



# Emergency Medical Technician-Basic

QP Code: HSS/Q2301

Version: 1.0

NSQF Level: 4

Healthcare Sector Skill Council || 520, DLF Tower A, 5th Floor, Jasola District Centre  
New Delhi - 110025

## Qualification Pack

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## Qualification Pack

# HSS/Q2301: Emergency Medical Technician-Basic

## Brief Job Description

Individuals at this job need to provide emergency medical support and care to individuals who are critically ill or injured and transport them to a medical facility within stipulated time limits.

## Personal Attributes

This job requires individuals to work in a team and be comfortable in making decisions pertaining to their area of work. Individuals should be able to maintain composure in extremely stressful conditions in order to assess medical situations and perform emergency lifesaving procedures according to the methods in which training has been imparted to them. Individuals must always perform their duties in a calm, reassuring and efficient manner. The individual must be able to lift between 45 99 kilograms of weight with a partner, as the weight of patients will typically fall within that range. The fitness of the individual should be assessed using the Defence Man & Woman guidelines.

## Applicable National Occupational Standards (NOS)

### Compulsory NOS:

1. [HSS/N2301: Respond to emergency calls](#)
2. [HSS/N2302: Size up the scene at the site](#)
3. [HSS/N2303: Follow evidence based Protocol while managing patients](#)
4. [HSS/N2304: Assess patient at the site](#)
5. [HSS/N2305: Patient triage based on the defined clinical criteria of severity of illness](#)
6. [HSS/N2306: Manage cardiovascular emergency](#)
7. [HSS/N2307: Manage cerebrovascular emergency](#)
8. [HSS/N2308: Manage allergic reaction](#)
9. [HSS/N2309: Manage poisoning or overdose](#)
10. [HSS/N2310: Manage environmental emergency](#)
11. [HSS/N2311: Manage behavioural emergency](#)
12. [HSS/N2312: Manage obstetric/gynaecological emergencies](#)
13. [HSS/N2313: Manage Bleeding and Shock](#)

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14. [HSS/N2314: Manage soft tissue injury and burns](#)
15. [HSS/N2315: Manage musculoskeletal injuries](#)
16. [HSS/N2316: Manage injuries to head and spine](#)
17. [HSS/N2317: Manage infants, neonates and children](#)
18. [HSS/N2318: Manage respiratory emergency](#)
19. [HSS/N2319: Manage severe abdominal pain](#)
20. [HSS/N2320: Manage mass casualty incident](#)
21. [HSS/N2321: Select the proper provider institute for transfer](#)
22. [HSS/N2322: Transport patient to the provider institute](#)
23. [HSS/N2323: Manage patient handover to the provider institute](#)
24. [HSS/N2324: Manage diabetes emergency](#)
25. [HSS/N9601: Collate and Communicate Health Information](#)
26. [HSS/N9603: Act within the limits of ones competence and authority](#)
27. [HSS/N9604: Work effectively with others](#)
28. [HSS/N9605: Manage work to meet requirements](#)
29. [HSS/N9606: Maintain a safe working environment](#)
30. [HSS/N9607: Practice code of conduct while performing duties](#)
31. [HSS/N9609: Follow biomedical waste disposal protocols](#)
32. [HSS/N9610: Follow infection control policies and procedures](#)
33. [HSS/N9611: Monitor and assure quality](#)

## Qualification Pack (QP) Parameters

<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>Country</b>	India

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<b>NSQF Level</b>	4
<b>Aligned to NCO/ISCO/ISIC Code</b>	NCO-2015/2240.0501
<b>Minimum Educational Qualification &amp; Experience</b>	12th Class
<b>Minimum Level of Education for Training in School</b>	
<b>Pre-Requisite License or Training</b>	Relevant professional qualification
<b>Minimum Job Entry Age</b>	18 Years
<b>Last Reviewed On</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Approval Date</b>	19/05/2015
<b>Version</b>	1.0
<b>Reference code on NQR</b>	2015/HLT/HSSC/00090
<b>NQR Version</b>	1.0

## Qualification Pack

### HSS/N2301: Respond to emergency calls

#### Description

This OS unit is about the EMTs first response to a call received from the dispatch and preparing to move to the emergency site.

#### Scope

This unit/task covers the following:

- Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment

#### Elements and Performance Criteria

*Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment*

To be competent, the user/individual on the job must be able to:

- PC1.** understand the emergency codes used in the hospital for emergency situations
- PC2.** reflect professionalism through use of appropriate language while speaking to the dispatch team
- PC3.** use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider
- PC4.** evaluate the situation of the patient(s) on the basis of the call with the dispatch centre
- PC5.** demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse
- PC6.** recognise the boundary of ones role and responsibility and seek supervision from the medical officer on duty when situations are beyond ones competence and authority
- PC7.** prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on: a. Hospital Gownsb. Medical Glovesc. Shoe Coversd. Surgical Maskse. Safety Glassesf. Helmetsg. Reflective Clothing
- PC8.** prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance
- PC9.** demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer
- PC10.** establish trust and rapport with colleagues
- PC11.** maintain competence within ones role and field of practice
- PC12.** promote and demonstrate good practice as an individual and as a team member at all times
- PC13.** identify and manage potential and actual risks to the quality and safety of practice

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- PC14.** evaluate and reflect on the quality of ones work and make continuing improvements
- PC15.** understand basic medico-legal principles
- PC16.** function within the scope of care as defined by state, regional and local regulatory agencies

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** codes used in the hospital for all emergency situations
- KU2.** relevant legislation, standards, policies, and procedures followed in the hospital
- KU3.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU4.** the role and importance of the EMT in supporting hospital operations
- KU5.** how to dress appropriately as per the healthcare provider rules during an emergency situation
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** protocols designed by the state or EMS providers
- KU8.** relevant medical equipment used in different types of emergencies
- KU9.** basic medical terms and principles to evaluate the patients condition
- KU10.** how to prepare for dealing with different types of hazardous materials like nuclear, radioactive, biological, chemical and explosive substances

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** write the patient care report (PCR)
- GS2.** capture information from the dispatch centres
- GS3.** read written instructions for specific emergency situations, briefs from the dispatch centre and other important communiques
- GS4.** keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS5.** collect all necessary information regarding the patient(s) through the dispatch centre
- GS6.** discuss requirements with colleagues
- GS7.** interact with a supervisor if required
- GS8.** avoid using jargon, slang or acronyms when communicating with the dispatch centre, colleagues or the medical officer
- GS9.** make decisions on medical equipment and supplies to stock based on information received from the dispatch centre
- GS10.** make decisions on routes to take and preparations to make based on information received from the dispatch centre
- GS11.** plan and organise activities required to respond to an emergency call
- GS12.** stage an ambulance and manage crowds

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- GS13.** communicate effectively with the dispatch team, patients and their family, physicians, and other members of the health care team
- GS14.** maintain patient confidentiality
- GS15.** respect the rights of the patient(s)
- GS16.** cope with stress on the job without affecting job quality
- GS17.** have strong problem-solving skills
- GS18.** they must evaluate patients symptoms and administer the appropriate treatment
- GS19.** resolve the problem and make decisions based on the information captured from dispatch centres
- GS20.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment</i>	<b>14</b>	<b>164</b>	-	<b>36</b>
<b>PC1.</b> understand the emergency codes used in the hospital for emergency situations	14	-	-	10
<b>PC2.</b> reflect professionalism through use of appropriate language while speaking to the dispatch team	-	4	-	-
<b>PC3.</b> use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider	-	8	-	2
<b>PC4.</b> evaluate the situation of the patient(s) on the basis of the call with the dispatch centre	-	8	-	2
<b>PC5.</b> demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse	-	4	-	-
<b>PC6.</b> recognise the boundary of ones role and responsibility and seek supervision from the medical officer on duty when situations are beyond ones competence and authority	-	4	-	-
<b>PC7.</b> prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on: a. Hospital Gownsb. Medical Glovesc. Shoe Coversd. Surgical Maskse. Safety Glassesf. Helmetsg. Reflective Clothing	-	70	-	-
<b>PC8.</b> prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance	-	36	-	4

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Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC9.</b> demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer	-	10	-	-
<b>PC10.</b> establish trust and rapport with colleagues	-	4	-	-
<b>PC11.</b> maintain competence within ones role and field of practice	-	4	-	-
<b>PC12.</b> promote and demonstrate good practice as an individual and as a team member at all times	-	4	-	-
<b>PC13.</b> identify and manage potential and actual risks to the quality and safety of practice	-	4	-	6
<b>PC14.</b> evaluate and reflect on the quality of ones work and make continuing improvements	-	4	-	-
<b>PC15.</b> understand basic medico-legal principles	-	-	-	8
<b>PC16.</b> function within the scope of care as defined by state, regional and local regulatory agencies	-	-	-	4
<b>NOS Total</b>	<b>14</b>	<b>164</b>	<b>-</b>	<b>36</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2301
<b>NOS Name</b>	Respond to emergency calls
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2302: Size up the scene at the site

#### Description

This OS unit is about the EMTs response upon arrival at the emergency scene, evaluating the situation and ensuring the safety of the patient(s) and others.

#### Scope

This unit/task covers the following:

- Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required

#### Elements and Performance Criteria

*Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required*

To be competent, the user/individual on the job must be able to:

- PC1.** . ensure that all safety precautions are taken at the scene of the emergency
- PC2.** . introduce themselves to patient(s) and ask for their consent to any treatment
- PC3.** understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action
- PC4.** collaborate effectively with other emergency response agencies and explain the situation clearly to them. this includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- PC5.** reassure patient(s) and bystanders by working in a confident, efficient manner
- PC6.** work expeditiously while avoiding mishandling of patient(s) and undue haste
- PC7 .** recognise and react appropriately to persons exhibiting emotional reactions
- PC8.** interact effectively with the patient(s), relatives and bystanders who are in stressful situations
- PC9.** obtain information regarding the incident through accurate and complete scene assessment and document it accordingly
- PC10.** evaluate the scene and call for backup if required
- PC11.** recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority
- PC12.** maintain competence within ones role and field of practice
- PC13.** collaborate with the law agencies at a crime scene
- PC14.** promote and demonstrate good practice as an individual and as a team member at all times
- PC15.** identify and manage potential and actual risks to the quality and safety of work done

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- PC16.** evaluate and reflect on the quality of ones work and make continuing improvements
- PC17.** understand relevant medico-legal principles
- PC18.** function within the scope of care defined by state, regional and local regulatory agencies

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU2.** relevant information on health, safety, and security that applies to the emergency scene
- KU3.** the healthcare providers emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents
- KU4.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU5.** codes used in the hospital for all emergency situations
- KU6.** relevant legislation, standards, policies, and procedures followed in the hospital
- KU7.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU8.** role and importance of the EMT in supporting hospital operations
- KU9.** protocols designed by the state or EMS providers
- KU10.** how to create a safe environment around the patient(s) and others
- KU11.** the importance of being alert to health, safety, and security hazards at the emergency site
- KU12.** the common health, safety, and security hazards that affect people working at the emergency site
- KU13.** how to identify health, safety, and security hazards
- KU14.** the importance of warning others about hazards and what to do until the hazard is dealt with
- KU15.** how to work efficiently in a team to ensure patient safety

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** the information regarding the incident through accurate and complete scene assessment and how to document it accordingly
- GS2.** read about changes in legislations and organisational policies with respect to safety procedures at emergency or crime scenes
- GS3.** keep abreast of the latest knowledge by reading internal communications and legal framework changes related to actions to be taken at the scene of an emergency
- GS4.** interact with the patient(s)
- GS5.** communicate with other people around the patient(s) and give them clear instructions for their safety

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- GS6.** communicate clearly with other emergency response agencies if required
- GS7.** discuss the scene with colleagues to express views and opinions
- GS8.** avoid using jargon, slang or acronyms when communicating with the patient(s)
- GS9.** interact effectively with the patient(s), relatives and bystanders who are in stressful situations
- GS10.** shout assertively in case the patient does not respond
- GS11.** collect all necessary information regarding the patients condition
- GS12.** collect personal information regarding the patient like his/her address
- GS13.** make decisions pertaining to the scene and actions to be taken
- GS14.** plan and organise activities to be carried out at the scene in order to be rapid and effective without compromising on safety or patient care
- GS15.** how to stage an ambulance and manage crowds
- GS16.** communicate effectively with patients and their family, bystanders and members of other emergency response teams
- GS17.** be aware of the immediate needs of the patient and their family and balance that with the healthcare actions to be taken
- GS18.** maintain patient confidentiality
- GS19.** respect the rights of the patient(s)
- GS20.** identify immediate or temporary solutions to resolve delays
- GS21.** foresee and arrange for backups or other emergency response agencies
- GS22.** analyse the situation at the scene and map out the best possible course of action while integrating all essential stakeholders
- GS23.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

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### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required</i>	13	9	-	1
<b>PC1.</b> . ensure that all safety precautions are taken at the scene of the emergency	13	1	-	-
<b>PC2.</b> . introduce themselves to patient(s) and ask for their consent to any treatment	-	0.5	-	-
<b>PC3.</b> understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action	-	0.5	-	-
<b>PC4.</b> collaborate effectively with other emergency response agencies and explain the situation clearly to them. this includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies	-	-	-	0.5
<b>PC5.</b> reassure patient(s) and bystanders by working in a confident, efficient manner	-	0.5	-	-
<b>PC6.</b> work expeditiously while avoiding mishandling of patient(s) and undue haste	-	0.5	-	-
<b>PC7 .</b> recognise and react appropriately to persons exhibiting emotional reactions	-	0.5	-	-
<b>PC8.</b> interact effectively with the patient(s), relatives and bystanders who are in stressful situations	-	0.5	-	-
<b>PC9.</b> obtain information regarding the incident through accurate and complete scene assessment and document it accordingly	-	0.5	-	-
<b>PC10.</b> evaluate the scene and call for backup if required	-	0.5	-	-

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Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC11.</b> recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority	-	0.5	-	-
<b>PC12.</b> maintain competence within ones role and field of practice	-	0.5	-	-
<b>PC13.</b> collaborate with the law agencies at a crime scene	-	0.5	-	0.5
<b>PC14.</b> promote and demonstrate good practice as an individual and as a team member at all times	-	0.5	-	-
<b>PC15.</b> identify and manage potential and actual risks to the quality and safety of work done	-	0.5	-	-
<b>PC16.</b> evaluate and reflect on the quality of ones work and make continuing improvements	-	0.5	-	-
<b>PC17.</b> understand relevant medico-legal principles	-	0.5	-	-
<b>PC18.</b> function within the scope of care defined by state, regional and local regulatory agencies	-	0.5	-	-
<b>NOS Total</b>	<b>13</b>	<b>9</b>	<b>-</b>	<b>1</b>

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### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2302
<b>NOS Name</b>	Size up the scene at the site
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2303: Follow evidence based Protocol while managing patients

#### Description

This OS unit is about standardised procedures to be followed and acceptable standards of care required of an EMT. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients while on a call.

#### Scope

This unit/task covers:

- Following the prescribed procedures and steps involved in an emergency or triage context , Managing cases where the patient refuses treatment

#### Elements and Performance Criteria

*Following the prescribed procedures and steps involved in an emergency or triage context , Managing cases where the patient refuses treatment*

To be competent, the user/individual on the job must be able to:

- PC1.** understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. for example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia
- PC2.** understand the communication protocols for medical situations that require direct voice communication between the EMT and the medical officer prior to the emt rendering medical services to the patients outside the hospital
- PC3.** adhere to laws, regulations and procedures relating to the work of an EMT
- PC4.** demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols
- PC5.** understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** laws and regulations associated with the emergency case. for example, the healthcare provider needs to know in which situations cpr needs to be withheld and in which cases it needs to be given
- KU2.** emergency protocol terminologies used by the healthcare provider and other emergency service providers
- KU3.** protocol designed by the state or EMS providers

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- KU4.** the steps and procedures required while attending to a patient. for example the following protocols need to be followed in handling an emergency case:
  - o observe the patient and take consent before initiating any examination of the patient
  - o examine the patient according to prescribed rules and laws and ensure no further damage is done during examination
  - o share with the patient the options available depending on the severity of the damage and potential risks/ benefits of each
  - o take consent of the patient, or the family members in case the patient is unconscious , to initiate the appropriate treatment
  - o explain to the patient the monetary commitments and insurance procedure, if applicable
  - o complete all paperwork related to pcr, medical history, insurance, transport and transfer
  - o take the consent of the medical officer by sharing a crisp, concise and to the point report
  - o transport the patient to the appropriate hospital based on the kind of care required for the patient
- KU5.** when to contact medical control and manage the emergency with both the medical control and the medical officer
- KU6.** how to communicate with the hospital facility by sharing sharp, concise and to the point reports
- KU7.** how to manage cases of treatment-refusal
- KU8.** how to meticulously document cases in which a fully alert patient refuses treatment despite persuasion and consequence sharing
- KU9.** evidence based protocols for handing the patients
- KU10.** clinical protocols required for different types of emergencies
- KU11.** set protocols for lifting and shifting the patients

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** Share sharp, concise and to the point reports with hospital staff
- GS2.** Share sharp, concise and to the point reports/PCR with the medical officer
- GS3.** Read about changes in legislations and organisational policies with respect to refusal of treatment, diagnosis of patients at the scene and lifting/ shifting/ moving patients at the scene
- GS4.** Keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS5.** Read new clinical protocols and orders given by medical officer or any other provider institute
- GS6.** Interact with the patient
- GS7.** Give clear instructions to the patient
- GS8.** Shout assertively in case the patient does not respond
- GS9.** Collect all necessary information regarding the patients condition, address
- GS10.** Avoid using jargon, slang or acronyms when communicating with a patient
- GS11.** Communicate with other people around the patient
- GS12.** Make decisions pertaining to refusal of treatment
- GS13.** Act decisively by balancing protocols and the emergency at hand
- GS14.** Manage situations where minors or self-harming patients are involved

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- GS15.** How to plan and organise activities at the scene in order to be efficient and rapid without compromising on patient care
- GS16.** Communicate effectively with patients and their family, physicians, and other members of the health care team
- GS17.** Employ effective non-verbal behaviour with the patient(s) if required
- GS18.** Maintain patient confidentiality
- GS19.** Respect the rights of the patient(s)
- GS20.** Tackle the situation in case of treatment-refusal
- GS21.** Reach the patient by taking the most efficient route considering the traffic and provide aid
- GS22.** Employ skills and knowledge at his or her disposal to judge the criticality of a patients condition and decide on a course of action
- GS23.** Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

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### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Following the prescribed procedures and steps involved in an emergency or triage context , Managing cases where the patient refuses treatment</i>	<b>13</b>	<b>25</b>	-	<b>20</b>
<b>PC1.</b> understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. for example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia	13	5	-	4
<b>PC2.</b> understand the communication protocols for medical situations that require direct voice communication between the EMT and the medical officer prior to the emt rendering medical services to the patients outside the hospital	-	5	-	4
<b>PC3.</b> adhere to laws, regulations and procedures relating to the work of an EMT	-	5	-	4
<b>PC4.</b> demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols	-	5	-	4
<b>PC5.</b> understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)	-	5	-	4
<b>NOS Total</b>	<b>13</b>	<b>25</b>	-	<b>20</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2303
<b>NOS Name</b>	Follow evidence based Protocol while managing patients
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2304: Assess patient at the site

#### Description

This OS unit is about EMT assessing the situation through examination of the patients current medical state and extent of damage. This is followed by assessment of the clinical condition

#### Scope

This unit/task covers the following:

- Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis

#### Elements and Performance Criteria

*Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis*

To be competent, the user/individual on the job must be able to:

- PC1.** explain clearly: o an emts role and scope, responsibilities and accountability in relation to the assessment of health status and needso what information need to be obtained and stored in recordso with whom the information might be sharedo what is involved in the assessment
- PC2.** obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition
- PC3.** conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)
- PC4.** respect the patients privacy, dignity, wishes and beliefs
- PC5.** minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process
- PC6.** communicate with the patient clearly and in a manner and pace that is appropriate to: o their level of understandingo their culture and backgroundo their need for reassurance and support
- PC7.** recognise promptly any life-threatening or high risk conditions
- PC8.** make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making
- PC9.** assess the condition of the patient by: o observing patient positiono observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughingo checking if there is any bleeding from the nose or earso looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussionso checking if the patient is under the effect of alcohol or any other drugo checking the patients mouth to ensure the airway is clearo gently checking the neck, starting from the backo checking for any swelling or bruiseso checking the chest to ascertain if any object is stucko checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumpso checking for any damage to the pelviso asking the victim if they are able to feel their legso observing the colour of toes to check for any circulation problems
- PC10.** use appropriate equipment if required

## Qualification Pack

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** why it is important to establish informed consent for the assessment to be made and how to proceed when consent cannot be, or is not provided
- KU2.** methods of obtaining consent and how to ensure that sufficient information has been provided on which to base judgment
- KU3.** the importance of clear communication in clinical situations
- KU4.** the importance of recording information clearly, accurately and legibly
- KU5.** the importance of health, safety, and security at the emergency scene
- KU6.** the basic requirements of the health and safety and other legislations and regulations that apply to the scene
- KU7.** relevant information on health, safety, and security that applies to the emergency scene
- KU8.** the steps which need to be taken to ensure that the privacy, dignity, wishes and beliefs of the adult are respected and maintained where possible
- KU9.** how to recognise hazards when encountered at the scene and how to report the hazard to the competent authority
- KU10.** the organisation's emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents
- KU11.** how to examine a patient whose current medical condition is unclear. for example, ability to know how to practice caution with a patient who may have suffered a back injury.
- KU12.** the variation in approach for patient assessment between medical and trauma emergency cases
- KU13.** Clinical norms for adults and children with regard to: a. Temperature b. Pulse c. Respiration d. Blood pressure (non-invasive) e. Oxygen saturation level f. AVPU scale g. Glasgow Coma Scale h. Pupil reaction i. ECG j. Urinalysis k. Blood glucose l. Skin colour and pallor m. Consciousness
- KU14.** the indicators of high risk or life threatening conditions in relation to the parameters listed above
- KU15.** . Clinical norms with regard to the following symptoms:a. Breathlessnessb. Bleeding and fluid loss c. Pain d. Tissue trauma e. Skin rashes/dermatological features f. Toxic ingestion g. Altered consciousness, dizziness, faints and fits h. Altered behaviour i. Fever j. A fall k. Ear, nose and throat problems
- KU16.** requirements to ensure health and safety at the emergency site
- KU17.** how to create a safe environment around the patient and others
- KU18.** the importance of being alert to health, safety, and security hazards at the emergency site

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record information clearly, accurately and legibly
- GS2.** fill up all details in the PCR accurately and quickly

## Qualification Pack

- GS3.** read about changes in legislations and organisational policies related to patient assessment procedures, techniques and processes
- GS4.** read updated clinical regulations and reports on assessment of patients at the site of an emergency
- GS5.** interact with the patient clearly and in a reassuring manner
- GS6.** give clear instructions to the patient
- GS7.** shout assertively in case the patient does not respond
- GS8.** collect all necessary information regarding the patient's condition, in order to provide the correct immediate treatment
- GS9.** avoid using jargon, slang or acronyms when communicating with a patient
- GS10.** communicate with other people around the patient and give them clear instructions for their safety
- GS11.** communicate clearly with other emergency response agencies if required
- GS12.** make decisions pertaining to the treatment to be given at the site and other actions to be taken
- GS13.** plan and organise activities at the scene of the emergency in order to provide the correct level of care to the patient
- GS14.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS15.** be sensitive to potential cultural differences
- GS16.** employ effective non-verbal behaviour with the patient(s) if required
- GS17.** maintain patient confidentiality
- GS18.** respect the rights of the patient(s)
- GS19.** check for the parameters and symptoms and provide appropriate medical care
- GS20.** identify immediate or temporary solution when patients medical condition is unclear
- GS21.** able to pay attention to detail at the scene and minutely observe the patients condition
- GS22.** able to use the knowledge and training at his or her disposal to make an accurate judgement of the patients condition and needs, even in a crisis

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis</i>	28	146	-	54
<b>PC1.</b> explain clearly: o an emts role and scope, responsibilities and accountability in relation to the assessment of health status and needso what information need to be obtained and stored in recordso with whom the information might be sharedo what is involved in the assessment	28	-	-	16
<b>PC2.</b> obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition	-	2	-	2
<b>PC3.</b> conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)	-	20	-	5
<b>PC4.</b> respect the patients privacy, dignity, wishes and beliefs	-	2	-	-
<b>PC5.</b> minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process	-	2	-	-
<b>PC6.</b> communicate with the patient clearly and in a manner and pace that is appropriate to: o their level of understandingo their culture and backgroundo their need for reassurance and support	-	2	-	-
<b>PC7.</b> recognise promptly any life-threatening or high risk conditions	-	4	-	1
<b>PC8.</b> make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making	-	2	-	2

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC9.</b> assess the condition of the patient by: o observing patient positiono observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughingo checking if there is any bleeding from the nose or earso looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussiono checking if the patient is under the effect of alcohol or any other drugo checking the patients mouth to ensure the airway is clearo gently checking the neck, starting from the backo checking for any swelling or bruiseso checking the chest to ascertain if any object is stucko checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumpso checking for any damage to the pelviso asking the victim if they are able to feel their legso observing the colour of toes to check for any circulation problems	-	104	-	26
<b>PC10.</b> use appropriate equipment if required	-	8	-	2
<b>NOS Total</b>	<b>28</b>	<b>146</b>	<b>-</b>	<b>54</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2304
<b>NOS Name</b>	Assess patient at the site
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

# HSS/N2305: Patient triage based on the defined clinical criteria of severity of illness

## Description

This OS unit is about a process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. It aims to ensure that patients are treated in order of their clinical urgency i.e. the need for time-critical intervention. Triage also allows for the allocation of the patient to the most appropriate assessment and treatment area.

## Scope

This unit/task covers the following:

- Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area

## Elements and Performance Criteria

*Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area*

To be competent, the user/individual on the job must be able to:

- PC1.** have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait
- PC2.** know how to check all the vital signs
- PC3.** identify a high-risk case
- PC4.** assess the kind of resources the person will require. for e.g. the EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment
- PC5.** communicate clearly and assertively
- PC6.** collaboratively be able to supervise/work collaboratively with other departments
- PC7.** multitask without compromising on quality and accuracy of care provided
- PC8.** use SALT method in day-to-day handling and start in mass casualty handling and disasters

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** how to capture the medical history of the patient to correctly prioritise the patient. for example the user will record past medical history, allergies, medications, age and gender
- KU2.** the importance of health, safety, and security at the emergency scene
- KU3.** the basic requirements of the health and safety and other legislations and regulations that apply to the scene
- KU4.** the relevant information on health, safety, and security that applies to the emergency scene
- KU5.** how to recognise hazards when encountered at the scene and how to report the hazard to the competent authority

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- KU6.** the organisations emergency procedures and in situations like a nuclear, radioactive, biological, chemical and explosive incidents
- KU7.** complex cases like treating a child whose parents, guardian or day care is not present
- KU8.** how to check a victim whose current medical condition is unclear. for example, ability to practice caution with a patient who may have suffered a back injury
- KU9.** how to assess severity of pain (e.g. using visual analogue scale) and manage appropriately
- KU10.** requirements to ensure health and safety at the emergency site
- KU11.** how to create a safe environment around the patient
- KU12.** how to use sort, assess, lifesaving interventions, treat and transport (salt) triage system and simple triage and rapid treatment (start) plan accordingly, as per the triage guidelines and protocols

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document all the details about the patient for example Date and time of assessment  
Name of triage officer  
Chief presenting problem  
Limited, relevant history  
Relevant assessment findings  
Initial triage category allocated
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report/PCR with the medical officer
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS6.** read new clinical protocols and reading orders given by medical officer
- GS7.** interact with the patient
- GS8.** give clear instructions to the patient
- GS9.** shout assertively in case the patient does not respond
- GS10.** collect all necessary information regarding the patients condition, address
- GS11.** avoid using jargon, slang or acronyms when communicating with a patient
- GS12.** communicate with other people around the patient and give them clear instructions for their safety
- GS13.** communicate clearly with other emergency response agencies if required
- GS14.** make decisions pertaining to the concerned area of work in relation to job role
- GS15.** how to plan and organise activities that are assigned
- GS16.** how to control any aggression by the patient or the patient relatives
- GS17.** how to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level
- GS18.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS19.** be capable of being responsive, listen empathetically to establish rapport in away that promotes openness on issues of concern
- GS20.** be sensitive to potential cultural differences

## Qualification Pack

- GS21.** interact therapeutically with psychiatric patients
- GS22.** employ effective non-verbal behaviour with the patient(s) if required
- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** think through the problem, evaluate the possible solution(s) and suggest an optimum /best possible solution(s)
- GS26.** identify immediate or temporary solutions to resolve delays
- GS27.** resolve problems and make decisions based on the information available
- GS28.** ability to analyse and compare similar situations

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area</i>	<b>56</b>	<b>145</b>	-	<b>55</b>
<b>PC1.</b> have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	56	30	-	10
<b>PC2.</b> know how to check all the vital signs	-	30	-	10
<b>PC3.</b> identify a high-risk case	-	20	-	20
<b>PC4.</b> assess the kind of resources the person will require. for e.g. the EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment	-	15	-	5
<b>PC5.</b> communicate clearly and assertively	-	3	-	-
<b>PC6.</b> collaboratively be able to supervise/work collaboratively with other departments	-	4	-	-
<b>PC7.</b> multitask without compromising on quality and accuracy of care provided	-	3	-	-
<b>PC8.</b> use SALT method in day-to-day handling and start in mass casualty handling and disasters	-	40	-	10
<b>NOS Total</b>	<b>56</b>	<b>145</b>	-	<b>55</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2305
<b>NOS Name</b>	Patient triage based on the defined clinical criteria of severity of illness
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2306: Manage cardiovascular emergency

#### Description

This OS unit is about the recognition and treatment of emergencies related to the cardiovascular system. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients in a Cardiac emergency.

#### Scope

This unit/task covers the following:

- Identifying Cardiac emergencies, Managing patients in Cardiac emergencies, Following the prescribed procedures and steps involved in a Cardiac emergency situation

#### Elements and Performance Criteria

To be competent, the user/individual on the job must be able to:

- PC1.** describe the structure and function of the cardiovascular system
- PC2.** provide emergency medical care to a patient experiencing chest pain/discomfort
- PC3.** identify the symptoms of hypertensive emergency
- PC4 .** identify the indications and contraindications for automated external defibrillation (AED)
- PC5.** explain the impact of age and weight on defibrillation
- PC6.** discuss the position of comfort for patients with various cardiac emergencies
- PC7.** establish the relationship between airway management and the patient with cardiovascular compromise
- PC8 .** predict the relationship between the patient experiencing cardiovascular compromise and basic life support
- PC9.** explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator
- pc10 .** explain the importance of pre-hospital advanced life support (ALS) intervention if it is available
- PC11.** explain the importance of urgent transport to a facility with advanced life support if it is not available in the pre-hospital setting
- PC12 .** explain the usage of aspirin and clopidogrel
- PC13.** differentiate between the fully automated and the semi-automated defibrillator
- PC14.** discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators
- PC15.** assure that the patient is pulseless and apnoeic when using the automated external defibrillator
- PC16.** identify circumstances which may result in inappropriate shocks
- PC17 .** explain the considerations for interruption of CPR, when using the automated external defibrillator
- PC18 .** summarise the speed of operation of automated external defibrillation

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- PC19 .** discuss the use of remote defibrillation through adhesive pads
- PC20.** operate the automated external defibrillator
- PC21.** discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS
- PC22.** differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator
- PC23.** explain the reason for pulses not being checked between shocks with an automated external defibrillator
- PC24 .** identify the components and discuss the importance of post-resuscitation care
- PC25 .** explain the importance of frequent practice with the automated external defibrillator
- PC26.** discuss the need to complete the automated defibrillator: operator's shift checklist
- PC27.** explain the role medical direction plays in the use of automated external defibrillation
- PC28.** state the reasons why a case review should be completed following the use of the automated external defibrillator
- PC29.** discuss the components that should be included in a case review
- PC30.** discuss the goal of quality improvement in automated external defibrillation
- PC31.** recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain
- PC32.** list the indications for the use of nitro-glycerine
- PC33.** state the contraindications and side effects for the use of nitro-glycerine
- PC34.** perform maintenance checks of the automated external defibrillator

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital.
- KU2.** how to engage with provider for support in order to deliver and assist providers.
- KU3.** how to perform the different procedures relevant to manage cardiovascular emergency
- KU4.** what is the significance of each procedure in patient management
- KU5.** how to use the equipment meant to perform different procedures to manage cardiovascular emergency
- KU6.** employee safety policy
- KU7.** how to handle when emergency situation is beyond ones competency
- KU8.** role in the emergency cardiac care system
- KU9.** fundamentals and rationale of early defibrillation
- KU10.** various types of automated external defibrillators, their advantages and disadvantages, and maintenance
- KU11.** special considerations for rhythm monitoring
- KU12.** importance of coordinating ALS trained providers with personnel using automated external defibrillators
- KU13.** maintenance of automated external defibrillators

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- KU14.** rationale for administering nitro-glycerine to a patient with chest pain or discomfort
- KU15.** how to assess and provide emergency medical care to a patient experiencing chest pain/discomfort
- KU16.** application and operation of the automated external defibrillator
- KU17.** steps in facilitating the use of nitro-glycerine for chest pain using a substitute candy tablet and breath spray
- KU18.** assessment and documentation of patient response to nitro-glycerine
- KU19.** application and operation of the automated external defibrillator
- KU20.** function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance
- KU21.** assessment and documentation of patient response to the automated external defibrillator

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record various images and equipment readings
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS6.** read latest clinical regulations as shared by the medical officer
- GS7.** read the list of hospitals in the major accident or emergency prone locations.
- GS8.** read upgraded facilities available in existing hospitals
- GS9.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS10.** interact with the patient
- GS11.** give clear instructions to the patient
- GS12.** shout assertively in case the patient does not respond
- GS13.** collect all necessary information regarding the patient's condition, address
- GS14.** avoid using jargon, slang or acronyms when communicating with a patient
- GS15.** communicate with other people around the patient and give them clear instructions around their safety
- GS16.** communicate clearly with other emergency response agencies if required
- GS17.** make decisions pertaining to refusal of treatment
- GS18.** act decisively by balancing protocols and emergency at hand
- GS19.** manage situations where minors, unconscious or self-harming patients are involved
- GS20.** how to plan and organise activities that are assigned to him/her
- GS21.** how to quickly think and refer to information about the hospitals in vicinity
- GS22.** communicate effectively with patients and their family, physicians, and other members of the health care team

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- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** use experience and training to respond to the diverse needs of patients
- GS26.** diagnose or identify possible condition the patient is suffering from
- GS27.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly
- GS28.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
	28	100	-	100
<b>PC1.</b> describe the structure and function of the cardiovascular system	28	-	-	4
<b>PC2.</b> provide emergency medical care to a patient experiencing chest pain/discomfort	-	10	-	2
<b>PC3.</b> identify the symptoms of hypertensive emergency	-	4	-	2
<b>PC4 .</b> identify the indications and contraindications for automated external defibrillation (AED)	-	6	-	2
<b>PC5.</b> explain the impact of age and weight on defibrillation	-	6	-	2
<b>PC6.</b> discuss the position of comfort for patients with various cardiac emergencies	-	-	-	4
<b>PC7.</b> establish the relationship between airway management and the patient with cardiovascular compromise	-	8	-	2
<b>PC8 .</b> predict the relationship between the patient experiencing cardiovascular compromise and basic life support	-	6	-	2
<b>PC9.</b> explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator	-	2	-	2
<b>pc10 .</b> explain the importance of pre-hospital advanced life support (ALS) intervention if it is available	-	-	-	4
<b>PC11.</b> explain the importance of urgent transport to a facility with advanced life support if it is not available in the pre-hospital setting	-	-	-	4
<b>PC12 .</b> explain the usage of aspirin and clopidogrel	-	4	-	2
<b>PC13.</b> differentiate between the fully automated and the semi-automated defibrillator	-	-	-	4

## Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC14.</b> discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators	-	6	-	2
<b>PC15.</b> assure that the patient is pulseless and apnoeic when using the automated external defibrillator	-	4	-	2
<b>PC16.</b> identify circumstances which may result in inappropriate shocks	-	4	-	2
<b>PC17 .</b> explain the considerations for interruption of CPR, when using the automated external defibrillator	-	8	-	2
<b>PC18 .</b> summarise the speed of operation of automated external defibrillation	-	4	-	2
<b>PC19 .</b> discuss the use of remote defibrillation through adhesive pads	-	4	-	2
<b>PC20.</b> operate the automated external defibrillator	-	8	-	2
<b>PC21.</b> discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS	-	-	-	4
<b>PC22.</b> differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator	-	-	-	4
<b>PC23.</b> explain the reason for pulses not being checked between shocks with an automated external defibrillator	-	-	-	4
<b>PC24 .</b> identify the components and discuss the importance of post-resuscitation care	-	-	-	4
<b>PC25 .</b> explain the importance of frequent practice with the automated external defibrillator	-	-	-	4
<b>PC26.</b> discuss the need to complete the automated defibrillator: operator's shift checklist	-	-	-	4
<b>PC27.</b> explain the role medical direction plays in the use of automated external defibrillation	-	-	-	4

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC28.</b> state the reasons why a case review should be completed following the use of the automated external defibrillator	-	-	-	4
<b>PC29.</b> discuss the components that should be included in a case review	-	-	-	4
<b>PC30.</b> discuss the goal of quality improvement in automated external defibrillation	-	-	-	4
<b>PC31.</b> recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain	-	8	-	2
<b>PC32.</b> list the indications for the use of nitro-glycerine	-	4	-	2
<b>PC33.</b> state the contraindications and side effects for the use of nitro-glycerine	-	4	-	2
<b>PC34.</b> perform maintenance checks of the automated external defibrillator	-	-	-	4
<b>NOS Total</b>	<b>28</b>	<b>100</b>	<b>-</b>	<b>100</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2306
<b>NOS Name</b>	Manage cardiovascular emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2307: Manage cerebrovascular emergency

#### Description

This OS unit is about the recognition and treatment of emergencies related to the cerebrovascular system or strokes. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients having a stroke.

#### Scope

This unit/task covers the following:

- Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation

#### Elements and Performance Criteria

*Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation*

To be competent, the user/individual on the job must be able to:

- PC1.** describe the basic types, causes, and symptoms of stroke
- PC2.** provide emergency medical care to a patient experiencing symptoms of a stroke
- PC3.** manage airway, breathing, and circulation
- PC4 .** assess the patients level of consciousness and document any signs of stroke
- PC5 .** assess vital signs: blood pressure, heart rate, and respiratory rate
- PC6.** perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale
- PC7.** check serum blood sugar
- PC8 .** collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications
- PC9 .** determine the time of onset of symptoms
- PC10.** explain how patients, family, or bystanders should respond to a potential stroke
- PC11 .** discuss the actions recommended for emergency responders to potential stroke victims
- PC12 .** explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment
- PC13.** carry out first triage of potential stroke victims
- PC14 .** expedite transport of the patient to the nearest hospital equipped to handle strokes
- PC15 .** explain the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim
- PC16.** administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital

## Qualification Pack

- PC17.** forward a written report to the emergency department with details on medical history and onset of the stroke symptoms

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital
- KU2.** the services offered by different healthcare providers
- KU3.** the health care institutions with availability of stroke treatment
- KU4.** the treatment the EMT can provide to a stroke victim according to prevailing regulation and hospital policies
- KU5.** role in the emergency cerebrovascular care system
- KU6.** the basic types, causes and symptoms of stroke
- KU7.** how to provide emergency medical care to a patient experiencing symptoms of a stroke
- KU8.** how to manage airway, breathing, and circulation
- KU9.** how to assess the patients level of consciousness and document any signs of stroke
- KU10.** how to assess vital signs: blood pressure, heart rate, and respiratory rate
- KU11.** how to perform a standardised pre-hospital stroke scale assessment
- KU12.** how to check serum blood sugar
- KU13.** the critical information that must be collected such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications
- KU14.** how to collect critical background information on the victim and the onset of the stroke symptoms
- KU15.** how to determine the time of onset of symptoms
- KU16.** inclusive and exclusive criteria for fibrinolytic therapy in acute stroke
- KU17.** steps that may be taken by patients, family, or bystanders to respond to a potential stroke
- KU18.** the actions recommended for emergency responders to potential stroke victims
- KU19.** the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment
- KU20.** how to carry out first triage of potential stroke victims
- KU21.** the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim
- KU22.** how to administer an iv line and oxygen and monitor the functioning of the heart on-route to the hospital
- KU23.** how to forward a written report to the emergency department with details on medical history and onset of the stroke symptoms

### Generic Skills (GS)

User/individual on the job needs to know how to:

## Qualification Pack

- GS1.** forward a written report to the emergency department with details on medical history and onset of the stroke symptoms
- GS2.** record various images and equipment readings
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete the medical history, PCR and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** read about changes in legislations and organisational policies
- GS7.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS8.** read latest clinical regulations as shared by the medical officer
- GS9.** read the list of hospitals in the major accident or emergency prone locations.
- GS10.** read upgraded facilities available in existing hospitals
- GS11.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS12.** interact with the patient
- GS13.** give clear instructions to the patient
- GS14.** shout assertively in case the patient does not respond
- GS15.** collect all necessary information regarding the patients condition, address
- GS16.** avoid using jargon, slang or acronyms when communicating with a patient
- GS17.** communicate with other people around the patient and give them clear instructions around their safety
- GS18.** communicate clearly with other emergency response agencies if required
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved
- GS22.** how to plan and organise activities that are assigned to him/her
- GS23.** how to quickly think and refer to information about the hospitals in vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** use experience and training to respond to the diverse needs of patients
- GS28.** diagnose or identify possible strokes
- GS29.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation</i>	<b>56</b>	<b>143</b>	-	<b>57</b>
<b>PC1.</b> describe the basic types, causes, and symptoms of stroke	56	4	-	4
<b>PC2.</b> provide emergency medical care to a patient experiencing symptoms of a stroke	-	25	-	5
<b>PC3.</b> manage airway, breathing, and circulation	-	14	-	2
<b>PC4 .</b> assess the patients level of consciousness and document any signs of stroke	-	8	-	2
<b>PC5 .</b> assess vital signs: blood pressure, heart rate, and respiratory rate	-	25	-	5
<b>PC6.</b> perform a standardised pre-hospital stroke scale assessment such as the cincinnati pre-hospital stroke scale	-	15	-	5
<b>PC7.</b> check serum blood sugar	-	4	-	2
<b>PC8 .</b> collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications	-	15	-	5
<b>PC9 .</b> determine the time of onset of symptoms	-	4	-	2
<b>PC10.</b> explain how patients, family, or bystanders should respond to a potential stroke	-	-	-	2
<b>PC11 .</b> discuss the actions recommended for emergency responders to potential stroke victims	-	-	-	2
<b>PC12 .</b> explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment	-	-	-	2

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC13.</b> carry out first triage of potential stroke victims	-	5	-	5
<b>PC14 .</b> expedite transport of the patient to the nearest hospital equipped to handle strokes	-	2	-	2
<b>PC15 .</b> explain the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim	-	2	-	2
<b>PC16.</b> administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital	-	15	-	5
<b>PC17.</b> forward a written report to the emergency department with details on medical history and onset of the stroke symptoms	-	5	-	5
<b>NOS Total</b>	<b>56</b>	<b>143</b>	<b>-</b>	<b>57</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2307
<b>NOS Name</b>	Manage cerebrovascular emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQF Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2308: Manage allergic reaction

#### Description

This OS unit is about the recognition and treatment of emergencies related to Allergies. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients suffering from an allergic reaction.

#### Scope

This unit/task covers the following:

- Identifying allergic reactions, Managing patients with allergic reactions , Following the prescribed procedures and steps involved in treating or managing an allergic reaction

#### Elements and Performance Criteria

*Identifying allergic reactions, Managing patients with allergic reactions , Following the prescribed procedures and steps involved in treating or managing an allergic reaction*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the patient experiencing an allergic reaction
- PC2.** perform the emergency medical care of the patient with an allergic reaction
- PC3.** establish the relationship between the patient with an allergic reaction and airway management
- PC4 .** recognise the mechanisms of allergic response and the implications for airway management
- PC5.** state the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector
- PC6 .** administer treatment appropriately in case of not having access to epinephrine auto-injectors
- PC7 .** evaluate the need for medical emergency medical care for the patient with an allergic reaction
- PC8.** differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital for managing the allergic reactions
- KU2.** how to perform the different procedures needed for managing allergic reactions
- KU3.** the significance of each procedure in patient management
- KU4.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU5.** how to provide emergency medical care of the patient experiencing an allergic reaction

## Qualification Pack

- KU6.** the common reasons for allergic reaction (medicines, known cases of asthma, some food items etc.)
- KU7.** how to use epinephrine auto-injector
- KU8.** how to administer treatment appropriately in case of not having access to epinephrine auto-injectors
- KU9.** kb5. how to assess and document patient response to an epinephrine injection
- KU10.** proper disposal of equipment
- KU11.** how to complete a pre-hospital care report for patients with allergic emergencies

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share sharp, concise and to the point report with the provider institute physician
- GS2.** complete medical history, PCR and applicable transport form
- GS3.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS6.** read latest clinical regulations shared by the medical officer
- GS7.** read the list of hospitals in the major accident or emergency prone locations.
- GS8.** read upgraded facilities available in existing hospitals
- GS9.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS10.** interact with the patient
- GS11.** give clear instructions to the patient
- GS12.** shout assertively in case the patient does not respond
- GS13.** collect all necessary information regarding the patients condition, address
- GS14.** avoid using jargon, slang or acronyms when communicating with a patient
- GS15.** communicate with other people around the patient and give them clear instructions around their safety
- GS16.** communicate clearly with other emergency response agencies if required
- GS17.** make decisions pertaining to refusal of treatment
- GS18.** act decisively by balancing protocols and emergency at hand
- GS19.** manage situations where minors, unconscious or self-harming patients are involved
- GS20.** how to plan and organise activities that are assigned to him/her
- GS21.** how to quickly think and refer to information about the hospitals in vicinity
- GS22.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** identify immediate or temporary solutions to relieve the patient

## Qualification Pack

- GS26.** correlate the past allergic reactions if any with the present condition
- GS27.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying allergic reactions, Managing patients with allergic reactions , Following the prescribed procedures and steps involved in treating or managing an allergic reaction</i>	<b>56</b>	<b>155</b>	-	<b>45</b>
<b>PC1.</b> recognise the patient experiencing an allergic reaction	56	40	-	10
<b>PC2.</b> perform the emergency medical care of the patient with an allergic reaction	-	40	-	10
<b>PC3.</b> establish the relationship between the patient with an allergic reaction and airway management	-	25	-	5
<b>PC4 .</b> recognise the mechanisms of allergic response and the implications for airway management	-	5	-	5
<b>PC5.</b> state the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector	-	15	-	5
<b>PC6 .</b> administer treatment appropriately in case of not having access to epinephrine auto-injectors	-	15	-	5
<b>PC7 .</b> evaluate the need for medical emergency medical care for the patient with an allergic reaction	-	8	-	2
<b>PC8.</b> differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	-	7	-	3
<b>NOS Total</b>	<b>56</b>	<b>155</b>	-	<b>45</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2308
<b>NOS Name</b>	Manage allergic reaction
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2309: Manage poisoning or overdose

#### Description

This OS unit is about the recognition and treatment of emergencies related to Poisoning or Overdose. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients suffering from poisoning or overdose.

#### Scope

This unit/task covers the following:

- Identifying Poisoning or Overdose emergencies, Managing patients with Poisoning or Overdose , Following the prescribed procedures and steps involved in Poisoning or Overdose situation.

#### Elements and Performance Criteria

*Identifying Poisoning or Overdose emergencies, Managing patients with Poisoning or Overdose , Following the prescribed procedures and steps involved in Poisoning or Overdose situation.*

To be competent, the user/individual on the job must be able to:

- PC1 .** recognise various ways that poisons enter the body
- PC2.** recognise various ways that poisons enter the body
- PC3.** recognise signs/symptoms associated with various poisoning
- PC4.** perform the emergency medical care for the patient with possible overdose
- PC5.** perform the steps in the emergency medical care for the patient with suspected poisoning
- PC6.** establish the relationship between the patient suffering from poisoning or overdose and airway management
- PC7.** state the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** collect relevant legislation, standards, policies, and procedure followed by hospital in case of poisoning
- KU2.** perform the different procedures to ensure patient is out of danger
- KU3.** know the significance of each procedure in patient management
- KU4.** engage with the medical officer for support in case the situation is beyond ones competence
- KU5.** various types of poisoning by ingestion, inhalation, injection and absorption
- KU6.** steps in the emergency medical care for the patient with possible overdose
- KU7.** how to administer activated charcoal
- KU8.** necessary steps required to provide a patient with activated charcoal
- KU9.** steps in the emergency medical care for the patient with suspected poisoning

## Qualification Pack

- KU10.** how to do an assessment and documentation of patient response
- KU11.** disposal process of the equipment for the administration of activated charcoal
- KU12.** knowledge of commonly used poison substances at the local level, various toxidromes and specific antidotes with focus on OP poisoning
- KU13.** how to collect evidence for MLC

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, PCR and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** read about changes in legislations and organizational policies
- GS7.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS8.** read latest clinical regulations shared by the medical officer
- GS9.** read the list of hospitals in the major accident or emergency prone locations.
- GS10.** read upgraded facilities available in existing hospitals
- GS11.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS12.** interact with the patient
- GS13.** give clear instructions to the patient
- GS14.** shout assertively in case the patient does not respond
- GS15.** collect all necessary information regarding the patients condition, address
- GS16.** avoid using jargon, slang or acronyms when communicating with a patient
- GS17.** communicate with other people around the patient and give them clear instructions about their safety
- GS18.** make decisions pertaining to refusal of treatment
- GS19.** act decisively by balancing protocols and emergency at hand
- GS20.** manage situations where minors, unconscious or self-harming patients are involved
- GS21.** how to plan and organise activities that are assigned to him/her
- GS22.** how to quickly think and refer to information about the hospitals in vicinity
- GS23.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS24.** maintain patient confidentiality
- GS25.** respect the rights of the patient(s)
- GS26.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS27.** identify immediate or temporary solutions to resolve delays

## Qualification Pack

- GS28.** carefully notice the symptoms and give the best possible treatment
- GS29.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying Poisoning or Overdose emergencies, Managing patients with Poisoning or Overdose , Following the prescribed procedures and steps involved in Poisoning or Overdose situation.</i>	<b>14</b>	<b>130</b>	-	<b>70</b>
<b>PC1</b> . recognise various ways that poisons enter the body	14	-	-	10
<b>PC2</b> . recognise various ways that poisons enter the body	-	10	-	10
<b>PC3</b> . recognise signs/symptoms associated with various poisoning	-	30	-	10
<b>PC4</b> . perform the emergency medical care for the patient with possible overdose	-	30	-	10
<b>PC5</b> . perform the steps in the emergency medical care for the patient with suspected poisoning	-	20	-	10
<b>PC6</b> . establish the relationship between the patient suffering from poisoning or overdose and airway management	-	20	-	10
<b>PC7</b> . state the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal	-	20	-	10
<b>NOS Total</b>	<b>14</b>	<b>130</b>	-	<b>70</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2309
<b>NOS Name</b>	Manage poisoning or overdose
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQ Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2310: Manage environmental emergency

#### Description

This OS unit is about the recognition and treatment of emergencies related to the external environment. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients exposed to extreme environmental conditions.

#### Scope

This unit/task covers the following:

- Identifying Environmental emergencies , Managing patients with symptoms of exposure to extreme heat/cold , Following the prescribed procedures and steps involved in exposure to extreme environmental situations

#### Elements and Performance Criteria

*Identifying Environmental emergencies , Managing patients with symptoms of exposure to extreme heat/cold , Following the prescribed procedures and steps involved in exposure to extreme environmental situations*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the various ways by which body loses heat
- PC2 .** list the signs and symptoms of exposure to cold
- PC3.** perform the steps in providing emergency medical care to a patient exposed to cold
- PC4.** list the signs and symptoms of exposure to heat
- PC5 .** perform the steps in providing emergency care to a patient exposed to heat
- PC6 .** recognise the signs and symptoms of water-related emergencies
- PC7.** identify the complications of near-drowning
- PC8 .** perform emergency medical care for bites and stings
- PC9.** explain various relevant national disaster management agency (NDMA) guidelines

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** level of ones competence, authority and knowledge in relation to the management of emergency situations
- KU2.** appropriate response for emergency situations within ones scope of practice
- KU3.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU4.** how to engage with provider for support in order to deliver and assist providers.
- KU5.** how to perform the different procedures to manage environmental emergency
- KU6.** what is the significance of each procedure in patient management

## Qualification Pack

- KU7.** employee safety policy
- KU8.** national disaster management agency (NDMA) guidelines
- KU9.** injuries caused by exposure to extreme heat/cold or due to drowning
- KU10.** how to complete a pre-hospital care report for patients with environmental emergencies
- KU11.** how to remove a patient with a suspected spine injury from the water
- KU12.** how to continue prolonged cpr in case of drowning victims
- KU13.** how to treat high altitude sickness.
- KU14.** how to apply rewarming techniques including active and passive rewarming
- KU15.** relevant national disaster management agency (NDMA) guidelines

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations.
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to the concerned area of work in relation to job role
- GS21.** how to plan and organise activities that are assigned to him/her
- GS22.** how to control any aggression by the patient or the patient relatives
- GS23.** how to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level

## Qualification Pack

- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS28.** identify immediate or temporary solutions to resolve delays
- GS29.** analyse the situation and carry out the required procedures
- GS30.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying Environmental emergencies , Managing patients with symptoms of exposure to extreme heat/cold , Following the prescribed procedures and steps involved in exposure to extreme environmental situations</i>	<b>56</b>	<b>100</b>	-	<b>100</b>
<b>PC1.</b> recognise the various ways by which body loses heat	56	-	-	10
<b>PC2 .</b> list the signs and symptoms of exposure to cold	-	-	-	10
<b>PC3.</b> perform the steps in providing emergency medical care to a patient exposed to cold	-	30	-	10
<b>PC4.</b> list the signs and symptoms of exposure to heat	-	-	-	10
<b>PC5 .</b> perform the steps in providing emergency care to a patient exposed to heat	-	30	-	10
<b>PC6 .</b> recognise the signs and symptoms of water-related emergencies	-	-	-	10
<b>PC7.</b> identify the complications of near-drowning	-	-	-	10
<b>PC8 .</b> perform emergency medical care for bites and stings	-	30	-	10
<b>PC9.</b> explain various relevant national disaster management agency (NDMA) guidelines	-	10	-	20
<b>NOS Total</b>	<b>56</b>	<b>100</b>	-	<b>100</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2310
<b>NOS Name</b>	Manage environmental emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2311: Manage behavioural emergency

#### Description

This OS unit is about the recognition and treatment of emergencies related to behavioural or psychological conditions. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients demonstrating such behaviour.

#### Scope

This unit/task covers the following:

- Identifying behavioural emergencies , Managing patients with symptoms of psychological crisis , Following the prescribed procedures and steps involved in behavioural situations

#### Elements and Performance Criteria

*Identifying behavioural emergencies , Managing patients with symptoms of psychological crisis , Following the prescribed procedures and steps involved in behavioural situations*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the general factors that may cause an alteration in a patient's behaviour
- PC2.** recognise the various reasons for psychological crises
- PC3.** identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide
- PC4.** identify special medical/legal considerations for managing behavioural emergencies
- PC5.** recognise the special considerations for assessing a patient with behavioural problems
- PC6.** identify the general principles of an individual's behaviour, which suggest the risk for violence
- PC7.** identify methods to calm behavioural emergency patients

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by the hospital
- KU2.** how to engage with provider for support in order to deliver and assist providers.
- KU3.** how to perform the different procedures to handle common psychological emergencies
- KU4.** the significance of each procedure to manage behavioural emergency
- KU5.** how to use different equipment to perform procedures to handle the emergency
- KU6.** employee safety policy
- KU7.** how to assure his/her own safety in such situations
- KU8.** legal ramifications of his/her actions

## Qualification Pack

- KU9.** how to transport the patient in a safe and effective manner
- KU10.** how to modify his/her behaviour towards the patient with a behavioural emergency
- KU11.** how to provide emergency medical care to the patient experiencing a behavioural emergency
- KU12.** various techniques to safely restrain a patient with a behavioural problem
- KU13.** methods of physical restraint
- KU14.** how to check RBS for all alternated levels of consciousness and behaviour emergency cases

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share sharp, concise and to the point report with the provider institute physician
- GS2.** complete medical history, pcr and applicable transport form
- GS3.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS4.** produce information which may include technical material that is appropriate for the intended audience
- GS5.** read about changes in legislations and organisational policies
- GS6.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS7.** read latest clinical regulations as shared by the medical officer
- GS8.** read the list of hospitals in the major accident or emergency prone locations.
- GS9.** read about upgraded facilities available in existing hospitals
- GS10.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS11.** interact with the patient
- GS12.** give clear instructions to the patient
- GS13.** shout assertively in case the patient does not respond
- GS14.** collect all necessary information regarding the patients condition, address
- GS15.** avoid using jargon, slang or acronyms when communicating with a patient
- GS16.** communicate with other people around the patient and give them clear instructions around their safety
- GS17.** communicate clearly with other emergency response agencies if required
- GS18.** act decisively by balancing protocols and emergency at hand
- GS19.** manage situations where minors, unconscious or self-harming patients are involved
- GS20.** how to plan and organise activities that are assigned to him/her
- GS21.** how to quickly think and refer to information about the hospitals in vicinity
- GS22.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** understand the behavioural change and take a rational step

## Qualification Pack

- GS26.** analyse the psychological crisis and suggest the solutions
- GS27.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying behavioural emergencies , Managing patients with symptoms of psychological crisis , Following the prescribed procedures and steps involved in behavioural situations</i>	<b>14</b>	<b>100</b>	-	<b>100</b>
<b>PC1.</b> recognise the general factors that may cause an alteration in a patient's behaviour	14	20	-	20
<b>PC2.</b> recognise the various reasons for psychological crises	-	20	-	20
<b>PC3.</b> identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide	-	-	-	20
<b>PC4.</b> identify special medical/legal considerations for managing behavioural emergencies	-	-	-	20
<b>PC5.</b> recognise the special considerations for assessing a patient with behavioural problems	-	-	-	20
<b>PC6.</b> identify the general principles of an individual's behaviour, which suggest the risk for violence	-	20	-	-
<b>PC7.</b> identify methods to calm behavioural emergency patients	-	40	-	-
<b>NOS Total</b>	<b>14</b>	<b>100</b>	-	<b>100</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2311
<b>NOS Name</b>	Manage behavioural emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

# HSS/N2312: Manage obstetric/gynaecological emergencies

## Description

This OS unit is about managing patients with pre-hospital conditions involving obstetric/ gynaecological emergencies. These conditions require discreet, professional, safe and effective care by the EMT.

## Scope

This unit/task covers the following:

- Providing emergency care during childbirth , Providing care for conditions involving obstetric/ gynaecological emergencies

## Elements and Performance Criteria

*Providing emergency care during childbirth , Providing care for conditions involving obstetric/ gynaecological emergencies*

To be competent, the user/individual on the job must be able to:

- PC1.** identify the following structures: uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum
- PC2.** identify and explain the use of the contents of an obstetrics kit
- PC3.** identify pre-delivery emergencies
- PC4.** state indications of an imminent delivery
- PC5.** differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery
- PC6.** perform the steps in pre-delivery preparation of the mother
- PC7 .** establish the relationship between body substance isolation and childbirth
- PC8.** perform the steps to assist in the delivery
- PC9.** state the steps required for care of the baby as the head appears
- PC10.** explain how and when to cut the umbilical cord
- PC11.** perform the steps in the delivery of the placenta
- PC12 .** perform the steps in the emergency medical care of the mother post-delivery
- PC13.** summarise neonatal resuscitation procedures
- PC14.** identify the procedures for the following abnormal deliveries: breech birth, multiple births, prolapsed cord, limb presentation
- PC15.** differentiate the special considerations for multiple births
- PC16.** recognise special considerations of meconium
- PC17.** identify special considerations of a premature baby
- PC18.** perform the emergency medical care of a patient with a gynaecological emergency
- PC19 .** perform steps required for emergency medical care of a mother with excessive bleeding
- PC20.** complete a pre-hospital care report for patients with obstetrical/gynaecological emergencies

## Qualification Pack

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by the hospital
- KU2.** how to perform the different procedures related to obstetrics/ gynaecology emergencies
- KU3.** the significance of each procedure required to handle obstetrics/ gynaecology emergency
- KU4.** how to use the equipment meant to perform each procedure
- KU5.** the implications of treating two patients (mother and baby)
- KU6.** steps to assist in normal cephalic delivery
- KU7.** infant neonatal procedures
- KU8.** neonatal resuscitation procedures
- KU9.** how and when to cut the umbilical cord
- KU10.** post-delivery care of the mother
- KU11.** procedures for the following abnormal deliveries: breech birth, prolapsed cord, limb presentation
- KU12.** procedures and special considerations for multiple births
- KU13.** special considerations for meconium
- KU14.** steps required for care of a mother with excessive bleeding or other gynaecological issues
- KU15.** the use of oxytocin, methergin and mesoprostol

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations as shared by the medical officer
- GS10.** read about upgraded facilities available in existing hospitals
- GS11.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS12.** interact with the patient
- GS13.** give clear instructions to the patient
- GS14.** shout assertively in case the patient does not respond

## Qualification Pack

- GS15.** collect all necessary information regarding the patients condition, address
- GS16.** avoid using jargon, slang or acronyms when communicating with a patient
- GS17.** communicate with other people around the patient and give them clear instructions around their safety
- GS18.** communicate clearly with other emergency response agencies if required
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** how to plan and organise activities that are assigned to him/her
- GS22.** how to quickly think and refer to information about the hospitals in vicinity
- GS23.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS24.** maintain patient confidentiality
- GS25.** respect the rights of the patient(s)
- GS26.** use their experience, creativity and assessment skills to narrow down the problem with the patient
- GS27.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution
- GS28.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Providing emergency care during childbirth , Providing care for conditions involving obstetric/ gynaecological emergencies</i>	26	134	-	66
<b>PC1.</b> identify the following structures: uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum	26	-	-	4
<b>PC2.</b> identify and explain the use of the contents of an obstetrics kit	-	8	-	2
<b>PC3.</b> identify pre-delivery emergencies	-	-	-	4
<b>PC4.</b> state indications of an imminent delivery	-	-	-	4
<b>PC5.</b> differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery	-	-	-	4
<b>PC6.</b> perform the steps in pre-delivery preparation of the mother	-	18	-	2
<b>PC7 .</b> establish the relationship between body substance isolation and childbirth	-	-	-	4
<b>PC8.</b> perform the steps to assist in the delivery	-	18	-	2
<b>PC9.</b> state the steps required for care of the baby as the head appears	-	-	-	4
<b>PC10.</b> explain how and when to cut the umbilical cord	-	8	-	2
<b>PC11.</b> perform the steps in the delivery of the placenta	-	18	-	2
<b>PC12 .</b> perform the steps in the emergency medical care of the mother post-delivery	-	18	-	2
<b>PC13.</b> summarise neonatal resuscitation procedures	-	8	-	2
<b>PC14.</b> identify the procedures for the following abnormal deliveries: breech birth, multiple births, prolapsed cord, limb presentation	-	2	-	8

## Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC15.</b> differentiate the special considerations for multiple births	-	-	-	4
<b>PC16.</b> recognise special considerations of meconium	-	-	-	4
<b>PC17.</b> identify special considerations of a premature baby	-	-	-	4
<b>PC18.</b> perform the emergency medical care of a patient with a gynaecological emergency	-	18	-	2
<b>PC19 .</b> perform steps required for emergency medical care of a mother with excessive bleeding	-	18	-	2
<b>PC20.</b> complete a pre-hospital care report for patients with obstetrical/gynaecological emergencies	-	-	-	4
<b>NOS Total</b>	<b>26</b>	<b>134</b>	<b>-</b>	<b>66</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2312
<b>NOS Name</b>	Manage obstetric/gynaecological emergencies
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2313: Manage Bleeding and Shock

#### Description

This OS unit is about managing bleeding and shock (hypo perfusion) after the initial patient assessment. Control of arterial or venous bleeding is done upon immediate identification, after airway and breathing.

#### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient with bleeding injuries, Arresting the bleeding

#### Elements and Performance Criteria

##### *Rendering basic medical care to a patient with bleeding injuries, Arresting the bleeding*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the structure and function of the circulatory system
- PC2.** differentiate between arterial, venous and capillary bleeding
- PC3.** state methods of emergency medical care of external bleeding
- PC4 .** establish the relationship between body substance isolation and bleeding
- PC5.** establish the relationship between airway management and the trauma patient
- PC6.** establish the relationship between mechanism of injury and internal bleeding
- PC7.** recognise the signs of internal bleeding
- PC8 .** perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding
- PC9.** recognise the signs and symptoms of shock (hypo perfusion)
- PC10.** perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)
- PC11.** recognize different types of shock and initiate appropriate medical management

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital.
- KU2.** clinical protocols used by the provider to control bleeding and shock
- KU3.** procedures and guidelines of the hospital in case of hazards at the site or in case of accidents
- KU4.** how to perform the different procedures to manage bleeding and shock
- KU5.** the significance of each procedure to manage bleeding and shock in patient management
- KU6.** how to use the equipment meant to perform each procedure
- KU7.** engage with the medical officer for support in case the situation is beyond one's competence
- KU8.** methods of controlling external bleeding with emphasis on body substance isolation

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- KU9.** methods used to treat internal bleeding
- KU10.** methods used to treat the patient in shock (hypo perfusion)
- KU11.** sense of urgency to transport patients that are bleeding and show signs of shock (hypo perfusion)
- KU12.** how to use diffuse pressure as a method of emergency medical care of external bleeding
- KU13.** use of pressure points and tourniquets as a method of emergency medical care of external bleeding
- KU14.** signs and symptoms of internal bleeding.
- KU15.** signs and symptoms of shock (hypo perfusion)

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations.
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to refusal of treatment
- GS21.** act decisively by balancing protocols and emergency at hand
- GS22.** manage situations where minors, unconscious or self-harming patients are involved
- GS23.** how to plan and organise activities that are assigned to him/her
- GS24.** how to quickly think and refer to information about the hospitals in the vicinity

## Qualification Pack

- GS25.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS26.** maintain patient confidentiality
- GS27.** respect the rights of the patient(s)
- GS28.** identify immediate or temporary solutions to resolve delays
- GS29.** analyse cuts and shock severity and carry the treatment procedures
- GS30.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient with bleeding injuries, Arresting the bleeding</i>	<b>56</b>	<b>149</b>	-	<b>51</b>
<b>PC1.</b> recognise the structure and function of the circulatory system	56	-	-	5
<b>PC2.</b> differentiate between arterial, venous and capillary bleeding	-	-	-	5
<b>PC3.</b> state methods of emergency medical care of external bleeding	-	25	-	5
<b>PC4 .</b> establish the relationship between body substance isolation and bleeding	-	18	-	2
<b>PC5.</b> establish the relationship between airway management and the trauma patient	-	18	-	2
<b>PC6.</b> establish the relationship between mechanism of injury and internal bleeding	-	18	-	2
<b>PC7.</b> recognise the signs of internal bleeding	-	5	-	5
<b>PC8 .</b> perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding	-	25	-	5
<b>PC9.</b> recognise the signs and symptoms of shock (hypo perfusion)	-	5	-	5
<b>PC10.</b> perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)	-	25	-	5
<b>PC11.</b> recognize different types of shock and initiate appropriate medical management	-	10	-	10
<b>NOS Total</b>	<b>56</b>	<b>149</b>	-	<b>51</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2313
<b>NOS Name</b>	Manage Bleeding and Shock
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2314: Manage soft tissue injury and burns

#### Description

This OS unit is about the recognition of soft tissue injuries. Unless life threatening, soft tissue injuries are to be treated after the initial assessment. The EMT will treat soft tissue injuries prior to the movement of the patient unless the patient condition warrants immediate transport.

#### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient with soft tissue injuries such as burns and proficiency in the technique of dressing and bandaging.

#### Elements and Performance Criteria

*Rendering basic medical care to a patient with soft tissue injuries such as burns and proficiency in the technique of dressing and bandaging.*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the major functions of the skin
- PC2 .** recognise the layers of the skin
- PC3.** establish the relationship between body substance isolation (bsi) and soft tissue injuries
- PC4.** recognise the types of closed soft tissue injuries
- PC5.** perform the emergency medical care of the patient with a closed soft tissue injury
- PC6.** state the types of open soft tissue injuries
- PC7.** recognise the emergency medical care of the patient with an open soft tissue injury
- PC8 .** recognise the emergency medical care considerations for a patient with a penetrating chest injury
- PC9.** perform the emergency medical care considerations for a patient with an open wound to the abdomen
- PC10.** differentiate the care of an open wound to the chest from an open wound to the abdomen
- PC11.** classify burns
- PC12.** recognise superficial burn
- PC13.** recognise the characteristics of a superficial burn
- PC14.** recognise partial thickness burn
- PC15 .** recognise the characteristics of a partial thickness burn
- PC16 .** recognise full thickness burn
- PC17.** recognise the characteristics of a full thickness burn
- PC18.** perform the emergency medical care of the patient with a superficial burn
- PC19.** perform the emergency medical care of the patient with a partial thickness burn
- PC20.** perform the emergency medical care of the patient with a full thickness burn
- PC21.** recognise the functions of dressing and bandaging

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- PC22.** describe the purpose of a bandage
- PC23.** perform the steps in applying a pressure dressing
- PC24.** establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries
- PC25.** know the ramification of improperly applied dressings, splints and tourniquets
- PC26.** perform the emergency medical care of a patient with an impaled object
- PC27.** perform the emergency medical care of a patient with an amputation
- PC28 .** perform the emergency care for a chemical burn
- PC29 .** perform the emergency care for an electrical burn
- PC30.** recognise inhalation injury and perform emergency care

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital
- KU2.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU3.** various layers of the skin
- KU4.** various types of soft tissue injuries
- KU5.** how to perform the different procedures to manage soft tissue injuries and burns
- KU6.** the significance of each procedure to effectively handle soft tissue injury and burns
- KU7.** how to use the equipment meant to perform the procedures
- KU8.** procedure for treating a closed soft tissue injury
- KU9.** procedure for treating an open soft tissue injury
- KU10.** necessary body substance isolation that must be taken when dealing with soft tissue injuries
- KU11.** proper method for applying an occlusive dressing
- KU12.** proper method for stabilising an impaled object
- KU13.** proper method of treating an evisceration
- KU14.** how to recognise superficial, partial thickness and full thickness burns
- KU15.** proper treatment for a superficial, partial thickness, and full thickness burn
- KU16.** various types of dressings and bandages
- KU17.** proper method for applying a universal dressing, 4 x 4 inch dressing, and adhesive type dressing
- KU18.** proper method for applying bandages: self-adherent, gauze rolls, triangular, adhesive tape, and air splints
- KU19.** proper method for applying a pressure dressing

## Generic Skills (GS)

User/individual on the job needs to know how to:

## Qualification Pack

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations.
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to refusal of treatment
- GS21.** act decisively by balancing protocols and emergency at hand
- GS22.** manage situations where minors, unconscious or self-harming patients are involved
- GS23.** how to plan and organise activities that are assigned to him/her
- GS24.** how to quickly think and refer to information about the hospitals in the vicinity
- GS25.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS26.** maintain patient confidentiality
- GS27.** respect the rights of the patient(s)
- GS28.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS29.** identify immediate or temporary solutions to resolve delays
- GS30.** analyse the injury and render the required medical care
- GS31.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient with soft tissue injuries such as burns and proficiency in the technique of dressing and bandaging.</i>	<b>56</b>	<b>124</b>	-	<b>76</b>
<b>PC1.</b> recognise the major functions of the skin	56	-	-	1
<b>PC2 .</b> recognise the layers of the skin	-	-	-	1
<b>PC3.</b> establish the relationship between body substance isolation (bsi) and soft tissue injuries	-	8	-	2
<b>PC4.</b> recognise the types of closed soft tissue injuries	-	-	-	3
<b>PC5.</b> perform the emergency medical care of the patient with a closed soft tissue injury	-	8	-	2
<b>PC6.</b> state the types of open soft tissue injuries	-	-	-	3
<b>PC7.</b> recognise the emergency medical care of the patient with an open soft tissue injury	-	-	-	3
<b>PC8 .</b> recognise the emergency medical care considerations for a patient with a penetrating chest injury	-	-	-	3
<b>PC9.</b> perform the emergency medical care considerations for a patient with an open wound to the abdomen	-	8	-	2
<b>PC10.</b> differentiate the care of an open wound to the chest from an open wound to the abdomen	-	-	-	2
<b>PC11.</b> classify burns	-	-	-	10
<b>PC12.</b> recognise superficial burn	-	-	-	3
<b>PC13.</b> recognise the characteristics of a superficial burn	-	-	-	3
<b>PC14.</b> recognise partial thickness burn	-	-	-	3
<b>PC15 .</b> recognise the characteristics of a partial thickness burn	-	-	-	3
<b>PC16 .</b> recognise full thickness burn	-	-	-	3

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC17.</b> recognise the characteristics of a full thickness burn	-	-	-	3
<b>PC18.</b> perform the emergency medical care of the patient with a superficial burn	-	8	-	2
<b>PC19.</b> perform the emergency medical care of the patient with a partial thickness burn	-	8	-	2
<b>PC20.</b> perform the emergency medical care of the patient with a full thickness burn	-	8	-	2
<b>PC21.</b> recognise the functions of dressing and bandaging	-	8	-	2
<b>PC22.</b> describe the purpose of a bandage	-	8	-	2
<b>PC23.</b> perform the steps in applying a pressure dressing	-	8	-	2
<b>PC24.</b> establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries	-	4	-	2
<b>PC25.</b> know the ramification of improperly applied dressings, splints and tourniquets	-	8	-	2
<b>PC26.</b> perform the emergency medical care of a patient with an impaled object	-	8	-	2
<b>PC27.</b> perform the emergency medical care of a patient with an amputation	-	8	-	2
<b>PC28 .</b> perform the emergency care for a chemical burn	-	8	-	2
<b>PC29 .</b> perform the emergency care for an electrical burn	-	8	-	2
<b>PC30.</b> recognise inhalation injury and perform emergency care	-	8	-	2
<b>NOS Total</b>	<b>56</b>	<b>124</b>	<b>-</b>	<b>76</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2314
<b>NOS Name</b>	Manage soft tissue injury and burns
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2315: Manage musculoskeletal injuries

#### Description

This OS unit is about the recognition of injuries to bones and joints requiring splinting prior to the movement of the patient unless life-threatening injuries are present. If life-threatening injuries are present, splinting should be done en route to the receiving facility when possible

#### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient with musculoskeletal injuries

#### Elements and Performance Criteria

##### *Rendering basic medical care to a patient with musculoskeletal injuries*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the function of the muscular system
- PC2.** recognise the function of the skeletal system
- PC3.** recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities
- PC4.** differentiate between an open and a closed painful, swollen, deformed extremity
- PC5.** manage musculoskeletal injuries including thoracic and abdominal injuries
- PC6.** state the reasons for splinting
- PC7.** list the general rules of splinting
- PC8.** ramification & complications of splinting
- PC9.** perform the emergency medical care for a patient with a painful, swollen, deformed extremity
- PC10.** how to apply pelvic binder techniques for fracture of pelvis

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU2.** how to perform the different procedures to manage musculoskeletal injuries including thoracic and abdominal injuries
- KU3.** the significance of each procedure in effectively manage the situation of musculoskeletal injuries
- KU4.** how to use the equipment meant to perform the procedure
- KU5.** signs of open and closed type bone and joint injuries
- KU6.** assessment of an injured extremity

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- KU7.** splinting procedures relevant to the general rules of splinting using: rigid splints, traction splints, pneumatic splints, improvised splints, and pneumatic anti-shock garments
- KU8.** procedure for splinting an injury with distal cyanosis or lacking a distal pulse
- KU9.** the use of analgesic injections for relief of pain
- KU10.** how to manage bleeding complications associated with long bone fractures
- KU11.** how to assess neuro-vascular status of limbs

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved
- GS22.** how to plan and organise activities that are assigned to him/her
- GS23.** how to quickly think and refer to information about the hospitals in the vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)

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- GS27.** take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own
- GS28.** analyse the impact of musculoskeletal injuries and provide the medical care
- GS29.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient with musculoskeletal injuries</i>	<b>56</b>	<b>128</b>	-	<b>72</b>
<b>PC1</b> . recognise the function of the muscular system	56	-	-	4
<b>PC2</b> . recognise the function of the skeletal system	-	-	-	4
<b>PC3</b> . recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities	-	-	-	6
<b>PC4</b> . differentiate between an open and a closed painful, swollen, deformed extremity	-	-	-	6
<b>PC5</b> . manage musculoskeletal injuries including thoracic and abdominal injuries	-	10	-	10
<b>PC6</b> . state the reasons for splinting	-	10	-	10
<b>PC7</b> . list the general rules of splinting	-	30	-	10
<b>PC8</b> . ramification & complications of splinting	-	18	-	2
<b>PC9</b> . perform the emergency medical care for a patient with a painful, swollen, deformed extremity	-	30	-	10
<b>PC10</b> . how to apply pelvic binder techniques for fracture of pelvis	-	30	-	10
<b>NOS Total</b>	<b>56</b>	<b>128</b>	-	<b>72</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2315
<b>NOS Name</b>	Manage musculoskeletal injuries
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2316: Manage injuries to head and spine

#### Description

This OS unit is about ensuring that for every patient who is involved in any type of traumatic incident, in which the mechanism of injury and/or signs and symptoms indicate a possible spinal injury, complete spinal immobilisation is carried out

#### Scope

This unit/task covers the following:

- Identifying signs and symptoms of head and spinal injuries , Recognising when a patient may need immobilisation and acting accordingly

#### Elements and Performance Criteria

*Identifying signs and symptoms of head and spinal injuries , Recognising when a patient may need immobilisation and acting accordingly*

To be competent, the user/individual on the job must be able to:

- PC1.** state the components of the nervous system
- PC2.** list the functions of the central nervous system
- PC3.** recognise the structure of the skeletal system as it relates to the nervous system
- PC4.** relate mechanism of injury to potential injuries of the head and spine
- PC5.** recognise the implications of not properly caring for potential spine injuries
- PC6 .** state the signs and symptoms of a potential spine injury
- PC7.** recognise the method of determining if a responsive patient may have a spine injury
- PC8.** relate the airway emergency medical care techniques to the patient with a suspected spine injury
- PC9.** identify how to stabilise the cervical spine
- PC10.** indications for sizing and using a cervical spine immobilisation device
- PC11.** establish the relationship between airway management and the patient with head and spine injuries
- PC12.** recognise a method for sizing a cervical spine immobilisation device
- PC13.** log roll a patient with a suspected spine injury
- PC14.** secure a patient to a long spine board
- PC15.** list instances when a short spine board should be used
- PC16.** immobilise a patient using a short spine board
- PC17.** recognise the indications for the use of rapid extrication
- PC18.** understand the steps in performing rapid extrication
- PC19.** identify the circumstances when a helmet should be left on the patient
- PC20.** identify the circumstances when a helmet should be removed

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- PC21 .** identify alternative methods for removal of a helmet
- PC22.** stabilise patient's head to remove the helmet
- PC23.** differentiate how the head is stabilised with a helmet compared to without a helmet
- PC24.** immobilise paediatric and geriatric victims
- PC25.** manage scalp bleeding
- PC26.** manage eye injury

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital
- KU2.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU3.** how to perform the different procedures to manage injuries head and spine
- KU4.** the significance of each procedure in handling situation of head and spinal injuries
- KU5.** how to use the equipment meant to perform the procedure
- KU6.** nervous system anatomy
- KU7.** structure of the skeletal system as it relates to the nervous system
- KU8.** related mechanism of injury to potential injuries of the head and spine
- KU9.** potential signs and symptoms of a potential spine injury
- KU10.** method of determining if a responsive patient may have a spine injury
- KU11.** airway emergency medical care techniques for the patient with a suspected spinal cord injury
- KU12.** methods for sizing various cervical spine immobilisation devices
- KU13.** rapid extrication techniques
- KU14.** how to stabilise the cervical spine
- KU15.** how to immobilise a patient using a short spine board
- KU16.** how to log roll a patient with a suspected spine injury
- KU17.** how to secure a patient to a long spine board
- KU18.** preferred methods to remove sports, motorcycle and various other helmets
- KU19.** alternative methods for removal of a helmet
- KU20.** how the head is stabilised with a helmet compared to without a helmet
- KU21.** how the patient's head is stabilised in order to remove a helmet
- KU22.** sudden airway emergency medical care with helmet on

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers

## Qualification Pack

- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to refusal of treatment
- GS21.** act decisively by balancing protocols and emergency at hand
- GS22.** manage situations where minors, unconscious or self-harming patients are involved
- GS23.** how to plan and organise activities that are assigned to him/her
- GS24.** how to quickly think and refer to information about the hospitals in the vicinity
- GS25.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS26.** maintain patient confidentiality
- GS27.** respect the rights of the patient(s)
- GS28.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS29.** identify immediate or temporary solutions to resolve delays
- GS30.** cautiously analyse the symptoms of head and spinal injuries and suggest the best possible solution
- GS31.** analyse, evaluate and apply the information gathered from observation, the best possible solution

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying signs and symptoms of head and spinal injuries , Recognising when a patient may need immobilisation and acting accordingly</i>	56	128	-	72
<b>PC1.</b> state the components of the nervous system	56	-	-	1
<b>PC2.</b> list the functions of the central nervous system	-	-	-	1
<b>PC3.</b> recognise the structure of the skeletal system as it relates to the nervous system	-	-	-	3
<b>PC4.</b> relate mechanism of injury to potential injuries of the head and spine	-	-	-	5
<b>PC5.</b> recognise the implications of not properly caring for potential spine injuries	-	-	-	5
<b>PC6 .</b> state the signs and symptoms of a potential spine injury	-	-	-	5
<b>PC7.</b> recognise the method of determining if a responsive patient may have a spine injury	-	-	-	5
<b>PC8.</b> relate the airway emergency medical care techniques to the patient with a suspected spine injury	-	8	-	2
<b>PC9.</b> identify how to stabilise the cervical spine	-	8	-	2
<b>PC10.</b> indications for sizing and using a cervical spine immobilisation device	-	8	-	2
<b>PC11.</b> establish the relationship between airway management and the patient with head and spine injuries	-	8	-	2
<b>PC12.</b> recognise a method for sizing a cervical spine immobilisation device	-	8	-	2
<b>PC13.</b> log roll a patient with a suspected spine injury	-	8	-	2
<b>PC14.</b> secure a patient to a long spine board	-	8	-	2

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC15.</b> list instances when a short spine board should be used	-	-	-	5
<b>PC16.</b> immobilise a patient using a short spine board	-	8	-	2
<b>PC17.</b> recognise the indications for the use of rapid extrication	-	-	-	5
<b>PC18.</b> understand the steps in performing rapid extrication	-	8	-	2
<b>PC19.</b> identify the circumstances when a helmet should be left on the patient	-	8	-	2
<b>PC20.</b> identify the circumstances when a helmet should be removed	-	8	-	2
<b>PC21 .</b> identify alternative methods for removal of a helmet	-	8	-	2
<b>PC22.</b> stabilise patient's head to remove the helmet	-	8	-	2
<b>PC23.</b> differentiate how the head is stabilised with a helmet compared to without a helmet	-	-	-	5
<b>PC24.</b> immobilise paediatric and geriatric victims	-	8	-	2
<b>PC25.</b> manage scalp bleeding	-	8	-	2
<b>PC26.</b> manage eye injury	-	8	-	2
<b>NOS Total</b>	<b>56</b>	<b>128</b>	<b>-</b>	<b>72</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2316
<b>NOS Name</b>	Manage injuries to head and spine
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2317: Manage infants, neonates and children

#### Description

This OS unit is about management of an ill or injured infant or child, considering anatomical and physiological differences between infants or child and adults

#### Scope

This unit/task covers the following:

- Managing ill or injured infant or children patients , Differentiating the response of the infant or child patient from that of an adult and acting in accordance

#### Elements and Performance Criteria

*Managing ill or injured infant or children patients , Differentiating the response of the infant or child patient from that of an adult and acting in accordance*

To be competent, the user/individual on the job must be able to:

- PC1 .** identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent
- PC2.** identify differences in anatomy and physiology of the infant, child and adult patient
- PC3.** differentiate the response of the ill or injured infant or child (age specific) from that of an adult
- PC4.** understand various causes of respiratory emergencies
- PC5 .** differentiate between respiratory distress and respiratory failure
- PC6.** perform the steps in the management of foreign body airway obstruction
- PC7.** implement emergency medical care strategies for respiratory distress and respiratory failure
- PC8..** identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient
- PC9 .** recognise the methods of determining end organ perfusion in the infant and child patient
- PC10.** identify the usual cause of cardiac arrest in infants and children versus adults
- PC11 .** recognise the common causes of seizures in the infant and child patient
- PC12 .** perform the management of seizures in the infant and child patient
- PC13.** differentiate between the injury patterns in adults, infants, and child patient
- PC14.** perform the field management of the infant and child trauma patient
- PC15.** summarise the indicators of possible child abuse and neglect
- PC16.** recognise the medical legal responsibilities in suspected child abuse
- PC17.** recognise need for emt debriefing following a difficult infant or child transport

#### Knowledge and Understanding (KU)

## Qualification Pack

The individual on the job needs to know and understand:

- KU1.** the relevant legislation, standards, policies, and procedure followed by hospital
- KU2.** relevant procedures, policies and processes used by the hospital specifically in dealing with infants and children
- KU3.** legislation regarding care of children, especially where possible child abuse is suspected
- KU4.** legislation and policies followed by the hospital for provision of information on the health and care of infants and children with parents and family members
- KU5.** how to perform the different procedures to manage infants and children
- KU6.** the significance of each procedure in management of infants and children
- KU7.** how to use the equipment meant to perform the procedure
- KU8.** the development milestones for children
- KU9.** the infant anatomy and physiology
- KU10.** the symptoms of medical emergency in infants and children
- KU11.** the techniques of foreign body airway obstruction removal in the infant
- KU12.** the techniques of foreign body airway obstruction removal in the child
- KU13.** the bag-valve-mask artificial ventilations for the infant
- KU14.** the bag-valve-mask artificial ventilations for the child
- KU15.** the oxygen delivery for the infant and child
- KU16.** the assessment of the infant and child
- KU17.** the in-line cervical immobilisation with and without artificial ventilation in infants and children
- KU18.** the use of medications and doses for paediatric cases
- KU19.** the use of equipment for paediatric age group

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record daily activities that are being performed
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** complete medical history, pcr and applicable transport form
- GS4.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS5.** produce information which may include technical material that is appropriate for the intended audience
- GS6.** read about changes in legislations and organisational policies
- GS7.** keep updated with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS8.** read on latest clinical regulations as shared by the medical officer
- GS9.** read on the list of hospitals in the major accident or emergency prone locations
- GS10.** read on upgraded facilities available in existing hospitals

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- GS11.** understands and interprets written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS12.** interact with children, especially in emergency, stressful or traumatic situations
- GS13.** collect all necessary information regarding the patients condition, address
- GS14.** avoid using jargon, slang or acronyms when communicating with a patient
- GS15.** communicate with other people around the patient and give them clear instructions around their safety
- GS16.** make decisions pertaining to refusal of treatment
- GS17.** act decisively by balancing protocols and emergency at hand
- GS18.** manage situations as minors are involved
- GS19.** how to plan and organise activities that are assigned to him/her
- GS20.** how to quickly think and refer to information about the hospitals in the vicinity
- GS21.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS22.** maintain patient confidentiality
- GS23.** respect the rights of the patient(s)
- GS24.** the situation of infant and children and take the remedial measures
- GS25.** analyse the situation and function effectively to manage ill or injured infants or children
- GS26.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Managing ill or injured infant or children patients , Differentiating the response of the infant or child patient from that of an adult and acting in accordance</i>	26	150	-	50
<b>PC1</b> . identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	26	2	-	4
<b>PC2.</b> identify differences in anatomy and physiology of the infant, child and adult patient	-	4	-	2
<b>PC3.</b> differentiate the response of the ill or injured infant or child (age specific) from that of an adult	-	-	-	4
<b>PC4.</b> understand various causes of respiratory emergencies	-	-	-	4
<b>PC5</b> . differentiate between respiratory distress and respiratory failure	-	-	-	4
<b>PC6.</b> perform the steps in the management of foreign body airway obstruction	-	18	-	2
<b>PC7.</b> implement emergency medical care strategies for respiratory distress and respiratory failure	-	18	-	2
<b>PC8..</b> identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient	-	18	-	2
<b>PC9</b> . recognise the methods of determining end organ perfusion in the infant and child patient	-	18	-	2
<b>PC10.</b> identify the usual cause of cardiac arrest in infants and children versus adults	-	18	-	2
<b>PC11</b> . recognise the common causes of seizures in the infant and child patient	-	-	-	4
<b>PC12</b> . perform the management of seizures in the infant and child patient	-	18	-	2
<b>PC13.</b> differentiate between the injury patterns in adults, infants, and child patient	-	-	-	4

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Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC14.</b> perform the field management of the infant and child trauma patient	-	18	-	2
<b>PC15.</b> summarise the indicators of possible child abuse and neglect	-	-	-	4
<b>PC16.</b> recognise the medical legal responsibilities in suspected child abuse	-	-	-	4
<b>PC17.</b> recognise need for emt debriefing following a difficult infant or child transport	-	18	-	2
<b>NOS Total</b>	<b>26</b>	<b>150</b>	<b>-</b>	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2317
<b>NOS Name</b>	Manage infants, neonates and children
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQF Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2318: Manage respiratory emergency

#### Description

This OS unit is about assessing the symptoms of a patient with breathing difficulties and providing emergency treatment.

#### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient with a respiratory emergency

#### Elements and Performance Criteria

##### *Rendering basic medical care to a patient with a respiratory emergency*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the anatomical components of the upper airway including: a. Nasopharynx b. Nasal air passage c. Pharynx d. Mouth e. Oropharynx f. Epiglottis
- PC2.** recognise the anatomical components of the lower airway including: a. Larynx b. Trachea c. Alveoli d. Bronchi e. Carina f. Diaphragm
- PC3.** recognise the characteristics of normal breathing
- PC4.** recognise the signs of abnormal breathing including: a. Dyspnoea b. Upper airway obstruction c. Acute pulmonary oedema d. Chronic obstructive pulmonary disease e. Bronchitis f. Emphysema g. Pneumothorax h. Asthma i. Pneumonia j. Pleural effusion k. Pulmonary embolism l. Hyperventilation
- PC5.** recognise the characteristics of abnormal breath sounds
- PC6.** recognise the characteristics of irregular breathing patterns
- PC7.** complete a focused history and physical exam of the patient
- PC8 .** establish airway in patient with respiratory difficulties
- PC9 .** contact dispatch and medical control for choosing nebulizer therapy
- PC10.** understand the various types of Metered Dose Inhalers including: a. Preventil b. Ventoil c. Alupent d. Metaprele. Brethinef. Albuterol g. Metaproterenol h. Terbutaline
- PC11.** understand the contraindications and side effects for various types of metered dose inhalers

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU2.** the anatomical components of the upper airway including: a. Nasopharynx b. Nasal air passage c. Pharynx d. Mouth e. Oropharynx f. Epiglottis
- KU3.** the anatomical components of the lower airway including: a. Larynx b. Trachea c. Alveoli d. Bronchi e. Carina f. Diaphragm
- KU4.** the characteristics of normal breathing

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- KU5.** the signs of abnormal breathing including: a. Dyspnoea b. Upper airway obstruction c. Acute pulmonary oedema d. Chronic obstructive pulmonary disease e. Bronchitis f. Emphysema g. Pneumothorax h. Asthma i. Pneumonia j. Pleural effusion k. Pulmonary embolism l. Hyperventilation
- KU6.** the characteristics of abnormal breath sounds
- KU7.** the characteristics of irregular breathing patterns
- KU8.** how to complete a focused history and physical exam of the patient
- KU9.** how to establish airway in patient with respiratory difficulties
- KU10.** how to contact dispatch and medical control for choosing nebulizer therapy
- KU11.** the various types of Metered Dose Inhalers including: a. Preventil b. Ventoil c. Alupent d. Metaprele. Brethinef. Albuterol g. Metaproterenol h. Terbutaline
- KU12.** the contraindications and side effects for various types of metered dose inhalers

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved

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- GS22.** how to plan and organise activities that are assigned to him/her
- GS23.** how to quickly think and refer to information about the hospitals in the vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own
- GS28.** analyse the impact of musculoskeletal injuries and provide the medical care
- GS29.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient with a respiratory emergency</i>	<b>56</b>	<b>130</b>	-	<b>70</b>
<b>PC1.</b> recognise the anatomical components of the upper airway including:a. Nasopharynxb. Nasal air passagec. Pharynxd. Mouthe. Oropharynxf. Epiglottis	56	-	-	6
<b>PC2.</b> recognise the anatomical components of the lower airway including:a. Larynxb. Tracheac. Alveolid. Bronchie. Carinaf. Diaphragm	-	-	-	6
<b>PC3.</b> recognise the characteristics of normal breathing	-	2	-	2
<b>PC4.</b> recognise the signs of abnormal breathing including:a. Dyspnoeab. Upper airway obstructionc. Acute pulmonary oedemad. Chronic obstructive pulmonary diseasee. Bronchitisf. Emphysemag. Pneumothoraxh. Asthmai. Pneumoniaj. Pleural effusionk. Pulmonary embolisml. Hyperventilation	-	24	-	24
<b>PC5.</b> recognise the characteristics of abnormal breath sounds	-	8	-	2
<b>PC6.</b> recognise the characteristics of irregular breathing patterns	-	8	-	2
<b>PC7.</b> complete a focused history and physical exam of the patient	-	20	-	4
<b>PC8 .</b> establish airway in patient with respiratory difficulties	-	18	-	2
<b>PC9 .</b> contact dispatch and medical control for choosing nebulizer therapy	-	18	-	2
<b>PC10.</b> understand the various types of Metered Dose Inhalers including:a. Preventilb. Ventoilnc. Alupentd. Metaprele. Brethinef. Albuterolg. Metaproterenolh. Terbutaline	-	32	-	16
<b>PC11.</b> understand the contraindications and side effects for various types of metered dose inhalers	-	-	-	4

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>NOS Total</b>	<b>56</b>	<b>130</b>	<b>-</b>	<b>70</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2318
<b>NOS Name</b>	Manage respiratory emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2319: Manage severe abdominal pain

#### Description

This OS unit is about assessing the symptoms of a patient with severe abdominal pain and providing emergency treatment.

#### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient experiencing severe abdominal pain

#### Elements and Performance Criteria

##### *Rendering basic medical care to a patient experiencing severe abdominal pain*

To be competent, the user/individual on the job must be able to:

- PC1.** . recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant Most of the stomach Spleen Pancreas Large intestine Small intestine Left kidney (upper portion) b. Right Upper Quadrant Liver Gallbladder Part of the large intestine Right kidney (upper portion) c. Right Lower Quadrant Appendix Large intestine Female reproductive organs Small intestine Right kidney (lower portion) Right ureter Right ovary & fallopian tube. Left Lower Quadrant Large intestine Small intestine Left kidney (lower portion) Left ureter Left ovary Left fallopian tube. Midline structures Small intestine Urinary bladder Uterus
- PC2.** recognise the symptoms and cause of visceral pain
- PC3.** recognise the symptoms and causes of parietal pain
- PC4.** . recognise the symptoms and possible causes of referred pain including: a. right shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood b. left shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood c. midline, back pain aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone. mid-abdominal pain small bowel irritation, gastroenteritis, early appendicitis. lower abdominal pain diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn's disease (a type of inflammatory bowel disease), ulcerative colitis f. sacrum pain perirectal abscess, rectal disease g. epigastrium pain peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris h. testicular pain renal colic; appendicitis
- PC5.** complete a focused history and physical exam of the patient including: a. visual inspection b. auscultating the abdomen c. palpating the abdomen
- PC6.** establish airway in patient
- PC7.** place patient in position of comfort
- PC8.** calm and reassure the patient
- PC9.** look for signs of hypoperfusion
- PC10.** recognise possible diagnoses for abdominal pain
- PC11.** state the treatment for managing various causes of abdominal pain

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- PC12.** recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions
- PC13.** alert the emergency centre/ healthcare provider in advance of a priority case (when required)

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU2.** the symptoms and causes of visceral pain
- KU3.** The symptoms and causes of parietal pain
- KU4.** The symptoms and possible causes of referred pain including:  
a. Right shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood  
b. Left shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood  
c. Midline, back pain aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone  
d. Mid-abdominal pain small bowel irritation, gastroenteritis, early appendicitis  
e. Lower abdominal pain diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn's disease (a type of inflammatory bowel disease), ulcerative colitis  
f. Sacrum pain perirectal abscess, rectal disease  
g. Epigastrium pain peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris  
h. Testicular pain renal colic; appendicitis
- KU5.** how to complete a focused history and physical exam of the patient including:  
a. Visual inspection  
b. Auscultating the abdomen  
c. Palpating the abdomen
- KU6.** how to establish airway in patient
- KU7.** how to place patient in position of comfort
- KU8.** how to calm and reassure the patient
- KU9.** how to look for signs of hypoperfusion
- KU10.** the possible diagnoses for abdominal pain
- KU11.** the treatment for managing various causes of abdominal pain
- KU12.** the potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions
- KU13.** how and when to alert the emergency centre/ healthcare provider in advance of a priority case (when required)

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider/institute physician
- GS4.** complete medical history, PCR and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital

## Qualification Pack

- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved
- GS22.** how to plan and organise activities that are assigned to him/her
- GS23.** how to quickly think and refer to information about the hospitals in the vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own
- GS28.** analyse the impact of musculoskeletal injuries and provide the medicalcare
- GS29.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently
- GS30.** Analyse the impact of musculoskeletal injuries and provide the medical care
- GS31.** Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient experiencing severe abdominal pain</i>	<b>56</b>	<b>132</b>	-	<b>68</b>
<b>PC1.</b> . recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadranto Most of the stomacho Spleno Pancreaso Large intestineo Small intestineo Left kidney (upper portion)b. Right Upper Quadranto Livero Gallbladdero Part of the large intestineo Right kidney (upper portion)o Small intestinec. Right Lower Quadranto Appendixo Large intestineo Female reproductive organso Small intestineo Right kidney (lower portion)o Right uretero Right ovary & fallopian tubed. Left Lower Quadranto Large intestineo Small intestineo Left kidney (lower portion)o Left uretero Left ovaryo Left fallopian tubee. Midline structureso Small intestineo Urinary bladdero Uterus	56	-	-	5
<b>PC2.</b> recognise the symptoms and cause of visceral pain	-	2	-	4
<b>PC3.</b> recognise the symptoms and causes of parietal pain	-	2	-	4
<b>PC4 .</b> recognise the symptoms and possible causes of referred pain including: a. right shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal bloodb. left shoulder (or neck, jaw, scapula) possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal bloodc. midline, back pain aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stoned. mid-abdominal pain small bowel irritation, gastroenteritis, early appendicitise. lower abdominal pain diverticular disease (herniations of the mucosa and submucosa of the intestines), crohns disease (a type of inflammatory bowel disease), ulcerative colitisi. sacrum pain perirectal abscess, rectal diseaseg. epigastrium pain peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris h. testicular pain renal colic; appendicitis	-	16	-	32

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC5.</b> complete a focused history and physical exam of the patient including: a. visual inspection b. auscultating the abdomen c. palpating the abdomen	-	54	-	6
<b>PC6.</b> establish airway in patient	-	8	-	2
<b>PC7.</b> place patient in position of comfort	-	8	-	2
<b>PC8.</b> calm and reassure the patient	-	8	-	2
<b>PC9.</b> look for signs of hypoperfusion	-	8	-	2
<b>PC10.</b> recognise possible diagnoses for abdominal pain	-	8	-	2
<b>PC11.</b> state the treatment for managing various causes of abdominal pain	-	8	-	2
<b>PC12.</b> recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions	-	8	-	2
<b>PC13.</b> alert the emergency centre/ healthcare provider in advance of a priority case (when required)	-	2	-	3
<b>NOS Total</b>	<b>56</b>	<b>132</b>	<b>-</b>	<b>68</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2319
<b>NOS Name</b>	Manage severe abdominal pain
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2320: Manage mass casualty incident

#### Description

This OS unit is about the management and treatment of emergencies related to a mass casualty incident

#### Scope

This unit/task covers the following:

- Identifying the type of mass casualty incident, Setting up separate functional teams at the site, Managing initial triage, patient extraction and secondary triage, Coordinating with other first responder teams

#### Elements and Performance Criteria

*Identifying the type of mass casualty incident, Setting up separate functional teams at the site, Managing initial triage, patient extraction and secondary triage, Coordinating with other first responder teams*

To be competent, the user/individual on the job must be able to:

- PC1.** establish an incident management structure on arrival at the scene including: a. designating an incident commander to manage the incident b. as incident commander, designating triage team(s), treatment team(s), and a transport officer
- PC2.** set up separate areas for treatment, triage and transport
- PC3.** conduct an initial triage of patients by using the START triage model for adult patients, jumpSTART triage for paediatric patients and the smart triage tagging system
- PC4.** use appropriate personal protective equipment while conducting initial triage
- PC5.** tag severity/ criticality of patient using colour coded tags
- PC6.** direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries
- PC7.** monitor patients with minor injuries for changes in their condition
- PC8.** maintain an open airway and stop uncontrolled bleeding
- PC9.** extract patients from the casualty area based on initial triage to designated triage and treatment areas
- PC10.** use equipment like cots and litters for extraction where required
- PC11.** re-triage patients extracted to the triage and treatment areas
- PC12.** provide treatment and deliver patients to transport area
- PC13.** transport patients to healthcare facility
- PC14.** alert healthcare facilities in advance of possible arrival of multiple patients

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

## Qualification Pack

- KU1.** level of ones competence, authority and knowledge in relation to the management of emergency situations
- KU2.** appropriate response for emergency situations within ones scope of practice
- KU3.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU4.** how to engage with provider for support in order to deliver and assist providers.
- KU5.** what is the significance of each procedure in patient management
- KU6.** employee safety policy
- KU7.** standard operating procedures followed by the healthcare provider in managing mass casualty incidents
- KU8.** how to establish an incident management structure on arrival at the scene including: a. designating an incident commander to manage the incident b. as incident commander, designating triage team(s), treatment team(s), and a transport officer
- KU9.** how to set up separate areas for treatment, triage and transport
- KU10.** how to conduct an initial triage of patients by using the START triage model for adult patients, jump START triage for paediatric patients and the smart triage tagging system
- KU11.** how to use appropriate personal protective equipment while conducting initial triage
- KU12.** how to tag severity/ criticality of patient using colour coded tags
- KU13.** how to direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries
- KU14.** how to monitor patients with minor injuries for changes in their condition
- KU15.** maintain an open airway and stop uncontrolled bleeding
- KU16.** how to extract patients from the casualty area based on initial triage to designated triage and treatment areas
- KU17.** how to use equipment like cots and litters for extraction where required
- KU18.** how to re-triage patients extracted to the triage and treatment areas
- KU19.** how to provide treatment and deliver patients to transport area
- KU20.** how to transport patients to healthcare facility
- KU21.** how to complete a pre-hospital care report for patients in a mass casualty incident
- KU22.** how to alert healthcare provider facilities in advance of a mass casualty incident and possible arrival of multiple patients

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies

## Qualification Pack

- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations.
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to the concerned area of work in relation to job role
- GS21.** how to plan and organise activities that are assigned to him/her
- GS22.** how to control any aggression by the patient or the patient relatives
- GS23.** how to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS28.** identify immediate or temporary solutions to resolve delays
- GS29.** analyse the situation and carry out the required procedures
- GS30.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying the type of mass casualty incident , Setting up separate functional teams at the site , Managing initial triage, patient extraction and secondary triage, Coordinating with other first responder teams</i>	56	148	-	52
<b>PC1</b> . establish an incident management structure on arrival at the scene including: a. designating an incident commander to manage the incidentb. as incident commander, designating triage team(s), treatment team(s), and a transport officer	56	-	-	8
<b>PC2</b> . set up separate areas for treatment, triage and transport	-	8	-	2
<b>PC3</b> . conduct an initial triage of patients by using the START triage model for adult patients, jumpSTART triage for paediatric patients and the smart triage tagging system	-	18	-	6
<b>PC4</b> . use appropriate personal protective equipment while conducting initial triage	-	18	-	2
<b>PC5</b> . tag severity/ criticality of patient using colour coded tags	-	18	-	2
<b>PC6</b> . direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries	-	-	-	10
<b>PC7</b> . monitor patients with minor injuries for changes in their condition	-	18	-	2
<b>PC8</b> . maintain an open airway and stop uncontrolled bleeding	-	18	-	2
<b>PC9</b> . extract patients from the casualty area based on initial triage to designated triage and treatment areas	-	18	-	2
<b>PC10</b> . use equipment like cots and litters for extraction where required	-	18	-	2
<b>PC11</b> . pc11. re-triage patients extracted to the triage and treatment areas	-	8	-	2

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC12.</b> provide treatment and deliver patients to transport area	-	2	-	4
<b>PC13 .</b> transport patients to healthcare facility	-	2	-	4
<b>PC14.</b> alert healthcare facilities in advance of possible arrival of multiple patients	-	2	-	4
<b>NOS Total</b>	<b>56</b>	<b>148</b>	-	<b>52</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2320
<b>NOS Name</b>	Manage mass casualty incident
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2321: Select the proper provider institute for transfer

#### Description

This OS unit is about the steps involved in allocation of the patient to the appropriate medical facility. It provides key points to be addressed to balance the availability of the appropriate medical facility, the ability of the patient to pay for the medical service and the health of the patient.

#### Scope

This unit/task covers the following:

- Allocating the patient to the appropriate medical facility, Identifying the kind of treatment required based on the severity of the damage, risks and medical history of the patient

#### Elements and Performance Criteria

*Allocating the patient to the appropriate medical facility, Identifying the kind of treatment required based on the severity of the damage, risks and medical history of the patient*

To be competent, the user/individual on the job must be able to:

- PC1 .** explain to the patient about his role and the reason for selecting a particular health provider
- PC2 .** consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required
- PC3 .** allocate patient to the nearest provider institute
- PC4 .** base the allocation on the kind of care required namely primary, secondary or tertiary care centres
- PC5.** make sure that the selection of the institute is in adherence with the legal regulation
- PC6.** obtain guidance from medical officer for selection of proper provider institute
- PC7 .** provide pre-arrival information to the receiving hospital
- PC8.** obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedures followed in the hospital
- KU2.** the healthcare facility mapping
- KU3.** the services-availability mapping at each facility
- KU4.** the resource availability and specialisation for each facility
- KU5.** the laws and regulations to be adhered to allocate a hospital to the patient
- KU6.** the categories of hospitals and what kind of services the hospitals provide
- KU7.** the hospitals available in the area and the facility available at each of the hospitals

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- KU8.** the kind of monetary resources the patient would have to invest in each of the hospitals
- KU9.** the basic facilities to be available in a hospital in case of very backward or remote regions
- KU10.** how to assess and select the best healthcare facility for the patient
- KU11.** the procedure of hospital allocation starting from assessment of the patients medical condition, consolidation of the complete information related to hospitals, directions from the medical officer and then arrangement of transport to the allocated medical facility
- KU12.** the risks involved in the process of allocating a hospital to the patient and steps to mitigate risks

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record daily activities
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** complete medical history, PCR and applicable transport form
- GS4.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS5.** read about changes in legislations and organisational policies
- GS6.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS7.** read on latest clinical regulations as shared by the medical officer
- GS8.** read on the list of hospitals in the major accident or emergency prone locations
- GS9.** read on upgraded facilities available in existing hospitals
- GS10.** interact with the patient
- GS11.** collect all necessary information regarding the patients condition, address
- GS12.** avoid using jargon, slang or acronyms when communicating with a patient
- GS13.** communicate with other people around the patient and give them clear instructions around their safety
- GS14.** communicate clearly with other emergency response agencies if required
- GS15.** explain to the patient and family the hospital allocation details especially the government and private hospital differentiation
- GS16.** make decisions on the appropriate medical facility for each patient
- GS17.** act decisively by balancing protocols and emergency at hand
- GS18.** plan and organise activities that are assigned to him/her
- GS19.** quickly think and refer to information about the hospitals in the vicinity
- GS20.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS21.** maintain patient confidentiality
- GS22.** respect the rights of the patient(s)
- GS23.** analyse available data and decide the best option of medical service provider for every patient
- GS24.** analyse the situation and function effectively to accomplish allocation of an appropriate medical facility to the patient

## Qualification Pack

- GS25.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Allocating the patient to the appropriate medical facility , Identifying the kind of treatment required based on the severity of the damage, risks and medical history of the patient</i>	22	4	-	32
<b>PC1</b> . explain to the patient about his role and the reason for selecting a particular health provider	22	-	-	4
<b>PC2</b> . consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required	-	4	-	4
<b>PC3</b> . allocate patient to the nearest provider institute	-	-	-	4
<b>PC4</b> . base the allocation on the kind of care required namely primary, secondary or tertiary care centres	-	-	-	4
<b>PC5</b> . make sure that the selection of the institute is in adherence with the legal regulation	-	-	-	4
<b>PC6</b> . obtain guidance from medical officer for selection of proper provider institute	-	-	-	4
<b>PC7</b> . provide pre-arrival information to the receiving hospital	-	-	-	4
<b>PC8</b> . obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)	-	-	-	4
<b>NOS Total</b>	<b>22</b>	<b>4</b>	<b>-</b>	<b>32</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2321
<b>NOS Name</b>	Select the proper provider institute for transfer
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2322: Transport patient to the provider institute

#### Description

This OS unit is about the standardised procedures involved in rendering medical service to a patient by transporting the patient by appropriate means, based on the emergency, weather conditions, patients history and economic status. It also includes the physical steps related to patient transport from the emergency site to the transport.

#### Scope

This unit/task covers the following:

- Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available in the ambulances

#### Elements and Performance Criteria

*Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available in the ambulances*

To be competent, the user/individual on the job must be able to:

- PC1.** adhere fully to the rules and regulations related to the usage of ground and air transport
- PC2.** adhere fully to the steps involved in treating and transporting the patient
- PC3.** positively manage situations where transport is a problem
- PC4.** allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport
- PC5.** adhere fully to procedures once the patient reaches the hospital
- PC6.** use correct medication and equipment for treatment of immediate threats to life

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the procedures, rules and regulations involved in using ground and air transport
- KU2.** the legislation and regulations governing choice of transport
- KU3.** relevant procedures and regulations governing situations where patients cannot or do not give permission for transport
- KU4.** how to assess whether the emergency is of a life threatening nature and will require immediate transport or could it be done within the performance criterion or could it be further be done as per the availability of transport.
- KU5.** the importance of the consent of the patient or the family members for the transport procedure required for the patient to be transported

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- KU6.** how to monitor the patient during the transit and what kind of monitoring would the patient require
- KU7.** how to assess whether the patient is able to travel long distance
- KU8.** the kind and amount of resources required to transport the patient
- KU9.** the procedure of taking the medical officer's consent before calling for transport
- KU10.** the procedure of handover of the patient to the medical officer with all the relevant paperwork related to patient's medical history and regulatory work
- KU11.** the procedures involved in case of specific and different emergency transport
- KU12.** the laws and regulations related to patient transport
- KU13.** how to manage cases where the patient is not giving consent to be transported
- KU14.** how to complete documentation of all the transport related paperwork
- KU15.** the treatment of immediate life threats using external devices available in the BLS ambulances and interventions like definitive airway, intravenous fluids and medications, interpretation of ECGs and defibrillators

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record daily activities
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** complete medical history, PCR and applicable transport form
- GS4.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS5.** read about changes in legislations and organisational policies
- GS6.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS7.** read on latest clinical regulations as shared by the medical officer
- GS8.** read on the list of hospitals in the major accident or emergency prone locations
- GS9.** read on upgraded facilities available in existing hospitals
- GS10.** interact with the patient
- GS11.** give clear instructions to the patient
- GS12.** collect all necessary information regarding the patients condition, address
- GS13.** avoid using jargon, slang or acronyms when communicating with a patient
- GS14.** communicate with other people around the patient and give them clear instructions around their safety
- GS15.** communicate clearly with other emergency response agencies if required
- GS16.** act decisively by balancing protocols and emergency at had
- GS17.** manage situations where minors, unconscious or self-harming patients are involved
- GS18.** plan and organise activities that are assigned to him/her
- GS19.** quickly think and refer to information about the hospitals in the vicinity
- GS20.** communicate effectively with patients and their family, physicians, and other members of the health care team

## Qualification Pack

- GS21.** maintain patient confidentiality
- GS22.** respect the rights of the patient(s)
- GS23.** adjust their transporting techniques to move the patient to the ambulance as per the requirement
- GS24.** analyse the situation and function effectively to accomplish the transport of patient
- GS25.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport , Treating immediate life threatening conditions using external devices available in the ambulances</i>	22	8	-	24
<b>PC1.</b> adhere fully to the rules and regulations related to the usage of ground and air transport	22	-	-	4
<b>PC2.</b> adhere fully to the steps involved in treating and transporting the patient	-	4	-	4
<b>PC3.</b> positively manage situations where transport is a problem	-	-	-	4
<b>PC4.</b> allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport	-	-	-	4
<b>PC5.</b> adhere fully to procedures once the patient reaches the hospital	-	-	-	4
<b>PC6.</b> use correct medication and equipment for treatment of immediate threats to life	-	4	-	4
<b>NOS Total</b>	<b>22</b>	<b>8</b>	<b>-</b>	<b>24</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2322
<b>NOS Name</b>	Transport patient to the provider institute
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2323: Manage patient handover to the provider institute

#### Description

This OS unit is about the completion of Patient Care Medical Report (PCR), briefing of on the condition and handover of the patients to the medical staff

#### Scope

This unit/task covers the following:

- Providing a verbal report of the patient(s) to the medical staff , Completing the Patient Care Medical Report (PCR) and handing it over to the medical staff, Discussing initial findings with the medical staff

#### Elements and Performance Criteria

*Providing a verbal report of the patient(s) to the medical staff , Completing the Patient Care Medical Report (PCR) and handing it over to the medical staff, Discussing initial findings with the medical staff*

To be competent, the user/individual on the job must be able to:

- PC1.** provide a verbal report to the medical staff on the condition of the patient and initial findings
- PC2 .** complete the patient care report (PCR) and hand it over to the medical staff
- PC3.** hand over the consent form signed by the patient or a relative

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the up-to-date process for patient handover
- KU2.** codes used in the hospital for all emergency situations
- KU3.** relevant legislation, standards, policies, and procedures followed in the hospital
- KU4.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU5.** role and importance of the EMT in supporting hospital operations
- KU6.** protocol as per designed by the state or EMS providers
- KU7.** the use of the sbar (situation, background, assessment, and recommendation) technique (WHO recommended) during patient handover communication
- KU8.** the importance of being alert to health, safety, and security at the handover institute
- KU9.** the content of handover including clinical notes, their medical history and any treatment administered
- KU10.** how to provide a verbal briefing on the patients condition to hospital staff
- KU11.** how to use the available tools (i.e. electronic systems, proformas)

## Qualification Pack

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record daily activities
- GS2.** share sharp, concise and to the point report with the physician
- GS3.** completion of medical history, pcr and applicable transport and transfer forms
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS6.** read on latest clinical regulations as shared by the medical officer
- GS7.** read on the list of hospitals in the major accident or emergency prone locations
- GS8.** read on upgraded facilities available in existing hospitals
- GS9.** engage with the patient(s) and relatives in the ambulance to collect useful information
- GS10.** communicate with other people around the patient(s) and give them clear instructions around their safety
- GS11.** avoid using jargon, slang or acronyms when communicating with a patient(s)
- GS12.** interact effectively with the patient(s), relatives and bystanders who are in stressful situations
- GS13.** plan and organise activities that are assigned to the EMT
- GS14.** quickly think and refer to information about the hospitals in the vicinity
- GS15.** communicate effectively with physicians, and other members of the health care team
- GS16.** maintain patient confidentiality
- GS17.** respect the rights of the patient(s)
- GS18.** identify immediate or temporary solutions to resolve delays
- GS19.** analyse the situation and function effectively to accomplish patient handover in a best possible way
- GS20.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Providing a verbal report of the patient(s) to the medical staff , Completing the Patient Care Medical Report (PCR) and handing it over to the medical staff, Discussing initial findings with the medical staff</i>	22	12	-	10
<b>PC1.</b> provide a verbal report to the medical staff on the condition of the patient and initial findings	22	4	-	4
<b>PC2 .</b> complete the patient care report (PCR) and hand it over to the medical staff	-	4	-	4
<b>PC3.</b> hand over the consent form signed by the patient or a relative	-	4	-	2
<b>NOS Total</b>	<b>22</b>	<b>12</b>	<b>-</b>	<b>10</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2323
<b>NOS Name</b>	Manage patient handover to the provider institute
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N2324: Manage diabetes emergency

#### Description

This OS unit is about management and treatment of a diabetes emergency.

#### Scope

This unit/task covers the following:

- Identifying a patient with a history of diabetes and providing treatment

#### Elements and Performance Criteria

##### *Identifying a patient with a history of diabetes and providing treatment*

To be competent, the user/individual on the job must be able to:

- PC1.** identify the patient taking diabetic medications and the implications of a diabetes history
- PC2.** perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes
- PC3.** establish the relationship between airway management and the patient with altered mental status
- PC4.** recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose
- PC5.** evaluate the need for medical direction in the emergency medical care of the diabetic patient

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** appropriate response for emergency situations within ones scope of practice
- KU2.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU3.** how to engage with provider for support in order to deliver and assist providers.
- KU4.** what is the significance of each procedure in patient management
- KU5.** employee safety policy
- KU6.** steps in emergency care for the patient with a history of diabetes and diabetic medication
- KU7.** the various possible types of diabetic emergencies
- KU8.** the rationale for administering oral glucose
- KU9.** the steps in the administration of oral glucose
- KU10.** the process for assessment and documentation of patient response to oral glucose
- KU11.** how to complete a pre-hospital care report for patients with diabetic emergencies
- KU12.** how to assess and document patient response

#### Generic Skills (GS)

## Qualification Pack

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider institute physician
- GS4.** complete medical history, pcr and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations.
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patients condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** communicate clearly with other emergency response agencies if required
- GS20.** make decisions pertaining to the concerned area of work in relation to job role
- GS21.** how to plan and organise activities that are assigned to him/her
- GS22.** how to control any aggression by the patient or the patient relatives
- GS23.** how to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- GS28.** identify immediate or temporary solutions to resolve delays
- GS29.** analyse the situation and carry out the required procedures
- GS30.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying a patient with a history of diabetes and providing treatment</i>	<b>56</b>	<b>130</b>	-	<b>70</b>
<b>PC1.</b> identify the patient taking diabetic medications and the implications of a diabetes history	56	10	-	20
<b>PC2.</b> perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	-	40	-	10
<b>PC3.</b> establish the relationship between airway management and the patient with altered mental status	-	30	-	10
<b>PC4.</b> recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose	-	30	-	20
<b>PC5.</b> evaluate the need for medical direction in the emergency medical care of the diabetic patient	-	20	-	10
<b>NOS Total</b>	<b>56</b>	<b>130</b>	-	<b>70</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2324
<b>NOS Name</b>	Manage diabetes emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N9601: Collate and Communicate Health Information

#### Description

This OS unit is about collating and communicating health information to community members, their family or others in response to queries or as part of health advice and counselling. This OS unit applies to all allied health professionals required to communicate health related information to patients, individuals, families and others

#### Scope

This unit/task covers the following:

- Communicating with individuals, patients, their family and others about health issues

#### Elements and Performance Criteria

##### *Communicating with patient and their care givers about health issues*

To be competent, the user/individual on the job must be able to:

- PC1.** respond to queries and information needs of all individuals
- PC2.** communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics
- PC3.** communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them
- PC4.** utilise all training and information at ones disposal to provide relevant information to the individual
- PC5.** confirm that the needs of the individual have been met
- PC6.** adhere to guidelines provided by ones organisation or regulatory body relating to confidentiality
- PC7.** respect the individuals need for privacy
- PC8.** maintain any records required at the end of the interaction

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** guidelines on communicating with individuals
- KU2.** guidelines on maintaining confidentiality and respecting need for privacy
- KU3.** guidelines of the organisation/ health provider on communicating with individuals and patients
- KU4.** how to communicate effectively (face-to-face, by telephone and in writing)
- KU5.** when to ask for assistance when situations are beyond ones competence and authority
- KU6.** how to maintain confidentiality and to respect an individuals need for privacy
- KU7.** how to ensure that all information provided to individuals is from reliable sources

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- KU8.** how to handle stressful or risky situations when communicating with individuals
- KU9.** difficulties that can occur when communicating with individuals and family members in stressful situations and how to manage these
- KU10.** disclosure of any information to unauthorized persons would subject to disciplinary action and possible termination

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** write at least one local/ official language used in the local community
- GS2.** maintain any records required after the interaction
- GS3.** Read instructions and pamphlets provided as part of training
- GS4.** Speak at least one local language
- GS5.** Communicate effectively with all individuals
- GS6.** Make decisions on information to be communicated based on needs of the individual and various regulations and guidelines
- GS7.** Be responsive to problems of the individuals
- GS8.** Be available to guide, counsel and help individuals when required
- GS9.** Be patient and non-judgemental at all times
- GS10.** Create work-around to overcome problems faced in carrying out roles and duties

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Communicating with patient and their care givers about health issues</i>	<b>18</b>	-	-	<b>50</b>
<b>PC1.</b> respond to queries and information needs of all individuals	18	-	-	4
<b>PC2.</b> communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics	-	-	-	10
<b>PC3.</b> communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them	-	-	-	10
<b>PC4.</b> utilise all training and information at ones disposal to provide relevant information to the individual	-	-	-	10
<b>PC5.</b> confirm that the needs of the individual have been met	-	-	-	4
<b>PC6.</b> adhere to guidelines provided by ones organisation or regulatory body relating to confidentiality	-	-	-	4
<b>PC7.</b> respect the individuals need for privacy	-	-	-	4
<b>PC8.</b> maintain any records required at the end of the interaction	-	-	-	4
<b>NOS Total</b>	<b>18</b>	-	-	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9601
<b>NOS Name</b>	Collate and Communicate Health Information
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	24/07/2015
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	18/05/2015

## Qualification Pack

### HSS/N9603: Act within the limits of ones competence and authority

#### Description

This OS unit is about recognising the boundaries of the role and responsibilities and working within the level of competence in accordance with legislation, protocols and guidelines This is applicable to all Allied Health Professionals working in an organised, regulated environment

#### Elements and Performance Criteria

##### *Acting within the limit of ones competence and authority*

To be competent, the user/individual on the job must be able to:

- PC1.** adhere to legislation, protocols and guidelines relevant to ones role and field of practice
- PC2.** work within organisational systems and requirements as appropriate to ones role
- PC3.** recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority
- PC4.** maintain competence within ones role and field of practice
- PC5.** use relevant research based protocols and guidelines as evidence to inform ones practice
- PC6.** promote and demonstrate good practice as an individual and as a team member at all times
- PC7.** identify and manage potential and actual risks to the quality and safety of practice
- PC8.** evaluate and reflect on the quality of ones work and make continuing improvements

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the relevant legislation, standards, policies, and procedures followed in the organisation
- KU2.** the medical procedures and functioning of required medical equipment
- KU3.** role and importance of assisting other healthcare providers in delivering care
- KU4.** the boundaries of ones role and responsibilities and other team members
- KU5.** the reasons for working within the limits of ones competence and authority
- KU6.** the importance of personally promoting and demonstrating good practice
- KU7.** the legislation, protocols and guidelines effecting ones work
- KU8.** the organisational systems and requirements relevant to ones role
- KU9.** the sources of information that can be accessed to maintain an awareness of research and developments in ones area of work
- KU10.** the difference between direct and indirect supervision and autonomous practice, and which combination is most applicable in different circumstances
- KU11.** The risks to quality and safety arising from:
  - o Working outside the boundaries of competence and authority
  - o Not keeping up to date with best practice
  - o Poor communication
  - o Insufficient support
  - o Lack of resources
- KU12.** the importance of individual or team compliance with legislation, protocols, and guidelines and organisational systems and requirements

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- KU13.** how to report and minimise risks
- KU14.** the principle of meeting the organisations needs, and how this should enable one to recognise ones own limitations and when one should seek support from others
- KU15.** the processes by which improvements to protocols/guidelines and organisational systems/requirements should be reported
- KU16.** the procedure for accessing training, learning and development needs for oneself and/or others within ones organisation
- KU17.** the actions that can be taken to ensure a current, clear and accurate understanding of roles and responsibilities is maintained, and how this affects the way one work as an individual or part of a team

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document reports, task lists, and schedules
- GS2.** prepare status and progress reports
- GS3.** record daily activities
- GS4.** update other co-workers
- GS5.** read about changes in legislations and organisational policies
- GS6.** keep updated with the latest knowledge
- GS7.** discuss task lists, schedules, and work-loads with co-workers
- GS8.** give clear instructions to patients and co-workers
- GS9.** keep patient informed about progress
- GS10.** avoid using jargon, slang or acronyms when communicating with a patient
- GS11.** make decisions pertaining to the concerned area of work in relation to job role
- GS12.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS13.** be responsive and listen empathetically to establish rapport in a way that promotes openness on issues of concern
- GS14.** be sensitive to potential cultural differences
- GS15.** maintain patient confidentiality
- GS16.** respect the rights of the patient(s)

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Acting within the limit of ones competence and authority</i>	<b>24</b>	-	-	<b>50</b>
<b>PC1.</b> adhere to legislation, protocols and guidelines relevant to ones role and field of practice	24	-	-	5
<b>PC2.</b> work within organisational systems and requirements as appropriate to ones role	-	-	-	5
<b>PC3.</b> recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority	-	-	-	10
<b>PC4.</b> maintain competence within ones role and field of practice	-	-	-	5
<b>PC5.</b> use relevant research based protocols and guidelines as evidence to inform ones practice	-	-	-	5
<b>PC6.</b> promote and demonstrate good practice as an individual and as a team member at all times	-	-	-	5
<b>PC7.</b> identify and manage potential and actual risks to the quality and safety of practice	-	-	-	10
<b>PC8.</b> evaluate and reflect on the quality of ones work and make continuing improvements	-	-	-	5
<b>NOS Total</b>	<b>24</b>	-	-	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9603
<b>NOS Name</b>	Act within the limits of ones competence and authority
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

### HSS/N9604: Work effectively with others

#### Description

This OS unit is about working effectively with other people who can be part of the immediate team, organisation or external to the team or organisation. This OS unit applies to all Allied health professionals working in a team or collaborative environment.

#### Scope

This unit covers the following:

#### Elements and Performance Criteria

##### *Work effectively with others*

To be competent, the user/individual on the job must be able to:

- PC1.** communicate with other people clearly and effectively
- PC2.** integrate one's work with other people's work effectively
- PC3.** pass on essential information to other people on a timely basis
- PC4.** work in a way that shows respect for other people
- PC5.** carry out any commitments made to other people
- PC6.** reason out the failure to fulfil commitment
- PC7.** identify any problems with team members and other people and take the initiative to solve these problems
- PC8.** follow the organisation's policies and procedures

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the people who make up the team and how they fit into the work of the organisation
- KU2.** the responsibilities of the team and their importance to the organisation
- KU3.** the business, mission, and objectives of the organisation
- KU4.** effective working relationships with the people external to the team, with which the individual works on a regular basis
- KU5.** procedures in the organisation to deal with conflict and poor working relationships
- KU6.** the importance of communicating clearly and effectively with other people and how to do so face-to-face, by telephone and in writing
- KU7.** the essential information that needs to be shared with other people
- KU8.** the importance of effective working relationships and how these can contribute towards effective working relationships on a day-to-day basis
- KU9.** the importance of integrating one's work effectively with others
- KU10.** the types of working relationships that help people to work well together and the types of relationships that need to be avoided

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- KU11.** the types of opportunities an individual may seek out to improve relationships with others
- KU12.** how to deal with difficult working relationships with other people to sort out problems

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** communicate essential information in writing
- GS2.** write effective communications to share information with the team members and other people outside the team
- GS3.** read and understand essential information
- GS4.** communicate essential information to colleagues face-to-face or through tele communications
- GS5.** question others appropriately in order to understand the nature of the request or complaint
- GS6.** make decisions pertaining to work
- GS7.** plan and organise files and documents
- GS8.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS9.** be capable of being responsive, listen empathetically to establish rapport in a way that promotes openness on issues of concern
- GS10.** be sensitive to potential cultural differences
- GS11.** maintain patient confidentiality
- GS12.** respect the rights of the patient(s)
- GS13.** identify problems while working with others and devise effective solutions

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Work effectively with others</i>	<b>12</b>	-	-	<b>50</b>
<b>PC1.</b> communicate with other people clearly and effectively	12	-	-	3
<b>PC2.</b> integrate ones work with other peoples work effectively	-	-	-	3
<b>PC3.</b> pass on essential information to other people on timely basis	-	-	-	3
<b>PC4.</b> work in a way that shows respect for other people	-	-	-	3
<b>PC5.</b> carry out any commitments made to other people	-	-	-	6
<b>PC6.</b> reason out the failure to fulfil commitment	-	-	-	6
<b>PC7.</b> identify any problems with team members and other people and take the initiative to solve these problems	-	-	-	16
<b>PC8.</b> follow the organisations policies and procedures	-	-	-	10
<b>NOS Total</b>	<b>12</b>	-	-	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9604
<b>NOS Name</b>	Work effectively with others
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N9605: Manage work to meet requirements

#### Description

This OS unit is about planning and organising work and developing oneself further in the organisation. This unit applies to all Allied Health professionals.

#### Scope

This unit covers the following:

- Establishing and managing requirements, Planning and organising work, Ensuring accomplishment of the requirements

#### Elements and Performance Criteria

##### *Manage work to meet requirements*

To be competent, the user/individual on the job must be able to:

- PC1.** clearly establish, agree, and record the work requirements
- PC2.** Utilise time effectively
- PC3.** ensure his/her work meets the agreed requirements
- PC4.** treat confidential information correctly
- PC5.** work in line with the organisations procedures and policies and within the limits of his/her job role

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the relevant policies and procedures of the organisation
- KU2.** the information that is considered confidential to the organisation
- KU3.** the scope of work of the role
- KU4.** the importance of asking the appropriate individual for help when required
- KU5.** the importance of planning, prioritising and organising work
- KU6.** the importance of clearly establishing work requirement
- KU7.** the importance of being flexible in changing priorities when the importance and urgency comes into play
- KU8.** how to make efficient use of time, and to avoid things that may prevent work deliverables from being expedited
- KU9.** the importance of keeping the work area clean and tidy
- KU10.** areas of work that are not a priority and why it is necessary to keep ones effort in that direction to a minimum
- KU11.** to change work plans when necessary
- KU12.** the importance of confidentiality

## Qualification Pack

**KU13.** the importance in completing work on time

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** report progress and results
- GS2.** record problems and resolutions
- GS3.** read organisational policies and procedures
- GS4.** read work related documents and information shared by different sources
- GS5.** report progress and results
- GS6.** interact with other individuals
- GS7.** negotiate requirements and revised agreements for delivering them
- GS8.** make decisions pertaining to the work
- GS9.** plan and organise files and documents
- GS10.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS11.** be sensitive to potential cultural differences
- GS12.** maintain patient confidentiality
- GS13.** respect the rights of the patient(s)
- GS14.** understand problems and suggest an optimum solution after evaluating possible solutions

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Manage work to meet requirements</i>	12	-	-	50
<b>PC1.</b> clearly establish, agree, and record the work requirements	12	-	-	20
<b>PC2.</b> Utilise time effectively	-	-	-	6
<b>PC3.</b> ensure his/her work meets the agreed requirements	-	-	-	6
<b>PC4.</b> treat confidential information correctly	-	-	-	6
<b>PC5.</b> work in line with the organisations procedures and policies and within the limits of his/her job role	-	-	-	12
<b>NOS Total</b>	<b>12</b>	<b>-</b>	<b>-</b>	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9605
<b>NOS Name</b>	Manage work to meet requirements
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Qualification Pack

### HSS/N9606: Maintain a safe working environment

#### Description

This OS unit is about monitoring the working environment and ensuring a safe, healthy, secure and effective working conditions. This OS unit applies to all Allied Health professionals working within an organised workplace.

#### Elements and Performance Criteria

##### *Maintain a safe, healthy, and secure working environment*

To be competent, the user/individual on the job must be able to:

- PC1.** identify individual responsibilities in relation to maintaining workplace health safety and security requirements
- PC2.** comply with health, safety and security procedures for the workplace
- PC3.** report any identified breaches in health, safety, and security procedures to the designated person
- PC4.** identify potential hazards and breaches of safe work practices
- PC5.** correct any hazards that individual can deal with safely, competently and within the limits of authority
- PC6.** promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected
- PC7.** follow the organisations emergency procedures promptly, calmly, and efficiently
- PC8.** identify and recommend opportunities for improving health, safety, and security to the designated person
- PC9.** complete any health and safety records legibly and accurately

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the importance of health, safety, and security in the workplace
- KU2.** the basic requirements of the health and safety and other legislations and regulations that apply to the workplace
- KU3.** the person(s) responsible for maintaining healthy, safe, and secure workplace
- KU4.** the relevant up to date information on health, safety, and security that applies to the workplace
- KU5.** how to report the hazard
- KU6.** the responsibilities of individual to maintain safe, healthy and secure workplace
- KU7.** requirements of health, safety and security in workplace
- KU8.** how to create safety records and maintaining them
- KU9.** the importance of being alert to health, safety, and security hazards in the work environment
- KU10.** the common health, safety, and security hazards that affect people working in an administrative role

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**KU11.** how to identify health, safety, and security hazards

**KU12.** the importance of warning others about hazards and how to do so until the hazard is dealt with

### Generic Skills (GS)

User/individual on the job needs to know how to:

**GS1.** report and record incidents

**GS2.** read and understand company policies and procedures

**GS3.** clearly report hazards and incidents with the appropriate level of urgency

**GS4.** make decisions pertaining to the area of work

**GS5.** plan for safety of the work environment

**GS6.** communicate effectively with patients and their family, physicians, and other members of the health care team

**GS7.** be capable of being responsive, listen empathetically to establish rapport in a way that promotes openness on issues of concern

**GS8.** identify hazards, evaluate possible solutions and suggest effective solutions

**GS9.** analyse the seriousness of hazards

**GS10.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Maintain a safe, healthy, and secure working environment</i>	<b>24</b>	-	-	<b>50</b>
<b>PC1.</b> identify individual responsibilities in relation to maintaining workplace health safety and security requirements	24	-	-	6
<b>PC2.</b> comply with health, safety and security procedures for the workplace	-	-	-	4
<b>PC3.</b> report any identified breaches in health, safety, and security procedures to the designated person	-	-	-	4
<b>PC4.</b> identify potential hazards and breaches of safe work practices	-	-	-	6
<b>PC5.</b> correct any hazards that individual can deal with safely, competently and within the limits of authority	-	-	-	6
<b>PC6.</b> promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected	-	-	-	6
<b>PC7.</b> follow the organisations emergency procedures promptly, calmly, and efficiently	-	-	-	6
<b>PC8.</b> identify and recommend opportunities for improving health, safety, and security to the designated person	-	-	-	6
<b>PC9.</b> complete any health and safety records legibly and accurately	-	-	-	6
<b>NOS Total</b>	<b>24</b>	-	-	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9606
<b>NOS Name</b>	Maintain a safe working environment
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

### HSS/N9607: Practice code of conduct while performing duties

#### Description

This OS unit is about following the rules, regulations and the code of conduct setup by the healthcare provider. The Allied health professional must adhere to the protocols and guidelines relevant to the field and practice. This OS unit applies to all Allied health professionals working in an organised environment and to whom specific regulations and codes of conduct apply.

#### Elements and Performance Criteria

*Recognising the guidelines and protocols relevant to the field and practice. Following the code of conduct as described by the healthcare provider. Demonstrating best practices while on the field.*

To be competent, the user/individual on the job must be able to:

- PC1.** . . . . . adhere to protocols and guidelines relevant to the role and field of practice
- PC2.** . . . . . work within organisational systems and requirements as appropriate to the role
- PC3.** . . . . . recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority
- PC4.** . . . . . maintain competence within the role and field of practice
- PC5.** . . . . . use protocols and guidelines relevant to the field of practice
- PC6.** . . . . . promote and demonstrate good practice as an individual and as a team member at all times
- PC7.** . . . . . identify and manage potential and actual risks to the quality and patient safety
- PC8.** . . . . . maintain personal hygiene and contribute actively to the healthcare ecosystem

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** . . . . . relevant legislation, standards, policies, and procedures followed in the hospital
- KU2.** . . . . . how to engage and interact with other providers in order to deliver quality and maintain continued care
- KU3.** . . . . . personal hygiene measures and handling techniques
- KU4.** . . . . . the limitations and scope of the role and responsibilities along with an understanding of roles and responsibilities of others
- KU5.** . . . . . the importance of working within the limits of one's competence and authority
- KU6.** . . . . . the detrimental effects of non-compliance
- KU7.** . . . . . the importance of personal hygiene
- KU8.** . . . . . the importance of intercommunication skills
- KU9.** . . . . . the legislation, protocols and guidelines related to the role
- KU10.** . . . . . the organisational systems and requirements relevant to the role
- KU11.** . . . . . the sources of information and literature to maintain a constant access to upcoming research and changes in the field

## Qualification Pack

- KU12.** the difference between direct and indirect supervision and autonomous practice, and which combination is most applicable in different circumstances
- KU13.** implications to quality and safety arising from: working outside the boundaries of competence and authority not keeping up to date with best practice poor communication insufficient support lack of resources
- KU14.** the organisational structure and the various processes related to reporting and monitoring
- KU15.** the procedure for accessing training, learning and development needs

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document reports, task lists, and schedules with co-workers
- GS2.** prepare status and progress reports related to patient care
- GS3.** update the physician and the other co-workers
- GS4.** read about procedures, regulations and guidelines related to the organisation and the profession
- GS5.** keep updated with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS6.** interact with patients
- GS7.** give clear instructions to patients, patients relatives and other health care providers
- GS8.** avoid using jargon, slang or acronyms, while communicating with a patient
- GS9.** make decisions based on applicable regulations and codes of conduct when possible conflicts arise
- GS10.** act decisively by balancing protocols and work at hand
- GS11.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS12.** maintain patient confidentiality
- GS13.** respect the rights of the patient(s)
- GS14.** respond patients queries and concerns
- GS15.** maintain personal hygiene to enhance patient safety

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Recognising the guidelines and protocols relevant to the field and practice. Following the code of conduct as described by the healthcare provider. Demonstrating best practices while on the field.</i>	24	-	-	50
<b>PC1.</b> . adhere to protocols and guidelines relevant to the role and field of practice	24	-	-	8
<b>PC2.</b> . work within organisational systems and requirements as appropriate to the role	-	-	-	6
<b>PC3.</b> . recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority	-	-	-	6
<b>PC4.</b> . maintain competence within the role and field of practice	-	-	-	6
<b>PC5.</b> . use protocols and guidelines relevant to the field of practice	-	-	-	6
<b>PC6.</b> . promote and demonstrate good practice as an individual and as a team member at all times	-	-	-	6
<b>PC7.</b> . identify and manage potential and actual risks to the quality and patient safety	-	-	-	6
<b>PC8.</b> . maintain personal hygiene and contribute actively to the healthcare ecosystem	-	-	-	6
<b>NOS Total</b>	<b>24</b>	<b>-</b>	<b>-</b>	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9607
<b>NOS Name</b>	Practice code of conduct while performing duties
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

### HSS/N9609: Follow biomedical waste disposal protocols

#### Description

This OS unit is about the safe handling and management of health care waste. This unit applies to all Allied Health professionals.

#### Scope

This unit/task covers the following:

- Classification of the Waste Generated, Segregation of Biomedical Waste ,Proper collection and storage of Waste Reference : The content of this National Occupational Standard is drawn from the UK Skills for Health NOS [SFHCHS212 Disposal of clinical and non-clinical waste within healthcare and SFHCHS213 Implement an audit trail for managing waste within healthcare ]

#### Elements and Performance Criteria

##### *Classification of the Waste Generated, Segregation of Biomedical Waste, Proper collection and storage of Waste*

To be competent, the user/individual on the job must be able to:

- PC1.** . follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type
- PC2.** . apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste
- PC3.** . segregate the waste material from work areas in line with current legislation and organisational requirements
- PC4.** . segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste
- PC5.** . check the accuracy of the labelling that identifies the type and content of waste
- PC6.** . confirm suitability of containers for any required course of action appropriate to the type of waste disposal
- PC7.** . check the waste has undergone the required processes to make it safe for transport and disposal
- PC8.** . transport the waste to the disposal site, taking into consideration its associated risks
- PC9.** . report and deal with spillages and contamination in accordance with current legislation and procedures
- PC10.** . maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

## Qualification Pack

- KU1.** basic requirements of the health and safety and other legislations and regulations that apply to the organization
- KU2.** person(s) responsible for health, safety, and security in the organisation
- KU3.** relevant up-to-date information on health, safety, and security that applies to the organisation
- KU4.** organisations emergency procedures and responsibilities for handling hazardous situations
- KU5.** how to categorise waste according to national, local and organisational guidelines
- KU6.** the appropriate approved disposal routes for waste
- KU7.** the appropriate containment or dismantling requirements for waste and how to make the waste safe for disposal
- KU8.** the importance to adhere to the organisational and national waste management principles and procedures
- KU9.** the hazards and risks associated with the disposal and the importance of risk assessments and how to provide these
- KU10.** the personal protective equipment required to manage the different types of waste generated by different work activities
- KU11.** the importance of working in a safe manner when carrying out procedures for biomedical waste management in line with local and national policies and legislation
- KU12.** the required actions and reporting procedures for any accidents, spillages and contamination involving waste
- KU13.** the requirements of the relevant external agencies involved in the transport and receipt of your waste
- KU14.** the importance of segregating different types of waste and how to do this
- KU15.** the safe methods of storage and maintaining security of waste and the permitted accumulation times
- KU16.** the methods for transporting and monitoring waste disposal and the appropriateness of each method to a given scenario
- KU17.** how to report any problems or delays in waste collection and where to seek advice and guidance
- KU18.** the importance of the organisation monitoring and obtaining an assessment of the impact the waste has on the environment
- KU19.** the current national legislation, guidelines, local policies and protocols which affect work practice
- KU20.** the policies and guidance that clarify scope of practice, accountabilities and the working relationship between yourself and others

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** report and record incidents
- GS2.** read and understand company policies and procedures for managing biomedical waste
- GS3.** report hazards and incidents clearly with the appropriate level of urgency
- GS4.** make decisions pertaining to the area of work

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- GS5.** exhibit commitment to the organisation and exert effort and perseverance
- GS6.** organise files and documents
- GS7.** plan for safety of the work environment
- GS8.** recommend and implement plan of action
- GS9.** how to make exceptional effort to keep the environment and work place clean
- GS10.** identify hazards and suggest effective solutions to identified problems of waste management
- GS11.** analyse the seriousness of hazards and proper waste management
- GS12.** evaluate opportunities to improve health, safety and security
- GS13.** show understanding and empathy for others

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Classification of the Waste Generated, Segregation of Biomedical Waste, Proper collection and storage of Waste</i>	24	-	-	50
<b>PC1.</b> . follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	24	-	-	6
<b>PC2.</b> . apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	-	-	-	8
<b>PC3.</b> . segregate the waste material from work areas in line with current legislation and organisational requirements	-	-	-	4
<b>PC4.</b> . segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	-	-	-	8
<b>PC5.</b> . check the accuracy of the labelling that identifies the type and content of waste	-	-	-	4
<b>PC6.</b> . confirm suitability of containers for any required course of action appropriate to the type of waste disposal	-	-	-	4
<b>PC7.</b> . check the waste has undergone the required processes to make it safe for transport and disposal	-	-	-	4
<b>PC8.</b> . transport the waste to the disposal site, taking into consideration its associated risks	-	-	-	4
<b>PC9.</b> . report and deal with spillages and contamination in accordance with current legislation and procedures	-	-	-	4
<b>PC10.</b> . maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	-	-	-	4
<b>NOS Total</b>	<b>24</b>	<b>-</b>	<b>-</b>	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9609
<b>NOS Name</b>	Follow biomedical waste disposal protocols
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	13/09/2017
<b>Next Review Date</b>	27/02/2025
<b>NSQC Clearance Date</b>	18/05/2016

## Qualification Pack

### HSS/N9610: Follow infection control policies and procedures

#### Description

This OS unit is about complying with infection control policies and procedures. It is applicable to workers who are responsible for workplace procedures to maintain Infection control. This unit applies to all Allied Health professionals.

#### Scope

This unit/task covers the following:

- Complying with an effective infection control protocols that ensures the safety of the patient (or enduser of healthrelated products/services)
- Maintaining personal protection and preventing the transmission of infections from person to person

#### Elements and Performance Criteria

*Complying with an effective infection control protocols that ensures the safety of the patient (or enduser of healthrelated products/services) Maintaining personal protection and preventing the transmission of infections from person to person*

To be competent, the user/individual on the job must be able to:

- PC1..** perform the standard precautions to prevent the spread of infection in accordance with organisation requirements
- PC2..** perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection
- PC3..** minimise contamination of materials, equipment and instruments by aerosols and splatter
- PC4..** identify infection risks and implement an appropriate response within own role and responsibility
- PC5..** document and report activities and tasks that put patients and/or other workers at risk
- PC6..** respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization
- PC7..** follow procedures for risk control and risk containment for specific risks
- PC8..** follow protocols for care following exposure to blood or other body fluids as required
- PC9..** place appropriate signs when and where appropriate
- PC10.** remove spills in accordance with the policies and procedures of the organization
- PC11.** maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination
- PC12.** follow hand washing procedures
- PC13.** implement hand care procedures
- PC14.** cover cuts and abrasions with water-proof dressings and change as necessary
- PC15.** wear personal protective clothing and equipment that complies with indian standards, and is appropriate for the intended use

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- PC16.** change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact
- PC17.** demarcate and maintain clean and contaminated zones in all aspects of health care work
- PC18.** confine records, materials and medicaments to a well-designated clean zone
- PC19.** confine contaminated instruments and equipment to a well-designated contaminated zone
- PC20.** wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste
- PC21.** separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified
- PC22.** store clinical or related waste in an area that is accessible only to authorised persons
- PC23.** handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release
- PC24.** dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements
- PC25.** wear personal protective clothing and equipment during cleaning procedures
- PC26.** remove all dust, dirt and physical debris from work surfaces
- PC27.** clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled
- PC28.** decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols
- PC29.** dry all work surfaces before and after use
- PC30.** replace surface covers where applicable
- PC31.** maintain and store cleaning equipment

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the organizations infection control policies and procedures
- KU2.** organization requirements relating to immunization, where applicable
- KU3.** standard precautions
- KU4.** good personal hygiene practice including hand care
- KU5.** additional precautions
- KU6.** aspects of infectious diseases including: opportunistic organisms pathogens
- KU7.** basic microbiology including: bacteria and bacterial spores fungi viruses legislation
- KU8.** the required actions and reporting procedures for any accidents, spillages and contamination involving waste
- KU9.** the requirements of the relevant external agencies involved in the transport and receipt of your waste
- KU10.** the importance of segregating different types of waste and how to do this

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- KU11.** how to clean and sterile techniques
- KU12.** the path of disease transmission: paths of transmission including direct contact and penetrating injuries risk of acquisition sources of infecting microorganisms including persons who are carriers, in the incubation phase of the disease or those who are acutely ill
- KU13.** effective hand hygiene: procedures for routine hand wash procedures for surgical hand wash when hands must be washed
- KU14.** good personal hygiene practice including hand care
- KU15.** identification and management of infectious risks in the workplace
- KU16.** how to use personal protective equipment such as: guidelines for glove use guidelines for wearing gowns and waterproof aprons guidelines for wearing masks as required guidelines for wearing protective glasses
- KU17.** susceptible hosts including persons who are immune suppressed, have chronic diseases such as diabetes and the very young or very old
- KU18.** surface cleaning: cleaning procedures at the start and end of the day managing a blood or body fluid spill routine surface cleaning
- KU19.** sharps handling and disposal techniques
- KU20.** the following: follow infection control guidelines identify and respond to infection risks maintain personal hygiene use personal protective equipment limit contamination handle, package, label, store transport and dispose of clinical and other waste clean environmental surfaces

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** consistently apply hand washing, personal hygiene and personal protection protocols
- GS2.** consistently apply clean and sterile techniques
- GS3.** consistently apply protocols to limit contamination
- GS4.** follow instructions as specified in the protocols
- GS5.** listen patiently
- GS6.** provide feedback (verbal and nonverbal) to encourage smooth flow of information
- GS7.** take into account opportunities to address waste minimization, environmental responsibility and sustainable practice issues
- GS8.** apply additional precautions when standard precautions are not sufficient
- GS9.** consistently ensure instruments used for invasive procedures are sterile at time of use (where appropriate)
- GS10.** consistently follow the procedure for washing and drying hands
- GS11.** consistently limit contamination
- GS12.** consistently maintain clean surfaces and manage blood and body fluid spills
- GS13.** be a good listener and be sensitive to patient
- GS14.** avoid unwanted and unnecessary communication with patients
- GS15.** maintain eye contact and nonverbal communication
- GS16.** communicate only facts and not opinions

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- GS17.** give feedback when required
- GS18.** coordinate required processes effectively
- GS19.** apply, analyse, and evaluate the information gathered from observation, experience, reasoning, or communication, as a guide to belief and action
- GS20.** take into account opportunities to address waste minimisation, environmental responsibility and sustainable practice issues

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Complying with an effective infection control protocols that ensures the safety of the patient (or enduser of healthrelated products/services) Maintaining personal protection and preventing the transmission of infections from person to person</i>	<b>36</b>	<b>145</b>	-	<b>55</b>
<b>PC1..</b> perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	36	5	-	-
<b>PC2..</b> perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection	-	5	-	-
<b>PC3..</b> minimise contamination of materials, equipment and instruments by aerosols and splatter	-	-	-	5
<b>PC4..</b> identify infection risks and implement an appropriate response within own role and responsibility	-	10	-	10
<b>PC5..</b> document and report activities and tasks that put patients and/or other workers at risk	-	5	-	-
<b>PC6..</b> respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization	-	5	-	-
<b>PC7..</b> follow procedures for risk control and risk containment for specific risks	-	10	-	-
<b>PC8..</b> follow protocols for care following exposure to blood or other body fluids as required	-	10	-	-
<b>PC9..</b> place appropriate signs when and where appropriate	-	10	-	10
<b>PC10.</b> remove spills in accordance with the policies and procedures of the organization	-	5	-	-
<b>PC11.</b> maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination	-	5	-	-
<b>PC12.</b> follow hand washing procedures	-	5	-	-

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC13.</b> implement hand care procedures	-	5	-	-
<b>PC14.</b> cover cuts and abrasions with water-proof dressings and change as necessary	-	-	-	5
<b>PC15.</b> wear personal protective clothing and equipment that complies with indian standards, and is appropriate for the intended use	-	5	-	-
<b>PC16.</b> change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	-	5	-	-
<b>PC17.</b> demarcate and maintain clean and contaminated zones in all aspects of health care work	-	5	-	5
<b>PC18.</b> confine records, materials and medicaments to a well-designated clean zone	-	3	-	2
<b>PC19.</b> confine contaminated instruments and equipment to a well-designated contaminated zone	-	2	-	3
<b>PC20.</b> wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste	-	5	-	-
<b>PC21.</b> separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified	-	5	-	-
<b>PC22.</b> store clinical or related waste in an area that is accessible only to authorised persons	-	-	-	5
<b>PC23.</b> handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release	-	5	-	-
<b>PC24.</b> dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements	-	-	-	5
<b>PC25.</b> wear personal protective clothing and equipment during cleaning procedures	-	5	-	-

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC26.</b> remove all dust, dirt and physical debris from work surfaces	-	5	-	-
<b>PC27.</b> clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled	-	5	-	-
<b>PC28.</b> decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols	-	5	-	-
<b>PC29.</b> dry all work surfaces before and after use	-	5	-	-
<b>PC30.</b> replace surface covers where applicable	-	5	-	-
<b>PC31.</b> maintain and store cleaning equipment	-	-	-	5
<b>NOS Total</b>	<b>36</b>	<b>145</b>	<b>-</b>	<b>55</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9610
<b>NOS Name</b>	Follow infection control policies and procedures
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/07/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	18/05/2016

## Qualification Pack

### HSS/N9611: Monitor and assure quality

#### Description

This OS unit is about Assuring quality in all procedures. This unit applies to all Allied Health professionals.

#### Scope

This unit/task covers the following:

- Monitor treatment process/outcomes , Identify problems in treatment process/outcomes , Solve treatment process/outcome problems , Attend class/read publications to continue industry education , Identify needs and expectations of patient/health care professionals

#### Elements and Performance Criteria

*Monitor treatment process/outcomes , Identify problems in treatment process/outcomes , Solve treatment process/outcome problems , Attend class/read publications to continue industry education , Identify needs and expectations of patient/health care professionals*

To be competent, the user/individual on the job must be able to:

- PC1..** conduct appropriate research and analysis
- PC2..** evaluate potential solutions thoroughly
- PC3..** participate in education programs which include current techniques, technology and trends pertaining to the dental industry
- PC4..** read dental hygiene, dental and medical publications related to quality consistently and thoroughly
- PC5..** report any identified breaches in health, safety, and security procedures to the designated person
- PC6..** identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority
- PC7..** promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected
- PC8..** follow the organisation's emergency procedures promptly, calmly, and efficiently
- PC9..** identify and recommend opportunities for improving health, safety, and security to the designated person
- PC10.** complete any health and safety records legibly and accurately

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic requirements of the health and safety and other legislations and regulations that apply to the organisation
- KU2.** person(s) responsible for health, safety, and security in the organisation

## Qualification Pack

- KU3.** relevant upto date information on health, safety, and security that applies to the organisation
- KU4.** organisations emergency procedures and responsibilities for handling hazardous situations
- KU5.** evaluate treatment goals, process and outcomes
- KU6.** identify problems/deficiencies in dental hygiene treatment goals, processes and outcomes
- KU7.** accurately identify problems in dental hygiene care
- KU8.** conduct research
- KU9.** select and implement proper hygiene interventions
- KU10.** obtain informed consent
- KU11.** conduct an honest self evaluation to identify personal and professional strengths and weaknesses
- KU12.** access and interpret medical, and scientific literature
- KU13.** apply human needs/motivational theory
- KU14.** provide thorough and efficient individualised care
- KU15.** employ methods to measure satisfaction

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** report and record incidents
- GS2.** read and understand company policies and procedures
- GS3.** report hazards and incidents clearly with the appropriate level of urgency
- GS4.** make decisions pertaining to the area of work
- GS5.** exhibit commitment to the organisation and exert effort and perseverance
- GS6.** organise files and documents
- GS7.** plan for safety of the work environment
- GS8.** recommend and implement plan of action
- GS9.** how to make exceptional effort to meet patient needs and resolve conflict to patient satisfaction
- GS10.** identify hazards and suggest effective solutions to identified problems
- GS11.** analyse the seriousness of hazards
- GS12.** evaluate opportunities to improve health, safety and security
- GS13.** show understanding and empathy for others

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Monitor treatment process/outcomes , Identify problems in treatment process/outcomes , Solve treatment process/outcome problems , Attend class/read publications to continue industry education , Identify needs and expectations of patient/health care professionals</i>	12	-	-	50
<b>PC1..</b> conduct appropriate research and analysis	12	-	-	6
<b>PC2..</b> evaluate potential solutions thoroughly	-	-	-	8
<b>PC3..</b> participate in education programs which include current techniques, technology and trends pertaining to the dental industry	-	-	-	4
<b>PC4..</b> read dental hygiene, dental and medical publications related to quality consistently and thoroughly	-	-	-	8
<b>PC5..</b> report any identified breaches in health, safety, and security procedures to the designated person	-	-	-	4
<b>PC6..</b> identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	-	-	-	4
<b>PC7..</b> promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected	-	-	-	4
<b>PC8..</b> follow the organisation's emergency procedures promptly, calmly, and efficiently	-	-	-	4
<b>PC9..</b> identify and recommend opportunities for improving health, safety, and security to the designated person	-	-	-	4
<b>PC10.</b> complete any health and safety records legibly and accurately	-	-	-	4
<b>NOS Total</b>	<b>12</b>	<b>-</b>	<b>-</b>	<b>50</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9611
<b>NOS Name</b>	Monitor and assure quality
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Social Work & Community Health, Healthcare Management, Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	31/03/2022
<b>NSQC Clearance Date</b>	19/05/2015

## Assessment Guidelines and Assessment Weightage

### Assessment Guidelines

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Either each element/Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory, viva and Skills Practical for each element/PC.
2. The assessment for the theory part will be based on knowledge bank of questions approved by the SSC.
3. Individual assessment agencies will create unique question papers for theory part for each candidate/batch at each examination/training center (as per assessment criteria below).
4. Individual assessment agencies will create unique evaluations for skill practical & viva for every student at each examination/ training center based on these criteria.
5. In case of successfully passing as per passing percentage of the job role, the trainee is certified for the Qualification Pack.
6. In case of unsuccessful completion, the trainee may seek reassessment on the Qualification Pack.

### Minimum Aggregate Passing % at QP Level : 70

## Qualification Pack

(Please note: Every Trainee should score a minimum aggregate passing percentage as specified above, to successfully clear the Qualification Pack assessment.)

### Assessment Weightage

Compulsory NOS

National Occupational Standards	Theory Marks	Practical Marks	Project Marks	Viva Marks	Total Marks	Weightage
HSS/N2301.Respond to emergency calls	14	164	-	36	214	3
HSS/N2302.Size up the scene at the site	13	9	-	1	23	4
HSS/N2303.Follow evidence based Protocol while managing patients	13	25	-	20	58	3
HSS/N2304.Assess patient at the site	28	146	-	54	228	3
HSS/N2305.Patient triage based on the defined clinical criteria of severity of illness	56	145	-	55	256	3
HSS/N2306.Manage cardiovascular emergency	28	100	-	100	228	3
HSS/N2307.Manage cerebrovascular emergency	56	143	-	57	256	3
HSS/N2308.Manage allergic reaction	56	155	-	45	256	3
HSS/N2309.Manage poisoning or overdose	14	130	-	70	214	3
HSS/N2310.Manage environmental emergency	56	100	-	100	256	3
HSS/N2311.Manage behavioural emergency	14	100	-	100	214	3
HSS/N2312.Manage obstetric/gynaecological emergencies	26	134	-	66	226	3

### Qualification Pack

National Occupational Standards	Theory Marks	Practical Marks	Project Marks	Viva Marks	Total Marks	Weightage
HSS/N2313.Manage Bleeding and Shock	56	149	-	51	256	3
HSS/N2314.Manage soft tissue injury and burns	56	124	-	76	256	3
HSS/N2315.Manage musculoskeletal injuries	56	128	-	72	256	3
HSS/N2316.Manage injuries to head and spine	56	128	-	72	256	3
HSS/N2317.Manage infants, neonates and children	26	150	-	50	226	3
HSS/N2318.Manage respiratory emergency	56	130	-	70	256	3
HSS/N2319.Manage severe abdominal pain	56	132	-	68	256	3
HSS/N2320.Manage mass casualty incident	56	148	-	52	256	3
HSS/N2321.Select the proper provider institute for transfer	22	4	-	32	58	3
HSS/N2322.Transport patient to the provider institute	22	8	-	24	54	3
HSS/N2323.Manage patient handover to the provider institute	22	12	-	10	44	3
HSS/N2324.Manage diabetes emergency	56	130	-	70	256	3
HSS/N9601.Collate and Communicate Health Information	18	-	-	50	68	3
HSS/N9603.Act within the limits of ones competence and authority	24	-	-	50	74	3
HSS/N9604.Work effectively with others	12	-	-	50	62	3

### Qualification Pack

National Occupational Standards	Theory Marks	Practical Marks	Project Marks	Viva Marks	Total Marks	Weightage
HSS/N9605.Manage work to meet requirements	12	-	-	50	62	3
HSS/N9606.Maintain a safe working environment	24	-	-	50	74	3
HSS/N9607.Practice code of conduct while performing duties	24	-	-	50	74	3
HSS/N9609.Follow biomedical waste disposal protocols	24	-	-	50	74	3
HSS/N9610.Follow infection control policies and procedures	36	145	-	55	236	3
HSS/N9611. Monitor and assure quality	12	-	-	50	62	3
<b>Total</b>	<b>1100</b>	<b>2739</b>	<b>-</b>	<b>1806</b>	<b>5645</b>	<b>100</b>

## Qualification Pack

### Acronyms

<b>NOS</b>	National Occupational Standard(s)
<b>NSQF</b>	National Skills Qualifications Framework
<b>QP</b>	Qualifications Pack
<b>TVET</b>	Technical and Vocational Education and Training
<b>ALS</b>	Advanced Life Support
<b>EMT</b>	Emergency Medical Technician
<b>MHRD</b>	Ministry of Human Resource Development
<b>NOS</b>	National Occupational Standard(s)
<b>PCR</b>	Patient Care Report
<b>SALT</b>	Sort, Assess, Lifesaving interventions, Treat and Transport
<b>START</b>	Simple triage and rapid treatment

## Qualification Pack

### Glossary

<b>Sector</b>	Sector is a conglomeration of different business operations having similar business and interests. It may also be defined as a distinct subset of the economy whose components share similar characteristics and interests.
<b>Sub-sector</b>	Sub-sector is derived from a further breakdown based on the characteristics and interests of its components.
<b>Occupation</b>	Occupation is a set of job roles, which perform similar/ related set of functions in an industry.
<b>Job role</b>	Job role defines a unique set of functions that together form a unique employment opportunity in an organisation.
<b>Occupational Standards (OS)</b>	OS specify the standards of performance an individual must achieve when carrying out a function in the workplace, together with the Knowledge and Understanding (KU) they need to meet that standard consistently. Occupational Standards are applicable both in the Indian and global contexts.
<b>Performance Criteria (PC)</b>	Performance Criteria (PC) are statements that together specify the standard of performance required when carrying out a task.
<b>National Occupational Standards (NOS)</b>	NOS are occupational standards which apply uniquely in the Indian context.
<b>Qualifications Pack (QP)</b>	QP comprises the set of OS, together with the educational, training and other criteria required to perform a job role. A QP is assigned a unique qualifications pack code.
<b>Unit Code</b>	Unit code is a unique identifier for an Occupational Standard, which is denoted by an 'N'
<b>Unit Title</b>	Unit title gives a clear overall statement about what the incumbent should be able to do.
<b>Description</b>	Description gives a short summary of the unit content. This would be helpful to anyone searching on a database to verify that this is the appropriate OS they are looking for.
<b>Scope</b>	Scope is a set of statements specifying the range of variables that an individual may have to deal with in carrying out the function which have a critical impact on quality of performance required.

## Qualification Pack

<b>Knowledge and Understanding (KU)</b>	Knowledge and Understanding (KU) are statements which together specify the technical, generic, professional and organisational specific knowledge that an individual needs in order to perform to the required standard.
<b>Organisational Context</b>	Organisational context includes the way the organisation is structured and how it operates, including the extent of operative knowledge managers have of their relevant areas of responsibility.
<b>Technical Knowledge</b>	Technical knowledge is the specific knowledge needed to accomplish specific designated responsibilities.
<b>Core Skills/ Generic Skills (GS)</b>	Core skills or Generic Skills (GS) are a group of skills that are the key to learning and working in today's world. These skills are typically needed in any work environment in today's world. These skills are typically needed in any work environment. In the context of the OS, these include communication related skills that are applicable to most job roles.
<b>Electives</b>	Electives are NOS/set of NOS that are identified by the sector as contributive to specialization in a job role. There may be multiple electives within a QP for each specialized job role. Trainees must select at least one elective for the successful completion of a QP with Electives.
<b>Options</b>	Options are NOS/set of NOS that are identified by the sector as additional skills. There may be multiple options within a QP. It is not mandatory to select any of the options to complete a QP with Options.



# Emergency Care Assistant

QP Code: HSS/Q2301

Version: 2.0

NSQF Level: 4

Healthcare Sector Skill Council || 520, DLF Tower A, 5th Floor, Jasola District Centre  
New Delhi - 110025

## Qualification Pack

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## Qualification Pack

### HSS/Q2301: Emergency Care Assistant

#### Brief Job Description

Individuals at this job need to provide emergency medical support and care to individuals who are critically ill or injured and transport them to a medical facility within stipulated time limits.

#### Personal Attributes

The job requires individuals to have good communication and time management skills along with the ability to work in a multidisciplinary team environment. The individuals should possess key qualities such as confidence, maturity, compassion, patient centricity and active listening. They should exhibit good coordination skills, ethical behavior and empathize with patients. The person should be physically strong and possess driving skills.

#### Applicable National Occupational Standards (NOS)

##### Compulsory NOS:

1. [HSS/N2332: Respond to emergency calls and size up the scene at the site](#)
2. [HSS/N2333: Provide support during medical emergencies](#)
3. [HSS/N2334: Provide support during trauma emergencies](#)
4. [HSS/N2335: Provide support during other emergencies](#)
5. [HSS/N2336: Carry out activities related to patient triage](#)
6. [HSS/N2337: Manage patient transport and handover to the identified provider institute](#)
7. [HSS/N9620: Comply with Infection Control and Bio Medical Waste Disposal Policies](#)

#### Qualification Pack (QP) Parameters

<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>Country</b>	India
<b>NSQF Level</b>	4

## Qualification Pack

<b>Aligned to NCO/ISCO/ISIC Code</b>	NCO-2015/2240.0501
<b>Minimum Educational Qualification &amp; Experience</b>	12th Class OR 10th Class + I.T.I (2 years after Class 10th) OR Certificate-NSQF (Level 3: Dresser (Medical) ) with 1-2 Years of experience relevant experience in healthcare settings
<b>Minimum Level of Education for Training in School</b>	
<b>Pre-Requisite License or Training</b>	Driving License for 4-wheelers
<b>Minimum Job Entry Age</b>	18 Years
<b>Last Reviewed On</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>Deactivation Date</b>	31/03/2025
<b>NSQC Approval Date</b>	31/03/2022
<b>Version</b>	2.0
<b>Reference code on NQR</b>	2022/HLT/HSSC/05648
<b>NQR Version</b>	1.0

## Qualification Pack

# HSS/N2332: Respond to emergency calls and size up the scene at the site

## Description

This OS unit is about the individual's first response to a call received and preparing to move to the emergency site, response upon arrival at the emergency site, evaluating the situation and ensuring the safety of self, patients and others.

## Scope

The scope covers the following :

- Coordinate with control room
- Respond to emergency calls
- Size up the scene

## Elements and Performance Criteria

### *Coordinate with control room*

To be competent, the user/individual on the job must be able to:

- PC1.** collate all information pertaining to the patient location, landmark, type & seriousness of emergency on receiving a call from the control room
- PC2.** intimate the control room post admitting the patient in the hospital/dropping him to specified location or in case of inability to reach the patient location in case of traffic jams or ambulance breakdowns

### *Respond to emergency calls*

To be competent, the user/individual on the job must be able to:

- PC3.** report to the designated ambulance parking location on time as per the schedule
- PC4.** identify the emergency codes used in the hospital for emergency situations
- PC5.** use appropriate language while speaking to the dispatch team to reflect professionalism
- PC6.** use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the (Emergency Medical Services) EMS provider
- PC7.** assist during evaluation of the situation of the patient(s) based on the call with the dispatch center
- PC8.** seek support when situations are beyond one's competence and authority
- PC9.** perform Body Substance Isolation (BSI) procedure as per standards and requirements
- PC10.** prepare the ambulance with the required medical equipment, supplies, medications and other items as per the medical emergency

### *Size up the scene*

To be competent, the user/individual on the job must be able to:

- PC11.** check that all safety precautions are taken at the scene of the emergency
- PC12.** introduce oneself to patient(s) / attendant and seek confidence of casualty/attendant, as applicable

## Qualification Pack

- PC13.** identify the implications of nuclear, radioactive, biological, chemical and explosive incidents and take precautions for self and others as per organizational policies
- PC14.** estimate the total number of patient(s) involved and call for backup, when required
- PC15.** explain the situation clearly to other emergency response agencies, when required and collaborate effectively
- PC16.** reassure the patient(s), relatives and bystanders who are in stressful situations by communicating effectively, and working in a confident and efficient manner
- PC17.** obtain information regarding the incident through accurate and complete scene assessment and document it accordingly
- PC18.** work to optimize and save time while avoiding mishandling of patient(s)
- PC19.** provide information and cooperate with law agencies in case of medico-legal emergencies

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country
- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** about Samaritan law
- KU6.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU7.** response time decided by the EMS provider/ state government in which EMT operates
- KU8.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- KU9.** protocols designed by the state or EMS providers
- KU10.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU11.** healthcare provider's emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents
- KU12.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU13.** relevant information on health, safety, and security that applies to the emergency scene role and importance of the ECA in supporting hospital/Ambulance operations
- KU14.** relevant medical equipment used in different types of emergencies
- KU15.** basic medical terms and principles to evaluate the patient's condition
- KU16.** how to prepare for dealing with different types of hazardous materials like nuclear, radioactive, biological, chemical and explosive substances
- KU17.** basic medicolegal principles
- KU18.** how to create a safe environment around the patient(s) and others
- KU19.** importance of being alert to health, safety, and security hazards at the emergency site

## Qualification Pack

- KU20.** common health, safety, and security hazards that affect people working at the emergency site and how to identify them
- KU21.** importance of warning others about hazards and what to do until the hazard is dealt with
- KU22.** how to work efficiently in a team to ensure patient safety
- KU23.** hazards and risks associated with handling medical samples, precautions to be taken and appropriate handling and reporting in case of emergency
- KU24.** importance, uses and process of putting on and discarding off of Body Substance Isolation equipment which includes hospital gowns, medical gloves, shoe covers, surgical masks, safety glasses, helmets, reflective clothing
- KU25.** how to sum up the scene quickly and ensuring that it is safe by taking appropriate measures
- KU26.** how to collaborate with other emergency response agencies, if required
- KU27.** how to estimate the total number of casualties involved and call for backup, if required

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** read and correctly interpret written instructions for specific emergency situations, briefs from the dispatch centre and other important communications
- GS3.** read and correctly interpret about changes in legislations and organizational policies with respect to safety procedures at emergency or crime scenes
- GS4.** read and extract relevant information from internal communications and legal framework changes related to roles and responsibilities to keep abreast of latest professional knowledge
- GS5.** listen actively during interactions with the dispatch team, colleagues and the medical officer
- GS6.** communicate with the patient(s) and other people around the patient(s) clearly and give them clear instructions for their safety
- GS7.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS8.** plan and organize activities required to respond to an emergency call
- GS9.** maintain patient confidentiality and dignity at all times
- GS10.** cope with stress on the job without affecting job quality

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Coordinate with control room</i>	<b>20</b>	-	<b>10</b>	<b>12</b>
<b>PC1.</b> collate all information pertaining to the patient location, landmark, type & seriousness of emergency on receiving a call from the control room	-	-	-	-
<b>PC2.</b> intimate the control room post admitting the patient in the hospital/dropping him to specified location or in case of inability to reach the patient location in case of traffic jams or ambulance breakdowns	-	-	-	-
<i>Respond to emergency calls</i>	<b>17</b>	<b>12</b>	<b>5</b>	<b>6</b>
<b>PC3.</b> report to the designated ambulance parking location on time as per the schedule	-	-	-	-
<b>PC4.</b> identify the emergency codes used in the hospital for emergency situations	-	-	-	-
<b>PC5.</b> use appropriate language while speaking to the dispatch team to reflect professionalism	-	-	-	-
<b>PC6.</b> use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the (Emergency Medical Services) EMS provider	-	-	-	-
<b>PC7.</b> assist during evaluation of the situation of the patient(s) based on the call with the dispatch center	-	-	-	-
<b>PC8.</b> seek support when situations are beyond one's competence and authority	-	-	-	-
<b>PC9.</b> perform Body Substance Isolation (BSI) procedure as per standards and requirements	-	-	-	-
<b>PC10.</b> prepare the ambulance with the required medical equipment, supplies, medications and other items as per the medical emergency	-	-	-	-
<i>Size up the scene</i>	<b>17</b>	<b>20</b>	<b>5</b>	<b>6</b>

## Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC11.</b> check that all safety precautions are taken at the scene of the emergency	-	-	-	-
<b>PC12.</b> introduce oneself to patient(s) / attendant and seek confidence of casualty/attendant, as applicable	-	-	-	-
<b>PC13.</b> identify the implications of nuclear, radioactive, biological, chemical and explosive incidents and take precautions for self and others as per organizational policies	-	-	-	-
<b>PC14.</b> estimate the total number of patient(s) involved and call for backup, when required	-	-	-	-
<b>PC15.</b> explain the situation clearly to other emergency response agencies, when required and collaborate effectively	-	-	-	-
<b>PC16.</b> reassure the patient(s), relatives and bystanders who are in stressful situations by communicating effectively, and working in a confident and efficient manner	-	-	-	-
<b>PC17.</b> obtain information regarding the incident through accurate and complete scene assessment and document it accordingly	-	-	-	-
<b>PC18.</b> work to optimize and save time while avoiding mishandling of patient(s)	-	-	-	-
<b>PC19.</b> provide information and cooperate with law agencies in case of medico-legal emergencies	-	-	-	-
<b>NOS Total</b>	<b>54</b>	<b>32</b>	<b>20</b>	<b>24</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2332
<b>NOS Name</b>	Respond to emergency calls and size up the scene at the site
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

# HSS/N2333: Provide support during medical emergencies

## Description

This unit is about identifying the symptoms of medical emergency to determine its type and follow the prescribed procedures and steps as guided by the physician under the scope of work.

## Scope

The scope covers the following :

- Identify various medical emergencies
- Provide support during cardiovascular emergencies
- Provide support during cerebrovascular emergencies
- Provide support during behavioral emergencies
- Provide support during respiratory emergencies
- Provide support during diabetic emergencies

## Elements and Performance Criteria

### *Identify various medical emergencies*

To be competent, the user/individual on the job must be able to:

- PC1.** maintain patient privacy
- PC2.** obtain informed consent of the patient for the assessment process, unless impossible because of their condition
- PC3.** position patient comfortably considering patient safety and avoiding further injury/damage
- PC4.** assess patient's level of consciousness, responsiveness and altered sensorium including skin color and temperature
- PC5.** calm and reassure the patient
- PC6.** minimize any unnecessary discomfort and encourage the patient to participate as fully as possible in the process
- PC7.** record vital signs of patients
- PC8.** obtain the chief complaint of the patient and complete focused SAMPLE history in prescribed format
- PC9.** collect patient's samples as per advice of healthcare provider
- PC10.** identify any life-threatening or high-risk conditions and alert the emergency centre/ healthcare provider immediately
- PC11.** provide accurate and clear information to healthcare provider
- PC12.** identify special medical/legal considerations to be followed in relation to medical emergencies
- PC13.** identify the symptoms and cause of visceral, parietal and referred abdominal pain and signs of hypoperfusion
- PC14.** provide the emergency medical care for the patient with an allergic reaction

### *Provide support during cardiovascular emergencies*

To be competent, the user/individual on the job must be able to:

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- PC15.** identify the symptoms of hypertensive emergency, angina, cardiac arrest and myocardial infarction
- PC16.** position the individual to perform Cardiopulmonary Resuscitation (CPR) or chest compressions as applicable, wherever required as per standard procedure
- PC17.** monitor and evaluate the individual's respiratory function for the effectiveness of compressions and ventilation
- PC18.** cease the application of CPR when the individual regains airway and circulation
- PC19.** position the individual in an appropriate position to enable continued care according to condition

### *Provide support during cerebrovascular emergencies*

To be competent, the user/individual on the job must be able to:

- PC20.** provide emergency medical care to a patient experiencing symptoms of a stroke
- PC21.** assess patient as per standardized pre-hospital stroke scale (such as the Cincinnati pre-hospital stroke scale)
- PC22.** determine the time of onset of symptoms

### *Provide support during behavioral emergencies*

To be competent, the user/individual on the job must be able to:

- PC23.** identify the characteristics of an individual's behavior which suggest that the patient is at risk for harming self or others
- PC24.** identify special medical/legal considerations for support during behavioral emergencies
- PC25.** use methods to calm behavioral emergency patients

### *Provide support during respiratory emergencies*

To be competent, the user/individual on the job must be able to:

- PC26.** identify the characteristics of normal breathing, abnormal breath sounds, irregular breathing patterns and the signs of abnormal breathing
- PC27.** evaluate the need for emergency medical care for the patient with respiratory distress & provide the emergency medical care accordingly
- PC28.** evaluate the need for nebulizer therapy in consultation with healthcare provider
- PC29.** perform abdominal thrust in case of choking

### *Provide support during diabetic emergencies*

To be competent, the user/individual on the job must be able to:

- PC30.** check blood sugar using glucometer and assess clinical manifestations related to hypo or hyper glycaemia as per obtained readings
- PC31.** seek information from the patient about previous medications/treatment related to diabetes and record it
- PC32.** provide emergency medical care to the patient as per advice of healthcare provider

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country

## Qualification Pack

- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- KU8.** protocols designed by the state or EMS providers
- KU9.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU10.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU11.** relevant information on health, safety, and security that applies to the emergency scene role and importance of the ECA in supporting hospital/Ambulance operations
- KU12.** importance of transporting the patient to the nearest hospital
- KU13.** critical information that must be collected
- KU14.** how to assure his/her own safety in medical emergency situations
- KU15.** basic structure and function of the body system and associated components
- KU16.** process, condition & resources required by the body to support healthy functioning
- KU17.** how to transport the patient in a safe and effective manner
- KU18.** how to place patient in position of comfort
- KU19.** how to calm and reassure the patient
- KU20.** how and when to alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)
- KU21.** how to complete a focused history and general physical assessment of the patient for various types of emergencies
- KU22.** how to complete a pre-hospital care for patients with various emergencies
- KU23.** how to communicate with the hospital facility by sharing precise, concise and to the point reports
- KU24.** set protocols for lifting and shifting the patients
- KU25.** how to assess and provide emergency medical care to a patient experiencing chest pain/ discomfort
- KU26.** basic types, causes and symptoms of stroke
- KU27.** actions recommended for emergency responders to potential stroke victims
- KU28.** importance of transporting casualty immediately to an emergency department
- KU29.** how to provide emergency medical care to a patient experiencing symptoms of a stroke
- KU30.** how to assess the patient's level of consciousness
- KU31.** how to assess vital signs: blood pressure, heart rate, and respiratory rate
- KU32.** how to check blood sugar

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- KU33.** methods of proper disposal of medication equipment
- KU34.** how to provide emergency care to the patient experiencing a behavioral emergency
- KU35.** various methods and techniques to safely restrain a patient with a behavioral problem including physical restraints
- KU36.** how to check RBS for all alternated levels of consciousness and behavior emergency cases
- KU37.** characteristics of normal breathing, abnormal breathing sound and irregular breathing patterns
- KU38.** steps in emergency care for the patient with a history of diabetes and diabetic medication
- KU39.** various possible types of diabetic emergencies

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** write accurate, concise and to the point report
- GS3.** read and correctly interpret about changes in legislations and organizational policies from reports and notifications
- GS4.** communicate with the patient in simple, clear and unambiguous language
- GS5.** avoid using jargon, slang or acronyms when communicating with the dispatch Centre, colleagues or the medical officer
- GS6.** communicate with the patient(s) and other people around the patient(s) clearly and give them clear instructions for their safety
- GS7.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS8.** plan and organize activities that are assigned to him/her to achieve task in a timely manner

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identify various medical emergencies</i>	<b>15</b>	<b>12</b>	<b>5</b>	<b>10</b>
<b>PC1.</b> maintain patient privacy	-	-	-	-
<b>PC2.</b> obtain informed consent of the patient for the assessment process, unless impossible because of their condition	-	-	-	-
<b>PC3.</b> position patient comfortably considering patient safety and avoiding further injury/damage	-	-	-	-
<b>PC4.</b> assess patient's level of consciousness, responsiveness and altered sensorium including skin color and temperature	-	-	-	-
<b>PC5.</b> calm and reassure the patient	-	-	-	-
<b>PC6.</b> minimize any unnecessary discomfort and encourage the patient to participate as fully as possible in the process	-	-	-	-
<b>PC7.</b> record vital signs of patients	-	-	-	-
<b>PC8.</b> obtain the chief complaint of the patient and complete focused SAMPLE history in prescribed format	-	-	-	-
<b>PC9.</b> collect patient's samples as per advice of healthcare provider	-	-	-	-
<b>PC10.</b> identify any life-threatening or high-risk conditions and alert the emergency centre/ healthcare provider immediately	-	-	-	-
<b>PC11.</b> provide accurate and clear information to healthcare provider	-	-	-	-
<b>PC12.</b> identify special medical/legal considerations to be followed in relation to medical emergencies	-	-	-	-
<b>PC13.</b> identify the symptoms and cause of visceral, parietal and referred abdominal pain and signs of hypoperfusion	-	-	-	-

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC14.</b> provide the emergency medical care for the patient with an allergic reaction	-	-	-	-
<i>Provide support during cardiovascular emergencies</i>	<b>23</b>	<b>30</b>	<b>6</b>	<b>10</b>
<b>PC15.</b> identify the symptoms of hypertensive emergency, angina, cardiac arrest and myocardial infarction	-	-	-	-
<b>PC16.</b> position the individual to perform Cardiopulmonary Resuscitation (CPR) or chest compressions as applicable, wherever required as per standard procedure	-	-	-	-
<b>PC17.</b> monitor and evaluate the individual's respiratory function for the effectiveness of compressions and ventilation	-	-	-	-
<b>PC18.</b> cease the application of CPR when the individual regains airway and circulation	-	-	-	-
<b>PC19.</b> position the individual in an appropriate position to enable continued care according to condition	-	-	-	-
<i>Provide support during cerebrovascular emergencies</i>	<b>15</b>	<b>12</b>	<b>6</b>	<b>10</b>
<b>PC20.</b> provide emergency medical care to a patient experiencing symptoms of a stroke	-	-	-	-
<b>PC21.</b> assess patient as per standardized pre-hospital stroke scale (such as the Cincinnati pre-hospital stroke scale)	-	-	-	-
<b>PC22.</b> determine the time of onset of symptoms	-	-	-	-
<i>Provide support during behavioral emergencies</i>	<b>15</b>	-	<b>10</b>	<b>12</b>
<b>PC23.</b> identify the characteristics of an individual's behavior which suggest that the patient is at risk for harming self or others	-	-	-	-
<b>PC24.</b> identify special medical/legal considerations for support during behavioral emergencies	-	-	-	-
<b>PC25.</b> use methods to calm behavioral emergency patients	-	-	-	-

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Provide support during respiratory emergencies</i>	<b>23</b>	<b>30</b>	<b>6</b>	<b>10</b>
<b>PC26.</b> identify the characteristics of normal breathing, abnormal breath sounds, irregular breathing patterns and the signs of abnormal breathing	-	-	-	-
<b>PC27.</b> evaluate the need for emergency medical care for the patient with respiratory distress & provide the emergency medical care accordingly	-	-	-	-
<b>PC28.</b> evaluate the need for nebulizer therapy in consultation with healthcare provider	-	-	-	-
<b>PC29.</b> perform abdominal thrust in case of choking	-	-	-	-
<i>Provide support during diabetic emergencies</i>	<b>15</b>	<b>-</b>	<b>10</b>	<b>12</b>
<b>PC30.</b> check blood sugar using glucometer and assess clinical manifestations related to hypo or hyper glycaemia as per obtained readings	-	-	-	-
<b>PC31.</b> seek information from the patient about previous medications/treatment related to diabetes and record it	-	-	-	-
<b>PC32.</b> provide emergency medical care to the patient as per advice of healthcare provider	-	-	-	-
<b>NOS Total</b>	<b>106</b>	<b>84</b>	<b>43</b>	<b>64</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2333
<b>NOS Name</b>	Provide support during medical emergencies
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

### HSS/N2334: Provide support during trauma emergencies

#### Description

This unit deals in detail with requirement of an individual to recognize and support in management of trauma emergencies.

#### Scope

The scope covers the following :

- Bleeding and shock
- Musculoskeletal injuries, soft tissue injuries and burns
- Head and spinal injuries

#### Elements and Performance Criteria

##### *Bleeding and shock*

To be competent, the user/individual on the job must be able to:

- PC1.** identify & arrest external bleeding and perform emergency medical care accordingly
- PC2.** identify the signs of internal bleeding and perform the steps in the emergency medical care of the patient accordingly
- PC3.** identify the signs and symptoms of shock (hypo perfusion) and perform the steps in the emergency medical care accordingly

##### *Musculoskeletal injuries, soft tissue injuries and burns*

To be competent, the user/individual on the job must be able to:

- PC4.** identify the type of soft tissue injury (open or closed) and provide the emergency medical care to the patient accordingly
- PC5.** identify the emergency medical care considerations for a patient with a penetrating injury/impaled object and provide the emergency medical care to the patient accordingly
- PC6.** provide the emergency medical care considerations to the patient with an open wound to the abdomen
- PC7.** identify the type and degree of burn and provide the emergency medical care to the patient accordingly
- PC8.** apply a fit-for-purpose pressure dressing as per protocol according to the type of wound
- PC9.** identify and provide support for medical care for musculoskeletal injuries
- PC10.** apply pelvic binder techniques for fracture of pelvis
- PC11.** identify the type of splint required for the injury and apply it following standard procedures
- PC12.** follow standard protocols while providing care to the patient with an amputation and the amputated part

##### *Head and spinal injuries*

To be competent, the user/individual on the job must be able to:

- PC13.** assess the level of consciousness
- PC14.** stabilize the cervical spine using cervical spine immobilization device and patient head

## Qualification Pack

**PC15.** immobilize a patient using a short spine board

**PC16.** manage eye injury using standard protocol

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country
- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- KU8.** protocols designed by the state or EMS providers
- KU9.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU10.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU11.** relevant information on health, safety, and security that applies to the emergency scene role and importance of the ECA in supporting hospital/Ambulance operations
- KU12.** basic structure and function of the body system and associated components
- KU13.** process, condition & resources required by the body to support healthy functioning
- KU14.** methods of emergency medical care of external bleeding
- KU15.** how to recognize the major functions of the skin
- KU16.** how to differentiate the care of an open wound
- KU17.** types of burns
- KU18.** superficial, partial thickness and full thickness burns and their characteristics
- KU19.** purpose, functions and procedures of dressing and bandaging
- KU20.** how to establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries
- KU21.** ramification of improperly applied dressings, splints and tourniquets
- KU22.** how to differentiate between an open and a closed painful, swollen, deformed extremity
- KU23.** reasons for splinting
- KU24.** general rules of splinting, its ramification and complications
- KU25.** signs and symptoms of a potential spine injury
- KU26.** how to recognize the indications for the use of rapid extrication
- KU27.** steps in performing rapid extrication

## Qualification Pack

- KU28.** equipment used for bleeding control and how to use it to perform each procedure
- KU29.** signs and symptoms of shock (hypo perfusion)
- KU30.** various types of soft tissue injuries
- KU31.** how to perform the different procedures to manage soft tissue injuries and burns
- KU32.** significance of each procedure to effectively handle soft tissue injury and burns
- KU33.** how to use the equipment meant to perform the procedures
- KU34.** necessary body substance isolation that must be taken when dealing with soft tissue injuries
- KU35.** proper method for applying an occlusive dressing
- KU36.** how to recognize superficial, partial thickness and full thickness burns
- KU37.** various types of dressings and bandages
- KU38.** proper method for applying a universal dressing, 4 x 4-inch dressing, and adhesive type dressing
- KU39.** proper method for applying bandages: self-adherent, gauze rolls, triangular, adhesive tape, and air splints
- KU40.** proper method for applying a pressure dressing
- KU41.** how to assess of an injured extremity
- KU42.** splinting procedures relevant to the general rules of splinting using: rigid splints, traction splints, pneumatic splints, improvised splints, and pneumatic anti-shock garments
- KU43.** procedure for splinting an injury with distal cyanosis or lacking a distal pulse
- KU44.** how to identify the circumstances when a helmet should be left on the patient
- KU45.** preferred methods to remove sports, motorcycle and various other helmets
- KU46.** alternative methods for removal of a helmet
- KU47.** differences in the method of head stabilization with and without a helmet
- KU48.** how the patient's head is stabilized in order to remove a helmet
- KU49.** sudden airway emergency medical care with helmet on
- KU50.** the roles, responsibilities and accountability in relation to the assessment of health status and needs, what information need to be obtained and stored in records, with whom the information might be shared, what is involved in the assessment
- KU51.** how to obtain informed consent of the patient, unless impossible because of their condition
- KU52.** how to conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)
- KU53.** how to respect the patient's privacy, dignity, wishes and beliefs
- KU54.** how to minimize any unnecessary discomfort and encourage the patient to participate as fully as possible in the process
- KU55.** how to communicate with the patient clearly and in a manner and pace that is appropriate to their level of understanding, culture and background & their need for reassurance and support
- KU56.** how to recognize promptly any life-threatening or high-risk conditions
- KU57.** how to make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making
- KU58.** hazards and risks associated with handling medical samples, precautions to be taken and appropriate handling and reporting in case of emergency

## Qualification Pack

### Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** write accurate, concise and to the point report with the provider institute physician
- GS3.** read and correctly interpret about changes in legislations and organizational policies from reports and notifications
- GS4.** communicate with the patient in simple, clear and unambiguous language
- GS5.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS6.** plan and organize activities that are assigned to him/her to achieve task in a timely manner

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Bleeding and shock</i>	<b>22</b>	<b>30</b>	<b>10</b>	<b>10</b>
<b>PC1.</b> identify & arrest external bleeding and perform emergency medical care accordingly	-	-	-	-
<b>PC2.</b> identify the signs of internal bleeding and perform the steps in the emergency medical care of the patient accordingly	-	-	-	-
<b>PC3.</b> identify the signs and symptoms of shock (hypo perfusion) and perform the steps in the emergency medical care accordingly	-	-	-	-
<i>Musculoskeletal injuries, soft tissue injuries and burns</i>	<b>33</b>	<b>30</b>	<b>10</b>	<b>10</b>
<b>PC4.</b> identify the type of soft tissue injury (open or closed) and provide the emergency medical care to the patient accordingly	-	-	-	-
<b>PC5.</b> identify the emergency medical care considerations for a patient with a penetrating injury/impaed object and provide the emergency medical care to the patient accordingly	-	-	-	-
<b>PC6.</b> provide the emergency medical care considerations to the patient with an open wound to the abdomen	-	-	-	-
<b>PC7.</b> identify the type and degree of burn and provide the emergency medical care to the patient accordingly	-	-	-	-
<b>PC8.</b> apply a fit-for-purpose pressure dressing as per protocol according to the type of wound	-	-	-	-
<b>PC9.</b> identify and provide support for medical care for musculoskeletal injuries	-	-	-	-
<b>PC10.</b> apply pelvic binder techniques for fracture of pelvis	-	-	-	-
<b>PC11.</b> identify the type of splint required for the injury and apply it following standard procedures	-	-	-	-

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC12.</b> follow standard protocols while providing care to the patient with an amputation and the amputated part	-	-	-	-
<i>Head and spinal injuries</i>	<b>23</b>	<b>30</b>	<b>10</b>	<b>10</b>
<b>PC13.</b> assess the level of consciousness	-	-	-	-
<b>PC14.</b> stabilize the cervical spine using cervical spine immobilization device and patient head	-	-	-	-
<b>PC15.</b> immobilize a patient using a short spine board	-	-	-	-
<b>PC16.</b> manage eye injury using standard protocol	-	-	-	-
<b>NOS Total</b>	<b>78</b>	<b>90</b>	<b>30</b>	<b>30</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2334
<b>NOS Name</b>	Provide support during trauma emergencies
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

# HSS/N2335: Provide support during other emergencies

## Description

This unit deals in detail with management of other emergencies such as environmental emergencies, poisoning or overdose.

## Scope

The scope covers the following :

- Poisoning or overdose
- Environmental emergencies

## Elements and Performance Criteria

### *Poisoning or overdose*

To be competent, the user/individual on the job must be able to:

- PC1.** identify signs/symptoms associated with various poisoning
- PC2.** provide the emergency medical care for the patient with possible overdose
- PC3.** provide the emergency medical care for the patient with suspected poisoning
- PC4.** provide the emergency medical care for bites and stings

### *Environmental emergencies*

To be competent, the user/individual on the job must be able to:

- PC5.** identify the signs and symptoms of hypo and hyper-thermia
- PC6.** identify the signs and symptoms, complications of near-drowning and diving accidents
- PC7.** identify signs and symptoms, complications of altitude illness
- PC8.** provide emergency medical care to a patient according to the identified emergency

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country
- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies

## Qualification Pack

- KU8.** protocols designed by the state or EMS providers
- KU9.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU10.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU11.** various types of poisoning by ingestion, inhalation, injection and absorption
- KU12.** steps in the emergency medical care for the patient with possible overdose
- KU13.** steps in the emergency medical care for the patient with suspected poisoning
- KU14.** how to do an assessment and documentation of patient response
- KU15.** commonly used poison substances at the local level, various toxidromes and specific antidotes with focus on OP poisoning
- KU16.** the prescribed procedures and steps involved in management of poisoning or overdose situation
- KU17.** types of environmental emergencies
- KU18.** the prescribed procedures and steps involved in management while exposure to extreme environmental situations
- KU19.** injuries caused by exposure to extreme heat/cold or due to drowning
- KU20.** how to complete a pre-hospital care report for patients with environmental emergencies
- KU21.** how to remove a patient with a suspected spine injury from the water
- KU22.** how to continue prolonged CPR in case of drowning victims
- KU23.** how to address high altitude sickness
- KU24.** how to apply rewarming techniques including active and passive rewarming
- KU25.** relevant National Disaster Management Agency (NDMA) guidelines

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** write accurate, concise and to the point report with the provider institute physician
- GS3.** read and correctly interpret about changes in legislations and organizational policies from reports and notifications
- GS4.** communicate with the patient in simple, clear and unambiguous language
- GS5.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS6.** plan and organize activities that are assigned to him/her to achieve task in a timely manner

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Poisoning or overdose</i>	<b>17</b>	<b>20</b>	<b>6</b>	<b>10</b>
<b>PC1.</b> identify signs/symptoms associated with various poisoning	-	-	-	-
<b>PC2.</b> provide the emergency medical care for the patient with possible overdose	-	-	-	-
<b>PC3.</b> provide the emergency medical care for the patient with suspected poisoning	-	-	-	-
<b>PC4.</b> provide the emergency medical care for bites and stings	-	-	-	-
<i>Environmental emergencies</i>	<b>17</b>	<b>20</b>	<b>6</b>	<b>10</b>
<b>PC5.</b> identify the signs and symptoms of hypo and hyper-thermia	-	-	-	-
<b>PC6.</b> identify the signs and symptoms, complications of near-drowning and diving accidents	-	-	-	-
<b>PC7.</b> identify signs and symptoms, complications of altitude illness	-	-	-	-
<b>PC8.</b> provide emergency medical care to a patient according to the identified emergency	-	-	-	-
<b>NOS Total</b>	<b>34</b>	<b>40</b>	<b>12</b>	<b>20</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2335
<b>NOS Name</b>	Provide support during other emergencies
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

### HSS/N2336: Carry out activities related to patient triage

#### Description

This unit deals in detail with identification of injured or sick patients who require immediate treatment.

#### Scope

The scope covers the following :

- Patient triage

#### Elements and Performance Criteria

##### *Patient triage*

To be competent, the user/individual on the job must be able to:

- PC1.** coordinate for setting up of separate areas for triage, treatment, and transport
- PC2.** use appropriate personal protective equipment while conducting initial triage
- PC3.** conduct initial triage of patients by using defined methods and protocols
- PC4.** assess whether the patient requires immediate lifesaving intervention or whether they could wait
- PC5.** record the vital signs of patients
- PC6.** identify a high-risk case and tag as per orders
- PC7.** extract patients from the casualty area based on initial triage to designated treatment areas
- PC8.** re-triage patients extracted to the triage and treatment areas
- PC9.** alert healthcare facilities in advance of possible arrival of multiple patients

#### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country
- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- KU8.** protocols designed by the state or EMS providers

## Qualification Pack

- KU9.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU10.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU11.** how to use Sort, Assess, Lifesaving interventions, Treat and Transport (SALT) triage system and Simple Triage and Rapid Treatment (START) plan accordingly, as per the triage guidelines and protocols
- KU12.** about do's and don'ts of ECA on arrival at the scene
- KU13.** how to set up separate areas for treatment, triage and transport
- KU14.** how to conduct an initial triage of patients by using the START triage model for adult patients, Jump START Triage for pediatric patients and the SMART triage tagging system
- KU15.** how to use appropriate personal protective equipment while conducting initial triage
- KU16.** how to tag severity/ criticality of patient using color coded tags
- KU17.** how to set up direct non-injured and/or slightly injured victims to the triage area for victims with minor injuries
- KU18.** how to monitor patients with minor injuries for changes in their condition
- KU19.** how to extract patients from the casualty area based on initial triage to designated triage and treatment areas
- KU20.** how to use equipment like cots and litters for extraction where required
- KU21.** how to re-triage patients extracted to the triage and treatment areas
- KU22.** how to transport patients to healthcare facility
- KU23.** importance of intimating healthcare provider facilities in advance of a mass casualty incident and possible arrival of multiple patients
- KU24.** hazards and risks associated with handling medical samples, precautions to be taken and appropriate handling and reporting in case of emergency
- KU25.** how to measure vital signs and accordingly allocate the patient to a treatment area
- KU26.** how to coordinate to work with separate functional teams at the site
- KU27.** how to coordinate for initial triage, patient extraction and secondary triage
- KU28.** how to coordinate with other first responder teams

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** write accurate, concise and to the point report with the provider institute physician
- GS3.** read and correctly interpret about changes in legislations and organizational policies from reports and notifications
- GS4.** communicate with the patient in simple, clear and unambiguous language
- GS5.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS6.** plan and organize activities that are assigned to him/her to achieve task in a timely manner

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Patient triage</i>	<b>17</b>	<b>20</b>	<b>10</b>	<b>10</b>
<b>PC1.</b> coordinate for setting up of separate areas for triage, treatment, and transport	-	-	-	-
<b>PC2.</b> use appropriate personal protective equipment while conducting initial triage	-	-	-	-
<b>PC3.</b> conduct initial triage of patients by using defined methods and protocols	-	-	-	-
<b>PC4.</b> assess whether the patient requires immediate lifesaving intervention or whether they could wait	-	-	-	-
<b>PC5.</b> record the vital signs of patients	-	-	-	-
<b>PC6.</b> identify a high-risk case and tag as per orders	-	-	-	-
<b>PC7.</b> extract patients from the casualty area based on initial triage to designated treatment areas	-	-	-	-
<b>PC8.</b> re-triage patients extracted to the triage and treatment areas	-	-	-	-
<b>PC9.</b> alert healthcare facilities in advance of possible arrival of multiple patients	-	-	-	-
<b>NOS Total</b>	<b>17</b>	<b>20</b>	<b>10</b>	<b>10</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2336
<b>NOS Name</b>	Carry out activities related to patient triage
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

# HSS/N2337: Manage patient transport and handover to the identified provider institute

## Description

This unit deals in detail about managing and maintaining ambulance for handling emergency as per the specified standards, transporting the patient by an appropriate means based on the contextual considerations (emergency, weather conditions, patient's history and economic status), and handing over the patient to the medical staff.

## Scope

The scope covers the following :

- Prepare ambulance for the emergency
- Transport the patient by appropriate means
- Handover the patient to the concerned staff of provider institute

## Elements and Performance Criteria

### *Prepare ambulance for the emergency*

To be competent, the user/individual on the job must be able to:

- PC1.** stock the ambulance with essential medical and non- medical equipment/consumables as per organizational policies and procedures
- PC2.** check if minimum staffing is maintained for an ambulance as per policies
- PC3.** ensure the unit is fueled sufficiently
- PC4.** conduct daily inspections of the ambulance in terms of supply, cleaning and sterilization of equipment, their maintenance and working condition
- PC5.** maintain record of inspection done and escalate concerns if any
- PC6.** ensure readiness for usage of safety protocols and seat belts

### *Transport the patient by appropriate means*

To be competent, the user/individual on the job must be able to:

- PC7.** transport the patient to the nearest provider institute in adherence with the legal regulation
- PC8.** adhere to the rules and regulations related to the usage of ground and air transport
- PC9.** adhere safety norms for patient during transportation
- PC10.** provide pre-arrival information to the receiving hospital
- PC11.** escalate concerns to appropriate authority in situations where transport is a problem and alternative steps and measures to be taken
- PC12.** take alternative steps and measures as directed by concerned authority and update and record it accordingly

### *Handover the patient to the concerned staff of provider institute*

To be competent, the user/individual on the job must be able to:

- PC13.** provide a verbal report to the medical staff on the condition of the patient and initial findings
- PC14.** complete the Patient Care Report (PCR) and hand it over to the medical staff

## Qualification Pack

**PC15.** hand over the consent form signed by the patient or a relative

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** basic structure and function of the healthcare system in the country
- KU2.** basic structure and function of healthcare facilities available at various levels, hospice care, clinics
- KU3.** codes used in the hospital for all emergency situations
- KU4.** relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU5.** how to engage with the medical officer for support in case the situation is beyond one's competence
- KU6.** response times decided by the EMS provider/ state government in which EMT operates
- KU7.** contact details of emergency medical agencies which includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- KU8.** protocols designed by the state or EMS providers
- KU9.** importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU10.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU11.** how to assess and select the best healthcare facility for the patient
- KU12.** rules of driving and road safety
- KU13.** use of the SBAR (Situation, Background, Assessment, and Recommendation) technique (WHO recommended) during patient handover communication relevant legislation, standards, policies, and procedures followed in the hospital such as the EMS Act
- KU14.** procedure of hospital allocation starting from assessment of the patient's medical condition, consolidation of the complete information related to hospitals, directions from the medical officer and then arrangement of transport to the allocated medical facility
- KU15.** risks involved in the process of allocating a hospital to the patient and steps to mitigate risks
- KU16.** appropriate means for patient transport considering weather conditions
- KU17.** basic structure and function of the ambulance
- KU18.** different types of medical and non-medical equipment in ambulance
- KU19.** traffic rules and regulations as per state/country norms
- KU20.** requirements to ensure health and safety in the ambulance
- KU21.** how to create a safe environment around the patient
- KU22.** how to manage and maintain medical and non-medical equipment of the ambulance unit
- KU23.** how to sterilize and disinfect medical equipment and ambulance
- KU24.** how to discard the used equipment and consumables
- KU25.** inventory management, its need, principles and procedures

### Generic Skills (GS)

## Qualification Pack

User/individual on the job needs to know how to:

- GS1.** document call logs, reports, task lists, and schedules
- GS2.** write accurate, concise and to the point report with the provider institute physician
- GS3.** read and correctly interpret about changes in legislations and organizational policies from reports and notifications
- GS4.** interact with the patient in simple, clear and unambiguous language
- GS5.** make decisions pertaining to the scope of work and actions to be taken as per defined limits and competence
- GS6.** plan and organize activities that are assigned to him/her to achieve task in a timely manner

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Prepare ambulance for the emergency</i>	<b>15</b>	<b>20</b>	<b>10</b>	<b>10</b>
<b>PC1.</b> stock the ambulance with essential medical and non- medical equipment/consumables as per organizational policies and procedures	-	-	-	-
<b>PC2.</b> check if minimum staffing is maintained for an ambulance as per policies	-	-	-	-
<b>PC3.</b> ensure the unit is fueled sufficiently	-	-	-	-
<b>PC4.</b> conduct daily inspections of the ambulance in terms of supply, cleaning and sterilization of equipment, their maintenance and working condition	-	-	-	-
<b>PC5.</b> maintain record of inspection done and escalate concerns if any	-	-	-	-
<b>PC6.</b> ensure readiness for usage of safety protocols and seat belts	-	-	-	-
<i>Transport the patient by appropriate means</i>	<b>10</b>	-	<b>10</b>	<b>13</b>
<b>PC7.</b> transport the patient to the nearest provider institute in adherence with the legal regulation	-	-	-	-
<b>PC8.</b> adhere to the rules and regulations related to the usage of ground and air transport	-	-	-	-
<b>PC9.</b> adhere safety norms for patient during transportation	-	-	-	-
<b>PC10.</b> provide pre-arrival information to the receiving hospital	-	-	-	-
<b>PC11.</b> escalate concerns to appropriate authority in situations where transport is a problem and alternative steps and measures to be taken	-	-	-	-
<b>PC12.</b> take alternative steps and measures as directed by concerned authority and update and record it accordingly	-	-	-	-
<i>Handover the patient to the concerned staff of provider institute</i>	<b>15</b>	-	<b>10</b>	<b>13</b>

### Qualification Pack

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC13.</b> provide a verbal report to the medical staff on the condition of the patient and initial findings	-	-	-	-
<b>PC14.</b> complete the Patient Care Report (PCR) and hand it over to the medical staff	-	-	-	-
<b>PC15.</b> hand over the consent form signed by the patient or a relative	-	-	-	-
<b>NOS Total</b>	<b>40</b>	<b>20</b>	<b>30</b>	<b>36</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2337
<b>NOS Name</b>	Manage patient transport and handover to the identified provider institute
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Qualification Pack

# HSS/N9620: Comply with Infection Control and Bio Medical Waste Disposal Policies

## Description

This OS unit is about the safe handling and management of health care waste and following infection control policies

## Scope

The scope covers the following :

- Management of Healthcare Waste (Biomedical and General waste)
- Infection control practices

## Elements and Performance Criteria

### *Management of Healthcare Waste (Biomedical and General waste)*

To be competent, the user/individual on the job must be able to:

- PC1.** segregate healthcare waste as per the updated organizational/ state policies
- PC2.** handle, package, label, store, transport and dispose off waste appropriately as per scope of work

### *Infection control practices*

To be competent, the user/individual on the job must be able to:

- PC3.** follow Universal Precautions to avoid contact with patients' bodily fluids, by wearing Personal Protective Equipment (PPE) and maintaining hand hygiene as and when required
- PC4.** identify infection risks and plan for response appropriately as per organizational policies under scope of work
- PC5.** follow incident reporting protocols as per SOPs in incidents such as needle stick injuries etc.
- PC6.** follow spill management protocols

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** significance of appropriate waste disposal methods as per organizational policies and procedures
- KU2.** person(s) responsible for health, safety, and security in the organization
- KU3.** ways to handle waste appropriately to reduce the risk of contamination
- KU4.** good personal hygiene practices including hand hygiene
- KU5.** types of bio medical waste
- KU6.** different types of color codes designated for types of wastes
- KU7.** concept of segregation, disposal and treatment of bio medical waste
- KU8.** the hazards and risks associated with the waste disposal

## Qualification Pack

- KU9.** the required actions and reporting procedures for any accidents and spillages
- KU10.** the requirements of the relevant external agencies involved in the transportation and receiving of waste
- KU11.** the impact of waste on environmental changes
- KU12.** the policies and guidance that clarify scope of practice, accountabilities and the working relationship between oneself and others
- KU13.** management of infection risks at workplace
- KU14.** the path of disease transmission including direct contact and penetrating injuries, risk of acquisition
- KU15.** difference between clean, sterile, and unsterile area
- KU16.** concept of Universal precautions
- KU17.** types of PPE used in healthcare domain such as gloves, gown, goggles etc
- KU18.** correct method of Donning and Doffing of PPE
- KU19.** steps of hand washing according to the updated guidelines
- KU20.** difference between hand rub and hand washing and indications of both
- KU21.** various types of cleaning agents and disinfectants
- KU22.** types of hazardous spills
- KU23.** concept of injection safety
- KU24.** concept of respiratory hygiene

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** • read and understand latest guidelines on managing biomedical waste and  
• infection control and prevention
- GS2.** communicate effectively with others
- GS3.** report hazards and incidents clearly with the appropriate level of urgency
- GS4.** plan for safety of the work environment
- GS5.** identify risk, evaluate possible solutions and suggest effective solutions
- GS6.** analyse the seriousness of hazards pertaining to hospital waste and related infections
- GS7.** make decisions pertaining to the area of work
- GS8.** • apply, analyze, and evaluate the information gathered from observation, experience,  
• reasoning, or communication, as a guide to act

## Qualification Pack

### Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Management of Healthcare Waste (Biomedical and General waste)</i>	<b>9</b>	<b>7</b>	-	<b>8</b>
<b>PC1.</b> segregate healthcare waste as per the updated organizational/ state policies	-	-	-	-
<b>PC2.</b> handle, package, label, store, transport and dispose off waste appropriately as per scope of work	-	-	-	-
<i>Infection control practices</i>	<b>12</b>	<b>7</b>	-	<b>8</b>
<b>PC3.</b> follow Universal Precautions to avoid contact with patients' bodily fluids, by wearing Personal Protective Equipment (PPE) and maintaining hand hygiene as and when required	-	-	-	-
<b>PC4.</b> identify infection risks and plan for response appropriately as per organizational policies under scope of work	-	-	-	-
<b>PC5.</b> follow incident reporting protocols as per SOPs in incidents such as needle stick injuries etc.	-	-	-	-
<b>PC6.</b> follow spill management protocols	-	-	-	-
<b>NOS Total</b>	<b>21</b>	<b>14</b>	-	<b>16</b>

## Qualification Pack

### National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9620
<b>NOS Name</b>	Comply with Infection Control and Bio Medical Waste Disposal Policies
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	31/03/2022
<b>Next Review Date</b>	31/03/2025
<b>NSQC Clearance Date</b>	31/03/2022

## Assessment Guidelines and Assessment Weightage

### Assessment Guidelines

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Either each element/Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory, viva and Skills Practical for each element/PC.
2. The assessment for the theory part will be based on knowledge bank of questions approved by the SSC.
3. Individual assessment agencies will create unique question papers for theory part for each candidate/batch at each examination/training center (as per assessment criteria below).
4. Individual assessment agencies will create unique evaluations for skill practical & viva for every student at each examination/ training center based on these criteria.
5. In case of successfully passing as per passing percentage of the job role, the trainee is certified for the Qualification Pack.
6. In case of unsuccessful completion, the trainee may seek reassessment on the Qualification Pack.

**Minimum Aggregate Passing % at QP Level : 70**

## Qualification Pack

(Please note: Every Trainee should score a minimum aggregate passing percentage as specified above, to successfully clear the Qualification Pack assessment.)

### Assessment Weightage

Compulsory NOS

National Occupational Standards	Theory Marks	Practical Marks	Project Marks	Viva Marks	Total Marks	Weightage
HSS/N2332.Respond to emergency calls and size up the scene at the site	54	32	20	24	130	15
HSS/N2333.Provide support during medical emergencies	106	84	43	64	297	20
HSS/N2334.Provide support during trauma emergencies	78	90	30	30	228	20
HSS/N2335.Provide support during other emergencies	34	40	12	20	106	10
HSS/N2336.Carry out activities related to patient triage	17	20	10	10	57	15
HSS/N2337.Manage patient transport and handover to the identified provider institute	40	20	30	36	126	15
HSS/N9620.Comply with Infection Control and Bio Medical Waste Disposal Policies	21	14	-	16	51	5
<b>Total</b>	<b>350</b>	<b>300</b>	<b>145</b>	<b>200</b>	<b>995</b>	<b>100</b>

## Qualification Pack

### Acronyms

<b>NOS</b>	National Occupational Standard(s)
<b>NSQF</b>	National Skills Qualifications Framework
<b>QP</b>	Qualifications Pack
<b>TVET</b>	Technical and Vocational Education and Training
<b>ALS</b>	Advanced Life Support
<b>EMT</b>	Emergency Medical Technician
<b>MHRD</b>	Ministry of Human Resource Development
<b>NOS</b>	National Occupational Standard(s)
<b>PCR</b>	Patient Care Report
<b>SALT</b>	Sort, Assess, Lifesaving interventions, Treat and Transport
<b>START</b>	Simple triage and rapid treatment

## Qualification Pack

### Glossary

<b>Sector</b>	Sector is a conglomeration of different business operations having similar business and interests. It may also be defined as a distinct subset of the economy whose components share similar characteristics and interests.
<b>Sub-sector</b>	Sub-sector is derived from a further breakdown based on the characteristics and interests of its components.
<b>Occupation</b>	Occupation is a set of job roles, which perform similar/ related set of functions in an industry.
<b>Job role</b>	Job role defines a unique set of functions that together form a unique employment opportunity in an organisation.
<b>Occupational Standards (OS)</b>	OS specify the standards of performance an individual must achieve when carrying out a function in the workplace, together with the Knowledge and Understanding (KU) they need to meet that standard consistently. Occupational Standards are applicable both in the Indian and global contexts.
<b>Performance Criteria (PC)</b>	Performance Criteria (PC) are statements that together specify the standard of performance required when carrying out a task.
<b>National Occupational Standards (NOS)</b>	NOS are occupational standards which apply uniquely in the Indian context.
<b>Qualifications Pack (QP)</b>	QP comprises the set of OS, together with the educational, training and other criteria required to perform a job role. A QP is assigned a unique qualifications pack code.
<b>Unit Code</b>	Unit code is a unique identifier for an Occupational Standard, which is denoted by an 'N'
<b>Unit Title</b>	Unit title gives a clear overall statement about what the incumbent should be able to do.
<b>Description</b>	Description gives a short summary of the unit content. This would be helpful to anyone searching on a database to verify that this is the appropriate OS they are looking for.
<b>Scope</b>	Scope is a set of statements specifying the range of variables that an individual may have to deal with in carrying out the function which have a critical impact on quality of performance required.

## Qualification Pack

<b>Knowledge and Understanding (KU)</b>	Knowledge and Understanding (KU) are statements which together specify the technical, generic, professional and organisational specific knowledge that an individual needs in order to perform to the required standard.
<b>Organisational Context</b>	Organisational context includes the way the organisation is structured and how it operates, including the extent of operative knowledge managers have of their relevant areas of responsibility.
<b>Technical Knowledge</b>	Technical knowledge is the specific knowledge needed to accomplish specific designated responsibilities.
<b>Core Skills/ Generic Skills (GS)</b>	Core skills or Generic Skills (GS) are a group of skills that are the key to learning and working in today's world. These skills are typically needed in any work environment in today's world. These skills are typically needed in any work environment. In the context of the OS, these include communication related skills that are applicable to most job roles.
<b>Electives</b>	Electives are NOS/set of NOS that are identified by the sector as contributive to specialization in a job role. There may be multiple electives within a QP for each specialized job role. Trainees must select at least one elective for the successful completion of a QP with Electives.
<b>Options</b>	Options are NOS/set of NOS that are identified by the sector as additional skills. There may be multiple options within a QP. It is not mandatory to select any of the options to complete a QP with Options.