

## 2016 HSC Human Services Marking Guidelines

### Section I

#### Multiple-choice Answer Key

Question	Answer
1	B
2	A
3	D
4	B
5	B
6	B
7	B
8	A
9	C
10	C
11	D
12	B
13	D
14	A
15	B

## Section II

### Question 16 (a)

Criteria	Marks
• Correctly identifies TWO components of respiratory system	2
• Correctly identifies ONE component of respiratory system	1

**Sample answer:**

X: bronchi  
Y: alveoli

### Question 16 (b)

Criteria	Marks
• Provides a comprehensive description of the treatment required	4
• Provides a sound description of the treatment required	3
• Provides a basic description of the treatment required	2
• Provides some relevant information	1

**Sample answer:**

Sit the person upright to assist with breathing. Give one puff of a blue puffer (reliever) to four breaths and repeat another three times ( $4 \times 4$ ). Wait for four minutes and repeat process if no improvement. Call ambulance if no improvement or deterioration occurs.

**Answers could include:**

- Remain calm and provide reassurance to prevent anxiety
- Do not leave the person alone in case of deterioration
- Assess, monitor and evaluate
- A description of symptoms that provide evidence of deteriorating casualty and the appropriate response
- DRSABCD if life-threatening
- Use a spacer if available to increase effectiveness of medication.

**Question 17 (a)**

Criteria	Marks
• Provides a sound explanation of why risk management is essential in a health care setting	2
• Provides a basic explanation of why risk management is essential	1

**Sample answer:**

Provides a safe workplace for all stakeholders in the health care setting. Increased quality of service for stakeholders.

**Question 17 (b)**

Criteria	Marks
• Provides a comprehensive description of how the hierarchy of risk control measures should be used in dealing with electrical equipment • Uses relevant industry examples	5
• Provides a sound description of how the hierarchy of risk control measures should be used in dealing with electrical equipment • Uses industry example/s	3–4
• Provides examples of how the hierarchy of risk control measures should be used in dealing with electrical equipment	1–2

**Answers could include:**

Eliminating: faulty equipment needs to be taken out of service and tagged to be looked at by electrician.

**Minimising**

- Substitution: replacing with a less hazardous type eg replacing lifting with a lifter
- Isolating: separating the hazard from the person at risk eg moving electrical equipment into an isolation room for one client's use to prevent transmission of pathogens
- Engineering controls: to be able to achieve outcomes while keeping staff safe: eg electrical beds to assist with delivery of care, tens machines to allow passive exercises.

**Other controls**

- Administrative controls: training on equipment.

**Question 18 (a)**

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a detailed discussion of the use of assertive behaviour in dealing with conflict</li> </ul>	3
<ul style="list-style-type: none"> <li>Provides a discussion of the use of assertive behaviour in dealing with conflict</li> </ul>	2
<ul style="list-style-type: none"> <li>Provides some information on assertive behaviour</li> </ul>	1

**Answers could include:**

Assertive response: used in delegation and teamwork; ideas heard; others' ideas welcomed; respectful and professional behaviour; confident approach; used in problem solving; resolves conflicts as both parties are heard. Both parties win.

**Question 18 (b)**

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a detailed description of strategies that can be used to communicate with clients when language barriers exist</li> <li>Provides relevant workplace examples</li> </ul>	4
<ul style="list-style-type: none"> <li>Provides a sound description of strategies that can be used to communicate with clients when language barriers exist</li> <li>Provides some workplace examples</li> </ul>	3
<ul style="list-style-type: none"> <li>Provides a basic outline of strategies that can be used to communicate with clients when language barriers exist</li> <li>Provides limited workplace examples</li> </ul>	2
<ul style="list-style-type: none"> <li>Provides some relevant information</li> </ul>	1

**Answers could include:**

- open and friendly communication and body language
- welcoming non-verbal cues (eg smiling, conveying comfort in your tone of voice)
- need to understand the values and beliefs of the clients
- keep messages short and simple
- speak slowly and distinctly
- use gestures and pictures
- no closed questions as clients will often agree to prevent embarrassment at not understanding
- gain feedback
- use interpreter, eg phone, visual, service.

**Question 19 (a)**

Criteria	Marks
• Provides a detailed outline of the functions of the cardiovascular system	2
• Provides a basic outline of the functions of the cardiovascular system	1

**Sample answer:**

Transports blood around the body to enable the delivery of nutrients and gases to cells and remove wastes from cells.

**Question 19 (b)**

Criteria	Marks
• Provides a detailed description of the differences between an arterial bleed and venous blood	3
• Provides a sound description of the differences between an arterial bleed and venous blood	2
• Provides some relevant information	1

**Sample answer:**

An arterial bleed will pump or spurt as the heart pumps and will be bright red in colour due to the oxygenation of the blood. It requires consistent strong pressure to encourage clotting and if a pressure bandage is applied and further bleeding occurs through the bandage a reinforcing bandage would be applied rather than the first one being removed. An arterial bleed is regarded as a medical emergency due to the possibility of bleeding out quickly.

A venous bleed does not spurt and the blood is darker in colour and it will require less pressure to encourage clotting of the blood. There can be a large amount of blood but it doesn't bleed as quickly as an arterial bleed.

**Question 19 (c)**

Criteria	Marks
• Provides a detailed description of the precautions taken to safely manage a bleeding wound	3
• Provides a sound description of the precautions taken to safely manage a bleeding wound	2
• Provides some relevant information	1

**Sample answer:**

Use appropriate hand hygiene and PPE eg gloves for direct contact.

If possible get the client/casualty to apply pressure with their own hands to prevent contact transmission.

Use clean or sterile equipment to apply a pressure dressing.

Appropriately discard waste at the conclusion of managing the bleed.

Appropriately clean environment.

**Question 20 (a)**

Criteria	Marks
• Provides a detailed description of the legal responsibilities of a health care worker in the workplace	2
• Provides a basic outline of the legal responsibilities of a health care worker in the workplace	1

**Sample answer:**

A worker must take reasonable care for their own health and safety and also of others and comply with reasonable instructions of the PCBU.

**Question 20 (b)**

Criteria	Marks
• Provides a detailed outline of procedures for handling contaminated waste	2
• Provides a basic outline of procedures for handling contaminated waste	1

**Answers could include:**

- Separating out clinical and contaminated waste
- Using PPE
- Dispose of sharps in appropriate containers
- Colour coded, biohazard symbols.

**Question 20 (c)**

Criteria	Marks
• Provides a detailed explanation of the role of infection control principles in achieving safety in the workplace	3
• Provides a sound explanation of the role of infection control principles in achieving safety in the workplace	2
• Provides some relevant information	1

**Sample answer:**

Infection control principles can ensure safety by setting a standard of practice that universally minimises the spread of potentially harmful disease-causing microorganisms. This is achieved by breaking the chain of infection to disrupt transmission of pathogens, thus ensuring a safe workplace for staff and clients.

## Section III

### Question 21

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a comprehensive explanation of the impact of poor work practices on the client, the health care worker and the organisation</li> <li>Provides a logical and cohesive response that includes relevant industry terminology and industry examples</li> </ul>	13–15
<ul style="list-style-type: none"> <li>Provides a detailed explanation of the impact of poor work practices on the client, the health care worker and the organisation</li> <li>Provides a logical response that includes relevant industry terminology and industry examples</li> </ul>	10–12
<ul style="list-style-type: none"> <li>Provides a sound explanation of the impact of poor work practices on the client, the health care worker and/or the organisation</li> <li>Communicates information using some appropriate examples</li> </ul>	7–9
<ul style="list-style-type: none"> <li>Provides a basic description of poor work practices and/or their impact</li> <li>Communicates basic information</li> </ul>	4–6
<ul style="list-style-type: none"> <li>Provides limited information</li> </ul>	1–3

#### *Answers could include:*

Poor work practice may encompass a number of areas including:

- unsatisfactory work content in terms of quantity and quality
- competency
- breaches of work practices, procedures and rules—such as breaching worker health and safety requirements
- excessive absenteeism
- theft
- harassment of other employees
- workflow issues such as bottlenecks
- errors that are not corrected
- shortcuts
- management and supervision issues
- clashes over who does what
- demarcation issues
- poor standards of conduct and professionalism
- concerns with the culture of the organisation
- apparent lack of customer focus
- significant integrity issues, where the alleged conduct would breach professional and ethical standards.

All or any of these issues may affect the client in that expectations of care or trust are not fulfilled. This could cause concern or anxiety for the client. Poor or unethical practices may contribute to negative health outcomes and even loss of life for clients. The client may lose faith in the organisation and not feel comfortable in returning for other health problems,

complain or actively recommend against using the organisation. In some cases legal action may be pursued through courts or regulatory bodies.

The health services workplace may be affected by poor work practices by staff being forced to work harder to fill the gaps left by others' performance or absenteeism. Worker safety may be compromised by breaching of WHS procedures. Poor communication may lead to misunderstanding of roles or work tasks. Generally, worker dissatisfaction may lead to poor staff retention, lower work standards and general lack of motivation. Teams may not function as required and situations of staff–staff and staff–patient conflict may result.

To build confidence and trust in the health care system, health services need to be seen to act with integrity and accountability. If poor work practices are widespread or even if there are recognised individual flaws then the whole industry is affected negatively.

**Section IV****Question 22 (a)**

<b>Criteria</b>	<b>Marks</b>
• Provides a comprehensive explanation of the relationship between the client's attitude to their health and their health outcomes	6
• Provides a sound explanation of the relationship between the client's attitude to their health and their health outcomes	4–5
• Provides a basic explanation of the relationship between the client's attitude to their health and their health outcomes	2–3
• Provides some relevant information	1

***Sample answer:***

A client's illness perceptions bear a direct relationship to health outcomes including their level of functioning and ability, utilisation of health care, sticking to treatment plans and overall mortality. How a client views their illness may play a bigger role in determining health than the actual severity of the disease. Health outcomes can be influenced by the client's standard of living, their health, achievements, relationships, security, community involvement, financial situation and their spirituality. This client's attitudes could be affected by their age, recent loss of partner, existing health problems, mobility challenges and admission to a health care facility which may contribute to the efficacy of the health treatment plan.

**Question 22 (b)**

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a comprehensive explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses relevant industry terminology and examples</li> </ul>	8–9
<ul style="list-style-type: none"> <li>Provides a sound explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses industry terminology and examples</li> </ul>	6–7
<ul style="list-style-type: none"> <li>Provides an explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses industry terminology and example/s</li> </ul>	4–5
<ul style="list-style-type: none"> <li>Provides a description of client needs and/or support services and/or care delivery</li> </ul>	1–3

**Sample answer:**

On admission the client would have a general assessment including their physical and psychosocial needs. This will ensure that the development of a care plan will include both their needs and their preferences in the delivery of care. Areas that could be considered are:

- Social situation
- Recent loss of partner
- Physical limitations
- Dietary requirements
- Assistance with ADLs
- Spiritual needs.

The client's needs and preferences could be met in these areas using support services such as:

- Ensuring family and friends are aware of visiting hours and how to be in contact with client
- Using the social worker to speak with client re loss of partner. They could also access any funding that could assist in supporting the client financially if required
- The physiotherapist could assist in helping to mobilise the client and the occupational therapist could assist in assessing the suitability of their home for independent living
- The dietician could assist in planning meals that will encourage the healing and recovery of the client as well as meeting their dietary preferences
- The health care worker can assist in showering and grooming the client to assist in their feelings of wellbeing
- A spiritual advisor could assist in helping meet the spiritual needs of the client.

**Question 23 (a)**

<b>Criteria</b>	<b>Marks</b>
• Provides a comprehensive explanation of the relationship between the client's attitude to their health and their health outcomes	6
• Provides a sound explanation of the relationship between the client's attitude to their health and their health outcomes	4–5
• Provides a basic explanation of the relationship between the client's attitude to their health and their health outcomes	2–3
• Provides some relevant information	1

***Sample answer:***

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**Question 23 (b)**

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a comprehensive explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses relevant industry terminology and examples</li> </ul>	8–9
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**Question 24 (a)**

<b>Criteria</b>	<b>Marks</b>
• Provides a comprehensive explanation of the relationship between the client's attitude to their health and their health outcomes	6
• Provides a sound explanation of the relationship between the client's attitude to their health and their health outcomes	4–5
• Provides a basic explanation of the relationship between the client's attitude to their health and their health outcomes	2–3
• Provides some relevant information	1

***Sample answer:***

A client's illness perceptions bear a direct relationship to health outcomes including their level of functioning and ability, utilisation of health care, sticking to treatment plans and overall mortality. How a client views their illness may play a bigger role in determining health than the actual severity of the disease. Health outcomes can be influenced by the client's standard of living, their health, achievements, relationships, security, community involvement, financial situation and their spirituality. This client's attitudes could be affected by their age, recent loss of partner, existing health problems, mobility challenges and admission to a health care facility which may contribute to the efficacy of the health treatment plan.

**Question 24 (b)**

Criteria	Marks
<ul style="list-style-type: none"> <li>Provides a comprehensive explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses relevant industry terminology and examples</li> </ul>	8–9
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<ul style="list-style-type: none"> <li>Provides an explanation of how identifying the client's needs and preferences and using support services will assist planning and delivery of care</li> <li>Uses industry terminology and example/s</li> </ul>	4–5
<ul style="list-style-type: none"> <li>Provides a description of client needs and/or support services and/or care delivery</li> </ul>	1–3

**Sample answer:**

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- Social situation
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## 2016 HSC Human Services Mapping Grid

### Section I

Question	Marks	HSC content – focus area	Employability skills (Please put an X where appropriate)							
			Communication	Teamwork	Problem-solving	Initiative and enterprise	Planning and organising	Self-management	Learning	Technology
1	1	Health and wellbeing — major body systems and associated components – page 25	X		X				X	
2	1	Safety — incidents, accidents and emergencies – page 38	X		X		X		X	
3	1	Industry context — nature of the industry – page 30	X	X						
4	1	Industry context — anti-discrimination – page 32	X	X		X				
5	1	Health and wellbeing — major body systems and associated components – page 24							X	
6	1	Safety — risk management – page 37			X		X			
7	1	Work — communication – page 46	X							
8	1	Work — cultural diversity – page 46	X		X					
9	1	Work — recording and reporting – page 45		X		X				
10	1	Industry context — employment – page 31		X					X	
11	1	Health and wellbeing — terminology – page 25			X				X	
12	1	Work — the community services/health worker – page 44						X		
13	1	Industry context — employment – page 31	X							
14	1	Industry context — legal and ethical issues – page 31	X		X					
15	1	Health and wellbeing — social strategies – page 27	X							

**Section II**

Question	Marks	HSC content – focus area	Employability skills (Please put an X where appropriate)								
			Communication	Teamwork	Problem-solving	Initiative and enterprise	Planning and organising	Self-management	Learning	Technology	
16 (a)	2	Health and wellbeing — major body systems and associated components – page 25								X	
16 (b)	4	Safety — incidents, accidents and emergencies – page 39			X	X					
17 (a)	2	Safety — risk management – page 37	X	X	X						
17 (b)	5	Safety — risk management – page 37	X	X							
18 (a)	3	Work — misunderstandings and conflict – page 46		X	X						
18 (b)	4	Work — cultural diversity – page 46	X		X						
19 (a)	2	Health and wellbeing — major body systems and associated components – page 25								X	
19 (b)	3	Health and wellbeing — major body systems and associated components – page 25								X	
19 (c)	3	Safety — incidents, accidents and emergencies – page 39			X						
20 (a)	2	Safety — WHS compliance – page 35-36								X	
20 (b)	2	Safety — infection control – page 38		X	X						
20 (c)	3	Safety — infection control – page 37-38			X						

**Section III**

Question	Marks	HSC content – focus area	Employability skills (Please put an X where appropriate)								
			Communication	Teamwork	Problem-solving	Initiative and enterprise	Planning and organising	Self-management	Learning	Technology	
21	15	Work — work practices – page 45	X	X							

**Section IV**

Question	Marks	HSC content – focus area	Employability skills (Please put an X where appropriate)							
			Communication	Teamwork	Problem-solving	Initiative and enterprise	Planning and organising	Self-management	Learning	Technology
22 (a)	6	Health and wellbeing — emotional and psychological needs – page 26	X	X					X	
22 (b)	9	Health and wellbeing — needs and preferences – page 26	X	X					X	
23 (a)	6	Health and wellbeing — emotional and psychological needs – page 26	X	X					X	
23 (b)	9	Health and wellbeing — needs and preferences – page 26	X	X					X	
24 (a)	6	Health and wellbeing — emotional and psychological needs – page 26	X	X					X	
24 (b)	9	Health and wellbeing — needs and preferences – page 26	X	X					X	