falling.	1	One – Written or spoken answer (Blue)
Describe the potential impacts of falls on a person's health and wellbeing.	2	Two – Written or spoken answer (Blue)
Describe actions in response to a person who has fallen.	4	Three – Written or spoken answer (Blue)
Take actions to minimise the risk of falls.	3	Four – Demonstration (Grey)

## Instructions for the trainee

- Your answers to the assessment tasks need to show the assessor that you have a full understanding of the topic. The assessor may require you to discuss your responses.
- This assessment is “open book”, which means that you can use any information you wish when you are completing this assessment. This information may include learning materials, books, the internet, and your organisation’s policies and procedures.
- Your answers can be written or spoken. You will also be asked to carry out a practical task.
  - When you write your answer, use pen in the space provided. Initial any alterations you make. Please write your name on any additional pages and attach them to the assessment.
  - When you answer verbally, the assessor will make full notes of your answer in the space provided in this assessment or may use a digital voice recorder.
  - When you are asked to carry out a practical task, your assessor or verifier will observe you and complete a checklist. The assessor/verifier may require you to perform the task on more than one occasion.
- For any documents you supply, remove all identifying details of the people receiving services or support.

- You need to show that your work complies with your organisation’s policies and procedures.
- If you require assistance with any aspect of the assessment, please contact your assessor.

### Definitions of terms

The word **trainee** in this assessment refers to the person being assessed. Other terms that may be used are candidate, student or employee.

**Person** refers to a person accessing services in a health or disability setting in either a residential care facility or in a private home – the person’s own or a friend’s, group’s or family member’s. Other terms used for the person being supported include client, consumer, individual, resident, service user or tūroro.

**Service plan** is a general term that describes the individual or group plan for service delivery. This plan is developed by service providers with the person or people receiving support and their families/whānau. A service plan may include a care plan or a rehabilitation plan.

An **organisation’s policies and procedures** are the policies and procedures of the trainee’s employer and include ethical codes, standards and other organisational requirements.

**Health and wellbeing** refers to a person’s mental, emotional, physical, spiritual and social functioning.

**Workplace assessor** or **assessor** means the person who will assess the trainee.

A **verifier** is a workplace supervisor or manager who understands the assessment, works closely with the trainee and can confirm the trainee has performed the task competently.

### Abbreviations

**ER** refers to the evidence requirements of the unit standard – the evidence (descriptions, explanations, documents etc) that you must provide, and/or the actions that you must do or demonstrate.

**MER** means “more evidence required”.

### References

- Careerforce workbook – 26981 V1 Describe risks, impacts, and actions for falls and minimise risk of falls in an aged care, health, or disability context.
- Your organisation’s policies and procedures.
- Waitemata District Health Board. (n.d.). *Fall prevention care guide*, available at <http://www.waitematadhb.govt.nz/HealthProfessionals/RACIPcareguides.aspx>
- Accident Compensation Corporation. (2009). *Information for health professionals*. <http://www.acc.co.nz/preventing-injuries/at-home/older-people/information-for-health-professionals/index.htm>.

## Task One – Describe factors that may contribute to a person’s risk of falling (written or spoken answer)

ER 1.1

**Question 1:** For any **three** of the five listed factors, give **three examples** of things that may cause a person to fall and describe how they may increase the risk of falling.

**Sample answer: Environmental factors** – *Electric cords left on the floor causing a risk of tripping and falling.*

### Environmental factors

1

2

3

### Assessor’s use only

Notes and decision:



**Physical factors**

1

2

3

**Psychological factors**

1

2

3

Continued next page

**Assessor's use only**

Notes and decision:



**Medication**

1

2

3

**Other**

1

2

3

**Assessor's use only**

Notes and decision:



## Assessor's feedback on the trainee's performance

Task One: Achieved <input type="radio"/>	More evidence required <input type="radio"/>	Assessor's name:	Date:
Reassessment: Achieved <input type="radio"/>	More evidence required <input type="radio"/>	Assessor's name:	Date:

## Task Two – Describe the potential impacts of falls on a person’s health and wellbeing (written or spoken answer)

ERs 2.1 - 2.2

**Question 1:** What are the potential impacts of falls on a person’s health and wellbeing?  
Give **three** examples of potential social impacts and **three** examples of potential physical impacts that can affect a person’s health and wellbeing.

**Sample answer: Potential social impact of falls** – *Isolation and loneliness caused by not being able to go out and participate in usual activities. A fear of putting him/herself at risk of further falls when away from the normal environment that the person is used to.*

### Potential social impacts of falls

1

2

3

### Assessor’s use only

Notes and decision:



### Potential physical impacts of falls

1

2

3

### Assessor's use only

Notes and decision:



### Assessor's feedback on the trainee's performance

Task Two: Achieved



More evidence required



Assessor's name:

Date:

Reassessment: Achieved



More evidence required



Assessor's name:

Date:

**Question 1:** Describe actions to be taken when a person has fallen. You will need to refer to your organisation's policies and procedures for your answers.

**Question 2:** Describe your organisation's reporting and recording requirements for falls.

**Assessor's use only**

Notes and decision:



## Assessor's feedback on the trainee's performance

<b>Task Three:</b> Achieved <input type="radio"/> More evidence required <input type="radio"/>	Assessor's name:	Date:
<b>Reassessment:</b> Achieved <input type="radio"/> More evidence required <input type="radio"/>	Assessor's name:	Date:

You are required to take **four actions** to minimise the risk of falls.

An observer will fill in this checklist as you carry out this practical task. The observer may be your assessor or a verifier, who can confirm that you have competently performed the task.

When carrying out this practical task you must work within your organisation's policies and procedures.

### Actions taken to minimise the risk of falls

The trainee took the following **four actions** to minimise the risk of falls.

1

2

3

4

Assessor's/verifier's use only  
Notes and decision:



## Actions taken to minimise the risk of falls

The trainee worked in accordance with the organisation's policies and procedures in carrying out this task.

Assessor's/verifier's use only  
Notes and decision:



Verifier's name:  
(if different from the assessor)

Verifier's signature:  
(if different from the assessor)

## Assessor's feedback on the trainee's performance

Task Four: Achieved

More evidence required

Assessor's name:

Date:

Reassessment: Achieved

More evidence required

Assessor's name:

Date:

## Instructions for the trainee

### When you have finished the assessment

- Please give your completed assessment and any additional material to your assessor. You might like to make a copy for your records.
- When you have been assessed as having achieved this unit standard, the results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.
- Your assessor will give your assessment material back to you. Please keep it safe.
- If you wish to appeal against the assessment result or process, you should complete an “Appeal of Trainee Assessment Result Form”. This form can be downloaded from the Shortcuts/Forms/Trainee Forms section of the Careerforce website [www.careerforce.org.nz](http://www.careerforce.org.nz)
- **Please complete the trainee’s declaration below.**

### Trainee’s declaration

I was told about and understood the assessment requirements.

I have prepared my answers myself.

I agree that this document can be photocopied for the purpose of moderation, as part of quality control processes.

I agree that once the assessment decision has been made, my personal details and results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.

Trainee’s signature:

Trainee’s name (please print):

Date:

# US 26981 V1 – Describe risks, impacts, and actions for falls and minimise risk of falls in an aged care, health, or disability context

Please complete this feedback form to help us to improve our assessments.

Please respond to the questions with a tick in the relevant circle and with comments in the boxes

	Yes	No	Sometimes
Did you think the assessment booklet was well laid out?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you find the assessment questions easy to understand?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you most like about this assessment?

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What did you least like about this assessment?

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If you could change something to improve this assessment, what would it be?

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Additional comments:

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Contact details (optional)

Name:	Workplace:
Phone:	Email:

When you have completed this page, please pull it out, fold it in three, secure it with tape and send it (Freepost) to:  
Senior Educational Support Administrator, Careerforce, PO Box 25 255, Christchurch 8144 Fax (03) 371 9285

Freeport Authority CONSULT

**Senior Educational Support Administrator**

Careerforce

PO Box 25 255

Christchurch 8144

# US 26981 V1 – Describe risks, impacts, and actions for falls and minimise risk of falls in an aged care, health, or disability context

Level 3 Credits 3

## Assessment result sheet (completed by assessor)

Trainee's information	
Name:	
Employer:	
NZQA/NSI number (ROL):	Date of birth:

### Trainee's performance summary

Assessment tasks	Achieved
Task One	<input checked="" type="radio"/>
Task Two	<input checked="" type="radio"/>
Task Three	<input checked="" type="radio"/>
Task Four	<input checked="" type="radio"/>

### Comments/feedback to the trainee

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Assessment result	
I have assessed the trainee and confirm: <input checked="" type="radio"/> The requirements have been met to demonstrate competency in 26981 V1.	
Name:	Assessor's number:
Signed:	Date:

For the credits to be registered on the New Zealand Qualifications Framework, send a copy of this form to: Training Support Team, Careerforce, PO Box 25 255, Christchurch 8144

**Training Support Team**

Careerforce

PO Box 25 255

Christchurch 8144