



BOARD OF STUDIES
NEW SOUTH WALES

2013 HSC Human Services Marking Guidelines

Section I

Multiple-choice Answer Key

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

Section II

Question 16 (a)

Criteria	Marks
• Correctly defines the term <i>burn</i>	1

Sample answer:

Burns are injuries that can damage and kill skin cells and are most commonly caused by exposure to flames, hot objects, hot liquids, chemicals, radiation or a combination of these.

Question 16 (b)

Criteria	Marks
• Demonstrates a detailed understanding of the classifications of burns	3
• Demonstrates a sound understanding of the classifications of burns	2
• Demonstrates a limited knowledge of the classifications of burns	1

Answers could include:

- (1) Superficial burns result in reddening (like sunburn) and lead to damage to the outer layer of the skin only
- (2) Partial thickness burns result in blistering and lead to damage to the top and middle layer of the skin
- (3) Full thickness burns result in white or blackened areas and result in damage to all layers of the skin plus underlying tissues and structures

OR

- (1) 1st degree burn – The outer layer of the skin is burned but not all the way through
 - The skin is usually red
 - Often there is swelling
 - Pain is sometimes present
- (2) 2nd degree burn – The first layer of the skin has been burned through and the second layer of the skin (dermis) is also burned
 - Blisters develop
 - Skin takes on an intensely reddened, splotchy appearance
 - There is severe pain and swelling
- (3) 3rd degree burn – Involves all layers of the skin and causes permanent tissue damage. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white.

Question 17 (a)

Criteria	Marks
• Correctly defines the term <i>stroke</i>	1

Sample answer:

A stroke is the sudden death of a portion of the brain cells due to a lack of oxygen.

Question 17 (b)

Criteria	Marks
• Demonstrates a detailed understanding of the risk factors for a stroke	3
• Demonstrates a sound understanding of the risk factors for a stroke	2
• Demonstrates a limited knowledge of the risk factors for a stroke	1

Answers could include:

Over 55, male, family history, high BP, high cholesterol, smoking, diabetes, obesity, cardiovascular disease, cocaine use, heavy alcohol use, men from divorced families.

Question 17 (c)

Criteria	Marks
• Demonstrates comprehensive knowledge and understanding of care interventions for a client who has been diagnosed with a stroke	5
• Demonstrates detailed knowledge and understanding of care interventions for a client who has been diagnosed with a stroke	4
• Demonstrates sound knowledge and understanding of care interventions for a client who has been diagnosed with a stroke	3
• Demonstrates basic knowledge of care interventions for a client who has been diagnosed with a stroke	2
• Demonstrates limited knowledge of care interventions for a client who has been diagnosed with a stroke	1

Answers could include:

Responses should expand on the following:

- Assistance with ADLs (eating, bathing, dressing, toileting, mobility, continence, communication)
- PAC (if not ambulant), utilising mechanical equipment, involving individual with care planning
- General and cognitive observations (neurological observations, Glasgow coma scale, Mini Mental State Examination)
- Possible alternative feeding schedules
- Speech and swallowing assessment
- Mobility aids
- Physiotherapy
- Occupational therapy

Question 18 (a)

Criteria	Marks
• Correctly identifies the duration of a routine handwash	1

Sample answer:

Duration of handwash 15–20 seconds.

Question 18 (b)

Criteria	Marks
• Correctly identifies when hands should be washed rather than handrub applied	1

Sample answer:

When visibly soiled.

Question 18 (c)

Criteria	Marks
• Demonstrates comprehensive knowledge and understanding of the five moments of hand hygiene	5
• Demonstrates detailed knowledge and understanding of the five moments of hand hygiene	4
• Demonstrates sound knowledge and understanding of the five moments of hand hygiene	3
• Demonstrates basic knowledge of the five moments of hand hygiene	2
• Demonstrates limited knowledge of the five moments of hand hygiene	1

Sample answer:

Five Moments for Hand Hygiene have been identified as the critical times when Hand Hygiene should be performed.

- (1) When: Clean your hands before touching a patient.
Why: To protect the patient and HCW from harmful microorganisms.
- (2) When: Clean your hands before a procedure.
Why: To protect the patient from harmful microorganisms.
- (3) When: Clean your hands after a procedure or body fluid exposure risk.
Why: To protect the HCW and the healthcare surroundings from harmful microorganisms.
- (4) When: Clean your hands after touching a patient.
Why: To protect the HCW and the healthcare surroundings from harmful microorganisms.
- (5) When: Clean your hands after touching a patient's surroundings.
Why: To protect the HCW and the healthcare surroundings from harmful microorganisms.

Question 19 (a)

Criteria	Marks
• Identifies four types and provides examples of bullying and harassment in the workplace	4
• Identifies three types and provides examples of bullying and harassment in the workplace	3
• Identifies two types and provides examples of bullying and harassment in the workplace	2
• Identifies one type and provides an example of bullying and harassment in the workplace	1

Sample answer:

Verbal – shouting, inappropriate language, name calling

Physical – hitting, punching, overmedicating, shaking

Psychological – causing mental anguish, intimidation, humiliation, isolation

Sexual – inappropriate / unwanted touch, unwanted sexual behaviour / discussion

Question 19 (b)

Criteria	Marks
• Demonstrates comprehensive knowledge and understanding of strategies to eliminate bullying and harassment	4
• Demonstrates sound knowledge and understanding of strategies to eliminate bullying and harassment	3
• Demonstrates basic knowledge of strategies to eliminate bullying and harassment	2
• Demonstrates limited knowledge of a range of strategies to eliminate bullying and harassment	1

Sample answer:

There are a range of strategies to eliminate bullying and harassment which include reporting and recording instances of bullying and harassment to supervisor, use of effective interpersonal communication, education on different cultures and possibly attending assertiveness training.

Answers could include:

Provide interpreters for intercultural communication.

Effective communication can include:

- active listening
- attending behaviours
- empathy
- reflective listening
- paraphrasing
- summarising
- questioning
- positive non-verbal language/techniques

Eliminate barriers to communication.

Question 20

Criteria	Marks
<ul style="list-style-type: none">• Demonstrates a comprehensive understanding of the skills necessary to facilitate a successful therapeutic relationship• Consistently, accurately and appropriately communicates using precise industry terminology and examples	7
<ul style="list-style-type: none">• Demonstrates detailed understanding of the skills necessary to facilitate a successful therapeutic relationship• Communicates using specific industry terminology and examples	5–6
<ul style="list-style-type: none">• Demonstrates basic understanding of the skills necessary to facilitate a successful therapeutic relationship• Communicates using industry terminology	3–4
<ul style="list-style-type: none">• Demonstrates limited understanding of the skills necessary to facilitate a successful therapeutic relationship• Communicates using non-industry terminology	1–2

Sample answer:

A therapeutic relationship is a caring relationship that promotes health and wellness through sensitive communication. This can be achieved by conveying respect and acceptance of clients, no matter what the situation and encouraging the expression of the views, ideas and feelings of others. The use of effective non-verbal communication such as body language, proxemics, signing, touch, and gestures is a crucial aspect of a therapeutic relationship.

Answers could include:

- Demonstrate a non-judgmental attitude towards the situations, views, feelings and ideas of others, eg
 - Effective interpersonal skills – Active listening, asking open ended questions, providing feedback, paraphrasing, clarifying, reflecting, using silence, summarising, empathy (Tabners p.454)
 - Implementing advocacy
 - Maintaining confidentiality
 - Respecting individual's rights
 - Demonstrating cultural sensitivity

Workplace examples could include:

- Providing privacy for conversations and/or procedures
- Speaking out on behalf of a client with no carer support
- Assisting a person from another culture with dressing or cultural ritual

Section III

Question 21

Criteria	Marks
<ul style="list-style-type: none">Provides a comprehensive explanation of WHS responsibilities of organisations, employers and employees in health and community careProvides a logical and cohesive response that includes relevant industry terminology and industry examples	13–15
<ul style="list-style-type: none">Provides a detailed explanation of WHS responsibilities of organisations, employers and employees in health and community careProvides a logical response that includes relevant industry terminology and industry examples	10–12
<ul style="list-style-type: none">Provides a sound explanation of WHS responsibilities of organisations, employers and employees in health and community careCommunicates information and may use appropriate examples	7–9
<ul style="list-style-type: none">Provides a limited explanation of WHS responsibilities of organisations, employers and employees in health and community careCommunicates some information	4–6
<ul style="list-style-type: none">Provides some relevant information	1–3

Answers could include:

- Safe Work Australia – primary responsibility is to lead the development of policy to improve work health and safety and workers compensation arrangements across Australia.
- Founded in 2009 with the aim of harmonising state-based WHS and injury management laws. This resulted in the introduction of the WHS Act, Regulation and Codes of Practice in 2012. Safe Work Australia has ongoing responsibility for promoting work health and safety at a national level and liaising with other countries on the topic. It is also tasked with harmonising Workers Compensation laws.
- Employer – Under the WHS Act employers are known as persons conducting a business or undertaking (PCBU). The PCBU’s duty of care means they must have systems and processes in place to prevent workplace accidents, injuries and illnesses and provide workers with a safe workplace.
- They must ensure:
 - Safe work systems
 - A safe work environment
 - Accommodation for workers, if provided, is appropriate
 - Safe use of plant, structures and substances
 - Facilities for the welfare of workers are adequate
 - Notification and recording of workplace incidents
 - Adequate information, training, instruction and supervision are given
 - Compliance with the requirements under the work health and safety regulation
 - Effective systems are in place for monitoring the health of workers and workplace conditions.

- PCBUs must also have meaningful and open consultations about WHS with their workers, and their representatives.
- Employees – have a legal responsibility to protect themselves and others from potential workplace accidents and illness. The worker has a duty of care to act safely, control risks, and protect themselves and others from risk of harm. Employees are accountable for what they do and also what they fail to do in terms of maintaining safety in their work.
- A worker must, while at work:
 - Take reasonable care for their own health and safety
 - Take reasonable care for health and safety of others
 - Comply with any reasonable instruction by the PCBU
 - Cooperate with any reasonable policies and procedures of the PCBU

Source: Aged Care in Australia a guide for aged care workers, 2nd edition, TAFE NSW

<http://safeworkaustralia.gov.au/sites/swa/about/pages/about>

Answers could also include:

- Legislation
- Policy and procedures
- Education
- Documentation
- Employee responsibilities
- Employer responsibilities
- Hazards in workplace
- Risk assessment and risk management
- Workgroups, meetings and minutes
- Hierarchy of control — PPE
- Continuous improvement
- Stress
- Manual handling
- Emergencies

Section IV

Question 22 (a)

Criteria	Marks
• Demonstrates comprehensive knowledge of roles and responsibilities of an aged care worker	5
• Demonstrates detailed knowledge of roles and responsibilities of an aged care worker	4
• Demonstrates sound knowledge of roles and responsibilities of an aged care worker	3
• Demonstrates a basic knowledge of roles and responsibilities of an aged care worker	2
• Demonstrates limited knowledge of roles and responsibilities of an aged care worker	1

Sample answer:

The roles and responsibilities of an aged care assistant include, supporting the resident in meeting their personal care needs and activities of daily living, adhering to the individualised care plan and working as part of a team. It is also the responsibility of the aged care assistant to fulfil their duty of care to all residents and to communicate any changes in the condition of the residents to their supervisor.

Answers could include:

- Work under the direction of their supervisor
- Support residents and their carers in their choices regarding care
- Complete documentation as per policies and procedures
- Contribute effectively to team

Question 22 (b)

Criteria	Marks
<ul style="list-style-type: none">• Demonstrates a comprehensive understanding of the support and contribution of aged care services to health and wellbeing of an ageing population• Provides a logical and cohesive response using appropriate industry examples	9–10
<ul style="list-style-type: none">• Demonstrates a detailed understanding of the support and contribution of aged care services to health and wellbeing of an ageing population• Provides a cohesive response using appropriate industry examples	7–8
<ul style="list-style-type: none">• Demonstrates a sound understanding of the support and/or contribution of aged care services to health and wellbeing of an ageing population• Communicates information and may use some examples	5–6
<ul style="list-style-type: none">• Demonstrates a limited understanding of the support and/or contribution of aged care services to health and wellbeing of an ageing population• Communicates some information	3–4
<ul style="list-style-type: none">• Provides some information on the contribution of aged care services to the health and wellbeing of an ageing population	1–2

Question 23 (a)

Criteria	Marks
• Demonstrates comprehensive knowledge of the roles and responsibilities of an allied health assistant in Health and Community Services	5
• Demonstrates detailed knowledge of the roles and responsibilities of an allied health assistant in Health and Community Services	4
• Demonstrates sound knowledge of the roles and responsibilities of an allied health assistant in Health and Community Services	3
• Demonstrates a basic knowledge of roles and responsibilities of an allied health assistant in Health and Community Services	2
• Demonstrates limited knowledge of roles and responsibilities of an allied health assistant in Health and Community Services	1

Sample answer:

The role and responsibility of the allied health assistant includes working under the supervision of the allied health professional, cleaning and maintaining equipment, supporting the client in preparation for therapy. It is the responsibility of the allied health assistant to fulfil their duty of care to the client and to observe the client for any discomfort during therapy.

Answers could include:

- Support and follow the allied health care plan
- Report problems with therapy to supervisor
- Contribute effectively to team

Question 23 (b)

Criteria	Marks
<ul style="list-style-type: none">• Demonstrates a comprehensive understanding of the support and contribution of allied health services to health and wellbeing of clients• Provides a logical and cohesive response using appropriate industry examples	9–10
<ul style="list-style-type: none">• Demonstrates a detailed understanding of the support and contribution of allied health services to health and wellbeing of clients• Provides a cohesive response using appropriate industry examples	7–8
<ul style="list-style-type: none">• Demonstrates a sound understanding of the support and contribution of allied health services to health and wellbeing of clients• Communicates information and may use some examples	5–6
<ul style="list-style-type: none">• Demonstrates a limited understanding of the support and/or contribution of allied health services to health and wellbeing of clients• Communicates some information	3–4
<ul style="list-style-type: none">• Provides some information on the support and/or contribution of allied health services to health and wellbeing of clients	1–2

Question 24 (a)

Criteria	Marks
• Demonstrates comprehensive knowledge of roles and responsibilities of an assistant in nursing in an acute health care environment	5
• Demonstrates detailed knowledge of roles and responsibilities of an assistant in nursing in an acute health care environment	4
• Demonstrates sound knowledge of roles and responsibilities of an assistant in nursing in an acute health care environment	3
• Demonstrates a basic knowledge of roles and responsibilities of an assistant in nursing in an acute health care environment	2
• Demonstrates limited knowledge of roles and responsibilities of an assistant in nursing in an acute health care environment	1

Sample answer:

The role and responsibility of the assistant in nursing in a health care environment includes, working under the supervision of the registered nurse, observing and reporting any changes in the patient's condition to the supervisor and working as part of the multi-disciplinary team. It is also the responsibility of the assistant in nursing to assist the patient with their personal care and to undertake basic technical tasks such as TPR and BP.

Answers could include:

- Support and follow the patient care plan
- Complete documentation as per policies and procedures
- Fulfil their duty of care

Question 24 (b)

Criteria	Marks
<ul style="list-style-type: none">• Demonstrates a comprehensive understanding of the support and contribution of health services to health and wellbeing of the community• Provides a logical and cohesive response using appropriate industry examples	9–10
<ul style="list-style-type: none">• Demonstrates a detailed understanding of the support and contribution of health services to health and wellbeing of the community• Provides a cohesive response using appropriate industry examples	7–8
<ul style="list-style-type: none">• Demonstrates a sound understanding of the support and contribution of health services to health and wellbeing of the community• Communicates information and may use some examples	5–6
<ul style="list-style-type: none">• Demonstrates a limited understanding of the support and/or contribution of health services to health and wellbeing of the community• Communicates some information	3–4
<ul style="list-style-type: none">• Provides some information on the support and/or contribution of health services to health and wellbeing of the community	1–2

Human Services

2013 HSC Examination 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	Work / HLTHIR301B – Page 45	X		X				X	
2	1	Health and Well being / HLTAP301B – Page 27			X				X	
3	1	Safety / HLTFA311A – Page 41			X				X	
4	1	Safety / HLTWHS200A / CHCWHS312A – Page 39							X	
5	1	Industry Context / HLTHIR301B/CHCS411B – Page 34			X				X	
6	1	Health and Well being / CHCICS303A – Page 28							X	
7	1	Safety / HLTIN301C – Page 40			X			X	X	
8	1	Health and Well being / HLTAP301B – Page 27			X				X	
9	1	Health and Well being /CHCISC303A – Page 27							X	
10	1	Work/ HLTHIR301B / CHCCS411C – Page 48					X		X	
11	1	Industry Context / HLTHIR301B / CHCS411C – Page 32		X		X	X		X	
12	1	Health and Well being / HLTAP301B – Page 27; UNTFA311A – Page 41			X				X	
13	1	Safety / HLTFA311A – Page 41			X		X	X	X	
14	1	Health and Well being / HLTAP301B – Page 27			X				X	
15	1	Safety / HLTIN301B – Page 39							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) 16 (b)	1 3	Safety / HLTFA311A – Page 41	X		X		X	X	X	
17 (a) 17 (b) 17 (c)	1 3 5	Health and Wellbeing / HLTAP301B – Page 27	X	X	X	X	X	X	X	X
18 (a) 18 (b) 18 (c)	1 1 5	Safety / HLTIN301B – Page 40	X	X	X	X	X	X	X	
19 (a) 19 (b)	4 4	Industry Context – Page 34	X	X	X	X	X	X	X	
20	7	Industry Context and Work / HLTHIR301B / CHCCS411A / HLTHIR403B – Page 46	X	X	X	X	X	X	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	Safety / HLTWHS200A / CHCWHS312A – Page 38 and BOS 10/12 Official Notice amending OHS to WHS	X	X	X	X	X	X	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)	5	Industry Context/ CHCCS411C / HLTHIR301B – Page 31								
22 (b)	10	Work Health & Wellbeing / CHCCS411C and HLTHIR301B – Page 45 and Page 46	X	X	X	X	X	X	X	X
23 (a)	5	Industry Context CHCCS411C / HLTHIR301B – Page 31								
23 (b)	10	Work Health & Wellbeing CHCC5411C/HLTHIR301B Page 45 and Page 46	X	X	X	X	X	X	X	X
24 (a)	5	Industry Context CHCCS411C / HLTHIR301B – Page 31								
24 (b)	10	Work Health & Wellbeing CHCCS411C / HLTHIR301B – Page 45 and 46	X	X	X	X	X	X	X	X