







Model Curriculum

Home Health Aide

SECTOR: HEALTHCARE

SUB-SECTOR: ALLIED HEALTH & PARAMEDICS

OCCUPATION: HOME HEALTH AIDE

REF ID: HSS/Q5102, VERSION 1.0

NSQF LEVEL: 4















Certificate

CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

HEALTHCARE SECTOR SKILL COUNCIL

for the

MODEL CURRICULUM

Complying to National Occupational Standards of Job Role/ Qualification Pack: 'Home Health Aide' QP No. 'HSS/Q 5102 NSQF Level 4'

Date of Issuance:

November 30th, 2015

Valid up to:

November 29th, 2016

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

Authorised Signatory (Healthcare Sector Skill Council)









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CURRICULUM / SYLLABUS

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

Program Name	<home aide="" health=""></home>		
Qualification Pack Name & Reference ID.	HSS/Q5102, version 1.0		
Version No.	1.0	Version Update Date	15 – 12 – 2015
Pre-requisites to Training	Class X preferably but Cla	ferably but Class VIII in certain cases	
Training Outcomes	 Describe the role healthcare provi Demonstrate the basic healthcare Demonstrate pro of a Home Healt Apply principles Demonstrate con reflects profession Practice infection Demonstration of complications. Demonstrate safe Demonstrate technologies Demonstrate technologies Demonstrate technologies Demonstrate act State principles of their Demonstrate act Apply the skills for changes to their Discuss the role ovarious healthca Demonstrate technologies 	Version Update Date 15 – 12 – 2015 Ass X preferably but Class VIII in certain cases ter completing this programme, participants will be able to: Describe the role of a Home Health Aid and verbalize the roles of various healthcare providers. Demonstrate the ability to perform clinical skills essential in providing basic healthcare services. Demonstrate professional behavior, personal qualities and characteristics of a Home Health Aid. Apply principles of patient rights in a various simulated situations. Demonstrate communication process of a home health aid, which also reflects professional appearance and a positive attitude. Practice infection control measures. Demonstration of various positions used for the patient for reducing complications. Demonstrate safe and efficient interventions for patient safety. Demonstrate techniques to maintain the personal hygiene needs of a patient. Demonstrate techniques to meet the elimination pattern of patients. Obtain accurate measurements of parameters required of patients. Obtain accurate measurements of parameters required of patients. State principles of nutritional support of the patient. Demonstrate actions in the event of medical and facility emergencies. Apply the skills for geriatric/paralytic/ immobile patient to cope with changes to their health and well-being. Discuss the role of a basic healthcare provider and verbalize the roles of various healthcare providers. Demonstrate techniques to maintain the personal hygiene needs of a patient.	









•	Promote safety, understand usage of protective devices and demonstrate
	precautions to be taken while usage of Oxygen.
•	Demonstrate professional behavior, personal qualities and characteristics
	of a Home Health Aid.
•	Verbalize Immunization schedule, roles of healthcare providers in
	implementation of National Immunization Program.
•	Demonstrate right methods of bio medical 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 Home Health Aid and demonstrate professional appearance and demeanor.









This course encompasses $\underline{15}$ out of $\underline{15}$ National Occupational Standards (NOS) of " $\underline{\text{Home Health Aide}}$ " Qualification Pack issued by " $\underline{\text{SSC: Healthcare Sector Skill Council}}$ ".

S.No	Module	Key Learning Outcomes	Equipment Required
1	Functions Of The Home Health Aid Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/ N/ 5116- 5124,HSS/N9603-9609	 Describe the functions of Home Health Aid. Describe patient's daily care routine. Understand the basic components required for the patient's comfort. Provide care for the patient's health needs. Exhibit ethical behavior. Present a positive personal image. 	Mock environment of clinic and hospital environment, home care setups with home based articles, family planning methods, emergency kits etc
2.	Personal Hygiene And Hygiene Standards Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 9606, 5121	 Describe good health and its relation to successful living. Maintain good Physical Health. Describe the importance, use and procedure of wearing and removing Personal Protective Equipment (PPE). Practice Hand hygiene Adhere to Grooming practices 	PPE, self learning and understanding
3.	Patient Safety Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00	 Patient environment and its components. Create and describe the Environment in which the Patient feels safe and secure. Practice for the Patient's safety Provide care to the Patients while moving. Demonstrate the use of Protective devices (restraints, safety devices) 	Mock environment of ward









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/ N / 9606, 5124		
4.	Primary Medical Care Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code Community Health	 Describe Health related millennium development goals Identify and enlist essential components of Primary Healthcare Discuss the common Health problems in India Elaborate the Health Systems Infrastructure in IndiaDescribe the Maternal Child Care Elucidate Infant care routine Describes Family Planning method. Describes various Epidemic Analyze the role of Ambulance and Emergency Transport 	Visit to primary health centre
5.	Immunization Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code Community Health	 Define Immunity and describe the importance of the need for Immunization Discuss the importance of Universal Immunization Program Describe Pulse Polio Immunization Program 	Immunization kit, Universal immunization schedule
6.	Biomedical Waste Management Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code Bridge Module	 Segregation of Biomedical Waste at source Describe Color Coding & type of containers for disposal of Bio-Medical Waste Label For transport of Bio-Medical Waste Containers/Bags Describe the various types Spillages and procedures to deal with it. 	Different coded color bins, different variety of bio medical waste management, Visit to treatment plan of bio medical waste etc









S.No	Module	Key Learning Outcomes	Equipment Required
7.	Emergency Medical Response Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/ N 9606, 5112	 Describe chain of survival Demonstrate CPR Rescue of a child Demonstrate two rescuer CPR 	Emergency situations, crash cart trolley, O2 cylinder etc
8.	Structure And Function Of Human Body Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS / N /5116, 5117, 5118, 5119, 5120	 Differentiate different parts of body Explain organization of body cells, tissues, Systems, membranes and glands Describe Muscular Skeletal System Describe Digestive System Describe Respiratory System Describe Cardio Vascular System Describe Excretory System Describe Nervous System Describe Nervous System Describe Endocrine System, Sense Organ and Reproductive System 	Mannequin, charts, demonstration kits of different body parts, use of internet for learning different body parts
9.	Body Mechanics Theory Duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Code HSS / N / 5116, 5117, 5118, 5119, 5120, 5123	 Describe the kinetics of joints and movements Describe the mechanisms that affect movements in human body Demonstrate general principles of movements Describe precaution while transferring the patient 	Mannequin, charts, demonstration kits of different body mechanics, internet use









S.No	Module	Key Learning Outcomes	Equipment Required
10.	Medical Terminology Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS / N / 5116 - HSS/N/5120	 Well acquainted with commonly use medical terminologies in respect to their job role Share usage of medical terminology with peers, patient and community 	Internet use or reference's use for medical terms
11.	Professional Behaviour In Home-Care Setting Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 9603, 9604, 9605, 9607	 How to maintain peaceful environment. Learn General and Specific etiquettes to be observed on duty. Describe the importance of conservation of resources in medical facility. 	Use of internet to adopt best practises across the world for professional etiquettes
12.	Consent, Observing And Reporting Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00	 Explain importance of observing and reporting the conditions of patient as well as taking consent while assisting the patient. Explain the importance of verbally informing the person in authority. Explain the importance and guidelines for documentation of different observations and informed consent of the patient. Explain the feedback mechanism from appropriate people like concerned doctors, carers and relatives 	Use of internet to adopt best practises across the world for professional etiquettes, sample forms and feedback forms









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code S/ N5101-5106, 5109, 5111, 5112, 9606		
13.	Documentation Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 5124, 9605, 9609	 Understand uses and importance of various records in healthcare set up & how to obtain them during homecare. Explain various types of records to be maintained by HHA Demonstrate essential components of various records and method of documentation 	Use of internet to adopt best practises across the world for professional etiquettes, sample forms and feedback forms
14	Patient's Rights Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N/ 5116-5121, 5124, 9606	 Explain patient's rights Learn the role of Home Health Aid in maintaining patient's rights 	internet use to learn patient rights
15	Patients Environment Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 07:00	 Describes essential articles required for patient's environment Describes articles required for safe and comfortable environment for the patient. Describes importance of comfort for patients health Describes importance of cleanliness 	Mock environment of diagnostic lab









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS / N / 5124, 9606, 9609		
16	First Aid Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5124, 9603	 Describe what to do in medical emergencies Describe components of first aid kit Describe common emergency conditions 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc.
17	Emergency Medical Response- li Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 9606, 5124	 Describes Cardio Pulmonary Resuscitation Describes Chain of Survival Rescue of a child or Infant Demonstrate two rescuer CPR 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc. Mock environment of home based articles, emergency kits etc, patient safety kit, sample medicines
18	ROLE OF HHA IN SPECIAL CARE – Geriatric/Paralytic/Imm obile/Patients In Convalescence Theory Duration (hh:mm) 02:00	 Describes care provided to ill or terminally ill patients in relation to self needs of the patient or guidance related to oral medicine administration Describes care provided to elderly patients and patients during convalescence in relation to self needs of the patient or guidance related to oral medicine administration. Demonstrate care provided to physically challenged and handicapped personnel in relation to self needs of 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers,









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116-5121, 9606, 5123	the patient or guidance related to oral medicine administration	disinfectants etc. Mock environment of home based articles, emergency kits etc, patient safety kit, sample medicines
19	Measurements Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 02:00 Corresponding NOS	 Describe methods to measure vital parameters like pulse, BP, Temperature, Respiration, Height and Weight of patient 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 	BP Apparatus, Thermometer, pulse oximeter, inch tape, mannequins, normal readings of vital parameter
	Code HSS/N/5116-5120, 5124	deviation of vital parameters from normal	
20	Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00	 Describes steps involved while dressing Ensure patients privacy while dressing Describe the difference in procedure of dressing in special situations like physical disability, infant, unconscious patient, etc 	Sample dresses, patient privacy details, mannequins of different sizes.
	Corresponding NOS Code HSS/N/5118		
21	Infection Control & Prevention Theory Duration (hh:mm) 02:00	 Identification of deviation from normal health Explain practices to curb infection Explain different types of spillage and their management 	Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants etc









S.No	Module	Key Learning Outcomes	Equipment Required
22	Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/9606, 9609 Bathing Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code	 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 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles
23	HSS/N 5116 Skin Care Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116, 5117	 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, understand causes for pressure sores (Bed sores). 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management
24	Oral Care Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5117, 5119	 Describe oral care and advantages of good oral care Demonstrate steps of oral care/Hygiene Explain oral care in case of dentures Explain oral care for paralytic/immobile patient 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management









S.No	Module	Key Learning Outcomes	Equipment Required
25	Hair And Nail Care Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5117	Describes Hair & nails care	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management
26	Excreta Elimination Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5120, 9609	 Understand process for excreta 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 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management
27	Nutrition And Hydration Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5119	 Understand concept of nutrition, nutrients and calories Understand support to patient while feeding Identify discomfort of patient and report to concerned person or authority immediately Identify the precautions required for before fulfilling the patient preference's 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management, RT tubes, sample food items
28	Positioning Theory Duration (hh:mm) 01:00	 Describe importance of positioning for a patient in treatment and recovery Describe commonly used positions 	Mannequin, trolley, wheel chair, home based environment









S.No	Module	Key Learning Outcomes	Equipment Required
	Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5116-5120, 5123		
29	Transferring Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5116-5120, 5124	 Describe methods of transferring patient Understand usage of Wheel chair, stretcher, shifting of patient from bed to stretcher etc. Describe care to be taken while transferring patient Understand the special precautions to be taken in different situations 	Mannequin, trolley, wheel chair, home based environment
30	Mobility Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5116-5120	 Understand importance of physical movements for well being. Describes usage of equipment's used for mobility and their maintenance Describe care while patient walking. 	Stretcher, patient trolley, mannequin, home based environment
31	Fall Prevention Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00	 Describe standards for prevention of patient's fall Describe care to be taken to avoid fall in high risk patients Describe measures to be taken to prevent falls Describe action in event of a fall incident 	Mannequin, patient falls prevention devices, foot rest, bed rest etc









S.No	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code HSS/ N 5124, 5116-5120		
32	Special Procedures (In Brief) Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 5116, 5119, 5120, 9606	 Describe standard procedures for administration of oxygen Describe the special feeding & elimination methods like enema, catheterization, suppositories, ryle's tube etc. Describe basic knowledge of IV set ups Describe various types of samples like urine, stool, sputum, etc. along with their collection methodology. Describe various routes, frequency and types of drug administration like IV, IM, Sublingual, Subcutaneous, oral, topical, TDS, BD, OD, SOS, QID, HS, 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
33.	Soft Skills And Communication lii Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5122 &HSS/N/9604	 Understand need for customer service and service excellence in Medical service Understand work ethics in home set/health care set up Learn objection handling 	Self-learning and understanding
	Total Duration Theory Duration (hh:mm) 120:00	Unique Equipment Required: Little Anne, Ambu Mask (Adult), AED Trainer with Adult Pad, Power Watch, Oxygen Cylinder, Oxygen Key, Oxygen Cylinder Trolley Bedside Locker, Cardiac Table, Bed Sheet, Pillow, Pillow Cover, Chair, Wheel Chair, Walker, Crutch, Table (3 ft by 6 ft), Cupboar Back Rest, Foot Rest, Steel Basin, Bed pan, Urinal (Male & Fema Sand Bag, Weighing Machine, Fire Extinguisher, Oral Care Set, Forcep, Dissecting Forcep, Scissor, Nail Cutter, Nail Filer, Splint,	, Hospital Bed, Blanket, Student d, Stretcher, Cane, le), Air Cushion, Steel Tray, Artery









S.No	Module	Key Learning Outcomes	Equipment Required			
	Practical Duration (hh:mm) 120:00 OJT Duration (hh:mm) 120:00	Spine Board, Steel Plate, Steel Glass, Steel Bowl, Spoon, Steel Jug, Bath Tub, Kidney Tray, IV Stand, Measuring Glass, Measuring Tape, Projector, White Board, Extension Cord, Speaker, Writing Pad, Goggles, Towel, Gown, Gloves (disposable) – packet, Gloves (surgical) – packet, Liquid Soap Bottle, Mask – packet, Shoe Cover – packet, Hair Cap – packet, Mackintosh, Sponge Cloth, Wet Wipes – packet, Comb, Tooth Brush, Toothpaste, Hair Oil, Shampoo Bottle, Bath Soap, Talcum powder, Different Colur Plastic Bags with Dustbins, Uro bag, Sample Collection Bottle, Gauze Piece (4X4), Betadine Solution Bottle, Cotton Rolls, Normal Saline Bottle, Micropore, Spatula, Blood Concentrate, Hydrogen Peroxide Bottle, Cleaning Solution (Colin), Syringe destroyer, Syringe Sterilizer, Needle burner, Thermometer, Syringe 50 cc/ml, B.P. Monitoring Machine, Call bell, Enamel basin, Hot Water Bottle, Ice caps, Transfer forceps, Drum, Suction Apparatus, Folley catheter, Euro bags, Suction Catheter, Ryle's tube, Vaccutainer (red/black/violet), Tourniquet, Examination table, Rubber sheet, Draw Sheet Class Room equipped with following arrangements: • 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 functions				
		Case studyRole play Visit to Hospital				
		Field assignment				

Grand Total Course Duration: 360:00 Hours (240Hours for Class Room & Skill Lab Training + 120 Hours OJT/Internship/Clinical or Laboratory Training)

(This syllabus/ curriculum has been approved by SSC: Healthcare Sector Skill Council)









Trainer Prerequisites for Job role: "Home Health Aide" mapped to Qualification Pack: "HSS/Q5102", 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/Q5102".
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 4 certified Home Health Aide with 6 years of experience B.Sc. (Nursing) with one year of experience GNM with three years of experience
4a	Domain Certification	Certified for Job Role: "Home Health Aide" mapped to QP: "HSS/Q5102", version 1.0 with scoring of minimum 85%.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: "Trainer", mapped to the Qualification Pack: "SSC/Q1402" with scoring of minimum 90%.
5	Experience	 Minimum 1 year site experience for B.Sc. (Nursing) Or Minimum 3 years site experience for GNM Or Minimum 6 years site experience for NSQF Level 4 certified Home Health Aide HSS/Q5102, version 1.0









Annexure: Assessment Criteria

Assessment Criteria for Home Health Aide				
Job Role	Home Health Aide			
Qualification Pack Code	HSS/Q5102, version 1.0			
Sector Skill Council	Healthcare Sector Skill Council			

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









SI	kills Practical and Viva (80% weightage)
	Marks Allotted
Grand Total-1 (Subject Domain)	400
Grand Total-2 (Soft Skills and Communication)	100
Grand Total-(Skills Practical and Viva)	500
Passing Marks (70% of Max. Marks)	350
	Theory (20% weightage)
	Marks Allotted
Grand Total-1 (Subject Domain)	80
Grand Total-2 (Soft Skills and Communication)	20
Grand Total-(Theory)	100
Passing Marks (50% of Max. Marks)	50
Grand Total-(Skills Practical and Viva + Theory)	600
Overall Result	Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail
Detailed Break Up of Marks	Skills Practical & Viva
Subject Domain	Pick any 2 NOS each of 200 marks totaling 400









Abl-		Total	04	Marks Allocation		
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical	
1. HSS/ N 5116 (Assist	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence		10	0	10	
patient in bathing)	PC2.Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort		50	10	40	
	PC3.Check water temperature before patient checks in		10	5	5	
	PC4.Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes		50	10	40	
	PC5. Dry patient skin by patting with a towel which decreases friction and prevents skin breakdown	200	4	0	4	
	PC6. Never leave a patient unattended in bath room		4	2	2	
	PC7. Wash from cleanest to dirtiest		10	2	8	
	PC8. Observe and report unusual findings to the nurse		20	2	18	
	PC9. Offer patient back rub after bathing and at bed time to stimulate circulation and relieve stress		10	10	0	
	PC10. Apply lotion to dry skin if requested		2	2	0	
	PC11. Clean tub shower chair before and after each use		20	10	10	
	PC12. Always check each patients skin after bathing		10	10	0	
	Total		200	63	137	
2. HSS/ N 5117 (Assist patient in	PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence		10	0	10	
grooming)	PC2. Show patient how they look after the grooming task is finished		20	0	20	
	PC3. Use standard precautions and protocols for shaving and cutting nails	200	50	10	40	
	PC4. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling		50	10	40	
	PC5. Rinse toothpaste thoroughly from the mouth after brushing		40	5	35	
	PC6. Store dentures in cool water with patients name to avoid confusion		30	5	25	
	Total		200	30	170	
3.HSS/ N 5118(Assist patient in	PC1. Maintain the patient privacy and encourage patient do as much as possible to promote independence	200	40	10	30	









A l. l .		Total		Marks	Marks Allocation	
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical	
dressing up)	PC2. Fasten the clothing with elastic fasteners		120	20	100	
	PC3. Ensure that the footwear fits correctly		40	10	30	
	Total		200	40	160	
4. HSS/ N 5119 (Support	PC1. Make the patient comfortable and encourage eating as recommended		5	0	5	
patient to eat and drink)	PC2. Check menu card to verify the diet, restrictions, likes and dislikes of the patient		30	5	25	
	PC3. Feed through spoon		5	2	3	
	PC4. Assist in elimination and oral care prior to feeding		30	5	25	
	PC5. Wash hands and mouth after feeding		30	5	25	
	PC6. Measure input and record them]	30	5	25	
	PC7. During feeding observe and ensure that:	200				
	a. Elimination process is completed before feeding		10	12		
	b. Oral care and grooming is performed before feeding		10		28	
	c. The patient is comfortable when being fed		10			
	d. The food provided is according to the dietary prescription of the prescribing physician or dietician		10			
	PC8. Patient is not having symptoms of distress like coughing and regurgitation		30	6	24	
	Total		200	40	160	
5. HSS/ N	PC1. Promptly respond to patients elimination needs		4	1	3	
5120 (Assist patient in maintaining normal	PC2. Assist a mobile patient in moving to the toilet and provide support like giving toilet paper if required or stabilise the commode		50	10	40	
elimination)	PC3. Wipe the patient and wash hands to prevent infection	200	50	10	40	
	PC4. Use equipment correctly to prevent discomfort or injury	200	50	10	40	
	PC5. Ensure/Maintain patients privacy at all times during the procedure		6	0	6	
	PC6. Record changes in colour or texture of the elimination and report usual findings immediately		40	5	35	
	Total		200	36	164	
7.HSS/ N 5121	PC1. Know all procedures required for infection control	200	30	30	0	
(Prevent and	PC2. Follow standard precautions	200	50	10	40	









Accoration		Total		Marks	ks Allocation	
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical	
control infection)	PC3. Be aware of rules to dispose of biomedical waste and sharps		50	20	30	
	PC4. Follow high level of personal hygiene		20	2	18	
	PC5. Practice medical asepsis		20	2	18	
	PC6. Follow infection control procedures and should ensure that:					
	o All standard precautions and procedures are followed		10			
	o Protective gears are used while getting in contact with the patient		10	6	24	
	o Consider all blood, body fluids and excreta contaminated		10			
	Total		200	70	130	
8. HSS/ N 5123(Enable geriartic/paral	PC1. Establish a supportive relationship with the patient, and agree with them the roles and resposiblities of their carers		10	5	5	
ytic/immobile patients to cope with	PC2. Communicate with patient and their carers in an appropriate manner		10	5	5	
changes to their health	PC3. Encourage the patient to seek clarification of any procedures, information and advice relevant to them		10	0	10	
and well being)	PC4. Obtain an informed consent of the patient for the actions undertaken on their behalf, and agree on the information which may be passes to to others		20	0	20	
	PC5. Obtain information from the patient and their carers on the way in which the patient's need are met		10	0	10	
	PC6. Identify any areas where support for the patient can be improved	200	20	10	10	
	PC7. Identify and prioritise actions required if the patient's needs are not being appropriately addressed		20	0	20	
	PC8. Present any concerns that cannot be resolved in an appropriate way to appropriate people		20	20	0	
	PC9. Keep the patient and their carers informed about the progress in resolving any concerns, and anticipaited 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 the patient the nature of the		10	10	0	









Accorable		Total		Marks Allocation	
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (400)	Out Of	Viva	Skills Practical
	changes to their health and well- being, and discuss with them and their carers about how they feel about these changes				
	PC12. Explain clearly to the patient and their carers, the reasons for the changes to their health and well being and the consequences arising from them		10	0	10
	PC13. Respond sensitively to any issues raised by the patient, and report any issues that cannot be resolved to the appropraite people		20	0	20
	PC14. Ensure that all the relevant agencies are provided with the information they need to help the patient and their carers to cope with the change process		10	10	0
	PC15. Support the patient and their carers to monitor the assistance they are receiving to cope with the change, and identify any areas where this can be improved		5	5	0
	PC16. Ensure that all the appropriate people are encouraged to provide feedback on how the patient and their carers are coping with change		5	5	0
	TOTAL		200	80	120
9. HSS/ N 5124 (Implement interventions	PC1. Communicate with patient and their carers in an appropriate manner, and encourage them to seek clarifiacations of any procedures, information and advice relevant to them		20	10	10
with geriatric/paral ytic/immobile	PC2. Explore the needs and expectations of the patient and his/her goals for the intervention		10	10	0
patient at risk of falls)	PC3. Identify current or previous interventions that the patient may have experienced and the immediate requirements of his/her plan		10	5	5
	PC4. Obtain the valid consent of the patient for the actions to be undertaken on his/her behalf, and agree upon the information which may be passed on to others	200	10	0	10
	PC5. Discuss and agree the role of the patient and his/her carers in achieving the goals of the agreed intervention		10	10	0
	PC6. Make arrangements for the intervention that are consistent with the patient's priority and his/her specific requirements		10	5	5
	PC7. Ensure the environment used for the intervention		10	5	5









Acceptable	Assessment Criteria for the Assessable Outcomes	Total	Out	Marks Allocation	
Assessable Outcomes		Marks (400)	Of	Viva	Skills Practical
	is suitable, and that the privacy and dignity of the patient is protected				
	PC8. Implement the intervention in a safe and effective manner, using evidencebased practices and processes		20	0	20
	PC9. Implement the intervention in a manner that is consistent with the patient's needs and specific requirements, and encourage their effective participation		10	0	10
	PC10. Minimise any discomfort to the patient within th constraints imposed by the intervention method	e	30	10	20
	PC11. Encourage the carers to give appropriate support to the patient throughout the intervention	t	10	0	10
	PC12. Monitor the effects of the intervention on the patient throughout the process, and identify any indications of increased risk		10	10	0
	PC13. Take appropriate action where the effects of the intervention are not as beneficial as expected		20	10	10
	PC 14. Work in partnership with the patient and his carers to assess the outcomes of the intervention in relation to the goals agreed upon at the outset		10	0	10
	PC 15. Produce records and reports that are clear, comprehensive, and accurate and maintain the securit and confidentiality of information	у	10	5	5
	TOTAL		200	90	110
	Grand Total-1 (Subject Domain)			400	
Soft Skills and Communication Pick one field from part 1 rand and pick one field from part 2 NOS of subject domain picked carrying 50 marks totaling			rt 2 as per cked each		









		Total		Mar	ks Allocation
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (100)	Out Of	Viva	Observation/ Role Play
Part 1 (Pick one	field randomly carrying 50 marks)				
1. Communicati	on & Proactiveness		T .	T	
HSS/ N 5122: Communicate with geriartic/paraly	PC1. Introduce himself to the geriatric/paralytic/ immobile patient and their carers, and provide all the relevant information necessary to begin working with them		3	0	3
tic/immobile patients to cope with changes to their health and well being	PC2. Ensure that the geriatric/paralytic/ immobile patient and their carers are made to feel comfortable, and that they understand that their needs are made to feel comfortable, and that they understand their needs are important and are being addressed		3	0	3
	PC3. Explain to the geriatric/paralytic/ immobile patient and their carers, his/her roles and resposibilities in relation to their care, and outline the constraints that could limit the movement		3	0	3
	PC4. Discuss with geriatric/paralytic/ immobile patient and their carers their own roles and resposibilities for the care of the patient		3	0	3
	PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their carers might have about his/her ability to work with them	50	10	3	7
	PC6. Encourage the geriatric/paralytic/ immobile patient and their carers to ask questions and to seek clarification on any issues		5	2	3
	PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their carers that enables a good relationship		8	3	5
	PC8. Respond sensitively to any issues raised by the geriatric/paralytic/ immobile patient and their carers		2	0	2
	PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their carers		2	0	2
	PC10. Provide clear information on how to contact the service to obtain assistance if required		5	2	3
	PC11. Identify any communication differences that exist, and try to address these will influence communication methods		2	1	1
	PC12. Discuss the purpose of communication with		2	2	0









Assessable	Assessment Criteria for the Assessable	Total		Mar	ks Allocation
Outcomes	Outcomes	Marks (100)	Out Of	Viva	Observation/ Role Play
	the patient and their carers, and identify their preferred ways of communicating				
	PC13. Confirm with the geriatric/paralytic/ immobile patient who they wish to be involved in the communication		2	0	2
	Total		50	13	37
Co	mmunication and Proactiveness Total	50	50	13	37
2. ATTITUDE					
HSS/ N 9603 (Act within the	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice		2	0	2
limits of one's competence and authority)	PC2. Work within organisational systems and requirements as appropriate to one's role		2	0	2
and authority)	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	30	8	4	4
	PC4. Maintain competence within one's role and field of practice		2	0	2
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		4	2	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		4	2	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		4	2	2
	Total		30	12	18
HSS/ N 9607 (Practice Code	PC1. Adhere to protocols and guidelines relevant to the role and field of practice		3	1	2
of conduct while performing duties)	PC2. Work within organisational systems and requirements as appropriate to the role		3	1	2
	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority	20	3	1	2
	PC4. Maintain competence within the role and field of practice		1	0	1
	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2
	PC6. Promote and demonstrate good practice as an		1	0	1









Assessable	Assessment Criteria for the Assessable	Total		Marks Allocation	
Outcomes	Outcomes	Marks (100)	Out Of	Viva	Observation/ Role Play
	individual and as a team member at all times				
	PC7. Identify and manage potential and actual risks to the quality and patient safety		1	0	1
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem		4	2	2
	Total		20	7	13
	Attitude Total	50	50	19	31
3. Attiquete					
HSS/ N 9605 (Manage work	PC1. Clearly establish, agree, and record the work requirements		10	5	5
to meet requirements)	PC2. Utilise time effectively		10	0	10
	PC3. Ensure his/her work meets the agreed requirements	50	10	0	10
	PC4. Treat confidential information correctly		10	10	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		10	5	5
	Total		50	20	30
	Attiquete Total	50	50	20	30
Part 2 (Pick one	field as per NOS marked carrying 50 marks)				
1. Team Work (I	Evaluate with NOS: HSS/N/5123)				
HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively		3	0	3
effectively with others)	PC2. Integrate one's work with other people's work effectively		3	0	3
	PC3. Pass on essential information to other people on timely basis		3	0	3
	PC4. Work in a way that shows respect for other people	50	3	0	3
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		16	8	8
	PC8. Follow the organisation's policies and]	10	4	6









Assessable	A	Total		Mar	ks Allocation
Outcomes	Assessment Criteria for the Assessable Outcomes	Marks (100)	Out Of	Viva	Observation/ Role Play
	procedures				
	Total		50	24	26
	Team Work Total	50	50	24	26
2. Safety manag	gement (Evaluate with NOS: HSS/N/5124,5116,5117,	,5118,511	9,5120)		
HSS/ N 9606 (Maintain a safe, healthy,	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements		6	2	4
and secure working environment)	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	1
	PC4. Identify potential hazards and breaches of safe work practices	50	6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
	Total		50	25	25
	Safety Management Total	50	50	25	25
3. Waste Management (Evaluate with NOS: HSS/N/5120,5121)					
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type		6	2	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	50	8	4	4









Assessable	sessable Assessment Criteria for the Assessable utcomes Outcomes	Total		Marks Allocation	
Outcomes		Marks (100)	Out Of	Viva	Observation/ Role Play
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	2	2
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		8	4	4
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	2	2
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	2	2
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		4	4	0
	Total		50	30	20
	Waste Management Total	50	50	30	20
Grand	Total-2 (Soft Skills and Communication)			100	
	Detailed Break Up of Marks		Т	heory	
Subject Domain	Select any 40 PCs each carryi	ng 2 mark	s totaling	80	









Assessable	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		
1. HSS/ N 5116 (Assist patient	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence	2
in bathing)	PC2.Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort	2
	PC3.Check water temperature before patient checks in	0
	PC4.Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes	2
	PC5. Dry patient skin by patting with a towel which decreases friction and prevents skin breakdown	0
	PC6. Never leave a patient unattended in bath room	0
	PC7. Wash from cleanest to dirtiest	2
	PC8. Observe and report unusual findings to the nurse	2
	PC9. Offer patient back rub after bathing and at bed time to stimulate circulation and relieve stress	2
	PC10. Apply lotion to dry skin if requested	0
	PC11. Clean tub shower chair before and after each use	2
	PC12. Always check each patients skin after bathing	2
2. HSS/ N 5117 (Assist patient	PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence	0
in grooming)	PC2. Show patient how they look after the grooming task is finished	0
	PC3. Use standard precautions and protocols for shaving and cutting nails	2
	PC4. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling	0
	PC5. Rinse toothpaste thoroughly from the mouth after brushing	0
	PC6. Store dentures in cool water with patients name to avoid confusion	2
3.HSS/ N 5118 (Assist patient	PC1. Maintain the patient privacy and encourage patient do as much as possible to promote independence	0
in dressing up)	PC2. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly	0
	PC3. Ensure that the footwear fits correctly	2
4. HSS/ N 5119	PC1. Make the patient comfortable and encourage eating as recommended	0
(Support individuals to eat and drink)	PC2. Check menu card to verify the diet, restrictions, likes and dislikes of the patient	2
	PC3. Feed through spoon	2
	PC4. Assist in elimination and oral care prior to feeding	2









Assessable	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
	PC5. Wash hands and mouth after feeding	2
	PC6. Measure input and record them	2
	PC7. During feeding observe and ensure that:	2
	a. Elimination process is completed before feeding	2
	b. Oral care and grooming is performed before feeding	2
	c. The patient is comfortable when being fed	0
	d. The food provided is according to the dietary prescription of the prescribing physician or dietician	0
	PC8. Patient is not having symptoms of distress like coughing and regurgitation	2
5. HSS/ N 5120	PC1. Promptly respond to patients elimination needs	0
(Assist patient in maintaining normal	PC2. Assist a mobile patient in moving to the toilet and provide support like giving toilet paper if required or stabilise the commode	2
elimination)	PC3. Wipe the patient and wash hands to prevent infection	2
	PC4. Use equipment correctly to prevent discomfort or injury	2
	PC5. Ensure/Maintain patients privacy at all times during the procedure	0
	PC6. Record changes in colour or texture of the elimination and report usual findings immediately	2
7.HSS/ N 5121	PC1. Know all procedures required for infection control	2
(Prevent and control	PC2. Follow standard precautions	2
infection)	PC3. Be aware of rules to dispose of biomedical waste and sharps	2
	PC4. Follow high level of personal hygiene	2
	PC5. Practice medical asepsis	2
	PC6. Follow infection control procedures and should ensure that:	2
	o All standard precautions and procedures are followed	0
	o Protective gears are used while getting in contact with the patient	2
	o Consider all blood, body fluids and excreta contaminated	0
8. HSS/ N 5123(Enable geriartic/paraly tic/immobile patients to cope with changes to their health and well being)	PC1. Establish a supportive relationship with the patient, and agree with them the roles and resposiblities of their carers	0
	PC2. Communicate with patient and their carers in an appropriate manner	0
	PC3. Encourage the patient to seek clarification of any procedures, information and advice relevant to them	0
	PC4. Obtain an informed consent of the patient for the actions undertaken on their behalf, and agree on the information which may be passes to to others	2
- 3/	PC5. Obtain information from the patient and their carers on the way in which	0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
	the patient's need are met	
	PC6. Identify any areas where support for the patient can be improved	2
	PC7. Identify and prioritise actions required if the patient's needs are not being appropriately addressed	0
	PC8. Present any concerns that cannot be resolved in an appropriate way to appropriate people	0
	PC9. Keep the patient and their carers informed about the progress in resolving any concerns, and anticipaited timescales for any outcomes	0
	PC10. Produce records and reports that are clear, comprehensive and accurate, and maintain the security and confidentiality of information	2
	PC11. Explore with the patient the nature of the changes to their health and well-being, and discuss with them and their carers about how they feel about these changes	0
	PC12. Explain clearly to the patient and their carers, the reasons for the changes to their health and well being and the consequences arising from them	0
	PC13. Respond sensitively to any issues raised by the patient, and report any issues that cannot be resolved to the appropriate people	0
	PC14. Ensure that all the relevant agencies are provided with the information they need to help the patient and their carers to cope with the change process	2
	PC15. Support the patient and their carers to monitor the assistance they are receiving to cope with the change, and identify any areas where this can be improved	0
	PC16. Ensure that all the appropriate people are encouraged to provide feedback on how the patient and their carers are coping with change	0
9. HSS/ N 5124(Implement interventions	PC1. Communicate with patient and their carers in an appropriate manner, and encourage them to seek clarifiacations of any procedures, information and advice relevant to them	0
with geriartic/paraly tic/immobile	PC2. Explore the needs and expectations of the patient and his/her goals for the intervention	0
patients at risk of falls)	PC3. Identify current or previous interventions that the patient may have experienced and the immediate requirements of his/her plan	2
	PC4. Obtain the valid consent of the patient for the actions to be undertaken on his/her behalf, and agree upon the information which may be passed on to others	2
	PC5. Discuss and agree the role of the patient and his/her carers in achieving the goals of the agreed intervention	2
	PC6. Make arrangements for the intervention that are consistent with the	0









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
	patient's priority and his/her specific requirements	
	PC7. Ensure the environment used for the intervention is suitable, and that the privacy and dignity of the patient is protected	0
	PC8. Implement the intervention in a safe and effective manner, using evidencebased practices and processes	0
	PC9. Implement the intervention in a manner that is consistent with the patient's needs and specific requirements, and encourage their effective participation	0
	PC10. Minimise any discomfort to the patient within the constraints imposed by the intervention method	0
	PC11. Encourage the carers to give appropriate support to the patient throughout the intervention	0
	PC12. Monitor the effects of the intervention on the patient throughout the process, and identify any indications of increased risk	0
	PC13. Take appropriate action where the effects of the intervention are not as beneficial as expected	0
	PC 14. Work in partnership with the patient and his carers to assess the outcomes of the intervention in relation to the goals agreed upon at the outset	0
	PC 15. Produce records and reports that are clear, comprehensive, and accurate and maintain the security and confidentiality of information	2
	Grand Total-1 (Subject Domain)	80
Soft Skills and Communicati on	Select any 10 PCs each carrying 2 marks totaling 20	









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
1. HSS/ N 5122: Communicate	PC1. Introduce himself to the geriatric/paralytic/immobile patient and their carers, and provide all the relevant information necessary to begin working with them	2
with geriartic/paraly tic/immobile patients and their carers	PC2. Ensure that the geriatric/paralytic/ immobile patient and their carers are made to feel comfortable, and that they understand that their needs are made to feel comfortable, and that they understand their needs are important and are being addressed	2
	PC3. Explain to the geriatric/paralytic/ immobile patient and their carers, his/her roles and resposibilities in relation to their care, and outline the constraints that could limit the movement	0
	PC4. Discuss with geriatric/paralytic/ immobile patient and their carers their own roles and resposibilities for the care of the patient	0
	PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their carers might have about his/her ability to work with them	0
	PC6. Encourage the geriatric/paralytic/ immobile patient and their carers to ask questions and to seek clarification on any issues	0
	PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their carers that enables a good relationship	0
	PC8. Respond sensitively to any issues raised by the geriatric/paralytic/ immobile patient and their carers	2
	PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their carers	0
	PC10. Provide clear information on how to contact the service to obtain assistance if required	2
	PC11. Identify any communication differences that exist, and try to address these will influence communication methods	2
	PC12. Discuss the purpose of communication with the patient and their carers, and identify their preferred ways of communicating	0
	PC13. Confirm with the geriatric/paralytic/immobile patient who they wish to be involved in the communication	0
3. HSS/ N 9603 (Act within the	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	2
limits of one's competence and authority)	PC2. Work within organisational systems and requirements as appropriate to one's role	0
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	0
	PC4. Maintain competence within one's role and field of practice	2
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice	2









Assessable	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements	2
4. HSS/ N 9604	PC1. Communicate with other people clearly and effectively	2
(Work effectively with	PC2. Integrate one's work with other people's work effectively	2
others)	PC3. Pass on essential information to other people on timely basis	2
	PC4. Work in a way that shows respect for other people	2
	PC5. Carry out any commitments made to other people	0
	PC6. Reason out the failure to fulfil commitment	2
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems	0
	PC8. Follow the organisation's policies and procedures	2
5. HSS/ N 9605	PC1. Clearly establish, agree, and record the work requirements	2
(Manage work to meet	PC2. Utilise time effectively	0
requirements)	PC3. Ensure his/her work meets the agreed requirements	2
	PC4. Treat confidential information correctly	2
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role	0
6. HSS/ N 9606 (Maintain a	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	2
safe, healthy, and secure	PC2. Comply with health, safety and security procedures for the workplace	0
working environment)	PC3. Report any identified breaches in health, safety, and security procedures to the designated person	0
	PC4. Identify potential hazards and breaches of safe work practices	2
	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	0
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently	2
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person	2









Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Marks Allocation
Outcomes		Theory
	PC9. Complete any health and safety records legibly and accurately	2
7. HSS/ N 9607	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	2
(Practice Code of conduct while	PC2. Work within organisational systems and requirements as appropriate to the role	0
performing duties)	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority	2
	PC4. Maintain competence within the role and field of practice	2
	PC5. Use protocols and guidelines relevant to the field of practice	0
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times	2
	PC7. Identify and manage potential and actual risks to the quality and patient safety	2
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem	2
8. HSS/ N 9609 (Follow	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	2
biomedical waste disposal protocols)	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	2
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements	0
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	0
	PC5. Check the accuracy of the labelling that identifies the type and content of waste	0
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal	2
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	2
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures	2
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	2
	Grand Total-2 (Soft Skills and Communication)	20







Healthcare Sector Skill Council

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