



# COVID Frontline Worker (Emergency Care Support)

QP Code: HSS/Q2303

Version: 1.0

NSQF Level: 4

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## HSS/Q2303: COVID Frontline Worker (Emergency Care Support)

### Brief Job Description

Individuals in this job need to provide emergency medical support and care to COVID patients and transport them to a medical facility within stipulated time limits. Their work involves working with basic equipment like Oxygen Concentrator, Oxygen Cylinder, Nebulizer, steam inhalation and Pulse-oximeter. They are also responsible to maintain records manually or digitally as per protocols. Their key responsibilities are mapped to the competencies required by an Emergency Medical Technician-Basic.

### Personal Attributes

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

### Applicable National Occupational Standards (NOS)

#### Compulsory NOS:

1. [HSS/N2302: Size up the scene at the site](#)
2. [HSS/N2305: Patient triage based on the defined clinical criteria of severity of illness](#)
3. [HSS/N2306: Manage cardiovascular emergency](#)
4. [HSS/N2307: Manage cerebrovascular emergency](#)
5. [HSS/N2318: Manage respiratory emergency](#)
6. [HSS/N2322: Transport patient to the provider institute](#)
7. [HSS/N9622: Follow sanitization and infection control guidelines](#)
8. [HSS/N2301: Respond to emergency calls](#)
9. [HSS/N2304: Assess patient at the site](#)

### Qualification Pack (QP) Parameters

<b>Sector</b>	Healthcare
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<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Emergency Services
<b>Country</b>	India
<b>NSQF Level</b>	4
<b>Aligned to NCO/ISCO/ISIC Code</b>	NCO-2015/2240.0501
<b>Minimum Educational Qualification &amp; Experience</b>	12th Class
<b>Minimum Level of Education for Training in School</b>	Not Applicable
<b>Pre-Requisite License or Training</b>	NA
<b>Minimum Job Entry Age</b>	18 Years
<b>Last Reviewed On</b>	NA
<b>Next Review Date</b>	NA
<b>NSQC Approval Date</b>	
<b>Version</b>	1.0

**Remarks:**

This is a crash course designed to skill individuals to provide emergency care to COVID patients during COVID pandemic by selecting required NOS from Emergency Medical Technician- Basic, HSS/Q2301 Version 1.0 QP. After completion of this crash course, the individual will not be equivalent to a certified Emergency Medical Technician- Basic.

## HSS/N2302: Size up the scene at the site

### Description

This OS unit is about the EMTs response upon arrival at the emergency scene, evaluating the situation and ensuring the safety of the patient(s) and others.

### Scope

This unit/task covers the following:

- Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required

### Elements and Performance Criteria

*Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required*

To be competent, the user/individual on the job must be able to:

- PC1.** . ensure that all safety precautions are taken at the scene of the emergency
- PC2.** . introduce themselves to patient(s) and ask for their consent to any treatment
- PC3.** understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action
- PC4.** collaborate effectively with other emergency response agencies and explain the situation clearly to them. this includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies
- PC5.** reassure patient(s) and bystanders by working in a confident, efficient manner
- PC6.** work expeditiously while avoiding mishandling of patient(s) and undue haste
- PC7 .** recognise and react appropriately to persons exhibiting emotional reactions
- PC8.** interact effectively with the patient(s), relatives and bystanders who are in stressful situations
- PC9.** obtain information regarding the incident through accurate and complete scene assessment and document it accordingly
- PC10.** evaluate the scene and call for backup if required
- PC11.** recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority
- PC12.** maintain competence within ones role and field of practice
- PC13.** collaborate with the law agencies at a crime scene
- PC14.** promote and demonstrate good practice as an individual and as a team member at all times
- PC15.** identify and manage potential and actual risks to the quality and safety of work done
- PC16.** evaluate and reflect on the quality of ones work and make continuing improvements

- PC17.** understand relevant medico-legal principles
- PC18.** function within the scope of care defined by state, regional and local regulatory agencies

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the importance of health, safety, and security protocols followed by the health care provider at the emergency scene
- KU2.** relevant information on health, safety, and security that applies to the emergency scene
- KU3.** the healthcare providers emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents
- KU4.** what constitutes a hazard encountered at the scene and how to report the hazard to the competent authority
- KU5.** codes used in the hospital for all emergency situations
- KU6.** relevant legislation, standards, policies, and procedures followed in the hospital
- KU7.** how to engage with the medical officer for support in case the situation is beyond ones competence
- KU8.** role and importance of the EMT in supporting hospital operations
- KU9.** protocols designed by the state or EMS providers
- KU10.** how to create a safe environment around the patient(s) and others
- KU11.** the importance of being alert to health, safety, and security hazards at the emergency site
- KU12.** the common health, safety, and security hazards that affect people working at the emergency site
- KU13.** how to identify health, safety, and security hazards
- KU14.** the importance of warning others about hazards and what to do until the hazard is dealt with
- KU15.** how to work efficiently in a team to ensure patient safety

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** the information regarding the incident through accurate and complete scene assessment and how to document it accordingly
- GS2.** read about changes in legislations and organisational policies with respect to safety procedures at emergency or crime scenes
- GS3.** keep abreast of the latest knowledge by reading internal communications and legal framework changes related to actions to be taken at the scene of an emergency
- GS4.** interact with the patient(s)
- GS5.** communicate with other people around the patient(s) and give them clear instructions for their safety
- GS6.** communicate clearly with other emergency response agencies if required
- GS7.** discuss the scene with colleagues to express views and opinions
- GS8.** avoid using jargon, slang or acronyms when communicating with the patient(s)

- GS9.** interact effectively with the patient(s), relatives and bystanders who are in stressful situations
- GS10.** shout assertively in case the patient does not respond
- GS11.** collect all necessary information regarding the patients condition
- GS12.** collect personal information regarding the patient like his/her address
- GS13.** make decisions pertaining to the scene and actions to be taken
- GS14.** plan and organise activities to be carried out at the scene in order to be rapid and effective without compromising on safety or patient care
- GS15.** how to stage an ambulance and manage crowds
- GS16.** communicate effectively with patients and their family, bystanders and members of other emergency response teams
- GS17.** be aware of the immediate needs of the patient and their family and balance that with the healthcare actions to be taken
- GS18.** maintain patient confidentiality
- GS19.** respect the rights of the patient(s)
- GS20.** identify immediate or temporary solutions to resolve delays
- GS21.** foresee and arrange for backups or other emergency response agencies
- GS22.** analyse the situation at the scene and map out the best possible course of action while integrating all essential stakeholders
- GS23.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently.

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Summing up the scene quickly and ensuring that it is safe by taking appropriate measures , Collaborating with other emergency response agencies, if required, Estimating the total number of patient(s) involved and calling for backup, if required</i>	13	9	-	1
<b>PC1.</b> . ensure that all safety precautions are taken at the scene of the emergency	13	1	-	-
<b>PC2.</b> . introduce themselves to patient(s) and ask for their consent to any treatment	-	0.5	-	-
<b>PC3.</b> understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action	-	0.5	-	-
<b>PC4.</b> collaborate effectively with other emergency response agencies and explain the situation clearly to them. this includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies	-	-	-	0.5
<b>PC5.</b> reassure patient(s) and bystanders by working in a confident, efficient manner	-	0.5	-	-
<b>PC6.</b> work expeditiously while avoiding mishandling of patient(s) and undue haste	-	0.5	-	-
<b>PC7 .</b> recognise and react appropriately to persons exhibiting emotional reactions	-	0.5	-	-
<b>PC8.</b> interact effectively with the patient(s), relatives and bystanders who are in stressful situations	-	0.5	-	-
<b>PC9.</b> obtain information regarding the incident through accurate and complete scene assessment and document it accordingly	-	0.5	-	-
<b>PC10.</b> evaluate the scene and call for backup if required	-	0.5	-	-
<b>PC11.</b> recognise the boundary of ones role and responsibility and seek supervision when situations are beyond ones competence and authority	-	0.5	-	-



Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC12.</b> maintain competence within ones role and field of practice	-	0.5	-	-
<b>PC13.</b> collaborate with the law agencies at a crime scene	-	0.5	-	0.5
<b>PC14.</b> promote and demonstrate good practice as an individual and as a team member at all times	-	0.5	-	-
<b>PC15.</b> identify and manage potential and actual risks to the quality and safety of work done	-	0.5	-	-
<b>PC16.</b> evaluate and reflect on the quality of ones work and make continuing improvements	-	0.5	-	-
<b>PC17.</b> understand relevant medico-legal principles	-	0.5	-	-
<b>PC18.</b> function within the scope of care defined by state, regional and local regulatory agencies	-	0.5	-	-
<b>NOS Total</b>	<b>13</b>	<b>9</b>	-	<b>1</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2302
<b>NOS Name</b>	Size up the scene at the site
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N2305: Patient triage based on the defined clinical criteria of severity of illness

### Description

This OS unit is about a process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. It aims to ensure that patients are treated in order of their clinical urgency i.e. the need for time-critical intervention. Triage also allows for the allocation of the patient to the most appropriate assessment and treatment area.

### Scope

This unit/task covers the following:

- Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area

### Elements and Performance Criteria

*Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area*

To be competent, the user/individual on the job must be able to:

- PC1.** have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait
- PC2.** know how to check all the vital signs
- PC3.** identify a high-risk case
- PC4.** assess the kind of resources the person will require. for e.g. the EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment
- PC5.** communicate clearly and assertively
- PC6.** collaboratively be able to supervise/work collaboratively with other departments
- PC7.** multitask without compromising on quality and accuracy of care provided
- PC8.** use SALT method in day-to-day handling and start in mass casualty handling and disasters

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** how to capture the medical history of the patient to correctly prioritise the patient. for example the user will record past medical history, allergies, medications, age and gender
- KU2.** the importance of health, safety, and security at the emergency scene
- KU3.** the basic requirements of the health and safety and other legislations and regulations that apply to the scene
- KU4.** the relevant information on health, safety, and security that applies to the emergency scene
- KU5.** how to recognise hazards when encountered at the scene and how to report the hazard to the competent authority

- KU6.** the organisations emergency procedures and in situations like a nuclear, radioactive, biological, chemical and explosive incidents
- KU7.** complex cases like treating a child whose parents, guardian or day care is not present
- KU8.** how to check a victim whose current medical condition is unclear. for example, ability to practice caution with a patient who may have suffered a back injury
- KU9.** how to assess severity of pain (e.g. using visual analogue scale) and manage appropriately
- KU10.** requirements to ensure health and safety at the emergency site
- KU11.** how to create a safe environment around the patient
- KU12.** how to use sort, assess, lifesaving interventions, treat and transport (salt) triage system and simple triage and rapid treatment (start) plan accordingly, as per the triage guidelines and protocols

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** document all the details about the patient for example Date and time of assessment  
Name of triage officer  
Chief presenting problem  
so Limited, relevant history  
o Relevant assessment findings  
o Initial triage category allocated
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report/PCR with the medical officer
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS6.** read new clinical protocols and reading orders given by medical officer
- GS7.** interact with the patient
- GS8.** give clear instructions to the patient
- GS9.** shout assertively in case the patient does not respond
- GS10.** collect all necessary information regarding the patients condition, address
- GS11.** avoid using jargon, slang or acronyms when communicating with a patient
- GS12.** communicate with other people around the patient and give them clear instructions for their safety
- GS13.** communicate clearly with other emergency response agencies if required
- GS14.** make decisions pertaining to the concerned area of work in relation to job role
- GS15.** how to plan and organise activities that are assigned
- GS16.** how to control any aggression by the patient or the patient relatives
- GS17.** how to ensure there is minimum gap in the arrival time of the medical team and allocation of the patient to a respective triage level
- GS18.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS19.** be capable of being responsive, listen empathetically to establish rapport in away that promotes openness on issues of concern
- GS20.** be sensitive to potential cultural differences
- GS21.** interact therapeutically with psychiatric patients

- GS22.** employ effective non-verbal behaviour with the patient(s) if required
- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** think through the problem, evaluate the possible solution(s) and suggest an optimum /best possible solution(s)
- GS26.** identify immediate or temporary solutions to resolve delays
- GS27.** resolve problems and make decisions based on the information available
- GS28.** ability to analyse and compare similar situations

Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Prioritising the patient based on the measurement and subjective data, Measuring vital signs , Accordingly allocating the patient to a treatment area</i>	56	145	-	55
<b>PC1.</b> have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	56	30	-	10
<b>PC2.</b> know how to check all the vital signs	-	30	-	10
<b>PC3.</b> identify a high-risk case	-	20	-	20
<b>PC4.</b> assess the kind of resources the person will require. for e.g. the EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment	-	15	-	5
<b>PC5.</b> communicate clearly and assertively	-	3	-	-
<b>PC6.</b> collaboratively be able to supervise/work collaboratively with other departments	-	4	-	-
<b>PC7.</b> multitask without compromising on quality and accuracy of care provided	-	3	-	-
<b>PC8.</b> use SALT method in day-to-day handling and start in mass casualty handling and disasters	-	40	-	10
<b>NOS Total</b>	<b>56</b>	<b>145</b>	<b>-</b>	<b>55</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2305
<b>NOS Name</b>	Patient triage based on the defined clinical criteria of severity of illness
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N2306: Manage cardiovascular emergency

### Description

This OS unit is about the recognition and treatment of emergencies related to the cardiovascular system. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients in a Cardiac emergency.

### Scope

This unit/task covers the following:

- Identifying Cardiac emergencies, Managing patients in Cardiac emergencies, Following the prescribed procedures and steps involved in a Cardiac emergency situation

### Elements and Performance Criteria

To be competent, the user/individual on the job must be able to:

- PC1.** describe the structure and function of the cardiovascular system
- PC2.** provide emergency medical care to a patient experiencing chest pain/discomfort
- PC3.** identify the symptoms of hypertensive emergency
- PC4 .** identify the indications and contraindications for automated external defibrillation (AED)
- PC5.** explain the impact of age and weight on defibrillation
- PC6.** discuss the position of comfort for patients with various cardiac emergencies
- PC7.** establish the relationship between airway management and the patient with cardiovascular compromise
- PC8 .** predict the relationship between the patient experiencing cardiovascular compromise and basic life support
- PC9.** explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator
- pc10 .** explain the importance of pre-hospital advanced life support (ALS) intervention if it is available
- PC11.** explain the importance of urgent transport to a facility with advanced life support if it is not available in the pre-hospital setting
- PC12 .** explain the usage of aspirin and clopidogrel
- PC13.** differentiate between the fully automated and the semi-automated defibrillator
- PC14.** discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators
- PC15.** assure that the patient is pulseless and apnoeic when using the automated external defibrillator
- PC16.** identify circumstances which may result in inappropriate shocks
- PC17 .** explain the considerations for interruption of CPR, when using the automated external defibrillator
- PC18 .** summarise the speed of operation of automated external defibrillation
- PC19 .** discuss the use of remote defibrillation through adhesive pads



- PC20.** operate the automated external defibrillator
- PC21.** discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS
- PC22.** differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator
- PC23.** explain the reason for pulses not being checked between shocks with an automated external defibrillator
- PC24 .** identify the components and discuss the importance of post-resuscitation care
- PC25 .** explain the importance of frequent practice with the automated external defibrillator
- PC26.** discuss the need to complete the automated defibrillator: operator's shift checklist
- PC27.** explain the role medical direction plays in the use of automated external defibrillation
- PC28.** state the reasons why a case review should be completed following the use of the automated external defibrillator
- PC29.** discuss the components that should be included in a case review
- PC30.** discuss the goal of quality improvement in automated external defibrillation
- PC31.** recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain
- PC32.** list the indications for the use of nitro-glycerine
- PC33.** state the contraindications and side effects for the use of nitro-glycerine
- PC34.** perform maintenance checks of the automated external defibrillator

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital.
- KU2.** how to engage with provider for support in order to deliver and assist providers.
- KU3.** how to perform the different procedures relevant to manage cardiovascular emergency
- KU4.** what is the significance of each procedure in patient management
- KU5.** how to use the equipment meant to perform different procedures to manage cardiovascular emergency
- KU6.** employee safety policy
- KU7.** how to handle when emergency situation is beyond ones competency
- KU8.** role in the emergency cardiac care system
- KU9.** fundamentals and rationale of early defibrillation
- KU10.** various types of automated external defibrillators, their advantages and disadvantages, and maintenance
- KU11.** special considerations for rhythm monitoring
- KU12.** importance of coordinating ALS trained providers with personnel using automated external defibrillators
- KU13.** maintenance of automated external defibrillators
- KU14.** rationale for administering nitro-glycerine to a patient with chest pain or discomfort
- KU15.** how to assess and provide emergency medical care to a patient experiencing chest pain/discomfort

- KU16.** application and operation of the automated external defibrillator
- KU17.** steps in facilitating the use of nitro-glycerine for chest pain using a substitute candy tablet and breath spray
- KU18.** assessment and documentation of patient response to nitro-glycerine
- KU19.** application and operation of the automated external defibrillator
- KU20.** function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance
- KU21.** assessment and documentation of patient response to the automated external defibrillator

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record various images and equipment readings
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS4.** read about changes in legislations and organisational policies
- GS5.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS6.** read latest clinical regulations as shared by the medical officer
- GS7.** read the list of hospitals in the major accident or emergency prone locations.
- GS8.** read upgraded facilities available in existing hospitals
- GS9.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS10.** interact with the patient
- GS11.** give clear instructions to the patient
- GS12.** shout assertively in case the patient does not respond
- GS13.** collect all necessary information regarding the patient's condition, address
- GS14.** avoid using jargon, slang or acronyms when communicating with a patient
- GS15.** communicate with other people around the patient and give them clear instructions around their safety
- GS16.** communicate clearly with other emergency response agencies if required
- GS17.** make decisions pertaining to refusal of treatment
- GS18.** act decisively by balancing protocols and emergency at hand
- GS19.** manage situations where minors, unconscious or self-harming patients are involved
- GS20.** how to plan and organise activities that are assigned to him/her
- GS21.** how to quickly think and refer to information about the hospitals in vicinity
- GS22.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS23.** maintain patient confidentiality
- GS24.** respect the rights of the patient(s)
- GS25.** use experience and training to respond to the diverse needs of patients
- GS26.** diagnose or identify possible condition the patient is suffering from

- GS27.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly
- GS28.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
	<b>28</b>	<b>100</b>	<b>-</b>	<b>100</b>
<b>PC1.</b> describe the structure and function of the cardiovascular system	28	-	-	4
<b>PC2.</b> provide emergency medical care to a patient experiencing chest pain/discomfort	-	10	-	2
<b>PC3.</b> identify the symptoms of hypertensive emergency	-	4	-	2
<b>PC4 .</b> identify the indications and contraindications for automated external defibrillation (AED)	-	6	-	2
<b>PC5.</b> explain the impact of age and weight on defibrillation	-	6	-	2
<b>PC6.</b> discuss the position of comfort for patients with various cardiac emergencies	-	-	-	4
<b>PC7.</b> establish the relationship between airway management and the patient with cardiovascular compromise	-	8	-	2
<b>PC8 .</b> predict the relationship between the patient experiencing cardiovascular compromise and basic life support	-	6	-	2
<b>PC9.</b> explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator	-	2	-	2
<b>pc10 .</b> explain the importance of pre-hospital advanced life support (ALS) intervention if it is available	-	-	-	4
<b>PC11.</b> explain the importance of urgent transport to a facility with advanced life support if it is not available in the pre-hospital setting	-	-	-	4
<b>PC12 .</b> explain the usage of aspirin and clopidogrel	-	4	-	2
<b>PC13.</b> differentiate between the fully automated and the semi-automated defibrillator	-	-	-	4

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC14.</b> discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators	-	6	-	2
<b>PC15.</b> assure that the patient is pulseless and apnoeic when using the automated external defibrillator	-	4	-	2
<b>PC16.</b> identify circumstances which may result in inappropriate shocks	-	4	-	2
<b>PC17 .</b> explain the considerations for interruption of CPR, when using the automated external defibrillator	-	8	-	2
<b>PC18 .</b> summarise the speed of operation of automated external defibrillation	-	4	-	2
<b>PC19 .</b> discuss the use of remote defibrillation through adhesive pads	-	4	-	2
<b>PC20.</b> operate the automated external defibrillator	-	8	-	2
<b>PC21.</b> discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS	-	-	-	4
<b>PC22.</b> differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator	-	-	-	4
<b>PC23.</b> explain the reason for pulses not being checked between shocks with an automated external defibrillator	-	-	-	4
<b>PC24 .</b> identify the components and discuss the importance of post-resuscitation care	-	-	-	4
<b>PC25 .</b> explain the importance of frequent practice with the automated external defibrillator	-	-	-	4
<b>PC26.</b> discuss the need to complete the automated defibrillator: operator's shift checklist	-	-	-	4
<b>PC27.</b> explain the role medical direction plays in the use of automated external defibrillation	-	-	-	4

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC28.</b> state the reasons why a case review should be completed following the use of the automated external defibrillator	-	-	-	4
<b>PC29.</b> discuss the components that should be included in a case review	-	-	-	4
<b>PC30.</b> discuss the goal of quality improvement in automated external defibrillation	-	-	-	4
<b>PC31.</b> recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain	-	8	-	2
<b>PC32.</b> list the indications for the use of nitro-glycerine	-	4	-	2
<b>PC33.</b> state the contraindications and side effects for the use of nitro-glycerine	-	4	-	2
<b>PC34.</b> perform maintenance checks of the automated external defibrillator	-	-	-	4
<b>NOS Total</b>	<b>28</b>	<b>100</b>	<b>-</b>	<b>100</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2306
<b>NOS Name</b>	Manage cardiovascular emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N2307: Manage cerebrovascular emergency

### Description

This OS unit is about the recognition and treatment of emergencies related to the cerebrovascular system or strokes. It also shares permissible and appropriate emergency medical service procedures that may be rendered by EMT for patients having a stroke.

### Scope

This unit/task covers the following:

- Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation

### Elements and Performance Criteria

*Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation*

To be competent, the user/individual on the job must be able to:

- PC1.** describe the basic types, causes, and symptoms of stroke
- PC2.** provide emergency medical care to a patient experiencing symptoms of a stroke
- PC3.** manage airway, breathing, and circulation
- PC4 .** assess the patients level of consciousness and document any signs of stroke
- PC5 .** assess vital signs: blood pressure, heart rate, and respiratory rate
- PC6.** perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale
- PC7.** check serum blood sugar
- PC8 .** collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications
- PC9 .** determine the time of onset of symptoms
- PC10.** explain how patients, family, or bystanders should respond to a potential stroke
- PC11 .** discuss the actions recommended for emergency responders to potential stroke victims
- PC12 .** explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment
- PC13.** carry out first triage of potential stroke victims
- PC14 .** expedite transport of the patient to the nearest hospital equipped to handle strokes
- PC15 .** explain the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim
- PC16.** administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital
- PC17.** forward a written report to the emergency department with details on medical history and onset of the stroke symptoms



## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedure followed by hospital
- KU2.** the services offered by different healthcare providers
- KU3.** the health care institutions with availability of stroke treatment
- KU4.** the treatment the EMT can provide to a stroke victim according to prevailing regulation and hospital policies
- KU5.** role in the emergency cerebrovascular care system
- KU6.** the basic types, causes and symptoms of stroke
- KU7.** how to provide emergency medical care to a patient experiencing symptoms of a stroke
- KU8.** how to manage airway, breathing, and circulation
- KU9.** how to assess the patients level of consciousness and document any signs of stroke
- KU10.** how to assess vital signs: blood pressure, heart rate, and respiratory rate
- KU11.** how to perform a standardised pre-hospital stroke scale assessment
- KU12.** how to check serum blood sugar
- KU13.** the critical information that must be collected such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications
- KU14.** how to collect critical background information on the victim and the onset of the stroke symptoms
- KU15.** how to determine the time of onset of symptoms
- KU16.** inclusive and exclusive criteria for fibrinolytic therapy in acute stroke
- KU17.** steps that may be taken by patients, family, or bystanders to respond to a potential stroke
- KU18.** the actions recommended for emergency responders to potential stroke victims
- KU19.** the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment
- KU20.** how to carry out first triage of potential stroke victims
- KU21.** the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim
- KU22.** how to administer an iv line and oxygen and monitor the functioning of the heart on-route to the hospital
- KU23.** how to forward a written report to the emergency department with details on medical history and onset of the stroke symptoms

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** forward a written report to the emergency department with details on medical history and onset of the stroke symptoms
- GS2.** record various images and equipment readings
- GS3.** share sharp, concise and to the point report with the provider institute physician

- GS4.** complete the medical history, PCR and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** read about changes in legislations and organisational policies
- GS7.** keep abreast with the latest knowledge by reading internal communications and legal framework changes
- GS8.** read latest clinical regulations as shared by the medical officer
- GS9.** read the list of hospitals in the major accident or emergency prone locations.
- GS10.** read upgraded facilities available in existing hospitals
- GS11.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS12.** interact with the patient
- GS13.** give clear instructions to the patient
- GS14.** shout assertively in case the patient does not respond
- GS15.** collect all necessary information regarding the patients condition, address
- GS16.** avoid using jargon, slang or acronyms when communicating with a patient
- GS17.** communicate with other people around the patient and give them clear instructions around their safety
- GS18.** communicate clearly with other emergency response agencies if required
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved
- GS22.** how to plan and organise activities that are assigned to him/her
- GS23.** how to quickly think and refer to information about the hospitals in vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** use experience and training to respond to the diverse needs of patients
- GS28.** diagnose or identify possible strokes
- GS29.** be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Identifying the symptoms of a stroke , Managing patients having a stroke , Following the prescribed procedures and steps involved in a cerebrovascular, emergency situation</i>	<b>56</b>	<b>143</b>	-	<b>57</b>
<b>PC1.</b> describe the basic types, causes, and symptoms of stroke	56	4	-	4
<b>PC2.</b> provide emergency medical care to a patient experiencing symptoms of a stroke	-	25	-	5
<b>PC3.</b> manage airway, breathing, and circulation	-	14	-	2
<b>PC4 .</b> assess the patients level of consciousness and document any signs of stroke	-	8	-	2
<b>PC5 .</b> assess vital signs: blood pressure, heart rate, and respiratory rate	-	25	-	5
<b>PC6.</b> perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale	-	15	-	5
<b>PC7.</b> check serum blood sugar	-	4	-	2
<b>PC8 .</b> collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications	-	15	-	5
<b>PC9 .</b> determine the time of onset of symptoms	-	4	-	2
<b>PC10.</b> explain how patients, family, or bystanders should respond to a potential stroke	-	-	-	2
<b>PC11 .</b> discuss the actions recommended for emergency responders to potential stroke victims	-	-	-	2
<b>PC12 .</b> explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment	-	-	-	2

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC13.</b> carry out first triage of potential stroke victims	-	5	-	5
<b>PC14 .</b> expedite transport of the patient to the nearest hospital equipped to handle strokes	-	2	-	2
<b>PC15 .</b> explain the importance of immediately notifying the emergency department of the hospital of the arrival of a potential stroke victim	-	2	-	2
<b>PC16.</b> administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital	-	15	-	5
<b>PC17.</b> forward a written report to the emergency department with details on medical history and onset of the stroke symptoms	-	5	-	5
<b>NOS Total</b>	<b>56</b>	<b>143</b>	<b>-</b>	<b>57</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2307
<b>NOS Name</b>	Manage cerebrovascular emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N2318: Manage respiratory emergency

### Description

This OS unit is about assessing the symptoms of a patient with breathing difficulties and providing emergency treatment.

### Scope

This unit/task covers the following:

- Rendering basic medical care to a patient with a respiratory emergency

### Elements and Performance Criteria

#### *Rendering basic medical care to a patient with a respiratory emergency*

To be competent, the user/individual on the job must be able to:

- PC1.** recognise the anatomical components of the upper airway including: a. Nasopharynx b. Nasal air passage c. Pharynx d. Mouth e. Oropharynx f. Epiglottis
- PC2.** recognise the anatomical components of the lower airway including: a. Larynx b. Trachea c. Alveoli d. Bronchiole e. Carina f. Diaphragm
- PC3.** recognise the characteristics of normal breathing
- PC4.** recognise the signs of abnormal breathing including: a. Dyspnoea b. Upper airway obstruction c. Acute pulmonary oedema d. Chronic obstructive pulmonary disease e. Bronchitis f. Emphysema g. Pneumothorax h. Asthma i. Pneumonia j. Pleural effusion k. Pulmonary embolism l. Hyperventilation
- PC5.** recognise the characteristics of abnormal breath sounds
- PC6.** recognise the characteristics of irregular breathing patterns
- PC7.** complete a focused history and physical exam of the patient
- PC8 .** establish airway in patient with respiratory difficulties
- PC9 .** contact dispatch and medical control for choosing nebulizer therapy
- PC10.** understand the various types of Metered Dose Inhalers including: a. Preventil b. Ventolin c. Alupent d. Metaprel e. Brethinef. Albuterol g. Metaproterenol h. Terbutaline
- PC11.** understand the contraindications and side effects for various types of metered dose inhalers

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** relevant legislation, standards, policies, and procedures followed by the hospital
- KU2.** the anatomical components of the upper airway including: a. Nasopharynx b. Nasal air passage c. Pharynx d. Mouth e. Oropharynx f. Epiglottis
- KU3.** the anatomical components of the lower airway including: a. Larynx b. Trachea c. Alveoli d. Bronchiole e. Carina f. Diaphragm
- KU4.** the characteristics of normal breathing

- KU5.** the signs of abnormal breathing including: a. Dyspnoea b. Upper airway obstruction c. Acute pulmonary oedema d. Chronic obstructive pulmonary disease e. Bronchitis f. Emphysema g. Pneumothorax h. Asthma i. Pneumonia j. Pleural effusion k. Pulmonary embolism l. Hyperventilation
- KU6.** the characteristics of abnormal breath sounds
- KU7.** the characteristics of irregular breathing patterns
- KU8.** how to complete a focused history and physical exam of the patient
- KU9.** how to establish airway in patient with respiratory difficulties
- KU10.** how to contact dispatch and medical control for choosing nebulizer therapy
- KU11.** the various types of Metered Dose Inhalers including: a. Preventil b. Ventoil c. Alupent d. Metaprele. Brethinef. Albuterol g. Metaproterenol h. Terbutaline
- KU12.** the contraindications and side effects for various types of metered dose inhalers

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** share documents, reports, task lists, and schedules with co-workers
- GS2.** record daily activities
- GS3.** share sharp, concise and to the point report with the provider/institute physician
- GS4.** complete medical history, PCR and applicable transport form
- GS5.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS6.** produce information which may include technical material that is appropriate for the intended audience
- GS7.** read about changes in legislations and organisational policies
- GS8.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS9.** read latest clinical regulations shared by the medical officer
- GS10.** read the list of hospitals in the major accident or emergency prone locations
- GS11.** read about upgraded facilities available in existing hospitals
- GS12.** understand and interpret written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables
- GS13.** interact with the patient
- GS14.** give clear instructions to the patient
- GS15.** shout assertively in case the patient does not respond
- GS16.** collect all necessary information regarding the patient's condition, address
- GS17.** avoid using jargon, slang or acronyms when communicating with a patient
- GS18.** communicate with other people around the patient and give them clear instructions around their safety
- GS19.** make decisions pertaining to refusal of treatment
- GS20.** act decisively by balancing protocols and emergency at hand
- GS21.** manage situations where minors, unconscious or self-harming patients are involved
- GS22.** how to plan and organise activities that are assigned to him/her

- GS23.** how to quickly think and refer to information about the hospitals in the vicinity
- GS24.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS25.** maintain patient confidentiality
- GS26.** respect the rights of the patient(s)
- GS27.** take into account a number of factors to solve the problem, such as whether one or two paramedics are required and whether the patient can move at all on his or her own
- GS28.** analyse the impact of musculoskeletal injuries and provide the medical care
- GS29.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently



## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Rendering basic medical care to a patient with a respiratory emergency</i>	<b>56</b>	<b>130</b>	-	<b>70</b>
<b>PC1.</b> recognise the anatomical components of the upper airway including:a. Nasopharynxb. Nasal air passagec. Pharynxd. Mouthe. Oropharynxf. Epiglottis	56	-	-	6
<b>PC2.</b> recognise the anatomical components of the lower airway including:a. Larynxb. Tracheac. Alveolid. Bronchie. Carinaf. Diaphragm	-	-	-	6
<b>PC3.</b> recognise the characteristics of normal breathing	-	2	-	2
<b>PC4.</b> recognise the signs of abnormal breathing including:a. Dyspnoeab. Upper airway obstructionc. Acute pulmonary oedemad. Chronic obstructive pulmonary diseasee. Bronchitidf. Emphysemag. Pneumothoraxh. Asthmai. Pneumoniaj. Pleural effusionk. Pulmonary embolisml. Hyperventilation	-	24	-	24
<b>PC5.</b> recognise the characteristics of abnormal breath sounds	-	8	-	2
<b>PC6.</b> recognise the characteristics of irregular breathing patterns	-	8	-	2
<b>PC7.</b> complete a focused history and physical exam of the patient	-	20	-	4
<b>PC8 .</b> establish airway in patient with respiratory difficulties	-	18	-	2
<b>PC9 .</b> contact dispatch and medical control for choosing nebulizer therapy	-	18	-	2
<b>PC10.</b> understand the various types of Metered Dose Inhalers including:a. Preventilb. Ventoilnc. Alupentd. Metaprele. Brethinef. Albuterolg. Metaproterenoh. Terbutaline	-	32	-	16
<b>PC11.</b> understand the contraindications and side effects for various types of metered dose inhalers	-	-	-	4
<b>NOS Total</b>	<b>56</b>	<b>130</b>	-	<b>70</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2318
<b>NOS Name</b>	Manage respiratory emergency
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N2322: Transport patient to the provider institute

### Description

This OS unit is about the standardised procedures involved in rendering medical service to a patient by transporting the patient by appropriate means, based on the emergency, weather conditions, patients history and economic status. It also includes the physical steps related to patient transport from the emergency site to the transport.

### Scope

This unit/task covers the following:

- Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available in the ambulances

### Elements and Performance Criteria

*Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport, Treating immediate life threatening conditions using external devices available in the ambulances*

To be competent, the user/individual on the job must be able to:

- PC1.** adhere fully to the rules and regulations related to the usage of ground and air transport
- PC2.** adhere fully to the steps involved in treating and transporting the patient
- PC3.** positively manage situations where transport is a problem
- PC4.** allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport
- PC5.** adhere fully to procedures once the patient reaches the hospital
- PC6.** use correct medication and equipment for treatment of immediate threats to life

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** the procedures, rules and regulations involved in using ground and air transport
- KU2.** the legislation and regulations governing choice of transport
- KU3.** relevant procedures and regulations governing situations where patients cannot or do not give permission for transport
- KU4.** how to assess whether the emergency is of a life threatening nature and will require immediate transport or could it be done within the performance criterion or could it be further be done as per the availability of transport.
- KU5.** the importance of the consent of the patient or the family members for the transport procedure required for the patient to be transported

- KU6.** how to monitor the patient during the transit and what kind of monitoring would the patient require
- KU7.** how to assess whether the patient is able to travel long distance
- KU8.** the kind and amount of resources required to transport the patient
- KU9.** the procedure of taking the medical officer's consent before calling for transport
- KU10.** the procedure of handover of the patient to the medical officer with all the relevant paperwork related to patient's medical history and regulatory work
- KU11.** the procedures involved in case of specific and different emergency transport
- KU12.** the laws and regulations related to patient transport
- KU13.** how to manage cases where the patient is not giving consent to be transported
- KU14.** how to complete documentation of all the transport related paperwork
- KU15.** the treatment of immediate life threats using external devices available in the BLS ambulances and interventions like definitive airway, intravenous fluids and medications, interpretation of ECGs and defibrillators

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record daily activities
- GS2.** share sharp, concise and to the point report with the provider institute physician
- GS3.** complete medical history, PCR and applicable transport form
- GS4.** facilitate form filling in the allocated hospital once the patient reaches the hospital
- GS5.** read about changes in legislations and organisational policies
- GS6.** keep abreast with the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities
- GS7.** read on latest clinical regulations as shared by the medical officer
- GS8.** read on the list of hospitals in the major accident or emergency prone locations
- GS9.** read on upgraded facilities available in existing hospitals
- GS10.** interact with the patient
- GS11.** give clear instructions to the patient
- GS12.** collect all necessary information regarding the patients condition, address
- GS13.** avoid using jargon, slang or acronyms when communicating with a patient
- GS14.** communicate with other people around the patient and give them clear instructions around their safety
- GS15.** communicate clearly with other emergency response agencies if required
- GS16.** act decisively by balancing protocols and emergency at hand
- GS17.** manage situations where minors, unconscious or self-harming patients are involved
- GS18.** plan and organise activities that are assigned to him/her
- GS19.** quickly think and refer to information about the hospitals in the vicinity
- GS20.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS21.** maintain patient confidentiality

- GS22.** respect the rights of the patient(s)
- GS23.** adjust their transporting techniques to move the patient to the ambulance as per the requirement
- GS24.** analyse the situation and function effectively to accomplish the transport of patient
- GS25.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Transporting patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport , Treating immediate life threatening conditions using external devices available in the ambulances</i>	22	8	-	24
<b>PC1.</b> adhere fully to the rules and regulations related to the usage of ground and air transport	22	-	-	4
<b>PC2.</b> adhere fully to the steps involved in treating and transporting the patient	-	4	-	4
<b>PC3.</b> positively manage situations where transport is a problem	-	-	-	4
<b>PC4.</b> allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport	-	-	-	4
<b>PC5.</b> adhere fully to procedures once the patient reaches the hospital	-	-	-	4
<b>PC6.</b> use correct medication and equipment for treatment of immediate threats to life	-	4	-	4
<b>NOS Total</b>	<b>22</b>	<b>8</b>	<b>-</b>	<b>24</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2322
<b>NOS Name</b>	Transport patient to the provider institute
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Generic
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## HSS/N9622: Follow sanitization and infection control guidelines

### Description

This OS unit is about following ways for sanitization to prevent the spread of infection as per sectoral working requirements.

### Scope

The scope covers the following :

- Social distancing practices
- Personal and workplace hygiene
- Waste disposal methods
- Reporting and information gathering
- Mental and emotional wellbeing

### Elements and Performance Criteria

#### *Social distancing practices*

To be competent, the user/individual on the job must be able to:

- PC1.** maintain appropriate social distance as per specified protocols, for example, while greeting people, when in crowded places, using contactless mode of delivery of goods, etc.
- PC2.** carry out daily tasks using alternate methods e.g. virtual meetings, e-payments, etc.

#### *Personal and workplace hygiene*

To be competent, the user/individual on the job must be able to:

- PC3.** follow recommended personal hygiene and sanitation practices, for example, washing/sanitizing hands, covering face with a bent elbow while coughing/sneezing, using PPE, etc.
- PC4.** follow recommended workplace hygiene and sanitation practices, for example, sanitizing workstation and equipment regularly, using disposable wipes and utensils, using alternative systems to mark attendance, etc.
- PC5.** clean and disinfect all materials/supplies before and after use.

#### *Waste disposal methods*

To be competent, the user/individual on the job must be able to:

- PC6.** segregate waste as per guidelines
- PC7.** dispose waste as per guidelines

#### *Reporting and information gathering*

To be competent, the user/individual on the job must be able to:

- PC8.** keep abreast of the latest information and guidelines from reliable sources.
- PC9.** report signs and symptoms related to illness of self and others immediately to appropriate authority

#### *Mental and emotional wellbeing*

To be competent, the user/individual on the job must be able to:

- PC10.** seek help and guidance in case of stress and anxiety



## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** solid waste management Rules 2016
- KU2.** significance of personal hygiene practice including hand hygiene
- KU3.** social distancing norms
- KU4.** correct method of donning and doffing of PPE
- KU5.** significance of appropriate waste disposal methods and organizational and national waste management principles and procedures
- KU6.** ways to handle waste appropriately to reduce the risk of contamination
- KU7.** the logistics of waste management
- KU8.** the current national legislation, guidelines, local policies, and protocols related to work
- KU9.** ways to manage infectious risks in the workplace
- KU10.** the path of disease transmission
- KU11.** different methods of cleaning, disinfection, sterilization, and sanitization
- KU12.** the types of cleaning agents
- KU13.** symptoms of infections like fever, cough, redness, swelling and inflammation
- KU14.** signs of stress and anxiety

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** write formal and informal letters/emails, memos, reports, etc
- GS2.** read and interpret internal communications correctly
- GS3.** communicate the information effectively during interactions
- GS4.** analyze situations and make appropriate decisions
- GS5.** prioritize, organize, and accomplish work within prescribed timelines

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Social distancing practices</i>	<b>5</b>	<b>3</b>	-	-
<b>PC1.</b> maintain appropriate social distance as per specified protocols, for example, while greeting people, when in crowded places, using contactless mode of delivery of goods, etc.	-	-	-	-
<b>PC2.</b> carry out daily tasks using alternate methods e.g. virtual meetings, e-payments, etc.	-	-	-	-
<i>Personal and workplace hygiene</i>	<b>4</b>	<b>4</b>	-	-
<b>PC3.</b> follow recommended personal hygiene and sanitation practices, for example, washing/sanitizing hands, covering face with a bent elbow while coughing/sneezing, using PPE, etc.	-	-	-	-
<b>PC4.</b> follow recommended workplace hygiene and sanitation practices, for example, sanitizing workstation and equipment regularly, using disposable wipes and utensils, using alternative systems to mark attendance, etc.	-	-	-	-
<b>PC5.</b> clean and disinfect all materials/supplies before and after use.	-	-	-	-
<i>Waste disposal methods</i>	<b>3</b>	<b>2</b>	-	-
<b>PC6.</b> segregate waste as per guidelines	-	-	-	-
<b>PC7.</b> dispose waste as per guidelines	-	-	-	-
<i>Reporting and information gathering</i>	<b>3</b>	<b>2</b>	-	-
<b>PC8.</b> keep abreast of the latest information and guidelines from reliable sources.	-	-	-	-
<b>PC9.</b> report signs and symptoms related to illness of self and others immediately to appropriate authority	-	-	-	-
<i>Mental and emotional wellbeing</i>	<b>2</b>	<b>2</b>	-	-
<b>PC10.</b> seek help and guidance in case of stress and anxiety	-	-	-	-

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>NOS Total</b>	<b>17</b>	<b>13</b>	-	-

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N9622
<b>NOS Name</b>	Follow sanitization and infection control guidelines
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Generic
<b>Occupation</b>	Generic
<b>NSQF Level</b>	3
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	NA
<b>Next Review Date</b>	NA
<b>NSQC Clearance Date</b>	

## HSS/N2301: Respond to emergency calls

### Description

This OS unit is about the EMTs first response to a call received from the dispatch and preparing to move to the emergency site.

### Scope

This unit/task covers the following:

- Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment

### Elements and Performance Criteria

*Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment*

To be competent, the user/individual on the job must be able to:

- PC1.** understand the emergency codes used in the hospital for emergency situations
- PC2.** reflect professionalism through use of appropriate language while speaking to the dispatch team
- PC3.** use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider
- PC4.** evaluate the situation of the patient(s) on the basis of the call with the dispatch centre
- PC5.** demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse
- PC6.** recognise the boundary of ones role and responsibility and seek supervision from the medical officer on duty when situations are beyond ones competence and authority
- PC7.** prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on: a. Hospital Gownsb. Medical Glovesc. Shoe Coversd. Surgical Maskse. Safety Glassesf. Helmetsg. Reflective Clothing
- PC8.** prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance
- PC9.** demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer
- PC10.** establish trust and rapport with colleagues
- PC11.** maintain competence within ones role and field of practice
- PC12.** promote and demonstrate good practice as an individual and as a team member at all times
- PC13.** identify and manage potential and actual risks to the quality and safety of practice
- PC14.** evaluate and reflect on the quality of ones work and make continuing improvements

**PC15.** understand basic medico-legal principles

**PC16.** function within the scope of care as defined by state, regional and local regulatory agencies

## Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

**KU1.** codes used in the hospital for all emergency situations

**KU2.** relevant legislation, standards, policies, and procedures followed in the hospital

**KU3.** how to engage with the medical officer for support in case the situation is beyond ones competence

**KU4.** the role and importance of the EMT in supporting hospital operations

**KU5.** how to dress appropriately as per the healthcare provider rules during an emergency situation

**KU6.** response times decided by the EMS provider/ state government in which EMT operates

**KU7.** protocols designed by the state or EMS providers

**KU8.** relevant medical equipment used in different types of emergencies

**KU9.** basic medical terms and principles to evaluate the patients condition

**KU10.** how to prepare for dealing with different types of hazardous materials like nuclear, radioactive, biological, chemical and explosive substances

## Generic Skills (GS)

User/individual on the job needs to know how to:

**GS1.** write the patient care report (PCR)

**GS2.** capture information from the dispatch centres

**GS3.** read written instructions for specific emergency situations, briefs from the dispatch centre and other important communiques

**GS4.** keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities

**GS5.** collect all necessary information regarding the patient(s) through the dispatch centre

**GS6.** discuss requirements with colleagues

**GS7.** interact with a supervisor if required

**GS8.** avoid using jargon, slang or acronyms when communicating with the dispatch centre, colleagues or the medical officer

**GS9.** make decisions on medical equipment and supplies to stock based on information received from the dispatch centre

**GS10.** make decisions on routes to take and preparations to make based on information received from the dispatch centre

**GS11.** plan and organise activities required to respond to an emergency call

**GS12.** stage an ambulance and manage crowds

**GS13.** communicate effectively with the dispatch team, patients and their family, physicians, and other members of the health care team

- GS14.** maintain patient confidentiality
- GS15.** respect the rights of the patient(s)
- GS16.** cope with stress on the job without affecting job quality
- GS17.** have strong problem-solving skills
- GS18.** they must evaluate patients symptoms and administer the appropriate treatment
- GS19.** resolve the problem and make decisions based on the information captured from dispatch centres
- GS20.** analyse, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Responding to emergency calls from the dispatch centre, Collecting information about the type of emergency from the dispatch centre , Preparing oneself for an emergency , Preparing the ambulance with required equipment</i>	<b>14</b>	<b>164</b>	-	<b>36</b>
<b>PC1.</b> understand the emergency codes used in the hospital for emergency situations	14	-	-	10
<b>PC2.</b> reflect professionalism through use of appropriate language while speaking to the dispatch team	-	4	-	-
<b>PC3.</b> use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider	-	8	-	2
<b>PC4.</b> evaluate the situation of the patient(s) on the basis of the call with the dispatch centre	-	8	-	2
<b>PC5.</b> demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse	-	4	-	-
<b>PC6.</b> recognise the boundary of ones role and responsibility and seek supervision from the medical officer on duty when situations are beyond ones competence and authority	-	4	-	-
<b>PC7.</b> prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on: a. Hospital Gownsb. Medical Glovesc. Shoe Coversd. Surgical Maskse. Safety Glassesf. Helmetsg. Reflective Clothing	-	70	-	-
<b>PC8.</b> prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance	-	36	-	4



Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<b>PC9.</b> demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer	-	10	-	-
<b>PC10.</b> establish trust and rapport with colleagues	-	4	-	-
<b>PC11.</b> maintain competence within ones role and field of practice	-	4	-	-
<b>PC12.</b> promote and demonstrate good practice as an individual and as a team member at all times	-	4	-	-
<b>PC13.</b> identify and manage potential and actual risks to the quality and safety of practice	-	4	-	6
<b>PC14.</b> evaluate and reflect on the quality of ones work and make continuing improvements	-	4	-	-
<b>PC15.</b> understand basic medico-legal principles	-	-	-	8
<b>PC16.</b> function within the scope of care as defined by state, regional and local regulatory agencies	-	-	-	4
<b>NOS Total</b>	<b>14</b>	<b>164</b>	<b>-</b>	<b>36</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2301
<b>NOS Name</b>	Respond to emergency calls
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQF Clearance Date</b>	19/05/2015

## HSS/N2304: Assess patient at the site

### Description

This OS unit is about EMT assessing the situation through examination of the patients current medical state and extent of damage. This is followed by assessment of the clinical condition

### Scope

This unit/task covers the following:

- Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis

### Elements and Performance Criteria

*Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis*

To be competent, the user/individual on the job must be able to:

- PC1.** explain clearly: o an emts role and scope, responsibilities and accountability in relation to the assessment of health status and need so what information need to be obtained and stored in record so with whom the information might be shared o what is involved in the assessment
- PC2.** obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition
- PC3.** conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)
- PC4.** respect the patients privacy, dignity, wishes and beliefs
- PC5.** minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process
- PC6.** communicate with the patient clearly and in a manner and pace that is appropriate to: o their level of understanding o their culture and background o their need for reassurance and support
- PC7.** recognise promptly any life-threatening or high risk conditions
- PC8.** make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making
- PC9.** assess the condition of the patient by: o observing patient position o observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing o checking if there is any bleeding from the nose or ear o looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion o checking if the patient is under the effect of alcohol or any other drug o checking the patients mouth to ensure the airway is clear o gently checking the neck, starting from the back o checking for any swelling or bruises o checking the chest to ascertain if any object is stuck o checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lump o checking for any damage to the pelvis o asking the victim if they are able to feel their legs o observing the colour of toes to check for any circulation problems
- PC10.** use appropriate equipment if required

### Knowledge and Understanding (KU)

The individual on the job needs to know and understand:

- KU1.** why it is important to establish informed consent for the assessment to be made and how to proceed when consent cannot be, or is not provided
- KU2.** methods of obtaining consent and how to ensure that sufficient information has been provided on which to base judgment
- KU3.** the importance of clear communication in clinical situations
- KU4.** the importance of recording information clearly, accurately and legibly
- KU5.** the importance of health, safety, and security at the emergency scene
- KU6.** the basic requirements of the health and safety and other legislations and regulations that apply to the scene
- KU7.** relevant information on health, safety, and security that applies to the emergency scene
- KU8.** the steps which need to be taken to ensure that the privacy, dignity, wishes and beliefs of the adult are respected and maintained where possible
- KU9.** how to recognise hazards when encountered at the scene and how to report the hazard to the competent authority
- KU10.** the organisation's emergency procedures and responsibilities in nuclear, radioactive, biological, chemical and explosive incidents
- KU11.** how to examine a patient whose current medical condition is unclear. for example, ability to know how to practice caution with a patient who may have suffered a back injury.
- KU12.** the variation in approach for patient assessment between medical and trauma emergency cases
- KU13.** Clinical norms for adults and children with regard to: a. Temperature b. Pulse c. Respiration d. Blood pressure (non-invasive) e. Oxygen saturation level f. AVPU scale g. Glasgow Coma Scale h. Pupil reaction i. ECG j. Urinalysis k. Blood glucose l. Skin colour and pallor m. Consciousness
- KU14.** the indicators of high risk or life threatening conditions in relation to the parameters listed above
- KU15.** . Clinical norms with regard to the following symptoms:a. Breathlessnessb. Bleeding and fluid loss c. Pain d. Tissue trauma e. Skin rashes/dermatological features f. Toxic ingestion g. Altered consciousness, dizziness, faints and fits h. Altered behaviour i. Fever j. A fall k. Ear, nose and throat problems
- KU16.** requirements to ensure health and safety at the emergency site
- KU17.** how to create a safe environment around the patient and others
- KU18.** the importance of being alert to health, safety, and security hazards at the emergency site

## Generic Skills (GS)

User/individual on the job needs to know how to:

- GS1.** record information clearly, accurately and legibly
- GS2.** fill up all details in the PCR accurately and quickly
- GS3.** read about changes in legislations and organisational policies related to patient assessment procedures, techniques and processes
- GS4.** read updated clinical regulations and reports on assessment of patients at the site of an emergency

- GS5.** interact with the patient clearly and in a reassuring manner
- GS6.** give clear instructions to the patient
- GS7.** shout assertively in case the patient does not respond
- GS8.** collect all necessary information regarding the patient's condition, in order to provide the correct immediate treatment
- GS9.** avoid using jargon, slang or acronyms when communicating with a patient
- GS10.** communicate with other people around the patient and give them clear instructions for their safety
- GS11.** communicate clearly with other emergency response agencies if required
- GS12.** make decisions pertaining to the treatment to be given at the site and other actions to be taken
- GS13.** plan and organise activities at the scene of the emergency in order to provide the correct level of care to the patient
- GS14.** communicate effectively with patients and their family, physicians, and other members of the health care team
- GS15.** be sensitive to potential cultural differences
- GS16.** employ effective non-verbal behaviour with the patient(s) if required
- GS17.** maintain patient confidentiality
- GS18.** respect the rights of the patient(s)
- GS19.** check for the parameters and symptoms and provide appropriate medical care
- GS20.** identify immediate or temporary solution when patients medical condition is unclear
- GS21.** able to pay attention to detail at the scene and minutely observe the patients condition
- GS22.** able to use the knowledge and training at his or her disposal to make an accurate judgement of the patients condition and needs, even in a crisis

## Assessment Criteria

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<i>Assessing the situation and condition of the patient based on an examination and supporting tests, arriving at a probable diagnosis</i>	<b>28</b>	<b>146</b>	-	<b>54</b>
<b>PC1.</b> explain clearly: o an emts role and scope, responsibilities and accountability in relation to the assessment of health status and needso what information need to be obtained and stored in recordso with whom the information might be sharedo what is involved in the assessment	28	-	-	16
<b>PC2.</b> obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition	-	2	-	2
<b>PC3.</b> conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)	-	20	-	5
<b>PC4.</b> respect the patients privacy, dignity, wishes and beliefs	-	2	-	-
<b>PC5.</b> minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process	-	2	-	-
<b>PC6.</b> communicate with the patient clearly and in a manner and pace that is appropriate to: o their level of understandingo their culture and backgroundo their need for reassurance and support	-	2	-	-
<b>PC7.</b> recognise promptly any life-threatening or high risk conditions	-	4	-	1
<b>PC8.</b> make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making	-	2	-	2

Assessment Criteria for Outcomes	Theory Marks	Practical Marks	Project Marks	Viva Marks
<p><b>PC9.</b> assess the condition of the patient by: o observing patient positiono observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughingo checking if there is any bleeding from the nose or earso looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussiono checking if the patient is under the effect of alcohol or any other drugo checking the patients mouth to ensure the airway is clearo gently checking the neck, starting from the backo checking for any swelling or bruiseso checking the chest to ascertain if any object is stucko checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumpso checking for any damage to the pelviso asking the victim if they are able to feel their legso observing the colour of toes to check for any circulation problems</p>	-	104	-	26
<p><b>PC10.</b> use appropriate equipment if required</p>	-	8	-	2
<b>NOS Total</b>	<b>28</b>	<b>146</b>	-	<b>54</b>

## National Occupational Standards (NOS) Parameters

<b>NOS Code</b>	HSS/N2304
<b>NOS Name</b>	Assess patient at the site
<b>Sector</b>	Healthcare
<b>Sub-Sector</b>	Allied Health & Paramedics
<b>Occupation</b>	Curative Services
<b>NSQF Level</b>	4
<b>Credits</b>	TBD
<b>Version</b>	1.0
<b>Last Reviewed Date</b>	22/05/2013
<b>Next Review Date</b>	22/05/2015
<b>NSQC Clearance Date</b>	19/05/2015

## Assessment Guidelines and Assessment Weightage

### Assessment Guidelines

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Either each element/Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory, viva and Skills Practical for each element/PC.
2. The assessment for the theory part will be based on knowledge bank of questions approved by the SSC.
3. Individual assessment agencies will create unique question papers for theory part for each candidate/batch at each examination/training center (as per assessment criteria below).
4. Individual assessment agencies will create unique evaluations for skill practical & viva for every student at each examination/ training center based on these criteria.
5. In case of successfully passing as per passing percentage of the job role, the trainee is certified for the Qualification Pack.
6. In case of unsuccessful completion, the trainee may seek reassessment on the Qualification Pack.

### Minimum Aggregate Passing % at QP Level : 70

**(Please note:** Every Trainee should score a minimum aggregate passing percentage as specified above, to



successfully clear the Qualification Pack assessment.)

### Assessment Weightage

Compulsory NOS

National Occupational Standards	Theory Marks	Practical Marks	Project Marks	Viva Marks	Total Marks	Weightage
HSS/N2302.Size up the scene at the site	13	9	-	1	23	10
HSS/N2305.Patient triage based on the defined clinical criteria of severity of illness	56	145	-	55	256	15
HSS/N2306.Manage cardiovascular emergency	28	100	-	100	228	15
HSS/N2307.Manage cerebrovascular emergency	56	143	-	57	256	10
HSS/N2318.Manage respiratory emergency	56	130	-	70	256	10
HSS/N2322.Transport patient to the provider institute	22	8	-	24	54	10
HSS/N9622.Follow sanitization and infection control guidelines	17	13	-	-	30	10
HSS/N2301.Respond to emergency calls	14	164	-	36	214	10
HSS/N2304.Assess patient at the site	28	146	-	54	228	10
<b>Total</b>	<b>290</b>	<b>858</b>	<b>-</b>	<b>397</b>	<b>1545</b>	<b>100</b>

## Acronyms

<b>NOS</b>	National Occupational Standard(s)
<b>NSQF</b>	National Skills Qualifications Framework
<b>QP</b>	Qualifications Pack
<b>TVET</b>	Technical and Vocational Education and Training

## Glossary

<b>Sector</b>	Sector is a conglomeration of different business operations having similar business and interests. It may also be defined as a distinct subset of the economy whose components share similar characteristics and interests.
<b>Sub-sector</b>	Sub-sector is derived from a further breakdown based on the characteristics and interests of its components.
<b>Occupation</b>	Occupation is a set of job roles, which perform similar/ related set of functions in an industry.
<b>Job role</b>	Job role defines a unique set of functions that together form a unique employment opportunity in an organisation.
<b>Occupational Standards (OS)</b>	OS specify the standards of performance an individual must achieve when carrying out a function in the workplace, together with the Knowledge and Understanding (KU) they need to meet that standard consistently. Occupational Standards are applicable both in the Indian and global contexts.
<b>Performance Criteria (PC)</b>	Performance Criteria (PC) are statements that together specify the standard of performance required when carrying out a task.
<b>National Occupational Standards (NOS)</b>	NOS are occupational standards which apply uniquely in the Indian context.
<b>Qualifications Pack (QP)</b>	QP comprises the set of OS, together with the educational, training and other criteria required to perform a job role. A QP is assigned a unique qualifications pack code.
<b>Unit Code</b>	Unit code is a unique identifier for an Occupational Standard, which is denoted by an 'N'
<b>Unit Title</b>	Unit title gives a clear overall statement about what the incumbent should be able to do.
<b>Description</b>	Description gives a short summary of the unit content. This would be helpful to anyone searching on a database to verify that this is the appropriate OS they are looking for.
<b>Scope</b>	Scope is a set of statements specifying the range of variables that an individual may have to deal with in carrying out the function which have a critical impact on quality of performance required.
<b>Knowledge and Understanding (KU)</b>	Knowledge and Understanding (KU) are statements which together specify the technical, generic, professional and organisational specific knowledge that an individual needs in order to perform to the required standard.

<b>Organisational Context</b>	Organisational context includes the way the organisation is structured and how it operates, including the extent of operative knowledge managers have of their relevant areas of responsibility.
<b>Technical Knowledge</b>	Technical knowledge is the specific knowledge needed to accomplish specific designated responsibilities.
<b>Core Skills/ Generic Skills (GS)</b>	Core skills or Generic Skills (GS) are a group of skills that are the key to learning and working in today's world. These skills are typically needed in any work environment in today's world. These skills are typically needed in any work environment. In the context of the OS, these include communication related skills that are applicable to most job roles.
<b>Electives</b>	Electives are NOS/set of NOS that are identified by the sector as contributive to specialization in a job role. There may be multiple electives within a QP for each specialized job role. Trainees must select at least one elective for the successful completion of a QP with Electives.
<b>Options</b>	Options are NOS/set of NOS that are identified by the sector as additional skills. There may be multiple options within a QP. It is not mandatory to select any of the options to complete a QP with Options.