







## **Model Curriculum**

## Frontline Health Worker

**SECTOR:** Healthcare

SUB-SECTOR: Allied Health & Paramedics OCCUPATION: Frontline Health Worker

DEFID

REF ID: HSS/ Q 8601, version 1.0

**NSQF LEVEL: 3** 















### 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: 'Frontline Health Worker' QP No. 'HSS/Q 8601 NSQF Level 3'

Date of Issuance:

October 31st, 2016

Valid up to:

October 30th , 2017

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

Authorised Signatory (Healthcare Sector Skill Council)









### **TABLE OF CONTENTS**

1. Curriculum	01
2. Trainer Prerequisites	13
3. Annexure: Assessment Criteria	14









# **Frontline Health Worker**

#### **CURRICULUM/SYLLABUS**

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

Program Name	Frontline Health Worker		
Qualification Pack Name & Reference ID. ID	HSS/ Q 8601, version 1.0		
Version No.	1.0	Version Update Date	18-11-2016
Pre-requisites to Training	Class VIII		
Training Outcomes	After completing this programme, participants will be able to:  • Have knowledge about their job profile and how they are different from other community health workers.  • Assist the village health, sanitation and nutrition committee in various issues pertaining to village health and environment.  • Provide effective healthcare advice on issues like STDs, STI/RTI, HIV/AIDS and other infectious diseases.  • Provide antenatal/ intra-natal/ post- natal care in addition to new born care and child health.  • Address issues related to adolescent health, nutrition and personal hygiene.  • Assist other health care workers working in the community.  • Provide information about the indigenous forms of medicine.		

Frontline health worker 1









This course encompasses 26 out of 26 National Occupational Standards (NOS) of "Frontline health worker" Qualification Pack issued by "Healthcare Sector Skill Council".

Sr. No.	Module	Key Learning Outcomes	Equipment Required
1	Introduction to community health and public health  Theory duration (hh:mm) o2:00 hrs Practical Duration (hh:mm) o1:00  Corresponding NOS Code	<ul> <li>Definition, concepts, background and scope of Community health.</li> <li>Definition, concepts, background and scope of public Health.</li> <li>Explain the public health communication and its importance.</li> <li>Describe the audience centered philosophy.</li> </ul>	Visit to Healthcare Facility
2	Introduction  National Rural Health Mission  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code introduction	<ul> <li>Explain the concept of NRHM</li> <li>Identify the objectives of NRHM</li> <li>Basic understanding of Healthcare Service Providers/Facilities (primary, secondary &amp; tertiary)</li> <li>Discuss the concept of ASHA</li> </ul>	e- modules, visit to a PHC
3	Roles and responsibilities of frontline health worker  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N 8611, HSS/N 8614, HSS/N 8615, HSS/N 8616, HSS/N 8617, HSS/N 8617, HSS/N 8618	<ul> <li>Elicit the role of FHW as a health-activist</li> <li>Exhibit the values being FHW</li> <li>Perform the key activities of FHW like home visits, attending VHND, visits to healthcare facility, holding VHSNC meetings, maintain records, etc.</li> <li>Understand the local community &amp; develop relations for their upliftment</li> <li>Understanding the human rights and the fundamental rights.</li> <li>Preserve women's right to health</li> <li>Explain the range of duties performed by a FHW in following areas:         <ul> <li>Maternal care</li> <li>Newborn care</li> <li>Child care</li> <li>Nutrition</li> <li>Controlling of infections</li> <li>Social mobilization</li> </ul> </li> <li>Exhibit and understand your role as FHW in following tasks:</li> </ul>	e- modules, books, training materials, meeting with an ASHA and other health workers, tools to various communication methods,









Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul> <li>✓ To develop the village health plan</li> <li>✓ To communicate health behavior changes with the help of various communication methods like</li> <li>BCC/IEC</li> <li>✓ Explain the role of the other community health workers to include; Anganwadi worker,</li> <li>Village dai, ANM, Traditional birth attendant, Male swasthya karmi,</li> <li>&amp; other healers.</li> <li>✓ To counsel the community regarding various health related programmes and issues.</li> <li>✓ To illustrate the proper referral and escorting patient to the medical facility.</li> <li>✓ To provide primary medical care to the local community</li> <li>✓ To act as depot holders for Outline the activities of FHW especially in:</li> <li>✓ To maintain records &amp; registration.</li> <li>Explain the general standards relating to FHW</li> <li>Explain the additional skills that a FHW could do with experience</li> </ul>	
5	VHSNC  Theory duration (hh:mm) 08:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 8601	<ul> <li>Discuss the roles and responsibilities of Village Health, Sanitation and Nutrition Committee (VHSNC)</li> <li>Support VHSNC in in organizing their meetings &amp; achieving their objectives.</li> <li>Illustrate the concept of Village Health and Nutrition Day</li> </ul>	E-modules, Attending VHSNC meetings
6	Total sanitation program  Theory duration (hh:mm) 08:00  Practical Duration (hh:mm) 02:00  Corresponding NOS Code HSS/N 8613	<ul> <li>Outline the concept of Total Sanitation Program</li> <li>Describe the strategy of Total Sanitation Program</li> <li>Discuss the aims of TSP.</li> <li>Interpret the implementation process of the TSP including formation of toilets at home.</li> </ul>	E-modules, Field visits









Sr. No.	Module	Key Learning Outcomes	Equipment Required
7	Family Planning, RTI/STI and HIV/AIDS and ARSH  Theory duration (hh:mm) 15:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 8602	<ul> <li>Discuss the concept of family planning.</li> <li>Explain elaborately the various methods of family planning including temporary and permanent methods.</li> <li>Describe the merits of adopting family planning.</li> <li>Elicit the various Reproductive Tract Infections and Sexually Transmitted Infections frequently seen in men and Women.</li> <li>Conceptualize various preventive methods of various RTIs/STIs.</li> <li>Perform the roles and responsibilities of FHW in taking care of the STIs/RTIs.</li> <li>Describe HIV/ AIDS in detail.</li> <li>Illustrate the basic difference between HIV and AIDS.</li> <li>Understand the various modes of transmission of the HIV infection.</li> <li>Discuss the various ways by which HIV infection is not transmitted.</li> <li>Perform the roles and responsibilities of an FHW related to prevention of HIV/ AIDS.</li> </ul>	Various Contraceptive devices, e-modules, charts/models, role plays
8	Care during Adolescence  Theory duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 8603	<ul> <li>Discuss the period of adolescence and changes occurring in males and females.</li> <li>Explain the phenomenon of menstruation and how to maintain personal hygiene during it.</li> <li>Explain the major issues faced by males in adolescence and how to curb them.</li> <li>Counsel community about Pre-Menstrual Syndrome (PMS)</li> <li>Detail School Health Program.</li> <li>Discuss the various components of school health program.</li> <li>Perform the roles and responsibilities of FHW in implementation of school health program.</li> </ul>	e-modules, charts/models, role plays, field visits
9	Pregnancy care, intra- natal care and newborn care  Theory duration (hh:mm) 12:00 Practical Duration (hh:mm)	<ul> <li>Develop knowledge about prenatal advice on diet, personal hygiene, drugs, safeguarding from radiation (x-ray), warning signs, mental preparation, and family planning.</li> <li>Identify needs and care in the pregnancy period.</li> <li>Illustrate various methods of home care during pregnancy.</li> </ul>	e- modules, charts/models, role plays, field visits, Iron- folic acid tablets, weighing machine, BP apparatus, various sample drugs, various sample









Sr. No.	Module	Key Learning Outcomes	Equipment Required
	10:00 Corresponding NOS Code HSS/N 8605, HSS/N 8606, HSS/N 8607	<ul> <li>Comprehend &amp; Motivate community for the Antenatal visits- 1st visit at 20 weeks or as soon as the pregnancy is known, 2nd visit at 32 weeks, 3rd visit at 36 weeks- physical examination, laboratory examinations, ultrasound, iron and folic acid supplementation, immunization against tetanus, etc.</li> <li>Assess various health issues during pregnancy like anemia, malaria, gestational diabetes, etc.</li> <li>Identify the problems and danger signs during the pre-natal, ante-natal, intra-natal and post-natal period and escort for appropriate &amp; timely referral.</li> <li>Recognize the roles &amp; responsibilities of an FHW in taking care of a woman in pre-natal, ante-natal, intra-natal and post-natal period.</li> <li>Motivate the community for the institutional births</li> <li>Employ the principles of newborn care.</li> <li>Explain the neonatal examination and identify the criteria for high- risk babies.</li> <li>Describe the various methods of newborn care like skin to skin contact, maintaining cleanliness and hygiene, while referring the newborn to a health facility and process of effectively weighing the baby.</li> </ul>	vaccines like TT.
10	Infertility Management  Theory duration (hh:mm) 05:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 8608	<ul> <li>Describe the concept of fertility and infertility.</li> <li>Comprehend the various causes of infertility.</li> <li>Describe the ways to manage the issues of infertility in both the males and females</li> <li>Outline various infertility treatments and procedures available like:         <ul> <li>Timed intercourse</li> <li>Intra- uterine insemination</li> <li>In- vitro fertilization</li> </ul> </li> <li>Recognize the roles and responsibilities of FHW while identifying and handling cases of infertility in both the males and females.</li> <li>Motivate the community for infertility</li> </ul>	e- modules, charts/models, role plays, field visits to fertility clinics









Sr. No.	Module	Key Learning Outcomes	Equipment Required
		screening, infertility treatment and adoption in case of untreatable cases.	
11	Unsafe Abortions and Medical Termination of Pregnancy  Theory duration (hh:mm) 08:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 8608	<ul> <li>Comprehend the concept of unsafe abortions</li> <li>Discuss the ill- effects of unsafe abortions</li> <li>Explain care during post- abortion period.</li> <li>Discuss the concept of Medical Termination of Pregnancy.</li> <li>Recognize the functions of an FHW while handling patients who underwent MTP.</li> <li>Discourage sex determination and female feticide.</li> </ul>	e- modules, field visit to a family welfare centre or primary health centre, abortificent medicines.
12	Immunization, Diarrhea and Acute Respiratory Infection  Theory duration (hh:mm) o6:00 Practical Duration (hh:mm) o5:00 Corresponding NOS Code HSS/N 8607	<ul> <li>Explain the importance of immunization.</li> <li>Decipher a standard national immunization schedule for children and pregnant women.</li> <li>Operationalize &amp; promote universal immunization program as an FHW.</li> <li>Determine the methods of prevention and early diagnosis, treatment and detection of complications for diseases like diarrhea, acute respiratory infections and fever etc.</li> <li>Underline the nutritional practices in infants and young child.</li> <li>Describe the standard practices of breastfeeding and weaning.</li> <li>Prevent, identify and encourage early treatment of malnutrition.</li> <li>Recognize the role and responsibilities of FHW in taking care of nutrition in children.</li> </ul>	Various sample vaccines, ice bags for storage, refrigerators, e-modules, posters.
13	Maternal Health, Newborn Health and Young Children Health  Theory duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 8604, HSS/N 8607	<ul> <li>Develop the knowledge of diagnosing pregnancy using Nischay kit.</li> <li>Determine the Last Menstrual Period (LMP) and Expected Date of Delivery (EDD)</li> <li>Understand group or individual instruction on nutrition, family planning, self-care, delivery and parenthood.</li> <li>Provide appropriate care for anaemia.</li> <li>Describe care of vulnerable mothers like cases of pre- eclampsia, obesity, or any other disease.</li> <li>Develop plans for birth preparedness</li> <li>Explain key points which need to be</li> </ul>	e- modules, home- visits, sample of various emergency drugs, demonstrative videos, charts for health talks, Nischay Kit









Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul> <li>taken care of during delivery.</li> <li>Discuss care of the mother in the postnatal period pertaining to psychological make-up.</li> <li>Explain about the prevention of complications in the post-natal period</li> <li>Discuss basic health education to the mother and the family like personal hygiene and environmental hygiene, pregnancy spacing, birth registration.</li> <li>Explain the practice of effective breastfeeding &amp; ensure adequacy of breastfeeding</li> <li>Follow-up with pregnant women.</li> <li>Understand obstetric emergencies and enable appropriate referral for emergencies.</li> <li>Update Maternal Health Cards with support from the ANM.</li> <li>Explain the management of various neonatal health hazards like asphyxia, neonatal sepsis, iodine deficiency.</li> <li>Promote health behaviour in the children under-5.</li> <li>Ensure prompt vaccination till 10 years age.</li> <li>Describe effective toilet training.</li> <li>Ensure education at school</li> <li>Encourage parents to send their children to schools.</li> </ul>	
14	National Health Programs  Theory duration (hh:mm) 08:00 Practical Duration (hh:mm) 04:00 Corresponding NOS Code HSS/N 8609, HSS/N 8620	<ul> <li>Explain various National Health         Programs against the pervasive         deadly diseases like RNTCP, National         Anti-Malaria Program, National Program         for Control of Blindness, National         Mental Health Program, National         program for Prevention and Control of         Diabetes, Cardiovascular Diseases and         Stroke, various National Vector Borne         Disease Control Programs, etc.</li> <li>Educate the community on how to         prevent these diseases</li> <li>Motivate community for early         diagnosis, early treatment and         identification of complications for         various diseases covered under         National Health Programmes.</li> <li>Follow up during &amp; after treatment         like DOTS, etc.</li> <li>Recognize the roles and</li> </ul>	e- modules, field visit to a DOTS center, Samples of Various medicines or kits used in national health programmes like DOTS, Snellen's Chart, insulin kit, etc.









Sr. No.	Module	Key Learning Outcomes	Equipment Required
		responsibilities of FHW in implementation of national health programs.  • Monitor & Report the incidence and prevalence of disease outbreaks	
15	Management of Minor Ailments and Minor Injuries  Theory duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Code HSS/N 8610	<ul> <li>Explain the principle of primary care and its components.</li> <li>Discuss various minor illnesses and their management.</li> <li>Describe various viral illnesses and their management.</li> <li>Describe various ways by which injuries can occur</li> <li>Explain how injuries can be prevented</li> <li>Outline the first aid management of the minor injuries.</li> <li>Explain basic care and treatment for wounds, bites, burns</li> <li>Describe the importance and maintenance of Home Medicine Box.</li> </ul>	Sample medicines, e- modules, demonstration for effective first aid practices, first aid box.
16	Primary Care with AYUSH  Theory duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 8612	<ul> <li>Describe the concept of AYUSH</li> <li>Understand the objective of AYUSH medicine.</li> <li>Discuss the various curative aspect and remedies in AYUSH.</li> <li>Explain the importance of Yoga in augmenting health.</li> </ul>	e- modules, meeting with AYUSH practitioners, Samples of various medicines for minor ailments.
17	Introduction to Records and Registration  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N8619	<ul> <li>Explain various types of records used in the community.</li> <li>Assess the importance of maintaining records.</li> <li>Explain various types of registers used in the community like Birth registers, Death registers, Marriage registers, Epidemic registers, etc.</li> <li>Assess the importance of maintaining registers</li> <li>Register all the new cases whether of any disease outbreak, ante- natal check-ups, immunization of the pregnant women, immunization and vaccination of children, new-borns.</li> <li>Practice records maintenance</li> </ul>	Various types of records and registers available in the community, e-modules, demonstration for maintenance of community registers.
18	Collate and Communicate Health Information	Comprehend the importance of co- coordinating among fellow health care professionals in decreasing the	Internet use for learning and adopting best









Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Theory duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N 9601	time, energy and material of execution of services.  Interpolate about networking with the various health workers present in the village.  Explain the process of effective reporting to the concerned person in order to avoid duplication of data, omission of data.  Determine the concept of health communication.  Discuss various issues in health communication.  Discuss the opportunities in the domain of health communication	practices.
19	Medicines and supplies  Theory duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 9602	Identify the medicines and supplies available with FHW     Dispense the medication in the community according to schedule and requirement.	Various basic medicines. Community bags, charts and posters, home visits for demonstration
20	Act within the limits of competence and authority  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N 9603	<ul> <li>Understand the meaning of relations and types of relationship</li> <li>To understand effective working relationships with the people external to the team, with which the individual works on a regular basis</li> <li>To understand the effect of boundary violation in technician client relationships</li> <li>Follow workplace protocol.</li> </ul>	Internet use for learning and adopting best practices
21	Personnel hygiene  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 9606	<ul> <li>To develop understanding of the concept of healthy living</li> <li>To develop understanding &amp; procedures of hand hygiene</li> <li>To develop a mind-set about environmental hygiene and safe sanitary practices, constructing home toilets, proper disposal of domestic wastes.</li> <li>To develop techniques of grooming</li> <li>To ensure vaccination against common Infectious Diseases</li> </ul>	Self-learning and understanding Mannequin, chart and poster demonstration for easy learning and understanding, various PPEs.









Sr. No.	Module	Key Learning Outcomes	Equipment Required
22	Emergency Medical Response  Theory duration (hh:mm) 03:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 9606	<ul> <li>Describe the concept of basic life support and emergency medical response.</li> <li>Discuss the steps of carrying out CPR on an adult.</li> <li>Explain CPR using defibrillator</li> <li>Explain the management of convulsion</li> <li>Explain needle stick injuries and their prevention.</li> </ul>	Emergency kits, mannequins, defibrillator, AED's
23	Biomedical Waste Management  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 9609	<ul> <li>To gain understanding of importance of proper and safe disposal of biomedical waste &amp; treatment</li> <li>To gain understanding of categories of bio-medical waste</li> <li>To learn about disposal of bio-medical waste – color coding, types of containers, transportation of waste, etc.</li> <li>To gain broad understanding of standards for bio-medical waste disposal</li> <li>To gain broad understanding of means of bio-medical waste treatment</li> <li>To understand the role of an infection control team</li> </ul>	Different coded colour bins, different variety of biomedical waste management, Visit to treatment plant of biomedical waste etc.
24	Infection Control and Prevention  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/Ng610	<ul> <li>Describe the concept of infection control.</li> <li>Determine the need for infection control</li> <li>Recognize the Roles and responsibilities of FHW in infection control in house and community.</li> <li>Describe causes behind occurrence of bedsores.</li> </ul>	Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants, policies and procedures for infection control
25	Soft Skills and Communication Theory duration (hh:mm) 03:00 Practical Duration	<ul> <li>Understand art of effective communication</li> <li>Able to handle effective communication with Patients &amp; Family</li> <li>Able to handle effective Communication with Peers/</li> </ul>	Self-learning and understanding









Sr. No.	Module	Key Learning Outcomes	Equipment Required
	(hh:mm) 07:00 Corresponding NOS Code HSS/N 9601, HSS/N 9603	colleagues using medical terminology in communication  Learn basic reading and writing skills  Learn sentence formation  Learn problem solving  Understand need for customer service and service excellence in Medical service  Understand work ethics in  Learn objection handling  Learn Telephone and Email etiquettes  Learn Basic computer working like feeding the data, saving the data and retrieving the data.  Learn to analyze, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently  Learn planning and organization of work  Learn identification of rapidly changing situations and adapt accordingly	
26	Basic Computer Knowledge  Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 08:00 Corresponding NOS Code Introduction	<ul> <li>Learn decision making ability</li> <li>To gain broad understanding about application of computers in laboratory Practice</li> <li>Give Introduction to Computers:         <ul> <li>Block diagram</li> <li>Input and Output devices</li> <li>Storage devices</li> </ul> </li> <li>Give Introduction to operating systems         <ul> <li>Need of Operating systems (OS)</li> <li>Function of OS</li> <li>Windows 2000 – Utilities and basic operations</li> <li>Microsoft office 2000 – MS Word, MS Excel</li> </ul> </li> </ul>	Computer/ internet
	Total Duration  Theory Duration (hh:mm) 125:00  Practical Duration (hh:mm) 100:00	Unique Equipment Required:  1. Maternal care- contraceptive devices, N vaginal speculum, sponge holding force gowns, gauze, dilators, episiotomy sciss hooked forceps, mosquito forceps  2. Hand sanitizers, PPE, Hand washing tec disinfectants  3. Neonatal care equipment like radiant was pump suction, thermometer- clinical and oxygen catheter, cotton.  4. Drugs- oxytocin, drotin, buscopan, perir methergin, misoprostol, Lasix, dexamet	ps, artery forceps, ors, delivery forceps, hniques, steriliser, armer, weighing scale, d digital, syringes, norm, diazepam,









Sr. No.	Module	Key Learning Outcomes	Equipment Required
		iron and folic acid tablets, gentamy medicines and a tray containing em 5. Samples of Various medicines or king programmes like DOTS, Snellen's City of Samples of Various sample vaccines like TT & ity of Trist aid box/Home medicine box/P containing samples of various med minor injuries and AYUSH primary Cothers: normal delivery kit, standa for new born care and neonatal rest kit, vaccines, cold-boxes, syringes needles of various girth, refrigerated gloves, cheatle's forceps, IV cannul stethoscope, BP Apparatus, measu Different coded colour bins, Comm 9. Samples of Various types of record the community 10. Emergency kits, mannequins, defiberate and the community 11. Flash cards, e-modules, flannel box materials 12. Class Room equipped with following linteractive lectures & Discussion Brain Storming Charts & Models Activity Video presentation Visit to Primary Health Centre, Hos	rcin, ampicillin, abortificent hergency drugs. Its used in national health Chart, insulin kit, etc. Its bags for storage rimary care Medicine box sicines for minor ailments, care rd surgical set, equipment suscitation, IUCD insertion (5ml, 10ml, 20ml, 50 ml.), or, oxygen mask, sterile a, phototherapy unit, ring tape, weighing scale, unity bags and registers available in wrillator, AED's erd, charts, Training
	Total Duration for OJT 200:00		

Grand Total Course Duration: 425:00 Hours (225 Hours for Class Room & Skill Lab Training + 200 Hours OJT/Internship/Clinical or Laboratory Training)

(This syllabus/ curriculum has been approved by <u>Healthcare sector skill council</u>)









## Trainer Prerequisites for Job role: "Frontline Health Worker" mapped to Qualification Pack: "HSS/Q8601", 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/8601".
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	Medical graduate with one year of experience in community health; ANM/B.Sc. Nursing/GNM/B.Sc. in community health
4a	Domain Certification	Certified for Job Role: "Frontline Health Worker" mapped to QP: "HSS/ Q 8601, version 1.0. Minimum accepted score is 80%
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: "Trainer", mapped to the Qualification Pack: "SSC/Q1402". Minimum accepted % as per respective SSC guidelines is 80%.
5	Experience	<ul> <li>Medical graduate with one year of experience in community health</li> <li>ANM/B.Sc. Nursing/ GNM/ B.Sc. in community health</li> </ul>









#### **Annexure: Assessment Criteria**

Job Role	Frontline Health Worker
Qualification Pack	
<u>Code</u>	HSS/ Q 8601
Sector Skill Council	Healthcare Sector Skill Council

#### **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	e)			
			Mar	ks Allot	ted
	Grand Total-1 (Subject Domain)			400	
Grand	Total-2 (Soft Skills and Communication)			100	
G	rand Total-(Skills Practical and Viva)	500			
I	Passing Marks (80% of Max. Marks)			400	
	Theory (20% weightage)				
			Mar	ks Allot	ted
	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	practio	cal indiv	vidually	th theory and . If fail in any ndidate is fail
	Detailed Break Up of Marks	Skills Practical & Viva			
	Subject Domain	Pick aı	•	S each	of 200 marks 00
Assessable		Total	Out	Mar	ks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Of	Viva	Skills Practical
1. HSS/ N 8601: Assist the village	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan	200	20	10	10
health, sanitation and nutrition	PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community		30	10	20









committee (VHSNC)	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village		20	10	10
	PC4. Ensure participation of VHSNC members in the Village health nutrition day		20	0	20
	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village		30	10	20
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan		40	10	30
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund		40	20	20
			200	70	130
2. HSS/ N 8602: Counsel women on	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health		10	5	5
contraception and prevention of common infections	PC2. Disseminate information about prevention of RTIs/HIV/AIDS		10	8	2
and RTI/STI	PC <sub>3</sub> . Dispel any rumours or misconceptions about contraceptives in villages		10	5	5
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions		10	8	2
	PC5. Counsel couples on delay of first pregnancy immediately after marriage		5	3	2
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service		5	2	3
	PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the Poverty Line (BPL)	200	5	3	2
	PC8. Promote male participation in family planning		5	3	2
	PCg. Educate men and women on natural contraceptive methods		20	15	5
	PC10. Counsel women about contraceptive methods including Copper-T 320		10	5	5
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)		20	15	5
	PC12. Accompany women to the nearest health centre for putting in place longer term contraceptives (like Copper T)		5	2	3









	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives		5	2	3
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer		5	2	3
	PC15. Help the ANM to contact women wanting to have a Copper-T insertion		5	2	3
	PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method		20	15	5
	PC17. Explain the advantages of vasectomy over tubectomy		20	18	2
	PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each		5	3	2
	PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available		5	1	4
	PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided		5	3	2
	PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any		5	3	2
	PC22. Ensure there is no unmet need for contraception in the village		5	2	3
	PC <sub>23</sub> . Ensure constant availability of contraceptives as part of social marketing		5	4	1
			200	129	71
3. HSS/ N 8603: Provide healthcare services to	PC1. Advise adolescents on the changes to expect as they enter puberty		30	20	10
adolescents	PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome		30	20	10
	PC3. Counsel adolescent girls and community members on myths related to menstruation		20	10	10
	PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation	200	20	10	10
	PC <sub>5</sub> . Answer any questions adolescents may have on sexuality, puberty and health		40	25	15
	PC6. Disseminate information about prevention of RTIs/HIV/AIDS		20	10	10
	PC7. Organise meetings, sessions and advice forums		15	10	5
	PC8. Distribute sanitary napkins		15	10	5
	PC9. Ensure a constant supply of sanitary napkins		10	5	5
			200	120	80









4. HSS/ N 8604: Counsel women on nutritional and health needs of young children	PC1. Communicate essential messages for prevention of malnutrition		20	5	15
	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services		30	10	20
	PC <sub>3</sub> . Counsel families to prevent malnutrition and to reverse malnutrition in children below five years		30	10	20
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations		10	5	5
	PC <sub>5</sub> . Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection	200	40	20	20
	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit		40	20	20
	PC7. Ensure that Child malnutrition rates are reduced in the village		10	5	5
	PC8. Ensure that 100% of children with diarrhoea receive ORS		20	10	10
			170	85	115
5. HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance		20	5	15
	PC2. Ensure 100% of institutional deliveries		20	5	15
	PC <sub>3</sub> . Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana		20	5	15
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements	200	20	5	15
	PC <sub>5</sub> . Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility		20	5	15
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services		20	5	15









	PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day		20	5	15
	PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth		20	5	15
	PC9. Counsel women on contraception after delivery		40	30	10
			100	70	130
6. HSS/ N 8606: Provide postnatal counselling	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat		20	5	15
coonsening	PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery		20	5	15
	PC <sub>3</sub> . Counsel new mothers to visit the ANM for minor complaints		30	10	20
	PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals	200	20	10	10
	PC <sub>5</sub> . Referral of post-natal women in case of danger signs		30	15	15
	PC6. Counsel women on exclusive breast-feeding for the new born		10	5	5
	PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same		20	15	5
	PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre •		20	15	5
	PC9. Counsel new mothers on use of contraception post delivery		30	25	5
			80	105	95
7. HSS/ N 8607: Counsel women on new-born care and immunisation	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat		10	5	5
	PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals	200	20	5	15
	PC3. Counsel and support women on exclusive breast-feeding for the new-born		30	20	10
	PC <sub>4</sub> . Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre		10	5	5









	PC <sub>5</sub> . Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity		10	5	5
	PC6. Ensure 100% immunisation of children in the 12- 23 months age group		30	20	10
	PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born		10	5	5
	PC8. Ensure that every family receives the information and support it needs to access immunisation		20	15	5
	PC9. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness		20	15	5
	PC10. Ensure that all new mothers obtain a Mother & Child Protection Card filled by the ANM/ AWW	10	10	5	5
	PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility		30	20	10
			200	120	80
8. HSS/ N 8608: Counsel women on childlessness and abortion related	PC1. Counsel women and families on infertility and refer to a medical facility		40	10	30
issues	PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks		20	10	10
	PC <sub>3</sub> . Educate families and the community about the dangers of unsafe abortion		20	10	10
	PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed	200	20	10	10
	PC <sub>5</sub> . Counsel women on safe abortions and the time duration within which abortions can be performed safely		30	10	20
	PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions		30	20	10
	PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female		40	30	10
			200	100	100
9. HSS/ N 8609: Provide primary care and	PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area	200	10	5	5









counselling for infectious diseases	PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early		10	5	5
	PC3. Help in increasing number of cases of leprosy diagnosed correctly and early		10	5	5
	PC4. Communicate key facts about malaria and its prevention to the community		20	15	5
	PC5. Make a blood smear and test using a rapid diagnostic test for malaria		20	5	15
	PC6. Manage fever in a young child		20	5	15
	PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat		20	15	5
	PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis		20	15	5
	PC9. Support treatment of Tuberculosis and follow-up with patients		10	5	5
	PC10. Understand the manner of spread of leprosy and methods of diagnosis		10	5	5
	PC11. Support treatment of leprosy and follow-up with patients		10	5	5
	PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit		10	5	5
	PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas		10	5	5
	PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral		10	5	5
	PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB		10	5	5
			200	105	95
10. HSS/ N 8610: Provide primary medical care for	PC1. Provide first aid for wounds, animal bites and burns		50	20	30
minor ailments and first aid for minor injuries	PC2. Refer serious cases requiring stiches, rabies shots and advanced burn treatment to the appropriate medical facility	200	50	30	20
	PC <sub>3</sub> . Provide primary care for coughs, colds, fever and diarrhoea		50	20	30
	PC4. Refer patients to the appropriate medical facility when required		50	30	20









			200	100	100
11. HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children		50	30	20
required	PC2. Refer patients to the appropriate medical facility when required	200	20	10	10
	PC <sub>3</sub> . Escort patients to the appropriate medical facility when required		40	10	30
	PC4. Arrange for transportation to the nearest medical facility when escorting a patient		40	20	20
	PC5. Ensure display of referral transport details in prominent places		50	30	20
			200	100	100
12. HSS/ N 8612: Provide information on primary curative	PC1. Diagnose common ailments	200	100	50	50
properties of common AYUSH medicines	PC2. Provide information on AYUSH medicines for common ailments		100	50	50
			200	100	100
13. HSS/ N 8613: Promote construction of	PC1. Mobilise the community to construct household toilets in the village	200	50	30	20
household toilets under Total Sanitation Campaign	PC2. Reduce the incidence of open defecation in the village		50	30	20
	PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation		100	70	20
			200	70 130	70
14. HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community		20	5	15
	, , , , , , , , , , , , , , , , , , , ,				
	PC2. Organise a home visit schedule to cover all homes in the community		20	10	10
	PC <sub>3</sub> . Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition	200	20	10	10
			20	10	10
	PC4. Mobilise pregnant women to have institutional deliveries		30	20	10
	PC <sub>5</sub> . Mobilise parents to have their children immunised		20	10	10









I	I		<b>I</b> 1		ı
	PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		30	20	10
	PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		40	20	20
	PC8. Facilitate implementation of national health plans		_ 4*		20
	and schemes		200	15 110	<u>5</u> 90
15. HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community		20	10	10
3	PC2. Provide information on health related issues to women, adolescent girls and children		30	20	10
	PC3. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition	200	15	5	10
	PC <sub>4</sub> . Mobilise pregnant women to have institutional deliveries		15	5	10
	PC <sub>5</sub> . Explain the importance of postnatal check-ups and supplementary nutrition		20	5	15
	PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites		20	5	15
	PC7. Explain the importance of immunisation		40	30	10
	PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		20	10	10
	PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		20	10	10
	pools of water, wash hards of terretee.		200	100	100
16. HSS/ N 8616: Support the	PC1. Build a rapport with the community members, especially the women in the community		20	5	15
Auxiliary Nurse Midwife	PC2. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition		30	15	15
	PC3. Mobilise new mothers to have postnatal check- ups and supplementary nutrition	200			
			40	20	20
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites		20	15	15
			30	15	15









I			I 1		ı I
	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised		40	20	20
	PC6. Mobilise community members with possibility of STIs/RTIs to have tests done by the ANM		20	10	10
	PC7. Mobilise young couples to approach the ANM for contraception		20	10	10
			200	95	105
17. HSS/ N 8617: Support the	PC1. Explain the importance of a medically safe and hygienic childbirth process		20	5	15
Traditional Birth Attendant	PC2. Explain the potential risks associated with childbirth at home		20	5	15
	PC <sub>3</sub> . Explain the essential requirements for a clean and safe childbirth process at home with a TBA		20	5	15
	PC4. Counsel women opting for childbirth with a TBA	200	20	5	5
	PC <sub>5</sub> . Obtain Clean childbirth kits for the TBA as required		20	5	15
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home		20	10	10
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process		20	10	10
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs	-	20	10	10
	PCg. Keep contact with TBA to keep track of pregnancies		10	5	5
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination		30	15	15
			200	60	100
18. HSS/ N 8618: Support the Male	PC1. Explain the causes of malaria and precautions to be taken for its prevention		25	10	15
Swasthya Karmi	DC. Fundain automatant of malaria				
	PC2. Explain symptoms of malaria PC3. Identify possible cases of malaria before an		25	10	15
	outbreak		25	10	15
	PC4. Mobilise suspected cases of malaria to be tested by the MPW	200	30	20	10
	PC <sub>5</sub> . Inform the MPW of suspected cases of malaria		30	10	20
	PC6. Assist the MPW in collecting blood samples from suspected cases of malaria		40	20	20
	PC7. Inform the Primary Health Centre of suspected outbreaks of malaria		25	10	15









			200	90	110
19. HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work		20	10	10
	PC2. Register every birth/still birth with the gram Panchayat within 14 days		20	10	10
	PC3. Register every death with the Gram Panchayat in 7 days		20	10	10
	PC4. Keep a record of work done in ASHA register/diary	200	20	5	15
	PC <sub>5</sub> . Track incentive payments due for work done		20	5	15
	PC6. Claim incentive payments PC7. Keep a diary for noting experiences, difficulties	-	20	10	10
	and thoughts PC8. Tally records with those at the Anganwadi and		20	10	10
	Health sub-centre PC9. Keep minutes of the VHSNC meetings		40	20	20
	regineep inmotes of the Vibre meetings	l	200	90	110
20. HSS/ N 8620: Inform Primary Health Centre of	PC1. Keep track of any unusual symptoms during the course of home visits and daily work		50	20	30
Disease Outbreaks	PC2. Identify disease outbreaks	200	100	50	50
	PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner		50	30	20
	,		200	100	100
21. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements		5	0	5
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	O
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC <sub>5</sub> . 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
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 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
			200	55	145
	Grand Total-1 (Subject Domain)			400	
	Soft Skills and Communication		part 1 or part 2 as per NOS of ject domain each carrying 50 marks totaling 100		
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks	Marks Out Marks Anoth		
		(100)		Viva	Observation/ Role Play
Part 1 (Pick one field	randomly carrying 50 marks)				
1. Attitude					
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice		4	0	4
	PC2. Work within organisational systems and requirements as appropriate to one's role		4	0	4
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	50	16	8	8
1	PC4. Maintain competence within one's role and field	1			









1		ı	i	i	1 1
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		8	4	4
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		6	4	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		4	2	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		4	2	2
			50	20	30
	Attitude Total	50			
2. Work Managemen	t				
HSS/ N 9602 (Ensure availability of medical and	PC1. Maintain adequate supplies of medical and diagnostic supplies		10	5	5
diagnostic supplies)	PC2. Arrive at actual demand as accurately as possible		10	5	5
diagnostic sopplies,	PC <sub>3</sub> . Anticipate future demand based on internal, external and other contributing factors as accurately as possible	50	20	10	10
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/individuals		10	5	5
			50	25	25
	Work Management Total	50			
3. Attiquete			ı	1	
		Т			
HSS/ N 9601 (Collate and Communicate	PC1. Respond to queries and information needs of all individuals		4	4	0
Health Information)	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		10	O	10
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		10	0	10
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual	50	10	10	0
	PC <sub>5</sub> . Confirm that the needs of the individual have been met		4	4	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		4	4	0
	PC7. Respect the individual's need for privacy		4	4	0









	PC8. Maintain any records required at the end of the interaction		4	4	0
			50	30	20
	Work Management Total	50	50	30	20
Part 2 (Pick one field	as per NOS marked carrying 50 marks)				
1. Safety manageme	nt				
HSS/ N 9606 (Maintain a safe, healthy, and secure working	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements		6	2	4
environment)	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
	PC <sub>3</sub> . 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
	PC <sub>5</sub> . Correct any hazards that individual can deal with safely, competently and within the limits of authority	50	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
	PCg. Complete any health and safety records legibly and accurately		6	2	4
			50	25	25
2. Waste Manageme	nt				
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		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	50	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
	PC <sub>5</sub> . 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	o
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	O
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	-	4	4	0
	PCg. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	o
	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
Grand Total-2 (Soft Skills and Communication)				100	
	Detailed Break Up of Marks	Theory			
	Subject Domain				ch carrying talling 80
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (80	o) O	ut Of	Marks Allocation THEORY
1. HSS/ N 8601: Assist the village health, sanitation and nutrition committee	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community				
(VHSNC)	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village	6		6	
	PC4. Ensure participation of VHSNC members in the Village health nutrition day				









			İ		
	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village				
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan				
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund				
			6	0	0
HSS/ N 8602: Counsel women on contraception and prevention of	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health				
common infections and RTI/STI	PC2. Disseminate information about prevention of RTIs/HIV/AIDS				
	PC <sub>3</sub> . Dispel any rumours or misconceptions about contraceptives in villages				
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions				
	PC5. Counsel couples on delay of first pregnancy immediately after marriage				
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the	4	4		
	Poverty Line (BPL	7	4		
	PC8. Promote male participation in family planning PC9. Educate men and women on natural contraceptive methods				
	PC10. Counsel women about contraceptive methods including Copper-T 320				
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)				
	PC12. Accompany women to the nearest health centre for putting in place longer term contraceptives (like Copper T)				
	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives				
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer				









	1 no 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	PC15. Help the ANM to contact women wanting to have a Copper-T insertion				
	PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method				
	PC17. Explain the advantages of vasectomy over tubectomy				
	PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each				
	PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available				
	PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided				
	PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any				
	PC22. Ensure there is no unmet need for contraception in the village				
	PC23. Ensure constant availability of contraceptives as part of social marketing				
1166411.06			4	0	0
HSS/ N 86o3: Provide healthcare	PC1. Advise adolescents on the changes to expect as they enter puberty				
services to adolescents	PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome				
	PC3. Counsel adolescent girls and community members on myths related to menstruation				
	PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation				
	PC <sub>5</sub> . Answer any questions adolescents may have on sexuality, puberty and health	2	2		
	PC6. Disseminate information about prevention of RTIs/HIV/AIDS				
	PC7. Organise meetings, sessions and advice forums				
	PC8. Distribute sanitary napkins				
	PC9. Ensure a constant supply of sanitary napkins				
			2	0	0









HSS/ N 8604: Counsel women on nutritional and health needs of	PC1. Communicate essential messages for prevention of malnutrition					
young children	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services					
	PC3. Counsel families to prevent malnutrition and to reverse malnutrition in children below five years					
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations					
	PC5. Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection	2	2			
	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit					
	PC7. Ensure that Child malnutrition rates are reduced in the village					
	PC8. Ensure that 100% of children with diarrhoea receive ORS					
			2	0	0	
HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance					
	PC2. Ensure 100% of institutional deliveries					
	PC3. Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana					
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements	4	4			
	PC5. Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility					
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services					









	PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day  PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth  PC9. Counsel women on contraception after delivery				
			4		ı
HSS/ N 8606: Provide postnatal	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat				
counselling	PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery				
	PC3. Counsel new mothers to visit the ANM for minor complaints				
	PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals				
	PC <sub>5</sub> . Referral of post-natal women in case of danger signs				
	PC6. Counsel women on exclusive breast-feeding for the new born	2	2		
	PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same				
	PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre •				
	PC9. Counsel new mothers on use of contraception post delivery				
			2		•
HSS/ N 8607: Counsel women on new-born care and	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat				
immunisation	PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals	4	4		
	PC <sub>3</sub> . Counsel and support women on exclusive breast-feeding for the new-born				
	PC4. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre				









	1	Ì	ı	
	PC5. Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity			
	PC6. Ensure 100% immunisation of children in the 12-23 months age group			
	PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born			
	PC8. Ensure that every family receives the information and support it needs to access immunisation			
	PCg. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness			
	PC10. Ensure that all new mothers obtain a Mother & Child Protection Card filled by the ANM/ AWW			
	PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility			
			4	
HSS/ N 8608: Counsel women on childlessness and abortion	PC1. Counsel women and families on infertility and refer to a medical facility			
related issues	PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks			
	PC3. Educate families and the community about the dangers of unsafe abortion			
	PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed	6	6	
	PC5. Counsel women on safe abortions and the time duration within which abortions can be performed safely PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions			
	PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female			
			6	
HSS/ N 8609: Provide primary care and	PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area			
counselling for infectious diseases	PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early	6	6	
discases	PC3. Help in increasing number of cases of leprosy diagnosed correctly and early			









	PC4. Communicate key facts about malaria and its prevention to the community					
	PC5. Make a blood smear and test using a rapid diagnostic test for malaria					
	PC6. Manage fever in a young child					
	PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat					
	PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis					
	PCg. Support treatment of Tuberculosis and follow-up with patients					
	PC10. Understand the manner of spread of leprosy and methods of diagnosis					
	PC11. Support treatment of leprosy and follow-up with patients					
	PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit					
	PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas					
	PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral					
	PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB					
HSS/ N 8610:			6	0	0	
Provide primary medical care for minor ailments and first aid for	PC1. Provide first aid for wounds, animal bites and burns PC2. Refer serious cases requiring stiches, rabies shots and advanced burn treatment to the appropriate medical facility					
minor injuries	PC3. Provide primary care for coughs, colds, fever and diarrhoea	4	4			
	PC4. Refer patients to the appropriate medical facility when required					
			4			_









HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children  PC2. Refer patients to the appropriate medical facility when required  PC3. Escort patients to the appropriate medical facility when required  PC4. Arrange for transportation to the nearest medical facility when escorting a patient  PC5. Ensure display of referral transport details in prominent places	6	6			
			6			
HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	PC1. Diagnose common ailments  PC2. Provide information on AYUSH medicines for common ailments	6	6			
			6	0	0	
HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	PC1. Mobilise the community to construct household toilets in the village  PC2. Reduce the incidence of open defecation in the village  PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation	4	4			
			4			
HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community  PC2. Organise a home visit schedule to cover all homes in the community  PC3. Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition	2	2			









	PC4. Mobilise pregnant women to have institutional deliveries  PC5. Mobilise parents to have their children immunised  PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment  PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)  PC8. Facilitate implementation of national health plans and schemes				
			2	0	0
HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community  PC2. Provide information on health related issues to women, adolescent girls and children  PC3. Mobilise pregnant women to have antenatal checkups and supplementary nutrition  PC4. Mobilise pregnant women to have institutional deliveries  PC5. Explain the importance of postnatal check-ups and supplementary nutrition  PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites  PC7. Explain the importance of immunisation  PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment  PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)	2	2		
			2	0	0









HSS/ N 8616: Support the Auxiliary Nurse Midwife	PC1. Build a rapport with the community members, especially the women in the community			
	PC2. Mobilise pregnant women to have antenatal check- ups and supplementary nutrition			
	PC3. Mobilise new mothers to have postnatal check-ups and supplementary nutrition			
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites	2	2	
	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised			
	PC6. Mobilise community members with possibility of STIs/RTIs to have tests done by the ANM			
	PC7. Mobilise young couples to approach the ANM for contraception			
			2	0 0
HSS/ N 8617: Support the	PC1. Explain the importance of a medically safe and hygienic childbirth process			
Traditional Birth Attendant	PC2. Explain the potential risks associated with childbirth at home			
	PC3. Explain the essential requirements for a clean and safe childbirth process at home with a TBA			
	PC4. Counsel women opting for childbirth with a TBA			
	PC <sub>5</sub> . Obtain Clean childbirth kits for the TBA as required			
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home	2	2	
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process			
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs			
	PC9. Keep contact with TBA to keep track of pregnancies			
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination			
			2	0 0









HSS/ N 8618: Support the Male Swasthya Karmi	PC1. Explain the causes of malaria and precautions to be taken for its prevention  PC2. Explain symptoms of malaria  PC3. Identify possible cases of malaria before an outbreak  PC4. Mobilise suspected cases of malaria to be tested by the MPW  PC5. Inform the MPW of suspected cases of malaria  PC6. Assist the MPW in collecting blood samples from suspected cases of malaria  PC7. Inform the Primary Health Centre of suspected outbreaks of malaria	4	4			
		Ī	4			
HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work  PC2. Register every birth/still birth with the gram Panchayat within 14 days  PC3. Register every death with the Gram Panchayat in 7 days  PC4. Keep a record of work done in ASHA register/diary  PC5. Track incentive payments due for work done  PC6. Claim incentive payments  PC7. Keep a diary for noting experiences, difficulties and thoughts  PC8. Tally records with those at the Anganwadi and Health sub-centre  PC9. Keep minutes of the VHSNC meetings	2	2			
			2	0	0	
HSS/ N 8620: Inform Primary Health Centre of Disease Outbreaks	PC1. Keep track of any unusual symptoms during the course of home visits and daily work  PC2. Identify disease outbreaks  PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner	6	6			
			6			
9. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements	4	4			









DC- Duefoure the additional agreemations when standard	ſ	
PC2. Preform the additional precautions when standard precautions alone may not be sufficient to prevent		
transmission of infection		
PC3. Minimise contamination of materials, equipment		
and instruments by aerosols and splatter		
PC, Identify infection risks and implement an		
PC4. Identify infection risks and implement an appropriate response within own role and responsibility		
appropriate response within own role and responsibility		
PC <sub>5</sub> . Document and report activities and tasks that put patients and/or other workers at risk		
PC6. Respond appropriately to situations that pose an		
infection risk in accordance with the policies and		
procedures of the organization		
PC7. Follow procedures for risk control and risk		
containment for specific risks		
PC8. Follow protocols for care following exposure to		
blood or other body fluids as required		
PC9. Place appropriate signs when and where		
appropriate		
PC10. Remove spills in accordance with the policies and		
procedures of the organization		
PC11. Maintain hand hygiene by washing hands before		
and after patient contact and/or after any activity likely		
to cause contamination		
PC12. Follow hand washing procedures		
1 C12.1 Ollow Halla Washing Procedures		
PC13. Implement hand care procedures		
PC14. Cover cuts and abrasions with water-proof		
dressings and change as necessary		
PC15. Wear personal protective clothing and equipment		
that complies with Indian Standards, and is appropriate		
for the intended use		
PC16. Change protective clothing and gowns/aprons		
daily, more frequently if soiled and where appropriate,		
after each patient contact		









PC17. Demarcate and maintain clean and contaminated
zones in all aspects of health care work
PC18. Confine records, materials and medicaments to a
well-designated clean zone
PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone
PC20. Wear appropriate personal protective clothing and
equipment in accordance with occupational health and
safety policies and procedures when handling waste
PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are
colour coded and identified
PC22. Store clinical or related waste in an area that is
accessible only to authorised persons
PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for
contact with the waste and to reduce the risk to the
environment from accidental release
PC24. Dispose of waste safely in accordance with policies
and procedures of the organisation and legislative
requirements
DC W
PC25. Wear personal protective clothing and equipment during cleaning procedures
PC26. Remove all dust, dirt and physical debris from
work surfaces
PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or
when visibly soiled
PC28. Decontaminate equipment requiring special
processing in accordance with quality management
systems to ensure full compliance with cleaning,
disinfection and sterilisation protocols

PC29. Dry all work surfaces before and after use









	I	l	l	
	PC30. Replace surface covers where applicable			
	PC <sub>31</sub> . Maintain and store cleaning equipment			
	Grand Total-1 (Subject Domain)		4 8o	
	· •			
	Soft Skills and Communication		ch part eac arks totalli	h carrying 10 ng 20
National	Pouformana Critoria (PC)	Total	Out Of	Marks Allocation
Occupational Standards (NOS)	Performance Criteria (PC)	Marks (20)	Out Or	THEORY
Part 1 (Pick one fie	eld randomly carrying 50 marks)	L	L	
1. Attitude HSS/ N 9603 (Act				
within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice  PC2. Work within organisational systems and requirements as appropriate to one's role			
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice  PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice	2	2	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times  PC7. Identify and manage potential and actual risks to the quality and safety of practice			
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements			









			2	0	0	
2. Work Managem	ent					
HSS/ N 9602 (Ensure	PC1. Maintain adequate supplies of medical and diagnostic supplies					
availability of	PC2. Arrive at actual demand as accurately as possible					
medical and						
diagnostic supplies)	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible	6	6			
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/individuals					
			6			
3. Attiquete						
HSS/ N 9601	PC1. Respond to queries and information needs of all					
(Collate and Communicate	individuals					
Health Information)	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other					
	characteristics					
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them					
	PC4. Utilise all training and information at one's disposal	<b>2</b> 2	2			
	to provide relevant information to the individual					
	PC5. Confirm that the needs of the individual have been met					
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality					
	PC7. Respect the individual's need for privacy					
	PC8. Maintain any records required at the end of the interaction					
			2	0	0	
Part 2						
1. Safety manager	ment					









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  PC2. Comply with health, safety and security procedures for the workplace  PC3. Report any identified breaches in health, safety, and security procedures to the designated person  PC4. Identify potential hazards and breaches of safe work practices  PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority  PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected  PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently  PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person  PC9. Complete any health and safety records legibly and	6	6		
	accurately		6	0	0
2. Waste Managen	nent				
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  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	4	4		









li	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		
С	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		
С	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		
P	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		
ir C	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 0	0
Grand	Grand Total-2 (Soft Skills and Communication) 20		













Healthcare Sector Skill Council 520-521, 5th Floor DLF Tower 'A' Jasola District Centre New Delhi - 110025 T: +91-11-41017346/40505850 (D)

**E-Mail**: <u>info@healthcare-ssc.in</u> **W**: www.healthcare-ssc.in