



Model Curriculum

Geriatric Aide

SECTOR: Healthcare SUB-SECTOR: Allied Health & Paramedics OCCUPATION: Non Direct Care REF ID: HSS/Q 6001 NSQF LEVEL: 5











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Geriatric Aide

CURRICULUM / SYLLABUS

This program is aimed at training candidates for the job of a <u>"Geriatric Aide"</u>, in the <u>"Healthcare"</u> Sector/Industry and aims at building the following key competencies amongst the learner

Program Name	Geriatric Aide		
Qualification Pack Name & Reference ID. ID	HSS/Q 6001, version 1.0		
Version No.	1.0	Version Update Date	19 -09 - 2017
Pre-requisites to Training	Class X Or NSQF level 4 certified Home Health Aide or General Duty Assistant 1 year of working experience in case of NSQF level 4 certified Home Health Aide or General Duty Assistant		
Training Outcomes	 Discuss & verb elderly List the basic people, non-ar Build a compri- care Enhance their persons who a Enhance their related to care Demonstrate to an elderly patie Practice infect Demonstrate providing basic Promote safe demonstrate p assistive device Demonstrate p characteristics Demonstrate r 	ion control measures the ability to perform of chealthcare to older persons ty, understand usage of precautions to be taken whiles professional behavior, of a Geriatric Care Assistant ight methods of bio-medica pechniques to assist older pe	Althcare provider related to bulatory conscious elderly elderly people etc. on basic issues in geriatric bunsel and manage older lthcare institutions anagement, advocacy and personal hygiene needs of clinical skills essential in s protective devices and le usage of equipment and personal qualities and t l waste management





 Demonstrate Basic Life Support, Cardio Pulmonary Resuscitation and other actions in the event of medical and facility emergencies Demonstrate good communication, communicate accurately and appropriately in the role of Geriatric Care Assistant Take sound decisions regarding hospitalization, or timely referral to other hospitals for various care and recognizing their limitations in knowledge and skills in these areas.
 Getting along with, working with and co-operating with caregivers/family members who are also taking care of older persons
 Reporting signs of severe illness/ deterioration to higher authorities as per timelines





This course encompasses 8 out of 8 National Occupational Standards (NOS) of <u>"Geriatric Aide "</u>Qualification Pack issued by <u>"Healthcare Sector Skill Council".</u>

Sr. No.	Module	Key Learning Outcomes	Equipment Required
1	Introduction to functions of Geriatric Aide Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe the functions of Geriatric Aide Describe an elderly person's daily care routine. Understand the basic components required for the Elderly person comfort. Present a positive personal image. Define quality improvement and Discuss geriatric aides role in the process of caregiving to an elderly person at home or in an institutional setting 	Personal Protective Equipments, emergency kit. environment, mannequin, Visit to old age home care
2	Safety of Geriatrics Theory Duration (hh:mm) 08:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/N 6002, HSS/N 6003, HSS/N 6004	 Patient environment and its components. Create and describe the environment in which the geriatric feels safe and secure . Practice for the Geriatric's safety Provide care to the Patients while moving. Demonstrate the use of Protective devices (restraints, safety devices) Describe standards for prevention of patient's fall Describe care to be taken to avoid fall in high risk patients Describe action in event of a fall incident To apply appropriate intervention as per case with special focus and attention for Care of patients, geriatrics suffering with dementia & its different manifestation etc. 	Personal Protective Equipments, emergency kit. Ambulance environment, mannequin, Visit to old age home care
3	Consent, Reporting & Documentation Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00	 Define the Geriatric Aide's scope of practice. Define consent and discuss the methods of obtaining consent. Differentiate between expressed and implied consent. Understand importance of maintaining various records & how to obtain them during home-care. Explain various types of records to be 	Internet usage to learn







Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 maintained by Geriatric Aide's Demonstrate essential components of various records and method of documentation and their retrieval 	
4	Basic Structure and Function of the Human Body Theory Duration (hh:mm) 20:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Identify and locate on the body the following topographic terms: medial, lateral, proximal, distal, superior, inferior, anterior, posterior, midline, right and left, mid-clavicular, bilateral, and mid-axillary Describe anatomy and functions of the following major body systems: respiratory, circulatory, musculoskeletal, nervous, and endocrine, digestive, sensory, renal Describe mechanism of fluid electrolyte balance and acid base balance in human body Ageing & circulation processes, conditions and resources required by the body to support healthy functioning - body regulation including o maintenance of body temperature o fluid and electrolyte (including PH) balance or elimination of wastes from the body o maintenance of blood pressure - protection from infection - physical activity – active and passive 	Mannequin to learn different body parts, e modules to study anatomy and physiology of body parts
5	Introduction to Ageing and Ageing Process Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe the changes occurring during the ageing process in the human body top to bottom Assisting geriatric to cope with ill health conditions Assist geriatric for ageing process Counselling of geriatric related to ageing process 	Internet usage to learn Visit to old age home care
6	Introduction to Medical Terminology & Equipments required by geriatric aides for effective care Theory Duration (hh:mm) 10:00	 Understand appropriate use of related medical terminology in daily activities with colleagues, patients and family Understand Equipment required by geriatric aide professional while providing care at home set up or in old age homes 	Internet usage to learn, visit to old age home care catheters, nebulizers, oxygen cylinder





Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002,		
7	HSS/N 6003, HSS/N 6004 Infection Control & Prevention Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/N 6002, HSS/N 6003, HSS/N 6004	 Identification of deviation from normal health Understand management of different types of spillage and their management Understanding of Hand Hygiene: Infection Control/Exposure Control/ PPE Understand hospital/ emergency borne infections Understanding of Sterilization and Disinfection of Patient-care/Rooms Understand practices to curb infection Understand prevention and treatment of needle stick injury 	Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants, policies and procedures for infection control
8	Personal HygieneTheory Duration(hh:mm)10:00Practical Duration(hh:mm)15:00Corresponding NOS CodeHSS/N 6001, HSS/ N 6002,HSS/ N 6003, HSS/ N 6004	 To develop understanding of the concept of Healthy Living To develop understanding & procedures of Hand Hygiene to prevent cross infection including effective hand washing to include; social and clinical techniques To develop techniques of Grooming of elderly To be equipped with Techniques of Use of PPE: the need for and types To be vaccinated against common infectious diseases: immunisation to reduce the health risks for self, patients. Understanding of Mandated, Highly Recommended, and Other Vaccines for Healthcare Personnel Workers 	PPE, vaccination kits, hand hygiene measures, Visit to old age home care
9	Professional Behavior Theory Duration (hh:mm) o5:00 Practical Duration (hh:mm) o5:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe the factors to establish and maintain peaceful environment Learn General and Specific etiquettes to be observed on duty Understand need for compliance of organizational hierarchy and reporting Understand the legal and ethical issues Understand importance of conservation of resources 	Use of internet to adopt best practises across the world for professional etiquettes





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Sr. No.	Module	Key Learning Outcomes	Equipment Required
		 Understand your boundaries, roles and responsibilities Understand how you have to use relevant research based protocols and guidelines as evidence to inform one's practice Understand how you have to promote and demonstrate good practice as an individual and as a team member and the reason for doing this. Understand the risks to quality and safety if you do not keep up to date with best practice Understand how you have to manage potential risks to the quality and safety of practice Understand how to evaluate and reflect on the quality of your work and made continual improvements Understand the importance of using the best practice guidelines at all times, and the importance of evaluating oneself to see if any improvement needs to be done Understand the importance of individuals or team compliance with legislation, protocols and guidelines and organisational systems and requirements Understand how to report and minimise risk Understand when to seek support from others 	
10	Rights & Responsibilities of Elderly Theory Duration (hh:mm) 05:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code	 Discuss the National Policy on Older Persons and its Implementation Describe the general provisions/schemes/promotions etc. under laws related to geriatric welfare Understand sensitivities involved in patient's right Learn geriatric aide's role in maintaining patient's rights 	internet use to learn patient rights, Visit to old age home care
	HSS/N 6001, HSS/N 6002, HSS/N 6003, HSS/N 6004		
11	Functions of Geriatric Aide in measurement of vital parameters	 Describe methods to measure vital parameters like pulse, BP, Temperature, Respiration, Height and Weight of patient 	BP Apparatus, Thermometer, pulse oxymeter, inch tape,







Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Theory Duration 15:00 (hh:mm) Practical Duration (hh:mm) 20:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe methods to measure Intake of fluid and food & output of faeces, urine & vomitus of patient Describe how to ensure privacy to patient while taking measurement and attending patient while on sitting / standing on scale Describe the various special situations came across during measurements of parameters Understand the common symptoms visible during deviation of vital parameters from normal Describe measures for measuring vitals as per case with special focus and attention for care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation etc. 	mannequins, normal readings of vital parameter, Visit to old age home care
12	Assisting geriatric in maintaining daily living activities Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 30:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describes steps involved while dressing Ensure patients privacy while dressing/diaper changing etc. Describe the difference in procedure of dressing in special situations like physical disability, unconscious patient, etc. Describe importance of bathing Detail different types of bathing, frequency and time for bathing Enlist points to observe during bathing which need to be reported Understand need of perineal care. Understand need of after bath care Describe skin as largest part of body, need, and functions in Human beings Identify rashes, abrasions, Dryness, changes in color, pressure areas, temperature, bruise and swelling Identify pressure sores (Bed sores). Describe oral care and advantages of good oral care Demonstrate steps of oral care/Hygiene Explain oral care for paralytic/immobile patient Describes Hair & nails care Understand process for excreta 	Mannequin, trolley, wheel chair, home based environment, kidney tray, patient daily care articles, bio medical waste management, Visit to old age home care







Sr. No.	Module	Key Learning Outcomes	Equipment Required
		 disposal in human body Understand care to be provided in case of urine and bowel Incontinence or patient with urinary catheter. Understand the special precautions to be taken in different situations Observation of urine and stools for routine as well as special reporting Describe the special feeding & elimination methods like enema, catheterization, suppositories, ryle's tube etc. To apply appropriate intervention as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation etc. 	
13	Nutrition & Hydration Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Understand concept of nutrition, nutrients and calories Understand support to patient while feeding Preservation of food and Different types of food of importance to geriatric How to follow Diet plans for elderly Identify discomfort to geriatric and report to concerned person or authority immediately Identify the precautions required for before fulfilling the patient preference's To apply appropriate intervention as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation. Understand the importance of special diets such as diabetic diet hypertensive diet etc. 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management, RT tubes, sample food items, Visit to old age home care
14	Administration of oral Medication Theory Duration (hh:mm) 10:00 Practical Duration	 To know about rights of patients for effective administration of medication (conduct as per limits of competence & authority) To know about storage of medication To seek guidance of concerned authority for any clarification if required 	Kidney tray, sample medicines with unopened packets, mannequins, personal protective equipment, Visit to old age home care





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Sr. No.	Module	Key Learning Outcomes	Equipment Required
	(hh:mm) 12:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 To apply appropriate intervention/process/procedure as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or unconscious patients, geriatrics suffering with dementia & its different manifestation etc. Describe various routes, frequency and types of drug administration like IV, IM, Sublingual, Subcutaneous, oral, topical, TDS, BD, OD, SOS, QID, HS, etc. To apply process for insertion of vaginal & rectal drug administration 	
15	Assisting for special procedures Theory Duration (hh:mm) 20:00 Practical Duration (hh:mm) 20:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe standard procedures for administration of oxygen in home set up's Describe basic knowledge of IV set ups Describe various types of samples like urine, stool, sputum, etc. along with their collection methodology. To apply appropriate intervention as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation etc. 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management, enema, Ryle's tube, suppositories, IV line samples, charts of medicines dose, diapers etc.
16	Maintain conducive Environment in Emergency Situations Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Describe things necessary to make the geriatric feel safe and comfortable Describe impact of comfort on geriatric health Describe importance and methodology of cleanliness, and hygiene environment Describe variation of patients environment according to settings: road, home, ambulance, hospital, etc. 	Mock environment of emergency situations
17	Safety & First Aid Theory Duration (hh:mm) 10:00 Practical Duration	 Describe common emergency conditions and what to do in medical emergencies Describe basics of first aid To develop understanding and precautions to ensure self- safety Provide care to the patients while 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc.







Sr. No.	Module	Key Learning Outcomes	Equipment Required
	(hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 moving & transferring Demonstrate the use of protective devices (restraints, safety devices) Describe the process of bandaging & hot & cold application To apply appropriate intervention as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation etc. To seek for assistance from appropriate authority in a timely manner 	
18	Lifting and Moving Patients Theory Duration (hh:mm) 20:00 Practical Duration (hh:mm) 25:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 Define body mechanics. Discuss the guidelines and safety precautions that need to be followed when lifting a geriatric. Describe the safe lifting of cots, stretchers, household beds etc. Describe the guidelines and safety precautions for carrying patients and/or equipment. Discuss one-handed carrying techniques. Describe correct and safe carrying procedures on stairs. State the guidelines for reaching and their application State the guidelines for pushing and pulling. Discuss the general considerations of moving patients. State three situations that may require the use of an emergency move. To apply appropriate intervention as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different 	Patient trolley, wheelchair, stretcher, bed sheets, screens, Support devices etc.
19	Rehabilitation of Geriatrics Theory Duration	 manifestation etc. Describe techniques to promote rehabilitation of geriatrics maintaining active & passive exercise Assist for restoration of skills & 	Visit to old age home care, Internet usage for type of exercise as per
	(hh:mm) 15:00	competenciesAssisting geriatric to cope with ill health conditions	geriatric needs, assisted devices





Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 20:00		
	Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004		
20	Care of dying aged Theory Duration (hh:mm) 15:00 Practical Duration	 Describe the physical symptoms of dying aged Demonstrate an understanding of the issues related to withholding or providing nutrition and hydration as death approaches Identify states of consciousness as 	Visit to old age home care, Stretcher, mannequins, cots, patient safety measures tools, wheelchair, side
	(hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004	 death approaches Identify some of the typical needs of dying person that will influence the goals of care Demonstrate an understanding of the need for and value of effective pain management 	rails, assisted devices
21	Basic Life Support Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004, HSS/ N 9617	 Describe identification of cardiac arrest Understand Principles of basic life support (Adult chain of survival ,CABDs of giving CPR) Describe the correct protocol of chest compression, ventilation and assessment steps Differentiate the single rescuer and two rescuer CPR Describe the protocol of giving life support during choking 	Stretcher, mannequins, cots, patient safety measures tools, wheelchair, side rails, assisted devices, AED's, crash cart trolley, ambu bags, ET tubes, etc
22	Bio Medical Waste Management Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004, HSS/N 9618	 To gain understanding of importance of proper and safe disposal of bio- medical waste & treatment To gain understanding of categories of bio-medical waste To learn about disposal of bio-medical waste – colour coding, types of containers, transportation of waste, etc. To gain broad understanding of standards for bio-medical waste disposal To gain broad understanding of means of bio-medical waste treatment 	Different coded color bins, Visit to treatment plan of bio medical waste etc, visit to healthcare facility to learn about BMW





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Sr. No.	Module	Key Learning Outcomes	Equipment Required
23	Institutional Emergencies, Fire safety and & security Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004, HSS/N 9617	 Learn actions to be initiated in case of fire Describe how to use fire extinguisher Understand suspicious behaviour of individuals and tracking the same To apply appropriate intervention in case of Institutional Emergencies as per case with special focus and attention for Care of patients with Alzheimer's disease, immobile/semi or un-conscious patients, geriatrics suffering with dementia & its different manifestation etc. 	Emergency Codes, fire extinguisher, charts to display deviation from normal health condition (sign & symptoms)
24	Basic Computer Knowledge Theory Duration (hh:mm) 10:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code Introductory	 To gain broad understanding about Application of computers Introduction to Computers: Block diagram Input and Output devices Storage devices Introduction to operating systems Need of Operating systems (OS) Function of OS Windows 2000 – Utilities and basic operations Microsoft office 2000 – MS Word, MS Excel 	Computer with internet facility
25	Soft Skills & Communication Theory Duration (hh:mm) 15:00 Practical Duration (hh:mm) 15:00 Corresponding NOS Code HSS/N 6001, HSS/ N 6002, HSS/N 6001, HSS/ N 6002, HSS/ N 6003, HSS/ N 6004, HSS/ N 9615, HSS/ N 9616, HSS/N 9617, HSS/N 9618	 Understand Art of Effective Communication Able to handle effective Communication with Patients & Family Able to handle effective Communication with Peers/ colleagues using medical terminology in communication Learn basic reading and writing skills Learn sentence formation Learn grammar and composition Learn foal setting, team building, team work, time management, thinking and reasoning & communicating with others Learn problem solving Understand need for customer service and service excellence in Medical service Learn objection handling Learn Telephone and Email etiquettes 	Self-learning and understanding, Group Activity, Scenario based learning's





Sr. No.	Module	Key Learning Outcomes	Equipment Required
		 Learn to analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently Learn identification of rapidly changing situations and adapt accordingly Learn decision making ability Learn planning and organization of work 	
	Total Duration Theory Duration (hh:mm) 293: 00 Practical Duration (hh:mm) 347: 00	 Mannequin, Ambu Mask (Adult), Pocket Mask, Cylinder, Oxygen Key, Trolley, Bed, Locker, Tak Pillow Cover, Blanket, Student Chair, Wheel O Table (3 ft by 6 ft), Cupboard, Stretcher, Cane, Steel Basin, Bed pan, Urinal (Male & Female), A Machine, Fire Extinguisher, Oral Care Set, Stee Dissecting Forcep, Scissor, Nail Cutter, Nail Collar, Spine Board, Steel Plate, Steel Glass, Ste Jug, Bath Tub, Kidney Tray, IV Stand, Measu Tape, Projector, White Board, Extension Cord, Goggles, Towel, Gown, Gloves (disposable) – pa – packet, Liquid Soap Bottle, Mask – packet, Sho Cap – packet, Mackintosh, Sponge Cloth, Wet V Tooth Brush, Toothpaste, Hair Oil, Shampoo Talcum powder, Different Colour Plastic Bags w Sample Collection Bottle, Gauze Piece (4X4), Bet Cotton Rolls, , Micropore, Spatula, , Hydro Cleaning Solution (Colin), Needle burner, Ther cc/ml, B.P. Monitoring Machine, Thermometer, Tape, Weighing Machine, Call bell, Enamel basin cap, Suction Apparatus, Folley catheter, Euro b. Adult Diaper, Ryle's tube, , Tourniquet, Rubbe medicine containers Class Room equipped with following arrangemer Interactive lectures & Discussion Brain Storming Charts & Models Activity Video presentation Skill lab equipped with following arrangements: Unique equipment as enlisted at the last Practical Demonstration of various function Case study Role play 	ole, Bed Sheet, Pillow, Chair, Walker, Crutch, Back Rest, Foot Rest, ir Cushion, , Weighing el Tray, Artery Forcep, Filer, Splint, Cervical eel Bowl, Spoon, Steel ring Glass, Measuring Speaker, Writing Pad, ocket, Gloves (surgical) be Cover – packet, Hair Vipes – packet, Comb, o Bottle, Bath Soap, ith Dustbins, Uro bag, tadine Solution Bottle, gen Peroxide Bottle, mometer, Syringe 50 Pulse Oxymeter, Inch o, Hot Water Bottle, Ice ags, Suction Catheter, er sheet, Draw Sheet, hts:

- Grand Total Course Duration 640:00 Hours (293:00 Hours duration for Class Room & 347:00 Hours Skill Lab Training)
- 360 Hours of mandatory OJT/Internship/Clinical or Laboratory Training) (This syllabus/ curriculum has been approved by SSC: Healthcare Sector Skill Council)





Trainer Prerequisites for Job role: "Geriatric Aide" mapped to Qualification Pack: "HSS/Q 6001, version 1.0"

Sr. No.	Area	Details
1	Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack "HSS/Q 6001".
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	 NSQF Level 5 certified Geriatric Aide with 5 years of experience B.Sc. (Nursing) with one year of experience as a geriatric aide GNM with three years of experience as a geriatric aide Physician Gerontologist with one of working experience Gerontology Technologist with one of working experience Associated faculty - Physician, Cardiologist, Neuro-physician, Orthopedician, Physiotherapist, Surgeon, Psychiatrist, Dentist with minimum 1 year of practical experience
4a	Domain Certification	Certified for Job Role: "Geriatric Aide" mapped to QP: "HSS/Q 6001", version 1.0 with scoring of minimum 80%.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: "Trainer", mapped to the Qualification Pack: "MEP/Q0102" with scoring of minimum 80%
5	Experience	 NSQF Level 5 certified Geriatric Aide with 5 years of experience or B.Sc. (Nursing) with one year of experience as a geriatric aide or GNM with three years of experience as a geriatric aide Or Associated faculty - Physician, Cardiologist, Neuro-physician, Orthopedician, Physiotherapist, Surgeon, Psychiatrist, Dentist with minimum 1 year of practical experience or Minimum 5 years site experience for NSQF Level 5 certified Geriatric Aide or <u>HSS/Q 6001, version 1.0</u>





Annexure: Assessment Criteria

Assessment Criteria	
Job Role	Geriatric Aide
Qualification Pack	HSS/Q 6001
Sector Skill Council	Healthcare Sector Skill Council

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

Compulsory NOS			Marks Allocation			
National Occupational	Performance Criteria (PC)	Total Mark s (400)	Out Of	Marks Allocation		
Standards (NOS)				Viva	Skills Practica I	
1. HSS/N 6001 (Implement Interventions	PC1. Assess the requirements & apply appropriate intervention accordingly	200	10	2	8	
to prioritize safety of	PC2. Ensure effective utilization of available resources in home settings		10	2	8	
geriatric)	PC ₃ . Work in collaboration with healthcare team and concerned authority		10	3	7	
	PC4. Be well acquainted with home environment		10	2	8	
	PC5. Provide personal assistance, medical attention, emotional support, or other personal care to the geriatric		20	5	15	







	PC6. Monitor and review information by observing person, materials, events, or the environment, to detect or assess problems which could be managed or reported immediately		20	10	10
	PC7. Take away objects that could obstruct movement or cause injuries		10	3	7
	PC8. Keep the floor dry at all times to avoid tripping and falling to the ground		20	10	10
	PC9. Ensure all safety aides are in working conditions		20	5	15
	PC10.Use pest management techniques to keep the environment free of germs		20	5	15
	PC11. Minimize any discomfort to the geriatric within the restraints due to applied interventions		10	3	7
	PC12. Never leave the geriatric unattended		10	2	8
	PC 13 Ensure safety and prevent from risk of fall		5	2	3
	PC14. Refer the problem to a competent internal/external specialist if it cannot be resolved		5	2	3
	PC15. obtain help or advice from specialist if the problem is outside his/her area of competence or experience		10	6	4
	PC16. comply with relevant legislation, standards, policies and procedures		10	5	5
	Total		200	67	133
2. HSS/N 6002 (Assist for routine	PC1. Ensure to explain the process before initiating any procedure or step	200	20	15	5
checkup and vital	PC2. Make geriatric calm and comfortable		20	5	15
parameters measurement	PC3. Ensure geriatric safety and prevent from risk of fall		20	5	15
)	PC4. Keep equipment's ready to use and place them appropriately		20	10	10
	PC5. take the measurements & record the findings		20	10	10
	PC6. Work in accordance with healthcare team and concerned authority		20	10	10







	PC7. Be well acquainted with normal values and compare with findings		20	15	5
	PC8. Observe colour changes like bluish or yellowish discoloration of the skin, odour or consistency of body fluids like urine, stools, sputum	-	20	10	10
	PC9. Distinguish between immediate and routine reporting requirements	-	20	10	10
	PC10. Communicate the observations in an appropriate language in a timely manner to the concerned auhtority	_	20	15	5
	Total		200	105	95
3.HSS/N 6003 Support geriatrics for	PC1. Ensure to maintain privacy and encourage geriatric do as much as possible	200	5	2	3
activities of daily living	PC2. Identify the type of bath that is best suited as per the condition, comfort and medical needs		5	2	3
	PC3. Explain the procedure to geriatric before initiating	-	2	2	0
	PC4. Check water temperature before geriatric checks in	-	5	2	3
	PC5. Follow standards precautions when performing perennial care or when bathing a geriatric with skin lesion and rashes or bed sore	-	5	2	3
	PC6. Dry skin by patting with a towel	-	5	2	3
	PC7. Never leave a geriatric unattended in bath room	-	5	1	4
	PC8. Wash from cleanest to dirtiest		5	1	4
	PC9. Observe skin changes and report unusual findings to medical team		5	2	3
	PC10. Offer back rub after bathing and at bed time to stimulate circulation and relieve stress	-	5	2	3
	PC11. Apply lotion to dry skin	-	5	2	3
	PC12. Clean tub shower chair before and after each use	-	5	2	3
	PC13. Show geriatric how they look after the & dressing is finished	-	5	2	3







task is finished				
PC14. Use standard precautions and protocols for shaving and cutting nails	-	5	2	3
PC15. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling	-	5	2	3
PC16. Rinse toothpaste thoroughly from the mouth after brushing	-	5	2	3
PC17. Store dentures in cool water	-	5	2	3
PC18. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly	-	5	2	3
PC19. Ensure that clothing is comfortable for geriatrics considering health condition and weather conditions)	-	5	2	3
PC20. Provide right size of shoes and slippers with non-slip surface to avoid falls	-	5	2	3
PC21. Make geriatric comfortable and encourage eating as recommended	-	5	2	3
PC22. Follow standard precautions while assisting for feeding & assess that provided food is according to the dietary prescription	-	5	2	3
PC23. Wash hands and mouth of geriatrics after feeding	-	5	1	4
PC24. Assist in elimination and oral care prior to feeding	-	5	2	3
PC25. Feed through spoon	-	5	1	4
PC26. Measure input and record them	-	5	2	3
PC27. Ensure that geriatric is comfortable when being fed	-	4	2	2
PC28. monitor and assess if food is comfortable to be taken up by geriatric	-	5	2	3
PC29. monitor for distress like coughing and regurgitation while feeding	-	5	2	3







	PC ₃ o. Use transferring equipment correctly to avoid falls or injuries		5	2	3
	PC31. Assess geriaitric condition and estimate if additional help is required		5	3	2
	PC32. Transport the geriatric without causing trauma or injury	_	5	2	3
	PC ₃₃ . Use proper body mechanics during movements in & out	_	5	2	3
	PC34. Focus on safety first and ensure that the geriatric is comfortable		5	2	3
	PC35. Immediate respond to geriatric elimination needs	-	2	1	1
	PC36. Assist a mobile geriatric in moving to the toilet and provide support like giving toilet paper if required or stabilize the commode		5	2	3
	PC37. Wipe the patient and wash hands to prevent infection		5	2	3
	PC ₃ 8. Use equipment correctly to prevent discomfort or injury		5	2	3
	PC39. Record changes in colour or texture of the elimination and report usual findings immediately		5	2	3
	PC40. Provide bed pan to geriatric in case needed		5	1	4
	PC41. Change the diaper as required	_	2	1	1
	PC42.Carry out the procedures for catheter changing, suppository & enema procedure, diaper change under the guidance of medical team/physician		5	2	3
	Total		200	78	122
4. HSS/N 6004 Assist to cope	PC1. Establish a supportive relationship with elderly	200	5	2	3
up with the ill health conditions	PC2. encourage rehabilitative activities in lines with medical consultation and health condition of geriatric		5	2	3
and promote	PC3. Encourage geriatric to seek clarification of any procedures		5	2	3







rehabilitation	PC4. Obtain an informed consent of elderly for the	10	5	5
	actions undertaken on their behalf, and agree on the			
	information which may be passed to others			
	PC5. Obtain information from geriatric and their	10	5	5
	carers on the way in which their needs are being met			
	PC6. Identify any areas where support for the geriatric can be improved	5	2	3
	PC7. Identify and prioritise actions required if the needs are not being appropriately addressed	10	5	5
	PC8. Present any concerns that cannot be resolved in an appropriate way to appropriate people	10	5	5
	PC9. Keep the geriatric and their carers informed about the progress in resolving any concerns, and anticipated timescales for any outcomes	10	5	5
	PC10. Produce records and reports that are clear, comprehensive and accurate, and maintain the security and confidentiality of information	10	5	5
	PC11. Explore with geriatric the nature of the changes to their health and well-being, and discuss with them and their carers about how they feel about	10	5	5
	PC12. Perform on-going monitoring and reassessment of geriatric health status	10	5	5
	PC13. Support & promote geriatrics for community participation & social Inclusion as per their health condition	5	2	3
	PC14. Appropriate utilization of Personal protective equipment (PPE) as per drug and route of administration	10	5	5
	PC15. Review the prescription for generic / trade name, dose, route & frequency of drug/ expiry date before administering	10	7	3
	PC16. Make Geriatric comfortable before administering the drug	5	2	3







	PC17. Perform handwashing		5	2	3
	PC18 Prepare & administer medicine through	-	10	5	5
	prescribed route as per guidance by the				
	physician/concerned authority				
	PC19. Record the administered medicine as per		10	5	5
	protocol				
	PC20. Assess for any discomfort and report to	-	10	5	5
	concerned authority immediately				
	PC21. Never leave geriatric unattended	-	5	2	
	r c21. Never leave genatile onattended		5		3
	PC22. Donot leave left over medicine near to geriatric		5	2	3
	or accessible				
	PC23. Discard unused medicines as per bio medical	-	2	1	1
	waste management protocols				
	PC24. Provide adequate support to the geriatric	-			
	depending upon route during drug administration		5	3	2
	PC25. Report any adverse reaction or discomfort to	-	3	2	1
	geriatric				
	PC26. encourage geriatric to take medicines on time	-	3	2	1
			5		-
	PC27. Observe colour changes/odour		2	1	1
	changes/consistency changes of skin, body fluids & stools				
	PC28. Communicate the observations in an		2	1	1
	appropriate language and construct				
	PC29. Differentiate between immediate and routine	-	2	1	1
	reporting requirements				
1					







-	PC30. maintain, store and retain the records of medicines taken & all that reflect the clinical care		3	1	2	
-						
	PC31. Take approval prior to destroying any old medical record from concerned authority		3	1	2	
-	Total		200	98	102	
5. HSS/N 9615 Maintain professional behavior with colleagues,	PC1. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics without using terminology unfamiliar to them	50	5	2	3	
patients and others	PC2. Utilize all training and information at one's disposal to provide relevant information to the individual	_	3	1	2	
-	PC3. Confirm that the needs of the individual have been met		2	0	2	
-	PC4. Respond to queries and information needs of all individuals		2	1	1	
-	PC5. Adhere to guidelines provided by one's organization or regulatory body relating to confidentiality		2	1	1	
-	PC6. Respect the individual's need for privacy	_	5	2	3	
-	PC7. Maintain any records required at the end of the interaction		2	1	1	
-	PC8. Integrate one's work with other people's work effectively	-	-	2	1	1
-	PC9. Utilize time effectively and pass on essential information to other people on timely basis	_	5	2	3	
-	PC10. Work in a way that shows respect for other people		2	1	1	
-	PC11. Carry out any commitments made to other people	-	2	1	1	
-	PC12. Reason out the failure to fulfill commitment		2	1	1	







	PC13. Identify any problems with team members and other people and take the initiative to solve these problems		2	1	1
	PC14. Clearly establish, agree, and record the work requirements		2	1	1
	PC15. Ensure his/her work meets the agreed requirements		2	1	1
	PC16. Treat confidential information correctly		5	2	3
	PC17. Work in line with the organization's procedures and policies and within the limits of his/her job role	-	5	2	3
	TOTAL		50	21	29
6.HSS/N 9616 Maintain professional &	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	50	5	2	3
medico-legal conduct	PC2. Work within organizational systems and requirements as appropriate to one's role		5	2	3
	PC ₃ . Recognize the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	-	10	5	5
	PC4. Maintain competence within one's role and field of practice	-	5	2	3
	PC5. Maintain personal hygiene and contribute actively to the healthcare ecosystem		5	2	3
	PC6. Use relevant research based protocols and guidelines as evidence to inform one's practice	-	5	2	3
	PC7. Promote and demonstrate good practice as an individual and as a team member at all times		5	2	3
	PC8. Identify and manage potential and actual risks to the quality and safety of practice		5	2	3
	PC9. Evaluate and reflect on the quality of one's work and make continuing improvements	-	5	2	3
	TOTAL		50	21	29







7. HSS/N9617 Maintain a safe, healthy	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	50	2	1	1
and secure working environment	PC2. Comply with health, safety and security procedures for the workplace	-	2	1	1
	PC3. Comply with health, safety and security procedures and protocols for environmental safety	_	2	1	1
	PC4. Identify potential hazards and breaches of safe work practices	_	5	2	3
	PC5. Identify and interpret various hospital codes for emergency situations	-	5	2	3
	PC6. Correct any hazards that individual can deal with safely, competently and within the limits of authority	-	4	2	2
	PC7. Provide basic life support (BLS) and first aid in hazardous situations, whenever applicable		5	2	3
	PC8. Follow the organization's emergency procedures promptly, calmly, and efficiently		5	2	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	_	5	2	3
	PC11. Report any identified breaches in health, safety, and security procedures to the designated person	-	5	2	3
	PC12. 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	_	5	2	3
	Total		50	21	29
8. HSS/N9609 Follow biomedical waste	PC1. Handle, package, label, store, transport and dispose of waste appropriately to minimize potential for contact with the waste and to reduce the risk to the environment from accidental release	50	5	2	3
disposal protocols	PC2.Store clinical or related waste in an area that is accessible only to authorized persons		5	2	3







PC ₃ . Minimize contamination of materials, equipment and instruments by aerosols and splatter	2	1	1
PC4. Apply appropriate health and safety measures following appropriate personal clothing & protective equipment for infection prevention and control	2	1	1
PC5. Identify infection risks and implement an appropriate response within own role and responsibility in accordance with the policies and procedures of the organization	2	1	1
PC6. Follow procedures for risk control and risk containment for specific risks. Use signs when and where appropriate	2	1	1
PC7. Follow protocols for care following exposure to blood or other body fluids as required	2	1	1
PC8. Remove spills in accordance with the policies and procedures of the organization	2	1	1
PC9.Clean and dry all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled	5	2	3
PC10: Demarcate and maintain clean and contaminated zones in all aspects of health care work	2	1	1
PC11. Confine records, materials and medicaments to a well-designated clean zone	2	1	1
PC12. Confine contaminated instruments and equipment to a well-designated contaminated Zone	2	1	1
PC13. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilization protocols	2	1	1
PC14. Replace surface covers where applicable	3	1	2
PC15. Maintain and store cleaning equipment	2	1	1
PC16. Report and deal with spillages and contamination in accordance with current legislation and procedures	2	1	1







	 PC17. Maintain hand hygiene following hand washing procedures before and after patient contact and/or after any activity likely to cause contamination PC18. Cover cuts and abrasions with water-proof dressings and change as necessary PC19. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact 	-	2 2 2 2	1	1 1 1 1
	PC20. Peform additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection	-	2	1	1
	Total		50	23	27
	Subject Domain	Pick a	II NOS	totallin	g 8o marks
National Occupational Standards (NOS)	Performance Criteria (PC)	Weight	tage	Mark Theo	s Allocation
1. HSS/N 6001 (Implement Interventions to prioritize safety of geriatric)	 PC1. Understand the requirements and apply appropriate intervention accordingly PC2. Ensure effective utilization of available resources in home settings PC3. Work in collaboration with healthcare team and concerned authority PC4. Be well acquainted with home environment PC5. Provide personal assistance, medical attention, emotional support, or other personal care PC6. Monitor and review information by observing person, materials, events, or the environment, to detect or assess problems which could be managed or reported immediately 	20		20	
	PC7. Take away objects that could obstruct movement or cause injuries PC8. Keep the floor dry at all times to avoid tripping and falling to the ground				





	 PC9. Ensure all safety aides are in working conditions PC10.Use pest management techniques to keep the environment free of germs PC11. Minimize any discomfort to the geriatric within the restraints due to applied interventions PC12. Never leave the geriatric unattended PC 13 Ensure safety and prevent from risk of fall PC14. Refer the problem to a competent internal/external specialist if it cannot be resolved PC15. obtain help or advice from specialist if the problem is outside his/her area of competence or experience 		
2. HSS/N 6002 (Assist for routine checkup and vital parameters measurement)	PC 13 Ensure safety and prevent from risk of fall PC14. Refer the problem to a competent internal/external specialist if it cannot be resolved PC15. obtain help or advice from specialist if the	20	20
	PC8. Observe colour changes like bluish or yellowish discoloration of the skin, odour or consistency of body fluids like urine, stools, sputum PC9. Distinguish between immediate and routine reporting requirements		







	PC10. Communicate the observations in an		
	appropriate language in a timely manner to the concerned auhtority		
	Total	1	
3.HSS/N 6003 Support geriatrics for	PC1. Ensure to maintain the privacy and encourage geraitrics do as much as possible	20	20
activities of daily living	PC2. Identify the type of bath that is best suited as per the condition, comfort and medical needs	-	
	PC3. Explain the procedure to geriatric before initiating	-	
	PC4. Check water temperature before geriatric checks in	-	
	PC5. Follow standards precautions when performing perennial care or when bathing a geriatric with skin lesion and rashes or bed sore	-	
	PC6. Dry skin by patting with a towel	_	
	PC7. Never leave a geriatric unattended in bath room	-	
	PC8. Wash from cleanest to dirtiest		
	PC9. Observe skin changes and report unusual findings to medical team	-	
	PC10. Offer back rub after bathing and at bed time to stimulate circulation and relieve stress	-	
	PC11. Apply lotion to dry skin	_	
	PC12. Clean tub shower chair before and after each use	-	
	PC13. Show geriatric how they look after the & dressing is finished task is finished		
	PC14. Use standard precautions and protocols for shaving and cutting nails	-	
	PC15. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling	-	





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PC16. Rinse toothpaste thoroughly from the mouth after brushing	
PC17. Store dentures in cool water	
PC18. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly	
PC19. Ensure that clothing is comfortable for geriatrics considering health condition and weather conditions)	
PC20. Provide right size of shoes and slippers with non-slip surface to avoid falls	
PC21. Make geriatric comfortable and encourage eating as recommended	
PC22. Follow standard precautions while assisting for feeding & assess that provided food is according to the dietary prescription	
PC23. Wash hands and mouth of geriatrics after feeding	
PC24. Assist in elimination and oral care prior to feeding	
PC25. Feed through spoon	
PC26. Measure input and record them	
PC27. Ensure that geriatric is comfortable when being fed	
PC28. monitor and assess if food is comfortable to be taken up by geriatric	
PC29. monitor for distress like coughing and regurgitation while feeding	
PC30. Use transferring equipment correctly to avoid falls or injuries	
PC31. Understand Focus on geriatric for not having symptoms of distress like coughing and regurgitation while feeding condition and estimate if additional help is required	
PC32. Transport the geraitric without causing trauma	





	or inium		
	or injury		
	PC ₃₃ . Use proper body mechanics during movements in & out		
	PC34. Focus on safety first and ensure that the geraitric is comfortable		
	PC35. Immediate respond to geraitric elimination needs		
	PC ₃ 6. Assist a mobile geriatric in moving to the toilet and provide support like giving toilet paper if required or stabilize the commode		
	PC ₃₇ . Wipe the geraitric and wash hands to prevent infection		
	PC ₃ 8. Use equipment correctly to prevent discomfort or injury		
	PC39. Record changes in colour or texture of the	•	
	elimination and report usual findings immediately		
	PC40. Provide bed pan to geriatric in case needed		
	PC41. Change the diaper as required		
	PC42. Assist for providing assistance during catheter	-	
	changing, suppository & enema procedure		
	Total		
4. HSS/N 6004 Assist to cope	PC1. Establish a supportive relationship with elderly	20	20
up with the ill health conditions	PC2. encourage rehabilitative activities in lines with medical consultation and health condition of geriatric		
and promote rehabilitation	PC3. Encourage geriatric to seek clarification of any procedures		
	PC4. Obtain an informed consent of elderly for the		
	actions undertaken on their behalf, and agree on the information which may be passed to others		
	PC5. Obtain information from geriatric and their	-	
	carers on the way in which their needs are being met		
	PC6. Identify any areas where support for the geriatric		







can be improved
PC7. Identify and prioritise actions required if the
needs are not being appropriately addressed
PC8. Present any concerns that cannot be resolved in
an appropriate way to appropriate people
PC9. Keep the geriatric and their carers informed
about the progress in resolving any concerns, and
anticipated timescales for any outcomes
PC10. Produce records and reports that are clear,
comprehensive and accurate, and maintain the
security and confidentiality of information
PC11. Explore with geriatric the nature of the changes
to their health and well-being, and discuss with them
and their carers about how they feel about
PC12. Perform on-going monitoring and
reassessment of geriatric health status
PC13. Support & promote geriatrics for community
participation & social Inclusion as per their health
condition
PC14. Appropriate utilization of Personal protective
equipment (PPE) as per drug and route of
administration
PC15. Review the prescription for generic / trade
name, dose, route & frequency of drug/ expiry date
before administering
PC16. Make Geriatric comfortable before
administering the drug
PC17. Perform handwashing
PC18 Prepare & administer medicine through
prescribed route as per guidance by the
physician/concerned authority
PC19. Record the administered medicine as per
protocol
PC20. Assess for any discomfort and report to
concerned authority immediately





	N-5-D-C
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	 PC21. Never leave geriatric unattended PC22. Donot leave left over medicine near to geriatric or accessible PC23. Discard unused medicines as per bio medical waste management protocols PC24. Provide adequate support to the geriatric 	-	
	depending upon route during drug administration PC25. Report any adverse reaction or discomfort to geriatric	-	
	PC26. encourage geriatric to take medicines on time	-	
	PC27. Observe colour changes/odour changes/consistency changes of skin, body fluids & stools	-	
	PC28. Communicate the observations in an appropriate language and construct	-	
	PC29. Differentiate between immediate and routine reporting requirements	-	
	PC30. maintain, store and retain the records of medicines taken & all that reflect the clinical care	-	
	PC31. Take approval prior to destroying any old medical record from concerned authority	-	
	Total	1	
5. HSS/N 9615 Maintain professional behavior with colleagues,	PC1. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics without using terminology unfamiliar to them	5	5
patients and others	PC2. Utilize all training and information at one's disposal to provide relevant information to the individual	-	
	PC3. Confirm that the needs of the individual have been met	-	
	PC4. Respond to queries and information needs of all individuals	-	







	PC5. Adhere to guidelines provided by one's organization or regulatory body relating to confidentiality		
	PC6. Respect the individual's need for privacy	-	
	PC7. Maintain any records required at the end of the interaction	-	
	PC8. Integrate one's work with other people's work effectively	-	
	PC9. Utilize time effectively and pass on essential information to other people on timely basis	-	
	PC10. Work in a way that shows respect for other people	-	
	PC11. Carry out any commitments made to other people	-	
	PC12. Reason out the failure to fulfill commitment	-	
	PC13. Identify any problems with team members and other people and take the initiative to solve these problems	-	
	PC14. Clearly establish, agree, and record the work requirements	-	
	PC15. Ensure his/her work meets the agreed requirements	-	
	PC16. Treat confidential information correctly	-	
	PC17. Work in line with the organization's procedures and policies and within the limits of his/her job role	-	
	TOTAL		
6.HSS/N 9616 Maintain professional &	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	5	
medico-legal conduct	PC2. Work within organizational systems and requirements as appropriate to one's role		
	PC3. Recognize 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. Maintain personal hygiene and contribute		
	actively to the healthcare ecosystem		
	PC6. Use relevant research based protocols and		
	guidelines as evidence to inform one's practice		
	PC7. Promote and demonstrate good practice as an		
	individual and as a team member at all times		
	PC8. Identify and manage potential and actual risks to		
	the quality and safety of practice		
	PC9. Evaluate and reflect on the quality of one's work		
	and make continuing improvements		
	TOTAL		
7. HSS/N9617	PC1. Identify individual responsibilities in relation to	5	5
Maintain a safe, healthy	maintaining workplace health safety and security requirements		
and secure			
working	PC2. Comply with health, safety and security procedures for the workplace		
environment	· · · · · · · · · · · · · · · · · · ·		
	PC3. Comply with health, safety and security procedures and protocols for environmental safety		
	PC4. Identify potential hazards and breaches of safe		
	work practices		
	PC5. Identify and interpret various hospital codes for emergency situations		
	PC6. Correct any hazards that individual can deal with safely, competently and within the limits of authority		
	PC7. Provide basic life support (BLS) and first aid in		
	hazardous situations, whenever applicable		
	PC8. Follow the organization's emergency procedures		
	promptly, calmly, and efficiently		
	PC9. Identify and recommend opportunities for		
	improving health, safety, and security to the		
	designated person		





10/4	N-S-D-C
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	PC10. Complete any health and safety records legibly		
	and accurately		
	PC11. Report any identified breaches in health, safety,		
	and security procedures to the designated person		
	PC12. 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		
	Total	I	
8. HSS/N9609	PC1. Handle, package, label, store, transport and	5	5
Follow	dispose of waste appropriately to minimize potential	5	
biomedical	for contact with the waste and to reduce the risk to		
waste disposal	the environment from accidental release		
protocols	PC2.Store clinical or related waste in an area that is		
	accessible only to authorized persons		
	PC3. Minimize contamination of materials, equipment		
	and instruments by aerosols and splatter		
	PC4. Apply appropriate health and safety measures		
	following appropriate personal clothing & protective		
	equipment for infection prevention and control		
	PC5. Identify infection risks and implement an		
	appropriate response within own role and		
	responsibility in accordance with the policies and		
	procedures of the organization		
	PC6. Follow procedures for risk control and risk		
	containment for specific risks. Use signs when and		
	where appropriate		
	PC7. Follow protocols for care following exposure to		
	blood or other body fluids as required		
	PC8. Remove spills in accordance with the policies and		
	procedures of the organization		
	PC9.Clean and dry all work surfaces with a neutral		
	detergent and warm water solution before and after		
	each session or when visibly soiled		







	10: Demarcate and maintain clean and	
COI	ntaminated zones in all aspects of health care work	
PC	11. Confine records, materials and medicaments to	
a w	vell-designated clean zone	
	12. Confine contaminated instruments and	
equ	uipment to a well-designated contaminated Zone	
PC	13. Decontaminate equipment requiring special	
pro	ocessing in accordance with quality management	
sys	stems to ensure full compliance with cleaning,	
	infection and sterilization protocols	
PC	14. Replace surface covers where applicable	
PC	15. Maintain and store cleaning equipment	
PC	16. Report and deal with spillages and	
cor	ntamination in accordance with current legislation	
and	d procedures	
PC	17. Maintain hand hygiene following hand washing	
pro	ocedures before and after patient contact and/or	
aft	er any activity likely to cause contamination	
PC	18. Cover cuts and abrasions with water-proof	
	essings and change as necessary	
PC	19.Change protective clothing and gowns/aprons	
dai	ily, more frequently if soiled and where appropriate,	
aft	er each patient contact	
	20. Peform additional precautions when standard	
	ecautions alone may not be sufficient to prevent nsmission of infection	
	tal	
	tal	







Transforming the skill landscape



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