



### 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

### **Qualifications Pack-Emergency Medical Technician - Basic**

**SECTOR: HEALTH** 

**SUB-SECTOR: ALLIED HEALTH AND PARAMEDICS** 

**OCCUPATION: EMERGENCY MEDICAL TECHNICIAN - BASIC** 

REFERENCE ID: HSS/ Q 2301
ALIGNED TO: NCO-2004/NIL

Womgaidelines.

**Emergency Medical Technician (EMT)** in the Healthcare Industry is also known as a lifesaver or paramedic.

**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 &





Qualifications Pack Code			HSS/ Q 2301		
Job Role		Emergency Medical Technician - Basic			
Credits (NSQF)	TBD		Version number	1.0	
Industry	Health		Drafted on	12/05/13	
Sub-sector	Sub-sector ALLIED H PARAME		Last reviewed on	22/05/13	
Occupation	_	ncy Medical an - Basic	Next review date	22/05/15	
Job Role		Emergency Medical Technician ( EMT Basic , EMT Paramedic)			
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.			
NSQF level	NSQF level		4		
Minimum Educational Qualific	cations	Class XII			
Maximum Educational Qualifications		Not Applicab	le		
Training (Suggested but not mandatory)		Relevant professional qualification			
Experience		Not Applicable			





	HSS/ N 2301:	Respond to emergency calls
	HSS/ N 2302:	Size up the scene at the site
	HSS/ N 2303:	Follow evidence based protocol while
		managing patients
	HSS/ N 2304:	Assess patient at the site
	HSS/ N 2305:	Patient triage based on the defined clinical
		criteria of severity of illness
	HSS/ N 2306:	Manage cardiovascular emergency
	HSS/ N 2307:	Manage cerebrovascular emergency
	HSS/ N 2308:	Manage allergic reaction
	HSS/ N 2309:	Manage poisoning or overdose
	HSS/ N 2310:	Manage environmental emergency
	HSS/ N 2311:	Manage behavioural emergency
	HSS/ N 2312:	Manage obstetrics/gynaecology emergencies
	HSS/ N 2313:	Manage bleeding and shock
	HSS/ N 2314:	Manage soft tissue injuries and burns
	HSS/ N 2315:	Manage musculoskeletal injuries
	HSS/ N 2316:	Manage injuries to head and spine
	HSS/ N 2317:	Manage infants, neonates and children
Occupational Standards (OS)	HSS/ N 2318:	Manage respiratory emergency
Occupational Standards (03)	HSS/ N 2319:	Manage severe abdominal pain
	HSS/ N 2320:	Manage mass casualty incident
	HSS/ N 2321:	Select the proper provider institute for transfer
	HSS/ N 2322:	<u>Transport patient to the provider institute</u>
	HSS/ N 2323:	Manage patient handover to the provider
		<u>institute</u>
	HSS/ N 2324:	
	HSS/ N 9601:	Collate and communicate health information
	HSS/ N 9603:	Act within the limits of one's competence and
		<u>authority</u>
	HSS/ N 9604:	
	HSS/ N 9605:	Manage work to meet requirements
	HSS/ N 9606:	Maintain a safe, healthy, and secure working
	_	environment
	HSS/ N 9607:	Practice code of conduct while performing
	_	duties
	1	Follow biomedical waste disposal protocols
	HSS/ N 9610:	Follow infection control policies and
		procedures
	HSS/ N 9611:	Monitor and assure quality
	Optional : N	I.A
Performance Criteria	As described in	n 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	University Grants Commission







### 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.







Linit Code	······································			
Unit Code	HSS/ N 2301			
Unit Title	Respond to Emergency Calls			
(Task)				
Description	This OS unit is about the EMT's first response to a call received from the dispatch and			
Scope	preparing to move to the emergency site.  This unit/task covers the following:			
Scope	This unit/task covers the following.			
	Responding to emergency calls from the dispatch centre , Collecting informa-			
	tion 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 Basic Life Support (BLS) have been			
	stocked in the Ambulance			







PC9. Demonstrate active listening in interactions with the dispatch team, co	
and the medical officer	lleagues
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	1
member at all times	
PC13. Identify and manage potential and actual risks to the quality and safety practice	of
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	ı
regulatory agencies	
Knowledge and Understanding (K)	
The state of the s	
A. Organisational The user/individual on the job needs to know and understand:	
Context	
(Knowledge of the KA1. Codes used in the hospital for all emergency situations	
Healthcare KA2. Relevant legislation, standards, policies, and procedures followed in the	
provider/ KA3. How to engage with the medical officer for support in case the situation	is
Organisation and beyond one's competence	
its processes) KA4. The role and importance of the EMT in supporting hospital operations	
KA5. How to dress appropriately as per the healthcare provider rules during a emergency situation	ın
KA6. Response times decided by the EMS provider/ state government in which	h ENAT
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operates	
KA7. Protocols designed by the state or EMS providers	
B Technical The user/individual on the job needs to know and understand:	
Knowledge	
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	ike
nuclear, radioactive, biological, chemical and explosive substances	
Skills (S) (Optional)	
A. Core Skills/ Writing Skills	
A. Core Skills/ Generic Skills  Writing Skills  The user/ individual on the job needs to know and understand how to	
A. Core Skills/ Generic Skills  The user/ individual on the job needs to know and understand how to  SA1. Write the Patient Care Report (PCR)	
A. Core Skills/ Generic Skills  Writing Skills  The user/ individual on the job needs to know and understand how to	







o emergency calls
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
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 wear/individual on the inhumandate linew and understand hourte.
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
Problem Solving
The user/individual on the job needs to:
SB9. Have strong problem-solving skills
SB10. They must evaluate patients' symptoms and administer the appropriate







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







### **NOS Version Control**

NOS Code	HSS/ N 2301		
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 - BASIC	Next review date	22/05/15







### 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	<ul> <li>This unit/task covers the following:</li> <li>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</li> </ul>
Performance Criteri	a (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
	<ul> <li>PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste</li> <li>PC7. Recognise and react appropriately to persons exhibiting emotional reactions</li> <li>PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations</li> <li>PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly</li> <li>PC10. Evaluate the scene and call for backup if required</li> <li>PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority</li> <li>PC12. Maintain competence within one's role and field of practice</li> <li>PC13. Collaborate with the law agencies at a crime scene</li> <li>PC14. Promote and demonstrate good practice as an individual and as a team member at all times</li> <li>PC15. Identify and manage potential and actual risks to the quality and safety of work done</li> <li>PC16. Evaluate and reflect on the quality of one's work and make continuing improvements</li> <li>PC17. Understand basic medico-legal principles</li> <li>PC18. Function within the scope of care defined by state, regional and local regulatory</li> </ul>







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 year /individual on the interpretate twenty and understand here to	
	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 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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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	<ul> <li>This unit/task covers:</li> <li>Following the prescribed procedures and steps involved in an emergency or triage context, Managing cases where the patient refuses treatment</li> </ul>	
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	- 1 1	
A. Organisational Context (Knowledge of the Health provider/ Organisation and its processes)	<ul> <li>The user/individual on the job needs to know and understand:</li> <li>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</li> <li>KA2. Emergency protocol terminologies used by the Healthcare Provider and other emergency service providers</li> <li>KA3. Protocol designed by the State or EMS providers</li> </ul>	







	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:		
	<ul> <li>Observe the patient and take consent before initiating any examination of the patient</li> </ul>		
	<ul> <li>Examine the patient according to prescribed rules and laws and</li> </ul>		
	ensure no further damage is done during examination		
	<ul> <li>Share with the patient the options available depending on the</li> </ul>		
	severity of the damage and potential risks/ benefits of each		
	<ul> <li>Take consent of the patient, or the family members in case the</li> </ul>		
	patient is unconscious, to initiate the appropriate treatment		
	<ul> <li>Explain to the patient the monetary commitments and insurance procedure, if applicable</li> </ul>		
	<ul> <li>Complete all paperwork related to PCR, medical history, insurance,</li> </ul>		
	transport and transfer		
	<ul> <li>Take the consent of the medical officer by sharing a crisp, concise and</li> </ul>		
	to the point report		
	<ul> <li>Transport the patient to the appropriate hospital based on the kind of care required for the patient</li> </ul>		
	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		
	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:		
	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		







1133/ 14 2303. 10110W e	evidence 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)
	Oral Communication (Listering and Speaking Skins)
	The user/individual on the job needs to know and understand how 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
	patient 5 condition and decide on a course of decion







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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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 2304	
Unit Title (Task)	Assess Patient at the site	
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	<ul> <li>This unit/task covers the following:</li> <li>Assessing the situation and condition of the patient based on an examination and supporting tests, Arriving at a probable diagnosis</li> </ul>	
Performance Criteria (	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  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 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	







HSS/ N 2304: Assess patient at the site			
	suggestive of concussion  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		
Knowledge and Unders	standing (K)		
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	<ul> <li>KA1. Why it is important to establish informed consent for the assessment to be made and how to proceed when consent cannot be, or is not provided</li> <li>KA2. Methods of obtaining consent and how to ensure that sufficient information has been provided on which to base judgment</li> <li>KA3. The importance of clear communication in clinical situations</li> <li>KA4. The importance of recording information clearly, accurately and legibly</li> <li>KA5. The importance of health, safety, and security at the emergency scene</li> <li>KA6. The basic requirements of the health and safety and other legislations and regulations that apply to the scene</li> <li>KA7. Relevant information on health, safety, and security that applies to the emergency scene</li> <li>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</li> <li>KA9. How to recognise hazards when encountered at the scene and how to report the hazard to the competent authority</li> <li>KA10. The organisation's emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents</li> </ul>		
B. Technical Knowledge	The user/individual on the job needs to know and understand:  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 2304: Assess patient at the site			
	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		
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		
	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)		
	oral communication (Listening and Speaking Skins)		







HSS/ N 2304: Assess pa	atient at the site
	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 2304		
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 - BASIC	Next review date	22/05/15







### 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	<ul> <li>This unit/task covers the following:</li> <li>Prioritising the patient based on the measurement and subjective data, Measuring vital signs, Accordingly allocating the patient to a treatment area</li> </ul>		
Performance Criteria (I			
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)	<ul> <li>KA2. The importance of health, safety, and security at the emergency scene</li> <li>KA3. The basic requirements of the health and safety and other legislations and regulations that apply to the scene</li> <li>KA4. The relevant information on health, safety, and security that applies to the emergency scene</li> <li>KA5. How to recognise hazards when encountered at the scene and how to report the</li> </ul>		







H33/ N 2303: Patient	triage based on the defined clinical criteria of severity of illness			
	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				
3.30	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,			
	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			
	N 66			
	The state of the s			
	Chief presenting problems			
	Limited, relevant history			
	<ul> <li>Relevant assessment findings</li> </ul>			
	<ul> <li>Initial triage category allocated</li> </ul>			
	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:			
	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)			
	Oral Communication (Listening and Speaking Skins)			
	The user/individual on the job needs to know and understand how to:			
	SA7 Interact with the nations			
	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	/ N 2305: Patient triage 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 decimination 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	HSS/ N 2305		
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 - BASIC	Next review date	22/05/15	







HSS/ N 2306: Manage cardiovascular emergency

### 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 2306	
Unit Title (Task)	Manage Cardiovascular Emergency	
Description	This OS unit is about the recognition and treatment of emergencies related to the cardiovascular system. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients in a Cardiac emergency.	
Scope	This unit/task covers the following:  • Identifying Cardiac emergencies, Managing patients in Cardiac emergencies, Following the prescribed procedures and steps involved in a Cardiac emergency situation	
Performance Crite	ria (PC) w.r.t. The Scope	
Element	Performance Criteria	
	To be competent, the user/individual on the job must be able to:	
	<ul> <li>PC1. Describe the structure and function of the cardiovascular system</li> <li>PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort</li> <li>PC3. Identify the symptoms of hypertensive emergency</li> <li>PC4. Identify the indications and contraindications for automated external defibrillation (AED)</li> <li>PC5. Explain the impact of age and weight on defibrillation</li> <li>PC6. Discuss the position of comfort for patients with various cardiac emergencies</li> <li>PC7. Establish the relationship between airway management and the patient with cardiovascular compromise</li> <li>PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support</li> <li>PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator</li> <li>PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available</li> <li>PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting</li> <li>PC12. Explain the usage of aspirin and clopidogrel</li> </ul>	
	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 2306: Manage	cardiovascular emergency		
	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		
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 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		
	is the front to manage times emergency staudion is seyond ones competency		
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
9	KB1. Role in the emergency cardiac care system		
	KB2. Fundamentals and rationale of early defibrillation		
	KB3. Various types of automated external defibrillators, their advantages and		
	disadvantages, and maintenance		
	V.D. Considerations for the theory and the single		

KB4. Special considerations for rhythm monitoring







1133/ 14 2300. Wallage	Cardiovascular emergency		
	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 experience		
	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		
Skills (S)			
A. Core Skills/	Writing Skills		
Generic Skills	The user/ individual on the job needs to know and understand how to:		
	The decity marriadal of the job needs to know and and estation for		
	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		
	nospituli (E. V.)		
	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		
	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 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		
	·		







cardiovascular emergency		
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		
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 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 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 TECHNICIAN - BASIC	Next review date	22/05/15







# National Occupational Standards



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### **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







Tioo, it least intainage	terebrovasturar emergency
	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	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. 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
its processes;	regulation and hospital policies
B. Technical	The user/individual on the job needs to know and understand:
Knowledge	
Miowicasc	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
	A AND THE PROPERTY OF THE PROP
	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		
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 - BASIC	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 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	<ul> <li>This unit/task covers the following:</li> <li>Identifying allergic reactions, Managing patients with allergic reactions, Following the prescribed procedures and steps involved in treating or managing an allergic reaction</li> </ul>
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 patient experiencing an allergic reaction
	PC2. Perform the emergency medical care of the patient with an allergic reaction PC3. Establish the relationship between the patient with an allergic reaction and airway management
	PC4. Recognise the mechanisms of allergic response and the implications for airway management
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction
	PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector
Knowledge and Unde	erstanding (K)
A. Organisational	The user/individual on the job needs to know and understand:
Context (Knowledge of the Healthcare provider/ Organisation and its processes)	<ul> <li>KA1. Relevant legislation, standards, policies, and procedure followed by hospital for managing the allergic reactions</li> <li>KA2. How to perform the different procedures needed for managing allergic reactions</li> <li>KA3. The significance of each procedure in patient management</li> <li>KA4. How to engage with the medical officer for support in case the situation is</li> </ul>







HSS/ N 2308: Manage	-
B. Technical	The user/individual on the job needs to know and understand:
Knowledge	
	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:
	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
	nospital (iii)
	Reading Skills
	The user/individual on the job needs to know and understand how to:
	The asery marviadar on the job needs to know and understand now to.
	CAA Bood shout showers in Insightings and agenticational 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)
	and about 1
	The user/individual on the job needs to know and understand how to:
	and
	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
	SA15. Communicate with other people around the patient and give them clear







1195/ 14 2500: Wallage		
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	
	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:	
	The user/marviadar on the job needs to know and understand now 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 230	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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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.







Unit Code	HSS/ N 2309
Unit Title (Task)	Manage Poisoning or Overdose
Description	This OS unit is about the recognition and treatment of emergencies related to Poisoning or Overdose. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients suffering from poisoning or overdose.
Scope	<ul> <li>This unit/task covers the following:</li> <li>Identifying Poisoning or Overdose emergencies, Managing patients with Poisoning or Overdose, Following the prescribed procedures and steps involved in Poisoning or Overdose situation.</li> </ul>
Performance Criter	ia (PC) w.r.t. The Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	<ul> <li>PC1. Recognise various ways that poisons enter the body</li> <li>PC2. Recognise signs/symptoms associated with various poisoning</li> <li>PC3. Perform the emergency medical care for the patient with possible overdose</li> <li>PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning</li> <li>PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management</li> <li>PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal</li> <li>PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose</li> </ul>
Knowledge and Un	
A. Organisational Context (Knowledge of t Healthcare provider/ Organisation and its processes)	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
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 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		
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		
	Reading Skills		
	Reading Skins		
	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		
	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		
D. Durafassi validi ili	instructions about 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 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.







# **NOS Version Control**

NOS Code	HSS/ N 2309		
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 - BASIC	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 (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:
	DC1 Passagnisa the various ways by which body loses host
	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 Context (Knowledge of the Healthcare provider/ Organisation and its processes)	<ul> <li>The user/individual on the job needs to know and understand:</li> <li>KA1. Level of one's competence, authority and knowledge in relation to the management of emergency situations</li> <li>KA2. Appropriate response for emergency situations within one's scope of practice</li> <li>KA3. Relevant legislation, standards, policies, and procedures followed by the hospital</li> <li>KA4. How to engage with provider for support in order to deliver and assist providers.</li> <li>KA5. How to perform the different procedures to manage environmental emergency</li> <li>KA6. What is the significance of each procedure in patient management</li> <li>KA7. Employee safety policy</li> <li>KA8. National Disaster Management Agency (NDMA) guidelines</li> </ul>
B. Technical Knowledge	The user/individual on the job needs to know and understand:







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
CI :II - /C/	KB7. Relevant National Disaster Management Agency (NDMA) guidelines
Skills (S)	
A. Core Skills	Writing Skills
/Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1 Share decuments reports task lists and schedules with so 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 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
	<ul> <li>The user/individual on the job needs to know and understand how to:</li> <li>SA7. Read about changes in legislations and organisational policies</li> <li>SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities</li> <li>SA9. Read latest clinical regulations shared by the medical officer</li> <li>SA10. Read the list of hospitals in the major accident or emergency prone locations.</li> <li>SA11. Read about upgraded facilities available in existing hospitals</li> <li>SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables</li> </ul>
	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
P. Drofossional Chille	Desiries 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	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 TECHNICIAN - BASIC	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.



# National Occupational Standards



HSS/ N 2311: Manage behavioural emergency

	behavioural emergency
Unit Code	HSS/ N 2311
Unit Title (Task)	Manage Behavioural Emergency
Description	This OS unit is about the recognition and treatment of emergencies related to behavioural or psychological conditions. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients demonstrating such behaviour.
Scope	This unit/task covers the following:  • Identifying behavioural emergencies, Managing patients with symptoms of psychological crisis, Following the prescribed procedures and steps involved in behavioural situations
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 the general factors that may cause an alteration in a patient's
	behaviour
	PC2. Recognise the various reasons for psychological crises
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide
	PC4. Identify special medical/legal considerations for managing behavioural emergencies
	PC5. Recognise the special considerations for assessing a patient with behavioural problems
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence
	PC7. Identify methods to calm behavioural emergency patients
Knowledge and Unders	standing (K)
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by the 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 to handle common psychological
Organisation and its processes)	emergencies KA4. The significance of each procedure to manage behavioural emergency
its processes;	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 2311: Manage	behavioural emergency
	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 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:
	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
	The user/individual on the job needs to know and understand how to:
	SAS. 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:







- 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 guickly 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 2311		
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 - BASIC	Next review date	22/05/15







# 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.







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	<ul> <li>This unit/task covers the following:</li> <li>Providing emergency care during childbirth, Providing care for conditions involving obstetric/ gynaecological emergencies</li> </ul>
Performance Crit	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 pre-delivery emergencies from a normal delivery  PC6. Perform the steps in pre-delivery preparation of the mother  PC7. Establish the relationship between body substance isolation and childbirth  PC8. Perform the steps to assist in the delivery  PC9. State the steps required for care of the baby as the head appears  PC10. Explain how and when to cut the umbilical cord
	PC11. Perform the steps in the delivery of the placenta PC12. Perform the steps in the emergency medical care of the mother post-delivery PC13. Summarise neonatal resuscitation procedures PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation PC15. Differentiate the special considerations for multiple births PC16. Recognise special considerations of meconium PC17. Identify special considerations of a premature baby PC18. Perform the emergency medical care of a patient with a gynaecological emergency PC19. Perform steps required for emergency medical care of a mother with excessive bleeding PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies







	standing (K)	
Knowledge and Understanding (K)		
A. Organisational Context	The user/individual on the job needs to know and understand:	
(Knowledge of the	KA1. Relevant legislation, standards, policies, and procedure followed by the hospital	
Healthcare	KA2. How to perform the different procedures related to Obstetrics/ Gynaecology	
provider/	emergencies	
Organisation and	KA3. The significance of each procedure required to handle Obstetrics/ Gynaecology	
its processes)	emergency	
	KA4. How to use the equipment meant to perform each procedure	
B. Technical Knowledge	The user/individual on the job needs to know and understand:	
ŭ	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)		
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 Dood shout shouses in locislations and accomission to the last	
	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	







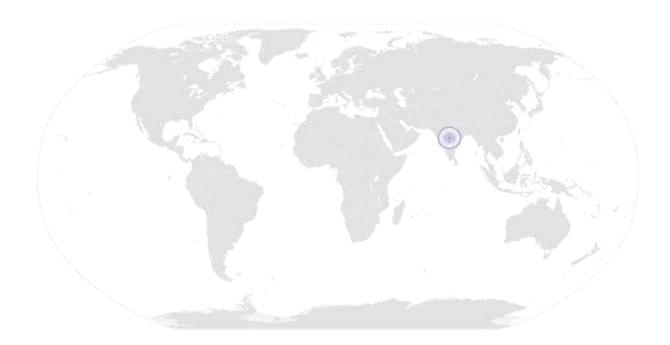
HSS/ N 2312: Manage o	bstetric/ gynaecological emergencies
	SA11. Understand and interpret written material, including technical material, rules,
	regulations, instructions, reports, charts, graphs, or tables
	Oral Communication (Listening and Speaking skills)
-	The user/individual on the job needs to 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:
	The aserymativation the job freeds to know and understand how to.
	SB1. Make decisions pertaining to refusal of treatment
	SB2. Act decisively by balancing protocols and emergency at hand
	3b2. 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
	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
	production and passers
	Analytical Thinking
	SB9. Think through the problem, evaluate the possible solution(s) and suggest the
	optimum /best possible solution
	Critical Thinking
	The use of individual as the islam and at a longuage of understood bourter
	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









HSS/ N 2312: Manage obstetric/ gynaecological emergencies

NOS Code	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 TECHNICIAN - BASIC	Next review date	22/05/15







# National Occupational Standards



## **Overview**

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







Unit Codo	USC ( N 2242		
Unit Code	HSS/ N 2313		
Unit Title (Task)	Manage Bleeding and Shock		
Description	This OS unit is about managing bleeding and shock (hypo perfusion) after the initial patient assessment. Control of arterial or venous bleeding is done upon immediate identification, after airway and breathing.		
Scope	This unit/task covers the following:  Rendering basic medical care to a patient with bleeding injuries, Arresting the bleeding		
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 (hypo perfusion) PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion) PC11. Recognize different types of shock and initiate appropriate medical management		
Knowledge and 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:		







HOS/ IN ZOIS: IVIANAGE I	needing	g and snock
	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 (hypo perfusion)
	KB8.	Sense of urgency to transport patients that are bleeding and show signs of shock (hypo perfusion)
	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 (hypo perfusion)
	l	

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:
	<ul> <li>SA7. Read about changes in legislations and organisational policies</li> <li>SA8. Keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities</li> <li>SA9. Read latest clinical regulations shared by the medical officer</li> <li>SA10. Read the list of hospitals in the major accident or emergency prone locations.</li> <li>SA11. Read about upgraded facilities available in existing hospitals</li> <li>SA12. Understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables</li> </ul>
	Oral Communication (Listening and Speaking skills)







HSS/ N 2313: Manage	ge 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		
2. Troicosionaronino			
	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		
	1		
	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)		
	The second secon		
	Problem Solving		
	The user/individual on the job needs to know and understand how to:		
	The user/individual on the job fleeds to know and understand now to.		
	SB9. Identify immediate or temporary solutions to resolve delays		
	Analytical Thinking		
	Analytical minking		
	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.		







NOS Code	HSS/ N 2313		
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 - BASIC	Next review date	22/05/15







## National Occupational Standards



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## **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	<ul> <li>This unit/task covers the following:</li> <li>Rendering basic medical care to a patient with soft tissue injuries such as burns and proficiency in the technique of dressing and bandaging.</li> </ul>	
Performance Criteria (I	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 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 the characteristics of a partial thickness burn PC15. Recognise the characteristics of a partial thickness burn PC16. Recognise the characteristics of a full thickness burn PC17. Recognise 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 PC19. Perform the emergency medical care of the patient with a full 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 s	e 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		
Knowledge and Unders			
A. Organisational	The user/individual on the job needs to know and understand:		
Context	The user/marviadar on the job freeds to know and anderstand.		
(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		
•	beyond one's competence		
Organisation and			
its processes)			
B. Technical	The user/individual on the job needs to know and understand:		
Knowledge			
ŭ	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		
	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		
	VD47 Decrease months of few annululus a superconstant		

## Skills (S)

A. Core Skills	Writing Skills

KB17. Proper method for applying a pressure dressing







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 SA16. Collect all necessary information regarding the patient's condition		
	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 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 TECHNICIAN - BASIC	Next review date	22/05/15







## 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 Criteri	a (PC) w.r.t. The Scope			
Element	Performance Criteria			
	PC1. Recognise the function of the muscular system PC2. Recognise the function of the skeletal system PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities PC4. Differentiate between an open and a closed painful, swollen, deformed extremity PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries PC6. State the reasons for splinting PC7. List the general rules of splinting PC8. Ramification & complications of splinting PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity PC10. How to apply pelvic binder techniques for fracture of pelvis			
Knowledge and Understanding (K)				
A. Organisational Context (Knowledge of th Healthcare provider/ Organisation and its processes)				
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 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	
	KB10. How to assess neuro-vascular status of limbs	
	KBIO. HOW to assess fieuro-vascular status of liffibs	
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	
	2	







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:  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
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
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
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
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
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
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
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 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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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	1133/ 14 2310		
(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	<ul> <li>This unit/task covers the following:</li> <li>Identifying signs and symptoms of head and spinal injuries, Recognising when a patient may need immobilisation and acting accordingly</li> </ul>		
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 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	
	PC26. Manage eye injury	
	<u> </u>	
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. 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	VD4. How to work much a different was adversed and activate hard and activate	
	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:	
	CA1. Chara desuments remarks tools lists and asked to the control of	
	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	







1133/ N 2310. Wallage I	injuries to nead 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 Meking		
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 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:		
	1		







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 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 TECHNICIAN - BASIC	Next review date	22/05/15







## 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 Code	HSS/ N 2317		
Unit Title	n33/ N 231/		
(Task)	Manage Infants, Neonates and Children		
Description	This OS unit is about management of an ill or injured infant or child, considering anatomical and physiological differences between infants or child and adults		
Scope	This unit/task covers the following:  • Managing ill or injured infant or children patients, Differentiating the response of the infant or child patient from that of an adult and acting in accordance		
Performance Crite	ria (PC) wrt The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
	<ul> <li>PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent</li> <li>PC2. Identify differences in anatomy and physiology of the infant, child and adult patient</li> <li>PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult</li> <li>PC4. Understand various causes of respiratory emergencies</li> <li>PC5. Differentiate between respiratory distress and respiratory failure</li> <li>PC6. Perform the steps in the management of foreign body airway obstruction</li> <li>PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure</li> <li>PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient</li> <li>PC9. Recognise the methods of determining end organ perfusion in the infant and child patient</li> <li>PC10. Identify the usual cause of cardiac arrest in infants and children versus adults</li> <li>PC11. Recognise the common causes of seizures in the infant and child patient</li> <li>PC12. Perform the management of seizures in the infant and child patient</li> <li>PC13. Differentiate between the injury patterns in adults, infants, and children</li> <li>PC14. Perform the field management of the infant and child trauma patient</li> <li>PC15. Summarise the indicators of possible child abuse and neglect</li> <li>PC16. Recognise need for EMT debriefing following a difficult infant or child transport</li> </ul>		
Knowledge and U	nderstanding (K)		
A. Organisationa	2.17		







1133/ IN 2317. IVIAIIABE	infants, neonates and children	
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	
61:11. (6)	KB13. The use of equipment for paediatric age group	
Skills (S)		
A. Core Skills	Writing Skills	
/Generic Skills	The user/ individual on the job needs to know and understand how to:	
•	7	
	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	
	Tor the interided addience	
	Reading Skills	
	The user/individual on the job needs to know and understand how to:	
	SAG Pond about changes in logislations and organisational nations	
	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	







HSS/ N 2317: 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 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 TECHNICIAN - BASIC	Next review date	22/05/15







## 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			
HSS/ N 2318			
Manage respiratory emergency			
This OS unit is about assessing the symptoms of a patient with breathing difficulties			
and providing emergency treatment.  This upit /task covers the following:			
This unit/task covers the following:  Rendering basic medical care to a patient with a respiratory emergency			
ia (PC) w.r.t. The Scope			
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  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)**

	istaliang (it)			
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)				
D. Tarkeriani				
B. Technical	The user/individual on the job needs to know and understand:			
Knowledge	VD4. The content of t			
	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	
	l. 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	
Skills (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 commu			
	and legal framework changes related to roles and responsibilities		
	SA9. Read latest clinical regulations shared by the medical officer		







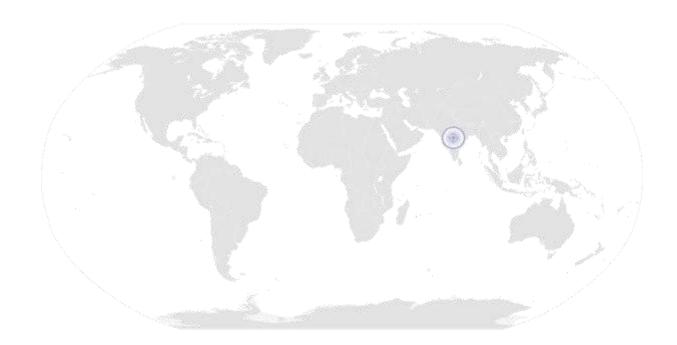
HSS/ N 2318: Manage r	respiratory emergency				
	SA10. Read the list of hospitals in the major accident or emergency prone locations				
	SA11. Read about upgraded facilities available in existing hospitals				
	SA12. Understand and interpret written material, including technical material, rules,				
	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				
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:				
	The user/marvioual on the job needs to know and understand now 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				
	,				







riss, it is it is a second consistency			
	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		









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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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 Code	HSS/ N 2310		
Unit Title	HSS/ N 2319		
(Task)	Manage severe abdominal pain		
Description	This OS unit is about assessing the symptoms of a patient with severe abdominal pain		
	and providing emergency treatment.		
Scope	<ul> <li>This unit/task covers the following:</li> <li>Rendering basic medical care to a patient experiencing severe abdominal pain</li> </ul>		
	Nendering basic medical care to a patient experiencing severe abdominal pain		
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. Recognise the anatomical components of the abdomen and their functions		
	including:		
	a. Left Upper Quadrant		
	Most of the stomach		
	o Spleen		
	<ul><li>Pancreas</li><li>Large intestine</li></ul>		
	Small intestine		
	Left kidney (upper portion)		
	b. Right Upper Quadrant		
	o Liver		
	o Gallbladder		
	<ul><li>Part of the large intestine</li><li>Right kidney (upper portion)</li></ul>		
	<ul> <li>Right kidney (upper portion)</li> <li>Small intestine</li> </ul>		
	c. Right Lower Quadrant		
	o Appendix		
	<ul> <li>Large intestine</li> </ul>		
	<ul><li>Female reproductive organs</li><li>Small intestine</li></ul>		
	<ul><li>Small intestine</li><li>Right kidney (lower portion)</li></ul>		
	Right ureter		
	o Right ovary & fallopian tube		
	d. Left Lower Quadrant		
	Large intestine		
	Small intestine  I of this any (leaves a parties)		
	<ul><li>Left kidney (lower portion)</li><li>Left ureter</li></ul>		
	<ul><li>Left ureter</li><li>Left ovary</li></ul>		
	<ul><li>Left dvary</li><li>Left fallopian tube</li></ul>		







HSS/ N 2319: Manage severe abdominal pain			
	e. Midline structures		
	<ul> <li>Small intestine</li> </ul>		
	<ul> <li>Urinary bladder</li> </ul>		
	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;		
in the second 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.	the mucosa and submucosa of the intestines), Crohn's		
of the second	disease (a type of inflammatory bowel disease), ulcerative		
	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		
	PC5. Complete a focused history and physical exam of the patient including:		
	a. Visual inspection		
	b. Auscultating the abdomen		
state of the state	c. Palpating the abdomen		
	PC6. Establish airway in patient		
	PC7. Place patient in position of comfort		
	PC8. Calm and reassure the patient		
	PC9. Look for signs of hypoperfusion		
	PC10. Recognise possible diagnoses for abdominal pain		
	PC11. State the treatment for managing various causes of abdominal pain		
	PC12. Recognise potential diagnoses which imply the condition of the patient may		
	deteriorate and highlight the need for frequent reassessment and advanced		
	life support interventions		
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority		
	case (when required)		
<b>Knowledge and Understa</b>	anding (K)		

#### **Knowledge and Understanding (K)**

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







	KA1. Relevant legislation, standards, policies, and procedures followed by the hospital			
(Knowledge of the	RAT. 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			
	7, ,			
	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 9	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
	mistractions 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	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 Version Control**

NOS Code	HSS/ N 2319	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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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			
Performance Criteria (	PC) w.r.t. The Scope			
Element	Performance Criteria			
Knowledge and Under	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			
A. Organisational	The user/individual on the job needs to know and understand:			
Context (Knowledge of the Healthcare	KA1. Level of one's competence, authority and knowledge in relation to the management of emergency situations			







noo/ N Zozu: Manage	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		
D. Taskuisal			
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 aser, maintain the job needs to know and understand now to.		
	SA1 Share decuments reports task lists and schedules with as 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 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 technic the intended audience	cal material that is appropriate for		
December 61.00			
Reading Skills			
The user/individual on the job needs to know and ur	nderstand how to:		
SA7. Read about changes in legislations and organi	sational policies		
SA8. Keep abreast with the latest knowledge by rea	ading internal communications		
and legal framework changes related to roles	and responsibilities		
SA9. Read latest clinical regulations shared by the r			
SA10. Read the list of hospitals in the major acciden	The state of the s		
SA11. Read about upgraded facilities available in exi	400 Maria 1700 - 1700 Maria 1700		
SA12. Understand and interpret written material, in			
regulations, instructions, reports, charts, grap Oral Communication (Listening and Speaking skills)	ills, or tables		
Oral Communication (Eisterning and Speaking skins)			
The user/individual on the job needs to know and ur	nderstand 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			
	SA17. Avoid using jargon, slang or acronyms when communicating with a patient SA18. Communicate with other people around the patient and give them clear		
	SA18. Communicate with other people around the patient and give them clear instructions around their safety		
SA19. Communicate clearly with other emergency re	esponse agencies if required		
5/13. Communicate electry with other emergency to	esponse agencies ii required		
B. Professional Skills Decision Making			
The user/individual on the job needs to know and ur	nderstand how to:		
SB1. Make decisions pertaining to the concerned are	ea of work in relation to job role		
Plan and Organise	ed of Work in Feldion to Job Fole		
The user/individual on the job needs to know and ur	nderstand:		
SB2. How to plan and organise activities that are ass	signed to him/her		
SB3. How to control any aggression by the patient of	_		
SB4. How to ensure there is minimum gap in the arri	-		
allocation of the patient to a respective triage lo			
Patient Centricity			
The user/individual on the job needs to know and ur	nderstand how to:		
SB5. Communicate effectively with patients and the	ir 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 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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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	(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 Under				
A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	<ul> <li>The user/individual on the job needs to know and understand:</li> <li>KA1. Relevant legislation, standards, policies, and procedures followed in the hospital</li> <li>KA2. The healthcare facility mapping</li> <li>KA3. The services-availability mapping at each facility</li> <li>KA4. The resource availability and specialisation for each facility</li> <li>KA5. The laws and regulations to be adhered to allocate a hospital to the patient</li> <li>KA6. The categories of hospitals and what kind of services the hospitals provide</li> <li>KA7. The hospitals available in the area and the facility available at each of the hospitals</li> </ul>			







H33/ N 2321: Select the	e proper provider institute for transfer
	KA8. The kind of monetary resources the patient would have to invest in each of the
	hospitals
	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	
	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)	to magate risks
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
	government and private hospital differentiation
B. Professional Skills	Decision Making
	The user/individual on the job needs to know and understand how to:
	The ascitinatividual on the job freeds to know and understand now 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 Version Control**

NOS Code	HSS/ N 2321		
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 - BASIC	Next review date	22/05/15







# 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	<ul> <li>This unit/task covers the following:</li> <li>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</li> </ul>
Performance Criteria (F	PC) wrt The Scope
Element	Performance Criteria
Knowledge and Unders	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
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 aselymaniada on the job needs 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:	
	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 ambulance as	
	per the requirement	
	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 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 TECHNICIAN - BASIC	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 (	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 Under	standing (K)
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the Healthcare	KA1. The up-to-date process for patient handover KA2. Codes used in the hospital for all emergency situations
provider/ Organisation and its processes)	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
B. Technical Knowledge	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 KB4. How to use the available tools (i.e. Electronic systems, proformas)
Skills (S)	
A. Core Skills/	Writing Skills







	The user/individual on the ich mode to know and understand how to
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 physician
	SA3. Completion of medical history, PCR and applicable transport and transfer forms
	, or completion or medical motor, in
	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 patient(s) and give them clear
	instructions around their safety
	SA11. Avoid using jargon, slang or acronyms when communicating with a patient(s)
	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:
	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**

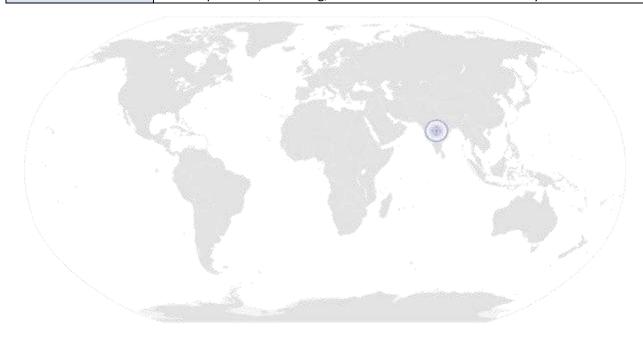
The user/individual on the job needs to know and understand how to:

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 Version Control**

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 TECHNICIAN - BASIC	Next review date	22/05/15







# 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 (	PC) w.r.t. The Scope		
Element	Performance Criteria		
	To be competent, the user/individual on the job must be able to:		
Knowledge and Under  A. Organisational  Context  (Knowledge of the Healthcare	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		
provider/ Organisation and its processes)	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	The user/individual on the job needs to know and understand:		
Knowledge	<ul> <li>KB1. Steps in emergency care for the patient with a history of diabetes and diabetic medication</li> <li>KB2. The various possible types of diabetic emergencies</li> <li>KB3. The rationale for administering oral glucose</li> <li>KB4. The steps in the administration of oral glucose</li> <li>KB5. The process for assessment and documentation of patient response to oral</li> </ul>		







HSS/ N 2324: Manage of	plabetes 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)
B. Professional 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 Version Control**

NOS Code	HSS/ N 2324	HSS/ N 2324	
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 TECHNICIAN - BASIC	Next review date	22/05/15







HSS/ N 9601: Collate and Communicate Health Information

# 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.







#### HSS/ N 9601: Collate and Communicate Health 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	Performance Criteria (PC) w.r.t. the Scope				
Element	Performance Criteria				
	<ul> <li>PC1. Respond to queries and information needs of all individuals</li> <li>PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics</li> <li>PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them</li> <li>PC4. Utilise all training and information at one's disposal to provide relevant information to the individual</li> <li>PC5. Confirm that the needs of the individual have been met</li> <li>PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality</li> <li>PC7. Respect the individual's need for privacy</li> <li>PC8. Maintain any records required at the end of the interaction</li> </ul>				
Knowledge and Unde	erstanding (K)				
A. Organisational Context (Knowledge of the Healthcare provider/	The user/individual on the job needs to know and understand:				







#### HSS/ N 9601: Collate and Communicate Health Information

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	•	nd Communicate Health Information		
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SA6. Speak at least one local language SA7. Communicate effectively with all individuals  B. Professional Skills  The user/individual on the job needs to know and understand how 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:		The user/individual on the job needs to know and understand how to:		
SA7. Communicate effectively with all individuals  B. Professional Skills  The user/individual on the job needs to know and understand how 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:				
SA7. Communicate effectively with all individuals  B. Professional Skills  The user/individual on the job needs to know and understand how 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:		SA6 Snook at least one local language		
B. Professional Skills  The user/individual on the job needs to know and understand how 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:		1		
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The user/individual on the job needs to know and understand how 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:	4			
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:	B. Professional Skills	Decision Making		
individual and various regulations and guidelines  Plan and Organise  The user/individual on the job needs to know and understand:		The user/individual on the job needs to know and understand how to:		
individual and various regulations and guidelines  Plan and Organise  The user/individual on the job needs to know and understand:				
individual and various regulations and guidelines  Plan and Organise  The user/individual on the job needs to know and understand:		SR1 Make decisions on information to be communicated based on needs of the		
Plan and Organise  The user/individual on the job needs to know and understand:				
The user/individual on the job needs to know and understand:		individual and various regulations and guidelines		
The user/individual on the job needs to know and understand:				
The user/individual on the job needs to know and understand:		Plan and Organica		
Not applicable		ine user/individual on the job ineeds to know and understand:		
Not applicable		N		
		Not applicable		







#### HSS/ N 9601: Collate and Communicate Health Information

HSS/ IN 9601: Collate at	nd 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
	Not applicable







HSS/ N 9601: Collate and Communicate Health Information

# **NOS Version Control**

NOS Code	HSS/ N 9601		
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
		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 Crit	eria (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

	improvements
Knowledge and Unders	standing (K)
A. Organisational	The user/individual on the job needs to know and understand:
Context	
(Knowledge of the	KA1. The relevant legislation, standards, policies, and procedures followed in the

practice

PC7. Identify and manage potential and actual risks to the quality and safety of

PC8. Evaluate and reflect on the quality of one's work and make continuing







-	The inities 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:
	<ul> <li>Working outside the boundaries of competence and authority</li> </ul>
	Not keeping up to date with best practice
	o Poor communication
	<ul> <li>Insufficient support</li> </ul>
	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
	<u>'</u>
	understanding of roles and responsibilities is maintained, and how this affects
Skills (S)	the way one work as an individual or part of a team
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
	Dooding Skills
	Reading Skills







1133/ 14 3003. Act With	in 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
	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	12/05/13
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 effe	ectively with others		
Unit Code	HSS/ N 9604		
Unit Title (Task)	Work effectively with others		
Description	This OS unit is about working effectively with other people who can be part of the immediate team, organisation or external to the team or organisation  This OS unit applies to all Allied health professionals working in a team or collaborative environment		
Scope	<ul> <li>This unit covers the following:</li> <li>Working with other people to meet requirements, Sharing information with others to enable efficient delivery of work, Communicating with other team members and people internal or external to the organisation</li> </ul>		
Performance Criteria (F	PC) wrt The Scope		
Element	Performance Criteria		
Knowledge and Unders  A. Organisational Context (Knowledge of the Healthcare provider/ Organisation and its processes)	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  standing (K)  To be competent the user/ individual on the job needs to know and understand:  KA1. The people who make up the team and how they fit into the work of the organisation KA2. The responsibilities of the team and their importance to the organisation KA3. The business, mission, and objectives of the organisation 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		
B. Technical Knowledge	relationships  To be competent the user/ individual 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		







1133/ N 3004. WOIK EIN	ectively with others
	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:
	SA3. Read 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
	JDT. De capable of Deling responsive, listen empathetically to establish rapport ill a







1133/ 14 3004. WORK CIT	
	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 miliking
	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	12/05/13
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
Unit Title	Manage work to meet requirements
(Task)	wanage work to meet requirements
Description	This OS unit is about planning and organising work and developing oneself further in
	the organisation
	This unit applies to all Allied Health professionals
Scope	This unit covers the following:
	Establishing and managing requirements, Planning and organising work ,
	Ensuring accomplishment of the requirements
Performance Criteria	(PC) wrt The Scope
Element	Performance Criteria
	To be competent, the user/individual on the job must be able to:
	PC1. Clearly establish, agree, and record the work requirements
	PC2. Utilise time effectively PC3. Ensure his/her work meets the agreed requirements
	PC4. Treat confidential information correctly
	PC5. Work in line with the organisation's procedures and policies and within the
	limits of his/her job role
Knowledge and Under	standing (K)
A. Organisational Context	To be competent, the user / individual on the job needs to know and understand:
( C)(II) (PX)	
	KA1. The relevant policies and procedures of the organisation
(Knowledge of the	KA1. The relevant policies and procedures of the organisation  KA2. The information that is considered confidential to the organisation
(Knowledge of the Healthcare	KA2. The information that is considered confidential to the organisation
(Knowledge of the Healthcare provider/	·
(Knowledge of the Healthcare	KA2. The information that is considered confidential to the organisation
(Knowledge of the Healthcare provider/ Organisation and	KA2. The information that is considered confidential to the organisation
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation
(Knowledge of the Healthcare provider/ Organisation and its processes)	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  To be competent, the user/individual on the job needs to know and understand:
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	<ul> <li>KA2. The information that is considered confidential to the organisation</li> <li>KA3. The scope of work of the role</li> <li>To be competent, the user/individual on the job needs to know and understand:</li> <li>KB1. The importance of asking the appropriate individual for help when required</li> <li>KB2. The importance of planning, prioritising and organising work</li> <li>KB3. The importance of clearly establishing work requirement</li> <li>KB4. The importance of being flexible in changing priorities when the importance and urgency comes into play</li> <li>KB5. How to make efficient use of time, and to avoid things that may prevent</li> </ul>
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	<ul> <li>KA2. The information that is considered confidential to the organisation</li> <li>KA3. The scope of work of the role</li> <li>To be competent, the user/individual on the job needs to know and understand:</li> <li>KB1. The importance of asking the appropriate individual for help when required</li> <li>KB2. The importance of planning, prioritising and organising work</li> <li>KB3. The importance of clearly establishing work requirement</li> <li>KB4. The importance of being flexible in changing priorities when the importance and urgency comes into play</li> <li>KB5. How to make efficient use of time, and to avoid things that may prevent work deliverables from being expedited</li> </ul>
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	<ul> <li>KA2. The information that is considered confidential to the organisation</li> <li>KA3. The scope of work of the role</li> <li>To be competent, the user/individual on the job needs to know and understand:</li> <li>KB1. The importance of asking the appropriate individual for help when required</li> <li>KB2. The importance of planning, prioritising and organising work</li> <li>KB3. The importance of clearly establishing work requirement</li> <li>KB4. The importance of being flexible in changing priorities when the importance and urgency comes into play</li> <li>KB5. How to make efficient use of time, and to avoid things that may prevent</li> </ul>
(Knowledge of the Healthcare provider/ Organisation and its processes)  B. Technical	KA2. The information that is considered confidential to the organisation KA3. The scope of work of the role  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







	VPO The importance of confidentiality			
	KB9. The importance of confidentiality			
Ckille (C)	KB10. The importance in completing work on time			
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. Report progress and results			
	SA2. Record problems and resolutions			
	Reading Skills			
-	To be competent, the user / individual on the job needs to know and understand how			
	to:			
	SA3. Read organisational policies and procedures			
	SA4. Read work related documents and information shared by different sources			
	Oral Communication (Listening and Speaking skills)			
	Oral Communication (Listening and Speaking Skins)			
	To be competent, the user/ individual on the job needs to know and understand how			
	to:			
ý.	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 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 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	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15

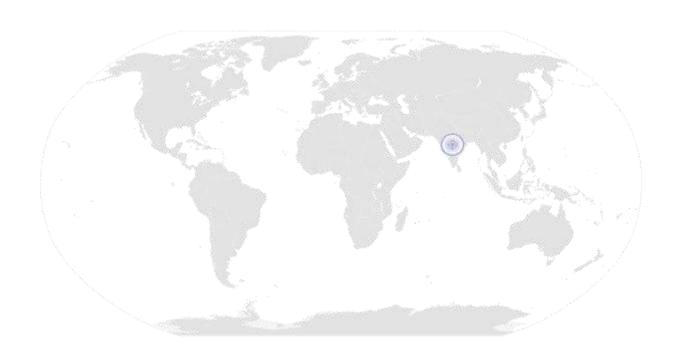








# National Occupational Standards



### **Overview**

This Occupational Standard describes the knowledge, understanding, skills required of an Allied Health Professional to monitor 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  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			
Unit Title (Task)				
Description				
Scope	<ul> <li>This unit covers the following:</li> <li>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</li> </ul>			
Performance Criteria (F	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				
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			







1133/ N 3000. Waliitaiii	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:			
	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			
A. Generic 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			







**Patient Centricity** 

To be	competent, the user / individual on the job needs to know 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







# **NOS Version Control**

NOS Code	HSS/ N 9 0	HSS/ N 9 0		
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	
		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  Practice Code of conduct while performing duties		
Unit Title (Task)			
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	<ul> <li>This unit covers the following:         <ul> <li>Recognising the guidelines and protocols relevant to the field and practice,</li> <li>Following the code of conduct as described by the healthcare provider, Demonstrating best practices while on the field</li> </ul> </li> </ul>		
Performance Criteria (I	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		







HSS/ N 9607: Practice C	s) in 9607: Practice Code 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:				
	<ul> <li>Working outside the boundaries of competence and authority</li> </ul>				
	<ul> <li>not keeping up to date with best practice</li> </ul>				
	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				

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			
	Not applicable			
	Analytical Thinking			
	Not applicable			
	Critical Thinking			
	Not applicable			







# **NOS Version Control**

NOS Code	HSS/ N 9 07		
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
		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 colour coded bins for different categories of waste PC5. Check the accuracy of the labelling that identifies the type and content of waste PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal PC7. Check the waste has undergone the required processes to make it safe for transport and disposal PC8. Transport the waste to the disposal site, taking into consideration its associated risks PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols
Knowledge and Unders	- 11
A. Organisational Context	The user/individual on the job needs to know and understand:







-	onicaled waste disposal protectors
(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	
o o	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) ( <u>Optional</u> )	
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







1133/ N 3003. FOIIOW DI	omedical 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:		
	CD4 Make desiring ports in ing to the error of work		
	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 Version Control**

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Industry	Health	Drafted on	12/05/13
Industry Sub-sector	Allied Healthcare and Paramedics	Last reviewed on	22/05/13
		Next review date	22/05/15

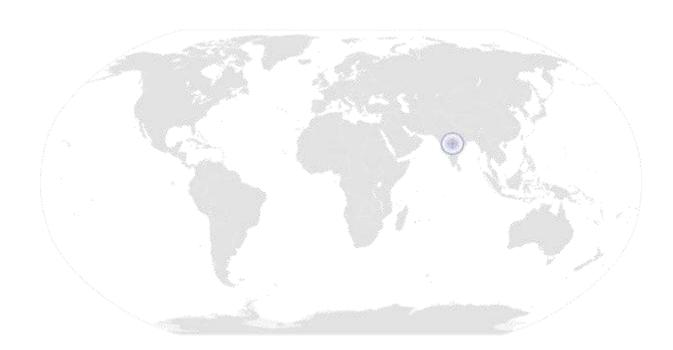








# National Occupational Standards



### 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 in	fection 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
	* 1	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
		6.3

#### Knowledge and Understanding (K)

Knowledge and Onderstanding (K)	
A. Organisational Context	The user/individual on the job needs to know and understand:
(Knowledge of the Healthcare provider/ Organisation and its processes)	<ul> <li>KA1. The organisation's infection control policies and procedures</li> <li>KA2. Organisation requirements relating to immunisation, where applicable</li> <li>KA3. Standard precautions</li> <li>KA4. Good personal hygiene practice including hand care</li> </ul>
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:







**Reading Skills** 

HSS/ N 9610: Follow inf	ection control policies and procedures
	- bacteria and bacterial spores
	- fungi
	- viruses
	KB4. How to clean and sterile techniques
	KB5. The path of disease transmission:
	- paths of transmission including direct contact and penetrating injuries
	- risk of acquisition
	- sources of infecting microorganisms including persons who are carriers, in
	the incubation phase of the disease or those who are acutely ill
	KB6. Effective hand hygiene:
	- procedures for routine hand wash
	- procedures for surgical hand wash
	- when hands must be washed
	KB7. Good personal hygiene practice including hand care
	KB8. Identification and management of infectious risks in the workplace
	KB9. How to use personal protective equipment such as:
	- guidelines for glove use
	- guidelines for wearing gowns and waterproof aprons
	- guidelines for wearing masks as required
	- guidelines for wearing protective glasses
	KB10. Susceptible hosts including persons who are immune suppressed, have
	chronic diseases such as diabetes and the very young or very old
	KB11. Surface cleaning:
	- cleaning procedures at the start and end of the day
	-managing a blood or body fluid spill
	- routine surface cleaning
	KB12. Sharps handling and disposal techniques
	KB13. The following:
	- Follow infection control guidelines
	- Identify and respond to infection risks
	- Maintain personal hygiene
	- Use personal protective equipment
	- Limit contamination
	- Handle, package, label, store transport and dispose of clinical and other
	waste
	- Clean environmental surfaces
Skills (S) (Optional)	
A. Core Skills/	Writing Skills
Generic Skills	The user/ individual on the job needs to know and understand how to:
	SA1. Consistently apply hand washing, personal hygiene and personal protection
	protocols
	SA2. Consistently apply clean and sterile techniques
	SA3. Consistently apply protocols to limit contamination







## HSS/ N 9610: Follow infection control policies and procedures

H22/ IN 3610: FOIIOM 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  Patient 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,







## HSS/ N 9610: Follow infection control policies and procedures

SB14.	experience, reasoning, or communication, as a guide to belief and action Take into account opportunities to address waste minimisation,
3014.	environmental responsibility and sustainable practice issues









## HSS/ N 9610: Follow infection control policies and procedures

## **NOS Version Control**

NOS Code	HSS/ N 9 10		
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
		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







Unit Code	UCC / N OC14
Unit Title	HSS/ N 9611
(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	- 1 1
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
providery	KA3. Relevant up-to-date information on health, safety, and security that applies







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







# **NOS Version Control**

NOS Code	HSS/ N 9 11		
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
		Next review date	22/05/15



	Assessment Form (To be fille	d by Assessor for Each	Trainee)		
Job Role	Emergency Medical technician (EMT-B)	<u>Trainee Name</u>	<u> </u>	UID No.	<u>Batch</u>
Qualification Pack		Taining Partner	<u> </u>	<u>Date</u>	
Sector Skill Council	Healthcare	Name of As	ssessor		
Name & Sign	ature of Representative & Stamp of Assessing Body:				
	Skills Practical and	Viva (80% weightage)			
		Mai	rks Alloted		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		0
	Passing Marks (80% of Max. Marks)		400		PASS/FAIL
	Theory (20	% weightage)			
		Mai	rks Alloted		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		PASS/FAIL
Grai	nd Total-(Skills Practical and Viva + Theory)		600		0
	Overall Result	Criteria is to pass in individually. If fail cand	•	-	PASS/FAIL

	Assessment Form (To be	filled by Assessor	for Each T	<u>rainee)</u>				
<u>Job Role</u>	Emergency Medical technician (EMT-B)	<u>Trainee Name</u>			UID No.		<u>Batch</u>	
Qualification Pack		Taining Partner			Date		<u>'</u>	
Sector Skill Council		Name o	f Assessoı	•				
Sector Skill Couriei	Healthcare	<u>ivanie o</u>	1 A33C33U1	_				
Name & Signa	ature of Representative & Stamp of Assessing Body:							
	Skills Practical a	and Viva (80% wei	ghtage)					
			Marks All	oted		Mai	ks Awarded b	y Assessor
	Grand Total-1 (Subject Domain)		400					
	Grand Total-2 (Compulsary NOS)		10					
Gra	and Total-3 (Soft Skills and Comunication)		90					
	· · · · · · · · · · · · · · · · · · ·		90					
	Grand Total-(Skills Practical and Viva)		500				0	
	Detailed Break Up of Marks			Sk	ills Practical 8	& Viva		
	Subject Domain		Pick a	ny 2 NOS	each of 200 i	marks tota	lling 400	
National Occupational				Marks	Allocation	Marks Awar	ded by Assessor	Grand Total o
Standards (NOS)	Performance Criteria (PC)	Total Marks (400)	Out Of	Viva	Skills Practical	Viva	Skills Practical	Practical
HSS/ N 2301 (Respond to	PC1. Understand the emergency codes used in the hospital for emergency		10	10			Skills Fractical	
mergency Calls)	situations		10	10	0			
	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		10	2	8			
	by the EMS provider PC4. Evaluate the situation of the patient(s) on the basis of the call with							
	the dispatch centre		10	2	8			
	PC5. Demonstrate teamwork while preparing for an emergency situation		4	0	4			
	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		4	0	4			
	one's competence and authority							
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:							
	a. Hospital Gowns		10	0	10			
	b. Medical Gloves		10	0	10			
	c. Shoe Covers		10	0	10			
	d. Surgical Masks	200	10	0	10			
	e. Safety Glasses		10	0	10			
	f. Helmets		10	0	10		<del>                                     </del>	
	g. Reflective Clothing		10	0	10		<del>                                     </del>	
	PC8. Prepare the ambulance with the required medical equipment and							
	supplies as per the medical emergency. A large selection of equipment and		40	4	36			
	supplies specialised for Emergency Medical Services include diagnostic	•						

		•			-	•		
	PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer		10	0	10			
	PC10. Establish trust and rapport with colleagues		4	0	4			
	PC11. Maintain competence within one's role and field of practice		4	0	4			
	PC12. Promote and demonstrate good practice as an individual and as a							
	team member at all times		4	0	4			
	PC13. Identify and manage potential and actual risks to the quality and				_			
	safety of practice		10	6	4			
	PC14. Evaluate and reflect on the quality of one's work and make		Д	0	4			
	continuing improvements		4	U	4			
	PC15. Understand basic medico-legal principles		8	8	0			
	PC16. Function within the scope of care as defined by state, regional and		4	Δ	0			
	local regulatory agencies			•				
	Total		200	36	164			
2. HSS/ N 2304 (Assess	PC1. Explain clearly:							
Patient at the site)	o An EMT's role and scope, responsibilities and accountability in							
	relation to the assessment of health status and needs		4	4	0			
	o What information need to be obtained and stored in records		4	4	0			
	o With whom the information might be shared		4	4	0			
	o What is involved in the assessment		4	4	0			
	PC2. Obtain informed consent of the patient for the assessment process,		4	2	2			
	unless impossible as a consequence of their condition							
	PC3. Conduct all observations and measurements systematically and		25	5	20			
	thoroughly in order of priority (including Airway, Breathing, Circulation)			_	_			
	PC4. Respect the patient's privacy, dignity, wishes and beliefs		2	0	2			
	PC5. Minimise any unnecessary discomfort and encourage the patient to		2	0	2			
	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		2	0	2			
	o Their culture and background			O				
	o Their need for reassurance and support							
	o men need for reassarance and support							
	PC7. Recognise promptly any life-threatening or high risk conditions		5	1	4			
	PC8. Make full and effective use of any protocols, guidelines and other	200						
	sources of guidance and advice to inform decision making	200	4	2	2			
	PC9. Assess the condition of the patient by:							
	o Observing patient position		10	2	8			
	o Observing the colour of the skin as well as ease of breathing and		10	2	8			
	paying attention to any signs of laboured breathing or coughing							
	o Checking if there is any bleeding from the nose or ears		10	2	8			
	o Looking at the pupil dilation/difference in pupil sizes, as it may be		10	2	8			
	suggestive of concussion							
	o Checking if the patient is under the effect of alcohol or any other drug		10	2	8			
	o Checking in 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	-	<del> </del>	
	o Gently checking the neck, starting from the back		10	2	8		1	
	o Checking for any swelling or bruises		10	2	8			
	o Checking the chest to ascertain if any object is stuck		10	2	8	<del> </del>		
	o Checking the chest to discretain it any object is stack  o Checking the ribcage for bruising or swelling and the abdomen for any						<u> </u>	
	kind of swelling or lumps		10	2	8			
	o Checking for any damage to the pelvis		10	2	8			
•		1	P	1	•	•	-	

	o Asking the victim if they are able to feel their legs		10	2	8		
	, ,						
	o Observing the colour of toes to check for any circulation problems		10	2	8		
	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		
	immediate life-saving intervention or whether they could wait						
severity of illness)	PC2. Know how to check all the vital signs		40	10	30		
	PC3. Identify a high-risk case		40	20	20		
	PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment	200	20	5	15		
	PC5. Communicate clearly and assertively		3	0	3		
	PC6. Collaboratively be able to supervise/work collaboratively with other			0			
	departments		4	0	4		
	PC7. Multitask without compromising on quality and accuracy of care provided		3	0	3		
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters		50	10	40		
	Total		200	55	145		
4. HSS/ N 2306 (Manage				4	2		
· · · · · · · · · · · · · · · · · · ·	PC1. Describe the structure and function of the cardiovascular system		4	4	0		
	PC2. Provide emergency medical care to a patient experiencing chest		12	2	10		
	pain/discomfort		12	2	10		
	PC3. Identify the symptoms of hypertensive emergency		6	2	4		
	PC4. Identify the indications and contraindications for automated external		8	2	6		
	defibrillation (AED)						
	PC5. Explain the impact of age and weight on defibrillation		8	2	6	 <del> </del>	
	PC6. Discuss the position of comfort for patients with various cardiac emergencies		4	4	0		
	PC7. Establish the relationship between airway management and the		10	2	8		
	patient with cardiovascular compromise		10		Ů		
	PC8. Predict the relationship between the patient experiencing		8	2	6		
	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		4	2	2		
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS)						
	intervention if it is available		4	4	0		
	PC11. Explain the importance of urgent transport to a facility with  Advanced Life Support if it is not available in the pre-hospital setting		4	4	0		
	PC12. Explain the usage of aspirin and clopidogrel		6	2	4		
	PC13. Differentiate between the fully automated and the semi-automated			А	^		
	defibrillator		4	4	0		
	PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators		8	2	6		
	PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator		6	2	4		
	PC16. Identify circumstances which may result in inappropriate shocks		6	2	4		

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	PC17. Explain the considerations for interruption of CPR, when using the		10	2	8		
	automated external defibrillator	200					
	PC18. Summarise the speed of operation of automated external		6	2	4		
	defibrillation			<del>-</del>			
			6	2	4		
	PC19. Discuss the use of remote defibrillation through adhesive pads						
	PC20. Operate the automated external defibrillator		10	2	8		
	PC21. Discuss the standard of care that should be used to provide care to a		4	4	0		
	patient with recurrent ventricular fibrillation and no available ACLS						
	PC22. Differentiate between the single rescuer and multi-rescuer care with		4	4	0		
	an automated external defibrillator		4	4	U		
	PC23. Explain the reason for pulses not being checked between shocks		4	4	0		
	with an automated external defibrillator		4	4	0		
	PC24. Identify the components and discuss the importance of post-		4	4	0		
	resuscitation care		4	4	0		
	PC25. Explain the importance of frequent practice with the automated				0		
	external defibrillator		4	4	0		
	PC26. Discuss the need to complete the Automated Defibrillator:		4	4			
	Operator's Shift checklist		4	4	0		
	PC27. Explain the role medical direction plays in the use of automated			_			
	external defibrillation		4	4	0		
	PC28. State the reasons why a case review should be completed following		_	_	_		
	the use of the automated external defibrillator		4	4	0		
	PC29. Discuss the components that should be included in a case review		4	4	0		
	PC30. Discuss the goal of quality improvement in automated external						
	defibrillation		4	4	0		
	PC31. Recognise the need for medical direction of protocols to assist in the		10	2	8		
	emergency medical care of the patient with chest pain			_			
	PC32. List the indications for the use of nitro-glycerine		6	2	4		
	PC33. State the contraindications and side effects for the use of nitro-				•		
	glycerine		6	2	4		
	8.70011110					+	
	PC34. Perform maintenance checks of the automated external defibrillator		4	4	0		
	Total		200	100	100		
SS/ N 2307 (Manage	PC1. Describe the basic types, causes, and symptoms of stroke		8	4	4		
rebrovascular	PC2. Provide emergency medical care to a patient experiencing symptoms					†	<del>                                     </del>
ergency)	of a stroke		30	5	25		
	PC3. Manage airway, breathing, and circulation		16	2	14	+	<del>                                     </del>
	PC4. Assess the patient's level of consciousness and document any signs of						<del>                                     </del>
	stroke		10	2	8		
	Stroke						
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate		30	5	25		
	PC6. Perform a standardised pre-hospital stroke scale assessment such as				1	+	<del>                                     </del>
	·		20	5	15		
	the Cincinnati pre-hospital stroke scale				4	+	<del>                                     </del>
	PC7. Check serum blood sugar		6	2	4	1	
	PC8. Collect critical background information on the victim and the onset of						
	the stroke symptoms such as the medical history (especially any past		l			I	1
	the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first		20	5	15		
	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		20	5	15		
	the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications				15		
	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	200	20 6	2	15		
	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	200					

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	PC11. Discuss the actions recommended for emergency responders to		2	2	0			
	potential stroke victims			_				
	PC12. Explain the importance of transporting stroke patients immediately			_				
	to an emergency department that has the personnel and equipment to		2	2	0			
	provide comprehensive acute stroke treatment		10		-			
	PC13. Carry out first triage of potential stroke victims PC14. Expedite transport of the patient to the nearest hospital equipped to		10	5	5			
	handle strokes		4	2	2			
	nandle strokes					-		
	PC15. Explain the importance of immediately notifying the Emergency		4	2	2			
	Department of the hospital of the arrival of a potential stroke victim		1	2	2			
	PC16. Administer an IV line and oxygen and monitor the functioning of the					<u> </u>		
	heart on-route to the hospital		20	5	15			
	PC17. Forward a written report to the emergency department with details			_	_			
	on medical history and onset of the stroke symptoms		10	5	5			
	Total		200	57	143			
6.HSS/ N 2308 (Manage	PC1. Recognise the patient experiencing an allergic reaction		50	10	40			
Allergic Reaction)	PC2. Perform the emergency medical care of the patient with an allergic							
	reaction		50	10	40			
	PC3. Establish the relationship between the patient with an allergic		20	_	25			
	reaction and airway management		30	5	25			
	PC4. Recognise the mechanisms of allergic response and the implications		10	5	5			
	for airway management		10		3			
	PC5. State the generic and trade names, medication forms, dose,							
	administration, action, and contraindications for the epinephrine auto-	200	20	5	15			
	injector							
	PC6. Administer treatment appropriately in case of not having access to		20	5	15			
	epinephrine auto-injectors  PC7. Evaluate the need for medical emergency medical care for the patient							1
	with an allergic reaction		10	2	8			
	PC8. Differentiate between the general category of those patients having							
	an allergic reaction and those patients having a severe allergic reaction,							
	requiring immediate medical care including immediate use of epinephrine		10	3	7			
	auto-injector							
	Total		200	45	155			
7.HSS/ N 2309 (Manage	PC1. Recognise various ways that poisons enter the body		10	10	0			
Poisoning or Overdose)	rear needs may that poisons enter the body					<u> </u>		
	PC2. Recognise signs/symptoms associated with various poisoning		20	10	10			
	PC3. Perform the emergency medical care for the patient with possible							
	overdose		40	10	30			
	PC4. Perform the steps in the emergency medical care for the patient with		40	10	30			
	suspected poisoning		40	10	30			
	PC5. Establish the relationship between the patient suffering from	200	30	10	20			
	poisoning or overdose and airway management			10	20			
	PC6. State the generic and trade names, indications, contraindications,		30	10	20			
	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		30	10	20			
	poisoning or overdose		200	70	120			
8.HSS/ N 2310 (Manage	Total		200		130			
	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		10	10	0			
	PC3. Perform the steps in providing emergency medical care to a patient		40	10	30			
	exposed to cold							

	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	40	10	30		
			10	10	0		
	PC6. Recognise the signs and symptoms of water-related emergencies		10	10	0		
	PC7. Identify the complications of near-drowning		10	10	0		
	PC8. Perform emergency medical care for bites and stings		40	10	30		
	PC9. Explain various relevant National Disaster Management Agency		30	20	10		
	(NDMA) guidelines		30	20	10		
	Total		200	100	100		
9.HSS/ N 2311 (Manage	PC1. Recognise the general factors that may cause an alteration in a		40	20	20		
Behavioural Emergency)	patient's behaviour						
	PC2. Recognise the various reasons for psychological crises		40	20	20		
	PC3. Identify the characteristics of an individual's behaviour which suggest		20	20	0		
	that the patient is at risk for suicide				_		
	PC4. Identify special medical/legal considerations for managing	200	20	20	0		
	behavioural emergencies			_	_		
	PC5. Recognise the special considerations for assessing a patient with		20	20	0		
	behavioural problems PC6. Identify the general principles of an individual's behaviour, which						
	suggest the risk for violence		20	0	20		
			40	0	40		
	PC7. Identify methods to calm behavioural emergency patients  Total						
10 UCC / N 2212 /Manage	PC1. Identify the following structures: Uterus, vagina, foetus, placenta,		200	100	100		
10.HSS/ N 2312 (Manage	umbilical cord, amniotic sac, and perineum		4	4	0		
Obstetrics/Gynaecology	umbilical cord, amiliotic sac, and permeum						
emergencies)	DC2 Identify and compain the use of the contents of an electrical lit		10	2	8		
	PC2. Identify and explain the use of the contents of an obstetrics kit				0		
	PC3. Identify pre-delivery emergencies		4	4	0		
	PC4. State indications of an imminent delivery		4	4	0		
	PC5. Differentiate the emergency medical care provided to a patient with		4	4	0		
	pre-delivery emergencies from a normal delivery			_			
	PC6. Perform the steps in pre-delivery preparation of the mother		20	2	18		
	PC7. Establish the relationship between body substance isolation and		4	4	0		
	childbirth		20		10		
	PC8. Perform the steps to assist in the delivery		20	2	18		
	DCC State the stone required for some of the holy on the head armound		4	4	0		
	PC9. State the steps required for care of the baby as the head appears PC10. Explain how and when to cut the umbilical cord		10	2	0		
	PC10. Explain how and when to cut the unblical cord PC11. Perform the steps in the delivery of the placenta	200	10 20	2	8 18		
	PC12. Perform the steps in the delivery of the placental PC12. Perform the steps in the emergency medical care of the mother post-		20	2	10		
	delivery		20	2	18		
	PC13. Summarise neonatal resuscitation procedures		10	2	8		
	1 C13. Summarise reconditar resuscitation procedures		10		0		
	PC14. Identify the procedures for the following abnormal deliveries:		10	8	2		
	Breech birth, multiple births, prolapsed cord, limb presentation		10				
	PC15. Differentiate the special considerations for multiple births		4	4	0		
	PC16. Recognise special considerations of meconium		4	4	0		
	PC17. Identify special considerations of a premature baby		4	4	0		
	PC18. Perform the emergency medical care of a patient with a		,				
	gynaecological emergency		20	2	18		
	PC19. Perform steps required for emergency medical care of a mother with						
	excessive bleeding		20	2	18		
	PC20. Complete a Pre-Hospital Care report for patients with						
	obstetrical/gynaecological emergencies		4	4	0		
	Total		200	66	134		
	TOWN		200		137		

11.HSS/ N 2313 (Manage							
Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system		5	5	0		
Biccarrig arra strocky	rest. Recognise the structure and function of the circulatory system						
	PC2. Differentiate between arterial, venous and capillary bleeding		5	5	0		
	PC3. State methods of emergency medical care of external bleeding		30	5	25		
	PC4. Establish the relationship between body substance isolation and			_			
	bleeding		20	2	18		
	PC5. Establish the relationship between airway management and the		•		10		
	trauma patient		20	2	18		
	PC6. Establish the relationship between mechanism of injury and internal	200	20	2	4.0		
	bleeding		20	2	18		
	PC7. Recognise the signs of internal bleeding		10	5	5		
	PC8. Perform the steps in the emergency medical care of the patient with		20	-	25		
	signs and symptoms of internal bleeding		30	5	25		
			40	_	-		
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		10	5	5		
	PC10. Perform the steps in the emergency medical care of the patient with		20	_	25		
	signs and symptoms of shock (hypo perfusion)		30	5	25		
	PC11. Recognize different types of shock and initiate appropriate medical		20	10	4.0		
	management		20	10	10		
	Total		200	51	149		
12. HSS/ N 2314 (Manage	PC1. Recognise the major functions of the skin		1	1	0		
Soft Tissue Injury and	PC2. Recognise the layers of the skin		1	1	0		
Burns)	PC3. Establish the relationship between body substance isolation (BSI) and		10	2	8		
	soft tissue injuries		10		0		
	PC4. Recognise the types of closed soft tissue injuries		3	3	0		
	PC5. Perform the emergency medical care of the patient with a closed soft		10	2	8		
	tissue injury		10	2	٥		
	PC6. State the types of open soft tissue injuries		3	3	0		
	PC7. Recognise the emergency medical care of the patient with an open		3	3	0		
	soft tissue injury		J	3	U		
	PC8. Recognise the emergency medical care considerations for a patient		3	3	0		
	with a penetrating chest injury		J	3	U		
	PC9. Perform the emergency medical care considerations for a patient with		10	2	8		
	an open wound to the abdomen		10	2	o o		
	PC10. Differentiate the care of an open wound to the chest from an open		2	2	0		
	wound to the abdomen				Ü		
	PC11. Classify burns		10	10	0		
	PC12. Recognise superficial burn		3	3	0		
	PC13. Recognise the characteristics of a superficial burn		3	3	0		
	PC14. Recognise partial thickness burn		3	3	0		
	PC15. Recognise the characteristics of a partial thickness burn		3	3	0		
	PC16. Recognise full thickness burn	200	3	3	0		
	PC17. Recognise the characteristics of a full thickness burn		3	3	0		
	PC18. Perform the emergency medical care of the patient with a superficial		10	2	8		
	burn			_	ļ		
	PC19. Perform the emergency medical care of the patient with a partial		10	2	8		
	thickness burn			_	ļ		
	PC20. Perform the emergency medical care of the patient with a full		10	2	8		
	thickness burn						
	PC21. Recognise the functions of dressing and bandaging		10	2	8		
	PC22. Describe the purpose of a bandage		10	2	8		
1	PC23. Perform the steps in applying a pressure dressing		10	2	8		

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	PC24. Establish the relationship between airway management and the		6	2	4		
	patient with chest injury, burns, blunt and penetrating injuries						
	PC25. Know the ramification of improperly applied dressings, splints and		10	2	8		
	tourniquets						
	PC26. Perform the emergency medical care of a patient with an impaled		10	2	8		
	object						
	PC27. Perform the emergency medical care of a patient with an		10	2	8		
	amputation						
	PC28. Perform the emergency care for a chemical burn		10	2	8		
	PC29. Perform the emergency care for an electrical burn		10	2	8		
	PC30. Recognise inhalation injury and perform emergency care		10	2	8		
	Total		200	76	124		
13.HSS/ N 2315 (Manage	PC1. Recognise the function of the muscular system		4	4	0		
Musculoskeletal injuries)	PC2. Recognise the function of the skeletal system		4	4	0		
	PC3. Recognise the major bones or bone groupings of the spinal column;		6	6	0		
	the thorax; the upper extremities; the lower extremities		U	0	O		
	PC4. Differentiate between an open and a closed painful, swollen,		6	6	0		
	deformed extremity		6	6	0		
	PC5. Manage musculoskeletal injuries including thoracic and abdominal	200	20	10	10		
	injuries	200	20	10	10		
	PC6. State the reasons for splinting		20	10	10		
	PC7. List the general rules of splinting		40	10	30		
	PC8. Ramification & complications of splinting		20	2	18		
	PC9. Perform the emergency medical care for a patient with a painful,		40	10	20		
	swollen, deformed extremity		40	10	30		
	PC10. How to apply pelvic binder techniques for fracture of pelvis		40	10	30		
	PC10. How to apply pelvic binder techniques for fracture of pelvis  Total		40 200	10 72	30 128		
14.HSS/ N 2316 (Manage							
	Total			72	128		
Injuries to head and spine	PC1. State the components of the nervous system		200 1 1	72 1 1	128 0 0		
Injuries to head and spine	PC1. State the components of the nervous system PC2. List the functions of the central nervous system		200 1	<b>72</b> 1	128 0		
Injuries to head and spine	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 1 1 3	72 1 1 3	128 0 0		
Injuries to head and spine	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 1 1	72 1 1	128 0 0		
Injuries to head and spine	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 1 1 3 5	72 1 1 3	128 0 0 0		
Injuries to head and spine	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 1 1 3	72 1 1 3	128 0 0		
Injuries to head and spine	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 1 1 3 5	72 1 1 3	128 0 0 0		
Injuries to head and spine	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		200 1 1 3 5 5	72 1 1 3 5 5	128 0 0 0 0 0		
Injuries to head and spine	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		200 1 1 3 5	72 1 1 3 5	128 0 0 0 0		
Injuries to head and spine	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		200 1 1 3 5 5 5	72 1 1 3 5 5 5 5	128 0 0 0 0 0 0 0		
Injuries to head and spine	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		200 1 1 3 5 5	72 1 1 3 5 5	128 0 0 0 0 0		
Injuries to head and spine	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		200 1 1 3 5 5 5	72 1 1 3 5 5 5 5	128 0 0 0 0 0 0 0		
njuries to head and spine	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		200 1 1 3 5 5 5 5 10 10	72 1 1 3 5 5 5 5 2 2	128 0 0 0 0 0 0 0 0 8 8		
Injuries to head and spine	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		200 1 1 3 5 5 5 10	72 1 1 3 5 5 5 5	128 0 0 0 0 0 0 0 8		
Injuries to head and spine	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		200 1 1 3 5 5 5 10 10 10	72 1 1 3 5 5 5 5 2 2 2	128 0 0 0 0 0 0 0 0 8 8		
Injuries to head and spine	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		200 1 1 3 5 5 5 5 10 10	72 1 1 3 5 5 5 5 2 2	128 0 0 0 0 0 0 0 0 8 8		
Injuries to head and spine	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	200	200 1 1 3 5 5 5 10 10 10 10	72 1 1 3 5 5 5 5 2 2 2 2	128 0 0 0 0 0 0 0 8 8 8		
Injuries to head and spine	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	200	200 1 1 3 5 5 5 10 10 10	72 1 1 3 5 5 5 5 2 2 2	128 0 0 0 0 0 0 0 0 8 8		
njuries to head and spine	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	200	200 1 1 3 5 5 5 10 10 10 10 10	72 1 1 3 5 5 5 5 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8		
njuries to head and spine	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	200	200 1 1 1 3 5 5 5 10 10 10 10 10 10	72 1 1 3 5 5 5 5 2 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8		
Injuries to head and spine	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	200	200 1 1 3 5 5 5 10 10 10 10 10	72 1 1 3 5 5 5 5 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8		
Injuries to head and spine	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	200	200 1 1 1 3 5 5 5 10 10 10 10 10 10 10 5	72 1 1 3 5 5 5 5 2 2 2 2 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8 8 8		
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	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	200	200 1 1 1 3 5 5 5 10 10 10 10 10 10 5 10	72 1 1 3 5 5 5 5 2 2 2 2 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8 8 8 8		
Injuries to head and spine	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	200	200 1 1 1 3 5 5 5 10 10 10 10 10 10 10 5	72 1 1 3 5 5 5 5 2 2 2 2 2 2 2 2 2	128 0 0 0 0 0 0 0 0 8 8 8 8 8 8		

1	DC10 Identify the singular tonger when a helmot should be left on the					ı	ı	ĺ
	PC19. Identify the circumstances when a helmet should be left on the patient		10	2	8			
	PC20. Identify the circumstances when a helmet should be removed		10	2	8			
	PC21. Identify alternative methods for removal of a helmet		10	2	8			
	PC22. Stabilise patient's head to remove the helmet		10	2	8			
	PC23. Differentiate how the head is stabilised with a helmet compared to							
	without a helmet		5	5	0			
	PC24. Immobilise paediatric and geriatric victims		10	2	8			
	PC25. Manage scalp bleeding		10	2	8			
	PC26. Manage eye injury		10	2	8			
	Total		200	72	128			
15.HSS/ N 2317 (Manage	PC1. Identify the developmental considerations for the age groups of		6	4	2			
Infants, 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		6	2	4			
	PC3. Differentiate the response of the ill or injured infant or child (age		4	4	0			
	specific) from that of an adult		4	4	U			
	PC4. Understand various causes of respiratory emergencies		4	4	0			
	PC5. Differentiate between respiratory distress and respiratory failure		4	4	0			
	PC6. Perform the steps in the management of foreign body airway obstruction		20	2	18			
	PC7. Implement emergency medical care strategies for respiratory distress		20	2	18			
	and respiratory failure PC8. Identify the signs and symptoms of shock (hypoperfusion) in the		20					
	infant and child patient PC9. Recognise the methods of determining end organ perfusion in the		20	2	18			
	infant and child patient	200	20	2	18			
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults		20	2	18			
	PC11. Recognise the common causes of seizures in the infant and child patient		4	4	0			
	PC12. Perform the management of seizures in the infant and child patient		20	2	18			
	PC13. Differentiate between the injury patterns in adults, infants, and children		4	4	0			
	PC14. Perform the field management of the infant and child trauma		20	2	18			
	patient		4	4	0			
	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		4	4	0			
	child transport		20	2	18			
	Total		200	50	150			
16.HSS/ N 2318 (Manage							1	
respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:							
	a. Nasopharynx		1	1	0			
	b. Nasal air passage		1	1	0		<del> </del>	
	c. Pharynx		1	1	0			
	d. Mouth		1	1	0			
	e. Oropharynx		1	1	0			
	f. Epiglottis		1	1	0			
	PC2. Recognise the anatomical components of the lower airway including:							

1					1 -	1	1	i
	a. Larynx		1	1	0			
	b. Trachea		1	1	0			
	c. Alveoli		1	1	0			
	d. Bronchi		1	1	0			
	e. Carina		1	1	0			
	f. Diaphragm		1	1	0			
	PC3. Recognise the characteristics of normal breathing		4	2	2			
	PC4. Recognise the signs of abnormal breathing including:							
	a. Dyspnoea							
	b. Upper airway obstruction							
	c. Acute pulmonary oedema							
	d. Chronic obstructive pulmonary disease							
	e. Bronchitis							
	f. Emphysema		48	24	24			
	g. Pneumothorax	200	40	24	24			
	h. Asthma							
	i. Pneumonia							
	j. Pleural effusion							
	k. Pulmonary embolism							
	l. Hyperventilation							
	PC5. Recognise the characteristics of abnormal breath sounds		10	2	8			
	PC6. Recognise the characteristics of irregular breathing patterns		10	2	8			
			24	4	20			
	PC7. Complete a focused history and physical exam of the patient		24	4	20			
	PC8. Establish airway in patient with respiratory difficulties		20	2	18			
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		20	2	18			
	PC10. Understand the various types of Metered Dose Inhalers including:							
	a. Preventil		6	2	4			
	b. Ventoiln		6	2	4			
	c. Alupent		6	2	4			
	d. Metaprel		6	2	4			
	e. Brethine		6	2	4			
	f. Albuterol		6	2	4			
	g. Metaproterenol		6	2	4			
	h. Terbutaline		6	2	4			
	PC11. Understand the contraindications and side effects for various types		4	4	0			
	of Metered Dose Inhalers		4	4	0			
	Total		200	70	130			
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		1	1	0			
	o Large intestine							
	o Small intestine							
	o Left kidney (upper portion)							
	b. Right Upper Quadrant							
	o Liver							
	o Gallbladder			4				
	o Part of the large intestine		1	1	0			
	o Right kidney (upper portion)							
	o Small intestine							
	c. Right Lower Quadrant							
1	· · ·		1	ı	ı	•	1	ı

o Appendix					
o Large intestine					
o Female reproductive organs		1	1	0	
o Small intestine		1	1	0	
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)		1	1	0	
o Left ureter					
o Left ovary					
o Left fallopian tube					
e. Midline structures					
o Small intestine					
o Urinary bladder		1	1	0	
o Uterus					
PC2. Recognise the symptoms and cause of visceral pain		6	4	2	
PC3. Recognise the symptoms and causes of parietal pain		6	4	2	
PC4. Recognise the symptoms and possible causes of referred pain	200	0			
including:					
a. Right shoulder (or neck, jaw, scapula) – possible irritation of the					
diaphragm (usually on the right); gallstone; subphrenic absess; free		6	4	2	
abdominal blood		U	4	2	
b. Left shoulder (or neck, jaw, scapula) – possible irritation of the					
diaphragm (usually on the left); ruptured spleen; pancreatic disease or		6	4	2	
cancer; subphrenic absess; abdominal blood		U	4	2	
c. Midline, back pain – aortic aneurysm or dissection; pancreatitis,					
pancreatic cancer, kidney stone		6	4	2	
d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early					
appendicitis		6	4	2	
e. Lower abdominal pain – diverticular disease (herniations of the					
mucosa and submucosa of the intestines), Crohn's disease (a type of		6	4	2	
inflammatory bowel disease), ulcerative colitis		U	4	2	
f. Sacrum pain – perirectal abscess, rectal disease		6	4	2	
g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis,		U	4	2	
pancreatitis, angina pectoris		6	4	2	
h. Testicular pain – renal colic; appendicitis		6	4	2	
PC5. Complete a focused history and physical exam of the patient		U	4	2	
including:					
a. Visual inspection		20	2	18	
b. Auscultating the abdomen		20	2	18	
c. Palpating the abdomen					
PC6. Establish airway in patient		20 10	2	18 8	
PC7. Place patient in position of comfort					
PC8. Calm and reassure the patient		10	2	8	
·		10	2	8	
PC9. Look for signs of hypoperfusion		10	2	8	
PC10. Recognise possible diagnoses for abdominal pain		10	2	8	
DC11 State the treatment for managing continue account of the control of		10	2	8	
PC11. State the treatment for managing various causes of abdominal pain					
PC12. Recognise potential diagnoses which imply the condition of the		40	2		
patient may deteriorate and highlight the need for frequent reassessment		10	2	8	
and advanced life support interventions					
PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		5	3	2	
priority case (when required)					

	Total		200	68	132		
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		4	4	0		
	b. As Incident Commander, designating Triage Team(s), Treatment		4	4	0		
	Team(s), and a Transport Officer		4	4	U		
	PC2. Set up separate areas for treatment, triage and transport		10	2	8		
	PC3. Conduct an initial triage of patients by using the START triage model						
	for adult patients, JumpSTART Triage for paediatric patients and the		24	6	18		
	SMART triage tagging system						
	PC4. Use appropriate personal protective equipment while conducting		20	2	18		
	initial triage						
	PC5. Tag severity/ criticality of patient using colour coded tags		20	2	18		
	PC6. Direct non-injured and/or slightly injured victims to the triage area	200	10	10	0		
	set up for those with minor injuries	200					
	DC7 Manifest and in the mineral indication in the inner division		20	2	18		
	PC7. Monitor patients with minor injuries for changes in their condition		20	2	10		
	PC8. Maintain an open airway and stop uncontrolled bleeding PC9. Extract patients from the casualty area based on initial triage to		20	2	18		
	designated triage and treatment areas		20	2	18		
	designated triage and treatment areas						
	PC10. Use equipment like cots and litters for extraction where required		20	2	18		
	PC11. Re-triage patients extracted to the triage and treatment areas		10	2	8		
F F	PC12. Provide treatment and deliver patients to transport area		6	4	2		
	PC13. Transport patients to healthcare facility		6	4	2		
	PC14. Alert healthcare facilities in advance of possible arrival of multiple						
	patients		6	4	2		
	Total		200	52	148		
19.HSS/ N 2324 (Manage	PC1. Identify the patient taking diabetic medications and the implications		30	20	10		
diabetes emergency)	of a diabetes history		30	20	10		
	PC2. Perform the steps in the emergency medical care of the patient taking		50	10	40		
	diabetic medicine with a history of diabetes		50		40		
	PC3. Establish the relationship between airway management and the	200		10			
	patient with altered mental status		40	10	I 30		
		200	40	10	30		
	PC4. Recognize the generic and trade names, medication forms, dose,	200	50	20	30		
	administration, action, and contraindications for oral glucose	200					
	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical	200					
	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient		50	20 10	30 20		
20. HSS/ N 9610 (Follow	administration, action, and contraindications for oral glucose PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total		50	20	30		
20. HSS/ N 9610 (Follow infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  PC1. Preform the standard precautions to prevent the spread of infection		50	20 10	30 20		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements		50 30 200 5	20 10 70 0	30 20 130 5		
•	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200	20 10 70	30 20 130		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5	20 10 70 0	30 20 130 5		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5	20 10 70 0	30 20 130 5		
infection control policies	administration, action, and contraindications for oral glucose PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5	20 10 70 0 0	30 20 130 5 5		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5	20 10 70 0	30 20 130 5		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5 20	20 10 70 0 0 5	30 20 130 5 5 0		
infection control policies	administration, action, and contraindications for oral glucose PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5	20 10 70 0 0	30 20 130 5 5		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5 20	20 10 70 0 0 5	30 20 130 5 5 0		
infection control policies	administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5 20	20 10 70 0 0 5	30 20 130 5 5 0		
infection control policies	administration, action, and contraindications for oral glucose PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5 20 5	20 10 70 0 0 5 10	30 20 130 5 5 0 10		
infection control policies	administration, action, and contraindications for oral glucose PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total  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		50 30 200 5 5 5 20 5	20 10 70 0 0 5 10	30 20 130 5 5 0 10		

P	Compulsory NOS with Clinical NOS  Perform this NOS compulsarily with the clinical NOS of subject domain carrying 10 marks totalling 10						
Grand Total-1 (Subject Domain)		400					
Total		200	55	145			
C31. Maintain and store cleaning equipment		5	5	0			i e
C30. Replace surface covers where applicable		5	0	5			1
C29. Dry all work surfaces before and after use		5	0	5			1
ith cleaning, disinfection and sterilisation protocols			Ŭ				1
cordance with quality management systems to ensure full compliance		5	0	5			1
C28. Decontaminate equipment requiring special processing in							1
olution before and after each session or when visibly soiled		5	0	5			1
C27. Clean all work surfaces with a neutral detergent and warm water							1
C26. Remove all dust, dirt and physical debris from work surfaces		5	0	5			1
rocedures		5	0	5			1
C25. Wear personal protective clothing and equipment during cleaning				1			1
the organisation and legislative requirements		5	5	0			1
C24. Dispose of waste safely in accordance with policies and procedures				1			1
educe the risk to the environment from accidental release		5	0	5			1
oppropriately to minimise potential for contact with the waste and to			0	_			1
uthorised persons C23. Handle, package, label, store, transport and dispose of waste							1
C22. Store clinical or related waste in an area that is accessible only to		5	5	0			1
spose of into waste containers that are colour coded and identified							
C21. Separate waste at the point where it has been generated and		5	0	5			1
hen handling waste							•
ccordance with occupational health and safety policies and procedures		5	0	5			1
C20. Wear appropriate personal protective clothing and equipment in							
esignated contaminated zone							1
C19. Confine contaminated instruments and equipment to a well-							1
ean zone		20	10	10			
C18. Confine records, materials and medicaments to a well-designated		20	10	10			1
health care work							1
C17. Demarcate and maintain clean and contaminated zones in all aspects							1
soiled and where appropriate, after each patient contact							1
C16. Change protective clothing and gowns/aprons daily, more frequently	200	5	0	5			1
, , , , , , , , , , , , , , , , , , , ,							i
ith Indian Standards, and is appropriate for the intended use			-				1
C15. Wear personal protective clothing and equipment that complies		5	0	5			i
				1			1
ecessary		5	5	0			1
C14. Cover cuts and abrasions with water-proof dressings and change as							1
C13. Implement hand care procedures		5	0	5			1
C12. Follow hand washing procedures		5	0	5			1
ontact and/or after any activity likely to cause contamination		3	0	5			1
C11. Maintain hand hygiene by washing hands before and after patient		5	0	_			1
ganization							I
C10. Remove spills in accordance with the policies and procedures of the		5	0	5			1
C9. Place appropriate signs when and where appropriate		20	10	10			·

National Occupational	Douferman on Cuite via (DC)	Total Manufer (400)	Out Of	Marks	Allocation	Marks Awa	rded by Assessor	Grand Total of
Standards (NOS)	Performance Criteria (PC)	Total Marks (100)	Out Of	Viva	Observation/ Role Play	Viva	Observation/ Role Play	Practical
O. HSS/ N 2302 (Size up ne scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency		1	0	1		,	
ie soene de ene 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. (comp PC10.	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	m both p	art 1 and	part 2 rando	mly each	carrying 45 ma	rks totalling 9
National Occupational	Performance Criteria (PC)	Total Marks (100)	Out Of	Marks	Allocation	Marks Awa	rded by Assessor	Grand Total o
Standards (NOS)		(200)	200	Viva	Observation/ Role Play	Viva	Observation/ Role Play	Practical
art 1 (Pick one field rando	mly carrying 45 marks)							
Decision making and lead			1					
•	PC1. Explain to the patient about his role and the reason for selecting a particular health provider		2	2	0			

•	DC2 Consolidate complete modical history of the national with the account.							
	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		<del>                                     </del>	4
	PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres	18	2	2	0			
	PC5. Make sure that the selection of the institute is in adherence with the legal regulation	10	2	2	0			
	PC6. Obtain guidance from medical officer for selection of proper provider		2	2	0			1
	institute PC7. Provide pre-arrival information to the receiving hospital		2	2	0			<u> </u>
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)		2	2	0			
	Total		18	16	2			<mark>.</mark>
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		2	2	0			_
•	PC2. Adhere fully to the steps involved in treating and transporting the 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				0			4
P	PC5. Adhere fully to procedures once the patient reaches the hospital		2	2	0			1
	PC6. Use correct medication and equipment for treatment of immediate threats to life		4	2	2			
	Total		16	12	4			<mark>.</mark>
HSS/ N 2323 (Manage	PC1. Provide a verbal report to the medical staff on the condition of the			2	2			
Patient Handover to the	patient and initial findings		4	2	2			_
•	PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff	11	4	2	2			_
	PC3. Hand over the consent form signed by the patient or a relative		3	1	2			
	Total		11	5	6			<mark>/</mark>
			11					
	Decision making and leadership quality Total	45	45	33	12	0	0	
2. Attitude	Decision making and leadership quality Total	45		33	12	0	0	
•	PC1. Adhere to legislation, protocols and guidelines relevant to one's role	45		<b>33</b>	0	0	0	
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate	45	2	2	0	0	0	-
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	45			0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role PC3. Recognise the boundary of one's role and responsibility and seek	45	2	2	0	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	45	2 5 5	2 0 0	0 5 5	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice	45 25	2 5	2	0 5	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to		2 5 5	2 0 0	0 5 5	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		2 5 5 2	2 0 0 5 2	0 5 5 0 0	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to		2 5 5	2 0 0	0 5 5			-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice PC6. Promote and demonstrate good practice as an individual and as a		2 5 5 2 2	2 0 0 5 2	0 5 5 0 0			-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice 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		2 5 5 2	2 0 0 5 2	0 5 5 0 0		0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice 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		2 5 5 2 2 2	2 0 0 5 2 2 2	0 5 5 0 0 0			-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice 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 5 5 2 2 2 2	2 0 0 5 2 2 2 2	0 5 5 0 0 0	0	0	-
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role  PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice 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		2 5 5 2 2 2	2 0 0 5 2 2 2	0 5 5 0 0 0			

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		1		1			
	PC7. Identify and manage potential and actual risks to the quality and		1 1	0	1			
	patient safety				_			
	PC8. Maintain personal hygiene and contribute actively to the healthcare		4	2	2			
	ecosystem		20	-	42			
	Total	45	20	7	13			
2. 441	Attitude Total	45	45	22	23			
3. Attiquete	DC1 Clearly establish agree and record the week requirements		10			1	1	
	PC1. Clearly establish, agree, and record the work requirements PC2. Utilise time effectively		10	5 0	5 2		+	
to meet requirements)	PC3. Ensure his/her work meets the agreed requirements		2	0			+	
	PC4. Treat confidential information correctly	20	2	2	0		1	
	PC5. Work in line with the organisation's procedures and policies and							
	within the limits of his/her job role		4	2	2			
	Total		20	9	11			
HSS/ N 9601 (Collate and	PC1. Respond to queries and information needs of all individuals		2	2	0			
Communicate Health	PC2. Communicate effectively with all individuals regardless of age, caste,							
	gender, community or other characteristics		5	0	5			
,	PC3. Communicate with individuals at a pace and level fitting their		_		_			
	understanding, without using terminology unfamiliar to them		5	0	5			
	PC4. Utilise all training and information at one's disposal to provide		_	_	_			
	relevant information to the individual	25	5	5	0			
	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	2	0			
	body relating to confidentiality				O			
	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)							
1. Safety management								
HSS/ N 9606 (Maintain a	PC1. Identify individual responsibilities in relation to maintaining							
safe, healthy, and secure	workplace health safety and security requirements		6	2	4			
working environment)			2	0	2			
	PC2. Comply with health, safety and security procedures for the workplace		2	0	2			
	PC3. Report any identified breaches in health, safety, and security		2	1	1			
	procedures to the designated person							
			6	4	2			
	PC4. Identify potential hazards and breaches of safe work practices			•	_		1	
	PC5. Correct any hazards that individual can deal with safely, competently	AF	6	4	2			
	and within the limits of authority	45					+	
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who			4	2			
	may get affected		6	4	2			
	PC7. Follow the organisation's emergency procedures promptly, calmly,							
	and efficiently		6	2	4			
					1	1	1	ı l

	DCQ Identify and recommend enperturities for improving health, sofety						
	PC8. Identify and recommend opportunities for improving health, safety,		5	3	2		
	and security to the designated person					<u> </u>	1
	PC9. Complete any health and safety records legibly and accurately		6	2	4		
	Total		45	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				7		
protocois	PC2. Apply appropriate health and safety measures and standard						
	precautions for infection prevention and control and personal protective		6	3	3		
	· · · · · · · · · · · · · · · · · · ·		6	3	3		
	equipment relevant to the type and category of waste						
	PC3. Segregate the waste material from work areas in line with current		4	0	4		
	legislation and organisational requirements						
	PC4. Segregation should happen at source with proper containment, by		6	3	3		
	using different colour coded bins for different categories of waste			Ū			
	PC5. Check the accuracy of the labelling that identifies the type and		4	2	2		
	content of waste	45	,	_			1
	PC6. Confirm suitability of containers for any required course of action		4	4	0		
	appropriate to the type of waste disposal			7			
	PC7. Check the waste has undergone the required processes to make it		4	4	0		
	safe for transport and disposal		4	4	U		
	PC8. Transport the waste to the disposal site, taking into consideration its		4	4	0		
	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						
	lin correct location in line with current legislation, guidelines, local policies		3	3	0		
	in correct location in line with current legislation, guidelines, local policies and protocols		3	3	0		
	and protocols			_			
3. Team Work			3 45	3 29	16		
	and protocols  Total		45	29	16		
HSS/ N 9604 (Work	Total  PC1. Communicate with other people clearly and effectively		45	29	16		
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	29 0 0	16 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		2 2 2 2	29 0 0 0	16 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		2 2 2 2 2	29 0 0	16 2 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	29 0 0 0 0 0	16 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 2	0 0 0 0	16 2 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 2 6 6	0 0 0 0 0 0 6 6	16 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 2 2 6	29 0 0 0 0 0	2 2 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 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 2 6 6	0 0 0 0 0 0 6 6	16 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 2 6 6 6	29 0 0 0 0 0 6 6	16 2 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	29 0 0 0 0 6 6 10	16 2 2 2 2 2 0 0 5		
HSS/ N 9604 (Work effectively with others) 4. Ethics	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	29 0 0 0 0 6 6 10	16 2 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	29 0 0 0 0 6 6 10	16 2 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	29 0 0 0 0 6 6 10	16 2 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 procedures which may be rendered by an EMT to a patient not in a	45	2 2 2 2 6 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16 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 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16 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 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16 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	45  2 2 2 2 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16 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 require direct voice communication between the EMT and the Medical		2 2 2 2 6 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16 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 require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside	45	45  2 2 2 2 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16  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 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		45  2 2 2 2 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16  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 require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside		45  2 2 2 2 6 6 15 10 45	29 0 0 0 0 6 6 10 4 26	16  2 2 2 2 0 0 5 6 19		

	PC4. Demonstrate professional judgement in determining treatment			•	_		
	modalities within the parameters of relevant protocols		9	4	5		
	PC5. Understand the universal approach to critical patient care and		9	4	5		
	package-up-patient-algorithm(transport protocol)		9	4	3		
	Total		45	20	25		
5. Quality							
HSS/ N 9611: Monitor and	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 (EMT-B)	<u>Trainee</u> <u>Name</u>		UID No.	<u>Batch</u>		
Qualification Pack		Taining Partner		<u>Date</u>			
Sector Skill Council	Healthcare	Signature of Assessor					

Theory (20% weightage)						
	Marks Alloted	Marks Awarded by Assessor				
Grand Total-1 (Subject Domain)	80					
Grand Total-2 (Soft Skills and Comunication)	20					
Grand Total-(Theory)	100					

Subject Domain	Select any 40 PCs each carrying 2 marks totalling 80						
National Occupational		Marks Allocation	Marks Awarded by Assessor				
Standards (NOS)	Performance Criteria (PC)	Theory	Theory	Grand Total of Theory			
l- 0 11 \	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	4	
	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,		
	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		
	Total	4	
2. HSS/ N 2304 (Assess		<del>-</del>	
Patient at the site)	PC1. Explain clearly:		
,	o An EMT's role and scope, responsibilities and accountability in 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		 
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1	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		
	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	4	
	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		
	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		
	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 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		
	Total	4	
3. HSS/ N 2305 (Patient			
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		
	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	4	

	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		
	Total	4	
4. HSS/ N 2306 (Manage			
Cardiovascular Emergency)	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		
	and the state of t		
	PC16. Identify circumstances which may result in inappropriate shocks		

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	PC17. Explain the considerations for interruption of CPR, when using the		
	automated external defibrillator	4	
	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		
	Total	4	
5.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 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	4	
	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  Total	4	
6.HSS/ N 2308 (Manage		4	
6.HSS/ N 2308 (Manage Allergic Reaction)	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	4	
7.HSS/ N 2309 (Manage	PC1. Recognise various ways that poisons enter the body		
Poisoning or Overdose)	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	4	
	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- PC7. Recognise the need for medical direction in caring for the patient with		
	poisoning or overdose		
	Total	4	
8.HSS/ N 2310 (Manage	PC1. Recognise the various ways by which body loses heat	<del></del>	
l	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	4	
	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		
	Total	4	
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9.HSS/ N 2311 (Manage	PC1. Recognise the general factors that may cause an alteration in a			
Behavioural Emergency)	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	4		
	emergencies	•		
	PC5. Recognise the special considerations for assessing a patient with			
	behavioural problems			
	PC6. Identify the general principles of an individual's behaviour, which			
	suggest the risk for violence			
	PC7. Identify methods to calm behavioural emergency patients			
	Total	4		
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	1		
	PC18. Perform the emergency medical care of a patient with a			
I	gynaecological emergency			

1	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			
	Total	2		
11.HSS/ N 2313 (Manage		2		
Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	4		
	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			
	Total	4		
12. HSS/ N 2314 (Manage	PC1. Recognise the major functions of the skin			
Soft Tissue Injury and	PC2. Recognise the layers of the skin			
Burns)	PC3. Establish the relationship between body substance isolation (BSI) and			
	soft tissue injuries			
	PC4. Recognise the types of closed soft tissue injuries			
	PC5. Perform the emergency medical care of the patient with a closed soft			
	tissue injury			
	PC6. State the types of open soft tissue injuries			
	PC7. Recognise the emergency medical care of the patient with an open			
	soft tissue injury			
	PC8. Recognise the emergency medical care considerations for a patient			
	with a penetrating chest injury			
	PC9. Perform the emergency medical care considerations for a patient with			
	an open wound to the abdomen			
	PC10. Differentiate the care of an open wound to the chest from an open			
	wound to the abdomen			
	PC11. Classify burns			
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	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	4		
	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			
	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			
	DC27 Parform the amarganay modical care of a nation twith an amoutation			
	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			
	Total	4		
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	4		
	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			
			L	1

	PC10. How to apply pelvic binder techniques for fracture of pelvis		
	Total	4	
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	
		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		
	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		
	PC26. Manage eye injury		
	Total	4	

15.HSS/ N 2317 (Manage	PC1. Identify the developmental considerations for the age groups of		
Infants, Neonates and	infants, toddlers, pre-school, school age and adolescent		
Children)	PC2. Identify differences in anatomy and physiology of the infant, child and		
Cililateni	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		
	rea. Officerstand 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		
	DC12 Porferm the management of actions in the infect and shild notices		
	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		
	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		
	Total	2	
16.HSS/ N 2318 (Manage	.500		
respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:		
, , , , , , , , , , , , , , , , , , , ,	a. Nasopharynx		
	b. Nasal air passage		
	c. Pharynx		
	d. Mouth		
	e. Oropharynx		
•			 

	_	
f. Epiglottis		
PC2. Recognise the anatomical components of the lower airway including:		
a. Larynx		
b. Trachea		
c. Alveoli		
d. Bronchi		
e. Carina		
f. Diaphragm		
PC3. Recognise the characteristics of normal breathing		
PC4. Recognise the signs of abnormal breathing including:		
a. Dyspnoea		
b. Upper airway obstruction		
c. Acute pulmonary oedema		
d. Chronic obstructive pulmonary disease		
e. Bronchitis		
f. Emphysema	4	
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		
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		

	Total	4	
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	4	
	PC4. Recognise the symptoms and possible causes of referred pain	- <b>-</b>	
	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 spieen; 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, gastroentreritis, 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), utcerative colitis f. Sacrum pain — perirectal abscess, rectal disease g. Epigastrium pain — peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris h. Testicular pain — renal colici; appendicitis  PCS. Complete a focused history and physical exam of the patient including: a. Visual inspection b. Ausculfating the abdomen C. Palpating the abdomen PCG. Establish airway in patient PCP. Dise patient in position of comfort PCR. Caim and reassure the patient PCP. Dise patient in position of comfort PCB. Caim and reassure the patient PCP. Dise passible diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)					
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 – perfrectal abscess, rectal disease g. Epigastrium pain – perfrectal abscess, rectal disease g. Epigastrium pain – perfectal disease, ulcer gallstone, hepatitis, pancreatitis, angina pectoris h. Testicular pain – renal colic; appendicitis  PCS. Complete a focused history and physical exam of the patient including: a. Visual inspection b. Auscultating the abdomen c. Palpating the abdomen PC6. Establish airway in patient PC7. Place patient in position of comfort PC8. Calm and reassure the patient PC9. Look for signs of hypoperfusion PC10. Recognise possible diagnoses for abdominal pain PC12. Recognise possible diagnoses for abdominal pain PC13. Alert the Emergency Centre/ Healthcare provider in advance of a					
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. Midiline, 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 collis for sacrum pain — perirectal abscess, rectal disease g. Epigastrium pain — peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, agina pectoris h. Testicular pain — renal collic; appendicitis  PCS. Complete a focused history and physical exam of the patient including: a. Visual inspection b. Auscultating the abdomen c. Palpating the abdomen PCG. Establish airway in patient PCZ. Place patient in position of comfort PCB. Calm and reassure the patient PCB. Recognise possible diagnoses for abdominal pain PC12. Recognise possible diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions PC13. Mert the Emergency Centre/ Healthcare provider in advance of a	1				
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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 – peritic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris h. Testicular pain – renal colic; appendicitis  PCS. Complete a focused history and physical exam of the patient including: a. Visual inspection b. Auscultating the abdomen c. Palpating the abdomen PC6. Establish airway in patient PC7. Place patient in position of comfort PC8. Calm and reassure the patient PC9. Look for signs of hypoperfusion PC10. Recognise possible diagnoses for abdominal pain PC11. State the treatment for managing various causes of abdominal pain PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		•			
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pancreatitis, angina pectoris h. Testicular pain – renal colic; appendicitis  PCS. Complete a focused history and physical exam of the patient including: a. Visual inspection b. Auscultating the abdomen c. Palpating the abdomen PC6. Establish airway in patient PC7. Place patient in position of comfort PC8. Calm and reassure the patient PC9. Look for signs of hypoperfusion PC10. Recognise possible diagnoses for abdominal pain PC11. State the treatment for managing various causes of abdominal pain PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions PC13. Alert the Emergency Centre/ Healthcare provider in advance of a	,				
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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 and advanced life support interventions  PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		PC8. Calm and reassure the patient			
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patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions  PC13. Alert the Emergency Centre/ Healthcare provider in advance of a	,	<u> </u>			
and advanced life support interventions  PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		, , , , , , , , , , , , , , , , , , , ,			
PC13. Alert the Emergency Centre/ Healthcare provider in advance of a		j			
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In		, , , , , , , , , , , , , , , , , , ,			
Total 4			Д		+
	18.HSS/ N 2320 (Manage				+
	, , ,	_			
a. Designating an Incident Commander to manage the incident	iviass casualty including	•			+
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		LEGUEST GUY A LIGUSUUL VIIICEL		Ī.	
PC2. Set up separate areas for treatment, triage and transport					<del> </del>

	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	4	
	patients Total	4	
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history  PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes  PC3. Establish the relationship between airway management and the patient with altered mental status  PC4. Recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose  PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient  Total	4	
20. HSS/ N 2302 (Size up	PC1. Ensure that all safety precautions are taken at the scene of the		
the scene 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		

explain the situation clearly to them. This includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies PCS. Reassure patient(s) and bystanders by working in a confident, efficient manner PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste PC7. Recognise and react appropriately to persons exhibiting emotional reactions PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly PC10. Evaluate the scene and call for backup if required PC11. Recognise the boundary of 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 relevant medico-legal principles PC18. Function within the scope of care defined by state, regional and local regulatory  Total  PC19. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements				
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PC5. Document and report activities and tasks that put patients and/or		own role and responsibility		
other workers at risk		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
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		
	Total	4	
	Grand Total-1 (Subject Domain)	80	
	Soft Skills and Communication		Pick all NOS compulsarilly totalling 20 marks
National Occupational Standards (NOS)	Performance Criteria (PC)	Out Of	Marks Awarded by Assessor
1. Decision making and lea	dership quality		
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		
	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	2	
	PC5. Make sure that the selection of the institute is in adherence with the	_	
	legal regulation		
	PC6. Obtain guidance from medical officer for selection of proper provider		
	institute		
	PC7. Provide pre-arrival information to the receiving hospital		
	PC8. Obtain guidance of medical officer when ambulance needed to be		
	stopped en-route (e.g. during emergency child birth)		
HSS/ N 2322 (Transport	PC1. Adhere fully to the rules and regulations related to the usage of		
1.33, 14 2322 (Transport			
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	2	
	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	2	
	medical staff	_	
	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	
HSS/ N 9607 (Practice Code	PC1. Adhere to protocols and guidelines relevant to the role and field of		
of conduct while	practice		
performing duties)	PC2. Work within organisational systems and requirements as appropriate		
periorining duties)	to the role		
	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		
	·		
l	PC5. Use protocols and guidelines relevant to the field of practice		I

I	DC6. Promoto and demonstrate good practice as an individual and as a	
	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		
HSS/ N 9606 (Maintain a	PC1. Identify individual responsibilities in relation to maintaining workplace	
safe, healthy, and secure	health safety and security requirements	
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	
	1	
	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	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	

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	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		
biomedical waste disposal	PC1. Follow the appropriate procedures, policies and protocols for the	
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	
	equipment relevant to the type and category of waste	
	PC3. Segregate the waste material from work areas in line with current	
	legislation and organisational requirements	
	PC4. Segregation should happen at source with proper containment, by	
	using different colour coded bins for different categories of waste	
	PC5. Check the accuracy of the labelling that identifies the type and content	
	of waste	2
	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	
checively with others	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	2
	PC6. Reason out the failure to fulfil commitment	4
	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	
	PCo. Follow the organisation's policies and procedures	

7. Ethics			
HSS/ N 2303 (Follow			
evidence based Protocol	PC1. Understand the appropriate and permissible medical service		
while managing patients)	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	2	
	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)		
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		
	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,	2	
	competently and within the limits of his/her authority	2	
	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		
Gr	and Total-2 (Soft Skills and Comunication)	20	