







Model Curriculum

Dialysis Technician

SECTOR: HEALTHCARE

SUB-SECTOR: ALLIED HEALTH & PARAMEDICS

OCCUPATION: DIALYSIS TECHNICIAN

REF ID: HSS/Q2701, VERSION 1.0

NSQF LEVEL: 4















Certificate

CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

HEALTHCARE SECTOR SKILL COUNCIL

for the

MODEL CURRICULUM

Complying to National Occupational Standards of Job Role/ Qualification Pack: '<u>Dialysis Technician</u>' QP No. '<u>HSS/Q 2701 NSQF Level 4</u>'

Date of Issuance:

November 30th, 2015

Valid up to:

November 29th, 2016

* Valid up to the next review date of the Qualification Pack

Authorised Signatory (Healthcare Sector Skill Council)









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CURRICULUM / SYLLABUS

This program is aimed at training candidates for the job of a "Dialysis Technician", in the "Healthcare" Sector/Industry and aims at building the following key competencies amongst the learner

Program Name	< Dialysis Technician>		
Qualification Pack Name & Reference ID.	HSS/Q2701, version 1.0		
Version No.	1.0	Version Update Date	15 – 12 – 2015
Pre-requisites to Training	Class XII		
Training Outcomes	After completing this pro	gramme, participants will be a	ble to:
	Demonstrate knowledge	about Renal Failure (ARF & CR	F) and its management.
	Demonstrate pre dialysis	patient assessment.	
	Demonstrate dialyzer extracorporeal blood circuit priming and setting up the machine for dialysis procedure.		
	Demonstrate aseptic can	nulation of AVF/AVG and dialy	sis initiation.
	Demonstrate aseptic acu	te vascular access catheter car	e and dialysis initiation.
	Demonstrate alarm proceduring procedure.	essing,continuous monitoring	of patient and machine
	Demonstrate aseptic dec	annulation and catheter care a	ofter termination of dialysis.
	Demonstrate meticulous	infection control measures.	
	Operate and maintain R.C) Water treatment plant.	
	Demonstrate machine di	sinfection methods.	
	Demonstrate dialysis mad	chine maintenance methods.	
	Demonstrate dialyzer reprocessing, both manual and automated (Operating RENATRON, INTERFACE Module & RENALOG-RM software.)		
	Demonstrate polite and s etiquettes and leadership	trategic communication skills, qualities.	grooming skills, professional









This course encompasses 19 out of 19 National Occupational Standards (NOS) of "Dialysis Technician" Qualification Pack issued by "SSC: Healthcare Sector Skill Council".

S.No	Module	Key Learning Outcomes	Equipment Required
1	Introduction to Healthcare Systems	Basic Understanding of Healthcare Service Providers (primary, secondary & tertiary)	Visit to healthcare facility in different regions to assess different levels of healthcare facility
	Theory Duration (hh:mm) 05:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2701,	 Basic Understanding of Hospital Functions Basic Understanding of Dialysis centers Understanding of Dialysis unit at different level (National / State / District) 	
	HSS/N2702, HSS/N2703, HSS/N2704, HSS/N 2705, HSS/N2706, HSS/N 2707		
2	Human Anatomy & Physiology Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2701, HSS/N 2703, HSS/N 2704, HSS/N 2710, HSS/N 2706	 Basic Understanding of anatomic definitions, cells and tissues of human body. Basic Understanding of all the body systems and its functions. Basic Understanding of different fluid compartments in human body. Basic understanding of various membrane transport mechanisms in human body. 	Mannequins, chart presentations
3	Medical Terminology Theory Duration (hh:mm) 10:00	 To develop broad understanding of commonly used medical terms. To develop understanding of medical abbreviations. To develop Understanding of commonly used 	Internet usage and self learning









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2701, HSS/N 2702, HSS/N 2703, HSS/N 2703, HSS/N 2705, HSS/N 2707, HSS/N 2708	medical equipment in dialysis unit.	
4	Pharmacology Basics Theory Duration (hh:mm) 07:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 2707, HSS/N 2708, HSS/N 2709, HSS/N 2711	 Basic understanding of pharmacodynamics and pharmacokinetics. Understanding classification of drugs. Understanding different routes of drug administration. Understanding commonly used emergency drugs. Describe SALA medicines, precautions and ADR. 	Internet usage and self learning
5	Renal Anatomy And Physiology Theory Duration (hh:mm) 07:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 2701, HSS/N 2703, HSS/N 2704, HSS/N 2706	 Understand macroscopic anatomy of Kidneys. Understand microscopic anatomy of kidneys. Understand major physiological functions of kidneys. 	Mannequins, chart presentations
6	Personnel Hygiene	 To develop understanding of the concept of Healthy Living To develop understanding & procedures of Hand Hygiene 	PPE, Patient safety equipment's and tools, vaccinations, hand sanitizers









S.No	Module	Key Learning Outcomes	Equipment Required
	Theory Duration (hh:mm) 08:00 Practical Duration (hh:mm) 12:00 Corresponding NOS Code HSS/N 9610, HSS/N 9606	 To develop techniques of Grooming To be equipped with Techniques of Use of PPE To be vaccinated against common infectious diseases 	
7	Safety & First Aid Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 9606, HSS/N 9603, HSS/N 2709, HSS/N 2707, HSS/N 2705	 To develop understanding and precautions to ensure Patient's Safety To develop basic understanding and precautions to ensure sample preservation while Transporting Describe common emergency conditions and what to do in medical emergencies Describe basics of first aid To develop understanding and precautions to ensure self-safety 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc
8	Bio-Medical Waste Management Theory Duration (hh:mm) 12:00 Practical Duration (hh:mm) 08:00 Corresponding NOS Code HSS/ N 9609	 To gain understanding of importance of proper and safe disposal of bio-medical waste & treatment To gain understanding of categories of bio-medical waste To learn about disposal of bio-medical waste – colour coding, types of containers, transportation of waste, etc. To gain broad understanding of standards for bio-medical waste disposal To gain broad understanding of means of bio-medical waste treatment 	Different coded color bins, different variety of bio medical waste management, Visit to treatment plan of bio medical waste etc.
9	Patients Right & Environment	Describe necessary steps taken to ensure safety and comfort to the patient during the procedure	internet use to learn patient rights









S.No	Module	Key Learning Outcomes	Equipment Required
	Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2703, HSS/N 2704, HSS/N 2706, HSS/N 2710,	 Describe importance and methodology of cleanliness, and hygiene environment in collection space Understand sensitivities involved in patient's right and responsbilities Learn dialysis technician's role in maintaining patient's rights 	
10	HSS/N 2711 Soft Skills & Communication Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2701, HSS/N 2703, HSS/N 2706, HSS/N 2710, HSS/N 2711, HSS/N 2713, HSS/N 9604	 Understand Art of Effective Communication Able to handle effective Communication with Patients & Family Able to handle effective Communication with Peers/ colleagues using medical terminology in communication Learn basic reading and writing skills Learn sentence formation Learn grammar and composition Learn how to enhance vocabulary Learn problem solving Understand need for customer service and service excellence in Medical service Understand work ethics in hospital set up Learn Goal setting, team building, team work, time management, thinking and reasoning & communicating with others 	Self learning and understanding
11	Role of the Dialysis Technician Theory Duration (hh:mm) 05:00 Practical Duration (hh:mm) 05:00	 To develop broad understanding of the Role of DT To identify Dialysis maintenance needs to be taken care by DT To develop Understanding of Patient Comforts and Safety To exhibit Ethical Behaviour 	Brainstorming, chart presentation, discussions, visit to healthcare facility









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code Introduction		
12	Renal Failure And Management Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 2708, HSS/N 2710, HSS/N 2711, HSS/N 2703, HSS/N 2704	 To understand acute renal failure. To understand chronic renal failure characteristics and management. To understand the importance of Dialysis as a therapeutic measure for CRF. 	Internet use to learn theory, mannequin, chart presentation
13	History And Introduction Of Hemodialysis Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code (HSS/ N 2702, HSS/ N 2704, HSS/ N 2706, HSS/ N 2709, HSS/ N 2712)	 To develop understanding about history of Hemodialysis. To develop understanding of evolution of dialyzer. 	Internet use to learn theory, mannequin, chart presentation
14	Principles Of Hemodialysis Theory Duration (hh:mm) 08:00	 To gain broad understanding of solute, solvents and semipermeable membrane. To learn Diffusion and Osmosis process. To gain broad understanding of Ultrafiltration, Adsorption and convection. To gain understanding of Electrolytes. 	Internet use to learn theory, mannequin, chart presentation









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 07:00 Corresponding NOS Code HSS/ N 2702, HSS/ N 2703, HSS/ N 2704, HSS/ N 2706, HSS/ N 2707		
15	Vascular Access Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/ N 2710, 2711, 2704, 2706	 To learn about arterial and venous vasculature of the upper arm. To learn about temporary vascular access in detail. To learn about permanent vascular access in detail. To learn about monitoring and surveillance of vascular access 	Internet use to learn theory, mannequin, chart presentation, vascular and venous arms
16	Anticoagulation In Hemodialysis Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/ N 2702, HSS/ N 2712	 To learn about hemostasis and steps involved in hemostasis. To learn about various anticoagulant drugs used during hemodialysis. To learn about alternative anticoagulation measures. To gain broad understanding of heparin free Haemodialysis 	Internet use to learn theory, mannequin, chart presentation, anti-coagulant (Heparin)
17	Dialyzer & Extracorpeal Circuit Theory Duration (hh:mm) 10:00	 To learn about types of dialyzer, components of diayzer and characteristics of dialyzer. To learn about different membrane materials. To learn priming of dialyzer and extra corporeal circuit. To learn dialyzer reprocessing techniques (Both manual and automatic). 	Internet use to learn theory, mannequin, chart presentation, dialysis machine









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 11:00 Corresponding NOS Code HSS/ N 2712, HSS/ N 2702		
18	Dialysate Composition In Hemodialysis Theory Duration (hh:mm) 12:00 Practical Duration (hh:mm) 09:00 Corresponding NOS Code (HSS/ N 2702, HSS/ N 2709, HSS/ N 2711, HSS/ N 2712)	 To learn about dialysate. To learn about the chemical composition of dialysate solutions. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
19	Dialysis Machine Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/ N 2702, HSS/ N 2704, HSS/ N 2706, HSS/ N 2709, HSS/ N 2712	 To learn about various components of Dialysis machine. To learn functions of dialysis machine. To learn about the operation and maintenance of HD machine. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
20	Water Treatment For Hemodialysis Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 10:00	 To learn about terminologies used in the dialysis water treatment system operation. To learn about mechanical components of a dialysis water treatment system. To learn about the operation and maintenance of a water treatment plant. To learn about microbiological monitoring of water treatment plant. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine, water treatment plant, RO water treatment









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/ N 2713, 9603, 9606		
21	Complications Of Hemodialysis And Management	 To learn about various patient complications which occur during hemodialysis To learn about the management of patient complications during treatment. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
	Theory Duration (hh:mm) 15:00		
	Practical Duration (hh:mm) 10:00		
	Corresponding NOS Code HSS/ N 2705, HSS/ N 2707, HSS/ N 2708, HSS/ N 2711		
22	Infection Control In Hemodialysis Unit	 To learn about infection, mode of transmission and standard precautions in the dialysis unit (Pre, during & post procedure) 	Hand sanitizers, PPE, Hand washing techniques, steriliser,
	Theory Duration (hh:mm) 15:00	 To learn safe injection practices. To learn aseptic AVF/AVG cannulation and decannulation procedure. 	disinfectants, policies and procedures for infection control
	Practical Duration (hh:mm) 10:00	To learn aseptic catheter care procedure.	
	Corresponding NOS Code HSS/ N 9610		
23	Peritoneal Dialysis(Pd) Theory Duration (hh:mm) 15:00	 To learn principles of PD. To learn aseptic PD procedure. To learn aseptic PD catheter care. To learn about PD complications and management. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
	Practical Duration (hh:mm) 10:00	To learn about PD adequacy measuring protocols .	









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/ N 2702, HSS/ N 2704, HSS/ N 2706, HSS/ N 2708		
24	Extra Corporeal Detoxification Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/ N 2702, HSS/ N 2707, HSS/ N 2709	 To learn about extra corporeal detoxification and it's complications. To learn about Plasmapheresis To learn about Plasma Exchange To learn about various toxins which can be removed by extra corporeal detoxification To learn about different modalities for extra corporeal detoxification. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
25	Dialysis Modalities for ARF Theory Duration (hh:mm) 20:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/ N 2701, HSS/ N 2705, HSS/ N 2708	 To learn about Acute Renal Failure(ARF) To learn about principles behind continuous dialytic techniques or Continuous Renal Replacement Therapy (CRRT). To learn about different modalities and complications of CRRT. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
26	Care Of Patients On Dialysis Theory Duration (hh:mm) 03:00	 To learn about pre dialysis patient assessment. To learn about pre dialysis vascular access care. To learn about intra dialysis patient care. To learn about post dialysis patient care. To learn about pre, intra, post dialysis patient care in different settings. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 04:00 Corresponding NOS Code HSS/ N 2708, HSS/ N 2703, HSS/ N 2704, HSS/ N 9603		
27	Renal Transplant(Rt) Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code	 Basic sensitization about Renal Transplantation To learn about pre- requisite of renal transplant To learn about various investigations required for transplantation. Introduction to graft failure, graft rejection and their management. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
28	HSS/ N 2708, HSS/ N 2701 Urea Kinetic Modelling Theory Duration (hh:mm) 12:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N2711, HSS/N 2701, HSS/ N 2707	 To learn about characteristics of urea. To learn about dialysis adequacy. To learn about various methods used to measure dialysis adequacy. To learn about fractional clearance index of urea or Kt/V. To learn about urea reduction ratio(URR). 	Internet use to learn theory, mannequin, chart presentation, dialysis machine
29	Dialysis Unit Management Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 15:00	 To learn about the general lay out of a dialysis facility/ unit. To learn about general conditions required for a dialysis unit. To learn about personnel required for the smooth operation of dialysis unit. To learn about standards of dialysis unit. 	Internet use to learn theory, mannequin, chart presentation, dialysis machine









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/ N 2701, HSS/ N 2702, HSS/ N 2709, HSS/ N 9604, HSS/ N 9606, HSS/ N 9610		
30	Observing And Reporting Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/ N 2701, HSS/ N 2705, HSS/ N 2707, HSS/ N 2710, HSS/ N 9604	 Understand the importance and method of observing and reporting while dealing with patients during pre and post dialysis Understand the importance and method of Observing and reporting while assisting the nephrologist and other members of the team during the dialysis Understand the importance and method of observing and reporting the adverse reactions/events. To learn about effective communication system in order to inform the person in authority 	Use of internet to adopt best practises across the world for professional etiquettes
31	Documentation & Records Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/ N 2707, HSS/ N 2701, HSS/ N 2707	 Understand guidelines for documentation Understand Guidelines for Collecting documentation Learn various types of records in Dialysis set up Understand use and importance of record maintenance in Dialysis set up Understand abbreviations and symbols Enter, transcribe, record, store, or maintain information in written or electronic/magnetic form 	Sample performa
32	Professional Behaviour In Healthcare Setting Theory Duration (hh:mm) 05:00	 How to maintain restful environment Learn General and Specific etiquettes to be observed on duty Understand need for compliance of organizational hierarchy and reporting Understand the legal and ethical issues Understand importance of conservation of resources in dialysis unit 	Use of internet to adopt best practises across the world for professional etiquettes









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm)		
	05:00		
	Corresponding NOS Code HSS/ N 9604, HSS/ N 9606, HSS/ N 9609, HSS/ N 9603		
	Total Duration	Unique Equipment Required:	
	Theory Duration (hh:mm) 360:00 Practical Duration (hh:mm) 240:00 OJT Duration (hh:mm) 800:00	DIALYSIS MACHINE, Custom made pressurised water loop? Machine, Dialysate Filter, Sodium Hypochlorite Solution 10 Solution, Paracetic Acid Solution, Acetic Acid/Vinegar, Dialy Blood Tubing set, Transducer protecters(TP), IV set, 20 MI unfractionated Injection Heparin 25000 IU, Normal Saline of Lumen Central venous catheter, Acid concentrate solution, packets, Sterile Surgical gloves 7.5 Inch, Nonsterile Examin eyed needle (16 G), Customised Mannequin for cannulation Hydrogen Peroxide, Citro sterile solution, R.O.Plant, Antisc can (29ltrs), AVF needles Class Room equipped with following arrangements: Interactive lectures & Discussion • Brain Storming Charts & Models • Activity Video presentation • Visit to Primary Health Centre, Folialysis Centre Skill lab equipped with following arrangements: Unique equipment as enlisted at the last • Practical Examinations • Case study • Role play Reference's and use of internet	9% V/V, Formaldehyde yzer(Low Flux), HD syringe, Standard 1 Ltr Vac, Double , Bicarbonate powder ation Gloves, AVF back in demonstration., alent solution, K+ free

Grand Total Course Duration: 1400:00 Hours (600 Hours for Class Room & Skill Lab Training + 800 Hours OJT/Internship/Clinical or Laboratory Training)

This syllabus/ curriculum has been approved by <u>SSC: Healthcare Sector Skill Council)</u>









Trainer Prerequisites for Job role: "Dialysis Technician" mapped to Qualification Pack: "HSS/Q2701, version 1.0"

Sr. No.	Area	Details
1	Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack "HSS/Q2701".
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	B.Sc. in dialysis technician or MBBS with three year of experience in dialysis center/department or BSc. nursing/ GNM with five year of experience in dialysis center/department
		Specialist teachers or Dialysis technicians with experience of 5 years will be permitted to teach special topics. Topics related to Dialysis Machines operations and managements
		Level 4 certified Dialysis Technician with minimum 5 years of experience.
4a	Domain Certification	Certified for Job Role: " <u>Dialysis Technician</u> " mapped to QP: " <u>HSS/Q2701"</u> , version 1.0 with scoring of minimum 85%.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: "Trainer", mapped to the Qualification Pack: "SSC/Q1402" with scoring of minimum 90%.
5	Experience	Experience in teaching Dialysis Technician course HSS/Q2701
		5 years of experience for Level 4 certified Dialysis Technician <u>HSS/Q2701</u>









Annexure: Assessment Criteria

Assessment Criteria for Dialysis Techncian					
Job Role	Dialysis Technician				
Qualification Pack Code	HSS/Q 2701, version 1.0				
Sector Skill Council	Healthcare Sector Skill Council				

Sr. No.	Guidelines for Assessment
1.	Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each PC
2.	The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3.	Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below)
4.	Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training center based on this criteria
5.	To pass the Qualification Pack, every trainee should score as per assessment grid.
6.	In case of successfully passing only certain number of NOS's, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack









Skills Practical and Viva (80% weightage)						
	Marks Allotted					
Grand Total-1 (Subject Domain)	400					
Grand Total-2 (Soft Skills and Communication)	100					
Grand Total-(Skills Practical and Viva)	500					
Passing Marks (80% of Max. Marks)	400					
Theory (20% weighta	nge)					
	Marks Allotted					
Grand Total-1 (Subject Domain)	80					
Grand Total-2 (Soft Skills and Communication)	20					
Grand Total-(Theory)	100					
Passing Marks (50% of Max. Marks)	50					
Grand Total-(Skills Practical and Viva + Theory)	600					
Overall Result	Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail					
Detailed Break Up of Marks	Skills Practical & Viva					
Subject Domain	Pick any 2 NOS each of 200 marks totaling 400					









Assessable	A	Total	Out Of	Mai	rks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
1.HSS / N 2701 : Collect and assess the patient's chart and	PC1. Read and understand the patients' reports		40	20	20
	PC2. Take measurements of non-invasive blood pressure, body temperature, body weight, breathing rate and/or other vital parameters, as appropriate		40	20	20
vitals	PC3. Recognise the levels of vital parameters under which dialysis can be performed safely	200	50	20	30
	PC4. Identify and manage potential and actual risks to the quality and safety of work	200	30	10	20
	PC5. Maintain competence within one's role and field of practice		20	10	10
	PC6. Evaluate and reflect on the quality of one's work and make continuing improvements		20	10	10
			200	90	110
HSS / N 2702 : Manage dialysis	PC1. Needs to know and understand the mechanics and functioning of all parts of the dialysis machine being used		50	20	30
machine set up and assemble the	PC2. Should know how to calibrate the machine without error		50	20	30
extracorpore al circuit	PC3. Should ensure that the dialysis unit has been sterilised after previous use		40	10	30
	PC4. Should ensure that all the components required are adequately present	200	30	10	20
	PC5. Should know how to assemble and check the extracorporeal circuit parts i.e. the patient connectors, Dialyzer connectors, Drip chamber and bubble trap, Blood pump segment, Heparin infusion line, and saline infusion line		30	10	20
			200	70	130
3.HSS / N	PC1. Maintain patients' privacy		30	10	20
2703 : Prepare and position the	PC2. Drape the patient such that it facilitates connecting the patient to the dialysis unit		30	10	20
patient for treatment	PC3. Explain the need to dress and be placed in particular position for dialysis to patient	200	40	20	20
	PC4. Perform actions gently to avoid causing pain specially taking care to not disturb any catheters, IV lines already present		50	20	30









Assessable		Total	0.00	Mai	rks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	PC5. Keep the patient in a comfortable posture		30	10	20
	PC6. Provide the appropriate linen including covering sheet depending on the patient (male, female, child) and should know from where to obtain the same		20	0	20
			200	70	130
.HSS / N 2704 : Connect patient to the	PC1. Use standard protocols for inserting IV lines and making connections to prevent infection and reduce discomfort to the patient	200	50	20	30
dialysis machine	PC2. Understand how to utilise existing catheters for performing dialysis		50	20	30
	PC3. Be aware of the protocol of starting the dialysis		50	20	30
	PC4. Minimise inconvenience and pain for the patient while performing the procedure		50	20	30
			200	80	120
5.HSS / N 2705 :	PC1. Understand the various indicators, alarms and sensors of the dialysis machine	200	50	20	30
Monitor technical/ clinical vitals	PC2. Know the corrective steps to be taken when a particular alarm goes off		50	20	30
during the treatment	PC3. Be alert and quick in his/her responses		50	20	30
treatment	PC4. Know whom and how to inform in case of medical emergency		50	30	20
			200	90	110
6.HSS/ N 2706:	PC1. Know when dialysis is completed		50	20	30
Unhook patient from	PC2. Detach all connections between patient and unit		50	10	40
the machine	PC3. Carefully remove IV cannulas with minimum discomfort to patient	200	50	10	40
	PC4. Suitably dress the canola/ catheter to keep it sterile and pain- free for future use if the doctor/nurse instructs		30	10	20
	PC5. Understand needs of the patient and help them to be comfortable		20	10	10
			200	60	140
HSS / N 2707	PC1. Follow the right format for documenting the	200	50	20	30









Assessable		Total	0.00	Ma	rks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
: Record the treatment	dialysis on the patient's chart				
	PC2. Record the components/ constituents and their quantities used		50	20	30
	PC3. Understand the importance of documenting the procedure on the patient's chart		50	30	20
	PC4. Record the quantity and type of constituents like dialysate, acid mixture etc. used during the process		50	30	20
			200	100	100
HSS/ N 2708:	PC1. Read and understand the patients' reports		30	10	20
Conduct pre and post dialysis evaluation	PC2. Take measurements of non-invasive blood pressure, body temperature, body weight, breathing rate and/or other vital parameters, as appropriate		30	10	20
	PC3. Recognise the levels of vital parameters under which dialysis can be performed safely	200	40	15	25
	PC4. Be alert in noticing any change or distress in the patient during or after dialysis		40	10	30
	PC5. Communicate effectively with patient, doctors and nurses to enable quick remedial action		30	10	20
	PC6. Document the changes as per protocol		30	15	15
			200	70	130
HSS/ N 2709: Maintain and	PC1. Clean up any spillage		50	25	25
disinfect the delivery	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced		50	20	30
system	PC3. Follow standard sterilisation and cleaning procedure for the unit	200	30	10	20
	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		40	20	20
	PC5. The dialysate circuit should be exposed to disinfectant		30	10	20
			200	85	115
HSS/ N 2710: Evaluate and	PC1. Describe the three main types of vascular access (fistulae, grafts and catheters)	200	10	5	5
prepare the site for	PC2. Identify the predialysis assessments for all types of vascular access.	200	10	5	5









Assessable		Total		Ma	rks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
cannulation	PC3. Describe the methods of needle insertion for AVFs and grafts.		10	5	5
	PC4. Describe the predialysis assessment, accessing procedure, exit site care, and monitoring of catheters		10	5	5
	PC5. Describe how fistulae are created and the pros and cons of these		10	5	5
	PC6. Assess the maturity of a fistula		5	3	2
	PC7. Describe how grafts are created and the pros and cons of these		10	7	3
	PC8. Describe how catheters are placed and the various methods of catheter placement (both short and long term)		10	5	5
	PC9. Describe the pros and cons of catheters		5	3	2
	PC10. Describe the types of catheter and port/catheter devices		10	5	5
	PC11. Assess a fistula or graft prior to each treatment by inspecting (looking for infection, steal syndrome, stenosis, etc.), auscultating (listening for bruit and deep access location), and palpating (feeling for skin temperature, thrill, stenosis, vein diameter etc.) the access		10	5	5
	PC12. Assess the blood flow before inserting a needle into the fistula/ graft		5	2	3
	PC13. Assess catheters prior to dialysis treatment		5	2	3
	PC14. Describe the considerations for accessing catheters and cleansing exit sites		5	2	3
	PC15. Describe the various methods for preparing a patient's skin for cannulation		5	2	3
	PC16. Prepare a patient's skin for cannulation using anti-bacterial solutions		10	4	6
	PC17. Apply a tourniquet		5	1	4
	PC18. Select a site for cannulation and insert a needle into the patient's vein		5	1	4
	PC19. Understand the concept of Antegrade and retrograde needle direction		10	8	2
	PC20. Understand how to rotate cannulation sites for fistulae and grafts		10	3	7









Assessable		Total	0.100	Marks Allocation	
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	PC21. Secure needles after insertion		10	4	6
	PC22. Describe common complications that occur due to: a. Fistulae, grafts and catheters b) b. Poor needle site rotation, c) c. Dialysis		10	5	5
	PC23. Monitor catheters during the treatments		10	3	7
	PC24. Describe post-dialysis care for fistulae, catheters and grafts		10	5	5
			200	95	105
HSS/ N 2711: Respond to	PC1. Clean up any spillage		30	10	20
dialysis related	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced		50	30	20
emergencies in patient and	PC3. Follow standard sterilisation and cleaning procedure for the unit	200	30	10	20
equipment	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		50	20	30
	PC5. The dialysate circuit should be exposed to disinfectant		40	10	30
			200 80		120
HSS/ N 2712:	PC1. Clean up any spillage		30	10	20
Reprocess dialyserstreat ment	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced		50	30	20
guidelines.	PC3. Follow standard sterilisation and cleaning procedure for the unit	200	30	10	20
	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		50	20	30
	PC5. The dialysate circuit should be exposed to disinfectant		40	10	30
			200	80	120
HSS/ N 2713:	PC1. Check the incoming water temperature		10	2	8
Operate and maintain water	PC2. Look around the RO(reverse osmosis) system for any visible fluid leaks		20	5	15
treatment plant	PC3. Check and record the pressure gauge	200	20	5	15
·	PC4. Measure and record the pressures before and after the endotoxin filter		10	5	5









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allocation		
Outcomes		Marks (400)	Out Of	Viva	Skills Practical	
	PC5. Record all checks, including time and initials, on the Daily Dialysis Water Equipment Monitoring Log Sheet		20	5	15	
	PC6. Check and record the pump, reject, and product pressures		10	5	5	
	PC7. Check and record the recycle, waste, and permeate flow rates		10	5	5	
	PC8. Check and record the inlet and permeate conductivities		10	5	5	
	PC9. Read the RO monitor and record the conductivity and percent rejection		10	2	8	
	PC10. Check and record the pump run hours		10	5	5	
	PC11. Check the multi-media sediment filter		10	5	5	
	PC12. Measure and record the pressures before and after the multi-media filter		10	5	5	
	PC13. Check the water softener		10	2	8	
	PC14. Measure and record the pressures before and after the water softener		10	5	5	
	PC15. Check and record the setting for the regeneration timer. The timer should be set to activate when the facility, especially the RO, is not operating		20	5	5	
	PC16. Check the brine tank		10	2	8	
	Total		200	70	130	
HSS/ N 9610 (Follow infection	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements		5	0	5	
control policies and procedures)	PC2. Preform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5	
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter	200	5	5	0	
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10	
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5	









Assessable	A	Total Marks	0.406	Ma	rks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	(400)	Out Of	Viva	Skills Practical
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5
	PC7. Follow procedures for risk control and risk containment for specific risks		10	0	10
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		10	0	10
	PC9. Place appropriate signs when and where appropriate		20	10	10
	PC10. Remove spills in accordance with the policies and procedures of the organization		5	0	5
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		5	0	5
	PC12. Follow hand washing procedures		5	0	5
	PC13. Implement hand care procedures		5	0	5
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		5	5	0
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		5	0	5
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		5	0	5
	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		20	10	10
	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		5	0	5
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		5	0	5









Assessable		Total Assessment Criteria for the Assessable Outcomes Marks	0 . 01	Ma	rks Allocation	
Outcomes	Assessment Criteria for the Assessable Outcomes	(400)	Out Of	Viva	Skills Practical	
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		5	5	0	
	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		5	0	5	
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	5	0	
	PC25. Wear personal protective clothing and equipment during cleaning procedures		5	0	5	
	PC26. Remove all dust, dirt and physical debris from work surfaces		5	0	5	
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		5	0	5	
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		5	0	5	
	PC29. Dry all work surfaces before and after use		5	0	5	
	PC30. Replace surface covers where applicable		5	0	5	
	PC31. Maintain and store cleaning equipment		5	5	0	
	Total		200	55	145	
	Grand Total-1 (Subject Domain)			400	ı	
	Soft Skills and Communication	Pick one field from both parts each carrying 50 marks totaling 100				









Assessable	Assessment Criteria for the Assessable Outcomes	Total	Out Of	Marks Allocation	
Outcomes		Marks (100)		Viva	Observatio n/ Role Play
Part 1 (Pick or	ne field randomly carrying 50 marks)				
1. Attitude					
HSS/ N 9603 (Act within the limits of	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice		5	2	3
one's competence and	PC2. Work within organisational systems and requirements as appropriate to one's role		5	2	3
authority)	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		10	5	5
	PC4. Maintain competence within one's role and field of practice	50	5	3	2
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		5	2	3
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		10	5	5
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		5	3	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		5	2	3
			50	24	26
	Attitude Total	50			
Part 2 (Pick or	ne field as per NOS marked carrying 50 marks)				
1. Team Work					
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		3	0	3
effectively with others)	PC2. Integrate one's work with other people's work effectively		3	0	3
	PC3. Pass on essential information to other people on timely basis	50	3	0	3
	PC4. Work in a way that shows respect for other people		3	0	3
	PC5. Carry out any commitments made to other people		6	6	0









Assessable	Assessment Criteria for the Assessable	Total		Marks Allocation	
Outcomes	Outcomes	Marks (100)	Out Of	Viva	Observatio n/ Role Play
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		16	8	8
	PC8. Follow the organisation's policies and procedures		10	4	6
			50	24	26
2. Safety man	agement				
HSS/ N 9606 (Maintain a safe, healthy,	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	50	6	2	4
and secure working environment	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
)	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	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		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
			50	25	25
Waste Manag	ement				
HSS/ N 9609 (Follow biomedical	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	50	6	2	4









Assassable	Assessment Criteria for the Assessable Outcomes	Total	otal	Marks Allocation		
Assessable Outcomes		Marks (100)	Out Of	Viva	Observatio n/ Role Play	
waste disposal protocols)	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		8	4	4	
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4	
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		8	4	4	
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2	
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0	
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0	
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	4	0	
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	0	
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		4	4	0	
		•	50	32	18	
4. Quality Ass	urance					
HSS/ N 9611:	PC1. Conduct appropriate research and analysis		6	2	4	
Monitor and assure	PC2. Evaluate potential solutions thoroughly		8	4	4	
quality	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry	50	4	0	4	
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		8	4	4	
	PC5. Report any identified breaches in health, safety, and security procedures to the designated		4	2	2	









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allocation	
Outcomes		Marks (100)	Out Of	Viva	Observatio n/ Role Play
	person				
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority		4	4	0
	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		4	4	0
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		4	4	0
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		4	4	0
	PC10. Complete any health and safety records legibly and accurately		4	4	0
	Total		50	32	18
Gran	d Total-2 (Soft Skills and Communication)			100	
	Detailed Break Up of Marks		Theory		у
Subject Domain Pick all NOS tota		taling 80			









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
1.HSS / N 2701 : Collect and	PC1. Read and understand the patients' reports		1
assess the patient's chart and vitals	PC2. Take measurements of non-invasive blood pressure, body temperature, body weight, breathing rate and/or other vital parameters, as appropriate		1
	PC3. Recognise the levels of vital parameters under which dialysis can be performed safely	5	1
	PC4. Identify and manage potential and actual risks to the quality and safety of work		1
	PC5. Maintain competence within one's role and field of practice		1
	PC6. Evaluate and reflect on the quality of one's work and make continuing improvements		0
	5		
2. HSS / N 2702 : Manage dialysis	PC1. Needs to know and understand the mechanics and functioning of all parts of the dialysis machine being used		1
machine set up and assemble the	PC2. Should know how to calibrate the machine without error		1
extracorporeal circuit	PC3. Should ensure that the dialysis unit has been sterilised after previous use	_	1
	PC4. Should ensure that all the components required are adequately present	5	1
	PC5. Should know how to assemble and check the extracorporeal circuit parts i.e. the patient connectors, Dialyzer connectors, Drip chamber and bubble trap, Blood pump segment, Heparin infusion line, and saline infusion line		1
	5		
3.HSS / N 2703 :	PC1. Maintain patients' privacy		4
Prepare and position the patient for	PC2. Drape the patient such that it facilitates connecting the patient to the dialysis unit		2
treatment	PC3. Explain the need to dress and be placed in particular position for dialysis to patient	10	5
	PC4. Perform actions gently to avoid causing pain specially taking care to not disturb any catheters, IV lines already present		5









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
	PC5. Keep the patient in a comfortable posture		2
	PC6. Provide the appropriate linen including covering sheet depending on the patient (male, female, child) and should know from where to obtain the same		2
	10		
4.HSS / N 2704 : Connect patient to the dialysis	PC1. Use standard protocols for inserting IV lines and making connections to prevent infection and reduce discomfort to the patient		3
machine	PC2. Understand how to utilise existing catheters for performing dialysis	10	2
	PC3. Be aware of the protocol of starting the dialysis		2
	PC4. Minimise inconvenience and pain for the patient while performing the procedure		3
	10		
5.HSS / N 2705 : Monitor	PC1. Understand the various indicators, alarms and sensors of the dialysis machine	5	1
technical/ clinical vitals during the	PC2. Know the corrective steps to be taken when a particular alarm goes off		2
treatment	PC3. Be alert and quick in his/her responses		1
	PC4. Know whom and how to inform in case of medical emergency		1
	5		
6.HSS/ N 2706:	PC1. Know when dialysis is completed		1
Unhook patient from the	PC2. Detach all connections between patient and unit		1
machine	PC3. Carefully remove IV cannulas with minimum discomfort to patient	5	1
	PC4. Suitably dress the canola/ catheter to keep it sterile and pain- free for future use if the doctor/nurse instructs		1
	PC5. Understand needs of the patient and help them to be comfortable		1
	5		
7.HSS / N 2707 : Record the	PC1. Follow the right format for documenting the dialysis on the patient's chart	5	1









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
treatment	PC2. Record the components/ constituents and their quantities used		1
	PC3. Understand the importance of documenting the procedure on the patient's chart		2
	PC4. Record the quantity and type of constituents like dialysate, acid mixture etc. used during the process		1
	5		
8.HSS/ N 2708: Conduct pre	PC1. Read and understand the patients' reports		1
and post dialysis evaluation	PC2. Take measurements of non-invasive blood pressure, body temperature, body weight, breathing rate and/or other vital parameters, as appropriate		1
	PC3. Recognise the levels of vital parameters under which dialysis can be performed safely	5	1
	PC4. Be alert in noticing any change or distress in the patient during or after dialysis		1
	PC5. Communicate effectively with patient, doctors and nurses to enable quick remedial action		0
	PC6. Document the changes as per protocol		1
	5		
9. HSS/ N 2709: Maintain and	PC1. Clean up any spillage		1
disinfect the delivery system	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced		1
	PC3. Follow standard sterilisation and cleaning procedure for the unit	5	1
	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		1
	PC5. The dialysate circuit should be exposed to disinfectant		1
	5		
10. HSS/ N 2710: Evaluate and	PC1. Describe the three main types of vascular access (fistulae, grafts and catheters)		0.5
prepare the site for cannulation	PC2. Identify the predialysis assessments for all types of vascular access.	5	0
	PC3. Describe the methods of needle insertion for AVFs and grafts.		0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
	PC4. Describe the predialysis assessment, accessing procedure, exit site care, and monitoring of catheters		0
	PC5. Describe how fistulae are created and the pros and cons of these		0.5
	PC6. Assess the maturity of a fistula	-	0
	PC7. Describe how grafts are created and the pros and cons of these		0.5
	PC8. Describe how catheters are placed and the various methods of catheter placement (both short and long term)		0.5
	PC9. Describe the pros and cons of catheters		0.5
	PC10. Describe the types of catheter and port/catheter devices		0.5
	PC11. Assess a fistula or graft prior to each treatment by inspecting (looking for infection, steal syndrome, stenosis, etc.), auscultating (listening for bruit and deep access location), and palpating (feeling for skin temperature, thrill, stenosis, vein diameter etc.) the access		0
	PC12. Assess the blood flow before inserting a needle into the fistula/ graft		0
	PC13. Assess catheters prior to dialysis treatment		0
	PC14. Describe the considerations for accessing catheters and cleansing exit sites		0.5
	PC15. Describe the various methods for preparing a patient's skin for cannulation		0.5
	PC16. Prepare a patient's skin for cannulation using anti- bacterial solutions		0
	PC17. Apply a tourniquet		0
	PC18. Select a site for cannulation and insert a needle into the patient's vein		0
	PC19. Understand the concept of Antegrade and retrograde needle direction		0.5
	PC20. Understand how to rotate cannulation sites for fistulae and grafts		0.5
	PC21. Secure needles after insertion		0
	PC22. Describe common complications that occur due to: a. Fistulae, grafts and catheters b) b. Poor needle site rotation,		0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
	c) c. Dialysis		
	PC23. Monitor catheters during the treatments		0
	PC24. Describe post-dialysis care for fistulae, catheters and grafts		0
	5		
11. HSS/ N 2711:	PC1. Clean up any spillage		1
Respond to dialysis related emergencies in	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced	5	1
patient and equipment	PC3. Follow standard sterilisation and cleaning procedure for the unit		1
	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		1
	PC5. The dialysate circuit should be exposed to disinfectant		1
	5		
12. HSS/ N 2712:	PC1. Clean up any spillage		1
Reprocess dialyserstreatm ent guidelines.	PC2. Know when the dialysate, dialyzer or other constituents need to be replaced		1
	PC3. Follow standard sterilisation and cleaning procedure for the unit	5	1
	PC4. Disinfect dialysis machine according to the manufacturer's recommendations		1
	PC5. The dialysate circuit should be exposed to disinfectant		1
	5		
13. HSS/ N 2713:	PC1. Check the incoming water temperature		0
Operate and maintain water treatment plant	PC2. Look around the RO(reverse osmosis) system for any visible fluid leaks		0
	PC3. Check and record the pressure gauge		0
	PC4. Measure and record the pressures before and after the endotoxin filter	5	0
	PC5. Record all checks, including time and initials, on the Daily Dialysis Water Equipment Monitoring Log Sheet		0.5
	PC6. Check and record the pump, reject, and product		0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
	pressures		Theory
	PC7. Check and record the recycle, waste, and permeate flow rates	-	0
	PC8. Check and record the inlet and permeate conductivities		0
	PC9. Read the RO monitor and record the conductivity and percent rejection		0
	PC10. Check and record the pump run hours		0.5
	PC11. Check the multi-media sediment filter		0
	PC12. Measure and record the pressures before and after the multi-media filter		1
	PC13. Check the water softener		0
	PC14. Measure and record the pressures before and after the water softener		1
	PC15. Check and record the setting for the regeneration timer. The timer should be set to activate when the facility, especially the RO, is not operating		1
	PC16. Check the brine tank	-	1
	5		
14. HSS/ N 9610 (Follow	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements		0.5
infection control policies and procedures)	PC2. Preform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		0.5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility	5	0.5
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		0
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		0
	PC7. Follow procedures for risk control and risk containment for specific risks		0.5









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		0.5
	PC9. Place appropriate signs when and where appropriate		0.5
	PC10. Remove spills in accordance with the policies and procedures of the organization		0
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		0
	PC12. Follow hand washing procedures		0
	PC13. Implement hand care procedures		0
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		0
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		0.5
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		0
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work		0
	PC18. Confine records, materials and medicaments to a well-designated clean zone		0
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone		0
	PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste		0
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		0.5
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		0
	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		0
	PC24. Dispose of waste safely in accordance with policies and		0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation
			Theory
	procedures of the organisation and legislative requirements		
	PC25. Wear personal protective clothing and equipment during cleaning procedures		0
	PC26. Remove all dust, dirt and physical debris from work surfaces	0	0
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		0
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		0.5
	PC29. Dry all work surfaces before and after use		0
	PC30. Replace surface covers where applicable		0
	PC31. Maintain and store cleaning equipment		0.5
	5		•
	Total		80
	Grand Total-1 (Subject Domain)		
	Soft Skills and Communication	Pick	all NOS totaling 20









Assessable	Assessment Criteria for the Assessable Outcomes	Total Marks (20)	Marks Allocation
Outcomes			Theory
Part 1 (Pick one f	ield randomly carrying 50 marks)		
1. Attitude			
HSS/ N 9603 (Act within the	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice		0
limits of one's competence and authority)	PC2. Work within organisational systems and requirements as appropriate to one's role		1
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		1
	PC4. Maintain competence within one's role and field of practice	5	0
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		0
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		1
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		1
		1	
	Attitude Total		
Part 2 (Pick one f	ield as per NOS marked carrying 50 marks)		
1. Team Work			
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		1
effectively with others)	PC2. Integrate one's work with other people's work effectively		0
	PC3. Pass on essential information to other people on timely basis		0
	PC4. Work in a way that shows respect for other people	5	1
	PC5. Carry out any commitments made to other people		0
	PC6. Reason out the failure to fulfil commitment		1
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		1









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (20)	Marks Allocation Theory
	PC8. Follow the organisation's policies and procedures		1
2. Safety manage	ement	T	1
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements		1
	PC2. Comply with health, safety and security procedures for the workplace		0
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		1
	PC4. Identify potential hazards and breaches of safe work practices		1
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority	5	1
	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		0
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		0
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		0
	PC9. Complete any health and safety records legibly and accurately		0
Waste Managen	nent	,	1
HSS/ N 9609 (Follow biomedical	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type		0
waste disposal protocols)	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	2.5	0
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		0.5
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for		0.5









Assessable	Assessment Criteria for the Assessable Outcomes	Total Marks (20)	Marks Allocation
Outcomes			Theory
	different categories of waste		
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		0.5
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		0.5
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		0.5
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		0
	5		2.5
4. Quality Assur	ance		
HSS/ N 9611:	PC1. Conduct appropriate research and analysis		0
Monitor and assure quality	PC2. Evaluate potential solutions thoroughly		0
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		0.5
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		0.5
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		0
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	2.5	0
	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		0.5
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		0.5
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		0
	PC10. Complete any health and safety records legibly and		0.5









Assessable	Assessment Criteria for the Assessable Outcomes		Total Marks (20)	Marks Allocation	
Outcomes				Theory	
	accurately				
	Total		5	2.5	
G	rand Total-2 (Soft Skills and Communication)		20		
	Skills Practical and Viva (80%	6 weightage)	-		
			Marks Allotted		
G	rand Total-1 (Subject Domain)		400		
Gr	and Total-2 (Compulsory NOS)		10		
Grand To	tal-3 (Soft Skills and Communication)	90			
Gran	d Total-(Skills Practical and Viva)	500			
Pas	sing Marks (80% of Max. Marks)	400			
	Theory (20% weight	age)			
			Marks Alloted		
G	rand Total-1 (Subject Domain)		80		
Grand To	tal-2 (Soft Skills and Communication)		20		
	Grand Total-(Theory)		100		
Pas	sing Marks (50% of Max. Marks)		50		
Grand To	tal-(Skills Practical and Viva + Theory)		600		
	Overall Result	Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail			
	Detailed Break Up of Marks	Skills Practical & Viva			
	Subject Domain	Pick any 2 l	NOS each of 200 marl 400	ks totalling	









Assessable	Assessment Criteria for the Assessable	Total Marks Out O	0.100	Marks Allocation	
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
1. HSS/ N 2301	PC1. Understand the emergency codes used in the hospital for emergency situations		10	10	0
(Respond to Emergency Calls)	PC2. Reflect professionalism through use of appropriate language while speaking to the dispatch team		4	0	4
	PC3. Use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider		10	2	8
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre		10	2	8
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse	200	4	0	4
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence and authority		4	0	4
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:				
	a. Hospital Gowns		10	0	10
	b. Medical Gloves		10	0	10
	c. Shoe Covers		10	0	10
	d. Surgical Masks		10	0	10
	e. Safety Glasses		10	0	10
	f. Helmets		10	0	10
	g. Reflective Clothing		10	0	10
	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		40	4	36









Assessable	Assessment Criteria for the Assessable	Total		Marks Allocation	
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer		10	0	10
	PC10. Establish trust and rapport with colleagues		4	0	4
	PC11. Maintain competence within one's role and field of practice		4	0	4
	PC12. Promote and demonstrate good practice as an individual and as a team member at all times		4	0	4
	PC13. Identify and manage potential and actual risks to the quality and safety of practice		10	6	4
	PC14. Evaluate and reflect on the quality of one's work and make continuing improvements		4	0	4
	PC15. Understand basic medico-legal principles		8	8	0
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies		4	4	0
	Total		200	36	164
2. HSS/ N	PC1. Explain clearly:				
2304 (Assess Patient at the site)	o An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs		4	4	0
	o What information need to be obtained and stored in records		4	4	0
	o With whom the information might be shared		4	4	0
	o What is involved in the assessment		4	4	0
	PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition	200	4	2	2
	PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)		25	5	20
	PC4. Respect the patient's privacy, dignity, wishes and beliefs		2	0	2
	PC5. Minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process		2	0	2









Assessable	Assessment Criteria for the Assessable	Total	Marks Allo	ocation	
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	PC6. Communicate with the patient clearly and in a manner and pace that is appropriate to:				
	o Their level of understanding		2	0	2
	o Their culture and background				
	o Their need for reassurance and support				
	PC7. Recognise promptly any life-threatening or high risk conditions		5	1	4
	PC8. Make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making		4	2	2
	PC9. Assess the condition of the patient by:				
	o Observing patient position		10	2	8
	o Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing		10	2	8
	o Checking if there is any bleeding from the nose or ears		10	2	8
	Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion		10	2	8
	Checking if the patient is under the effect of alcohol or any other drug		10	2	8
	Checking the patient's mouth to ensure the airway is clear		10	2	8
	Gently checking the neck, starting from the back		10	2	8
	Checking for any swelling or bruises		10	2	8
	Checking the chest to ascertain if any object is stuck		10	2	8
	Checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumps		10	2	8
	Checking for any damage to the pelvis		10	2	8
	Asking the victim if they are able to feel their legs		10	2	8
	Observing the colour of toes to check for any circulation problems		10	2	8
	PC10. Use appropriate equipment if required		10	2	8









Assessable	Assessment Criteria for the Assessable	Total		Marks Allo	ocation
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	Total		200	54	146
3. HSS/ N 2305 (Patient Triage based on	PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	_	40	10	30
	PC2. Know how to check all the vital signs		40	10	30
the defined clinical	PC3. Identify a high-risk case		40	20	20
criteria of severity of illness)	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	200	20	5	15
	PC5. Communicate clearly and assertively		3	0	3
	PC6. Collaboratively be able to supervise/work collaboratively with other departments		4	0	4
	PC7. Multitask without compromising on quality and accuracy of care provided		3	0	3
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters		50	10	40
	Total			55	145
4. HSS/ N 2306	PC1. Describe the structure and function of the cardiovascular system		4	4	0
(Manage Cardiovascu lar	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort		12	2	10
Emergency)	PC3. Identify the symptoms of hypertensive emergency		6	2	4
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)		8	2	6
	PC5. Explain the impact of age and weight on defibrillation	200	8	2	6
	PC6. Discuss the position of comfort for patients with various cardiac emergencies		4	4	0
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise		10	2	8
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support		8	2	6









Assessable	Assessment Criteria for the Assessable	Total			Marks Allocation	
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical	
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator		4	2	2	
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available		4	4	0	
	PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting		4	4	0	
	PC12. Explain the usage of aspirin and clopidogrel		6	2	4	
	PC13. Differentiate between the fully automated and the semi-automated defibrillator		4	4	0	
	PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators		8	2	6	
	PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator		6	2	4	
	PC16. Identify circumstances which may result in inappropriate shocks		6	2	4	
	PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator		10	2	8	
	PC18. Summarise the speed of operation of automated external defibrillation		6	2	4	
	PC19. Discuss the use of remote defibrillation through adhesive pads		6	2	4	
	PC20. Operate the automated external defibrillator		10	2	8	
	PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS		4	4	0	
	PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator		4	4	0	
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator		4	4	0	









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC24. Identify the components and discuss the importance of post-resuscitation care		4	4	0
	PC25. Explain the importance of frequent practice with the automated external defibrillator		4	4	0
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist		4	4	0
	PC27. Explain the role medical direction plays in the use of automated external defibrillation		4	4	0
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator		4	4	0
	PC29. Discuss the components that should be included in a case review		4	4	0
	PC30. Discuss the goal of quality improvement in automated external defibrillation		4	4	0
	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain		10	2	8
	PC32. List the indications for the use of nitro- glycerine		6	2	4
	PC33. State the contraindications and side effects for the use of nitro-glycerine		6	2	4
	PC34. Perform maintenance checks of the automated external defibrillator		4	4	0
	Total		200	100	100
5.HSS/ N 2307	PC1. Describe the basic types, causes, and symptoms of stroke		8	4	4
(Manage Cerebrovasc ular	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke		30	5	25
Emergency)	PC3. Manage airway, breathing, and circulation		16	2	14
	PC4. Assess the patient's level of consciousness and document any signs of stroke	200	10	2	8
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate		30	5	25
	PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-		20	5	15









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	cation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	hospital stroke scale				
	PC7. Check serum blood sugar		6	2	4
	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		20	5	15
	PC9. Determine the time of onset of symptoms		6	2	4
	PC10. Explain how patients, family, or bystanders should respond to a potential stroke		2	2	0
	PC11. Discuss the actions recommended for emergency responders to potential stroke victims		2	2	0
	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		2	2	0
	PC13. Carry out first triage of potential stroke victims		10	5	5
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes		4	2	2
	PC15. Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim		4	2	2
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital		20	5	15
	PC17. Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms		10	5	5
	Total		200	57	143
6.HSS/ N 2308	PC1. Recognise the patient experiencing an allergic reaction	200	50	10	40
(Manage Allergic Reaction)	PC2. Perform the emergency medical care of the patient with an allergic reaction		50	10	40
	PC3. Establish the relationship between the patient with an allergic reaction and airway management		30	5	25









Assessable	Assessment Criteria for the Assessable Outcomes	Total	Out Of	Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC4. Recognise the mechanisms of allergic response and the implications for airway management		10	5	5
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector		20	5	15
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors		20	5	15
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction		10	2	8
	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		10	3	7
	Total		200	45	155
7.HSS/ N 2309	PC1. Recognise various ways that poisons enter the body		10	10	0
(Manage Poisoning or Overdose)	PC2. Recognise signs/symptoms associated with various poisoning		20	10	10
	PC3. Perform the emergency medical care for the patient with possible overdose		40	10	30
	PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning		40	10	30
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management	200	30	10	20
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and reassessment strategies for activated charcoal		30	10	20
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose		30	10	20
	Total		200	70	130
8.HSS/ N 2310	PC1. Recognise the various ways by which body loses heat	200	10	10	0









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
(Manage Environmen	PC2. List the signs and symptoms of exposure to cold		10	10	0
tal Emergency)	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold		40	10	30
	PC4. List the signs and symptoms of exposure to heat		10	10	0
	PC5. Perform the steps in providing emergency care to a patient exposed to heat		40	10	30
	PC6. Recognise the signs and symptoms of water- related emergencies		10	10	0
	PC7. Identify the complications of near-drowning		10	10	0
	PC8. Perform emergency medical care for bites and stings		40	10	30
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines		30	20	10
	Total		200	100	100
9.HSS/ N 2311	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour		40	20	20
(Manage Behavioural Emergency)	PC2. Recognise the various reasons for psychological crises		40	20	20
3 //	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide		20	20	0
	PC4. Identify special medical/legal considerations for managing behavioural emergencies	200	20	20	0
	PC5. Recognise the special considerations for assessing a patient with behavioural problems		20	20	0
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence		20	0	20
	PC7. Identify methods to calm behavioural emergency patients		40	0	40
	Total		200	100	100
10.HSS/ N	PC 1.	200	4	4	0
2312	PC2. Identify and explain the use of the contents of	200	10	2	8









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
(Manage Obstetrics/G	an obstetrics kit				
ynaecology	PC3. Identify pre-delivery emergencies		4	4	0
emergencie s)	PC4. State indications of an imminent delivery		4	4	0
	PC5. Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery		4	4	0
	PC6. Perform the steps in pre-delivery preparation of the mother		20	2	18
	PC7. Establish the relationship between body substance isolation and childbirth		4	4	0
	PC8. Perform the steps to assist in the delivery		20	2	18
	PC9. State the steps required for care of the baby as the head appears		4	4	0
	PC10. Explain how and when to cut the umbilical cord		10	2	8
	PC11. Perform the steps in the delivery of the placenta		20	2	18
	PC12. Perform the steps in the emergency medical care of the mother post-delivery		20	2	18
	PC13. Summarise neonatal resuscitation procedures		10	2	8
	PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation		10	8	2
	PC15. Differentiate the special considerations for multiple births		4	4	0
	PC16. Recognise special considerations of meconium		4	4	0
	PC17. Identify special considerations of a premature baby		4	4	0
	PC18. Perform the emergency medical care of a patient with a gynaecological emergency		20	2	18
	PC19. Perform steps required for emergency medical care of a mother with excessive bleeding		20	2	18
	PC20. Complete a Pre-Hospital Care report for		4	4	0









Assessable	Assessment Criteria for the Assessable	ment Criteria for the Assessable		Marks Allo	ocation
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	patients with obstetrical/gynaecological emergencies				
	Total		200	66	134
11.HSS/ N 2313	PC1. Recognise the structure and function of the circulatory system		5	5	0
(Manage Bleeding and Shock)	PC2. Differentiate between arterial, venous and capillary bleeding		5	5	0
	PC3. State methods of emergency medical care of external bleeding		30	5	25
	PC4. Establish the relationship between body substance isolation and bleeding		20	2	18
	PC5. Establish the relationship between airway management and the trauma patient	200	20	2	18
	PC6. Establish the relationship between mechanism of injury and internal bleeding		20	2	18
	PC7. Recognise the signs of internal bleeding		10	5	5
	PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding		30	5	25
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		10	5	5
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)		30	5	25
	PC11. Recognize different types of shock and initiate appropriate medical management		20	10	10
	Total		200	51	149
12. HSS/ N 2314	PC1. Recognise the major functions of the skin		1	1	0
(Manage	PC2. Recognise the layers of the skin		1	1	0
Soft Tissue Injury and Burns)	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries	200	10	2	8
	PC4. Recognise the types of closed soft tissue injuries		3	3	0
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury		10	2	8









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC6. State the types of open soft tissue injuries		3	3	0
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury		3	3	0
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury		3	3	0
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen		10	2	8
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen		2	2	0
	PC11. Classify burns		10	10	0
	PC12. Recognise superficial burn		3	3	0
	PC13. Recognise the characteristics of a superficial burn		3	3	0
	PC14. Recognise partial thickness burn		3	3	0
	PC15. Recognise the characteristics of a partial thickness burn		3	3	0
	PC16. Recognise full thickness burn		3	3	0
	PC17. Recognise the characteristics of a full thickness burn		3	3	0
	PC18. Perform the emergency medical care of the patient with a superficial burn		10	2	8
	PC19. Perform the emergency medical care of the patient with a partial thickness burn		10	2	8
	PC20. Perform the emergency medical care of the patient with a full thickness burn		10	2	8
	PC21. Recognise the functions of dressing and bandaging		10	2	8
	PC22. Describe the purpose of a bandage		10	2	8
	PC23. Perform the steps in applying a pressure dressing		10	2	8
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries		6	2	4









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets		10	2	8
	PC26. Perform the emergency medical care of a patient with an impaled object		10	2	8
	PC27. Perform the emergency medical care of a patient with an amputation		10	2	8
	PC28. Perform the emergency care for a chemical burn		10	2	8
	PC29. Perform the emergency care for an electrical burn		10	2	8
	PC30. Recognise inhalation injury and perform emergency care		10	2	8
	Total		200	76	124
13.HSS/ N 2315	PC1. Recognise the function of the muscular system		4	4	0
(Manage Musculoskel	PC2. Recognise the function of the skeletal system		4	4	0
etal injuries)	PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities		6	6	0
	PC4. Differentiate between an open and a closed painful, swollen, deformed extremity		6	6	0
	PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries	200	20	10	10
	PC6. State the reasons for splinting		20	10	10
	PC7. List the general rules of splinting		40	10	30
	PC8. Ramification & complications of splinting		20	2	18
	PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity		40	10	30
	PC10. How to apply pelvic binder techniques for fracture of pelvis		40	10	30
	Total		200	72	128
14.HSS/ N	PC1. State the components of the nervous system		1	1	0
2316 (Manage	PC2. List the functions of the central nervous system	200	1	1	0









Assessable	Assessment Criteria for the Assessable Outcomes	Total	0.100	Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
Injuries to head and	PC3. Recognise the structure of the skeletal system as it relates to the nervous system		3	3	0
spine Description)	PC4. Relate mechanism of injury to potential injuries of the head and spine		5	5	0
	PC5. Recognise the implications of not properly caring for potential spine injuries		5	5	0
	PC6. State the signs and symptoms of a potential spine injury		5	5	0
	PC7. Recognise the method of determining if a responsive patient may have a spine injury		5	5	0
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury		10	2	8
	PC9. Identify how to stabilise the cervical spine		10	2	8
	PC10. Indications for sizing and using a cervical spine immobilisation device		10	2	8
	PC11. Establish the relationship between airway management and the patient with head and spine injuries		10	2	8
	PC12. Recognise a method for sizing a cervical spine immobilisation device		10	2	8
	PC13. Log roll a patient with a suspected spine injury		10	2	8
	PC14. Secure a patient to a long spine board		10	2	8
	PC15. List instances when a short spine board should be used		5	5	0
	PC16. Immobilise a patient using a short spine board		10	2	8
	PC17. Recognise the indications for the use of rapid extrication		5	5	0
	PC18. Understand the steps in performing rapid extrication		10	2	8
	PC19. Identify the circumstances when a helmet should be left on the patient		10	2	8
	PC20. Identify the circumstances when a helmet should be removed		10	2	8









Assessable	Assessment Criteria for the Assessable Outcomes	Total	0.00	Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC21. Identify alternative methods for removal of a helmet		10	2	8
	PC22. Stabilise patient's head to remove the helmet		10	2	8
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet		5	5	0
	PC24. Immobilise paediatric and geriatric victims		10	2	8
	PC25. Manage scalp bleeding		10	2	8
	PC26. Manage eye injury		10	2	8
	Total		200	72	128
15.HSS/ N 2317 (Manage	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent		6	4	2
Infants, Neonates and	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient		6	2	4
Children)	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult		4	4	0
	PC4. Understand various causes of respiratory emergencies		4	4	0
	PC5. Differentiate between respiratory distress and respiratory failure		4	4	0
	PC6. Perform the steps in the management of foreign body airway obstruction	200	20	2	18
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure		20	2	18
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient		20	2	18
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient		20	2	18
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults		20	2	18
	PC11. Recognise the common causes of seizures in the infant and child patient		4	4	0
	PC12. Perform the management of seizures in the infant and child patient		20	2	18









Assessable	Assessment Criteria for the Assessable Outcomes	Total	0.100	Marks Allocation	
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC13. Differentiate between the injury patterns in adults, infants, and children		4	4	0
	PC14. Perform the field management of the infant and child trauma patient		20	2	18
	PC15. Summarise the indicators of possible child abuse and neglect		4	4	0
	PC16. Recognise the medical legal responsibilities in suspected child abuse		4	4	0
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport		20	2	18
	Total		200	50	150
16.HSS/ N 2318	PC1. Recognise the anatomical components of the upper airway including:				
(Manage respiratory	a. Nasopharynx		1	1	0
emergency)	b. Nasal air passage		1	1	0
	c. Pharynx		1	1	0
	d. Mouth		1	1	0
	e. Oropharynx		1	1	0
	f. Epiglottis		1	1	0
	PC2. Recognise the anatomical components of the lower airway including:				
	a. Larynx	200	1	1	0
	b. Trachea		1	1	0
	c. Alveoli		1	1	0
	d. Bronchi		1	1	0
	e. Carina		1	1	0
	f. Diaphragm		1	1	0
	PC3. Recognise the characteristics of normal breathing		4	2	2
	PC4. Recognise the signs of abnormal breathing including:				









Assessable	Assessment Criteria for the Assessable	Total Marks		Marks Allo	ocation
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	a. Dyspnoea				
	b. Upper airway obstruction				
	c. Acute pulmonary oedema				
	d. Chronic obstructive pulmonary disease				
	e. Bronchitis				
	f. Emphysema		48	24	24
	g. Pneumothorax		40	24	24
	h. Asthma				
	i. Pneumonia				
	j. Pleural effusion				
	k. Pulmonary embolism				
	l. Hyperventilation				
	PC5. Recognise the characteristics of abnormal breath sounds		10	2	8
	PC6. Recognise the characteristics of irregular breathing patterns		10	2	8
	PC7. Complete a focused history and physical exam of the patient		24	4	20
	PC8. Establish airway in patient with respiratory difficulties		20	2	18
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		20	2	18
	PC10. Understand the various types of Metered Dose Inhalers including:				
	a. Preventil		6	2	4
	b. Ventoiln		6	2	4
	c. Alupent		6	2	4
	d. Metaprel		6	2	4
	e. Brethine		6	2	4
	f. Albuterol		6	2	4









Assessable	Assessment Criteria for the Assessable Outcomes	Total	0	Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	g. Metaproterenol		6	2	4
	h. Terbutaline		6	2	4
	PC11. Understand the contraindications and side effects for various types of Metered Dose Inhalers		4	4	0
	Total		200	70	130
17.HSS/ N 2319	PC1. Recognise the anatomical components of the abdomen and their functions including:				
(Manage severe	a. Left Upper Quadrant				
abdominal pain)	o Most of the stomach				
•	o Spleen			1	
	o Pancreas		1		0
	o Large intestine				
	o Small intestine				
	o Left kidney (upper portion)				
	b. Right Upper Quadrant				
	o Liver				
	o Gallbladder	200	1	1	0
	o Part of the large intestine		'	'	0
	o Right kidney (upper portion)				
	o Small intestine				
	c. Right Lower Quadrant				
	o Appendix				
	o Large intestine				
	o Female reproductive organs		1	1	0
	o Small intestine				
	o Right kidney (lower portion)				
	o Right ureter				









Assessable	Assessment Criteria for the Assessable	Total		Marks Allo	ocation
Outcomes	Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	o Right ovary & fallopian tube				
	d. Left Lower Quadrant				
	o Large intestine				
	o Small intestine		ļ		
	o Left kidney (lower portion)		1	1	0
	o Left ureter				
	o Left ovary				
	o Left fallopian tube				
	e. Midline structures			1	
	o Small intestine		1		0
	o Urinary bladder		'		
	o Uterus				
	PC2. Recognise the symptoms and cause of visceral pain		6	4	2
	PC3. Recognise the symptoms and causes of parietal pain		6	4	2
	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 absess; free abdominal blood		6	4	2
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic absess; abdominal blood		6	4	2
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone		6	4	2
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis		6	4	2
	e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the		6	4	2









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allocation		
Outcomes		Marks (400)	Out Of	Viva	Skills Practical	
	intestines), Crohn's disease (a type of inflammatory bowel disease), ulcerative colitis					
	f. Sacrum pain – perirectal abscess, rectal disease		6	4	2	
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris		6	4	2	
	h. Testicular pain – renal colic; appendicitis		6	4	2	
	PC5. Complete a focused history and physical exam of the patient including:					
	a. Visual inspection		20	2	18	
	b. Auscultating the abdomen		20	2	18	
	c. Palpating the abdomen		20	2	18	
	PC6. Establish airway in patient		10	2	8	
	PC7. Place patient in position of comfort		10	2	8	
	PC8. Calm and reassure the patient		10	2	8	
	PC9. Look for signs of hypoperfusion		10	2	8	
	PC10. Recognise possible diagnoses for abdominal pain		10	2	8	
	PC11. State the treatment for managing various causes of abdominal pain		10	2	8	
	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		10	2	8	
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)		5	3	2	
	Total		200	68	132	
18.HSS/ N 2320	PC1. Establish an Incident Management Structure on arrival at the scene including:					
(Manage Mass Casualty	a. Designating an Incident Commander to manage the incident	200	4	4	0	
Incident)	b. As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer		4	4	0	









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allocation		
Outcomes		Marks (400)	Out Of	Viva	Skills Practical	
	PC2. Set up separate areas for treatment, triage and transport		10	2	8	
	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		24	6	18	
	PC4. Use appropriate personal protective equipment while conducting initial triage		20	2	18	
	PC5. Tag severity/ criticality of patient using colour coded tags		20	2	18	
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries		10	10	0	
	PC7. Monitor patients with minor injuries for changes in their condition		20	2	18	
	PC8. Maintain an open airway and stop uncontrolled bleeding		20	2	18	
	PC9. Extract patients from the casualty area based on initial triage to designated triage and treatment areas		20	2	18	
	PC10. Use equipment like cots and litters for extraction where required		20	2	18	
	PC11. Re-triage patients extracted to the triage and treatment areas		10	2	8	
	PC12. Provide treatment and deliver patients to transport area		6	4	2	
	PC13. Transport patients to healthcare facility		6	4	2	
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients		6	4	2	
	Total		200	52	148	
19.HSS/ N 2324 (Manage	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history		30	20	10	
diabetes emergency)	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	200	50	10	40	
	PC3. Establish the relationship between airway		40	10	30	









Assessable	Assessment Criteria for the Assessable Outcomes	Total	Out Of	Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	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		50	20	30
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient		30	10	20
	Total		200	70	130
20. HSS/ N 9610 (Follow	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements	200	5	0	5
infection control policies and procedures)	PC2. Preform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		5	5	0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5
	PC7. Follow procedures for risk control and risk containment for specific risks		10	0	10
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		10	0	10
	PC9. Place appropriate signs when and where appropriate		20	10	10
	PC10. Remove spills in accordance with the policies and procedures of the organization		5	0	5
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		5	0	5
	PC12. Follow hand washing procedures		5	0	5









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Marks Allo	ocation
Outcomes		Marks (400)	Out Of	Viva	Skills Practical
	PC13. Implement hand care procedures		5	0	5
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		5	5	0
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		5	0	5
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		5	0	5
	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		20	10	10
	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		5	0	5
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		5	0	5
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		5	5	0
	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		5	0	5
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	5	0
	PC25. Wear personal protective clothing and equipment during cleaning procedures		5	0	5
	PC26. Remove all dust, dirt and physical debris from work surfaces		5	0	5
	PC27. Clean all work surfaces with a neutral		5	0	5









Assessable	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	0.101	Marks Allocation		
Outcomes			Out Of	Viva	Skills Practical	
	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		5	0	5	
	PC29. Dry all work surfaces before and after use		5	0	5	
	PC30. Replace surface covers where applicable		5	0	5	
	PC31. Maintain and store cleaning equipment		5	5	0	
	Total		200	55	145	
	Grand Total-1 (Subject Domain))			
Compulsory NOS with Clinical NOS		Perform thi clinical NOS marks total	of subjec			









Assessable	Assessment Criteria for the Assessable Outcomes	Total	Out	Marks Al	ks Allocation	
Outcomes		Marks (100)	Of	Viva	Observation / Role Play	
20. HSS/ N 2302 (Size	PC1. Ensure that all safety precautions are taken at the scene of the emergency		1	0	1	
up the scene at the site)	PC2. Introduce themselves to patient(s) and ask for their consent to any treatment		0.5	0	0.5	
	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		1	0.5	0.5	
	PC5. Reassure patient(s) and bystanders by working in a confident, efficient manner	10	0.5	0	0.5	
	PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste		0.5	0	0.5	
	PC7. Recognise and react appropriately to persons exhibiting emotional reactions		0.5	0	0.5	
	PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations		0.5	0	0.5	
	PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly		0.5	0	0.5	
	PC10. Evaluate the scene and call for backup if required		0.5	0	0.5	
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		0.5	0	0.5	
	PC12. Maintain competence within one's role and field of practice		0.5	0	0.5	
	PC13. Collaborate with the law agencies at a crime scene		1	0.5	0.5	
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times		0.5	0	0.5	
	PC15. Identify and manage potential and actual risks to the quality and safety of work done		0.5	0	0.5	









Assessable	Assessment Criteria for the Assessable Outcomes	Total	Out	Marks Allocation		
Outcomes		Marks (100)	Of	Viva	Observation / Role Play	
	PC16. Evaluate and reflect on the quality of one's work and make continuing improvements		0.5	0	0.5	
	PC17. Understand relevant medico-legal principles		0.5	0	0.5	
	PC18. Function within the scope of care defined by state, regional and local regulatory		0.5	0	0.5	
	Total		10	1	9	
	Grand Total-2 (Compulsory NOS)	10				
Soft Skills and Communication		field from	both pa domly	rt 2 and pa	marks or one art 3 (i.e. total ing 45 marks	









Assessable	Assessment Criteria for the Assessable Outcomes	Total		Mark	s Allocation
Outcomes		Marks (100)	Out Of	Viva	Observation/ Role Play
Part 1 (Pick on	e field randomly carrying 90 marks)				
1. Decision ma	king and leadership quality				
HSS/ N 2321 (Select the	PC1. Explain to the patient about his role and the reason for selecting a particular health provider		4	4	0
proper provider institute for transfer)	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		8	4	4
	PC3. Allocate patient to the nearest provider institute		4	4	0
	PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres	36	4	4	0
	PC5. Make sure that the selection of the institute is in adherence with the legal regulation		4	4	0
	PC6. Obtain guidance from medical officer for selection of proper provider institute		4	4	0
	PC7. Provide pre-arrival information to the receiving hospital		4	4	0
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)		4	4	0
	Total		36	32	4
HSS/ N 2322 (Transport	PC1. Adhere fully to the rules and regulations related to the usage of ground and air transport		4	4	0
patient to the provider institute)	PC2. Adhere fully to the steps involved in treating and transporting the patient		8	4	4
·	PC3. Positively manage situations where transport is a problem		4	4	0
	PC4. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport	32	4	4	0
	PC5. Adhere fully to procedures once the patient reaches the hospital		4	4	0
	PC6. Use correct medication and equipment for treatment of immediate threats to life		8	4	4
	Total		32	24	8









Aggazzhia	Assessment Criteria for the Assessable Outcomes	Total		Mark	s Allocation	
Assessable Outcomes		Marks (100)	Out Of	Viva	Observation/ Role Play	
HSS/ N 2323 (Manage	PC1. Provide a verbal report to the medical staff on the condition of the patient and initial findings		8	4	4	
Patient Handover to the provider	PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff	22	8	4	4	
institute)	PC3. Hand over the consent form signed by the patient or a relative		6	2	4	
	Total		22	10	12	
Deci	sion making and leadership quality Total	90	90	66	24	
Part 2 (Pick or	e field randomly carrying 45 marks)					
1. Attitude						
HSS/ N 9603 (Act within the limits of	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	25	2	2	0	
one's competence and	PC2. Work within organisational systems and requirements as appropriate to one's role		5	0	5	
authority)	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority			5	0	5
	PC4. Maintain competence within one's role and field of practice		5	5	0	
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		2	2	0	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		2	2	0	
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		2	2	0	
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		2	2	0	
	Total		25	15	10	
HSS/ N 9607	PC 1.		3	1	2	
(Practice Code of conduct while performing duties)	PC2. Work within organisational systems and requirements as appropriate to the role	20	3	1	2	
	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and		3	1	2	









Assessable	Accession of Cuitouis fourth a Accessible	Total	Total	Marks Allocation		
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (100)	Out Of	Viva	Observation/ Role Play	
	authority					
	PC4. Maintain competence within the role and field of practice		1	0	1	
	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1	0	1	
	PC7. Identify and manage potential and actual risks to the quality and patient safety		1	0	1	
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem		4	2	2	
	Total		20	7	13	
	Attitude Total	45	45	22	23	
2. Attiquete						
HSS/ N 9605 (Manage	PC1. Clearly establish, agree, and record the work requirements		10	5	5	
work to meet requirements)	PC2. Utilise time effectively	20	2	0	2	
	PC3. Ensure his/her work meets the agreed requirements		2	0	2	
	PC4. Treat confidential information correctly		2	2	0	
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		4	2	2	
	Total		20	9	11	
HSS/ N 9601 (Collate and	PC1. Respond to queries and information needs of all individuals		2	2	0	
Communicate Health Information)	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		5	0	5	
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them	25	5	0	5	
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual		5	5	0	









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
	PC5. Confirm that the needs of the individual have been met		2	2	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		2	2	0
	PC7. Respect the individual's need for privacy		2	2	0
	PC8. Maintain any records required at the end of the interaction		2	2	0
	Total		25	15	10
	Attiquete Total	45	45	24	21
Part 3 (Pick on	e field randomly carrying 45 marks)				
1. Safety mana	ngement				
HSS/ N 9606 (Maintain a safe, healthy,	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	45	6	2	4
and secure working environment)	PC2. Comply with health, safety and security procedures for the workplace		2	0	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		2	1	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	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		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	3	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
	Total		45	22	23
2. Waste Management					
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	45	6	2	4
	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		6	3	3
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		6	3	3
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	4	0
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		3	3	0
	Total		45	29	16
3. Team Work					
HSS/ N 9604 (Work effectively	PC1. Communicate with other people clearly and effectively	45	2	0	2
	PC2. Integrate one's work with other people's		2	0	2









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
with others)	work effectively				
	PC3. Pass on essential information to other people on timely basis		2	0	2
	PC4. Work in a way that shows respect for other people		2	0	2
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		15	10	5
	PC8. Follow the organisation's policies and procedures		10	4	6
	Total		45	26	19
4. Ethics					
HSS/ N 2303 (Follow evidence based Protocol while managing patients)	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	45	9	4	5
	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		9	4	5
	PC3. Adhere to laws, regulations and procedures relating to the work of an EMT		9	4	5
	PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols		9	4	5
	PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)		9	4	5
	Total		45	20	25
5. Quality					
HSS/ N 9611:	PC1. Conduct appropriate research and analysis	45	5	5	0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
Monitor and assure quality	PC2. Evaluate potential solutions thoroughly		5	0	5
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		3	3	0
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		5	5	0
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		3	0	3
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority		3	0	3
	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		3	0	3
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		3	0	3
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	2	3
	PC10. Complete any health and safety records legibly and accurately		10	5	5
	Total		45	20	25
Grand Total-3 (Soft Skills and Communication)		90			







Healthcare Sector Skill Council

Office No.: 711, DLF Tower A, 7th Floor, Jasola, New Delhi - 110025