Privacy and Dignity in Aged Care Staff Training Record

Section 1 – Staff member’s certification

I the undersigned confirm having viewed the video presentation for Privacy and Dignity in Aged Care that I understand these expected outcomes as per Aged Care Accreditation Expected Outcome 3.6 and can confidently answer the following questions:

- Aged Care Accreditation Expected Outcome 3.6 is about Results for whom? Circle the correct response.
  I. You  
  II. The Organisation  
  III. The Residents

- Circle YES or NO to the following statements in regard to the following considerations of residents Privacy and Dignity.
  I. Should you call a resident by their preferred name?    YES  NO  
  II. Should residents care needs be conducted in private?   YES  NO  
  III. Do resident’s records (personal information) need to be secured?  YES  NO  
  IV. Do you need to knock on the resident’s door prior to entering the room?  YES  NO  
  V. Do Residents in aged care facilities have the same rights as people living in the wider community?  YES  NO

I understand my responsibilities in relation to Privacy and Dignity in Aged Care as per Aged Care Accreditation Expected Outcome 3.6?
As a Queensland Health employee, I am able to apply these principals in the workplace?

Last Name _______________________________ First Name _______________________________
Department ______________________________ Facility _______________________________
Payroll Number ___________________________ Stream (eg Admin) _______________________
Signature _______________________________ Date _______________________________

Section 2 – Line manager certification

I confirm the above named staff member has viewed the video presentation for Privacy and Dignity in Aged Care and has adequately answered the above questions in relation to Aged Care Accreditation Expected Outcome 3.6.

Last Name _______________________________ First Name _______________________________
Position _________________________________ Title _________________________________
Signature _______________________________ Date _______________________________

This record must be retained in the employee’s Personnel File.