



## **2012 HSC Human Services 'Sample Answers'**

When examination committees develop questions for the examination, they may write 'sample answers' or, in the case of some questions, 'answers could include'. The committees do this to ensure that the questions will effectively assess students' knowledge and skills.

This material is also provided to the Supervisor of Marking, to give some guidance about the nature and scope of the responses the committee expected students would produce. How sample answers are used at marking centres varies. Sample answers may be used extensively and even modified at the marking centre OR they may be considered only briefly at the beginning of marking. In a few cases, the sample answers may not be used at all at marking.

The Board publishes this information to assist in understanding how the marking guidelines were implemented.

The 'sample answers' or similar advice contained in this document are not intended to be exemplary or even complete answers or responses. As they are part of the examination committee's 'working document', they may contain typographical errors, omissions, or only some of the possible correct answers.

## Section II

### Question 16 (a)

***Sample answer:***

Anatomy deals with the structure of living things; the study, classification and description of structures and organs of the body.

Physiology is the study of the processes and function of the human body, the study of the physical and chemical processes involved in the functioning of organisms and their parts.

### Question 16 (b)

***Answers could include:***

*Body temperature*

External temperature drops – shivering occurs and movement in the muscles generates heat, hairs stand on end, little sweat produced, vasoconstriction, temperature rises.

When the body temperature starts to rise, the blood vessels respond by dilating and increasing blood flow to the body surface, bringing inner heat to the surface. The sweat glands then secrete fluid onto the skin and it is the evaporation of this fluid that cools the body. When the body temperature starts to fall, the blood vessels respond by constricting and decreasing blood flow to the body surface, reducing heat loss through the skin. The sweat glands inhibit the release of fluid, and evaporation from the skin is reduced to help retain body heat.

When the external temperature drops, the body responds by increased voluntary muscular activity and involuntary movements such as shivering. Piloerection (goosebumps) also occurs which can decrease heat loss by trapping more air close to the skin.

OR

*Glucose levels in blood*

When glucose levels are too high in the blood, the pancreas secretes a hormone called insulin. Insulin stimulates the absorption of glucose by cells and the liver converts glucose into glycogen. Glycogen is a sugar that can be stored in the liver and blood cells. When glucose levels are too high insulin is secreted and when glucose levels are too low glycogen is secreted to maintain blood glucose within normal limits.

**Question 17 (a)*****Sample answer:***

Danger	Check for any danger to yourself or others
Response	Talk and touch
Send for help	Get help
Airway	Check the airway is clear
Breathing	Check for breathing – look listen and feel
Resuscitation	Commence CPR
Defibrillation	Electrical stimulation applied to the heart

**Question 17 (b) (i)*****Answers could include:***

- Immobilise the leg
- Support the leg
- Elevate the leg
- Bandage the wound
- Keep the patient warm
- Apply pressure to the wound
- Protect yourself from infection
- Try to bring the wound edges together
- Take vital signs
- Treat for shock

**Question 17 (b) (ii)*****Answers could include:***

- Compressions: 30:2
- Chest depth: 1/3
- Hand placement
- Continue until help arrives or first aider is too exhausted to continue
- Apply defibrillator if available

## Question 18

### *Sample answer:*

There are many issues that impact on a person's health and wellbeing. One of these factors is the maintenance of a healthy diet. Based on the healthy food pyramid, maintaining a diet low in fats, salt and simple sugars and high in fibre is recommended for good health. A diet such as this coupled with regular exercise, managing lifestyle issues such as stress and smoking, can reduce the risk of many diseases including heart disease, diabetes and depression.

### *Answers could include:*

Answers will describe how these factors may affect health and wellbeing

- Not having regular health checks
- Not treating/maintaining treatment of chronic conditions
- Maintain good dental and oral care
- Regular aerobic and non-aerobic exercise
- Maintain appropriate body mass index (healthy weight)
- Maintain healthy nutrition and hydration
- Maintain personal hygiene
- ADLs (activities of daily living)
- Engage in social activity/networking/interaction
- Participate in health-promotion activities
- Monitor medication use
- Reduce lifestyle risk factors, eg smoking, alcohol and recreational drug use
- Maintenance of hobbies
- Participation in spiritual and cultural beliefs
- Maintain good sleep patterns
- Practise respiratory etiquette
- Utilise stress-management techniques
- Express sexuality

**Question 19 (a)*****Answers could include:***

- Hand hygiene including alcohol based hand rub (ABHR) and education of staff/visitors/patients
- Five moments of hand hygiene
- Appropriate use of PPE (gown, goggles, mask, gloves)
- Linen management
- Appropriate food preparation
- Sharps management
- Environmental cleaning
- Single use of patient equipment/correct cleaning of multiple use equipment
- Following policies and procedures
- Reporting appropriate infections as per policy
- Patient and family education
- Appropriate waste management

**Question 19 (b) (i)*****Answers could include:***

- Aseptic wound care
- Source isolation (single room) (keeping door closed), negative pressure room
- For handling equipment – standard precautions
- For transporting, notify the receiving area and ensure patient wears a mask
- Respiratory etiquette
- Patient and family education related to disease transmission

**Question 19 (b) (ii)*****Answers could include:***

- Single room
- Limit transport and movement
- Disposable equipment/single use equipment
- Remove PPE and wash hands before leaving room
- Patient and family education related to disease transmission
- Aseptic wound care

**Question 20 (a)*****Sample answer***

Cultural diversity is:

- The cultural variety and cultural differences that exist in the world, a society or an institution.
- Living in peace with people belonging to different societies/cultures and understanding each other while gaining knowledge about one another's behaviour, lifestyle and thinking.
- A variety or multiformity in race, ethnicity, language, tradition, culture, morality and religion existing within a community, organisation or population.

**Question 20 (b)*****Answers could include:***

- Dietary needs: vegetarian, no pork (Muslim/ Jewish), no beef (Hindu)
- Religion: prayer rooms, various religious services, religious support – priests, rabbis. Prayer time for staff is also supported
- Interpreters – speech, sign
- Translated health information
- Signage translated into other languages
- Cultural support personnel – eg Aboriginal liaison officers
- Commitment to EEO by making sure that everyone has equal access to available employment by:
  - ensuring that workplaces are free from discrimination and harassment
  - providing programs to assist people to overcome disadvantage. This means having workplace policies, practices and behaviours that are fair and do not disadvantage people. In this environment, people are valued and respected
  - have opportunities to develop their full potential and pursue a career path of their choice
  - cultural awareness educational programs

## Section III

### Question 21

*Answers could include:*

<ul style="list-style-type: none"> <li>• Ageing population</li> </ul>	<ul style="list-style-type: none"> <li>– Look at training more nurses, doctors and other health professionals to care for the ageing population.</li> <li>– Examine ways to maintain people in their own homes, ie increase home-care/help services</li> </ul>
<ul style="list-style-type: none"> <li>• Client/staff ratio</li> </ul>	<ul style="list-style-type: none"> <li>– Ensure state – agreed client/staff ratios are promoted and maintained</li> <li>– Obtain more funding to train/educate those health professionals needed to provide best patient outcomes</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital/aged-care beds shortage</li> </ul>	<ul style="list-style-type: none"> <li>– Increase use of primary healthcare model</li> <li>– Examine more home-care options</li> <li>– Promote discharge from hospital with home-care or rehabilitation options</li> <li>– Increase number of aged-care facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Elevation in chronic disease numbers</li> </ul>	<ul style="list-style-type: none"> <li>– Promote primary healthcare</li> <li>– Early intervention</li> <li>– Provide home-care options</li> <li>– Train more healthcare/aged-care staff to provide safe care in the home</li> </ul>
<ul style="list-style-type: none"> <li>• Longevity</li> </ul>	As above
<ul style="list-style-type: none"> <li>• Ageing workforce</li> </ul>	<ul style="list-style-type: none"> <li>– Ensure staff forecasts are examined and adequate funding is obtained to educate appropriate healthcare professionals</li> </ul>
<ul style="list-style-type: none"> <li>• Increased hospital waiting lists</li> </ul>	<ul style="list-style-type: none"> <li>– 24 hour theatre services</li> <li>– Increase payment to VMOs from public health funds to perform operations on public patients</li> <li>– Build more operating theatres</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of funding</li> </ul>	<ul style="list-style-type: none"> <li>– Source funding from government organisations with the support of current research on the needs of the healthcare/aged-care industry</li> </ul>

<ul style="list-style-type: none"> <li>Limited access to services in regional and rural areas</li> </ul>	<ul style="list-style-type: none"> <li>– Increase incentives for healthcare workers to be employed in regional and rural areas.</li> <li>– Include rotation to rural and regional areas during doctor, nurse and allied health training programs</li> <li>– Source funding for training local people into health-related professions</li> </ul>
<ul style="list-style-type: none"> <li>Lower life expectancy of Aboriginal and/or Torres Strait Islander people</li> </ul>	<ul style="list-style-type: none"> <li>– Increase employment of Aboriginal health workers</li> <li>– Promote primary healthcare in Aboriginal communities</li> <li>– Consult local Aboriginal communities about healthcare needs and desired services</li> </ul>
<ul style="list-style-type: none"> <li>Culturally appropriate health services</li> </ul>	<ul style="list-style-type: none"> <li>– More interpreters</li> <li>– More translated health-related information</li> <li>– More culturally specific health workers</li> </ul>



## Section IV

### Question 22 (a)

*Sample answer:*

- Client-centred care puts the client first and care is developed around the needs of the resident not the aged-care facility or workers.
- Confidentiality means the resident has a right to have information about their health kept private and only accessed by those health professionals who are directly providing care and need to know.
- Duty of care describes the legal responsibility that health workers have to provide safe care for their residents.

### Question 22 (b)

*Answers could include:*

For example, for client-centred care – this would include organising care in consultation with the patient to suit their needs, such as changing a shower time to suit a resident/patient/client who wanted to watch the end of the cricket.

Example for confidentiality – not discussing a patient in a staffroom or with someone not involved in their care.

Example for duty of care – not letting a confused resident wander out on the street; not leaving a frail, elderly, confused person in the shower alone.

### Question 23 (a)

*Sample answer:*

- Client-centred care puts the client first and care is developed around the needs of the client not the health facility or workers.
- Confidentiality means the client has a right to have information about their health kept private and only accessed by those health professionals who are directly providing care and need to know.
- Duty of care describes the legal responsibility that health workers have to provide safe care for their patients/clients.

**Question 23 (b)*****Answers could include:***

Example for client-centred care – this would include organising care in consultation with the client to suit their needs, such as changing mobility assistance for a client who was complaining of feeling dizzy.

Example for confidentiality – not discussing a patient in a staffroom or with someone not involved in their care.

Example for duty of care – not leaving a frail, elderly, confused person on a treatment table unsupervised.

**Question 24 (a)*****Sample answer:***

- Client-centred care puts the client first and care is developed around the needs of the client not the health facility or workers.
- Confidentiality means the client has a right to have information about their health kept private and only accessed by those health professionals who are directly providing care and need to know.
- Duty of care describes the legal responsibility that health workers have to provide safe care for their patients/clients.

**Question 24 (b)*****Answers could include:***

Example for client-centred care – asking a patient when they normally have their shower/bath and assisting them at that time rather than doing all the showers in the morning.

Example of confidentiality – not discussing a patient in a staffroom or with someone not involved in their care.

Example of duty of care – using correct manual-handling equipment according to patient's needs, using standard precautions and correct PPE.