



QUALIFICATIONS PACK - OCCUPATIONAL STANDARDS FOR ALLIED HEALTHCARE

What are Occupational Standards (OS)?

- OS describe what individuals need to do, know and understand in order to carry out a particular job role or function
- OS are performance standards that individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding

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Introduction

Emergency Medical Technician (EMT) - Advanced

SECTOR: HEALTH

SUB-SECTOR: ALLIED HEALTH AND PARAMEDICS

OCCUPATION: EMERGENCY MEDICAL TECHNICIAN - ADVANCED

REFERENCE ID: HSS/ Q 2302

ALIGNED TO: NCO-2004/NIL

Emergency Medical Technician (EMT) - Advanced in the Healthcare Industry is also known as a lifesaver or paramedic. EMT-Advanced has more training and internship requirements than the EMT-Basic and can undertake additional tasks, administer a greater range of medication and perform more procedures.

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

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





Qualifications Pack Code	HSS/ Q 2302			
Job Role	Emergency Medical Technician - Advanced			
Credits (NSQF)	TBD	Version number	1.0	
Industry	Health	Drafted on	12/05/13	
Sub-sector	ALLIED HEALTH AND PARAMEDICS	Last reviewed on	22/05/13	
Occupation	Emergency Medical Technician - Advanced	Next review date	22/05/15	

Job Role	Emergency Medical Technician - Advanced
Role Description	Providing emergency medical support and care to individuals who are critically ill or injured and transporting them to a medical facility within stipulated time limits. The EMT Advanced has more training and internship requirements than the EMT-Basic and can undertake additional tasks, administer a greater range of medication and perform more procedures.
NSQF level	5
Minimum Educational Qualifications	Class XII in Science
	Or
	Level 4 EMT-B with the minimum three years of experience
Maximum Educational Qualifications	Not Applicable
Training (Suggested but not mandatory)	Relevant professional qualification
Experience	Not Applicable





HSS/ N 2302: Size up the scene at the site HSS/ N 2303: Follow evidence based protocol while managing patients HSS/ N 2327: Assess patient at the site (Advanced) HSS/ N 2305: Patient triage based on the defined clinical criteria of severity of illness HSS/ N 2328: Manage cardiovascular emergency (Advanced) HSS/ N 2307: Manage cerebrovascular emergency HSS/ N 2308: Manage allergic reaction HSS/ N 2329: Manage poisoning or overdose (Advanced) HSS/ N 2310: Manage environmental emergency HSS/ N 2330: Manage behavioural emergency (Advanced) HSS/ N 2312: Manage obstetrics/gynaecology emergencie HSS/ N 2313: Manage bleeding and shock HSS/ N 2314: Manage musculoskeletal injuries	
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HSS/ N 2315: Manage musculoskeletal injuries	
HSS/ N 2316: Manage injuries to head and spine	
HSS/ N 2317: Manage infants, neonates and children	
HSS/ N 2318: Manage respiratory emergency	
HSS/ N 2319: Manage severe abdominal pain	
HSS/ N 2320: Manage mass casualty incident	
Occupational Standards (OS) HSS/ N 2321: Select the proper provider institute for trans	<u>fer</u>
HSS/ N 2322: Transport patient to the provider institute	
HSS/ N 2323: Manage patient handover to the provider	
<u>institute</u>	
HSS/ N 2324: Manage diabetes emergency	
HSS/ N 2325: Manage advanced venous access and	
administration of medications	
HSS/ N 2326: Manage critical care aeromedical and inter-	
<u>facility transport</u>	
HSS/ N 9601: Collate and communicate health information	
HSS/ N 9603: Act within the limits of one's competence ar	<u>t</u>
<u>authority</u>	
HSS/ N 9604: Work effectively with others	
HSS/ N 9605: Manage work to meet requirements	
HSS/ N 9606: Maintain a safe, healthy, and secure working	
<u>environment</u>	
HSS/ N 9607: Practice code of conduct while performing	
<u>duties</u>	
HSS/ N 9609: Follow biomedical waste disposal protocols	
HSS/ N 9610: Follow infection control policies and	
<u>procedures</u>	
HSS/ N 9611: Monitor and assure quality	
Optional : N.A	
Performance Criteria As described in the relevant OS units	





Keywords /Terms	Description
Core Skills/Generic Skills	Core Skills or Generic Skills are a group of skills that are essential to learning and working in today's world. These skills are typically needed in any work environment. In the context of the OS, these include
	communication related skills that are applicable to most job roles.
Description	Description gives a short summary of the unit content. This would be helpful to anyone searching on a database to verify that this is the appropriate OS they are looking for.
Function	Function is an activity necessary for achieving the key purpose of the sector, occupation, or area of work, which can be carried out by a person or a group of persons. Functions are identified through functional analysis and form the basis of OS.
Job role	Job role defines a unique set of functions that together form a unique employment opportunity in an organisation.
Knowledge and Understanding	Knowledge and Understanding are statements that together specify the technical, generic, professional and organisational specific knowledge that an individual needs in order to perform to the required standard.
National Occupational Standards (NOS)	NOS are Occupational Standards that apply uniquely in the Indian context.
Occupation	Occupation is a set of job roles, which perform similar/related set of functions in an industry.
Occupational Standards (OS)	OS specify the standards of performance an individual must achieve when carrying out a function in the workplace, together with the knowledge and understanding they need to meet that standard consistently. Occupational Standards are applicable both in the Indian and global contexts.
Organisational Context	Organisational Context includes the way the organisation is structured and how it operates, including the extent of operative knowledge managers have of their relevant areas of responsibility.
Performance Criteria	Performance Criteria are statements that together specify the standard of performance required when carrying out a task.
Qualifications Pack Code	Qualifications Pack Code is a unique reference code that identifies a qualifications pack.
Qualifications Pack(QP)	Qualifications Pack comprises the set of OS, together with the educational, training and other criteria required to perform a job role. A Qualifications Pack is assigned a unique qualification pack code.
Scope	Scope is the set of statements specifying the range of variables that an individual may have to deal with in carrying out the function which have a critical impact on the quality of performance required.
Sector	Sector is a conglomeration of different business operations having similar businesses and interests. It may also be defined as a distinct subset of the economy whose components share similar characteristics and interests.





Sub-functions	Sub-functions are sub-activities essential to fulfil the achieving the
	objectives of the function.
Sub-sector	Sub-sector is derived from a further breakdown based on the
	characteristics and interests of its components.
Technical Knowledge	Technical Knowledge is the specific knowledge needed to accomplish
	specific designated responsibilities.
Unit Code	Unit Code is a unique identifier for an OS unit, which can be denoted with
	'N'.
Unit Title	Unit Title gives a clear overall statement about what the incumbent
	should be able to do.
Vertical	Vertical may exist within a sub-sector representing different domain
	areas or the client industries served by the industry.
Keywords /Terms	Description
ALS	Advanced Life Support
EMT	Emergency Medical Technician
MHRD	Ministry of Human Resource Development
NOS	National Occupational Standard(s)
NVEQF	National Vocational Education Qualifications Framework
NVQF	National Vocational Qualifications Framework
OS	Occupational Standard(s)
PCR	Patient Care Report
QP	Qualifications Pack
SALT	Sort, Assess, Lifesaving interventions, Treat and Transport
START	Simple triage and rapid treatment
UGC	







National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to respond to a call received from the Dispatch and prepare to move to the emergency site.



National Occupational Standards



HSS/ N 2331: Respond to emergency calls (Advanced)

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Unit Code	HSS/ N 2331
Unit Title	Respond to Emergency Calls (Advanced)
(Task)	
Description	This OS unit is about the EMT's first response to a call received from the dispatch and preparing to move to the emergency site.
Scope	This unit/task covers the following:
	Responding to emergency calls from the dispatch centre , Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency Preparing the ambulance with required equipment
Performance Criteria (PC) wrt the Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	PC1. Understand the emergency codes used in the hospital for emergency situations
	PC2. Reflect professionalism through use of appropriate language while speaking to
	the dispatch team
	PC3. Use communication equipment such as mobile phones, radio communication
	equipment, megaphones and other equipment as required by the EMS provider
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre
	PC5. Demonstrate teamwork while preparing for an emergency situation with a
	fellow EMT and/or a nurse
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence
	and authority
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This
	includes putting on:
	a. Hospital Gowns
	b. Medical Gloves
	c. Shoe Covers
	d. Surgical Masks
	e. Safety Glasses f. Helmets
	g. Reflective Clothing
	PC8. Prepare the ambulance with the required medical equipment and supplies as
	per the medical emergency. A large selection of equipment and supplies
	specialised for Emergency Medical Services include diagnostic kits, disposables,
	and patient care products. The EMT should ensure all materials, supplies,
	medications and other items required for Advanced Life Support (ALS) have
	been stocked in the Ambulance







133/ N 2331. Kespoliu	to emergency cans (Advanced)
nssy iv 2551. Respuid	PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer PC10. Establish trust and rapport with colleagues PC11. Maintain competence within one's role and field of practice PC12. Promote and demonstrate good practice as an individual and as a team member at all times PC13. Identify and manage potential and actual risks to the quality and safety of practice PC14. Evaluate and reflect on the quality of one's work and make continuing improvements PC15. Understand basic medico-legal principles PC16. Function within the scope of care as defined by state, regional and local regulatory agencies
Knowledge and Unders	standing (K)
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the Healthcare provider/ Organisation and its processes) B Technical Knowledge	 KA1. Codes used in the hospital for all emergency situations KA2. Relevant legislation, standards, policies, and procedures followed in the hospital KA3. How to engage with the medical officer for support in case the situation is beyond one's competence KA4. The role and importance of the EMT in supporting hospital operations KA5. How to dress appropriately as per the healthcare provider rules during an emergency situation KA6. Response times decided by the EMS provider/ state government in which EMT operates KA7. Protocols designed by the state or EMS providers The user/individual on the job needs to know and understand: KB1. Relevant medical equipment used in different types of emergencies
	KB2. Basic medical terms and principles to evaluate the patient's condition KB3. How to prepare for dealing with different types of hazardous materials like nuclear, radioactive, biological, chemical and explosive substances
Skills (S) (<u>Optional</u>)	
A. Core Skills/ Generic Skills	Writing Skills
Generic Skins	The user/ individual on the job needs to know and understand how to SA1. Write the Patient Care Report (PCR) SA2. Capture information from the dispatch centres Reading Skills







1133/ N 2331. Respond	to emergency calls (Advanced)		
	The user/individual on the job needs to know and understand how to		
	SA3. Read written instructions for specific emergency situations, briefs from the dispatch centre and other important communiques SA4. Keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities		
	Oral Communication (Listening and Speaking skills)		
	The user/individual on the job needs to know and understand how to:		
	SA5. Collect all necessary information regarding the patient(s) through the dispatch centre SA6. Discuss requirements with colleagues SA7. Interact with a supervisor if required SA8. Avoid using jargon, slang or acronyms when communicating with the dispatch centre, colleagues or the medical officer		
B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to: SB1. Make decisions on medical equipment and supplies to stock based on information received from the dispatch centre SB2. Make decisions on routes to take and preparations to make based on information received from the dispatch centre		
	Plan and Organise		
	The user/individual on the job needs to know and understand how to:		
	SB3. Plan and organise activities required to respond to an emergency call SB4. Stage an ambulance and manage crowds		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	SB5. Communicate effectively with the dispatch team, patients and their family, physicians, and other members of the health care team SB6. Maintain patient confidentiality SB7. Respect the rights of the patient(s) SB8. Cope with stress on the job without affecting job quality		
	Dyshlom Cabring		
	Problem Solving The user/individual on the job needs to:		
	The doct, maintain on the job meeds to.		
	SB9. Have strong problem-solving skills		
	SB10. They must evaluate patients' symptoms and administer the appropriate		







1133/ 14 2331: Respond to emergency cans (Advanced)		
	treatments	
	Analytical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB11. Resolve the problem and make decisions based on the information captured	
	from dispatch centres	
	Critical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB12. Analyse, evaluate and apply the information gathered from observation,	
	experience, reasoning, or communication to act efficiently	
	(1)	







NOS Version Control

NOS Code	HSS/ N 2331		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED	Next review date	









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to decide on action to be taken upon arrival at the emergency scene to evaluate the situation and ensure the safety of patient(s) and others.







Unit Code	HSS/ N 2302
Unit Title (Task)	Size up the scene at the site
Description	This OS unit is about the EMT's response upon arrival at the emergency scene, evaluating the situation and ensuring the safety of the patient(s) and others.
Scope	 This unit/task covers the following: Summing up the scene quickly and ensuring that it is safe by taking appropriate measures, Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required
Performance Crite	eria (PC) wrt the Scope
Element	Performance Criteria
	PC1. Ensure that all safety precautions are taken at the scene of the emergency PC2. Introduce themselves to patient(s) and ask for their consent to any treatment PC3. Understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action PC4. Collaborate effectively with other emergency response agencies and explain the situation clearly to them. This includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies PC5. Reassure patient(s) and bystanders by working in a confident, efficient manner PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste PC7. Recognise and react appropriately to persons exhibiting emotional reactions PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations PC9. Obtain information regarding the incident through accurate and complete
	PC10. Evaluate the scene and call for backup if required PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC12. Maintain competence within one's role and field of practice PC13. Collaborate with the law agencies at a crime scene PC14. Promote and demonstrate good practice as an individual and as a team member at all times PC15. Identify and manage potential and actual risks to the quality and safety of work done PC16. Evaluate and reflect on the quality of one's work and make continuing improvements PC17. Understand basic medico-legal principles PC18. Function within the scope of care defined by state, regional and local regulatory







HSS/ N 2302: Size up ti	agencies
Knowledge and Unders	standing (K)
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. The importance of health, safety, and security protocols followed by the health care provider at the emergency scene KA2. Relevant information on health, safety, and security that applies to the emergency scene KA3. The healthcare provider's emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents KA4. What constitutes a hazard encountered at the scene and how to report the hazard to the competent authority KA5. Codes used in the hospital for all emergency situations KA6. Relevant legislation, standards, policies, and procedures followed in the hospital KA7. How to engage with the medical officer for support in case the situation is beyond one's competence KA8. Role and importance of the EMT in supporting hospital operations KA9. Protocols designed by the state or EMS providers
B Technical Knowledge	The user/individual on the job needs to know and understand: KB1. How to create a safe environment around the patient(s) and others KB2. The importance of being alert to health, safety, and security hazards at the emergency site KB3. The common health, safety, and security hazards that affect people working at the emergency site KB4. How to identify health, safety, and security hazards KB5. The importance of warning others about hazards and what to do until the hazard is dealt with KB6. How to work efficiently in a team to ensure patient safety
Skills (S)	
A. Core Skills/ Generic Skills	Writing Skills The user/ individual on the job needs to know: SA1. The information regarding the incident through accurate and complete scene assessment and how to document it accordingly
	Reading skills
	The user/individual on the job needs to know and understand how to:
	SA2. Read about changes in legislations and organisational policies with respect to safety procedures at emergency or crime scenes SA3. Keep abreast of the latest knowledge by reading internal communications and







HSS/ N 2302: Size up th			
	legal framework changes related to actions to be taken at the scene of an emergency		
	Oral Communication (Listening and Speaking skills)		
	The user/individual on the job needs to know and understand how to:		
	SA4. Interact with the patient(s)		
	SA5. Communicate with other people around the patient(s) and give them clear		
	instructions for their safety		
	SA6. Communicate clearly with other emergency response agencies if required		
	SA7. Discuss the scene with colleagues to express views and opinions		
	SA8. Avoid using jargon, slang or acronyms when communicating with the patient(s) SA9. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations		
	SA10. Shout assertively in case the patient does not respond		
	SA11. Collect all necessary information regarding the patient's condition		
	SA12. Collect personal information regarding the patient like his/her address		
B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to:		
	SB1. Make decisions pertaining to the scene and actions to be taken		
	Plan and Organise The year/individual on the inhunced to know and year and year and year.		
	The user/individual on the job needs to know and understand:		
	SB2. Plan and organise activities to be carried out at the scene in order to be rapid and effective without compromising on safety or patient care		
	SB3. How to stage an ambulance and manage crowds		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	SB4. Communicate effectively with patients and their family, bystanders and		
	members of other emergency response teams		
	SB5. Be aware of the immediate needs of the patient and their family and balance		
	that with the healthcare actions to be taken		
	SB6. Maintain patient confidentiality		
	SB7. Respect the rights of the patient(s) Problem Solving		
	The user/individual on the job should be able to:		
	SB8. Identify immediate or temporary solutions to resolve delays		
	SB9. Foresee and arrange for backups or other emergency response agencies		
	Analytical Thinking		







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	The user/individual on the job needs to know and understand how to:	
	SB10. Analyse the situation at the scene and map out the best possible course of action while integrating all essential stakeholders	
	Critical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.	









NOS Version Control

NOS Code	HSS/ N 2302		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to follow standardised procedures and provide an acceptable standard of care. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients while on a call.







Unit Code	HSS/ N 2303		
Unit Title (Task)	Follow evidence based Protocol while managing patients		
Description	This OS unit is about standardised procedures to be followed and acceptable standards of care required of an EMT. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients while on a call.		
Scope	This unit/task covers: • Following the prescribed procedures and steps involved in an emergency or triage context, Managing cases where the patient refuses treatment		
Performance Criteria (F	PC) w.r.t. The Scope		
Element	Performance Criteria		
	PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. For example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia PC2. Understand the communication protocols for medical situations that require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside the hospital PC3. Adhere to laws, regulations and procedures relating to the work of an EMT PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)		
Knowledge and Unders	2.1.1		
A. Organisational Context (Knowledge of the Health provider/ Organisation and its processes)	 The user/individual on the job needs to know and understand: KA1. Laws and regulations associated with the emergency case. For example, the healthcare provider needs to know in which situations CPR needs to be withheld and in which cases it needs to be given KA2. Emergency protocol terminologies used by the Healthcare Provider and other emergency service providers KA3. Protocol designed by the State or EMS providers 		







	evidence based protocol while managing patients			
B. Technical	The user/individual on the job needs to know and understand:			
Knowledge	KB1. The steps and procedures required while attending to a patient. For example			
	the following protocols need to be followed in handling an emergency case:			
	 Observe the patient and take consent before initiating any examination of the patient 			
	 Examine the patient according to prescribed rules and laws and 			
	ensure no further damage is done during examination			
	 Share with the patient the options available depending on the 			
	severity of the damage and potential risks/ benefits of each			
	 Take consent of the patient, or the family members in case the 			
	patient is unconscious , to initiate the appropriate treatment			
	 Explain to the patient the monetary commitments and insurance procedure, if applicable 			
	 Complete all paperwork related to PCR, medical history, insurance, 			
	transport and transfer			
	 Take the consent of the medical officer by sharing a crisp, concise and 			
	to the point report			
	 Transport the patient to the appropriate hospital based on the kind of care required for the patient 			
	KB2. When to contact medical control and manage the emergency with both the			
	medical control and the medical officer			
	KB3. How to communicate with the hospital facility by sharing sharp, concise and to- the-point reports			
	KB4. How to manage cases of treatment-refusal			
	KB5. How to meticulously document cases in which a fully alert patient refuses			
	treatment despite persuasion and consequence sharing			
	KB6. Evidence based protocols for handing the patients			
	KB7. Clinical protocols required for different types of emergencies			
	The state of the s			
	KB8. Set protocols for lifting and shifting the patients			
Skills (S)				
A. Core Skills/	Writing skills			
Generic Skills	The user/ individual on the job needs to know and understand how to:			
	CA1 Chara sharp consist and to the point reports with bespital staff			
	SA1. Share sharp, concise and to the point reports with hospital staff			
	SA2. Share sharp, concise and to the point reports/PCR with the medical officer			
	Reading skills			
	The user/individual on the job needs to know and understand how to:			
	SA3. Read about changes in legislations and organisational policies with respect to			
	refusal of treatment, diagnosis of patients at the scene and lifting/ shifting/			
	moving patients at the scene			
	SA4. Keep abreast of the latest knowledge by reading internal communications and			







1100, 11 20001 1011011 0	vidence based protocol while managing patients	
	legal framework changes related to roles and responsibilities	
	SA5. Read new clinical protocols and orders given by medical officer or any other	
	provider institute	
	Oral Communication (Listening and Speaking skills)	
	The user/individual on the job needs to know and understand how to:	
	The decignation the job needs to know and understand now to.	
	SA6. Interact with the patient	
	SA7. Give clear instructions to the patient	
	SA8. Shout assertively in case the patient does not respond	
	SA9. Collect all necessary information regarding the patient's condition, address	
	SA10. Avoid using jargon, slang or acronyms when communicating with a patient	
	SA11. Communicate with other people around the patient	
B. Professional Skills	Decision making	
	The user/individual on the job needs to know and understand how to:	
	SB1. Make decisions pertaining to refusal of treatment	
	SB2. Act decisively by balancing protocols and the emergency at hand	
	SB3. Manage situations where minors or self-harming patients are involved	
	Plan and Organise	
	The user/individual on the job needs to know and understand:	
	SB4. How to plan and organise activities at the scene in order to be efficient and rapid without compromising on patient care	
	Patient centricity	
	The user/individual on the job needs to know and understand how to: SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team	
	SB6. Employ effective non-verbal behaviour with the patient(s) if required	
	SB7. Maintain patient confidentiality	
	SB8. Respect the rights of the patient(s)	
	Problem solving	
	The user/individual on the job needs to know and understand how to:	
	SB9. Tackle the situation in case of treatment-refusal	
	SB10. Reach the patient by taking the most efficient route considering the traffic and provide aid	
	Analytical thinking	
	The user/individual on the job needs to know and understand how to:	
	SB11. Employ skills and knowledge at his or her disposal to judge the criticality of a patient's condition and decide on a course of action	







Critical thinking	
	The user/individual on the job needs to know and understand how to:
	SB12. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.









NOS Version Control

NOS Code	HSS/ N 2303		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
Cocapation	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to assess the condition of the patients in an emergency.







Unit Code	HSS/ N 2327 Assess Patient at the site (Advanced)		
Unit Title (Task)			
Description	This OS unit is about EMT assessing the situation through examination of the patient's current medical state and extent of damage. This is followed by assessment of the clinical condition		
Scope	This unit/task covers the following: • Assessing the situation and condition of the patient based on an examination and supporting tests, Arriving at a probable diagnosis		
Performance Criteri	a (PC) w.r.t. The Scope		
Element	Performance Criteria		
	PC1. Explain clearly: An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs What information need to be obtained and stored in records With whom the information might be shared What is involved in the assessment PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation) PC4. Respect the patient's privacy, dignity, wishes and beliefs PC5. Minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process PC6. Communicate with the patient clearly and in a manner and pace that is appropriate to: Their level of understanding Their culture and background Their need for reassurance and support PC7. Recognise promptly any life-threatening or high risk conditions PC8. Make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making PC9. Assess the condition of the patient by: Observing patient position Observing patient position Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing Checking if there is any bleeding from the nose or ears Looking at the pupil dilation/difference in pupil sizes, as it may be		







1133/ 14 2327. A33C33 PC	atient at the site (advanced)		
	suggestive of concussion O Checking if the patient is under the effect of alcohol or any other drug		
	 Checking the patient's mouth to ensure the airway is clear 		
	 Gently checking the neck, starting from the back 		
	 Checking for any swelling or bruises 		
	Checking the chest to ascertain if any object is stuck		
	Checking the ribcage for bruising or swelling and the abdomen for any		
	kind of swelling or lumps		
	 Checking for any damage to the pelvis 		
	Asking the victim if they are able to feel their legs		
	 Observing the colour of toes to check for any circulation problems 		
	PC10. Use appropriate equipment if required		
	1 C10. Osc appropriate equipment il required		
Knowledge and Unders	standing (K)		
A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Why it is important to establish informed consent for the assessment to be		
Healthcare	made and how to proceed when consent cannot be, or is not provided		
provider/	KA2. Methods of obtaining consent and how to ensure that sufficient information		
Organisation and	has been provided on which to base judgment		
its processes)	KA3. The importance of clear communication in clinical situations		
	KA4. The importance of recording information clearly, accurately and legibly		
	KA5. The importance of health, safety, and security at the emergency scene		
	KA6. The basic requirements of the health and safety and other legislations and		
	regulations that apply to the scene		
	KA7. Relevant information on health, safety, and security that applies to the emergency scene		
	KA8. The steps which need to be taken to ensure that the privacy, dignity, wishes		
	and beliefs of the adult are respected and maintained where possible		
	KA9. How to recognise hazards when encountered at the scene and how to report		
	the hazard to the competent authority		
	KA10. The organisation's emergency procedures and responsibilities in nuclear,		
	radioactive, biological, chemical and explosive incidents		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
	KB1. How to examine a patient whose current medical condition is unclear. For		
	example, ability to know how to practice caution with a patient who may have		
	suffered a back injury.		
	KB2. The variation in approach for patient assessment between medical and trauma		
	emergency cases		
	KB3. Clinical norms for adults and children with regard to:		
	a. Temperature		
	b. Pulse		
	c. Respiration		
	d. Blood pressure (non-invasive)		
	e. Oxygen saturation level		







HSS/ N 2327: Assess patient at the site (advanced)			
	f. AVPU scale		
	g. Glasgow Coma Scale		
	h. Pupil reaction		
	i. ECG		
	j. Urinalysis		
	k. Blood glucose		
	I. Skin colour and pallor		
	m. Consciousness		
	KB4. The indicators of high risk or life threatening conditions in relation to the		
	parameters listed above		
	KB5. Clinical norms with regard to the following symptoms:		
	a. Breathlessness		
	b. Bleeding and fluid loss		
	c. Pain		
	d. Tissue trauma		
	e. Skin rashes/dermatological features		
	f. Toxic ingestion		
	g. Altered consciousness, dizziness, faints and fits		
	h. Altered behaviour		
	i. Fever		
	j. A fall		
	k. Ear, nose and throat problems		
	KB6. Requirements to ensure health and safety at the emergency site		
	KB7. How to create a safe environment around the patient and others		
	KB8. The importance of being alert to health, safety, and security hazards at the		
	emergency site		
	KB9. How to use advanced airway devices like LMA, Laryngeal Tube, Combitube, ET Tube, Venturi Mask; interpret ECG, identify VF, Unstable		
	tachy, symptomatic brady KR10. How to use routhm specific medications and electrical thorapy like		
	KB10. How to use rhythm specific medications and electrical therapy like		
	defibrillation and cardioversion, transcutaneous pacing		
	KB11. How to use emergency medications		
	KB12. How to manage advanced life support medical equipment usage like		
	ventilators, multiparameter monitor with defib, ETCO2 monitor, syringe		
	pumps, neonatal ambulance incubator, VIP ambulance		
Skills (S)			
A. Core Skills/	Writing skills		
Generic Skills	The user/ individual on the job needs to know and understand how to:		
	SA1. Record information clearly, accurately and legibly		
	SA2. Fill up all details in the PCR accurately and quickly		
	Reading skills		







133/ N 2327: Assess pa	atient at the site (advanced)			
	The user/individual on the job needs to know and understand how to:			
	SA3. Read about changes in legislations and organisational policies related to patient assessment procedures, techniques and processes SA4. Read updated clinical regulations and reports on assessment of patients			
	at the site of an emergency			
	Oral Communication (Listening and Speaking skills)			
	The user/individual on the job needs to know and understand how to:			
	SA5. Interact with the patient clearly and in a reassuring manner SA6. Give clear instructions to the patient SA7. Shout assertively in case the patient does not respond SA8. Collect all necessary information regarding the patient's condition, in order to			
	provide the correct immediate treatment SA9. Avoid using jargon, slang or acronyms when communicating with a patient SA10. Communicate with other people around the patient and give them clear instructions for their safety SA11. Communicate clearly with other emergency response agencies if required			
B. Professional Skills	Decision making			
	The user/individual on the job needs to know and understand how to: SB1. Make decisions pertaining to the treatment to be given at the site and other actions to be taken Plan and Organise			
	The user/individual on the job needs to know and understand:			
	SB2. Plan and organise activities at the scene of the emergency in order to provide the correct level of care to the patient			
	Patient centricity			
	The user/individual on the job needs to know and understand how to: SB3. Communicate effectively with patients and their family, physicians, and other members of the health care team SB4. Be sensitive to potential cultural differences			
	SB5. Employ effective non-verbal behaviour with the patient(s) if required SB6. Maintain patient confidentiality			
	SB7. Respect the rights of the patient(s)			
	Problem solving			
	The user/individual on the job needs to know and understand how to:			
	SB8. Check for the parameters and symptoms and provide appropriate medical care			
	Analytical thinking			







The user/individual on the job needs to know and understand how to:	
SB9. Identify immediate or temporary solution when patient's medical condition is unclear	
Critical thinking	
The user/individual on the job should be::	
SB10. Able to pay attention to detail at the scene and minutely observe the patient's condition	
SB11. Able to use the knowledge and training at his or her disposal to make an	
accurate judgement of the patient's condition and needs, even in a crisis	









NOS Version Control

NOS Code	HSS/ N 2327		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



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Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for sorting injured or ill people into groups based on their need for or likely benefit from immediate medical treatment.







Unit Code	HSS/ N 2305
Unit Title (Task)	Patient Triage based on the defined clinical criteria of severity of illness
Description	This OS unit is about a process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. It aims to ensure that patients are treated in order of their clinical urgency i.e. the need for time-critical intervention. Triage also allows for the allocation of the patient to the most appropriate assessment and treatment area.
Scope	This unit/task covers the following: • Prioritising the patient based on the measurement and subjective data, Measuring vital signs, Accordingly allocating the patient to a treatment area
Performance Criteria (F	
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to: PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait PC2. Know how to check all the vital signs PC3. Identify a high-risk case PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment PC5. Communicate clearly and assertively PC6. Collaboratively be able to supervise/work collaboratively with other departments PC7. Multitask without compromising on quality and accuracy of care provided PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters
A. Organisational Context (Knowledge of the Healthcare provider/	The user/individual on the job needs to know and understand: KA1. How to capture the medical history of the patient to correctly prioritise the patient. For example the user will record past medical history, allergies, medications, age and gender
Organisation and its processes)	 KA2. The importance of health, safety, and security at the emergency scene KA3. The basic requirements of the health and safety and other legislations and regulations that apply to the scene KA4. The relevant information on health, safety, and security that applies to the emergency scene KA5. How to recognise hazards when encountered at the scene and how to report the







1133/ N 2303. Patient t	riage based on the defined chilical criteria of severity of liness			
	hazard to the competent authority			
	KA6. The organisation's emergency procedures and in situations like a nuclear,			
	radioactive, biological, chemical and explosive incidents			
	· · · · · · · · · · · · · · · · · · ·			
	KA7. Complex cases like treating a child whose parents, guardian or day care is not			
	present			
B. Technical	The user/individual on the job needs to know and understand:			
Knowledge	The aser/marviadar on the job freeds to know and anderstand.			
Kilowieuge	KD4 Harris about a risting rib and arrived and disclosured in the constraint of the			
	KB1. How to check a victim whose current medical condition is unclear. For example,			
	ability to practice caution with a patient who may have suffered a back injury			
	KB2. How to assess severity of pain (e.g. using Visual Analogue Scale) and manage			
	appropriately			
	KB3. Requirements to ensure health and safety at the emergency site			
	KB4. How to create a safe environment around the patient			
	KB5. How to use Sort, Assess, Lifesaving interventions, Treat and Transport (SALT)			
	triage system and Simple Triage And Rapid Treatment (START) plan accordingly,			
Chille (C)	as per the triage guidelines and protocols			
Skills (S)				
A. Core Skills/	Writing Skills			
Generic Skills	The user/ individual on the job needs to know and understand how to:			
	SA1. Document all the details about the patient for example			
	 Date and time of assessment 			
	Name of triage officer			
	Chief presenting problems			
	Relevant assessment findings			
	 Initial triage category allocated 			
	SA2. Record daily activities			
	SA3. Share sharp, concise and to the point report/PCR with the medical officer			
	Reading Skills			
	The user/individual on the job needs to know and understand how to:			
	The user/marvidual on the job needs to know and understand now to.			
	SA4. Read about changes in legislations and organisational policies			
	SA5. Keep abreast with the latest knowledge by reading internal communications			
	and legal framework changes			
	SA6. Read new clinical protocols and reading orders given by medical officer			
	Oral Communication (Listening and Speaking skills)			
	The user/individual on the job needs to know and understand how to:			
	SA7. Interact with the patient			
	·			
	SA8. Give clear instructions to the patient			
	SA9. Shout assertively in case the patient does not respond			
	SA10. Collect all necessary information regarding the patient's condition, address			







HSS/ N 2305: Patient tr	riage based on the defined clinical criteria of severity of illness				
	SA11. Avoid using jargon, slang or acronyms when communicating with a patient SA12. Communicate with other people around the patient and give them clear instructions for their safety SA13. Communicate clearly with other emergency response agencies if required				
B. Professional Skills	Decision Making				
Di Troressionar skins	The user/individual on the job needs to know and understand how to:				
	The user/marviadar on the job fleeds to know and understand now to.				
	SB1. Make decisions pertaining to the concerned area of work in relation to job role				
	Plan and Organise				
	The user/individual on the job needs to know and understand:				
	SB2. How to plan and organise activities that are assigned				
	SB3. How to control any aggression by the patient or the patient relatives				
	SB4. How to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level				
	Patient Centricity				
	The user/individual on the job needs to know and understand how to:				
	SB5. Communicate effectively with patients and their family, physicians, and other				
	members of the health care team				
	SB6. Be capable of being responsive, listen empathetically to establish rapport in a way that promotes openness on issues of concern				
	SB7. Be sensitive to potential cultural differences				
	SB8. Interact therapeutically with psychiatric patients				
	SB9. Employ effective non-verbal behaviour with the patient(s) if required				
	SB10. Maintain patient confidentiality				
	SB11. Respect the rights of the patient(s)				
	Problem Solving				
	The user/individual on the job needs to know and understand how to:				
	SB12. Think through the problem, evaluate the possible solution(s) and suggest an optimum /best possible solution(s)				
	SB13. Identify immediate or temporary solutions to resolve delays				
	Analytical Thinking				
	SB14. Resolve problems and make decisions based on the information available				
	Critical Thinking				
	The user/individual on the job needs to know and understand how to:				
	SB15. Ability to analyse and compare similar situations				







NOS Version Control

NOS Code	HSS/ N 2305		
Credits(NSQF)	ТВО	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









HSS/ N 2328: Manage cardiovascular emergency (advanced)

National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to recognise and treat emergencies related to the cardiovascular system.







Unit Code	HSS/ N 2328		
Unit Title (Task)	Manage Cardiovascular Emergency (Advanced)		
Description	This OS unit is about the recognition and treatment of emergencies related to the cardiovascular system. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients in a Cardiac emergency.		
Scope	This unit/task covers the following: • Identifying Cardiac emergencies, Managing patients in Cardiac emergencies, Following the prescribed procedures and steps involved in a Cardiac emergency situation		
Performance Crite	eria (PC) w.r.t. The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
	PC1. Describe the structure and function of the cardiovascular system PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort PC3. Identify the symptoms of hypertensive emergency PC4. Identify the indications and contraindications for automated external defibrillation (AED) PC5. Explain the impact of age and weight on defibrillation PC6. Discuss the position of comfort for patients with various cardiac emergencies PC7. Establish the relationship between airway management and the patient with cardiovascular compromise PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting PC12. Explain the usage of aspirin and clopidogrel PC13. Differentiate between the fully automated and the semi-automated defibrillator PC14. Discuss the procedures that must be taken into consideration for standard		
	operations of the various types of automated external defibrillators PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator PC16. Identify circumstances which may result in inappropriate shocks PC17. Explain the considerations for interruption of CPR, when using the automated		







HSS/ N 2328: Manage	cardiovascular emergency (advanced)		
	external defibrillator		
	PC18. Summarise the speed of operation of automated external defibrillation		
	PC19. Discuss the use of remote defibrillation through adhesive pads		
	PC20. Operate the automated external defibrillator		
	PC21. Discuss the standard of care that should be used to provide care to a patient		
	with recurrent ventricular fibrillation and no available ACLS		
	PC22. Differentiate between the single rescuer and multi-rescuer care with an		
	automated external defibrillator		
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator		
	PC24. Identify the components and discuss the importance of post-resuscitation care		
	PC25. Explain the importance of frequent practice with the automated external defibrillator		
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist		
	PC27. Explain the role medical direction plays in the use of automated external defibrillation		
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator		
	PC29. Discuss the components that should be included in a case review		
	PC30. Discuss the goal of quality improvement in automated external defibrillation PC31. Recognise the need for medical direction of protocols to assist in the		
	emergency medical care of the patient with chest pain		
	PC32. List the indications for the use of nitro-glycerine		
	PC33. State the contraindications and side effects for the use of nitro-glycerine PC34. Perform maintenance checks of the automated external defibrillator		
	PC35. Perform ECG tracing		
	PC36. Perform manual defibrillation, cardioversion and transcutaneous pacing		
	PC37. Manage acute heart failure		
Knowledge and Unders	tanding (K)		
A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by hospital.		
Healthcare	KA2. How to engage with provider for support in order to deliver and assist providers		
provider/	KA3. How to perform the different procedures relevant to manage cardiovascular		
Organisation and	emergency		
its processes)	KA4. What is the significance of each procedure in patient management		

A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by hospital.		
Healthcare	KA2. How to engage with provider for support in order to deliver and assist providers.		
provider/	KA3. How to perform the different procedures relevant to manage cardiovascular		
Organisation and	emergency		
its processes)	KA4. What is the significance of each procedure in patient management		
	KA5. How to use the equipment meant to perform different procedures to manage		
	cardiovascular emergency		
	KA6. Employee safety policy		
	KA7. How to handle when emergency situation is beyond ones' competency		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
	KB1. Role in the emergency cardiac care system		
	KB2. Fundamentals and rationale of early defibrillation		







1133/ 14 2320. Wallage	e cardiovascular emergency (advanced)		
	KB3. Various types of automated external defibrillators, their advantages and		
	disadvantages, and maintenance		
	KB4. Special considerations for rhythm monitoring		
	KB5. Importance of coordinating ALS trained providers with personnel using		
	automated external defibrillators		
	KB6. Maintenance of automated external defibrillators		
	KB7. Rationale for administering nitro-glycerine to a patient with chest pain or discomfort		
	KB8. How to assess and provide emergency medical care to a patient experiencing chest pain/discomfort		
	KB9. Application and operation of the automated external defibrillator		
	KB10. Steps in facilitating the use of nitro-glycerine for chest pain using a substitute candy tablet and breath spray		
	KB11. Assessment and documentation of patient response to nitro-glycerine		
	KB12. Application and operation of the automated external defibrillator		
	KB13. Function of all controls on an automated external defibrillator, and describe		
	event documentation and battery defibrillator maintenance		
	KB14. Assessment and documentation of patient response to the automated		
	external defibrillator		
	KB15. How to perform ECG tracing		
	KB16. How to perform manual defibrillation, cardioversion and transcutaneous		
	pacing		
	KB17. How to manage acute heart failure		
	KB18. Usage of cardio selective drugs (such as ionotropes and betablockers)		
	KB19. How to interpret ECG		
	KB20. How to identify VF, unstable tachy, symptomatic brady		
Skills (S)			
	Mariain a Chille		
A. Core Skills/	Writing Skills		
Generic Skills	The user/ individual on the job needs to know and understand how to:		
	SA1. Record various images and equipment readings		
	SA2. Share sharp, concise and to the point report with the provider institute physician		
	SA3. Complete the medical history, PCR and applicable transport form		
	SA4. Facilitate form filling in the allocated hospital once the patient reaches the hospital		
	Reading Skills		
	The user/individual on the job needs to know and understand how to:		
	The user/maividual on the job fleeds to know and understand flow to.		
	SA5. Read about changes in legislations and organisational policies		
	SA6. Keep abreast with the latest knowledge by reading internal communications and		
	legal framework changes		

SA7. Read latest clinical regulations as shared by the medical officer

SA8. Read the list of hospitals in the major accident or emergency prone locations.







1133/ 14 2320: 141dhage	cardiovascular emergency (advanced)		
	SA9. Read upgraded facilities available in existing hospitals		
	SA10. Understand and interpret written material, including technical material, rules,		
	regulations, instructions, reports, charts, graphs, or tables		
	Oral Communication (Listening and Speaking skills)		
	Oral Communication (Listening and Speaking skins)		
	The user/individual on the job needs to know and understand how to:		
	e ass.,a.mada. on the job meda to know and anderstand now to.		
	SA11. Interact with the patient		
	SA12. Give clear instructions to the patient		
	·		
	SA13. Shout assertively in case the patient does not respond		
	SA14. Collect all necessary information regarding the patient's condition, address		
	SA15. Avoid using jargon, slang or acronyms when communicating with a patient		
	SA16. Communicate with other people around the patient and give them clear		
	instructions around their safety		
	SA17. Communicate clearly with other emergency response agencies if required		
B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to:		
	The aser/individual of the job freeds to know and understand flow to.		
	SB1. Make decisions pertaining to refusal of treatment		
	SB2. Act decisions pertaining to refusal of treatment SB2. Act decisively by balancing protocols and emergency at hand		
	SB3. Manage situations where minors, unconscious or self-harming patients are		
	involved		
	Plan and Organise		
	The user/individual on the job needs to know and understand:		
	SPA. How to plan and organics activities that are assigned to him/her		
	SB4. How to plan and organise activities that are assigned to him/her		
	SB5. How to quickly think and refer to information about the hospitals in vicinity		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	SB6. Communicate effectively with patients and their family, physicians, and other		
	members of the health care team		
	SB7. Maintain patient confidentiality		
	·		
	SB8. Respect the rights of the patient(s)		
	Problem Solving		
	The user/individual on the job needs to:		
	SPO. Use experience and training to respond to the diverse needs of nations		
	SB9. Use experience and training to respond to the diverse needs of patients		
	Analytical Thinking		







ines, it is in an about the transfer of the transfer of		
	The user/individual on the job needs to know and understand how to:	
	SB10. Diagnose or identify possible condition the patient is suffering from	
	Critical Thinking	
	The user/individual on the job should:	
	SB11. Be able to monitor and review the on-going effectiveness of planned activity	
	and modify it accordingly	









NOS Version Control

NOS Code	HSS/ N 232		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL TECHNICIAN - ADAVANCED	Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to recognise and treat emergencies related to stokes or the cerebrovascular system.





Unit Code	HSS/ N 2307		
Unit Title (Task)	Manage Cerebrovascular Emergency		
Description	This OS unit is about the recognition and treatment of emergencies related to the cerebrovascular system or strokes. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients having a stroke.		
Scope	This unit/task covers the following: • Identifying the symptoms of a stroke, Managing patients having a stroke, Following the prescribed procedures and steps involved in a cerebrovascular emergency situation		
Performance Criteria (I	PC) w.r.t. The Scope		
Element	Performance Criteria		
	PC1. Describe the basic types, causes, and symptoms of stroke PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke PC3. Manage airway, breathing, and circulation PC4. Assess the patient's level of consciousness and document any signs of stroke PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale PC7. Check serum blood sugar PC8. Collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications PC9. Determine the time of onset of symptoms PC10. Explain how patients, family, or bystanders should respond to a potential stroke PC11. Discuss the actions recommended for emergency responders to potential stroke victims PC12. Explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment PC13. Carry out first triage of potential stroke victims		
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes PC15. Explain the importance of immediately notifying the Emergency Department		







	of the hospital of the arrival of a potential stroke victim	
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart	
	on-route to the hospital	
	PC17. Forward a written report to the emergency department with details on	
	medical history and onset of the stroke symptoms	
Knowledge and Unders	standing (K)	
A. Organisational	The user/individual on the job needs to know and understand:	
Context		
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by hospital	
Healthcare	KA2. The services offered by different healthcare providers	
provider/	KA3. The health care institutions with availability of stroke treatment	
Organisation and	KA4. The treatment the EMT can provide to a stroke victim according to prevailing	
its processes)	regulation and hospital policies	
B. Technical Knowledge	The user/individual on the job needs to know and understand:	
Kilowieuge	KB1. Role in the emergency cerebrovascular care system	
	KB2. The basic types, causes and symptoms of stroke	
	KB3. How to provide emergency medical care to a patient experiencing symptoms of	
	a stroke	
	KB4. How to manage airway, breathing, and circulation	
	KB5. How to assess the patient's level of consciousness and document any signs of	
	stroke	
	KB6. How to assess vital signs: Blood pressure, heart rate, and respiratory rate	
	KB7. How to perform a standardised pre-hospital stroke scale assessment	
	KB8. How to check serum blood sugar	
	KB9. The critical information that must be collected such as the medical history	
	(especially any past strokes), the estimate of the time since any potential	
	stroke symptoms first appeared, current medical conditions of the patient and	
	current medications KB10. How to collect critical background information on the victim and the onset of	
	the stroke symptoms	
	KB11. How to determine the time of onset of symptoms	
	KB12. Inclusive and exclusive criteria for fibrinolytic therapy in acute stroke	
	KB13. Steps that may be taken by patients, family, or bystanders to respond to a	
	potential stroke	
	KB14. The actions recommended for emergency responders to potential stroke	
	victims	
	KB15. The importance of transporting stroke patients immediately to an emergency	
	department that has the personnel and equipment to provide comprehensive	
	acute stroke treatment	
	KB16. How to carry out first triage of potential stroke victims	
	KB17. The importance of immediately notifying the Emergency Department of the	
	hospital of the arrival of a potential stroke victim	
	KB18. How to administer an IV line and oxygen and monitor the functioning of the	







HSS/ N 2307: Manage	cerebrovascular emergency
	heart on-route to the hospital
	KB19. How to forward a written report to the emergency department with details on
	medical history and onset of the stroke symptoms
Skills (S)	
A. Core Skills/	Writing Skills
Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms SA2. Record various images and equipment readings SA3. Share sharp, concise and to the point report with the provider institute physician SA4. Complete the medical history, PCR and applicable transport form SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	 SA6. Read about changes in legislations and organisational policies SA7. Keep abreast with the latest knowledge by reading internal communications and legal framework changes SA8. Read latest clinical regulations as shared by the medical officer SA9. Read the list of hospitals in the major accident or emergency prone locations. SA10. Read upgraded facilities available in existing hospitals SA11. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA12. Interact with the patient SA13. Give clear instructions to the patient SA14. Shout assertively in case the patient does not respond SA15. Collect all necessary information regarding the patient's condition, address SA16. Avoid using jargon, slang or acronyms when communicating with a patient SA17. Communicate with other people around the patient and give them clear instructions around their safety SA18. Communicate clearly with other emergency response agencies if required
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	SB1. Make decisions pertaining to refusal of treatment







- SB2. Act decisively by balancing protocols and emergency at hand
- SB3. Manage situations where minors, unconscious or self-harming patients are involved

Plan and Organise

The user/individual on the job needs to know and understand:

- SB4. How to plan and organise activities that are assigned to him/her
- SB5. How to quickly think and refer to information about the hospitals in vicinity

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB7. Maintain patient confidentiality
- SB8. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to:

SB9. Use experience and training to respond to the diverse needs of patients

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB10. Diagnose or identify possible strokes

Critical Thinking

The user/individual on the job should:

SB11. Be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly







NOS Version Control

NOS Code	HSS/ N 2307	HSS/ N 2307	
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for recognition and treatment of emergencies related to



National Occupational Standards



HSS/ N 2308: Manage allergic reaction

Allergies.

Unit Code	HSS/ N 2308		
Unit Title (Task)	Manage Allergic Reaction		
Description	This OS unit is about the recognition and treatment of emergencies related to Allergies. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients suffering from an allergic reaction.		
Scope	This unit/task covers the following: • Identifying allergic reactions, Managing patients with allergic reactions, Following the prescribed procedures and steps involved in treating or managing an allergic reaction		
Performance Criteria (F	PC) w.r.t. The Scope		
Element	Performance Criteria		
	 To be competent, the user/individual on the job must be able to: PC1. Recognise the patient experiencing an allergic reaction PC2. Perform the emergency medical care of the patient with an allergic reaction PC3. Establish the relationship between the patient with an allergic reaction and airway management PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector 		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and	The user/individual on the job needs to know and understand: KA1. Relevant legislation, standards, policies, and procedure followed by hospital for managing the allergic reactions KA2. How to perform the different procedures needed for managing allergic reactions KA3. The significance of each procedure in patient management KA4. How to engage with the medical officer for support in case the situation is		







1133/ N 2308. Wallage	
its processes)	beyond one's competence
B. Technical Knowledge	The user/individual on the job needs to know and understand:
····o···ougo	KB1. How to provide emergency medical care of the patient experiencing an allergic reaction
	KB2. The common reasons for allergic reaction (medicines, known cases of asthma, some food items etc.)
	KB3. How to use epinephrine auto-injector
	KB4. How to administer treatment appropriately in case of not having access to epinephrine auto-injectors
	KB5. How to assess and document patient response to an epinephrine injection
	KB6. Proper disposal of equipment
	KB7. How to complete a Pre-Hospital Care report for patients with allergic
	emergencies
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
/ Generie Gains	The daery marviadar on the job freeds to know and anderstand now to.
	SA1. Share sharp, concise and to the point report with the provider institute physician
	SA2. Complete medical history, PCR and applicable transport form
	SA3. Facilitate form filling in the allocated hospital once the patient reaches the
	hospital
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	CAA Basid about about a large lating and a sequentiated policies
	SA4. Read about changes in legislations and organisational policies SA5. Keep abreast with the latest knowledge by reading internal communications and
	legal framework changes
	SA6. Read latest clinical regulations shared by the medical officer
	SA7. Read the list of hospitals in the major accident or emergency prone locations.
	SA8. Read upgraded facilities available in existing hospitals
	SA9. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA10. Interact with the patient
	SA11. Give clear instructions to the patient
	SA12. Shout assertively in case the patient does not respond
	SA13. Collect all necessary information regarding the patient's condition, address
	SA14. Avoid using jargon, slang or acronyms when communicating with a patient
	SA15. Communicate with other people around the patient and give them clear
	3.13. Communicate with other people around the patient and give them clear







1133/ 14 2308. Wallage	allergic reaction			
	instructions around their safety			
	SA16. Communicate clearly with other emergency response agencies if required			
B. Professional Skills	Decision Making			
	The user/individual on the job needs to know and understand how to:			
	SB1. Make decisions pertaining to refusal of treatment			
	SB2. Act decisively by balancing protocols and emergency at hand			
	SB3. Manage situations where minors, unconscious or self-harming patients are			
	involved			
	Plan and Organise			
	The user/individual on the job needs to know and understand:			
	SB4. How to plan and organise activities that are assigned to him/her			
	SB5. How to quickly think and refer to information about the hospitals in vicinity			
	Patient Centricity			
	·			
	The user/individual on the job needs to know and understand how to:			
	SB6. Communicate effectively with patients and their family, physicians, and other			
	members of the health care team			
	SB7. Maintain patient confidentiality			
	SB8. Respect the rights of the patient(s)			
	Problem Solving			
	The user/individual on the job needs to know and understand how to:			
	SB9. Identify immediate or temporary solutions to relieve the patient			
	We the second se			
	Analytical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB10. Correlate the past allergic reactions if any with the present condition			
	Critical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB11. Analyse, evaluate and apply the information gathered from observation,			
	experience, reasoning, or communication to act efficiently.			
	1, 0,			







NOS Version Control

NOS Code	HSS/ N 230		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
occupation .	TECHNICIAN - ADAVANCED		









HSS/ N 2329: Manage poisoning or overdose (advanced)

National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for the recognition and treatment of emergencies related to Poisoning or Overdose.







HSS/ N 2329: Manage poisoning or overdose (advanced)

Unit Code	HSS/ N 2329
Unit Title (Task)	Manage Poisoning or Overdose (Advanced)
Description	This OS unit is about the recognition and treatment of emergencies related to Poisoning or Overdose. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients suffering from poisoning or overdose.
Scope	This unit/task covers the following: • Identifying Poisoning or Overdose emergencies, Managing patients with Poisoning or Overdose, Following the prescribed procedures and steps involved in Poisoning or Overdose situation.
Performance Criteria (I	PC) w.r.t. The Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to: PC1. Recognise various ways that poisons enter the body PC2. Recognise signs/symptoms associated with various poisoning PC3. Perform the emergency medical care for the patient with possible overdose PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal PC7. Recognise the need for medical direction in caring for the patient with
	poisoning or overdose PC8. Perform gastric lavage
Knowledge and Unders	
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job should be able to: KA1. Collect relevant legislation, standards, policies, and procedure followed by hospital in case of poisoning KA2. Perform the different procedures to ensure patient is out of danger KA3. Know the significance of each procedure in patient management KA4. Engage with the medical officer for support in case the situation is beyond one's
B. Technical Knowledge	The user/individual on the job needs to know and understand: KB1. Various types of poisoning by ingestion, inhalation, injection and absorption







HSS/ N 2329: Manage	poisoning or overdose (advanced)			
	KB2. Steps in the emergency medical care for the patient with possible overdose			
	KB3. How to administer activated charcoal			
	KB4. Necessary steps required to provide a patient with activated charcoal			
	 KB5. Steps in the emergency medical care for the patient with suspected poisoning KB6. How to do an assessment and documentation of patient response KB7. Disposal process of the equipment for the administration of activated charcoal KB8. Knowledge of commonly used poison substances at the local level, various 			
	toxidromes and specific antidotes with focus on OP poisoning			
	KB9. How to collect evidence for MLC			
	KB10. How to perform gastric lavage			
Skills (S)				
A. Core Skills	Writing Skills			
/Generic Skills	The user/ individual on the job needs to know and understand how to:			
	The user/ marvidual on the job needs to know and understand now to.			
	SA1. Share documents, reports, task lists, and schedules with co-workers			
	SA1. Share documents, reports, task lists, and schedules with co-workers			
	SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities SA3. Share sharp, concise and to the point report with the provider institute			
	SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities SA3. Share sharp, concise and to the point report with the provider institute physician			

Reading Skills

The user/individual on the job needs to know and understand how to:

- SA6. Read about changes in legislations and organisational policies
- SA7. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- SA8. Read latest clinical regulations shared by the medical officer
- SA9. Read the list of hospitals in the major accident or emergency prone locations.
- SA10. Read upgraded facilities available in existing hospitals
- SA11. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables

Oral Communication (Listening and Speaking skills)

The user/individual on the job needs to know and understand how to:

- SA12. Interact with the patient
- SA13. Give clear instructions to the patient

instructions about their safety

- SA14. Shout assertively in case the patient does not respond
- SA15. Collect all necessary information regarding the patient's condition, address
- SA16. Avoid using jargon, slang or acronyms when communicating with a patient
- SA17. Communicate with other people around the patient and give them clear

B. Professional Skills | Decision Making







HSS/ N 2329: Manage poisoning or overdose (advanced)

The user/individual on the job needs to know and understand how to:

- SB1. Make decisions pertaining to refusal of treatment
- SB2. Act decisively by balancing protocols and emergency at hand
- SB3. Manage situations where minors, unconscious or self-harming patients are involved

Plan and Organise

The user/individual on the job needs to know and understand:

- SB4. How to plan and organise activities that are assigned to him/her
- SB5. How to quickly think and refer to information about the hospitals in vicinity

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB7. Maintain patient confidentiality
- SB8. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

- SB8. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- SB9. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB10. Carefully notice the symptoms and give the best possible treatment

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.







HSS/ N 2329: Manage poisoning or overdose (advanced)

NOS Version Control

NOS Code	HSS/ N 2329		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
o coupation	TECHNICIAN - ADAVANCED	Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for recognition and treatment of emergencies related to the external environment







Unit Code	HSS/ N 2310		
Unit Title	H55/ N 2510		
(Task)	Manage Environmental Emergency		
Description	This OS unit is about the recognition and treatment of emergencies related to the external environment. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients exposed to extreme environmental conditions.		
Scope	This unit/task covers the following: • Identifying Environmental emergencies, Managing patients with symptoms of exposure to extreme heat/cold, Following the prescribed procedures and steps involved in exposure to extreme environmental situations		
Performance Criteria (PC) w.r.t. The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
	PC1. Recognise the various ways by which body loses heat		
	PC2. List the signs and symptoms of exposure to cold		
	PC3. Perform the steps in providing emergency medical care to a patient exposed to		
	cold		
	PC4. List the signs and symptoms of exposure to heat		
	PC5. Perform the steps in providing emergency care to a patient exposed to heat PC6. Recognise the signs and symptoms of water-related emergencies		
	PC7. Identify the complications of near-drowning		
	PC8. Perform emergency medical care for bites and stings		
	PC9. Explain various relevant National Disaster Management Agency (NDMA)		
	guidelines		
Knowledge and Under			
A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Level of one's competence, authority and knowledge in relation to the		
Healthcare	management of emergency situations		
provider/	KA2. Appropriate response for emergency situations within one's scope of practice		
Organisation and	KA3. Relevant legislation, standards, policies, and procedures followed by the hospital		
its processes)	KA4. How to engage with provider for support in order to deliver and assist providers.		
	KA5. How to perform the different procedures to manage environmental emergency		
	KA6. What is the significance of each procedure in patient management KA7. Employee safety policy		
	KA8. National Disaster Management Agency (NDMA) guidelines		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge	,		







HSS/ N 2310: Manage	environmental emergency				
	KB1. Injuries caused by exposure to extreme heat/cold or due to drowning				
	KB2. How to complete a Pre-Hospital Care report for patients with environmental				
	emergencies				
	KB3. How to remove a patient with a suspected spine injury from the water				
	KB4. How to continue prolonged CPR in case of drowning victims				
	KB5. How to treat high altitude sickness.				
	KB6. How to apply rewarming techniques including active and passive rewarming				
	KB7. Relevant National Disaster Management Agency (NDMA) guidelines				
Skills (S)	RD7. Relevant National Disaster Management Agency (NDMA) guidelines				
A. Core Skills	Writing Skills				
/Generic Skills	The user/ individual on the job needs to know and understand how to:				
/ Generic Skills	The user/ individual on the job fleeds to know and understand now to.				
	SA1. Share documents, reports, task lists, and schedules with co-workers				
	SA2. Record daily activities				
	SA3. Share sharp, concise and to the point report with the provider institute physician				
	SA4. Complete medical history, PCR and applicable transport form				
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the				
	hospital				
	SA6. Produce information which may include technical material that is appropriate for				
	the intended audience				
	Reading Skills				
	The user/individual on the job needs to know and understand how to: SA7. Read about changes in legislations and organisational policies SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities SA9. Read latest clinical regulations shared by the medical officer SA10. Read the list of hospitals in the major accident or emergency prone locations. SA11. Read about upgraded facilities available in existing hospitals SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables				
	Oral Communication (Listening and Speaking skills)				
	The user/individual on the job needs to know and understand how to:				
	SA13. Interact with the patient				
	SA14. Give clear instructions to the patient				
	·				
	SA15. Shout assertively in case the patient does not respond				
	SA16. Collect all necessary information regarding the patient's condition, address				
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient				
	SA18. Communicate with other people around the patient and give them clear				
	instructions around their safety				
	SA19. Communicate clearly with other emergency response agencies if required				
D. Duefeed and Cliff	Decision Making				
B. Professional Skills	Decision Making				







The user/individual on the job needs to know and understand how to:

SB1. Make decisions pertaining to the concerned area of work in relation to job role

Plan and Organise

The user/individual on the job needs to know and understand:

- SB2. How to plan and organise activities that are assigned to him/her
- SB3. How to control any aggression by the patient or the patient relatives
- SB4. How to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB6. Maintain patient confidentiality
- SB7. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

- SB8. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- SB9. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to:

SB10. Analyse the situation and carry out the required procedures

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.







NOS Version Control

NOS Code	HSS/ N 2310		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED	Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for recognition and treatment of emergencies related to behavioural or psychological conditions.







	behavioural emergency (advanced)		
Unit Code	HSS/ N 2330		
Unit Title (Task)	Manage Behavioural Emergency (Advanced)		
Description	This OS unit is about the recognition and treatment of emergencies related to behavioural or psychological conditions. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients demonstrating such behaviour.		
Scope	This unit/task covers the following: • Identifying behavioural emergencies, Managing patients with symptoms of psychological crisis, Following the prescribed procedures and steps involved in behavioural situations		
Performance Criteria (F	PC) w.r.t. The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour		
	PC2. Recognise the various reasons for psychological crises PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide		
	PC4. Identify special medical/legal considerations for managing behavioural emergencies		
	PC5. Recognise the special considerations for assessing a patient with behavioural problems		
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence		
Knowledge and Haday	PC7. Identify physical and chemical methods to calm behavioural emergency patients		
A. Organisational	The user/individual on the job needs to know and understand:		
Context (Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by the hospital		
Healthcare provider/	KA2. How to engage with provider for support in order to deliver and assist providers. KA3. How to perform the different procedures to handle common psychological		
Organisation and its processes)	emergencies KA4. The significance of each procedure to manage behavioural emergency		
,	KA5. How to use different equipment to perform procedures to handle the emergency		
	KA6. Employee safety policy		
B. Technical Knowledge	The user/individual on the job needs to know and understand:		
	KB1. How to assure his/her own safety in such situations		
	KB2. Legal ramifications of his/her actions		
	KB3. How to transport the patient in a safe and effective manner		







HSS/ N 233U: Manage	benavioural emergency (advanced)
	KB4. How to modify his/her behaviour towards the patient with a behavioural
	emergency
	KB5. How to provide emergency medical care to the patient experiencing a
	behavioural emergency
	KB6. Various techniques to safely restrain a patient with a behavioural problem
	KB7. Methods of physical and chemical restraint
	KB8. How to check RBS for all alternated levels of consciousness and behaviour
	emergency cases
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
/ deficite 5km3	The user/ marviadar on the job needs to know and understand now to.
	SA1. Share sharp, concise and to the point report with the provider institute physician
	SA2. Complete medical history, PCR and applicable transport form
	SA3. Facilitate form filling in the allocated hospital once the patient reaches the
	hospital
	SA4. Produce information which may include technical material that is appropriate for
	the intended audience
	Reading Skills
	Neduring Skins
	The user/individual on the job needs to know and understand how to:
	SA5. Read about changes in legislations and organisational policies
	SA6. Keep abreast with the latest knowledge by reading internal communications
	and legal framework changes related to roles and responsibilities
	SA7. Read latest clinical regulations as shared by the medical officer
	SA8. Read the list of hospitals in the major accident or emergency prone locations.
	SA9. Read about upgraded facilities available in existing hospitals
	SA10. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA11. Interact with the patient
	SA12. Give clear instructions to the patient
	SA13. Shout assertively in case the patient does not respond
	SA14. Collect all necessary information regarding the patient's condition, address
	SA15. Avoid using jargon, slang or acronyms when communicating with a patient
	SA16. Communicate with other people around the patient and give them clear
	instructions around their safety
	SA17. Communicate clearly with other emergency response agencies if required
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	The aser/marvidual on the job needs to know and understand now to.
	1







- SB1. Act decisively by balancing protocols and emergency at hand
- SB2. Manage situations where minors, unconscious or self-harming patients are involved

Plan and Organise

The user/individual on the job needs to know and understand:

- SB3. How to plan and organise activities that are assigned to him/her
- SB4. How to quickly think and refer to information about the hospitals in vicinity

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB6. Maintain patient confidentiality
- SB7. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

SB8. Understand the behavioural change and take a rational step

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB9. Analyse the psychological crisis and suggest the solutions

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.







NOS Version Control

NOS Code	HSS/ N 2330		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









HSS/ N 2312: Manage obstetric/gynaecological emergencies

National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for care of patients with pre-hospital conditions involving obstetric/gynaecological emergencies.







HSS/ N 2312: Manage obstetric/ gynaecological emergencies

Unit Code	HSS/ N 2312
Unit Title	Manage Obstetrics/Gynaecology emergencies
(Task) Description	This OS unit is about managing patients with pre-hospital conditions involving obstetric/ gynaecological emergencies. These conditions require discreet, professional, safe and effective care by the EMT.
Scope	This unit/task covers the following: Providing emergency care during childbirth, Providing care for conditions involving obstetric/ gynaecological emergencies
Performance Crite	eria (PC) w.r.t. The Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum PC2. Identify and explain the use of the contents of an obstetrics kit PC3. Identify pre-delivery emergencies PC4. State indications of an imminent delivery PC5. Differentiate the emergency medical care provided to a patient with predelivery emergencies from a normal delivery PC6. Perform the steps in pre-delivery preparation of the mother PC7. Establish the relationship between body substance isolation and childbirth PC8. Perform the steps to assist in the delivery PC9. State the steps required for care of the baby as the head appears PC10. Explain how and when to cut the umbilical cord PC11. Perform the steps in the delivery of the placenta PC12. Perform the steps in the emergency medical care of the mother post-delivery PC13. Summarise neonatal resuscitation procedures PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation PC15. Differentiate the special considerations for multiple births PC16. Recognise special considerations of meconium PC17. Identify special considerations of a premature baby PC18. Perform the emergency medical care of a patient with a gynaecological
	emergency PC19. Perform steps required for emergency medical care of a mother with excessive bleeding PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies







HSS/ N 2312: Manage obstetric/ gynaecological emergencies

Knowledge and Understanding (K)		
A. Organisational	The user/individual on the job needs to know and understand:	
Context (Knowledge of the Healthcare provider/ Organisation and its processes)	 KA1. Relevant legislation, standards, policies, and procedure followed by the hospital KA2. How to perform the different procedures related to Obstetrics/ Gynaecology emergencies KA3. The significance of each procedure required to handle Obstetrics/ Gynaecology emergency KA4. How to use the equipment meant to perform each procedure 	
B. Technical	The user/individual on the job needs to know and understand:	
Knowledge	 KB1. The implications of treating two patients (mother and baby) KB2. Steps to assist in normal cephalic delivery KB3. Infant neonatal procedures KB4. Neonatal resuscitation procedures KB5. How and when to cut the umbilical cord KB6. Post-delivery care of the mother KB7. Procedures for the following abnormal deliveries: Breech birth, prolapsed cord, limb presentation KB8. Procedures and special considerations for multiple births KB9. Special considerations for meconium KB10. Steps required for care of a mother with excessive bleeding or other gynaecological issues KB11. The use of oxytocin, methergin and mesoprostol 	
Skills (S)	NETT. THE use of oxytoem, methergin and mesoprostor	
A. Core Skills	Writing Skills	
/Generic Skills	The user/ individual on the job needs to know and understand how to: SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities SA3. Share sharp, concise and to the point report with the provider institute physician SA4. Complete medical history, PCR and applicable transport form SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital SA6. Produce information which may include technical material that is appropriate for the intended audience Reading Skills	
	The user/individual on the job needs to know and understand how to:	
	SA7. Read about changes in legislations and organisational policies SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities SA9. Read latest clinical regulations as shared by the medical officer SA10. Read about upgraded facilities available in existing hospitals	







HSS/ N 2312: Manage obstetric/ gynaecological emergencies

mee, it is in in in an age	obstetric/ gynaecological emergencies
	SA11. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA12. Interact with the patient
	SA13. Give clear instructions to the patient
	SA14. Shout assertively in case the patient does not respond
	SA15. Collect all necessary information regarding the patient's condition, address
	SA16. Avoid using jargon, slang or acronyms when communicating with a patient
	SA17. Communicate with other people around the patient and give them clear
	instructions around their safety
	SA18. Communicate clearly with other emergency response agencies if required
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	CD4 AAT 1 Let 1 f f f f
	SB1. Make decisions pertaining to refusal of treatment
	SB2. Act decisively by balancing protocols and emergency at hand
	Plan and Organise
	The user/individual on the job needs to know and understand:
	SB3. How to plan and organise activities that are assigned to him/her SB4. How to quickly think and refer to information about the hospitals in vicinity
	Patient Centricity
	The user/individual on the job needs to know and understand how to:
	SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team
	Control of the State of the Sta
	SB6. Maintain patient confidentiality
	SB7. Respect the rights of the patient(s)
	Problem Solving
	The user/individual on the job needs to:
	SB8. Use their experience, creativity and assessment skills to narrow down the problem with the patient
	Analytical Thinking
	SB9. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution
	Critical Thinking
	The user/individual on the job needs to know and understand how to:

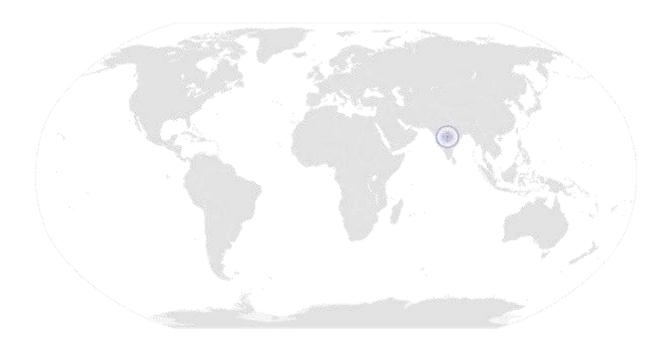






HSS/ N 2312: Manage obstetric/ gynaecological emergencies

SB10. Analyse, evaluate and apply the information gathered from observation,		
experience, reasoning, or communication to act efficiently		









HSS/ N 2312: Manage obstetric/ gynaecological emergencies

NOS Version Control

NOS Code	HSS/ N 2312	HSS/ N 2312		
Credits(NSQF)	TBD	Version number	1.0	
Industry	Health	Drafted on	12/05/13	
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13	
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15	
	TECHNICIAN - ADAVANCED	Next review date		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to deal with bleeding and shock (hypoperfusion) as identified during the initial patient assessment after securing the scene and ensuring personal safety.







Unit Codo	1100 (11 224 2			
Unit Code	HSS/ N 2313			
Unit Title (Task)	Manage Bleeding and Shock			
Description	This OS unit is about managing bleeding and shock (hypoperfusion) after the initial patient assessment. Control of arterial or venous bleeding is done upon immediate identification, after airway and breathing. This unit/task covers the following: Rendering basic medical care to a patient with bleeding injuries, Arresting the bleeding			
Scope				
Performance Criteria (F	PC) w.r.t. The Scope			
Element	Performance Criteria			
	PC1. Recognise the structure and function of the circulatory system PC2. Differentiate between arterial, venous and capillary bleeding PC3. State methods of emergency medical care of external bleeding PC4. Establish the relationship between body substance isolation and bleeding PC5. Establish the relationship between airway management and the trauma patient PC6. Establish the relationship between mechanism of injury and internal bleeding PC7. Recognise the signs of internal bleeding PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding PC9. Recognise the signs and symptoms of shock (hypoperfusion) PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion) PC11. Recognize different types of shock and initiate appropriate medical management			
Knowledge and Unders				
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. Relevant legislation, standards, policies, and procedure followed by hospital. KA2. Clinical protocols used by the provider to control bleeding and shock KA3. Procedures and guidelines of the hospital in case of hazards at the site or in case of accidents			
B. Technical Knowledge	The user/individual on the job needs to know and understand:			







1133/ 14 2313. Wallage bleeding and shock				
	KB1.	How to perform the different procedures to manage bleeding and shock		
	KB2.	The significance of each procedure to manage bleeding and shock in patient		
		management		
	KB3.	How to use the equipment meant to perform each procedure		
	KB4.	Engage with the medical officer for support in case the situation is beyond one's competence		
	KB5.	Methods of controlling external bleeding with emphasis on body substance isolation.		
	KB6.	Methods used to treat internal bleeding.		
	KB7.	Methods used to treat the patient in shock (hypoperfusion).		
	KB8.	Sense of urgency to transport patients that are bleeding and show signs of shock (hypoperfusion)		
	KB9.	How to use diffuse pressure as a method of emergency medical care of external bleeding.		
	KB10.	Use of pressure points and tourniquets as a method of emergency medical care of external bleeding.		
	KB11.	Signs and symptoms of internal bleeding.		
	KB12.	Signs and symptoms of shock (hypoperfusion).		

Skills (S)		
A. Core Skills	Writing Skills	
/Generic Skills	The user/ individual on the job needs to know and understand how to: SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities SA3. Share sharp, concise and to the point report with the provider institute physician SA4. Complete medical history, PCR and applicable transport form SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital SA6. Produce information which may include technical material that is appropriate for the intended audience	
	Reading Skills The user/individual on the job needs to know and understand how to:	
	 SA7. Read about changes in legislations and organisational policies SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities SA9. Read latest clinical regulations shared by the medical officer SA10. Read the list of hospitals in the major accident or emergency prone locations. SA11. Read about upgraded facilities available in existing hospitals SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables 	
	Oral Communication (Listening and Speaking skills)	







HSS/ N 2313: Manage I	e bleeding and shock			
	The user/individual on the job needs to know and understand how to:			
	SA13. Interact with the patient			
	SA14. Give clear instructions to the patient			
	SA15. Shout assertively in case the patient does not respond			
	SA16. Collect all necessary information regarding the patient's condition, address			
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient			
	SA18. Communicate with other people around the patient and give them clear			
	instructions around their safety			
	SA19. Communicate clearly with other emergency response agencies if required			
B. Professional Skills	Decision Making			
	The user/individual on the job needs to know and understand how to:			
	SB1. Make decisions pertaining to refusal of treatment			
	SB2. Act decisively by balancing protocols and emergency at hand			
	SB3. Manage situations where minors, unconscious or self-harming patients are			
	involved			
	Plan and Organise			
	The user/individual on the job needs to know and understand:			
	SB4. How to plan and organise activities that are assigned to him/her			
	SB5. How to quickly think and refer to information about the hospitals in the vicinity Patient Centricity			
	Patient Centricity			
	The user/individual on the job needs to know and understand how to:			
	SB6. Communicate effectively with patients and their family, physicians, and other			
	members of the health care team			
	SB7. Maintain patient confidentiality			
	SB8. Respect the rights of the patient(s)			
	Problem Solving			
	The user/individual on the job needs to know and understand how to:			
	SB9. Identify immediate or temporary solutions to resolve delays			
	Analytical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB10. Analyse cuts and shock severity and carry the treatment procedures			
	Critical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.			
	experience, reasoning, or communication to act emiciently.			







NOS Version Control

HSS/ N 2313		
TBD	Version number	1.0
lealth	Drafted on	12/05/13
Allied Healthcare and Paramedics	Last reviewed on	22/05/13
MERGENCY MEDICAL	Next review date	22/05/15
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National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT to deal with soft tissue injuries and burns which are to be treated after the initial assessment, unless life threatening.







Unit Code	HSS/ N 2314		
Unit Title (Task)	Manage Soft Tissue Injury and Burns		
Description	This OS unit is about the recognition of soft tissue injuries. Unless life threatening, soft tissue injuries are to be treated after the initial assessment. The EMT will treat soft tissue injuries prior to the movement of the patient unless the patient condition warrants immediate transport.		
Scope	 This unit/task covers the following: Rendering basic medical care to a patient with soft tissue injuries such as burns and proficiency in the technique of dressing and bandaging. 		
Performance Criteria (F	PC) w.r.t. The Scope		
Element	Performance Criteria		
	PC1. Recognise the major functions of the skin PC2. Recognise the layers of the skin PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries PC4. Recognise the types of closed soft tissue injuries PC5. Perform the emergency medical care of the patient with a closed soft tissue injury PC6. State the types of open soft tissue injuries PC7. Recognise the emergency medical care of the patient with an open soft tissue injury PC8. Recognise the emergency medical care of the patient with an open soft tissue injury PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen PC11. Classify burns PC12. Recognise superficial burn PC13. Recognise the characteristics of a superficial burn PC14. Recognise partial thickness burn PC15. Recognise the characteristics of a partial thickness burn PC16. Recognise the characteristics of a full thickness burn PC17. Recognise the characteristics of a full thickness burn		
	PC18. Perform the emergency medical care of the patient with a superficial burn PC19. Perform the emergency medical care of the patient with a partial thickness burn PC20. Perform the emergency medical care of the patient with a full thickness burn PC21. Recognise the functions of dressing and bandaging		







HSS/ N 2314: Manage soft tissue injury and burns			
	PC22. Describe the purpose of a bandage		
	PC23. Perform the steps in applying a pressure dressing		
	PC24. Establish the relationship between airway management and the patient with		
	chest injury, burns, blunt and penetrating injuries		
	PC25. Know the ramification of improperly applied dressings, splints and		
	tourniquets		
	PC26. Perform the emergency medical care of a patient with an impaled object		
	PC27. Perform the emergency medical care of a patient with an amputation		
	PC28. Perform the emergency care for a chemical burn		
	PC29. Perform the emergency care for an electrical burn		
	PC30. Recognise inhalation injury and perform emergency care		
No. 1. Jan. and Hallan			
Knowledge and Unders	277		
A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by hospital		
Healthcare	KA2. How to engage with the medical officer for support in case the situation is		
provider/	beyond one's competence		
Organisation and			
its processes)			
B. Technical	The user/individual on the job monds to know and understands		
	The user/individual on the job needs to know and understand:		
Knowledge	104 V : 1 (1)		
	KB1. Various layers of the skin		
	KB2. Various types of soft tissue injuries		
	KB3. How to perform the different procedures to manage soft tissue injuries and		
	burns		
	KB4. The significance of each procedure to effectively handle soft tissue injury and burns		
	KB5. How to use the equipment meant to perform the procedures		
	KB6. Procedure for treating a closed soft tissue injury		
	KB7. Procedure for treating an open soft tissue injury		
	KB8. Necessary body substance isolation that must be taken when dealing with soft		
	tissue injuries		
	KB9. Proper method for applying an occlusive dressing		
	KB10. Proper method for stabilising an impaled object		
	KB11. Proper method of treating an evisceration		
	KB12. How to recognise superficial, partial thickness and full thickness burns		
	KB12. How to recognise superficial, partial thickness and full thickness burns KB13. Proper treatment for a superficial, partial thickness, and full thickness burn		
	KB13. Proper treatment for a superficial, partial thickness, and full thickness burn KB14. Various types of dressings and bandages		
	KB15. Proper method for applying a universal dressing, 4 X 4 inch dressing, and		
	adhesive type dressing		
	KB16. Proper method for applying bandages: self-adherent, gauze rolls, triangular,		
	adhesive tape, and air splints		
	KB17. Proper method for applying a pressure dressing		
Skills (S)			
	W '' 61.11		
A. Core Skills	Writing Skills		







HSS/ N 2314: Manage s	soft tissue injury and burns			
/Generic Skills	The user/ individual on the job needs to know and understand how to:			
	SA1. Share documents, reports, task lists, and schedules with co-workers			
	SA2. Record daily activities			
	SA3. Share sharp, concise and to the point report with the provider institute			
	physician			
	SA4. Complete medical history, PCR and applicable transport form			
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the			
	hospital			
	SA6. Produce information which may include technical material that is appropriate			
	for the intended audience			
	Reading Skills			
	The user/individual on the job needs to know and understand how to:			
	SA7. Read about changes in legislations and organisational policies			
	SA8. Keep abreast with the latest knowledge by reading internal communications			
	and legal framework changes related to roles and responsibilities			
	SA9. Read latest clinical regulations shared by the medical officer			
	SA10. Read the list of hospitals in the major accident or emergency prone locations.			
	SA11. Read about upgraded facilities available in existing hospitals			
	SA12. Understand and interpret written material, including technical material, rules,			
	regulations, instructions, reports, charts, graphs, or tables			
	Oral Communication (Listening and Speaking skills)			
	The user/individual on the job needs to know and understand how to:			
	SA13. Interact with the patient			
	SA14. Give clear instructions to the patient			
SA15. Shout assertively in case the patient does not respond				
SA15. Shout assertively in case the patient does not respond SA16. Collect all necessary information regarding the patient's condition, add				
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient			
	SA18. Communicate with other people around the patient and give them clear			
	instructions around their safety			
	SA19. Communicate clearly with other emergency response agencies if required			
	37123. Communicate clearly with other emergency response agencies in required			
B. Professional Skills	Decision Making			
	The user/individual on the job needs to know and understand how to:			
	SB1. Make decisions pertaining to refusal of treatment			
	SB2. Act decisively by balancing protocols and emergency at hand			
	SB3. Manage situations where minors, unconscious or self-harming patients are			
	involved			
	Plan and Organise			
The user/individual on the job needs to know and understand:				







SB4. How to plan and organise activities that are assigned to him/her
SB5. How to quickly think and refer to information about the hospitals in the vicinity

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB7. Maintain patient confidentiality
- SB8. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

- SB9. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- SB10. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Analyse the injury and render the required medical care

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB12. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







NOS Version Control

NOS Code	HSS/ N 2314		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
- Companion	TECHNICIAN - ADAVANCED	Next review date	









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for dealing with injuries to bones and joints requiring splinting prior to the movement of the patient unless life-threatening injuries are present







Unit Code	HSS/ N 2315	
Unit Title (Task)	Manage musculoskeletal injuries	
Description	This OS unit is about the recognition of injuries to bones and joints requiring splinting prior to the movement of the patient unless life-threatening injuries are present. If life-threatening injuries are present, splinting should be done en route to the receiving facility when possible	
Scope	This unit/task covers the following: Rendering basic medical care to a patient with musculoskeletal injuries	
Performance Criteria (F	PC) w.r.t. The Scope	
Element	Performance Criteria	
	To be competent, the user/individual on the job must be able to: PC1. Recognise the function of the muscular system PC2. Recognise the function of the skeletal system PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis	
Knowledge and Unders		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. Relevant legislation, standards, policies, and procedures followed by the hospital	
B. Technical Knowledge	The user/individual on the job needs to know and understand: KB1. How to perform the different procedures to manage musculoskeletal injuries	







HSS/ N 2315: Manage	e musculoskeletal injuries
	including thoracic and abdominal injuries
	KB2. The significance of each procedure in effectively manage the situation of
	musculoskeletal injuries
	KB3. How to use the equipment meant to perform the procedure
	KB4. Signs of open and closed type bone and joint injuries
	KB5. Assessment of an injured extremity
	KB6. Splinting procedures relevant to the general rules of splinting using: Rigid
	splints, traction splints, pneumatic splints, improvised splints, and pneumatic
	anti-shock garments
	KB7. Procedure for splinting an injury with distal cyanosis or lacking a distal pulse
	KB8. The use of analgesic injections for relief of pain
	KB9. How to manage bleeding complications associated with long bone fractures
Cl:II- (C)	KB10. How to assess neuro-vascular status of limbs
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Share documents, reports, task lists, and schedules with co-workers
	SA2. Record daily activities
	SA3. Share sharp, concise and to the point report with the provider institute
	physician
	SA4. Complete medical history, PCR and applicable transport form
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the
	hospital
	SA6. Produce information which may include technical material that is appropriate
	for the intended audience
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	CA7. Dead shout showers in locialsticas and againsticas I noticies
	SA7. Read about changes in legislations and organisational policies
	SA8. Keep abreast with the latest knowledge by reading internal communications
	and legal framework changes related to roles and responsibilities
	SA9. Read latest clinical regulations shared by the medical officer
	SA10. Read the list of hospitals in the major accident or emergency prone locations
	SA11. Read about upgraded facilities available in existing hospitals
	SA12. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA13. Interact with the patient
	SA14. Give clear instructions to the patient
	SA15. Shout assertively in case the patient does not respond
	SA16. Collect all necessary information regarding the patient's condition, address







HSS/ N 2315: Manage musculoskeletal injuries		
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient SA18. Communicate with other people around the patient and give them clear instructions around their safety	
B. Professional Skills	Decision Making	
	The user/individual on the job needs to know and understand how to:	
	SB1. Make decisions pertaining to refusal of treatment	
	SB2. Act decisively by balancing protocols and emergency at hand	
	SB3. Manage situations where minors, unconscious or self-harming patients are involved	
	Plan and Organise	
	The user/individual on the job needs to know and understand:	
	SB4. How to plan and organise activities that are assigned to him/her	
	SB5. How to quickly think and refer to information about the hospitals in the vicinity	
	Patient Centricity	
	The user/individual on the job needs to know and understand how to:	
	SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team SB7. Maintain patient confidentiality SB8. Respect the rights of the patient(s)	
	Problem Solving	
	The user/individual on the job needs to: SB9. Take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own	
	Analytical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB10. Analyse the impact of musculoskeletal injuries and provide the medical care	
	Critical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently	
	s. ps c. reasoning, or commanication to det emoleticity	







NOS Version Control

NOS Code	HSS/ N 2315	HSS/ N 2315	
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for performing procedures involved in any type of traumatic incident in which the mechanism of injury and/or signs and symptoms indicate a possible spinal injury







Unit Code HSS/ N 2316		
Unit Title		
(Task)	Manage Injuries to head and spine	
Description	This OS unit is about ensuring that for every patient who is involved in any type of traumatic incident, in which the mechanism of injury and/or signs and symptoms indicate a possible spinal injury, complete spinal immobilisation is carried out	
Scope	 This unit/task covers the following: Identifying signs and symptoms of head and spinal injuries, Recognising when a patient may need immobilisation and acting accordingly 	
Performance Criter	ia (PC) wrt The Scope	
Element	Performance Criteria	
	To be competent, the user/individual on the job must be able to:	
	PC1. State the components of the nervous system	
	PC2. List the functions of the central nervous system	
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system	
	PC4. Relate mechanism of injury to potential injuries of the head and spine PC5. Recognise the implications of not properly caring for potential spine injuries PC6. State the signs and symptoms of a potential spine injury	
	PC7. Recognise the method of determining if a responsive patient may have a spine injury	
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury	
	PC9. Identify how to stabilise the cervical spine	
	PC10. Indications for sizing and using a cervical spine immobilisation device PC11. Establish the relationship between airway management and the patient with	
	head and spine injuries PC12. Recognise a method for sizing a cervical spine immobilisation device	
	PC13. Log roll a patient with a suspected spine injury	
	PC14. Secure a patient to a long spine board	
	PC15. List instances when a short spine board should be used	
	PC16. Immobilise a patient using a short spine board	
	PC17. Recognise the indications for the use of rapid extrication	
	PC18. Understand the steps in performing rapid extrication PC19. Identify the circumstances when a helmet should be left on the patient	
	PC20. Identify the circumstances when a helmet should be removed	
	PC21. Identify alternative methods for removal of a helmet	
	PC22. Stabilise patient's head to remove the helmet	
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet	







HSS/ N 2316: Manage injuries to head and spine			
	PC24. Immobilise paediatric and geriatric victims		
	PC25. Manage scalp bleeding PC26. Manage eye injury		
	PC26. Manage eye injury		
Knowledge and Under	standing (K)		
A. Organisational	The user/individual on the job needs to know and understand:		
Context			
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by hospital		
Healthcare	KA2. How to engage with the medical officer for support in case the situation is		
provider/	beyond one's competence		
Organisation and			
its processes))			
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge	The user/individual on the job fleeds to know and understand.		
Kilowicage	KB1. How to perform the different procedures to manage injuries head and spine		
	KB2. The significance of each procedure in handling situation of head and spinal		
	injuries		
	KB3. How to use the equipment meant to perform the procedure		
	KB4. Nervous system anatomy		
	KB5. Structure of the skeletal system as it relates to the nervous system		
	KB6. Related mechanism of injury to potential injuries of the head and spine		
	KB7. Potential signs and symptoms of a potential spine injury		
	KB8. Method of determining if a responsive patient may have a spine injury		
	KB9. Airway emergency medical care techniques for the patient with a suspected		
	spinal cord injury		
	KB10. Methods for sizing various cervical spine immobilisation devices		
	KB11. Rapid extrication techniques		
	KB12. How to stabilise the cervical spine		
	KB13. How to immobilise a patient using a short spine board		
	KB14. How to log roll a patient with a suspected spine injury		
	KB15. How to secure a patient to a long spine board		
	KB16. Preferred methods to remove sports, motorcycle and various other helmets		
	KB17. Alternative methods for removal of a helmet		
	KB18. How the head is stabilised with a helmet compared to without a helmet		
	KB19. How the patient's head is stabilised in order to remove a helmet		
	KB20. Sudden airway emergency medical care with helmet on		
Skills (S)			
A. Core Skills	Writing Skills		
/Generic Skills	The user/ individual on the job needs to know and understand how to:		
•	,		
	SA1. Share documents, reports, task lists, and schedules with co-workers		
	SA2. Record daily activities		
	SA3. Share sharp, concise and to the point report with the provider institute		
	physician		
	projection		







HSS/ N 2316: Manage	injuries to head and spine
	SA4. Complete medical history, PCR and applicable transport form
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the
	hospital
	SA6. Produce information which may include technical material that is appropriate
	for the intended audience
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	SA7. Read about changes in legislations and organisational policies
	SA8. Keep abreast with the latest knowledge by reading internal communications
	and legal framework changes related to roles and responsibilities
	SA9. Read latest clinical regulations shared by the medical officer
	SA10. Read the list of hospitals in the major accident or emergency prone locations
	SA11. Read about upgraded facilities available in existing hospitals
	SA12. Understand and interpret written material, including technical material,
	rules, regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA13. Interact with the patient
	SA14. Give clear instructions to the patient
	SA15. Shout assertively in case the patient does not respond
	SA16. Collect all necessary information regarding the patient's condition, address
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient
	SA18. Communicate with other people around the patient and give them clear
	instructions around their safety
	SA19. Communicate clearly with other emergency response agencies if required
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	SB1. Make decisions pertaining to refusal of treatment
	SB2. Act decisively by balancing protocols and emergency at hand
	SB3. Manage situations where minors, unconscious or self-harming patients are
	involved
	Plan and Organise
	The user/individual on the job needs to know and understand:
	SB4. How to plan and organise activities that are assigned to him/her
	SB5. How to quickly think and refer to information about the hospitals in the vicinity
	Patient Centricity
	The user/individual on the job needs to know and understand how to:







SB6. Communicate effectively with patients and their family, physicians, and other
members of the health care team

- SB7. Maintain patient confidentiality
- SB8. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

SB9. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)

SB10. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Cautiously analyse the symptoms of head and spinal injuries and suggest the best possible solution

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB12. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







NOS Version Control

NOS Code	HSS/ N 231		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
Companion	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an EMT to manage ill or injured infants and children







Unit Title (Task) Description This OS unit is about management of an ill or injured infant or child, considering anatomical and physiological differences between infants or child and adults Scope This unit/task covers the following: • Managing ill or injured infant or children patients , Differentiating the response of the infant or child patient from that of an adult and acting in accordance Performance Criteria (PC) wrt The Scope Element Performance Criteria To be competent, the user/individual on the job must be able to: PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent PC2. Identify differences in anatomy and physiology of the infant, child and adult patient PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult PC4. Understand various causes of respiratory emergencies PC5. Differentiate between respiratory distress and respiratory failure PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child patient PC12. Perform the management of seizures in the infant and child patient PC13. Differentiate between the injury patterns in adults, infants, and children PC14. Perform the field management of the infant and child patient PC15. Summarise the indicators of possible child abuse and neglect PC16. Recognise the medical legal responsibilities in suspected child abuse PC17. Recognise need for EMT debriefing following a difficult infant or child transport			
This OS unit is about management of an ill or injured infant or child, considering anatomical and physiological differences between infants or child and adults	Unit Code	HSS/ N 2317	
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	Knowledge and Under	Knowledge and Understanding (K)	
	-		







1133/ 14 2317. Widilage	infants, neonates and crimuren		
Context			
(Knowledge of the	KA1. The relevant legislation, standards, policies, and procedure followed by hospital		
Healthcare	KA2. Relevant procedures, policies and processes used by the hospital specifically in		
provider/	dealing with infants and children		
Organisation and	KA3. Legislation regarding care of children, especially where possible child abuse is		
its processes)	suspected		
	KA4. Legislation and policies followed by the Hospital for provision of information on		
	the health and care of infants and children with parents and family members		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
	KB1. How to perform the different procedures to manage infants and children		
	KB2. The significance of each procedure in management of infants and children		
	KB3. How to use the equipment meant to perform the procedure		
	KB4. The development milestones for children		
	KB5. The Infant anatomy and physiology		
	KB6. The symptoms of medical emergency in Infants and children		
	KB7. The techniques of foreign body airway obstruction removal in the infant		
	KB8. The techniques of foreign body airway obstruction removal in the child		
	KB9. The Bag-valve-mask artificial ventilations for the infant		
	KB10. The Bag-valve-mask artificial ventilations for the child		
	KB11. The Oxygen delivery for the infant and child		
	KB12. The assessment of the infant and child		
	KB13. The in-line cervical immobilisation with and without artificial ventilation in		
	infants and children		
	KB14. The use of medications and doses for paediatric cases		
	KB15. The use of equipment for paediatric age group		
Skills (S)			
A. Core Skills	Writing Chille		
	Writing Skills		
/Generic Skills	The user/individual on the job needs to know and understand how to:		
	SA1. Record daily activities that are being performed		
	SA2. Share sharp, concise and to the point report with the provider institute		
	physician		
	SA3. Complete medical history, PCR and applicable transport form		
	SA4. Facilitate form filling in the allocated hospital once the patient reaches the		
	hospital		
	SA5. Produce information which may include technical material that is appropriate		
	for the intended audience		
	Reading Skills		
	The user/individual on the job needs to know and understand how to:		
	The acci, marriada on the job meeds to know and anderstand now to.		
	SA6. Read about changes in legislations and organisational policies		
	SA7. Keep updated with the latest knowledge by reading internal communications		
	and legal framework changes related to roles and responsibilities		
	SA8. Read on latest clinical regulations as shared by the medical officer		
	370. Read of fatest chilical regulations as strated by the medical officer		







noo/ N 2017: Manage I	nfants, neonates and children
	SA9. Read on the list of hospitals in the major accident or emergency prone locations SA10. Read on upgraded facilities available in existing hospitals SA11. Understands and interprets written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
Oral Communication (Listening and Speaking skills)	
	The user/individual on the job needs to know and understand how to:
	SA12. Interact with children, especially in emergency, stressful or traumatic situations SA13. Collect all necessary information regarding the patient's condition, address SA14. Avoid using jargon, slang or acronyms when communicating with a patient SA15. Communicate with other people around the patient and give them clear instructions around their safety
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to: SB1. Make decisions pertaining to refusal of treatment SB2. Act decisively by balancing protocols and emergency at hand SB3. Manage situations as minors are involved
	Plan and Organise
	The user/individual on the job needs to know and understand: SB4. How to plan and organise activities that are assigned to him/her SB5. How to quickly think and refer to information about the hospitals in the vicinity Patient Centricity
	The user/individual on the job needs to know and understand how to:
	SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team SB7. Maintain patient confidentiality SB8. Respect the rights of the patient(s)
	Problem Solving
	The user/individual on the job needs to know and understand:
	SB9. The situation of infant and children and take the remedial measures
	Analytical Thinking
	The user/individual on the job needs to know and understand how to:
	SB10. Analyse the situation and function effectively to manage ill or injured infants or children







Critical Thinking
The user/individual on the job needs to know and understand how to:
SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently









NOS Version Control

NOS Code	HSS/ N 2317		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for dealing with respiratory emergencies







HSS/ N 2318: Manage respiratory emergency		
Unit Code	HSS/ N 2318	
Unit Title (Task)	Manage respiratory emergency	
Description	This OS unit is about assessing the symptoms of a patient with breathing difficulties	
	and providing emergency treatment.	
Scope	This unit/task covers the following:	
	Rendering basic medical care to a patient with a respiratory emergency	
Performance Criteri	ia (PC) w.r.t. The Scope	
Element	Performance Criteria	
Element	Performance Criteria	
	To be competent, the user/individual on the job must be able to:	
	PC1. Recognise the anatomical components of the upper airway including:	
	a. Nasopharynx	
	b. Nasal air passage	
	c. Pharynx	
	d. Mouth	
	e. Oropharynx	
	f. Epiglottis	
	PC2. Recognise the anatomical components of the lower airway including:	
	a. Larynx	
	b. Trachea	
	c. Alveoli	
	d. Bronchi	
	e. Carina f. Diaphragm	
	f. Diaphragm PC3. Recognise the characteristics of normal breathing	
	PC4. Recognise the signs of abnormal breathing including:	
	a. Dyspnoea	
	b. Upper airway obstruction	
	c. Acute pulmonary oedema	
	d. Chronic obstructive pulmonary disease	
	e. Bronchitis	
	f. Emphysema	
	g. Pneumothorax	
	h. Asthma	
	i. Pneumonia	
	j. Pleural effusion	
	k. Pulmonary embolism	
	l. Hyperventilation	
	PC5. Recognise the characteristics of abnormal breath sounds	
	PC6. Recognise the characteristics of irregular breathing patterns	







<u>, </u>		, , ,
	PC7.	Complete a focused history and physical exam of the patient
	PC8.	Establish airway in patient with respiratory difficulties
	PC9.	Contact Dispatch and Medical Control for choosing nebulizer therapy
	PC10.	Understand the various types of Metered Dose Inhalers including:
		a. Preventil
		b. Ventoiln
		c. Alupent
		d. Metaprel
		e. Brethine
		f. Albuterol
		g. Metaproterenol
		h. Terbutaline
	PC11.	Understand the contraindications and side effects for various types of
		Metered Dose Inhalers

Knowledge and Understanding (K)

Knowledge and Understanding (K)		
A. Organisational	The user/individual on the job needs to know and understand:	
Context		
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedures followed by the hospital	
Healthcare		
provider/		
Organisation and		
its processes)		
B. Technical	The user/individual on the job needs to know and understand:	
Knowledge	WD4 The section that the second of the secon	
	KB1. The anatomical components of the upper airway including:	
	a. Nasopharynx	
	b. Nasal air passage	
	c. Pharynx	
	d. Mouth	
	e. Oropharynx	
	f. Epiglottis	
	KB2. The anatomical components of the lower airway including:	
	a. Larynx	
	b. Trachea	
	c. Alveoli	
	d. Bronchi	
	e. Carina	
	f. Diaphragm	
	KB3. The characteristics of normal breathing	
	KB4. The signs of abnormal breathing including:	
	a. Dyspnoea	
	b. Upper airway obstruction	
	c. Acute pulmonary oedema	
	d. Chronic obstructive pulmonary disease	







HSS/ N 2318: Manage respiratory emergency		
	e. Bronchitis	
	f. Emphysema	
	g. Pneumothorax	
	h. Asthma	
	i. Pneumonia	
	j. Pleural effusion	
	k. Pulmonary embolism	
	I. Hyperventilation	
	KB5. The characteristics of abnormal breath sounds	
	KB6. The characteristics of irregular breathing patterns	
	KB7. How to complete a focused history and physical exam of the patient	
	KB8. How to establish airway in patient with respiratory difficulties	
	KB9. How to contact Dispatch and Medical Control for choosing nebulizer therapy	
	KB10. The various types of Metered Dose Inhalers including:	
	a. Preventil	
	b. Ventoiln	
	c. Alupent	
	d. Metaprel	
	e. Brethine	
	f. Albuterol	
	g. Metaproterenol	
	h. Terbutaline	
	KB11. The contraindications and side effects for various types of Metered Dose	
	Inhalers	
Skille (S)		

Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Share documents, reports, task lists, and schedules with co-workers
	SA2. Record daily activities
	SA3. Share sharp, concise and to the point report with the provider institute physician
	SA4. Complete medical history, PCR and applicable transport form
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital
	SA6. Produce information which may include technical material that is appropriate for the intended audience
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	SA7. Read about changes in legislations and organisational policies
	SA8. Keep abreast with the latest knowledge by reading internal communications
	and legal framework changes related to roles and responsibilities
	SA9. Read latest clinical regulations shared by the medical officer







,	respiratory emergency
	SA10. Read the list of hospitals in the major accident or emergency prone locations
	SA11. Read about upgraded facilities available in existing hospitals
	SA12. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA13. Interact with the patient
	SA14. Give clear instructions to the patient
	SA15. Shout assertively in case the patient does not respond
	SA16. Collect all necessary information regarding the patient's condition, address
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient
	SA18. Communicate with other people around the patient and give them clear
	instructions around their safety
	mistructions around their safety
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	SB1. Make decisions pertaining to refusal of treatment
	SB2. Act decisively by balancing protocols and emergency at hand
	SB3. Manage situations where minors, unconscious or self-harming patients are
	involved
	Plan and Organise
	The user/individual on the job needs to know and understand:
	SB4. How to plan and organise activities that are assigned to him/her
	SB5. How to quickly think and refer to information about the hospitals in the vicinity
	Title 1
	Patient Centricity
	The user/individual on the job needs to know and understand how to:
	SB6. Communicate effectively with patients and their family, physicians, and other
	members of the health care team
	SB7. Maintain patient confidentiality
	·
	SB8. Respect the rights of the patient(s)
	Dutling Call to
	Problem Solving
	The user/individual on the job needs to:
	SB9. Take into account a number of factors to solve the problem, such as whether
	one or two paramedics are required and whether the patient can move at all on
	his or her own
	Analytical Thinking







nes, it is in an age respiratory emergency	
	The user/individual on the job needs to know and understand how to:
	SB10. Analyse the impact of musculoskeletal injuries and provide the medical
	care
	Critical Thinking
	The user/individual on the job needs to know and understand how to:
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently
	experience, reasoning, or communication to act emiciently









HSS/ N 2318: Manage respiratory emergency

NOS Code	HSS/ N 231		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for dealing with a patient experiencing severe abdominal pain.







Unit Title (Task) Description This OS unit is about assessing the symptoms of a patient with severe abdominal pain and providing emergency treatment. Scope This unit/task covers the following: • Rendering basic medical care to a patient experiencing severe abdominal pain and providing emergency treatment. Performance Criteria (PC) w.r.t. The Scope Element Performance Criteria To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant	Unit Code	HSS/ N 2319		
This OS unit is about assessing the symptoms of a patient with severe abdominal pain and providing emergency treatment. Scope				
and providing emergency treatment. This unit/task covers the following: Rendering basic medical care to a patient experiencing severe abdominal pain Performance Criteria (PC) w.r.t. The Scope Element Performance Criteria To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant Most of the stomach Spleen Pancreas Large intestine Small intestine Left kidney (upper portion) b. Right Upper Quadrant Liver Gallbladder Part of the large intestine Right kidney (upper portion) Small intestine c. Right Lower Quadrant Appendix Large intestine Female reproductive organs Small intestine Female reproductive organs Small intestine Right kidney (lower portion) Right ureter Right ovary & fallopian tube d. Left Lower Quadrant Large intestine Right towary & fallopian tube d. Left Lower Quadrant Large intestine Small intestine		Manage severe abdominal pain		
This unit/task covers the following: Rendering basic medical care to a patient experiencing severe abdominal pain Performance Criteria (PC) w.r.t. The Scope Element Performance Criteria To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant	Description			
Performance Criteria (PC) w.r.t. The Scope Element Performance Criteria To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant	Coope			
To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant	Scope			
To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant				
To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant				
To be competent, the user/individual on the job must be able to: PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant				
PC1. Recognise the anatomical components of the abdomen and their functions including: a. Left Upper Quadrant	Element	Performance Criteria		
including: a. Left Upper Quadrant		To be competent, the user/individual on the job must be able to:		
a. Left Upper Quadrant Most of the stomach Spleen Pancreas Large intestine Small intestine Left kidney (upper portion) B. Right Upper Quadrant Liver Gallbladder Part of the large intestine Right kidney (upper portion) Small intestine Right Lower Quadrant Large intestine Appendix Large intestine Female reproductive organs Small intestine Right kidney (lower portion) Right ureter Right ovary & fallopian tube d. Left Lower Quadrant Large intestine Right ovary & fallopian tube d. Left Lower Quadrant Large intestine Small intestine				
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b. Right Upper Quadrant Liver Gallbladder Part of the large intestine Right kidney (upper portion) Small intestine C. Right Lower Quadrant Appendix Large intestine Female reproductive organs Small intestine Right kidney (lower portion) Right ureter Right ovary & fallopian tube d. Left Lower Quadrant Large intestine Small intestine		A 100 March 100		
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 Small intestine c. Right Lower Quadrant Appendix Large intestine Female reproductive organs Small intestine Right kidney (lower portion) Right ureter Right ovary & fallopian tube d. Left Lower Quadrant Large intestine Small intestine 				
c. Right Lower Quadrant				
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d. Left Lower Quadrant o Large intestine o Small intestine		· ·		
Large intestineSmall intestine		· · ·		
o Small intestine				
Left kidney (lower portion)Left ureter		, i , i		
o Left ureter o Left ovary				
o Left dvary Left fallopian tube		·		







HSS/ N 2319: Manage sev	ere abdominal pain
	e. Midline structures
	 Small intestine
	 Urinary bladder
	o Uterus
	PC2. Recognise the symptoms and cause of visceral pain
	PC3. Recognise the symptoms and causes of parietal pain
P	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
	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
	c. Midline, back pain – aortic aneurysm or dissection;
ed and a second	pancreatitis, pancreatic cancer, kidney stone
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis,
	early appendicitis
	e. Lower abdominal pain – diverticular disease (herniations of
J-104*	the mucosa and submucosa of the intestines), Crohn's
4	disease (a type of inflammatory bowel disease), ulcerative
3	colitis
6	f. Sacrum pain – perirectal abscess, rectal disease
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone,
	hepatitis, pancreatitis, angina pectoris
	h. Testicular pain – renal colic; appendicitis
P	PC5. Complete a focused history and physical exam of the patient including:
	a. Visual inspection
	b. Auscultating the abdomen
	c. Palpating the abdomen
P	PC6. Establish airway in patient
P	PC7. Place patient in position of comfort
	PC8. Calm and reassure the patient
	PC9. Look for signs of hypoperfusion
	PC10. Recognise possible diagnoses for abdominal pain
	PC11. State the treatment for managing various causes of abdominal pain
F	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
H	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority
	case (when required)
Knowledge and Understa	nding (K)

Knowledge and Understanding (K)

A. Organisational	The user/individual on the job needs to know and understand:
Context	







	KA1. Belowant legislation, standards, policies, and proceedures followed by the beautical			
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedures followed by the hospital			
Healthcare				
provider/				
Organisation and				
its processes)				
, , , , , , , , , , , , , , , , , , , ,				
B. Technical	The user/individual on the job needs to know and understand:			
Knowledge				
	KB1. The symptoms and causes of visceral pain			
	KB2. The symptoms and causes of parietal pain			
	KB3. 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			
	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			
	c. Midline, back pain – aortic aneurysm or dissection;			
	pancreatitis, pancreatic cancer, kidney stone			
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis,			
	early appendicitis			
	e. Lower abdominal pain – diverticular disease (herniations of			
	the mucosa and submucosa of the intestines), Crohn's			
	disease (a type of inflammatory bowel disease), ulcerative			
	colitis			
	f. Sacrum pain – perirectal abscess, rectal disease			
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone,			
	hepatitis, pancreatitis, angina pectoris			
	h. Testicular pain – renal colic; appendicitis			
	KB4. How to complete a focused history and physical exam of the patient including:			
	a. Visual inspection			
	b. Auscultating the abdomen			
	c. Palpating the abdomen			
	KB5. How to establish airway in patient			
	KB6. How to place patient in position of comfort			
	KB7. How to calm and reassure the patient			
	KB8. How to look for signs of hypoperfusion			
	KB9. The possible diagnoses for abdominal pain			
	KB10. The treatment for managing various causes of abdominal pain			
	KB11. The potential diagnoses which imply the condition of the patient may			
	deteriorate and highlight the need for frequent reassessment and advanced life			
	support interventions			
	KB12. How and when to alert the Emergency Centre/ Healthcare provider in advance			







H55/ N 2319: Manage s	of a priority case (when required)			
Chille (C)				
Skills (S)				
A. Core Skills	Writing Skills			
/Generic Skills	The user/individual on the job needs to know and understand how to:			
	SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities			
	SA3. Share sharp, concise and to the point report with the provider institute physician			
	SA4. Complete medical history, PCR and applicable transport form			
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital			
	SA6. Produce information which may include technical material that is appropriate for the intended audience			
	Reading Skills			
	The user/individual on the job needs to know and understand how to:			
	SA7. Read about changes in legislations and organisational policies			
	SA8. Keep abreast with the latest knowledge by reading internal communications			
	and legal framework changes related to roles and responsibilities			
	SA9. Read latest clinical regulations shared by the medical officer			
	SA10. Read the list of hospitals in the major accident or emergency prone locations			
	SA11. Read about upgraded facilities available in existing hospitals			
	SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables			
	Oral Communication (Listening and Speaking skills)			
	The user/individual on the job needs to know and understand how to:			
	SA13. Interact with the patient			
	SA14. Give clear instructions to the patient			
	SA15. Shout assertively in case the patient does not respond			
	SA16. Collect all necessary information regarding the patient's condition, address			
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient			
	SA18. Communicate with other people around the patient and give them clear			
	instructions around their safety			
B. Professional Skills	Decision Making			
	The user/individual on the job needs to know and understand how to:			
SB1. Make decisions pertaining to refusal of treatment				
	SB2. Act decisively by balancing protocols and emergency at hand			
	SB3. Manage situations where minors, unconscious or self-harming patients are			







HSS/ N 2319: Manage s	severe abdominal pain
	involved
	Plan and Organise
	The user/individual on the job needs to know and understand:
	SB4. How to plan and organise activities that are assigned to him/her
	SB5. How to quickly think and refer to information about the hospitals in the vicinity
	Patient Centricity
	The user/individual on the job needs to know and understand how to:
	SB6. Communicate effectively with patients and their family, physicians, and other members of the health care team
	SB7. Maintain patient confidentiality
	SB8. Respect the rights of the patient(s)
	Problem Solving
	The user/individual on the job needs to:
	SB9. Take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own
	Analytical Thinking
	The user/individual on the job needs to know and understand how to:
	SB10. Analyse the impact of musculoskeletal injuries and provide the medical care
	Critical Thinking
	The user/individual on the job needs to know and understand how to:
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







NOS Code	HSS/ N 2319		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for managing a mass casualty incident.







Unit Code	HSS/ N 2320			
Unit Title				
(Task)	Manage Mass Casualty Incident			
Description	This OS unit is about the management and treatment of emergencies related to a			
	mass casualty incident.			
Scope	This unit/task covers the following:			
	Identifying the type of mass casualty incident , Setting up separate functional			
	teams at the site Managing initial triage, patient extraction and secondary triage, Coordinating with other first responder teams			
	Coordinating with other hist responder teams			
Performance Criteria	a (PC) w.r.t. The Scope			
Element	Performance Criteria			
	To be competent, the user/individual on the job must be able to:			
	PC1. Establish an Incident Management Structure on arrival at the scene			
	including:			
	a. Designating an Incident Commander to manage the incident			
	b. As Incident Commander, designating Triage Team(s), Treatment			
	Team(s), and a Transport Officer			
	PC2. Set up separate areas for treatment, triage and transport			
	PC3. Conduct an initial triage of patients by using the START triage model for adult			
	patients, JumpSTART Triage for paediatric patients and the SMART triage			
	tagging system PC4. Use appropriate personal protective equipment while conducting initial			
	triage			
	PC5. Tag severity/ criticality of patient using colour coded tags			
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for			
	those with minor injuries			
	PC7. Monitor patients with minor injuries for changes in their condition			
	PC8. Maintain an open airway and stop uncontrolled bleeding			
	PC9. Extract patients from the casualty area based on initial triage to designated			
	triage and treatment areas			
	PC10. Use equipment like cots and litters for extraction where required PC11. Re-triage patients extracted to the triage and treatment areas			
	PC12. Provide treatment and deliver patients to transport area			
	PC13. Transport patients to healthcare facility			
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients			
Knowledge and Und				
A. Organisational	The user/individual on the job needs to know and understand:			
Context (Knowledge of the	e KA1. Level of one's competence, authority and knowledge in relation to the			
Healthcare	management of emergency situations			
ricarcilcare	aagement of emergency stautions			







nos/ in 2320: Ivianage	mass casualty incident		
provider/	KA2. Appropriate response for emergency situations within one's scope of practice		
Organisation and	KA3. Relevant legislation, standards, policies, and procedures followed by the hospital		
its processes)	KA4. How to engage with provider for support in order to deliver and assist providers.		
' '	KA5. What is the significance of each procedure in patient management		
	KA6. Employee safety policy		
	KA7. Standard operating procedures followed by the healthcare provider in managing		
	mass casualty incidents		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
	KB1. How to establish an Incident Management Structure on arrival at the scene		
	including:		
	a. Designating an Incident Commander to manage the incident		
	b. As Incident Commander, designating Triage Team(s), Treatment		
	Team(s), and a Transport Officer		
	· · · · · · · · · · · · · · · · · · ·		
	KB2. How to set up separate areas for treatment, triage and transport		
	KB3. How to 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		
	KB4. How to use appropriate personal protective equipment while conducting initial		
	triage		
	KB5. How to tag severity/ criticality of patient using colour coded tags		
	KB6. How to direct non-injured and/or slightly injured victims to the triage area set		
	up for those with minor injuries		
	KB7. How to monitor patients with minor injuries for changes in their condition		
	KB8. Maintain an open airway and stop uncontrolled bleeding		
	KB9. How to extract patients from the casualty area based on initial triage to		
	designated triage and treatment areas		
	KB10. How to use equipment like cots and litters for extraction where required		
	KB11. How to re-triage patients extracted to the triage and treatment areas		
	KB12. How to provide treatment and deliver patients to transport area		
	KB13. How to transport patients to healthcare facility		
	KB14. How to complete a Pre-Hospital Care report for patients in a mass casualty		
	incident		
	KB15. How to alert healthcare provider facilities in advance of a mass casualty		
	incident and possible arrival of multiple patients		
Skills (S)			
A. Core Skills	Writing Skills		
/Generic Skills	The user/ individual on the job needs to know and understand how to:		
/Generic Skills	The user/ individual on the job fleeds to know and understand now to.		
	SA1. Share documents, reports, task lists, and schedules with co-workers		
	SA2. Record daily activities		
	SA3. Share sharp, concise and to the point report with the provider institute physician		
	SA4. Complete medical history, PCR and applicable transport form		
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the		
	hospital		
	Ποοριται		







HSS/ N 2320: Manage i			
	SA6. Produce information which may include technical material that is appropriate for		
	the intended audience		
	Panding Chille		
	Reading Skills		
	The user/individual on the job needs to know and understand how to:		
	The decignation the job freeds to know and anderstand flow to.		
	CAZ - Decide to the transfer to the Matter consideration of the Matter		
	SA7. Read about changes in legislations and organisational policies		
	SA8. Keep abreast with the latest knowledge by reading internal communications		
	and legal framework changes related to roles and responsibilities		
	SA9. Read latest clinical regulations shared by the medical officer		
	SA10. Read the list of hospitals in the major accident or emergency prone locations.		
	SA11. Read about upgraded facilities available in existing hospitals		
	SA12. Understand and interpret written material, including technical material, rules,		
	regulations, instructions, reports, charts, graphs, or tables		
	Oral Communication (Listening and Speaking skills)		
	The user/individual on the job needs to know and understand how to:		
	SA13. Interact with the patient		
	The state of the s		
	SA14. Give clear instructions to the patient		
	SA15. Shout assertively in case the patient does not respond		
	SA16. Collect all necessary information regarding the patient's condition, address		
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient		
	SA18. Communicate with other people around the patient and give them clear		
	instructions around their safety		
	SA19. Communicate clearly with other emergency response agencies if required		
	SA13. Communicate clearly with other emergency response agencies in required		
B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to:		
	SB1. Make decisions pertaining to the concerned area of work in relation to job role		
	Plan and Organise		
	The user/individual on the job needs to know and understand:		
	SB2. How to plan and organise activities that are assigned to him/her		
	SB3. How to control any aggression by the patient or the patient relatives		
	SB4. How to ensure there is minimum gap in the arrival time of the medical team and		
	allocation of the patient to a respective triage level		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	The aser, marviadar on the job freeds to know and understand now to.		
	CDE Communicate officially with notice to and their family absorbing and their		
	SB5. Communicate effectively with patients and their family, physicians, and other		
120 Dago			







members of the health care team SB6. Maintain patient confidentiality SB7. Respect the rights of the patient(s) **Problem Solving** The user/individual on the job needs to know and understand how to: SB8. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s) SB9. Identify immediate or temporary solutions to resolve delays **Analytical Thinking** The user/individual on the job needs to: SB10. Analyse the situation and carry out the required procedures **Critical Thinking**

The user/individual on the job needs to know and understand how to:

SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.







NOS Code	HSS/ N 2320		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an EMT to allocate the patient to the appropriate medical facility







Unit Code	HSS/ N 2321		
Unit Title (Task)	Select the proper provider institute for transfer		
Description	This OS unit is about the steps involved in allocation of the patient to the appropriate medical facility It provides key points to be addressed to balance the availability of the appropriate medical facility, the ability of the patient to pay for the medical service and the health of the patient		
Scope	 This unit/task covers the following: Allocating the patient to the appropriate medical facility, Identifying the kind of treatment required based on the severity of the damage, risks and medical history of the patient 		
Performance Criteria (I	PC) wrt The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to: PC1. Explain to the patient about his role and the reason for selecting a particular health provider PC2. Consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required PC3. Allocate patient to the nearest provider institute PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres PC5. Make sure that the selection of the institute is in adherence with the legal regulation PC6. Obtain guidance from medical officer for selection of proper provider institute PC7. Provide pre-arrival information to the receiving hospital		
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped enroute (e.g. during emergency child birth)		
Knowledge and Unders			
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	 The user/individual on the job needs to know and understand: KA1. Relevant legislation, standards, policies, and procedures followed in the hospital KA2. The healthcare facility mapping KA3. The services-availability mapping at each facility KA4. The resource availability and specialisation for each facility KA5. The laws and regulations to be adhered to allocate a hospital to the patient KA6. The categories of hospitals and what kind of services the hospitals provide KA7. The hospitals available in the area and the facility available at each of the hospitals 		







1135) IT ESEL! Select till	e proper provider institute for transfer
	KA8. The kind of monetary resources the patient would have to invest in each of the
	hospitals KAO. The basis facilities to be available in a hospital in case of very backward or
	KA9. The basic facilities to be available in a hospital in case of very backward or remote regions
B. Technical	The user/individual on the job needs to know and understand:
Knowledge	The asery marviadar on the job freeds to know and anderstand.
	KB1. How to assess and select the best healthcare facility for the patient
	KB2. The procedure of hospital allocation starting from assessment of the patient's
	medical condition, consolidation of the complete information related to
	hospitals, directions from the medical officer and then arrangement of transport
	to the allocated medical facility
	KB3. The risks involved in the process of allocating a hospital to the patient and steps
	to mitigate risks
Skills (S)	
A. Core Skills/	Writing Skills
Generic Skills	The user/individual on the job needs to know and understand how to:
	SA1. Record daily activities
	SA2. Share sharp, concise and to the point report with the provider institute physician
	SA3. Complete medical history, PCR and applicable transport form
	SA4. Facilitate form filling in the allocated hospital once the patient reaches the hospital
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	SA5. Read about changes in legislations and organisational policies
	SA6. Keep abreast with the latest knowledge by reading internal communications and
	legal framework changes related to roles and responsibilities
	SA7. Read on latest clinical regulations as shared by the medical officer
	SA8. Read on the list of hospitals in the major accident or emergency prone locations
	SA9. Read on upgraded facilities available in existing hospitals
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to:
	SA10. Interact with the patient
	SA11. Collect all necessary information regarding the patient's condition, address
	SA12. Avoid using jargon, slang or acronyms when communicating with a patient
	SA13. Communicate with other people around the patient and give them clear
	instructions around their safety
	SA14. Communicate clearly with other emergency response agencies if required
	SA15. Explain to the patient and family the hospital allocation details especially the
D. D. C. J. LOLIII	government and private hospital differentiation
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:







SB1. Make decisions on the appropriate medical facility for each patient
SB2. Act decisively by balancing protocols and emergency at hand

Plan and Organise

The user/individual on the job needs to know and understand how to:

- SB3. Plan and organise activities that are assigned to him/her
- SB4. Quickly think and refer to information about the hospitals in the vicinity

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB6. Maintain patient confidentiality
- SB7. Respect the rights of the patient(s)

Problem Solving

SB8. Analyse available data and decide the best option of medical service provider for every patient

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB9. Analyse the situation and function effectively to accomplish allocation of an appropriate medical facility to the patient

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB10. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







NOS Code	HSS/ N 2321		
Credits(NSQF)	ТВО	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED	THEAT TEVIEW date	22,03,13









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an EMT to transport the patient by an appropriate means based on the emergency, weather conditions, patient's history and economic status







Unit Code	HSS/ N 2322		
Unit Title (Task)	Transport patient to the provider institute		
Description	This OS unit is about the standardised procedures involved in rendering medical service to a patient by transporting the patient by appropriate means, based on the emergency, weather conditions, patient's history and economic status It also includes the physical steps related to patient transport from the emergency site to the transport		
Scope	 This unit/task covers the following: Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available in the ambulances 		
Performance Criteria (F	PC) wrt The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to: PC1. Adhere fully to the rules and regulations related to the usage of ground and air transport PC2. Adhere fully to the steps involved in treating and transporting the patient PC3. Positively manage situations where transport is a problem PC4. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport PC5. Adhere fully to procedures once the patient reaches the hospital PC6. Use correct medication and equipment for treatment of immediate threats to life		
Knowledge and Unders			
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. The procedures, rules and regulations involved in using ground and air transport KA2. The legislation and regulations governing choice of transport KA3. Relevant procedures and regulations governing situations where patients cannot or do not give permission for transport		
B. Technical Knowledge	The user/individual on the job needs to know and understand: KB1. How to assess whether the emergency is of a life threatening nature and will require immediate transport or could it be done within the performance criterion or could it be further be done as per the availability of transport KB2. The importance of the consent of the patient or the family members for the transport procedure required for the patient to be transported		







HSS/ N 2322: Transpor	t patient to the provider institute
Skills (S)	KB3. How to monitor the patient during the transit and what kind of monitoring would the patient require KB4. How to assess whether the patient is able to travel long distance KB5. The kind and amount of resources required to transport the patient KB6. The procedure of taking the medical officer's consent before calling for transport KB7. The procedure of handover of the patient to the medical officer with all the relevant paperwork related to patient's medical history and regulatory work KB8. The procedures involved in case of specific and different emergency transport KB9. The laws and regulations related to patient transport KB10. How to manage cases where the patient is not giving consent to be transported KB11. How to complete documentation of all the transport related paperwork KB12. The treatment of immediate life threats using external devices available in the BLS ambulances and interventions like definitive airway, intravenous fluids and medications, interpretation of ECGs and Defibrillators
A. Core Skills/	Writing Skills
Generic Skills	The user/ individual on the job needs to know and understand how to: SA1. Record daily activities SA2. Share sharp, concise and to the point report with the provider institute physician SA3. Completion of medical history, PCR and applicable transport form SA4. Facilitate form filling in the allocated hospital once the patient reaches the hospital Reading Skills The user/individual on the job needs to know and understand how to: SA5. Read about changes in legislations and organisational policies SA6. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities SA7. Read on latest clinical regulations as shared by the medical officer SA8. Read on the list of hospitals in the major accident or emergency prone locations SA9. Read on upgraded facilities available in existing hospitals Oral Communication (Listening and Speaking skills) The user/individual on the job needs to know and understand how to: SA10. Interact with the patient SA11. Give clear instructions to the patient SA12. Collect all necessary information regarding the patient's condition, address SA13. Avoid using jargon, slang or acronyms when communicating with a patient
	SA14. Communicate with other people around the patient and give them clear instructions around their safety SA15. Communicate clearly with other emergency response agencies if required







B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to:		
	The user/individual off the job fleeds to know and understand now to.		
	SB1. Act decisively by balancing protocols and emergency at had		
	SB2. Manage situations where minors, unconscious or self-harming patients are		
	involved		
	Plan and Organise		
	The user/individual on the job needs to know and understand how to:		
	SB3. Plan and organise activities that are assigned to him/her		
	SB4. Quickly think and refer to information about the hospitals in the vicinity		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	The decignation the job needs to know and understand now to.		
	SB5. Communicate effectively with patients and their family, physicians, and other		
	members of the health care team		
	SB6. Maintain patient confidentiality		
	SB7. Respect the rights of the patient(s)		
	Problem Solving		
	The user/individual on the job needs to:		
SB8. Adjust their transporting techniques to move the patient to the ambul			
			per the requirement
	Analytical Thinking		
	The user/individual on the job needs to know and understand how to:		
	SB9. Analyse the situation and function effectively to accomplish the transport of		
	patient		
	Critical Thinking		
	The user/individual on the job needs to know and understand how to:		
	SB10. Analyse, evaluate and apply the information gathered from observation,		
	experience, reasoning, or communication to act efficiently		







NOS Code	HSS/ N 2322		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
- Cooperion	TECHNICIAN - ADAVANCED	Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an EMT to hand over the patient to the medical staff and brief the hospital staff







Unit Code	HSS/ N 2323			
Unit Title (Task)	Manage Patient Handover to the provider institute			
Description	This OS unit is about the completion of Patient Care Medical Report (PCR), briefing of on the condition and handover of the patients to the medical staff			
Scope	This unit/task covers the following: Providing a verbal report of the patient(s) to the medical staff, Completing the Patient Care Medical Report (PCR) and handing it over to the medical staff, Discussing initial findings with the medical staff			
Performance Criteria (I	PC) wrt The Scope			
Element	Performance Criteria			
	To be competent, the user/individual on the job must be able to:			
	PC1. Provide a verbal report to the medical staff on the condition of the patient and initial findings PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff			
	PC3. Hand over the consent form signed by the patient or a relative			
Knowledge and Unders	standing (K)			
A. Organisational Context	The user/individual on the job needs to know and understand:			
(Knowledge of the Healthcare provider/ Organisation and its processes) B. Technical Knowledge	 KA1. The up-to-date process for patient handover KA2. Codes used in the hospital for all emergency situations KA3. Relevant legislation, standards, policies, and procedures followed in the hospital KA4. How to engage with the medical officer for support in case the situation is beyond one's competence KA5. Role and importance of the EMT in supporting hospital operations KA6. Protocol as per designed by the state or EMS providers KA7. The use of the SBAR (Situation, Background, Assessment, and Recommendation) technique (WHO recommended) during patient handover communication The user/individual on the job needs to know and understand: KB1. The importance of being alert to health, safety, and security at the handover institute KB2. The content of handover including clinical notes, their medical history and any 			
	treatment administered KB3. How to provide a verbal briefing on the patient's condition to hospital staff			
Skills (S)	KB4. How to use the available tools (i.e. Electronic systems, proformas)			
A. Core Skills/	Writing Skills			







Generic Skills The user/ individual on the job needs to know and understand how to:			
The usery marviage on the job needs to know and understand now to:			
	SA1. Record daily activities		
	SA2. Share sharp, concise and to the point report with the physician		
	SA3. Completion of medical history, PCR and applicable transport and transfer forms		
	, and the same appropriate and transfer for the same appropriate and the same app		
	Reading Skills		
	The user/individual on the job needs to know and understand how to:		
	SA4. Read about changes in legislations and organisational policies		
	SA5. Keep abreast with the latest knowledge by reading internal communications and		
	legal framework changes related to roles and responsibilities		
	SA6. Read on latest clinical regulations as shared by the medical officer		
	SA7. Read on the list of hospitals in the major accident or emergency prone locations		
	SA8. Read on upgraded facilities available in existing hospitals		
	Oral Communication (Listening and Speaking skills)		
	The user/individual on the job needs to know and understand how to:		
	SA9. Engage with the patient(s) and relatives in the ambulance to collect useful		
	information SA10 Communicate with other people around the nation(s) and give them clear		
SA10. Communicate with other people around the patient(s) and give them clear			
instructions around their safety SA11 Avoid using largon, slang or acronyms when communicating with a nation			
SA11. Avoid using jargon, slang or acronyms when communicating with a patie			
	SA12. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations		
B. Professional Skills	Decision Making		
	Not applicable		
	Plan and Organise		
	The user/individual on the job needs to know and understand how to:		
	SP1 Plan and organics activities that are assigned to the EMT		
SB1. Plan and organise activities that are assigned to the EMT SB2. Quickly think and refer to information about the hospitals in the vicinity			
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	SB3. Communicate effectively with physicians, and other members of the health care team		
	SB4. Maintain patient confidentiality		
	SB5. Respect the rights of the patient(s)		
	Problem Solving		







The user/individual on the job needs to know and understand how to:

SB6. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to know and understand how to:

SB7. Analyse the situation and function effectively to accomplish patient handover in a best possible way

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB8. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently









NOS Code	HSS/ N 2323		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for managing a diabetes emergency.







Unit Code	HSS/ N 2324		
Unit Title (Task)	Manage diabetes emergency		
Description	This OS unit is about management and treatment of a diabetes emergency.		
Scope	This unit/task covers the following: • Identifying a patient with a history of diabetes and providing treatment		
Performance Criteria (I	PC) w.r.t. The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
Knowledge and Unders			
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. Appropriate response for emergency situations within one's scope of practice KA2. Relevant legislation, standards, policies, and procedures followed by the hospital KA3. How to engage with provider for support in order to deliver and assist providers. KA4. What is the significance of each procedure in patient management KA5. Employee safety policy		
B. Technical Knowledge	The user/individual on the job needs to know and understand: KB1. Steps in emergency care for the patient with a history of diabetes and diabetic medication		
	 KB2. The various possible types of diabetic emergencies KB3. The rationale for administering oral glucose KB4. The steps in the administration of oral glucose KB5. The process for assessment and documentation of patient response to oral 		







HSS/ N 2324: Manage of	nabetes emergency
	glucose. KB6. How to complete a pre-hospital care report for patients with diabetic emergencies KB7. How to assess and document patient response
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Share documents, reports, task lists, and schedules with co-workers SA2. Record daily activities SA3. Share sharp, concise and to the point report with the provider institute physician SA4. Complete medical history, PCR and applicable transport form SA5. Facilitate form filling in the allocated hospital once the patient reaches the hospital SA6. Produce information which may include technical material that is appropriate for the intended audience
	Reading Skills
	The user/individual on the job needs to know and understand how to: SA7. Read about changes in legislations and organisational policies SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities SA9. Read latest clinical regulations shared by the medical officer SA10. Read the list of hospitals in the major accident or emergency prone locations. SA11. Read about upgraded facilities available in existing hospitals SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
	The user/individual on the job needs to know and understand how to: SA13. Interact with the patient SA14. Give clear instructions to the patient SA15. Shout assertively in case the patient does not respond SA16. Collect all necessary information regarding the patient's condition, address SA17. Avoid using jargon, slang or acronyms when communicating with a patient SA18. Communicate with other people around the patient and give them clear instructions around their safety SA19. Communicate clearly with other emergency response agencies if required
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	SB1. Make decisions pertaining to the concerned area of work in relation to job role







Plan and Organise

The user/individual on the job needs to know and understand:

- SB2. How to plan and organise activities that are assigned to him/her
- SB3. How to control any aggression by the patient or the patient relatives
- SB4. How to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level

Patient Centricity

The user/individual on the job needs to know and understand how to:

- SB5. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB6. Maintain patient confidentiality
- SB7. Respect the rights of the patient(s)

Problem Solving

The user/individual on the job needs to know and understand how to:

- SB8. Think through the problem, evaluate the possible solution(s) and suggest the optimum /best possible solution(s)
- SB9. Identify immediate or temporary solutions to resolve delays

Analytical Thinking

The user/individual on the job needs to:

SB10. Analyse the situation and carry out the required procedures

Critical Thinking

The user/individual on the job needs to know and understand how to:

SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.







NOS Code	HSS/ N 2324		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
Secupation	TECHNICIAN - ADAVANCED		









HSS/ N 2325: Manage advanced venous access and administration of medications

National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an EMT for safely and precisely accessing the venous circulation and administering medications.







HSS/ N 2325: Manage advanced venous access and administration of medications

Unit Code	HSS/ N 2325			
Unit Title (Task)	Manage advanced venous access and administration of medications			
Description	This OS unit is about safely and precisely accessing the venous circulation and administering medications.			
Scope	This unit/task covers the following: • Accessing the venous circulation, Administering medications under supervision of a registered Medical Practitioner			
Performance Criteria (PC) w.r.t. The Scope				
Element	Performance Criteria			
	To be competent, the user/individual on the job must be able to:			
	PC1. Recognise the specific anatomy and physiology pertinent to medication administration PC1. Differentiate temperature readings between the Centigrade and Fahrenheit			
	scales			
	PC2. Discuss formulas as a basis for performing drug calculations PC3. Calculate oral and parenteral drug dosages for all emergency medications administered to adults, infants and children			
	PC4. Calculate intravenous infusion rates for adults, infants, and children PC5. Discuss legal aspects affecting medication administration PC6. Discuss medical asepsis and the differences between clean and sterile techniques			
	PC7. Describe use of antiseptics and disinfectants PC8. Describe the use of universal precautions and body substance isolation (BSI)			
	procedures when administering a medication PC9. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation			
	PC10. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion			
	PC11. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of administering medications by the inhalation route			
	PC12. Differentiate among the different dosage forms of oral medications			
	PC13. Describe the equipment needed and general principles of administering oral medications			
	PC14. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of rectal medication administration			
	PC15. Describe the equipment needed, techniques utilized, complications, and general principles for the preparation and administration of parenteral			







HSS/ N 2325: Manage	advanced venous access and administration of medications	
	medications	
	PC16. Differentiate among the different percutaneous routes of medication	
	administration	
	PC17. Differentiate among the different parenteral routes of medication administration	
	PC18. Describe the purpose, equipment needed, techniques utilized,	
	complications, and general principles for	
	PC19. obtaining a blood sample	
	PC20. Describe disposal of contaminated items and sharps	
	PC21. Synthesize a pharmacologic management plan including medication	
	administration	
	PC22. Integrate pathophysiological principles of medication administration with	
	patient management	
	PC23. Comply with universal precautions and body substance isolation	
Knowledge and Unders	standing (K)	
A. Organisational	The user/individual on the job needs to know and understand:	
Context	,	
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedures followed by the hospital	
Healthcare	KA2. How to engage with provider for support in order to deliver and assist providers.	
provider/	KA3. What is the significance of each procedure in patient management	
Organisation and	KA4. Employee safety policy	
its processes)		
,		
B. Technical	The user/individual on the job needs to know and understand:	
Knowledge		
	KB1. How to achieve medical asepsis	
	KB2. How to use universal precautions and body substance isolation (BSI)	
	procedures during medication administration	
	KB3. Process for cannulation of peripheral veins	
	KB4. Steps in intraosseous needle placement and infusion	
	KB5. How to use clean technique during medication administration	
	KB6. Administration of medications by the inhalation route under supervision of a registered Medical Practitioner	
	KB7. Administration of oral medications under supervision of a registered Medical	
Practitioner		
KB8. How to perform rectal administration of medications under supervision		
	registered Medical Practitioner	
	KB9. The preparation and administration of parenteral medications	
	KB10. The preparation and techniques for obtaining a blood sample	
	KB11. Process for perfect disposal of contaminated items and sharps	
	KB12. Reasons for parenteral administration of medications	
	KB13. Equipment used in parenteral administration of medications	
	KB14. Dosage forms for IV administration	
	KB15. General principles of IV medication administration	
	KB16. Steps in performing administration of medications into an established IV line	







HSS/ N 2325: Manage advanced venous access and administration of medications			
	under supervision of a registered Medical Practitioner		
	KB17. Steps in performing administration of medication by a heparin lock under		
	supervision of a registered Medical Practitioner		
	KB18. Steps in changing to the next container of IV solution under supervision of a		
	registered Medical Practitioner		
	KB19. Steps in administering medication by a venous access device under supervision		
	of a registered Medical Practitioner		
	KB20. General principles of administering an IV solution or medication administration		
	via the intraosseous route		
	KB21. Steps in performing administration of medications by the intraosseous route		
	under supervision of a registered Medical Practitioner		
	KB22. Potential complications which may occur while administering medication		
	, ,		
	through different methods including:		
	a. Phlebitis or infection		
	b. Air in tubing		
	c. Extravasation		
	d. Circulatory overload and pulmonary edema		
	e. Allergic reaction		
	f. Pulmonary embolism		
	g. Failure to infuse properly		
	h. Compartment syndrome		
	i. Fracture		
	j. Air embolism		
	k. Failure to flush the intraosseous needle		
	KB23. Precautions while administering medications through different methods under		
	supervision of a registered Medical Practitioner		
Skills (S)			
A. Core Skills	Writing Skills		
/Generic Skills	The user/ individual on the job needs to know and understand how to:		
/ Generic Skins	The usery marviadar on the job needs to know and understand now to.		
	SA1. Share documents, reports, task lists, and schedules with co-workers		
	SA2. Record daily activities		
	·		
	SA3. Share sharp, concise and to the point report with the provider institute physician		
	SA4. Complete medical history, PCR and applicable transport form		
	SA5. Facilitate form filling in the allocated hospital once the patient reaches the		
	hospital		
	SA6. Produce information which may include technical material that is appropriate for		
	the intended audience		
	Reading Skills		
	The user/individual on the job, needs to know and understand, how to:		
	The user/individual on the job needs to know and understand how to:		
	SA7. Read about changes in legislations and organisational policies		
	SA8. Keep abreast with the latest knowledge by reading internal communications		
	and legal framework changes related to roles and responsibilities		







HSS/ N 2325: Manage a	dvanced venous access and administration of medications		
	SA9. Read latest clinical regulations shared by the medical officer		
	SA10. Read the list of hospitals in the major accident or emergency prone locations.		
	SA11. Read about upgraded facilities available in existing hospitals		
	SA12. Understand and interpret written material, including technical material, rules,		
	regulations, instructions, reports, charts, graphs, or tables		
	Oral Communication (Listening and Speaking skills)		
	Oral communication (Listering and Speaking skins)		
	The user/individual on the job needs to know and understand how to:		
	SA13. Interact with the patient		
	SA14. Give clear instructions to the patient		
	SA15. Shout assertively in case the patient does not respond		
	SA16. Collect all necessary information regarding the patient's condition, address		
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient		
	SA18. Communicate with other people around the patient and give them clear		
	instructions around their safety		
é	SA19. Communicate clearly with other emergency response agencies if required		
	37.13. Communicate clearly with other emergency response agencies in required		
B. Professional Skills	Decision Making		
b. Troicssional skins			
	The user/individual on the job needs to know and understand how to:		
ģ.	CD1. Make designer more injury to the source and area of weak in relation to job rela		
_	SB1. Make decisions pertaining to the concerned area of work in relation to job role		
	Plan and Organise		
	The user/individual on the job needs to know and understand:		
	SB2. How to plan and organise activities that are assigned to him/her		
	SB3. How to control any aggression by the patient or the patient relatives		
	SB4. How to ensure there is minimum gap in the arrival time of the medical team and		
	allocation of the patient to a respective triage level		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to:		
	SB5. Communicate effectively with patients and their family, physicians, and other		
	members of the health care team		
	SB6. Maintain patient confidentiality		
	SB7. Respect the rights of the patient(s)		
	Problem Solving		
	The user/individual on the job needs to know and understand how to:		
	CDO. Think the count the country and the country the country to th		
	SB8. Think through the problem, evaluate the possible solution(s) and suggest the		
	optimum /best possible solution(s)		
	SB9. Identify immediate or temporary solutions to resolve delays		
	Analytical Thinking		
	Analytical Thinking		







	The user/individual on the job needs to:	
	SB10. Analyse the situation and carry out the required procedures	
	Critical Thinking	
	The user/individual on the job needs to know and understand how to:	
	SB11. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.	









NOS Version Control

NOS Code	HSS/ N 2325	HSS/ N 2325		
Credits(NSQF)	TBD	Version number	1.0	
Industry	Health	Drafted on	12/05/13	
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13	
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15	
	TECHNICIAN - ADAVANCED	Treat retrett date	,,	









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an EMT to manage critical care aeromedical and inter-facility transport







Unit Code	HSS/ N 2326		
Unit Title (Task)	Manage critical care aeromedical and inter-facility transport		
Description	This OS unit is about the standardised procedures involved in rendering critical care aeromedical and inter-facility transport.		
Scope	 This unit/task covers the following: Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available 		
Performance Criteria (PC) wrt The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
	PC1. Understand the role of the critical care inter-facility transport teams in the patient care continuum		
	PC1. Understand the role of the critical care inter-facility transport teams in the		







	PC15. Positively manage situations where transport is a problem PC16. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport PC17. Adhere fully to procedures once the patient reaches the hospital PC18. Use correct medication and equipment for treatment of immediate threats to life	
Knowledge and Unders	standing (K)	
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. The procedures, rules and regulations involved in using ground and air transport KA2. The legislation and regulations governing choice of transport KA3. Relevant procedures and regulations governing situations where patients cannot or do not give permission for transport	
B. Technical Knowledge	The user/individual on the job needs to know and understand: KB1. How to assess whether the emergency is of a life threatening nature KB2. How to integrate pathophysiological principles and assessment findings to assis with the decision-making regarding air medical transport vs. ground transport KB3. The principles of Ground Transport Safety a. Vehicle checks b. Equipment checks c. Identify potential hazards during vehicle operations and ways to avoid or minimize them d. Safety equipment e. Ensure safety of passengers and patient during transport KB4. How to identify different classes of aircraft a. Fixed wing vs. rotor wing b. Pressurized vs. non-pressurized c. Twin vs. single-engine aircraft KB5. Weight considerations and aircraft performance KB6. Air medical transport safety principles a. Landing zone b. Communications c. Coordination KB7. Atmospheric composition of gases KB8. Basic gas laws a. Four basic variables i. Temperature ii. Mass iiii. Volume iv. Pressure	







HSS/ N 2326: Manage critical care aeromedical and inter-facility transport			
	b. Boyle's law		
	c. Dalton's law		
	d. Charles' law		
	e. Gay-Lussac's Law		
	f. Henry's law		
	g. Graham's law		
	KB9. Flight stressors and interventions during air transport		
	a. Decreased partial pressure of oxygen		
	b. Hypoxia		
	c. Barometric pressure		
	d. Thermal regulation		
	e. Humidity		
	f. Noise and Vibration		
	g. Fatigue		
	h. Gravitation forces		
	i. Dehydration		
	KB10. How to define and identify the signs and symptoms of and list the treatments		
	for the following in relationship to the air medical environment		
	a. Barotrauma		
	b. Barosinusitis		
	c. Barodontalgia		
	d. Barotitis media		
	e. Decompression sickness		
	KB11. How to identify the effects, causes and emergency procedures for rapid		
	decompression		
	KB12. How to identify differences in patient care and equipment considerations		
	during transport		
	KB13. How to compare and contrast patient preparation activities for air transport vs.		
	ground transport		
	KB14. How to compare and contrast the benefits and limitations of air vs. ground		
	transportation for critical care transport		
	KB15. The importance of the consent of the patient or the family members for the		
	transport procedure required for the patient to be transported		
	KB16. The procedure of taking the medical officer's consent before calling for		
	transport		
	KB17. The procedure of handover of the patient to the medical officer with all the		
	relevant paperwork related to patient's medical history and regulatory work		
	KB18. The procedures involved in case of specific and different emergency transport		
	KB19. The laws and regulations related to patient transport		
	KB20. How to manage cases where the patient is not giving consent to be transported		
	KB21. How to complete documentation of all the transport related paperwork		
	KB22. The treatment of immediate life threats using external devices available in the		
	BLS ambulances and interventions like definitive airway, intravenous fluids and		
	medications, interpretation of ECGs and Defibrillators		
Skills (S)			

kil		

Skills (S)	
A. Core Skills/	Writing Skills







	critical care aeromedical and inter-facility transport	
Generic Skills	The user/ individual on the job needs to know and understand how to:	
	SA1. Record daily activities	
	SA2. Share sharp, concise and to the point report with the provider institute physician	
	SA3. Completion of medical history, PCR and applicable transport form	
	SA4. Facilitate form filling in the allocated hospital once the patient reaches the	
	hospital	
	Reading Skills	
	The user/individual on the job needs to know and understand how to:	
	SA5. Read about changes in legislations and organisational policies	
	SA6. Keep abreast with the latest knowledge by reading internal communications and	
	legal framework changes related to roles and responsibilities	
	SA7. Read on latest clinical regulations as shared by the medical officer	
	SA8. Read on the list of hospitals in the major accident or emergency prone locations	
	SA9. Read on upgraded facilities available in existing hospitals	
	Oral Communication (Listening and Speaking skills)	
	The user/individual on the job needs to know and understand how to:	
	SA10 Interact with the nationt	
SA10. Interact with the patient SA11. Give clear instructions to the patient		
	SA12. Collect all necessary information regarding the patient's condition, address	
	SA13. Avoid using jargon, slang or acronyms when communicating with a patient	
	SA14. Communicate with other people around the patient and give them clear	
	The state of the s	
	instructions around their safety	
	SA15. Communicate clearly with other emergency response agencies if required	
B. Professional Skills	Decision Making	
The user/individual on the job needs to know and understand how to:		
	SB1. Act decisively by balancing protocols and emergency at had	
	SB2. Manage situations where minors, unconscious or self-harming patients are	
	involved	
	Plan and Organise	
	The user/individual on the job needs to know and understand how to:	
	The user/marviadar on the job freeds to know and anderstand now to.	
SB3. Plan and organise activities that are assigned to him/her		
SB4. Quickly think and refer to information about the hospitals in the vicinity		
	Patient Centricity	
	The user/individual on the job needs to know and understand how to:	
	SB5. Communicate effectively with patients and their family, physicians, and other	
	members of the health care team	
	SB6. Maintain patient confidentiality	
	· · · · · · · · · · · · · · · · · · ·	







1133/ N 2320. Wallage	critical care aeromedical and inter-facility transport
	SB7. Respect the rights of the patient(s)
	Problem Solving
	The user/individual on the job needs to:
	SB8. Adjust their transporting techniques to move the patient to the ambulance as per the requirement
	Analytical Thinking
	The user/individual on the job needs to know and understand how to:
	SB9. Analyse the situation and function effectively to accomplish the transport of patient
	Critical Thinking
	The user/individual on the job needs to know and understand how to:
	SB10. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







NOS Version Control

NOS Code	HSS/ N 232		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
Occupation	EMERGENCY MEDICAL	Next review date	22/05/15
	TECHNICIAN - ADAVANCED		









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an Allied Health Professional to collate and communicate health related information.







Unit Code	HSS/ N 9601		
Unit Title (Task)	Collate and Communicate Health Information		
Description	This OS unit is about collating and communicating health information to community members, their family or others in response to queries or as part of health advice and counselling. This OS unit applies to all allied health professionals required to communicate health related information to patients, individuals, families and others		
Scope	This unit/task covers the following: • Communicating with individuals, patients, their family and others about health issues		
Performance Criteria (PC) w.r.t. the Scope		
Element	Performance Criteria		
	 PC1. Respond to queries and information needs of all individuals PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them PC4. Utilise all training and information at one's disposal to provide relevant information to the individual PC5. Confirm that the needs of the individual have been met PC6. Adhere to guidelines provided by 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 		
Knowledge and Under	standing (K)		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	The user/individual on the job needs to know and understand: KA1. Guidelines on communicating with individuals KA2. Guidelines on maintaining confidentiality and respecting need for privacy KA3. Guidelines of the organisation/ health provider on communicating with individuals and patients		







1133/ N 3001. Collate al	nd Communicate Health Information		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
· ·	KB1. How to communicate effectively		
	KB2. When to ask for assistance when situations are beyond one's competence		
	·		
	and authority		
	KB3. How to maintain confidentiality and to respect an individual's need for		
	privacy		
	KB4. How to ensure that all information provided to individuals is from reliable		
	·		
	sources		
	KB5. How to handle stressful or risky situations when communicating with		
	individuals		
	KB6. Difficulties that can occur when communicating with individuals and family		
	· ·		
	members in stressful situations and how to manage these		
Skills (S) (Optional)			
A Como Skills /	Muiting Chille		
A. Core Skills/	Writing Skills		
Generic Skills	The user/ individual on the job needs to know and understand how to:		
	SA1. Write at least one local/ official language used in the local community		
	SA2. Write well enough to be classified as literate		
	SA3. Maintain any records required after the interaction		
	Reading Skills		
	The user/individual on the job needs to know and understand how to:		
	CAA Dead well arraysh to be clearified as literate		
	SA4. Read well enough to be classified as literate		
	SA5. Read instructions and pamphlets provided as part of training		
	Oral Communication (Listening and Speaking skills)		
	Oral Communication (Listening and Speaking skins)		
	The user/individual on the job needs to know and understand how to:		
	CAC Cooply at least one least language		
	SA6. Speak at least one local language		
	SA7. Communicate effectively with all individuals		
B. Professional Skills	Decision Making		
	The user/individual on the job needs to know and understand how to:		
	The asery marviadar on the job needs to know and anderstand now to:		
	SB1. Make decisions on information to be communicated based on needs of the		
	individual and various regulations and guidelines		
	Plan and Organise		
	The user/individual on the job needs to know and understand:		
	Not applicable		







1133/ IN 3001. Collate al	ind Communicate Health information			
	Customer Centricity			
	The user/individual on the job needs to know and understand how to:			
	SB2. Be responsive to problems of the individuals			
	SB3. Be available to guide, counsel and help individuals when required			
	SB4. Be patient and non-judgemental at all times			
	Problem Solving			
	The user/individual on the job needs to know and understand how to:			
	SB5. Create work-around to overcome problems faced in carrying out roles and duties			
	Analytical Thinking			
	The user/individual on the job needs to know and understand how to:			
	Not applicable			
	Critical Thinking			
	The user/individual on the job needs to know and understand how to: Not applicable			
}	The applicable			







NOS Version Control

NOS Code	HSS/ N 9601	HSS/ N 9601	
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health Professional to recognise the boundaries of the role and responsibilities and working within the level of competence in accordance with legislation, protocols and guidelines







Unit Code	HSS/ N 9603
Unit Title (Task)	Act within the limits of one's competence and authority
Description	This OS unit is about recognising the boundaries of the role and responsibilities and working within the level of competence in accordance with legislation, protocols and guidelines This is applicable to all Allied Health Professionals working in an organised, regulated environment.
Scope	This unit/task covers the following: • Acting within the limit of one's competence and authority; ○ Knowing one's job role ○ Knowing one's job responsibility ○ Recognising the job role and responsibilities of co workers
	Reference : 'This National Occupational Standard is from the UK Skills for Health suite [SFHGEN63, Act within the limits of your competence and authority] It has been tailored to apply to healthcare in India and has been reproduced with their permission'.
Performance Criteria (F	PC) wrt The Scope
Element	Performance Criteria
	 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 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
Knowledge and Unders	
A. Organisational Context (Knowledge of the	The user/individual on the job needs to know and understand: KA1. The relevant legislation, standards, policies, and procedures followed in the







-	in the limits of one's competence and authority
Healthcare	organisation
provider/	KA2. The medical procedures and functioning of required medical equipment
Organisation and	KA3. Role and importance of assisting other healthcare providers in delivering care
its processes)	
B. Technical	The user/individual on the job needs to know and understand:
Knowledge	
	KB1. The boundaries of one's role and responsibilities and other team members
	KB2. The reasons for working within the limits of one's competence and authority
	KB3. The importance of personally promoting and demonstrating good practice
	KB4. The legislation, protocols and guidelines effecting one's work
	KB5. The organisational systems and requirements relevant to one's role
	KB6. The sources of information that can be accessed to maintain an awareness of
	research and developments in one's area of work
	KB7. The difference between direct and indirect supervision and autonomous
	practice, and which combination is most applicable in different circumstances
	KB8. The risks to quality and safety arising from:
	 Working outside the boundaries of competence and authority
	Not keeping up to date with best practice
	o Poor communication
	 Insufficient support
	Lack of resources
	KB9. The importance of individual or team compliance with legislation, protocols,
	and guidelines and organisational systems and requirements
	KB10. How to Report and minimise risks
	KB11. The principle of meeting the organisation's needs, and how this should enable
	one to recognise one's own limitations and when one should seek support from
	others
	KB12. The processes by which improvements to protocols/guidelines and
	organisational systems/requirements should be reported
	KB13. The procedure for accessing training, learning and development needs for
	oneself and/or others within one's organisation
	KB14. The actions that can be taken to ensure a current, clear and accurate
	understanding of roles and responsibilities is maintained, and how this affects
	the way one work as an individual or part of a team
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Document reports, task lists, and schedules
	SA2. Prepare status and progress reports
	SA3. Record daily activities
	SA4. Update other co-workers
	·
	Reading Skills







1133/ N 3003. ACL WILLIII	i the limits of one's competence and authority		
	The user/individual on the job needs to know and understand how to:		
	SA5. Read about changes in legislations and organisational policies SA6. Keep updated with the latest knowledge		
	Oral Communication (Listening and Speaking skills)		
	The user/individual on the job needs to know and understand how to:		
	SA7. Discuss task lists, schedules, and work-loads with co-workers SA8. Give clear instructions to patients and co-workers SA9. Keep patient informed about progress SA10. Avoid using jargon, slang or acronyms when communicating with a patient		
B. Professional Skills	Decision Making		
D. Trotessional skins	The user/individual on the job needs to know and understand how to:		
	SB1. Make decisions pertaining to the concerned area of work in relation to job role		
_	Plan and Organise		
	Not applicable		
	Patient Centricity		
	The user/individual on the job needs to know and understand how to: SB2. Communicate effectively with patients and their family, physicians, and other members of the health care team SB3. Be responsive and listen empathetically to establish rapport in a way that promotes openness on issues of concern SB4. Be sensitive to potential cultural differences SB5. Maintain patient confidentiality SB6. Respect the rights of the patient(s)		
	Problem Solving		
	Not applicable		
	Analytical Thinking		
	Not applicable		
	Critical Thinking		
	Not applicable		







NOS Version Control

NOS Code	HSS/ N 9 03		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health Professional to work effectively with other people and integrate one's work the work of other people



National Occupational Standards



HSS/ N 9604: Work effectively with others

HSS/ N 9604: Work effo	•
Unit Code	HSS/ N 9604
Unit Title	Work effectively with others
(Task)	
Description	This OS unit is about working effectively with other people who can be part of the
	immediate team, organisation or external to the team or organisation
	This OS unit applies to all Allied health professionals working in a team or
	collaborative environment
Scope	This unit covers the following:
	Working with other people to meet requirements , Sharing information with
	others to enable efficient delivery of work , Communicating with other team mem-
	bers and people internal or external to the organisation
Performance Criteria (I	PC) wrt The Scope
Element	Performance Criteria
	To be competent, the user/ individual on the job must be able to:
	PC1. Communicate with other people clearly and effectively
	PC2. Integrate one's work with other people's work effectively
	PC3. Pass on essential information to other people on timely basis
	PC4. Work in a way that shows respect for other people
	PC5. Carry out any commitments made to other people
	PC6. Reason out the failure to fulfil commitment
	PC7. Identify any problems with team members and other people and take the
	initiative to solve these problems
w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PC8. Follow the organisation's policies and procedures
Knowledge and Unders	
A. Organisational	To be competent the user/ individual on the job needs to know and understand:
Context	
(Knowledge of the	KA1. The people who make up the team and how they fit into the work of the
Healthcare	organisation
provider/	KA2. The hydrogen priority and a hierbirds of the agreement to the organisation
Organisation and	KA3. The business, mission, and objectives of the organisation
its processes)	KA4. Effective working relationships with the people external to the team, with which the individual works on a regular basis
	KA5. Procedures in the organisation to deal with conflict and poor working
	relationships
B. Technical	To be competent the user/individual on the job needs to know and understand:
Knowledge	To be competent the user, marriadal on the job needs to know and understand.
	KB1. The importance of communicating clearly and effectively with other people and
	how to do so face-to-face, by telephone and in writing
	KB2. The essential information that needs to be shared with other people
	KB3. The importance of effective working relationships and how these can
	contribute towards effective working relationships on a day-to-day basis
	KB4. The importance of integrating ones work effectively with others
	KB5. The types of working relationships that help people to work well together and







HSS/ N 9604: Work effe	,		
	the types of relationships that need to be avoided		
	KB6. The types of opportunities an individual may seek out to improve relationships		
	with others		
	KB7. How to deal with difficult working relationships with other people to sort out		
	problems		
Skills (S)			
A. Core Skills /	Writing Skills		
Generic Skills	To be competent, the user / individual on the job needs to know and understand how		
	to:		
	SA1. Communicate essential information in writing		
	SA2. Write effective communications to share information with the team members		
	and other people outside the team		
	Reading Skills		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	о.		
	SA3. Read and understand essential information		
	SAS. Nead and understand essential information		
	Oral Communication (Listening and speaking skills)		
	To be competent, the user/ individual on the job needs to know and understand how		
	to:		
	SA4. Communicate essential information to colleagues face-to-face or through		
	telecommunications		
	SA5. Question others appropriately in order to understand the nature of the request		
	or compliant		
B. Professional Skills	Decision Making		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	SB1. Make decisions pertaining to work		
	Plan and Organise		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	SB2. Plan and organise files and documents		
	Patient Centricity		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	SB3. Communicate effectively with patients and their family, physicians, and other		
	members of the health care team		
	SB4. Be capable of being responsive, listen empathetically to establish rapport in a		
	33 36 supulse of being responsive, instell empatricularly to establish rapport in a		







 controlly with control
way that promotes openness on issues of concern
SB5. Be sensitive to potential cultural differences
SB6. Maintain patient confidentiality
SB7. Respect the rights of the patient(s)
Problem Solving
To be competent, the user/individual on the job needs to know and understand how
to:
SB8. Identify problems while working with others and devise effective solutions
Analytical Thinking
Analytical Thinking
Not Applicable
Critical Thinking
Not Applicable







NOS Version Control

NOS Code	HSS/ N 9 04		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15

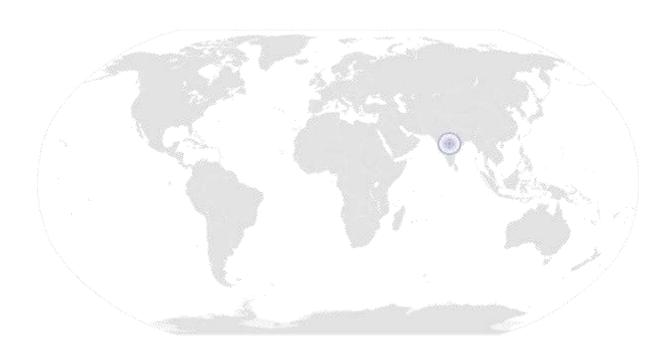








National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health professional to plan and organise work to meet requirements







Unit Code	HSS/ N 9605 Manage work to meet requirements		
Unit Title (Task)			
Description	This OS unit is about planning and organising work and developing oneself further in the organisation This unit applies to all Allied Health professionals		
Scope	This unit covers the following: • Establishing and managing requirements , Planning and organising work, Ensuring accomplishment of the requirements		
Performance Criteria ((PC) wrt The Scope		
Element	Performance Criteria		
	PC1. Clearly establish, agree, and record the work requirements PC2. Utilise time effectively PC3. Ensure his/her work meets the agreed requirements PC4. Treat confidential information correctly PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		
Knowledge and Under	erstanding (K)		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	To be competent, the user / individual on the job needs to know and understand: KA1. The relevant policies and procedures of the organisation KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role		
B. Technical Knowledge	To be competent, the user/individual on the job needs to know and understand: KB1. The importance of asking the appropriate individual for help when required KB2. The importance of planning, prioritising and organising work KB3. The importance of clearly establishing work requirement KB4. The importance of being flexible in changing priorities when the importance and urgency comes into play KB5. How to make efficient use of time, and to avoid things that may prevent work deliverables from being expedited KB6. The importance of keeping the work area clean and tidy KB7. Areas of work that are not a priority and why it is necessary to keep one's effort in that direction to a minimum KB8. To change work plans when necessary		







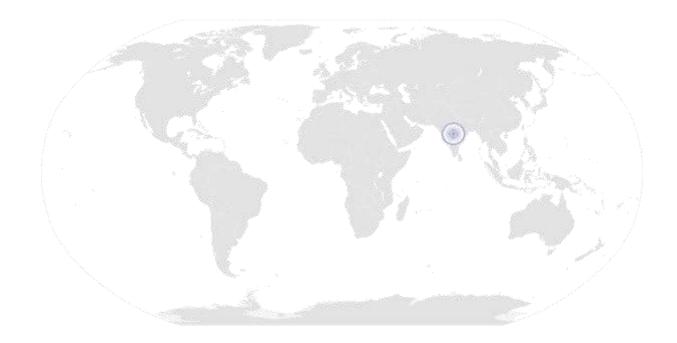
	WRO. The importance of confidentiality			
	KB9. The importance of confidentiality			
Skills (S)	KB10. The importance in completing work on time			
SKIIIS (3)				
A. Core Skills	Writing Skills			
/Generic Skills	To be competent, the user/ individual on the job needs to know and understand how			
	to:			
	SA1. Report progress and results			
	SA2. Record problems and resolutions			
	Reading Skills			
To be competent, the user / individual on the job needs to know and under				
to:				
	SA3. Read organisational policies and procedures			
SA4. Read work related documents and information shared by different				
Oral Communication (Listening and Speaking skills)				
Oral Communication (Listening and Speaking Skills)				
To be competent, the user/individual on the job needs to know and unde				
to:				
	SA5. Report progress and results			
	SA6. Interact with other individuals			
	SA7. Negotiate requirements and revised agreements for delivering them			
B. Professional Skills	Decision Making			
	To be competent, the user/individual on the job needs to know and understand how			
	to:			
	SB1. Make decisions pertaining to the work			
	Plan and Organise			
To be competent, the user/ individual on the job needs to know and understa				
to:				
SB2. Plan and organise files and documents				
Patient Centricity To be competent, the user/ individual on the job needs to know and understan				
			to:	
	SB3. Communicate effectively with patients and their family, physicians, and other			
	members of the health care team			
	SB4. Be sensitive to potential cultural differences			
	SB5. Maintain patient confidentiality			
	SB6. Respect the rights of the patient(s)			
	Problem Solving			







To be competent, the user/ individual on the job needs to know and understand how to: SB7. Understand problems and suggest an optimum solution after evaluating
possible solutions Analytical Thinking
Not applicable
Critical Thinking
Not applicable









NOS Version Control

NOS Code	HSS/ N 9 05		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15









HSS/ N 9606: Maintain a safe, healthy, and secure working environment

National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health Professional to monitor the working environment, and making sure it meets health, safety and security requirements







HSS/ N 9606: Maintain a safe, healthy, and secure working environment			
Unit Code	HSS/ N 9606 Maintain a safe, healthy, and secure working environment		
Unit Title (Task)			
Description	This OS unit is about monitoring the working environment and ensuring a safe, healthy, secure and effective working conditions This OS unit applies to all Allied Health professionals working within an organised workplace		
Scope	 This unit covers the following: Complying the health, safety and security requirements and procedures for workplace, Handling any hazardous situation with safely, competently and within the limits of authority, Reporting any hazardous situation and breach in procedures to ensure a safe, healthy, secure working environment 		
Performance Criteria (P	PC) wrt The Scope		
Element	Performance Criteria		
	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 accurately		
Knowledge and Unders	nowledge and Understanding (K)		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	To be competent, the user/ individual on the job needs to know and understand: KA1. The importance of health, safety, and security in the workplace KA2. The basic requirements of the health and safety and other legislations and regulations that apply to the workplace KA3. The person(s) responsible for maintaining healthy, safe, and secure workplace KA4. The relevant up-to-date information on health, safety, and security that applies to the workplace		





HSS/ N 9606: Maintain a safe, healthy, and secure working environment

HSS/ N 9606: Maintain	a safe, healthy, and secure working environment		
	KA5. How to report the hazard		
	KA6. The responsibilities of individual to maintain safe, healthy and secure workplace		
B. Technical Knowledge	To be competent, the user / individual on the job needs to know and understand:		
Knowicage	KB1. Requirements of health, safety and security in workplace		
	KB2. How to create safety records and maintaining them		
	KB3. The importance of being alert to health, safety, and security hazards in the work		
	environment		
	KB4. The common health, safety, and security hazards that affect people working in		
	an administrative role		
	KB5. How to identify health, safety, and security hazards		
	KB6. The importance of warning others about hazards and how to do so until the		
	hazard is dealt with		
Skills (S)			
A. Generic Skills	Writing Skills		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	SA1. Report and record incidents		
	Reading Skills		
	To be competent, the user/ individual on the job needs to know and understand how		
	to:		
	SA2. Read and understand company policies and procedures		
	Oral Communication (Listening and speaking skills)		
	To be competent, the user/ individual on the job needs to know and understand how		
	to:		
	SA3. Clearly report hazards and incidents with the appropriate level of urgency		
B. Professional Skills	Decision Making		
	To be competent, the user/individual on the job needs to know and understand how		
	to:		
	SB1. Make decisions pertaining to the area of work		
	Plan and Organise		
	To be competent, the user / individual on the job needs to know and understand how		
	to:		
	SB2. Plan for safety of the work environment		







HSS/ N 9606: Maintain a safe, healthy, and secure working environment

Patient Centricity

i defent centricity			
To be competent, the user	/ individual on the	job needs to knov	v and understand:

- SB3. Communicate effectively with patients and their family, physicians, and other members of the health care team
- SB4. Be capable of being responsive, listen empathetically to establish rapport in a way that promotes openness on issues of concern
- SB5. Be sensitive to potential cultural differences
- SB6. Maintain patient confidentiality
- SB7. Respect the rights of the patient(s)

Problem Solving

To be competent, the user/ individual on the job needs to know and understand how to:

SB8. Identify hazards, evaluate possible solutions and suggest effective solutions

Analytical Thinking

To be competent, the user needs to know and understand how to:

SB9. Analyse the seriousness of hazards

Critical Thinking

To be competent, the user needs to know and understand how to:

SB10. Analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently







HSS/ N 9606: Maintain a safe, healthy, and secure working environment

NOS Code	HSS/ N 9 0		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an Allied Health professional to practice code of conduct setup by the healthcare provider





Unit Code	HSS/ N 9607
Unit Title (Task)	Practice Code of conduct while performing duties
Description	This OS unit is about following the rules, regulations and the code of conduct setup by the healthcare provider The Allied health professional must adhere to the protocols and guidelines relevant to the field and practice This OS unit applies to all Allied health professionals working in an organised environment and to whom specific regulations and codes of conduct apply
Scope	This unit covers the following: • Recognising the guidelines and protocols relevant to the field and practice, Following the code of conduct as described by the healthcare provider, Demonstrating best practices while on the field
Performance Criteria (F	PC) wrt The Scope
Element	Performance Criteria
	PC1. Adhere to protocols and guidelines relevant to the role and field of practice PC2. Work within organisational systems and requirements as appropriate to the role PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority PC4. Maintain competence within the role and field of practice PC5. Use protocols and guidelines relevant to the field of practice PC6. Promote and demonstrate good practice as an individual and as a team member at all times PC7. Identify and manage potential and actual risks to the quality and patient safety PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem
Knowledge and Unders	
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	To be competent, the user/ individual on the job needs to know and understand: KA1. Relevant legislation, standards, policies, and procedures followed in the hospital KA2. How to engage and interact with other providers in order to deliver quality and maintain continued care KA3. Personal hygiene measures and handling techniques
B. Technical Knowledge	To be competent, the user / individual on the job needs to know and understand: KB1. The limitations and scope of the role and responsibilities along with an







H33/ N 3007. Fractice C	ode of conduct while performing duties
	understanding of roles and responsibilities of others
	KB2. The importance of working within the limits of one's competence and authority
	KB3. The detrimental effects of non-compliance
	KB4. The importance of personal hygiene
	KB5. The importance of intercommunication skills
	KB6. The legislation, protocols and guidelines related to the role
	KB7. The organisational systems and requirements relevant to the role
	KB8. The sources of information and literature to maintain a constant access to
	upcoming research and changes in the field
	KB9. The difference between direct and indirect supervision and autonomous
	practice, and which combination is most applicable in different circumstances
	KB10. Implications to quality and safety arising from:
	 Working outside the boundaries of competence and authority
	 not keeping up to date with best practice
	poor communication
	insufficient support
	lack of resources
	KB11. The organisational structure and the various processes related to reporting
	and monitoring
	KB12. The procedure for accessing training, learning and development needs

al III (a)	
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	To be competent, the user/ individual on the job needs to know and understand how to:
	SA1. Document reports, task lists, and schedules with co-workers SA2. Prepare status and progress reports related to patient care SA3. Update the physician and the other co-workers
	Reading Skills
	To be competent, the user/ individual on the job needs to know and understand how to:
	SA4. Read about procedures, regulations and guidelines related to the organisation and the profession
	SA5. Keep updated with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
	Oral Communication (Listening and speaking skills)







	To be competent, the user/ individual on the job needs to know and understand how		
	to:		
	SA6. Interact with patients		
	SA7. Give clear instructions to patients, patients relatives and other healthcare		
	providers		
	SA8. Avoid using jargon, slang or acronyms, while communicating with a patient		
B. Professional Skills	Decision Making		
	To be competent, the user/ individual on the job needs to know and understand how		
	to:		
	SB1. Make decisions based on applicable regulations and codes of conduct when		
	possible conflicts arise		
	SB2. Act decisively by balancing protocols and work at hand		
	Plan and Organise		
	Not applicable		
	Patient Centricity		
	To be competent, the user / individual on the job needs to know and understand how		
	to:		
	SB3. Communicate effectively with patients and their family, physicians, and other members of the health care team		
	SB4. Maintain patient confidentiality		
	SB5. Respect the rights of the patient(s)		
	SB6. Respond patients' queries and concerns		
	SB7. Maintain personal hygiene to enhance patient safety		
	Problem Solving		
	Not applicable		
	Analytical Thinking		
	Not applicable		
	Crisical Thinking		
	Critical Thinking		
	Not applicable		







NOS Code	HSS/ N 9 07		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding and skills required of an Allied Health professional to manage biomedical waste





Unit Code	HSS/ N 9609		
Unit Title (Task)	Follow biomedical waste disposal protocols		
Description	This OS unit is about the safe handling and management of health care waste. This unit applies to all Allied Health professionals.		
Scope	This unit/task covers the following: Classification of the Waste Generated, Segregation of Biomedical Waste, Proper collection and storage of Waste Reference: 'The content of this National Occupational Standard is drawn from the UK Skills for Health NOS [SFHCHS212 Disposal of clinical and non-clinical waste within healthcare and SFHCHS213 Implement an audit trail for managing waste within healthcare]'		
Performance Criteria (F	PC) w.r.t. the Scope		
Element	Performance Criteria		
	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements PC4. Segregation should happen at source with proper containment, by using different color coded bins for different categories of waste PC5. Check the accuracy of the labelling that identifies the type and content of waste PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal PC7. Check the waste has undergone the required processes to make it safe for transport and disposal PC8. Transport the waste to the disposal site, taking into consideration its associated risks PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		
Knowledge and Unders	511		
A. Organisational Context	The user/individual on the job needs to know and understand:		







	ometical waste disposal protocols	
(Knowledge of the	KA1. Basic requirements of the health and safety and other legislations and	
Healthcare	regulations that apply to the organisation	
provider/	KA2. Person(s) responsible for health, safety, and security in the organisation	
Organisation and	KA3. Relevant up-to-date information on health, safety, and security that applies to	
_	the organisation	
its processes)	KA4. Organisation's emergency procedures and responsibilities for handling	
	hazardous situations	
B. Technical	The user/individual on the job needs to know and understand:	
Knowledge		
	KB1. How to categorise waste according to national, local and organisational	
	guidelines	
	KB2. The appropriate approved disposal routes for waste	
	KB3. The appropriate containment or dismantling requirements for waste and	
	how to make the waste safe for disposal	
	KB4. The importance to adhere to the organisational and national waste	
	management principles and procedures	
	KB5. The hazards and risks associated with the disposal and the importance of risk	
	assessments and how to provide these	
	·	
	KB6. The personal protective equipment required to manage the different types	
	of waste generated by different work activities	
	KB7. The importance of working in a safe manner when carrying out procedures	
	for biomedical waste management in line with local and national policies and	
	legislation	
	KB8. The required actions and reporting procedures for any accidents, spillages	
	and contamination involving waste	
	KB9. The requirements of the relevant external agencies involved in the transport	
	and receipt of your waste	
	KB10. The importance of segregating different types of waste and how to do this	
	KB11. The safe methods of storage and maintaining security of waste and the	
	permitted accumulation times	
	KB12. The methods for transporting and monitoring waste disposal and the	
	appropriateness of each method to a given scenario	
	KB13. How to report any problems or delays in waste collection and where to seek	
	advice and guidance	
	KB14. The importance of the organisation monitoring and obtaining an assessment	
	of the impact the waste has on the environment	
	KB15. The current national legislation, guidelines, local policies and protocols	
	which affect work practice	
	KB16. The policies and guidance that clarify your scope of practice, accountabilities	
	and the working relationship between yourself and others	
Skills (S) (Optional)	and the working relationship between yoursell and others	
A. Core Skills/	Writing Skills	
Generic Skills	The user/ individual on the job needs to know and understand how to:	
	SA1. Report and record incidents	







	biomedical waste disposal protocols			
	Reading Skills			
	The user/individual on the job needs to know and understand how to:			
	SA2. Read and understand company policies and procedures for managing biomedical waste			
	Oral Communication (Listening and Speaking skills)			
	The user/individual on the job needs to know and understand how to:			
	SA3. Report hazards and incidents clearly with the appropriate level of urgency			
B. Professional Skills	Decision Making			
	The user/individual on the job needs to know and understand how to:			
	SB1. Make decisions pertaining to the area of work			
	SB2. Exhibit commitment to the organisation and exert effort and perseverance			
	Plan and Organise			
	The user/individual on the job needs to know and understand how to:			
	SB3. Organise files and documents			
	SB4. Plan for safety of the work environment			
	SB5. Recommend and implement plan of action			
	Patient Centricity			
	The user/individual on the job needs to know and understand:			
	SB6. How to make exceptional effort to keep the environment and work place clean			
	Problem Solving			
	The user/individual on the job needs to know and understand how to:			
	SB7. Identify hazards and suggest effective solutions to identified problems of			
	waste management			
	Analytical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB8. Analyse the seriousness of hazards and proper waste management			
	Critical Thinking			
	The user/individual on the job needs to know and understand how to:			
	SB9. Evaluate opportunities to improve health, safety and security			
	SB10. Show understanding and empathy for others			







NOS Code	HSS/ N 9 09		
Credits(NSQF)	TBD	Version number	1.0
Industry	Health	Drafted on	12/02/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15

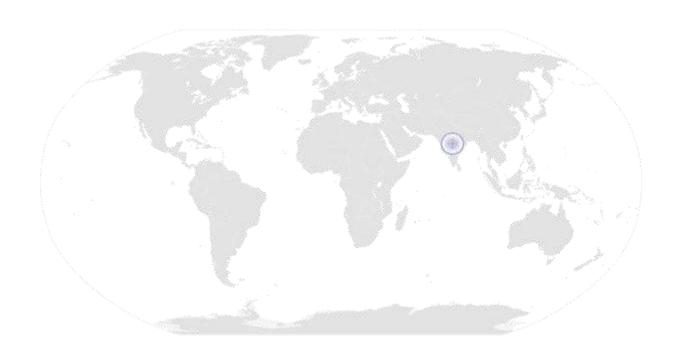








National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health professional to comply with infection control policies and procedures.







Unit Code	HSS/ N 9610
Unit Title (Task)	Follow infection control policies and procedures
Description	This OS unit is about complying with infection control policies and procedures. It is applicable to workers who are responsible for workplace procedures to maintain
	infection control.
	This unit applies to all Allied Health professionals.
Scope	This unit/task covers the following:
	Complying with an effective infection control strategy with an effective infection control strategy that ensures the safety of the patient (or end-user of health-related products/services), Maintaining personal protection and preventing the transmission of infections from person to person
Performance Criteria	(PC) w.r.t. the Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	PC1. Preform the standard precautions to prevent the spread of infection in
	accordance with organisation requirements
	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
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility
	PC5. Document and report activities and tasks that put patients and/or other workers at risk
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization
	PC7. Follow procedures for risk control and risk containment for specific risks
	PC8. Follow protocols for care following exposure to blood or other body fluids as required
	PC9. Place appropriate signs when and where appropriate
	PC10. Remove spills in accordance with the policies and procedures of the organization
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination
	PC12. Follow hand washing procedures
	PC13. Implement hand care procedures
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary
	PC15. Wear personal protective clothing and equipment that complies with Indian







HSS/ N 9610: Follow int	ection c	ontrol policies and procedures
		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
	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.	
	PC30.	Replace surface covers where applicable
	PC31.	Maintain and store cleaning equipment
		6.3

Knowledge and Understanding (K)

Miowicage and onders	
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the Healthcare provider/ Organisation and its processes)	 KA1. The organisation's infection control policies and procedures KA2. Organisation requirements relating to immunisation, where applicable KA3. Standard precautions KA4. Good personal hygiene practice including hand care
B. Technical	The user/individual on the job needs to know and understand:
Knowledge	KB1. Additional precautions KB2. Aspects of infectious diseases including: - opportunistic organisms - pathogens KB3. Basic microbiology including:







HSS/ N 9610: Follow infection control policies and procedures							
	- bacteria and bac	terial spores					
	- fungi						
	- viruses						
	B4. How to clean and	sterile techniques					
	B5. The path of diseas	se transmission:					
	- paths of transmis	ssion including direct contact and penetrating injuries					
	- risk of acquisition	1					
	- sources of infec	ting microorganisms including persons who are carriers, in					
		ase of the disease or those who are acutely ill					
	B6. Effective hand hy	giene:					
	- procedures for re	outine hand wash					
	- procedures for s	urgical hand wash					
	- when hands mus	t be washed					
	IB7. Good personal hy	giene practice including hand care					
		management of infectious risks in the workplace					
	IB9. How to use perso	nal protective equipment such as:					
	- guidelines for glo						
	- guidelines for we	aring gowns and waterproof aprons					
	_	aring masks as required					
	- guidelines for we	aring protective glasses					
	B10. Susceptible host	s including persons who are immune suppressed, have					
	chronic diseases s	uch as diabetes and the very young or very old					
	IB11. Surface cleaning:						
	- cleaning procedu	res at the start and end of the day					
	-managing a bloo	d or body fluid spill					
	- routine surface o	leaning					
	B12. Sharps handling a	nd disposal techniques					
	B13. The following:						
	- Follow infection	control guidelines					
		oond to infection risks					
	- Maintain person	al hygiene					
	- Use personal pro	ptective equipment					
	- Limit contamina	tion					
	- Handle, packag	e, label, store transport and dispose of clinical and other					
	waste						
	- Clean environme	ntal surfaces					
Skills (S) (Optional)							
A. Core Skills/	Vriting Skills						
Generic Skills	=	e job needs to know and understand how to:					
	A1. Consistently apply	hand washing, personal hygiene and personal protection					
	protocols						
	A2. Consistently apply	clean and sterile techniques					
	42 6	and and the Parth and artest and a					

SA3. Consistently apply protocols to limit contamination

Reading Skills







HSS/ N 9610: Follow in	fection control policies and procedures						
	The user/individual on the job needs to know and understand how to:						
	SA4. Follow instructions as specified in the protocols						
	Oral Communication (Listening and Speaking skills)						
	The user/individual on the job needs to know and understand how to:						
	SA5. Listen patiently						
	SA6. Provide feedback (verbal and non-verbal) to encourage smooth flow of information						
B. Professional Skills	Decision Making						
	The user/individual on the job needs to know and understand how to:						
	SB1. Take into account opportunities to address waste minimisation,						
	environmental responsibility and sustainable practice issues						
	SB2. Apply additional precautions when standard precautions are not sufficient						
	Plan and Organise						
	The user/individual on the job needs to:						
	SB3. Consistently ensure instruments used for invasive procedures are sterile at						
	time of use (where appropriate)						
	SB4. Consistently follow the procedure for washing and drying hands						
	SB5. Consistently limit contamination						
	SB6. Consistently maintain clean surfaces and manage blood and body fluid spills						
	atient Centricity						
	The user/individual on the job needs to know and understand how to:						
	SB7. Be a good listener and be sensitive to patient						
	SB8. Avoid unwanted and unnecessary communication with patients						
	SB9. Maintain eye contact and non-verbal communication						
	Problem Solving						
	The user/individual on the job needs to know and understand how to:						
	SB10. Communicate only facts and not opinions						
	SB11. Give feedback when required						
	Analytical Thinking						
	The user/individual on the job needs to know and understand how to:						
	SB12. Coordinate required processes effectively						
	Critical Thinking						
	The user/individual on the job needs to know and understand how to:						
	SB13. Apply, analyse, and evaluate the information gathered from observation,						







	experience, reasoning, or communication, as a guide to belief and action
SB14.	Take into account opportunities to address waste minimisation,
	environmental responsibility and sustainable practice issues









NOS Code	HSS/ N 9 10						
Credits(NSQF)	TBD	Version number	1.0				
Industry	Health	Drafted on	12/02/13				
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13				
		Next review date	22/05/15				









National Occupational Standards



Overview

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health professional to monitor and assure quality





HSS/ N 9611: Monitor and assure quality

Unit Code	UCC / N OC14
	HSS/ N 9611
Unit Title (Task)	Monitor and assure quality
Description	This OS unit is about Assuring quality in all procedures.
· ·	This unit applies to all Allied Health professionals.
Scope	This unit/task covers the following:
	Monitor treatment process/outcomes , Identify problems in treatment
	process/outcomes , Solve treatment process/outcome problems , Attend class/read
	publications to continue industry education , Identify needs and expectations of
	patient/health care professionals
Performance Criteria (F	PC) w.r.t. the Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	PC1. Conduct appropriate research and analysis PC2. Evaluate potential solutions thoroughly
	PC3. Participate in education programs which include current techniques,
	technology and trends pertaining to the dental industry
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person
	PC6. Identify and correct any hazards that he/she can deal with safely,
	competently and within the limits of his/her authority
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal
	with to the relevant person and warn other people who may be affected PC8. Follow the organisation's emergency procedures promptly, calmly, and
	efficiently
	PC9. Identify and recommend opportunities for improving health, safety, and
	security to the designated person
	PC10. Complete any health and safety records legibly and accurately
Knowledge and Unders	standing (K)
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the	KA1. Basic requirements of the health and safety and other legislations and
Healthcare	regulations that apply to the organisation
provider/	KA2. Person(s) responsible for health, safety, and security in the organisation
•	KA3. Relevant up-to-date information on health, safety, and security that applies







HSS/ N 9611: Monitor and assure quality

HSS/ N 9611: Monitor a	•				
Organisation and	to the organisation				
its processes)	KA4. Organisation's emergency procedures and responsibilities for handling				
	hazardous situations				
B. Technical	The user/individual on the job needs to know and understand how to:				
Knowledge					
	KB1. Evaluate treatment goals, process and outcomes				
	KB2. Identify problems/deficiencies in dental hygiene treatment goals, processes				
	and outcomes				
	KB3. Accurately identify problems in dental hygiene care				
	KB4. Conduct research				
	KB5. Select and implement proper hygiene interventions				
	KB6. Obtain informed consent				
	KB7. Conduct an honest self-evaluation to identify personal and professional				
	strengths and weaknesses				
	KB8. Access and interpret medical, and scientific literature				
	KB9. Apply human needs/motivational theory				
	KB10. Provide thorough and efficient individualised care				
Chille (C) (Outional)	KB11. Employ methods to measure satisfaction				
Skills (S) (Optional)					
A. Core Skills/	Writing Skills				
Generic Skills	The user/ individual on the job needs to know and understand how to:				
	SA1. Report and record incidents				
	Reading Skills				
	The user/individual on the job needs to know and understand how to:				
	The user/marviadar on the job fleeds to know and understand flow to.				
	SA2. Read and understand company policies and procedures				
	Oral Communication (Listening and Speaking skills)				
	The user/individual on the job needs to know and understand how to:				
	SA3. Report hazards and incidents clearly with the appropriate level of urgency				
B. Professional Skills	Decision Making				
	The user/individual on the job needs to know and understand how to:				
	SB1. Make decisions pertaining to the area of work				
	SB2. Exhibit commitment to the organisation and exert effort and perseverance				
	Plan and Organise				
	The user/individual on the job needs to know and understand how to:				
	SB3. Organise files and documents				
	SB4. Plan for safety of the work environment				
	SB1. Recommend and implement plan of action				
	351. Necommend and implement plan of action				







HSS/ N 9611: Monitor a	and assure quality
	Patient Centricity
	The user/individual on the job needs to know and understand:
	SB2. How to make exceptional effort to meet patient needs and resolve conflict to patient satisfaction
	Problem Solving
	The user/individual on the job needs to know and understand how to:
	SB3. Identify hazards and suggest effective solutions to identified problems
	Analytical Thinking
	The user/individual on the job needs to know and understand how to:
	SB4. Analyse the seriousness of hazards
	Critical Thinking
	The user/individual on the job needs to know and understand how to:
	SB5. Evaluate opportunities to improve health, safety and security SB6. Show understanding and empathy for others







HSS/ N 9611: Monitor and assure quality

NOS Code	HSS/ N 9 11	HSS/ N 9 11					
Credits(NSQF)	TBD	Version number	1.0				
Industry	Health	Drafted on	12/02/13				
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13				
		Next review date	22/05/15				



	Assessment Form (To be filled	by Assessor for Each Traine	<u>e)</u>			
<u>Job Role</u>	Emergency Medical Technician-Advanced (EMT-A)	<u>Trainee Name</u>	UID No.	<u>Batch</u>		
Qualification Pack		Taining Partner	<u>Date</u>			
Sector Skill Council	Healthcare	Name of Assessor				
Name & Signa	ature of Representative & Stamp of Assessing Body:					
	Skills Practical and \	/iva (80% weightage)				
		Marks Allo	oted	Marks Awarded by Assessor		
	Grand Total-1 (Subject Domain)	400				
	Grand Total-2 (Compulsary NOS)	10				
Gra	and Total-3 (Soft Skills and Comunication)	90				
	Grand Total-(Skills Practical and Viva)		500			
	Passing Marks (80% of Max. Marks)			PASS/FAIL		
	Theory (20%	6 weightage)				
		Marks Allo	oted	Marks Awarded by Assessor		
	Grand Total-1 (Subject Domain)	80		0		
Gra	and Total-2 (Soft Skills and Comunication)	20	0			
	Grand Total-(Theory)	100	0			
	Passing Marks (50% of Max. Marks)		50			
Grai	nd Total-(Skills Practical and Viva + Theory)	600	#REF!			
Overall Result		Criteria is to pass in both t individually. If fail in any candidate i	one of them, then	PASS/FAIL		

Job Role	Emergency Medical Technician Advanced (FNAT A)	Trainee Name			UID No.		Batch	
JOS KOIC	Emergency Medical Technician-Advanced (EMT-A)	Trainee Traine			0101101		<u> </u>	
Qualification Pack		<u>Taining Partner</u>			<u>Date</u>			
Sector Skill Council	Healthcare	Name o	f Assessoı	-				
Name & Signa	ature of Representative & Stamp of Assessing Body:							
	Skills Practical a	ınd Viva (80% wei	ghtage)					
			Marks All	oted		Mar	ks Awarded b	y Assessor
	Grand Total-1 (Subject Domain)		400					
	Grand Total-2 (Compulsary NOS)		10					
	and Total-3 (Soft Skills and Comunication)		90					
	Grand Total-(Skills Practical and Viva)		500				0	
	Detailed Break Up of Marks			Ski	lls Practical	& Viva		
	Subject Domain		Pick a	ny 2 NOS	each of 200	marks tota	Iling 400	
National Occupational	Performance Criteria (PC)	Total Marks (400)			Allocation	Marks Awarded by Assessor		Grand Total of
Standards (NOS)			Out Of Viva	Viva	Skills Practical	Viva	Skills Practical	Practical
HSS/ N 2331: Respond to	PC1. Understand the emergency codes used in the hospital for emergency		10	10			Skills Plactical	
emergency calls	situations		10	10	0			
Advanced)	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		10	2	8			
	the dispatch centre		10					
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse		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			
			10	0	10			
	d. Surgical Masks							
	d. Surgical Masks e. Safety Glasses		10	0	10			
		200	10 10	0	10 10			

supplies as per the medical emergence supplies specialised for Emergence kits, disposables, and patient care materials, supplies, medications at Life Support (ALS) have been stoo	the required medical equipment and gency. A large selection of equipment and by Medical Services include diagnostic e products. The EMT should ensure all and other items required for Advanced ked in the Ambulance		40	4	36		
colleagues and the medical office	•		10	0	10		
PC10. Establish trust and rapport	with colleagues		4	0	4		
PC11. Maintain competence with	in one's role and field of practice		4	0	4		
PC12. Promote and demonstrate team member at all times	good practice as an individual and as a		4	0	4		
PC13. Identify and manage poten safety of practice	tial and actual risks to the quality and		10	6	4		
PC14. Evaluate and reflect on the	quality of one's work and make		4	0	4		
continuing improvements PC15. Understand basic medico-le	agal principles		8	8	0		
			0	0	U		
local regulatory agencies	of care as defined by state, regional and		4	4	0		
	Total		200	36	164		
2. HSS/ N 2327: Assess PC1. Explain clearly:							
patient at the site o An EMT's role and scope, res	sponsibilities and accountability in		4	4	0		
(advanced) relation to the assessment of I	nealth status and needs		4	4	0		
o What information need to b	e 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 asses	ssment		4	4	0		
PC2. Obtain informed consent of	the patient for the assessment process,		4	2	2		
unless impossible as a consequen	ce of their condition		4		2		
thoroughly in order of priority (in	d measurements systematically and cluding Airway, Breathing, Circulation)		25	5	20		
PC4. Respect the patient's privacy			2	0	2		
1	iscomfort and encourage the patient to		2	0	2		
participate as fully as possible in t	•						
	nt clearly and in a manner and pace that						
is appropriate to:			_	0	2		
o Their level of understanding			2	0	2		
o Their culture and backgroun o Their need for reassurance a							
O THEIR REED TO TEASSULAILE A	ind support						
DCZ Down in a subject life	allowed a state of the feet and different		5	1	4		
	threatening or high risk conditions of any protocols, guidelines and other	200					
sources of guidance and advice to		200	4	2	2		
PC9. Assess the condition of the p	-						
o Observing patient position	ratient by.		10	2	8		
O Observing patient position			10		8		
	skin as well as ease of breathing and of laboured breathing or coughing		10	2	8		
o Checking if there is any blee	ding from the nose or ears		10	2	8		
o Looking at the pupil dilation	/difference in pupil sizes, as it may be						
suggestive of concussion			10	2	8		<u> </u>

			10	2	8		
	o Checking if the patient is under the effect of alcohol or any other drug						
	o Checking the patient's mouth to ensure the airway is clear		10	2	8		
	o Gently checking the neck, starting from the back		10	2	8		
	o Checking for any swelling or bruises		10	2	8		
	o Checking the chest to ascertain if any object is stuck		10	2	8		
	o Checking the ribcage for bruising or swelling and the abdomen for any		10	2	8		
	kind of swelling or lumps		10	2	Ů		
	o Checking for any damage to the pelvis		10	2	8		
	o Asking the victim if they are able to feel their legs		10	2	8		
			10	2	8		
	o Observing the colour of toes to check for any circulation problems						
	PC10. Use appropriate equipment if required		10	2	8		
	Total		200	54	146		
3. HSS/ N 2305 (Patient							
Triage based on the	PC1. Have the expertise to quickly assess whether the patient requires		40	10	30		
defined clinical criteria of	immediate life-saving intervention or whether they could wait						
severity of illness)	PC2. Know how to check all the vital signs		40	10	30		1
	PC3. Identify a high-risk case		40	20	20		<u> </u>
	PC4. Assess the kind of resources the person will require. For e.g. The EMT		20	5	15		
	should know the standard resources required for a person who comes to	200	20				
	the emergency department for a similar ailment	200					
	PC5. Communicate clearly and assertively		3	0	3		
	PC6. Collaboratively be able to supervise/work collaboratively with other		4	0	4		
departments	4	0	4				
	PC7. Multitask without compromising on quality and accuracy of care		2	0	2		
	provided		3	0	3		
	PC8. Use SALT method in day-to-day handling and START in mass casualty		50	4.0	40		
	handling and disasters		50	10	40		
	Total		200	55	145		
I. HSS/ N 2328: Manage							
ardiovascular emergency	PC1. Describe the structure and function of the cardiovascular system		2	2	0		
advanced)	PC2. Provide emergency medical care to a patient experiencing chest						
,	pain/discomfort		15	0	15		
	PC3. Identify the symptoms of hypertensive emergency		3	0	3		
	PC4. Identify the indications and contraindications for automated external						
	defibrillation (AED)		3	0	3		
	PC5. Explain the impact of age and weight on defibrillation		3	3	0		<u></u>
	PC6. Discuss the position of comfort for patients with various cardiac		2	1	1		
	emergencies		2	1	1		<u> </u>
	PC7. Establish the relationship between airway management and the		F.	2	2		
	patient with cardiovascular compromise		5	2	3		
	PC8. Predict the relationship between the patient experiencing		_	_	_		1
	cardiovascular compromise and basic life support		5	5	0		
	PC9. Explain that not all chest pain patients result in cardiac arrest and do		2	2	0		1
	not need to be attached to an automated external defibrillator						
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS)		10	10	_		
	intervention if it is available		10	10	0		
							1
	PC11. Explain the importance of urgent transport to a facility with		5	5	0		
	Advanced Life Support if it is not available in the pre-hospital setting						1
	PC12. Explain the usage of aspirin and clopidogrel		5	5	0		1
						-	

					_	 •
PC13. Differentiate between the fully automated and the semi-automated		5	5	0		
defibrillator			J	Ŭ		
PC14. Discuss the procedures that must be taken into consideration for						
standard operations of the various types of automated external		5	3	2		
defibrillators						
PC15. Assure that the patient is pulseless and apnoeic when using the		3	0	3		
automated external defibrillator		3	O	3		
		3	3	0		
PC16. Identify circumstances which may result in inappropriate shocks		3	3	U		
PC17. Explain the considerations for interruption of CPR, when using the			2			
automated external defibrillator		3	3	0		
PC18. Summarise the speed of operation of automated external		_	_	_		
defibrillation		3	3	0		
	200					
PC19. Discuss the use of remote defibrillation through adhesive pads	200	3	3	0		
PC20. Operate the automated external defibrillator		25	0	25		
1 620. Operate the automated external actionisator			Ŭ	23		
PC21. Discuss the standard of care that should be used to provide care to a		3	3	0		
patient with recurrent ventricular fibrillation and no available ACLS		3	3			
<u>'</u>						
PC22. Differentiate between the single rescuer and multi-rescuer care with		10	5	5		
an automated external defibrillator						
PC23. Explain the reason for pulses not being checked between shocks		3	3	0		
with an automated external defibrillator						
PC24. Identify the components and discuss the importance of post-		10	4	6		
resuscitation care						
PC25. Explain the importance of frequent practice with the automated		2	2	0		
external defibrillator			-	ŭ		
PC26. Discuss the need to complete the Automated Defibrillator:		5	5	0		
Operator's Shift checklist		3	J	U		
PC27. Explain the role medical direction plays in the use of automated		_	Б	0		
external defibrillation		5	5	0		
PC28. State the reasons why a case review should be completed following		F	_			
the use of the automated external defibrillator		5	5	0		
			_	_		
PC29. Discuss the components that should be included in a case review		5	5	0		
PC30. Discuss the goal of quality improvement in automated external						
defibrillation		5	5	0		
denormation						
PC31. Recognise the need for medical direction of protocols to assist in the		5	5	0		
emergency medical care of the patient with chest pain				o o		
emergency medical care of the patient with chest pain						
PC32. List the indications for the use of nitro-glycerine		7	7	0		
PC33. State the contraindications and side effects for the use of nitro-						
glycerine		5	5	0		
Бусстис						
		10	0	10		
PC34. Perform maintenance checks of the automated external defibrillator						
PC35. Perform ECG tracing		10	0	10		
PC36. Perform manual defibrillation, cardioversion and transcutaneous		15	0	15		
pacing		1.5	<u> </u>	1.0		
PC37. Manage acute heart failure		10	10	0		
Total		200	114	86		
PC1. Describe the basic types, causes, and symptoms of stroke		20	20	0		
PC2. Provide emergency medical care to a patient experiencing symptoms		10	0	10		
of a stroke						
PC3. Manage airway, breathing, and circulation		10	0	10		

5.HSS/ N 2307 (Manage

Cerebrovascular Emergency)

					1	T		ı
	PC4. Assess the patient's level of consciousness and document any signs of stroke		10	0	10			
			10	0	10			
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate PC6. Perform a standardised pre-hospital stroke scale assessment such as		20	0	20			
	the Cincinnati pre-hospital stroke scale		20	0	20			
	PC7. Check serum blood sugar		5	0	5			
	PC8. Collect critical background information on the victim and the onset of							1
	the stroke symptoms such as the medical history (especially any past							
	strokes), the estimate of the time since any potential stroke symptoms first		25	15	10			1
	appeared, current medical conditions of the patient and current			_				1
	medications							1
	PC9. Determine the time of onset of symptoms		10	10	0			1
	PC10. Explain how patients, family, or bystanders should respond to a	200						1
	potential stroke		10	10	0			1
	PC11. Discuss the actions recommended for emergency responders to							1
	potential stroke victims		10	10	0			1
	PC12. Explain the importance of transporting stroke patients immediately							1
	to an emergency department that has the personnel and equipment to		10	10	0			
	provide comprehensive acute stroke treatment			10				1
	PC13. Carry out first triage of potential stroke victims		5	0	5		+	
	PC14. Expedite transport of the patient to the nearest hospital equipped to		,	U	, ,	1	+	
	handle strokes		10	10	0			
	Harrare Strokes						+	
	PC15. Explain the importance of immediately notifying the Emergency		15	15	0			
	Department of the hospital of the arrival of a potential stroke victim		13	13				
	PC16. Administer an IV line and oxygen and monitor the functioning of the							1
	heart on-route to the hospital		10	0	10			1
	PC17. Forward a written report to the emergency department with details						-	1
	on medical history and onset of the stroke symptoms		10	5	5			1
	Total		200	105	O.E.			
5.HSS/ N 2308 (Manage			200	103	95 10			
Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction		20	10	10			1
inergic Reaction)	PC2. Perform the emergency medical care of the patient with an allergic		50	0	50			1
	reaction							1
	PC3. Establish the relationship between the patient with an allergic				_			1
			15	7	8		. h	
	reaction and airway management		15	7	8		 	
	PC4. Recognise the mechanisms of allergic response and the implications		15 20	7 10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management							
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose,		20	10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-	200						
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector	200	20	10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to	200	20	10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors	200	20	10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient	200	20 20 25	10 20 0	10 0 25			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction	200	20	10	10			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having	200	20 20 25	10 20 0	10 0 25			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction,	200	20 20 25 30	10 20 0 15	10 0 25 15			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having	200	20 20 25	10 20 0	10 0 25			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	200	20 20 25 30	10 20 0 15	10 0 25 15			
	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine	200	20 20 25 30	10 20 0 15	10 0 25 15			
•	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine autoinjector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	200	20 20 25 30 20	10 20 0 15	10 0 25 15			
•	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector Total	200	20 20 25 30 20 20 20	10 20 0 15 20 82 20	10 0 25 15 0 118 0			
ooisoning or overdose	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector Total	200	20 20 25 30 20	10 20 0 15 20	10 0 25 15 0			
7.HSS/ N 2329: Manage poisoning or overdose (advanced)	PC4. Recognise the mechanisms of allergic response and the implications for airway management PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector Total PC1. Recognise various ways that poisons enter the body	200	20 20 25 30 20 20 20	10 20 0 15 20 82 20	10 0 25 15 0 118 0			

	PC4. Perform the steps in the emergency medical care for the patient with		40	10	30]
	suspected poisoning		40	10	30		
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management	200	20	10	10		
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and reassessment strategies for activated charcoal		10	10	0		
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose		10	10	0		
	PC8. Perform gastric lavage		30	0	30		
	Total		200	90	110		
8.HSS/ N 2310 (Manage	PC1. Recognise the various ways by which body loses heat		10	10	0		
Environmental Emergency)	PC2. List the signs and symptoms of exposure to cold		20	20	0		
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold		60	20	40		
	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	200	50	10	40		
	PC6. Recognise the signs and symptoms of water-related emergencies		25	10	15		
	PC7. Identify the complications of near-drowning		10	10	0		
	PC8. Perform emergency medical care for bites and stings		10	5	5		
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines		5	5	0		
	Total		200	100	100		
9.HSS/ N 2330: Manage	PC1. Recognise the general factors that may cause an alteration in a		10	10	0		
behavioural emergency	patient's behaviour						
(advanced)	PC2. Recognise the various reasons for psychological crises		20	10	10		
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide		30	15	15		
	PC4. Identify special medical/legal considerations for managing behavioural emergencies	200	60	25	35		
	PC5. Recognise the special considerations for assessing a patient with behavioural problems		40	20	20		
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence		20	10	10		
	PC7. Identify physical and chemical methods to calm behavioural emergency patients		20	10	10		
	Total		200	100	100		
10.HSS/ N 2312 (Manage Obstetrics/Gynaecology	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum		5	5	0		
emergencies)	PC2. Identify and explain the use of the contents of an obstetrics kit		10	10	0		
	PC3. Identify pre-delivery emergencies		10	10	0		
	PC4. State indications of an imminent delivery		5	5	0		
	PC5. Differentiate the emergency medical care provided to a patient with		10	10	0		
	pre-delivery emergencies from a normal delivery						
	PC6. Perform the steps in pre-delivery preparation of the mother		20	0	20	_	
	PC7. Establish the relationship between body substance isolation and childbirth		10	5	5		
	PC8. Perform the steps to assist in the delivery		20	0	20		
	PC9. State the steps required for care of the baby as the head appears		10	5	5		

I	PC10. Explain how and when to cut the umbilical cord		10	5	5	<u> </u>	Ī	
	PC11. Perform the steps in the delivery of the placenta	200	10	5	5			
	PC12. Perform the steps in the emergency medical care of the mother post-		10	5	5			
	delivery		10	10	0			
	PC13. Summarise neonatal resuscitation procedures		10	10	0			
	PC14. Identify the procedures for the following abnormal deliveries:		10	10	0			
	Breech birth, multiple births, prolapsed cord, limb presentation PC15. Differentiate the special considerations for multiple births		10	10	0			
	PC15. Differentiate the special considerations for multiple births PC16. Recognise special considerations of meconium				0			
	PC17. Identify special considerations of a premature baby		5 5	5 5	0			
	PC18. Perform the emergency medical care of a patient with a		3		U			
	gynaecological emergency		10	0	10			
	PC19. Perform steps required for emergency medical care of a mother with							
	excessive bleeding		10	5	5			
	PC20. Complete a Pre-Hospital Care report for patients with							
	obstetrical/gynaecological emergencies		10	10	0			
	Total		200	120	80			
11.HSS/ N 2313 (Manage								
Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	<u> </u>	15	15	0			
	PC2. Differentiate between arterial, venous and capillary bleeding		15	15	0			
	PC3. State methods of emergency medical care of external bleeding	200	20	10	10			
	PC4. Establish the relationship between body substance isolation and bleeding		10	5	5			
	PC5. Establish the relationship between airway management and the trauma patient		20	5	15			
	PC6. Establish the relationship between mechanism of injury and internal		20	10	10			
	bleeding		20	10	10			<u>-</u> -
	PC7. Recognise the signs of internal bleeding PC8. Perform the steps in the emergency medical care of the patient with		20	10	10			
	signs and symptoms of internal bleeding		20	0	20			
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		20	10	10			
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)		20	10	10			
	PC11. Recognize different types of shock and initiate appropriate medical management		20	10	10			
	Total		200	100	100			
12. HSS/ N 2314 (Manage	PC1. Recognise the major functions of the skin		5	5	0			
Soft Tissue Injury and	PC2. Recognise the layers of the skin		5	5	0			
Burns)	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries		5	5	0			
	PC4. Recognise the types of closed soft tissue injuries		5	5	0			
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury		10	0	10			
	PC6. State the types of open soft tissue injuries		5	5	0			
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury		10	5	5			
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury		5	5	0			
	PC9. Perform the emergency medical care considerations for a patient with		5	5	0			
I	an open wound to the abdomen				<u> </u>	<u> </u>	L	

							_
	PC10. Differentiate the care of an open wound to the chest from an open		3	3	0		
	wound to the abdomen		3	3	0		
	PC11. Classify burns		3	3	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	200	3	3	0	1	
	PC18. Perform the emergency medical care of the patient with a superficial						
	burn		10	0	10		
	PC19. Perform the emergency medical care of the patient with a partial						
	thickness burn		10	0	10		
l	PC20. Perform the emergency medical care of the patient with a full					1	
	,		10	0	10		
	thickness burn						
	PC21. Recognise the functions of dressing and bandaging		8	8	0	<u> </u>	
	PC22. Describe the purpose of a bandage		5	5	0		
	PC23. Perform the steps in applying a pressure dressing		8	0	8		
I	PC24. Establish the relationship between airway management and the		10	5	5		
	patient with chest injury, burns, blunt and penetrating injuries						
	PC25. Know the ramification of improperly applied dressings, splints and		10		-		
	tourniquets		10	5	5		
	PC26. Perform the emergency medical care of a patient with an impaled		4.0	_	_		
	object		10	5	5		
	PC27. Perform the emergency medical care of a patient with an						
	amputation		10	5	5		
	PC28. Perform the emergency care for a chemical burn		10	5	5	1	1
	PC29. Perform the emergency care for an electrical burn		10	5	5	1	
	PC30. Recognise inhalation injury and perform emergency care		10	10	0	1	1
	Total		200	117	83		
13.HSS/ N 2315 (Manage	PC1. Recognise the function of the muscular system		Δ	1	0		
Musculoskeletal injuries)	PC2. Recognise the function of the skeletal system		4	1	0	1	
	,			4	0	1	1
iviuscuioskeietai iiijulles)	PC3 Recognise the major hones or hone grounings of the spinal column.			•		1	-
iviusculoskeietai IIIJulies)	PC3. Recognise the major bones or bone groupings of the spinal column;		6	6	0		
iviuscuioskeietai iiijulies)	the thorax; the upper extremities; the lower extremities		6	6	0		
iiviuscuioskeietai iiijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen,		6	6	0		
iviusculoskeietai iiijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity						
iiviuscuioskeietai iiijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal	200					
iviuscuioskeietai iiijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries	200	6 20	6	0 10		
iviusculoskeletal IIIJulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting	200	6 20 20	6 10 10	0 10 10		
iviuscuioskeietai iiijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting	200	6 20 20 40	6 10 10 10	0 10 10 30		
iviusculoskeletal IIIJulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting	200	6 20 20	6 10 10	0 10 10		
iviusculoskeletal liljulles)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful,	200	6 20 20 40 20	6 10 10 10 2	0 10 10 30 18		
iviusculoskeletal IIIJulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting	200	6 20 20 40	6 10 10 10	0 10 10 30		
iviusculoskeietai ilijulies)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful,	200	6 20 20 40 20	6 10 10 10 2	0 10 10 30 18		
iviusculoskeletal liljulles)	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity	200	6 20 20 40 20 40	6 10 10 10 2 10	0 10 10 30 18 30		
	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis	200	6 20 20 40 20 40 40	6 10 10 10 2 10	0 10 10 30 18 30 30		
14.HSS/ N 2316 (Manage	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system	200	6 20 20 40 20 40 40 200	6 10 10 10 2 10 10	0 10 10 30 18 30 30 128		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system	200	6 20 20 40 20 40 40 200 5 5	6 10 10 10 2 10 10 72 5 5	0 10 10 30 18 30 30 30 128 0		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system PC3. Recognise the structure of the skeletal system as it relates to the	200	6 20 20 40 20 40 40 200 5	6 10 10 10 2 10 10 72 5	0 10 10 30 18 30 30 30 128 0		
14.HSS/ N 2316 (Manage	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system	200	6 20 20 40 20 40 40 200 5 5	6 10 10 10 2 10 10 72 5 5	0 10 10 30 18 30 30 30 128 0		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system PC3. Recognise the structure of the skeletal system as it relates to the nervous system	200	6 20 20 40 20 40 40 200 5 5	6 10 10 10 2 10 10 72 5 5	0 10 10 30 18 30 30 30 128 0		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system PC3. Recognise the structure of the skeletal system as it relates to the nervous system PC4. Relate mechanism of injury to potential injuries of the head and spine	200	6 20 20 40 20 40 40 200 5 5	6 10 10 10 2 10 10 72 5 5	0 10 10 30 18 30 30 128 0 0		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system PC3. Recognise the structure of the skeletal system as it relates to the nervous system PC4. Relate mechanism of injury to potential injuries of the head and spine PC5. Recognise the implications of not properly caring for potential spine	200	6 20 20 40 20 40 40 200 5 5	6 10 10 10 2 10 10 72 5 5	0 10 10 30 18 30 30 128 0 0		
14.HSS/ N 2316 (Manage Injuries to head and spine	the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis Total PC1. State the components of the nervous system PC2. List the functions of the central nervous system PC3. Recognise the structure of the skeletal system as it relates to the nervous system PC4. Relate mechanism of injury to potential injuries of the head and spine	200	6 20 20 40 20 40 40 200 5 5 5	6 10 10 10 2 10 10 72 5 5 5	0 10 10 30 18 30 30 128 0 0		

	PC7. Recognise the method of determining if a responsive patient may		5	5	0	
	have a spine injury			J		
	PC8. Relate the airway emergency medical care techniques to the patient		10	5	5	
	with a suspected spine injury		10	J	J	
	PC9. Identify how to stabilise the cervical spine		15	5	10	
	PC10. Indications for sizing and using a cervical spine immobilisation		_	_	0	
	device		5	5	0	
	PC11. Establish the relationship between airway management and the		10		_	
	patient with head and spine injuries		10	5	5	
		200		_	_	
	PC12. Recognise a method for sizing a cervical spine immobilisation device		10	5	5	
	PC13. Log roll a patient with a suspected spine injury		15	5	10	
	PC14. Secure a patient to a long spine board		10	5	5	
	PC15. List instances when a short spine board should be used		5	5	0	
	PC16. Immobilise a patient using a short spine board		10	10	0	
	PC17. Recognise the indications for the use of rapid extrication		5	5	0	†
	PC18. Understand the steps in performing rapid extrication		10	5	5	†
	PC19. Identify the circumstances when a helmet should be left on the		10	<u> </u>		
	patient		5	5	0	
	<u> </u>	-	5	5	0	
	PC20. Identify the circumstances when a helmet should be removed					
	PC21. Identify alternative methods for removal of a helmet		5	5	0	
	PC22. Stabilise patient's head to remove the helmet		15	5	10	
	PC23. Differentiate how the head is stabilised with a helmet compared to		5	5	0	
	without a helmet					
	PC24. Immobilise paediatric and geriatric victims		5	0	5	
	PC25. Manage scalp bleeding		15	5	10	
	PC26. Manage eye injury		5	5	0	
	Total		200	130	70	
5.HSS/ N 2317 (Manage	PC1. Identify the developmental considerations for the age groups of		10	10	0	
nfants, Neonates and	infants, toddlers, pre-school, school age and adolescent					
Children)	PC2. Identify differences in anatomy and physiology of the infant, child and		10	10	0	
	adult patient			_	_	
	PC3. Differentiate the response of the ill or injured infant or child (age		10	5	5	
	specific) from that of an adult					
	PC4. Understand various causes of respiratory emergencies		10	10	0	
						_
			10	10	n	
	PC5. Differentiate between respiratory distress and respiratory failure		10	10	0	
	PC6. Perform the steps in the management of foreign body airway					
	PC6. Perform the steps in the management of foreign body airway obstruction		30	10 0	30	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress		30	0	30	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure					
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the		30	0 5	30 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure		30	0	30	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the		30 10 10	0 5 5	30 5 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient	200	30	0 5	30 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the	200	30 10 10 10	0 5 5 5	30 5 5 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient	200	30 10 10	0 5 5	30 5 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children	200	30 10 10 10	0 5 5 5 10	30 5 5 5 0	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults	200	30 10 10 10	0 5 5 5	30 5 5 5	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child	200	30 10 10 10 10	0 5 5 5 10 10	30 5 5 5 0	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child	200	30 10 10 10	0 5 5 5 10	30 5 5 5 0	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child patient	200	30 10 10 10 10 10 30	0 5 5 5 10 10	30 5 5 5 0 0 30	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child patient PC12. Perform the management of seizures in the infant and child patient	200	30 10 10 10 10	0 5 5 5 10 10	30 5 5 5 0	
	PC6. Perform the steps in the management of foreign body airway obstruction PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient PC9. Recognise the methods of determining end organ perfusion in the infant and child patient PC10. Identify the usual cause of cardiac arrest in infants and children versus adults PC11. Recognise the common causes of seizures in the infant and child patient PC12. Perform the management of seizures in the infant and child patient PC13. Differentiate between the injury patterns in adults, infants, and	200	30 10 10 10 10 10 30	0 5 5 5 10 10	30 5 5 5 0 0 30	

I					I	I	1	1
	PC15. Summarise the indicators of possible child abuse and neglect		10	10	0			
			5	5	0			
	PC16. Recognise the medical legal responsibilities in suspected child abuse			J	Ů,			
	PC17. Recognise need for EMT debriefing following a difficult infant or		5	5	0			
	child transport							
	Total		200	115	85			
16.HSS/ N 2318 (Manage								
respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:							
	a. Nasopharynx							
	b. Nasal air passage		10	10	0			
	c. Pharynx							
	d. Mouth							
	e. Oropharynx							
	f. Epiglottis							
	PC2. Recognise the anatomical components of the lower airway including:							
	a. Larynx							
	b. Trachea		10	10	0			
	c. Alveoli							
	d. Bronchi							
	e. Carina							
	f. Diaphragm	- - - -	40		_			
	PC3. Recognise the characteristics of normal breathing		10	5	5			
	PC4. Recognise the signs of abnormal breathing including:							
	a. Dyspnoea							
	b. Upper airway obstruction							
	c. Acute pulmonary oedema							
	d. Chronic obstructive pulmonary disease				15			
	e. Bronchitis		30	15				
	f. Emphysema	200						
	g. Pneumothorax h. Asthma	200						
	i. Pneumonia							
	j. Pleurionia j. Pleural effusion							
	k. Pulmonary embolism							
	I. Hyperventilation							
	PC5. Recognise the characteristics of abnormal breath sounds		20	10	10			
	PC6. Recognise the characteristics of irregular breathing patterns		30	15	15			
	red. Necognise the characteristics of irregular breathing patterns		30	13	13			
	PC7. Complete a focused history and physical exam of the patient		30	0	30			
	PC8. Establish airway in patient with respiratory difficulties		15	5	10			
			15	10	F			
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		15	10	5			
	PC10. Understand the various types of Metered Dose Inhalers including:							
	a. Preventil							
	b. Ventoiln							
	c. Alupent		20	20	0			
	d. Metaprel		20	20				
	e. Brethine							
	f. Albuterol							
	g. Metaproterenol							
	h. Terbutaline							

1	PC11. Understand the contraindications and side effects for various types						1]
	of Metered Dose Inhalers		10	10	0			
	Total		200	110	90			
17 LICC / N. 2210 /Manage			200	110	90			
17.HSS/ N 2319 (Manage	PC1. Recognise the anatomical components of the abdomen and their							
severe abdominal pain)	functions including:							
	a. Left Upper Quadrant							
	o Most of the stomach							
	o Spleen							
	o Pancreas							
	o Large intestine							
	o Small intestine							
	o Left kidney (upper portion)							
	b. Right Upper Quadrant							
	o Liver							
	o Gallbladder							
	o Part of the large intestine							
	o Right kidney (upper portion)							
	o Small intestine							
	c. Right Lower Quadrant							
	o Appendix							
	o Large intestine		20	20	0			
	o Female reproductive organs							
	o Small intestine							
	o Right kidney (lower portion)							
	o Right ureter							
	o Right ovary & fallopian tube							
	d. Left Lower Quadrant							
	o Large intestine							
	o Small intestine							
	o Left kidney (lower portion)							
	o Left ureter							
	o Left ovary							
	o Left fallopian tube							
	e. Midline structures							
	o Small intestine							
	o Urinary bladder							
	o Uterus							
	PC2. Recognise the symptoms and cause of visceral pain		10	5	5			
	PC3. Recognise the symptoms and causes of parietal pain	200	10	5	5			
	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		10	10	0			
	abdominal blood							
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the							
	diaphragm (usually on the left); ruptured spleen; pancreatic disease or		10	10	0			
	cancer; subphrenic absess; abdominal blood							
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis,		10	10	0			
	pancreatic cancer, kidney stone		10	10	0	<u> </u>	<u> </u>	
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early		10	10	0			
	appendicitis		10	10	0			
	e. Lower abdominal pain – diverticular disease (herniations of the							
	mucosa and submucosa of the intestines), Crohn's disease (a type of		10	10	0			
	inflammatory bowel disease), ulcerative colitis			-				
	f. Sacrum pain – perirectal abscess, rectal disease		10	10	0		1	
1	2. 7. 2 p p. 2 2.23. 3.00000) . 0000. 3.00000				<u> </u>	l	<u> </u>	j l

		•			-	_		•
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis,		10	10	0			
	pancreatitis, angina pectoris		10	10	O			
	h. Testicular pain – renal colic; appendicitis		10	10	0			
	PC5. Complete a focused history and physical exam of the patient							
	including:							
	a. Visual inspection		25	0	25			
	b. Auscultating the abdomen							
	c. Palpating the abdomen							
	PC6. Establish airway in patient		5	0	5			
	PC7. Place patient in position of comfort		5	0	5			
	PC8. Calm and reassure the patient		5	0	5			
	PC9. Look for signs of hypoperfusion		5	0	5	1		
	PC10. Recognise possible diagnoses for abdominal pain		5	5	0	1		
	Teto. Necognise possible diagnoses for abdominal pain		J	<u> </u>	0			
	PC11. State the treatment for managing various causes of abdominal pain		10	5	5			
	· · · · · · · · · · · · · · · · · · ·					 		
	PC12. Recognise potential diagnoses which imply the condition of the		10	-	_			
	patient may deteriorate and highlight the need for frequent reassessment		10	5	5			
	and advanced life support interventions					1	 	
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		10	5	5			
	priority case (when required)							
	Total	T	200	130	70			
18.HSS/ N 2320 (Manage	PC1. Establish an Incident Management Structure on arrival at the scene							
Mass Casualty Incident)	including:							
	a. Designating an Incident Commander to manage the incident		5	5	0			
	b. As Incident Commander, designating Triage Team(s), Treatment		5	5	0			
	Team(s), and a Transport Officer		3	3	O			
	PC2. Set up separate areas for treatment, triage and transport		10	10	0			
	PC3. Conduct an initial triage of patients by using the START triage model							
	for adult patients, JumpSTART Triage for paediatric patients and the		40	0	40			
	SMART triage tagging system							
	PC4. Use appropriate personal protective equipment while conducting		4.0	_	_			
	initial triage		10	5	5			
	PC5. Tag severity/ criticality of patient using colour coded tags		40	0	40			
	PC6. Direct non-injured and/or slightly injured victims to the triage area							
	set up for those with minor injuries	200	10	5	5			
	set up for those with himself injuries					1		
	PC7. Monitor patients with minor injuries for changes in their condition		10	5	5			
	PC8. Maintain an open airway and stop uncontrolled bleeding		10	0	10	1	1	
	PC9. Extract patients from the casualty area based on initial triage to		10	U	10	1	1	
	· · · · · · · · · · · · · · · · · · ·		10	0	10			
	designated triage and treatment areas					1	1	
	DC10. He agricument like este and litters for extraction where we have		10	5	5			
	PC10. Use equipment like cots and litters for extraction where required					1	1	
			10	10	0			
	PC11. Re-triage patients extracted to the triage and treatment areas					ļ		
	PC12. Provide treatment and deliver patients to transport area		10	5	5	ļ		
	PC13. Transport patients to healthcare facility		10	5	5	ļ		
	PC14. Alert healthcare facilities in advance of possible arrival of multiple		10	5	5			
	patients							
	Total		200	65	135			
.9.HSS/ N 2324 (Manage	PC1. Identify the patient taking diabetic medications and the implications		40	30	20			
· · · · · · · · · · · · · · · · · · ·			40	20	20			
	PC1. Identify the patient taking diabetic medications and the implications							
	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history PC2. Perform the steps in the emergency medical care of the patient taking		40	0	40			
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	200						

	PC4. Recognize the generic and trade names, medication forms, dose,					
	administration, action, and contraindications for oral glucose		30	30	0	
	PC5. Evaluate the need for medical direction in the emergency medical		50	20	20	
	care of the diabetic patient		50	20	20	
	Total		200	80	110	
20. HSS/ N 2325: Manage	PC1. Recognise the specific anatomy and physiology pertinent to		5	5	0	
advanced venous access	medication administration		3		Ü	
and administration of	PC2. Differentiate temperature readings between the Centigrade and		3	3	0	
medications	Fahrenheit scales					
	PC3. Discuss formulas as a basis for performing drug calculations		10	3	7	
	PC4. Calculate oral and parenteral drug dosages for all emergency medications administered to adults, infants and children		10	3	7	
	PC5. Calculate intravenous infusion rates for adults, infants, and children		20	0	20	
	PC6. Discuss legal aspects affecting medication administration		5	5	0	
	PC7.Discuss medical asepsis and the differences between clean and sterile		_	_	_	
	techniques		5	5	0	
	PC8.Describe use of antiseptics and disinfectants		3	3	0	
	PC9. Describe the use of universal precautions and body substance isolation (BSI) procedures when administering a medication		2	2	0	
	PC10. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation		25	0	25	
	PC11. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion	200	20	20	0	
	PC12. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of administering medications by the inhalation route		20	20	0	
	PC13. Differentiate among the different dosage forms of oral medications		5	5	0	
	PC14. Describe the equipment needed and general principles of administering oral medicationsy		7	7	0	
	PC15.Describe the indications, equipment needed, techniques utilized, precautions, and general principles of rectal medication administration		10	10	0	
	PC16. Describe the equipment needed, techniques utilized, complications, and general principles for the preparation and administration of parenteral medication		10	10	0	
	PC17. Differentiate among the different percutaneous routes of medication administration		5	5	0	
	PC18. Differentiate among the different parenteral routes of medication		5	5	0	
	administration					
	PC19. Describe the purpose, equipment needed, techniques utilized, complications, and general principles for obtaining a blood sample		10	5	5	
	PC20. Describe disposal of contaminated items and sharps		2	0	2	
	PC21. Synthesize a pharmacologic management plan including medication administration		3	3	0	
	PC22. Integrate pathophysiological principles of medication administration with patient management		10	5	5	
	PC23. Comply with universal precautions and body substance isolation		5	0	5	

	Total		200	124	76		
21. HSS/ N 2326: Manage	PC1. Understand the role of the critical care inter-facility transport teams						
critical care aeromedical	in the patient care continuum		5	0	5		
and inter-facility transport	PC2. Understand the importance of providing the highest quality of care in		_	^	F		
· ·	a timely and safe manner		5	0	5		
	PC3. Understand how the needs and characteristics of patients influence						
	and drive the competencies of critical care inter-facility transport		10	5	5		
	professionals						
	PC4. Define and differentiate between the following						
	a. Pre-hospital Emergency Medical Services						
	hadaa faalla FAAG baaaaad		20	20	0		
	b. Inter-facility EMS transport						
	c. Critical Care						
	d. Critical Care Transport						
	PC5. Compare and contrast the role of critical care inter-facility transport		5	5	0		
	with the Emergency Medical Services pre-hospital system			3			
	PC6. Describe roles of team members in critical care inter-facility transport		10	10	0		
	PC7. Differentiate between critically ill trauma and medical patient		10	10	0		
	transport theories						
	a. Scoop and run		10	5	5		
	b. Stay and play/resuscitate	200					
	PC8. Describe safe transport techniques		20	20	0		
	PC9. Describe appropriate transport equipment necessary for various		20	20	0		
	critical care inter-facility transports		25	10	15		
	PC10. Describe the pertinent rules and regulations for critical care						
	paramedics in inter-facility transports		15	10	5		
	PC11. Describe the components needed to provide the highest quality of						
	care during critical care inter-facility transport		15	5	10		
	PC12. Describe the importance of initial stabilization of the patient prior to		5	0	5		
	PC13. Describe how disaster and mass casualty events will affect critical				3		
	care interfacility transport		10	10	0		
	PC14. Adhere fully to the steps involved in treating and transporting the						
	patient		10	5	5		
	PC15. Positively manage situations where transport is a problem		5	5	0		
	PC16. Allocate the means of transport keeping in mind the emergency,			_			
	weather conditions and availability of transport		10	0	10		
				_	_		
	PC17. Adhere fully to procedures once the patient reaches the hospital		10	5	5		
	PC18. Use correct medication and equipment for treatment of immediate						
	threats to life		10	5	5		
	Total		200	120	80		
22. HSS/ N 9610 (Follow	PC1. Preform the standard precautions to prevent the spread of infection		5	0	5		
nfection control policies	in accordance with organisation requirements		,		,		
and procedures)	PC2. Preform the additional precautions when standard precautions alone		5	0	5		
	may not be sufficient to prevent transmission of infection						
	PC3. Minimise contamination of materials, equipment and instruments by		5	2	3		
	aerosols and splatter						
	PC4. Identify infection risks and implement an appropriate response within		5	5	0		
	own role and responsibility						
	PC5. Document and report activities and tasks that put patients and/or		5	5	0		
	other workers at risk						
	PC6. Respond appropriately to situations that pose an infection risk in		5	5	0		
	accordance with the policies and procedures of the organization				1	I	

OCT Follow procedures for rick control and rick containment for an elifi-					ī	1
PC7. Follow procedures for risk control and risk containment for specific risks		5	0	5		
PC8. Follow protocols for care following exposure to blood or other body fluids as required		5	0	5		
PC9. Place appropriate signs when and where appropriate		5	5	0		+
PC10. Remove spills in accordance with the policies and procedures of the		5	3	U		+
organization		5	0	5		
PC11. Maintain hand hygiene by washing hands before and after patient		5	5	0		
contact and/or after any activity likely to cause contamination						-
PC12. Follow hand washing procedures		15	0	15		_
PC13. Implement hand care procedures		10	0	10		_
PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		10	5	5		
PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		10	5	5		
PC16. Change protective clothing and gowns/aprons daily, more frequently f soiled and where appropriate, after each patient contact	200	5	3	2		
PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work		5	3	2		
PC18. Confine records, materials and medicaments to a well-designated clean zone		5	5	0		
PC19. Confine contaminated instruments and equipment to a well-			-	-		1
designated contaminated zone PC20. Wear appropriate personal protective clothing and equipment in		10	2	8		
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		10	5	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	5	0		
PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	2	3		
PC25. Wear personal protective clothing and equipment during cleaning procedures		5	2	3		
PC26. Remove all dust, dirt and physical debris from work surfaces		10	2	8		
PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		5	2	3		
PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		10	2	8		
PC29. Dry all work surfaces before and after use		5	2	3		
PC30. Replace surface covers where applicable		5	2	3		
PC31. Maintain and store cleaning equipment		5	2	3		
Total		200	81	119		
Grand Total-1 (Subject Domain)		400				
CHECKER BOARD IN COMMISSION SAVINGUIN		-100				

	Compulsory NOS with Clinical NOS	Perform this NOS	compuls	arily with	the clinical N totalling 1	•	ject domain ca	rrying 10 mar
National Occupational				Marks	Allocation	Marks Awa	ded by Assessor	Grand Total of Practical
Standards (NOS)	Performance Criteria (PC)	Total Marks (100)	Out Of	Viva	Observation/ Role Play	Viva	Observation/ Role Play	
HSS/ N 2302 (Size up scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the		1	0	1			
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		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	10	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			
	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 PC18. Function within the scope of care defined by state, regional and local		0.5	0	0.5			
	regulatory Total		10	1	9			
	Grand Total-2 (Compulsary NOS)		10					
	Soft Skills and Communication	Pick one field fro	om both p					
National Occupational	Performance Criteria (PC)	Total Marks (100)	Out Of		Allocation Observation/	Warks Awai	ded by Assessor Observation/	Grand Total of Practical
Standards (NOS)	, ,	,		Viva				Practical

HSS/ N 2321 (Select the	PC1. Explain to the patient about his role and the reason for selecting a							
proper provider institute	particular health provider		2	2	0			
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		4	2	2			
	treatment required			_	_			
	PC3. Allocate patient to the nearest provider institute		2	2	0			
	PC4. Base the allocation on the kind of care required namely primary,							
	secondary or tertiary care centres		2	2	0			
	PC5. Make sure that the selection of the institute is in adherence with the	18		_	_			
	legal regulation		2	2	0			
	PC6. Obtain guidance from medical officer for selection of proper provider				2			
	institute		2	2	0			
	PC7. Provide pre-arrival information to the receiving hospital		2	2	0			
	PC8. Obtain guidance of medical officer when ambulance needed to be		2	2	0			
	stopped en-route (e.g. during emergency child birth)							
	Total		18	16	2			
HSS/ N 2322 (Transport	PC1. Adhere fully to the rules and regulations related to the usage of		2	2	0			
patient to the provider	ground and air transport			2	U			
institute)	PC2. Adhere fully to the steps involved in treating and transporting the		4	2	2			
	patient		4	2	2			
	PC3. Positively manage situations where transport is a problem		2	2	0			
	PC4. Allocate the means of transport keeping in mind the emergency,	16	2	2	0			
	weather conditions and availability of transport				U			
			2	2	0			
	PC5. Adhere fully to procedures once the patient reaches the hospital				ŭ			
	PC6. Use correct medication and equipment for treatment of immediate		4	2	2			
	threats to life		·					
	Total		16	12	4			
HSS/ N 2323 (Manage	PC1. Provide a verbal report to the medical staff on the condition of the		4	2	2			
Patient Handover to the	patient and initial findings				_			
provider institute)	PC2. Complete the Patient Care Report (PCR) and hand it over to the	11	4	2	2			
	medical staff							
	DC2 Hand arough a consent forms signed by the notice to an explating		3	1	2			
	PC3. Hand over the consent form signed by the patient or a relative							
	Total		4.4	_	C			· ·
		A.F.	11	5	6	0		
2 Attitude	Decision making and leadership quality Total	45	11 45	5 33	6 12	0	0	
		45				0	0	
HSS/ N 9603 (Act within	PC1. Adhere to legislation, protocols and guidelines relevant to one's role	45				0	0	
HSS/ N 9603 (Act within the limits of one's	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	45	45	33	12	0	0	
HSS/ N 9603 (Act within the limits of one's	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	45	45	33	12	0	0	
2. 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	45	1	0	12	0	0	
HSS/ N 9603 (Act within the limits of one's	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	45	1 2	0 0	1 1 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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	45	1	0	12	0	0	
HSS/ N 9603 (Act within the limits of one's	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	45	1 2 4	0 0	1 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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	45 25	1 2	0 0	1 1 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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		1 2 4	0 0	1 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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		1 2 4 2	0 0 2	12 1 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 PC6. Promote and demonstrate good practice as an individual and as a		1 2 4 2	0 0 2	12 1 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1 2 4 2 4	0 0 2 0 2	12 1 2 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 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		1 2 4 2 4	0 0 2 0 2	12 1 2 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 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		1 2 4 2 4 4	0 0 2 0 2	12 1 2 2 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 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		1 2 4 2 4 4	0 0 2 0 2	12 1 2 2 2 2 2	0	0	
HSS/ N 9603 (Act within the limits of one's	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 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		1 2 4 2 4 4 4	0 0 2 0 2 2 2	12 1 2 2 2 2 2 2	0	0	

HSS / N 9607 (Practice Code	PC1. Adhere to protocols and guidelines relevant to the role and field of					Ī	I	
,	1		3	1	2			
of conduct while	practice							
performing duties)	PC2. Work within organisational systems and requirements as appropriate		3	1	2			
	to the role							
	PC3. Recognise the boundary of the role and responsibility and seek		3	1	2			
	supervision when situations are beyond the competence and authority							
	PC4. Maintain competence within the role and field of practice	20	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		1	0	1			
	team member at all times			0	-			
	PC7. Identify and manage potential and actual risks to the quality and		1	0	1			
	patient safety		1	U	1			
	PC8. Maintain personal hygiene and contribute actively to the healthcare		4	2	2			
	ecosystem		4	2	2			
	Total		20	7	13			
	Attitude Total	45	45	17	28	0	0	
3. Attiquete	<u>'</u>				•	•	•	
·	PC1. Clearly establish, agree, and record the work requirements		10	5	5			
to meet requirements)	PC2. Utilise time effectively		2	0	2			
lio mest requirements,	PC3. Ensure his/her work meets the agreed requirements		2	0	2			
	PC4. Treat confidential information correctly	20	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			
			20	0	11			
	Total		20	9	11			
HSS/ N 9601 (Collate and	PC1. Respond to queries and information needs of all individuals		2	2	0			
Communicate Health	PC2. Communicate effectively with all individuals regardless of age, caste,		5	0	5			
Information)	gender, community or other characteristics							
	PC3. Communicate with individuals at a pace and level fitting their		5	0	5			
	understanding, without using terminology unfamiliar to them				<u> </u>			
	PC4. Utilise all training and information at one's disposal to provide	25	5	5	0			
	relevant information to the individual	23	3	3	U			
	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		2	า	0			
	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 2 (Pick one field rando	omly carrying 45 marks)							
	5, ca,,							
1. Safety management						_	_	
HSS/ N 9606 (Maintain a	PC1. Identify individual responsibilities in relation to maintaining		6	2	4			
safe, healthy, and secure	workplace health safety and security requirements		0		7			
working environment)			2	0	2			
	PC2. Comply with health, safety and security procedures for the workplace		2	U	2			
	PC3. Report any identified breaches in health, safety, and security		2	1	1			
	procedures to the designated person		2	1	1			
			-	Λ	2			
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2			
	PC5. Correct any hazards that individual can deal with safely, competently		_	4	_			
	and within the limits of authority	45	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		6	4	2			
	may get affected						1	
1	<u> </u>				•	•	1	'

	PC7. Follow the organisation's emergency procedures promptly, calmly,		6	2	4		
	and efficiently			_	'		
	PC8. Identify and recommend opportunities for improving health, safety,		5	3	2		
	and security to the designated person				_		
	PC9. Complete any health and safety records legibly and accurately		6	2	4		
			45	22	23		
	Total		40	22	23		
2. Waste Management	<u>, </u>						
HSS/ N 9609 (Follow							
biomedical waste disposal	PC1. Follow the appropriate procedures, policies and protocols for the		6	2	4		
protocols)	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		6	3	3		
	equipment relevant to the type and category of waste						
	PC3. Segregate the waste material from work areas in line with current		_	_	_		
	legislation and organisational requirements		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	45	4	2	2		
	PC6. Confirm suitability of containers for any required course of action	-13					
	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		2	2	0		
	in correct location in line with current legislation, guidelines, local policies		3	3	0		
	and protocols		4.5	20	4.0		
	Total		45	29	16		
	Total						
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		2	0	2		
HSS/ N 9604 (Work	Total		2 2	0	2 2		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		2	0	2		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively		2 2	0	2 2		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis	45	2 2 2	0 0 0	2 2 2		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment	45	2 2 2 2	0 0 0 0	2 2 2 2		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people	45	2 2 2 2 6 6	0 0 0 0 0 6 6	2 2 2 2 2 0 0		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment	45	2 2 2 2 2 6	0 0 0 0 0	2 2 2 2 2 0		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take	45	2 2 2 2 6 6	0 0 0 0 0 6 6	2 2 2 2 2 0 0		
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems	45	2 2 2 2 6 6 6	0 0 0 0 6 6	2 2 2 2 0 0		
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures	45	2 2 2 2 6 6 6 15	0 0 0 0 6 6 10	2 2 2 2 0 0 5		
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures	45	2 2 2 2 6 6 6 15	0 0 0 0 6 6 10	2 2 2 2 0 0 5		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures	45	2 2 2 2 6 6 6 15	0 0 0 0 6 6 10	2 2 2 2 0 0 5		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total	45	2 2 2 2 6 6 6 15	0 0 0 0 6 6 10	2 2 2 2 0 0 5		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total PC1. Understand the appropriate and permissible medical service	45	2 2 2 2 6 6 15 10 45	0 0 0 0 6 6 10 4 26	2 2 2 2 0 0 5 6 19		
3. Team Work HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol while managing patients)	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a	45	2 2 2 2 6 6 15 10 45	0 0 0 0 6 6 10 4 26	2 2 2 2 0 0 5 6 19		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total 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	45	2 2 2 2 6 6 15 10 45	0 0 0 0 6 6 10 4 26	2 2 2 2 0 0 5 6 19		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. For example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia PC2. Understand the communication protocols for medical situations that	45	2 2 2 2 6 6 6 15 10 45	0 0 0 0 6 6 10 4 26	2 2 2 2 0 0 5 6 19		
HSS/ N 9604 (Work effectively with others) 4. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Communicate with other people clearly and effectively PC2. Integrate one's work with other people's work effectively PC3. Pass on essential information to other people on timely basis PC4. Work in a way that shows respect for other people PC5. Carry out any commitments made to other people PC6. Reason out the failure to fulfil commitment PC7. Identify any problems with team members and other people and take the initiative to solve these problems PC8. Follow the organisation's policies and procedures Total 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	2 2 2 2 6 6 15 10 45	0 0 0 0 6 6 10 4 26	2 2 2 2 0 0 5 6 19		

	DC2 Adhere to laws regulations and procedures relating to the work of an							
	PC3. Adhere to laws, regulations and procedures relating to the work of an EMT		9	4	5			
	PC4. Demonstrate professional judgement in determining treatment		9	4	5			
	modalities within the parameters of relevant protocols			T	3			
	PC5. Understand the universal approach to critical patient care and		9	4	5			
	package-up-patient-algorithm(transport protocol)			·				
I'	Total		45	20	25			
5. Quality	Tage and the second sec				1 _	_	_	
•	PC1. Conduct appropriate research and analysis		5	5	0			
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	45	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			
Gra	and Total-3 (Soft Skills and Comunication)		90					

	Assessment Form (To be	filled by Assessor	for Each Trainee)				
Job Role	Emergency Medical Technician-Advanced (EMT-A)	Trainee Name		UID No.	<u>Batc</u>	<u>h</u>	
Qualification Pack		Taining Partner		<u>Date</u>			
Sector Skill Council	Healthcare	Name o	f Assessor				
Name & Signa	ature of Representative & Stamp of Assessing Body:						
	Theory	(20% weightage)					
			Marks Alloted		Marks Aw	ardec	by Assessor
	Grand Total-1 (Subject Domain)		80				
Gra	and Total-2 (Soft Skills and Comunication)		20				
	Grand Total-(Skills Practical and Viva)		100			0	
	Detailed Break Up of Marks			Theory			
			Pick all NOS co		totalling 80 marl	(S	
	Subject Domain				Jordaning Go man		
National Occupational Standards (NOS)	Performance Criteria (PC)	Out Of		Marks A	warded by Assessor		
1.HSS/ N 2331: Respond to emergency calls	PC1. Understand the emergency codes used in the hospital for emergency						
(Advanced)	situations PC2. Reflect professionalism through use of appropriate language while speaking to the dispatch team						
	PC3. Use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider						
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre						
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse						
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence and authority						
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:						
	a. Hospital Gowns						
	b. Medical Gloves						
	c. Shoe Covers						
	d. Surgical Masks						
	e. Safety Glasses	1					
	f. Helmets	2					
1	g. Reflective Clothing						

		•	
	PC8. Prepare the ambulance with the required medical equipment and		
	supplies as per the medical emergency. A large selection of equipment and		
	supplies specialised for Emergency Medical Services include diagnostic		
	kits, disposables, and patient care products. The EMT should ensure all		
	materials, supplies, medications and other items required for Advanced		
	Life Support (ALS) have been stocked in the Ambulance		
	PC9. Demonstrate active listening in interactions with the dispatch team,		
	colleagues and the medical officer		
	consultation and meaning and model		
	PC10. Establish trust and rapport with colleagues		
	PC11. Maintain competence within one's role and field of practice		
	PC12. Promote and demonstrate good practice as an individual and as a		
	team member at all times		
	PC13. Identify and manage potential and actual risks to the quality and		
	safety of practice		
	PC14. Evaluate and reflect on the quality of one's work and make		
	continuing improvements		
	PC15. Understand basic medico-legal principles		
	PC16. Function within the scope of care as defined by state, regional and		
	local regulatory agencies		
2. HSS/ N 2327: Assess	PC1. Explain clearly:		
patient at the site	o An EMT's role and scope, responsibilities and accountability in		
(advanced)	relation to the assessment of health status and needs		
	o What information need to be obtained and stored in records		
	o With whom the information might be shared		
	o What is involved in the assessment		
	PC2. Obtain informed consent of the patient for the assessment process,		
	unless impossible as a consequence of their condition		
	PC3. Conduct all observations and measurements systematically and		
	thoroughly in order of priority (including Airway, Breathing, Circulation)		
	PC4. Respect the patient's privacy, dignity, wishes and beliefs		
	PC5. Minimise any unnecessary discomfort and encourage the patient to		
	participate as fully as possible in the process		
	PC6. Communicate with the patient clearly and in a manner and pace that		
	is appropriate to:		
	o Their level of understanding		
	o Their culture and background		
	o Their need for reassurance and support		
	DC7 December was with an III the section of the III the		
	PC7. Recognise promptly any life-threatening or high risk conditions	_	
	PC8. Make full and effective use of any protocols, guidelines and other	4	
	sources of guidance and advice to inform decision making		
	PC9. Assess the condition of the patient by:		
	o Observing patient position		
	o Observing the colour of the skin as well as ease of breathing and		
	paying attention to any signs of laboured breathing or coughing		
	o Checking if there is any bleeding from the nose or ears		
	o Looking at the pupil dilation/difference in pupil sizes, as it may be		
	suggestive of concussion		
	SMADESTIVE OF COTTENSSION		
	o Checking if the patient is under the effect of alcohol or any other drug		
	o checking if the patient is under the effect of alcohol of any other drug	I	

1	o Checking the patient's mouth to ensure the airway is clear
	o Gently checking the neck, starting from the back
	o Checking for any swelling or bruises
	o Checking the chest to ascertain if any object is stuck
	o Checking the chest to ascertain if any object is stack o Checking the ribcage for bruising or swelling and the abdomen for any
	kind of swelling or lumps
	o Checking for any damage to the pelvis
	o Asking the victim if they are able to feel their legs
	o Observing the colour of toes to check for any circulation problems
	PC10. Use appropriate equipment if required
3. HSS/ N 2305 (Patient	1 C10. O3C appropriate equipment in required
Triage based on the	PC1. Have the expertise to quickly assess whether the patient requires
defined clinical criteria of	immediate life-saving intervention or whether they could wait
severity of illness)	PC2. Know how to check all the vital signs
severity of filless)	
	PC3. Identify a high-risk case
	PC4. Assess the kind of resources the person will require. For e.g. The EMT
	should know the standard resources required for a person who comes to
	the emergency department for a similar ailment
	PC5. Communicate clearly and assertively
	PC6. Collaboratively be able to supervise/work collaboratively with other
	departments
	PC7. Multitask without compromising on quality and accuracy of care
	provided
	PC8. Use SALT method in day-to-day handling and START in mass casualty
	handling and disasters
4. HSS/ N 2328: Manage	
cardiovascular emergency	PC1. Describe the structure and function of the cardiovascular system
(advanced)	PC2. Provide emergency medical care to a patient experiencing chest
	pain/discomfort
	PC3. Identify the symptoms of hypertensive emergency
	PC4. Identify the indications and contraindications for automated external
	defibrillation (AED)
	PC5. Explain the impact of age and weight on defibrillation
	PC6. Discuss the position of comfort for patients with various cardiac
	emergencies
	PC7. Establish the relationship between airway management and the
	patient with cardiovascular compromise
	PC8. Predict the relationship between the patient experiencing
	cardiovascular compromise and basic life support
	cardiovascular compromise and basic me support
	PC9. Explain that not all chest pain patients result in cardiac arrest and do
	not need to be attached to an automated external defibrillator
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS)
	intervention if it is available
	DOMA E ALLE MANAGEMENT OF THE STATE OF THE S
	PC11. Explain the importance of urgent transport to a facility with
	Advanced Life Support if it is not available in the pre-hospital setting
	PC12. Explain the usage of aspirin and clopidogrel
	PC13. Differentiate between the fully automated and the semi-automated
	defibrillator
	PC14. Discuss the procedures that must be taken into consideration for
	standard operations of the various types of automated external
i	defibrillators

	PC15. Assure that the patient is pulseless and apnoeic when using the		1	
	automated external defibrillator			
	PC16. Identify circumstances which may result in inappropriate shocks			
	PC17. Explain the considerations for interruption of CPR, when using the			
	automated external defibrillator			
	PC18. Summarise the speed of operation of automated external			
	defibrillation			
		4		
	PC19. Discuss the use of remote defibrillation through adhesive pads	•		
	PC20. Operate the automated external defibrillator			
	·			
	PC21. Discuss the standard of care that should be used to provide care to a			
	patient with recurrent ventricular fibrillation and no available ACLS			
	PC22. Differentiate between the single rescuer and multi-rescuer care with			
	an automated external defibrillator			
	PC23. Explain the reason for pulses not being checked between shocks			
	with an automated external defibrillator			
	PC24. Identify the components and discuss the importance of post-			
	resuscitation care			
	PC25. Explain the importance of frequent practice with the automated			
	external defibrillator			
	PC26. Discuss the need to complete the Automated Defibrillator:			
	Operator's Shift checklist			
	PC27. Explain the role medical direction plays in the use of automated			
	external defibrillation			
	PC28. State the reasons why a case review should be completed following			
	the use of the automated external defibrillator			
	the use of the untoffice external defisition			
	PC29. Discuss the components that should be included in a case review			
	PC30. Discuss the goal of quality improvement in automated external			
	defibrillation			
	PC31. Recognise the need for medical direction of protocols to assist in the			
	emergency medical care of the patient with chest pain			
	PC32. List the indications for the use of nitro-glycerine			
	PC33. State the contraindications and side effects for the use of nitro-			
	glycerine			
	PC34. Perform maintenance checks of the automated external defibrillator			
	PC35. Perform ECG tracing			
	PC36. Perform manual defibrillation, cardioversion and transcutaneous			
	pacing			
	PC37. Manage acute heart failure		<u> </u>	
S.HSS/ N 2307 (Manage	PC1. Describe the basic types, causes, and symptoms of stroke			
Cerebrovascular	PC2. Provide emergency medical care to a patient experiencing symptoms			
Emergency)	of a stroke			
	PC3. Manage airway, breathing, and circulation			
	PC4. Assess the patient's level of consciousness and document any signs of			
	PC4. Assess the patient's level of consciousness and document any signs of stroke			
	, -			
	, -			
	stroke			

	PC7. Check serum blood sugar		
	PC8. Collect critical background information on the victim and the onset of		
	the stroke symptoms such as the medical history (especially any past		
	strokes), the estimate of the time since any potential stroke symptoms first		
	appeared, current medical conditions of the patient and current		
	medications		
	PC9. Determine the time of onset of symptoms	_	
	PC10. Explain how patients, family, or bystanders should respond to a	4	
	potential stroke		
	PC11. Discuss the actions recommended for emergency responders to		
	potential stroke victims		
	PC12. Explain the importance of transporting stroke patients immediately		
	to an emergency department that has the personnel and equipment to		
	provide comprehensive acute stroke treatment		
	PC13. Carry out first triage of potential stroke victims		
	PC14. Expedite transport of the patient to the nearest hospital equipped to		
	handle strokes		
	nariale strokes		
	PC15. Explain the importance of immediately notifying the Emergency		
	Department of the hospital of the arrival of a potential stroke victim		
	PC16. Administer an IV line and oxygen and monitor the functioning of the		
	heart on-route to the hospital PC17. Forward a written report to the emergency department with details		
LICC / NI 2200 /Manage	on medical history and onset of the stroke symptoms		
S.HSS/ N 2308 (Manage	PC1. Recognise the patient experiencing an allergic reaction		
Allergic Reaction)	PC2. Perform the emergency medical care of the patient with an allergic		
	reaction		
	PC3. Establish the relationship between the patient with an allergic		
	reaction and airway management		
	PC4. Recognise the mechanisms of allergic response and the implications		
	for airway management		
	PC5. State the generic and trade names, medication forms, dose,		
	administration, action, and contraindications for the epinephrine auto-	4	
	injector	•	
	PC6. Administer treatment appropriately in case of not having access to		
	epinephrine auto-injectors		
	PC7. Evaluate the need for medical emergency medical care for the patient		
	with an allergic reaction		
	PC8. Differentiate between the general category of those patients having		
	an allergic reaction and those patients having a severe allergic reaction,		
	requiring immediate medical care including immediate use of epinephrine		
	auto-injector		
7.HSS/ N 2329: Manage	PC1. Recognise various ways that poisons enter the body		
ooisoning or overdose			
advanced)	PC2. Recognise signs/symptoms associated with various poisoning		
•	PC3. Perform the emergency medical care for the patient with possible		
	overdose		
	PC4. Perform the steps in the emergency medical care for the patient with		
	suspected poisoning		
	PC5. Establish the relationship between the patient suffering from		
	· · · · · · · · · · · · · · · · · · ·	4	
	poisoning or overdose and airway management	-	
	DCC Ctata the gamenia and trade research indications and task in the		
	PC6. State the generic and trade names, indications, contraindications,		
	medication form, dose, administration, actions, side effects and re-		
	assessment strategies for activated charcoal		

	PC7. Recognise the need for medical direction in caring for the patient with		
	poisoning or overdose		
	PC8. Perform gastric lavage		
B.HSS/ N 2310 (Manage	PC1. Recognise the various ways by which body loses heat		
	PC2. List the signs and symptoms of exposure to cold		
0 77	PC3. Perform the steps in providing emergency medical care to a patient		
	exposed to cold		
	PC4. List the signs and symptoms of exposure to heat		
	PC5. Perform the steps in providing emergency care to a patient exposed		
	to heat	4	
	to fleat	7	
	PC6. Recognise the signs and symptoms of water-related emergencies		
	PC7. Identify the complications of near-drowning		
	PC8. Perform emergency medical care for bites and stings		
	PC9. Explain various relevant National Disaster Management Agency		
	(NDMA) guidelines		
NUCC/N 2220, Managa			
9.HSS/ N 2330: Manage	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour		
pehavioural emergency	'		
advanced)	PC2. Recognise the various reasons for psychological crises		
	PC3. Identify the characteristics of an individual's behaviour which suggest		
	that the patient is at risk for suicide	4	
	PC4. Identify special medical/legal considerations for managing		
	behavioural emergencies		
	PC5. Recognise the special considerations for assessing a patient with		
	behavioural problems		
	PC6. Identify the general principles of an individual's behaviour, which		
	suggest the risk for violence		
	PC7. Identify physical and chemical methods to calm behavioural		
	emergency patients		
10.HSS/ N 2312 (Manage	PC1. Identify the following structures: Uterus, vagina, foetus, placenta,		
Obstetrics/Gynaecology	umbilical cord, amniotic sac, and perineum		
emergencies)			
	PC2. Identify and explain the use of the contents of an obstetrics kit		
	PC3. Identify pre-delivery emergencies		
	PC4. State indications of an imminent delivery		
	PC5. Differentiate the emergency medical care provided to a patient with		
	pre-delivery emergencies from a normal delivery		
	PC6. Perform the steps in pre-delivery preparation of the mother		
	PC7. Establish the relationship between body substance isolation and		
	childbirth		
	PC8. Perform the steps to assist in the delivery		
	PC9. State the steps required for care of the baby as the head appears		
	PC10. Explain how and when to cut the umbilical cord	_	
	PC11. Perform the steps in the delivery of the placenta	2	
	PC12. Perform the steps in the emergency medical care of the mother post-		
	delivery		
	PC13. Summarise neonatal resuscitation procedures		
	PC14. Identify the procedures for the following abnormal deliveries:		
	Breech birth, multiple births, prolapsed cord, limb presentation		
	PC15. Differentiate the special considerations for multiple births		
	PC16. Recognise special considerations of meconium PC17. Identify special considerations of a premature baby		

	PC18. Perform the emergency medical care of a patient with a
	i i
	gynaecological emergency
	PC19. Perform steps required for emergency medical care of a mother with
	excessive bleeding
	PC20. Complete a Pre-Hospital Care report for patients with
	obstetrical/gynaecological emergencies
11.HSS/ N 2313 (Manage	
Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system
	PC2. Differentiate between arterial, venous and capillary bleeding
	PC3. State methods of emergency medical care of external bleeding
	PC4. Establish the relationship between body substance isolation and
	bleeding
	PC5. Establish the relationship between airway management and the
	trauma patient
	PC6. Establish the relationship between mechanism of injury and internal
	·
	bleeding
	PC7. Recognise the signs of internal bleeding
	PC8. Perform the steps in the emergency medical care of the patient with
	signs and symptoms of internal bleeding
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)
	PC10. Perform the steps in the emergency medical care of the patient with
	signs and symptoms of shock (hypo perfusion)
	PC11. Recognize different types of shock and initiate appropriate medical
	management
12. HSS/ N 2314 (Manage	PC1. Recognise the major functions of the skin
· · · · · · · · · · · · · · · · · · ·	PC2. Recognise the hajor functions of the skin
Soft Tissue Injury and	PC3. Establish the relationship between body substance isolation (BSI) and
Burns)	soft tissue injuries
	PC4. Recognise the types of closed soft tissue injuries
	PC5. Perform the emergency medical care of the patient with a closed soft
	tissue injury
	PC6. State the types of open soft tissue injuries
	PC7. Recognise the emergency medical care of the patient with an open
	soft tissue injury
	PC8. Recognise the emergency medical care considerations for a patient
	with a penetrating chest injury
	PC9. Perform the emergency medical care considerations for a patient with
	,
	an open wound to the abdomen
	PC10. Differentiate the care of an open wound to the chest from an open
	wound to the abdomen
	PC11. Classify burns
	PC12. Recognise superficial burn
	PC13. Recognise the characteristics of a superficial burn
	PC14. Recognise partial thickness burn
	PC15. Recognise the characteristics of a partial thickness burn
	PC16. Recognise full thickness burn
	PC17. Recognise the characteristics of a full thickness burn
	<u> </u>
	PC18. Perform the emergency medical care of the patient with a superficial
	burn
	PC19. Perform the emergency medical care of the patient with a partial thickness burn

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	PC20. Perform the emergency medical care of the patient with a full		
	thickness burn		
	PC21. Recognise the functions of dressing and bandaging		
	PC22. Describe the purpose of a bandage		
	PC23. Perform the steps in applying a pressure dressing		
	PC24. Establish the relationship between airway management and the		
	patient with chest injury, burns, blunt and penetrating injuries		
	PC25. Know the ramification of improperly applied dressings, splints and		
	tourniquets		
	PC26. Perform the emergency medical care of a patient with an impaled		
	object		
	PC27. Perform the emergency medical care of a patient with an		
	amputation		
	PC28. Perform the emergency care for a chemical burn		
	PC29. Perform the emergency care for an electrical burn		
	PC30. Recognise inhalation injury and perform emergency care		
13.HSS/ N 2315 (Manage	PC1. Recognise the function of the muscular system		
Musculoskeletal injuries)	PC2. Recognise the function of the skeletal system		
, ,	PC3. Recognise the major bones or bone groupings of the spinal column;		
	the thorax; the upper extremities; the lower extremities		
	PC4. Differentiate between an open and a closed painful, swollen,		
	deformed extremity		
	PC5. Manage musculoskeletal injuries including thoracic and abdominal	_	
	injuries	4	
	PC6. State the reasons for splinting		
	PC7. List the general rules of splinting		
	PC8. Ramification & complications of splinting		
	PC9. Perform the emergency medical care for a patient with a painful,		
	swollen, deformed extremity		
	PC10. How to apply pelvic binder techniques for fracture of pelvis		
14.HSS/ N 2316 (Manage	PC1. State the components of the nervous system		
Injuries to head and spine	PC2. List the functions of the central nervous system		
Description)	PC3. Recognise the structure of the skeletal system as it relates to the		
	nervous system		
	PC4. Relate mechanism of injury to potential injuries of the head and spine		
	PC5. Recognise the implications of not properly caring for potential spine		
	injuries		
	PC6. State the signs and symptoms of a potential spine injury		
	PC7. Recognise the method of determining if a responsive patient may		
	have a spine injury		
	PC8. Relate the airway emergency medical care techniques to the patient		
	with a suspected spine injury		
	PC9. Identify how to stabilise the cervical spine		
	PC10. Indications for sizing and using a cervical spine immobilisation		
	device		
	PC11. Establish the relationship between airway management and the		
	patient with head and spine injuries	4	
		-	
	PC12. Recognise a method for sizing a cervical spine immobilisation device		
	PC13. Log roll a patient with a suspected spine injury		
	PC14. Secure a patient to a long spine board		
	PC15. List instances when a short spine board should be used		
	PC16. Immobilise a patient using a short spine board		1

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	PC17. Recognise the indications for the use of rapid extrication		
	PC18. Understand the steps in performing rapid extrication		
	PC19. Identify the circumstances when a helmet should be left on the		
	patient		
	PC20. Identify the circumstances when a helmet should be removed		
	PC21. Identify alternative methods for removal of a helmet		
	PC22. Stabilise patient's head to remove the helmet		
	PC23. Differentiate how the head is stabilised with a helmet compared to		
	without a helmet		
	PC24. Immobilise paediatric and geriatric victims		
	PC25. Manage scalp bleeding		
15 LICC / N. 2247 / Marrara	PC26. Manage eye injury		
L5.HSS/ N 2317 (Manage	PC1. Identify the developmental considerations for the age groups of		
nfants, Neonates and	infants, toddlers, pre-school, school age and adolescent		
Children)	PC2. Identify differences in anatomy and physiology of the infant, child and		
	adult patient		
	PC3. Differentiate the response of the ill or injured infant or child (age		
	specific) from that of an adult		
	PC4. Understand various causes of respiratory emergencies		
	PC5. Differentiate between respiratory distress and respiratory failure		
	PC6. Perform the steps in the management of foreign body airway		
	obstruction		
	PC7. Implement emergency medical care strategies for respiratory distress		
	and respiratory failure		
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the		
	infant and child patient		
	PC9. Recognise the methods of determining end organ perfusion in the		
	infant and child patient	2	
	PC10. Identify the usual cause of cardiac arrest in infants and children	-	
	versus adults		
	PC11. Recognise the common causes of seizures in the infant and child		
	patient		
	patient		
	PC12. Perform the management of seizures in the infant and child patient		
	PC13. Differentiate between the injury patterns in adults, infants, and		
	children		
	PC14. Perform the field management of the infant and child trauma		
	patient		
	PC15. Summarise the indicators of possible child abuse and neglect		
	PC16. Recognise the medical legal responsibilities in suspected child abuse		
	PC17. Recognise need for EMT debriefing following a difficult infant or		
	child transport		
16.HSS/ N 2318 (Manage			
respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:		
	a. Nasopharynx		
	b. Nasal air passage		
	c. Pharynx		
	· · · · · · · · · · · · · · · · · · ·		
	d. Mouth		
	e. Oropharynx		

	a. Larynx			
	b. Trachea			
	c. Alveoli			
	d. Bronchi			
	e. Carina			
	f. Diaphragm			
	PC3. Recognise the characteristics of normal breathing			
	PC4. Recognise the signs of abnormal breathing including:			
	a. Dyspnoea			
	b. Upper airway obstruction			
	c. Acute pulmonary oedema			
	d. Chronic obstructive pulmonary disease			
	e. Bronchitis			
	f. Emphysema			
	g. Pneumothorax	4		
	h. Asthma			
	i. Pneumonia			
	j. Pleural effusion			
	k. Pulmonary embolism			
	I. Hyperventilation			
	PC5. Recognise the characteristics of abnormal breath sounds			
	PC6. Recognise the characteristics of irregular breathing patterns			
	red. Recognise the characteristics of irregular breathing patterns			
	DC7. Complete a feeting and physical every of the nations			
	PC7. Complete a focused history and physical exam of the patient			
	PC8. Establish airway in patient with respiratory difficulties			
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy			
	PC10. Understand the various types of Metered Dose Inhalers including:			
	a. Preventil			
	b. Ventoiln			
	c. Alupent			
	d. Metaprel			
	e. Brethine			
	f. Albuterol			
	g. Metaproterenol			
	h. Terbutaline			
	PC11. Understand the contraindications and side effects for various types			
4= 1100 / 11 00 · 11	of Metered Dose Inhalers			
17.HSS/ N 2319 (Manage	PC1. Recognise the anatomical components of the abdomen and their			
severe abdominal pain)	functions including:			
	a. Left Upper Quadrant			
	o Most of the stomach			
	o Spleen			
	o Pancreas			
	o Large intestine			
	o Small intestine			
	o Left kidney (upper portion)			
	b. Right Upper Quadrant			
	o Liver			
	o Gallbladder			
	o Part of the large intestine			
	o Right kidney (upper portion)			
	o Small intestine			
	c. Right Lower Quadrant			
	o Appendix			
•			•	

o Large intestine
o Female reproductive organs
o Small intestine
o Right kidney (lower portion)
o Right ureter
o Right ovary & fallopian tube
d. Left Lower Quadrant
o Large intestine
o Small intestine
o Left kidney (lower portion)
o Left ureter
o Left ovary
o Left fallopian tube
e. Midline structures
o Small intestine
o Urinary bladder
o Uterus
PC2. Recognise the symptoms and cause of visceral pain
PC3. Recognise the symptoms and causes of parietal pain
PC4. Recognise the symptoms and possible causes of referred pain
including:
a. Right shoulder (or neck, jaw, scapula) – possible irritation of the
diaphragm (usually on the right); gallstone; subphrenic absess; free
abdominal blood
b. Left shoulder (or neck, jaw, scapula) – possible irritation of the
diaphragm (usually on the left); ruptured spleen; pancreatic disease or
cancer; subphrenic absess; abdominal blood
c. Midline, back pain – aortic aneurysm or dissection; pancreatitis,
pancreatic cancer, kidney stone
d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early
appendicitis
e. Lower abdominal pain – diverticular disease (herniations of the
mucosa and submucosa of the intestines), Crohn's disease (a type of
inflammatory bowel disease), ulcerative colitis
f. Sacrum pain – perirectal abscess, rectal disease
g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis,
pancreatitis, angina pectoris
h. Testicular pain – renal colic; appendicitis
PC5. Complete a focused history and physical exam of the patient
including:
a. Visual inspection
b. Auscultating the abdomen

c. Palpating the abdomen PC6. Establish airway in patient

PC7. Place patient in position of comfort
PC8. Calm and reassure the patient
PC9. Look for signs of hypoperfusion

and advanced life support interventions

priority case (when required)

PC10. Recognise possible diagnoses for abdominal pain

PC11. State the treatment for managing various causes of abdominal pain PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment

PC13. Alert the Emergency Centre/ Healthcare provider in advance of a

	T		
18.HSS/ N 2320 (Manage	PC1. Establish an Incident Management Structure on arrival at the scene		
Mass Casualty Incident)	including:		
	a. Designating an Incident Commander to manage the incident		
	b. As Incident Commander, designating Triage Team(s), Treatment		
	Team(s), and a Transport Officer		
	PC2. Set up separate areas for treatment, triage and transport		
	PC3. Conduct an initial triage of patients by using the START triage model		
	for adult patients, JumpSTART Triage for paediatric patients and the		
	SMART triage tagging system		
	PC4. Use appropriate personal protective equipment while conducting		
	initial triage		
	PC5. Tag severity/ criticality of patient using colour coded tags		
	PC6. Direct non-injured and/or slightly injured victims to the triage area		
	set up for those with minor injuries	4	
	PC7. Monitor patients with minor injuries for changes in their condition		
	PC8. Maintain an open airway and stop uncontrolled bleeding		
	PC9. Extract patients from the casualty area based on initial triage to		
	designated triage and treatment areas		
	PC10. Use equipment like cots and litters for extraction where required		
	PC11. Re-triage patients extracted to the triage and treatment areas		
	PC12. Provide treatment and deliver patients to transport area		
	PC13. Transport patients to healthcare facility		
	PC14. Alert healthcare facilities in advance of possible arrival of multiple		
	patients		
19.HSS/ N 2324 (Manage	PC1. Identify the patient taking diabetic medications and the implications		
liabetes emergency)	of a diabetes history		
	PC2. Perform the steps in the emergency medical care of the patient taking		
	diabetic medicine with a history of diabetes		
	PC3. Establish the relationship between airway management and the		
	patient with altered mental status	4	
	PC4. Recognize the generic and trade names, medication forms, dose,		
	administration, action, and contraindications for oral glucose		
	PC5. Evaluate the need for medical direction in the emergency medical		
	care of the diabetic patient		
0. HSS/ N 2325: Manage	PC1. Recognise the specific anatomy and physiology pertinent to		
dvanced venous access	medication administration		
nd administration of	PC2. Differentiate temperature readings between the Centigrade and		
nedications	Fahrenheit scales		
	PC3. Discuss formulas as a basis for performing drug calculations		
	PC4. Calculate oral and parenteral drug dosages for all emergency		
	medications administered to adults, infants and children		
	PC5. Calculate intravenous infusion rates for adults, infants, and children		
	PC6. Discuss legal aspects affecting medication administration		
	PC7. Discuss medical aspects arrecting medication auministration PC7. Discuss medical aspesis and the differences between clean and sterile		
	techniques		
	PC8.Describe use of antiseptics and disinfectants		
	1 Co. Describe use of antiseptics and distinectants		
	DCO Describe the use of universal pressutions and hadveubstance		
	PC9. Describe the use of universal precautions and body substance		
	isolation (BSI) procedures when administering a medication		1

1	DCO Describe assessment to the control of the contr
	PC9. Describe appropriate transport equipment necessary for various
	critical care inter-facility transports
	PC10. Describe the pertinent rules and regulations for critical care
	paramedics in inter-facility transports
	PC11. Describe the components needed to provide the highest quality of
	care during critical care inter-facility transport
	PC12. Describe the importance of initial stabilization of the patient prior to
	PC13. Describe how disaster and mass casualty events will affect critical
	care interfacility transport
	PC14. Adhere fully to the steps involved in treating and transporting the
	patient
	PC15. Positively manage situations where transport is a problem
	PC16. Allocate the means of transport keeping in mind the emergency,
	weather conditions and availability of transport
	PC17. Adhere fully to procedures once the patient reaches the hospital
	PC18. Use correct medication and equipment for treatment of immediate
	threats to life
22 USS/N 0540/5 II.	
, ,	PC1. Preform the standard precautions to prevent the spread of infection
infection control policies	in accordance with organisation requirements
and procedures)	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
	PC4. Identify infection risks and implement an appropriate response within
	own role and responsibility
	PC5. Document and report activities and tasks that put patients and/or
	other workers at risk
	PC6. Respond appropriately to situations that pose an infection risk in
	accordance with the policies and procedures of the organization
	PC7. Follow procedures for risk control and risk containment for specific
	risks
	PC8. Follow protocols for care following exposure to blood or other body
	fluids as required
	PC9. Place appropriate signs when and where appropriate
	PC10. Remove spills in accordance with the policies and procedures of the
	organization
	PC11. Maintain hand hygiene by washing hands before and after patient
	contact and/or after any activity likely to cause contamination
	PC12. Follow hand washing procedures
	PC13. Implement hand care procedures
	PC14. Cover cuts and abrasions with water-proof dressings and change as
	necessary
	PC15. Wear personal protective clothing and equipment that complies
	with Indian Standards, and is appropriate for the intended use
	The state of the s
	PC16. Change protective clothing and gowns/aprons daily, more frequently
	if soiled and where appropriate, after each patient contact
	PC17. Demarcate and maintain clean and contaminated zones in all aspects
	of health care work
	PC18. Confine records, materials and medicaments to a well-designated
	clean zone

	PC19. Confine contaminated instruments and equipment to a well-		
	designated contaminated zone		
	PC20. Wear appropriate personal protective clothing and equipment in		
	accordance with occupational health and safety policies and procedures		
	when handling waste		
	PC21. Separate waste at the point where it has been generated and		
	dispose of into waste containers that are colour coded and identified		
	PC22. Store clinical or related waste in an area that is accessible only to		
	authorised persons		
	PC23. Handle, package, label, store, transport and dispose of waste		
	appropriately to minimise potential for contact with the waste and to		
	reduce the risk to the environment from accidental release		
	PC24. Dispose of waste safely in accordance with policies and procedures		
	of the organisation and legislative requirements		
	·		
	PC25. Wear personal protective clothing and equipment during cleaning		
	procedures		
	PC26. Remove all dust, dirt and physical debris from work surfaces		
	PC27. Clean all work surfaces with a neutral detergent and warm water		
	solution before and after each session or when visibly soiled		
	PC28. Decontaminate equipment requiring special processing in		
	accordance with quality management systems to ensure full compliance		
	with cleaning, disinfection and sterilisation protocols		
	PC29. Dry all work surfaces before and after use		
	PC30. Replace surface covers where applicable		
	PC31. Maintain and store cleaning equipment		
SS/ N 2302 (Size up	PC1. Ensure that all safety precautions are taken at the scene of the		
ene at the site)	emergency		
,	PC2. Introduce themselves to patient(s) and ask for their consent to any		
	treatment		
	PC3. Understand the implications of nuclear, radioactive, biological,		
	chemical and explosive incidents and take appropriate action		
	,		
	PC4. Collaborate effectively with other emergency response agencies and		
	explain the situation clearly to them. This includes bomb disposal squads,		
	fire departments, chemical, biological and nuclear agencies		
	PC5. Reassure patient(s) and bystanders by working in a confident,		
	efficient manner		
	PC6. Work expeditiously while avoiding mishandling of patient(s) and		
	undue haste		
	PC7. Recognise and react appropriately to persons exhibiting emotional		
	reactions		
	PC8. Interact effectively with the patient(s), relatives and bystanders who		
	are in stressful situations		
	PC9. Obtain information regarding the incident through accurate and	4	
	complete scene assessment and document it accordingly		
	PC10. Evaluate the scene and call for backup if required		
	1 CTO. Evaluate the Scene and Can for Dackup in required		
	PC11. Recognise the boundary of one's role and responsibility and seek		
	·		
	supervision when situations are beyond one's competence and authority		
	supervision when situations are beyond one's competence and authority		
	·		

23. the

I	DC14 Drawate and demonstrate good practice as an individual and as a		
	PC14. Promote and demonstrate good practice as an individual and as a		
	team member at all times PC15. Identify and manage potential and actual risks to the quality and		
	safety of work done PC16. Evaluate and reflect on the quality of one's work and make		
	continuing improvements		
	PC17. Understand relevant medico-legal principles		
	PC18. Function within the scope of care defined by state, regional and local regulatory		
	Grand Total-1 (Subject Domain)	80	
	Soft Skills and Communication		Pick all NOS compulsarilly totalling 80 marks
National Occupational Standards (NOS)	Performance Criteria (PC)	Out Of	Marks Awarded by Assessor
1. Decision making and lea			
HSS/ N 2321 (Select the	PC1. Explain to the patient about his role and the reason for selecting a		
proper provider institute	particular health provider		
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	2	
	treatment required		
	PC3. Allocate patient to the nearest provider institute		
	PC4. Base the allocation on the kind of care required namely primary,		
	secondary or tertiary care centres		
	PC5. Make sure that the selection of the institute is in adherence with the	2	
	legal regulation		
	PC6. Obtain guidance from medical officer for selection of proper provider		
	institute		
	PC7. Provide pre-arrival information to the receiving hospital		
	PC8. Obtain guidance of medical officer when ambulance needed to be		
	stopped en-route (e.g. during emergency child birth)		
HSS/ N 2322 (Transport	PC1. Adhere fully to the rules and regulations related to the usage of		
patient to the provider	ground and air transport		
institute)	PC2. Adhere fully to the steps involved in treating and transporting the		
	patient		
	PC3. Positively manage situations where transport is a problem		
	PC4. Allocate the means of transport keeping in mind the emergency,	2	
	weather conditions and availability of transport		
	PC5. Adhere fully to procedures once the patient reaches the hospital		
	PC6. Use correct medication and equipment for treatment of immediate		
	threats to life		
HSS/ N 2323 (Manage	PC1. Provide a verbal report to the medical staff on the condition of the		
Patient Handover to the	patient and initial findings		
provider institute)	PC2. Complete the Patient Care Report (PCR) and hand it over to the	•	
	medical staff	2	
	PC3. Hand over the consent form signed by the patient or a relative		
2. Attitude			
HSS/ N 9603 (Act within	PC1. Adhere to legislation, protocols and guidelines relevant to one's role		
the limits of one's	and field of practice		

competence and authority	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		
	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	
USC/N OCO7 /Dractice Code	PC1. Adhere to protocols and guidelines relevant to the role and field of	2	
•			
of conduct while	practice DC3. Work within organisational systems and requirements as appropriate		
performing duties)	PC2. Work within organisational systems and requirements as appropriate		
	to the role		
	DC3. Decoming the heavy dame of the male and account 1999.		
	PC3. Recognise the boundary of the role and responsibility and seek		
	supervision when situations are beyond the competence and authority		
	PC4. Maintain competence within the role and field of practice		
	PC5. Use protocols and guidelines relevant to the field of practice		
	PC6. Promote and demonstrate good practice as an individual and as a		
	team member at all times		
	PC7. Identify and manage potential and actual risks to the quality and		
	patient safety		
	PC8. Maintain personal hygiene and contribute actively to the healthcare		
	ecosystem		
3. Attiquete			
	PC1. Clearly establish, agree, and record the work requirements		
to meet requirements)	PC2. Utilise time effectively		
	PC3. Ensure his/her work meets the agreed requirements		
	PC4. Treat confidential information correctly		
	PC5. Work in line with the organisation's procedures and policies and		
	within the limits of his/her job role		
HSS/ N 9601 (Collate and	PC1. Respond to queries and information needs of all individuals		
Communicate Health	PC2. Communicate effectively with all individuals regardless of age, caste,		
Information)	gender, community or other characteristics	2	
	PC3. Communicate with individuals at a pace and level fitting their	2	
	understanding, without using terminology unfamiliar to them		
	PC4. Utilise all training and information at one's disposal to provide		
	relevant information to the individual		
	PC5. Confirm that the needs of the individual have been met		
	PC6. Adhere to guidelines provided by 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		
4. Safety management			
	PC1. Identify individual responsibilities in relation to maintaining		
HSS/ N 9606 (Maintain a	· · · · · · · · · · · · · · · · · · ·		
safe, healthy, and secure	workplace health safety and security requirements		
· · · · · · · · · · · · · · · · · · ·			1
•	DC2 Complements have been as few and asset to the second s		
	PC2. Comply with health, safety and security procedures for the workplace		
working environment)	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		

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	DC4 Identify not ontial borough and broad- of affective with the state of		
	PC4. Identify potential hazards and breaches of safe work practices		
	PC5. Correct any hazards that individual can deal with safely, competently	2	
	and within the limits of authority	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		
	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 accurately		
5. Waste Management			
HSS/ N 9609 (Follow			
·	PC1. Follow the appropriate procedures, policies and protocols for the		
biomedical waste disposal			
orotocols)	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	2	
	PC3. Segregate the waste material from work areas in line with current		
	legislation and organisational requirements		
	PC4. Segregation should happen at source with proper containment, by		
	using different colour coded bins for different categories of waste		
	PC5. Check the accuracy of the labelling that identifies the type and		
	content of waste		
	PC6. Confirm suitability of containers for any required course of action		
	appropriate to the type of waste disposal		
	PC7. Check the waste has undergone the required processes to make it		
	safe for transport and disposal		
	PC8. Transport the waste to the disposal site, taking into consideration its		
	associated risks		
	PC9. Report and deal with spillages and contamination in accordance with		
	current legislation and procedures		
	PC10. Maintain full, accurate and legible records of information and store		
	in correct location in line with current legislation, guidelines, local policies		
	and protocols		
6. Team Work			
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		
effectively with others)	PC2. Integrate one's work with other people's work effectively		
streetively with others)	PC3. Pass on essential information to other people on timely basis	2	
	PC4. Work in a way that shows respect for other people		
	·		
	PCS. Carry out any commitments made to other people		
	PC6. Reason out the failure to fulfil commitment		
	PC7. Identify any problems with team members and other people and take		
	the initiative to solve these problems		
	PC8. Follow the organisation's policies and procedures		
7. Ethics HSS/ N 2303 (Follow evidence based Protocol	PC1. Understand the appropriate and permissible medical service		
HSS/ N 2303 (Follow	PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a		
HSS/ N 2303 (Follow evidence based Protocol			

	officer prior to the EMT rendering medical services to the patients outside the hospital PC3. Adhere to laws, regulations and procedures relating to the work of an EMT	2
	PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols	
	PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)	
5. Quality HSS/ N 9611: Monitor and	PC1. Conduct appropriate research and analysis	
assure quality	PC2. Evaluate potential solutions thoroughly	
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry	2
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly	
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person	
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected	
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently	
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person	
	PC10. Complete any health and safety records legibly and accurately	
Gra	and Total-2 (Soft Skills and Comunication)	20