

Title	Support a person whose cognitive function has been affected by a brain injury		
Level	4	Credits	10

Purpose	<p>A person credited with this standard can describe:</p> <ul style="list-style-type: none"> • describe the potential effects of a brain injury on cognitive function; • describe strategies for supporting a person whose cognitive function has been affected by a brain injury; and • support participation and engagement for a person whose cognitive function has been affected by a brain injury.
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Classification	Health, Disability, and Aged Support > Brain Injury Support
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Available grade	Achieved
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Guidance Information

1 Assessment conditions
Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

2 Assessment notes
Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- any applicable personal plan
- documented workplace procedures, policies, and methodologies
- applicable health and safety plans.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pacific peoples, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8158:2012 *Home and Community Support Sector Standard*
 - *Traumatic brain injury: Diagnosis, acute management and rehabilitation*.
- NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

3 Definition
Personal plan is a plan that details support requirements for a client, patient, or resident. A *personal plan* can also be called a *care plan*, *service plan*, *personal care plan*, or *rehabilitation plan*. A *personal plan* can include goals; preferred activities; other preferences or dislikes; specific interventions; and mobility, nutrition, continence, hygiene, communication, requirements. It may also include guidance

about a person's sexuality, culture, spirituality, and social preferences. A *personal plan* often follows a model of care, such as a strengths-based model, recovery model, or medical model.

4 References

Centre for Neuro Skills (2020). *Glasgow Coma Scale*. Neuroskills.com. Retrieved on 2 April 2021 from <https://www.neuroskills.com/education-and-resources/glasgow-coma-scale/>.

New Zealand Guidelines Group. (2006). *Traumatic brain injury: Diagnosis, acute management and rehabilitation*. Wellington: New Zealand: Accident Compensation Corporation. Available from the Ministry of Health library at <https://www.health.govt.nz/about-ministry/ministry-health-library>.

5 Resources

Accident Compensation Corporation publish resources at <https://www.acc.co.nz/resources/#/> under Injury support > Traumatic brain injury (TBI).

Outcomes and performance criteria

Outcome 1

Describe the potential effects of a brain injury on cognitive function.

Performance criteria

1.1 The categories of the Glasgow Coma Scale are described.

1.2 Post-traumatic amnesia is described.

Range measurement, common presentations; activity, activity limitation, participation, participation restriction.

1.3 The potential effects of a brain injury on cognitive function are described.

Range activity limitation, participation restriction; effects may include but are not limited to – attention, memory, speed of processing, executive functioning, post-traumatic amnesia, fatigue, insight.

1.4 Risks arising from cognitive effects after a brain injury are described.

Range risks to – the safety of the person and others; risks may include but are not limited to – judgement, vulnerability, impaired memory, physical risk, financial risk.

Outcome 2

Describe strategies for supporting a person whose cognitive function has been affected by a brain injury.

Performance criteria

2.1 Strategies for minimising risks to safety are described.

Range personal safety, safety of the person affected by injury, safety of others;
risks may include but are not limited to – poor judgement, vulnerability, impaired memory, physical risks, financial risks.

2.2 Strategies used to support a person whose cognitive function has been affected by a brain injury are described according to *Traumatic brain injury: Diagnosis, acute management and rehabilitation*.

Range prompting, cueing, scripts, memory aids, communication aids, electronic devices, errorless learning.

Outcome 3

Support participation and engagement for a person whose cognitive function has been affected by a brain injury.

Performance criteria

3.1 Strategies to facilitate engagement for a person whose cognitive function has been affected by a brain injury are implemented.

3.2 Strategies to support participation for a person whose cognitive function has been affected by a brain injury are implemented.

3.3 Safety strategies to support participation for a person whose cognitive function has been affected by a brain injury are implemented.

Range strategies include – safety of the person affected by injury, own safety, safety of others.

3.4 Any changes in cognitive function are documented in the person's personal plan. Recommendations are made for any changes to the plan required to address changes in cognitive function.

Planned review date	31 December 2026
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 November 2010	31 December 2014
Revision	2	14 December 2012	31 December 2023
Rollover and Revision	3	24 October 2019	31 December 2023
Review	4	27 May 2021	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.