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NSQF QUALIFICATION FILE

Approved in 22nd NSQC dated 19th December 2018

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List of documents submitted in support of the Qualifications File

1. *Curriculum standardized by MoHFW (Annexure I)*
2. *Minutes of the consultation with experts for developing standards (Annexure II)*
3. *Schematic of overall Skills based training roll out in the country (Annexure III)*
4. *Evidence of need for Skill based courses (Annexure IV)*
5. *Policy (standards) for Skill courses as finalised by MoHFW (Annexure V)*

NSQF QUALIFICATION FILE

SUMMARY

1.	Qualification Title	**Emergency Medical Technician- Basic (EMT-B)**
2.	Qualification Code, if any	Not applicable
3.	NCO code and occupation	**2240.0501**
4.	Nature and purpose of the qualification (Please specify whether qualification is short term or long term)	The EMT-Basic program is a short duration skill based training program, with an objective to develop a pool of trained Emergency Medical Technicians who can be employed by service providers for emergency care services. Emergency Medical Technician- Basic can be defined as an entry-level professional who is trained in basic emergency care skills, such as Intra Venous cannulation, oxygen therapy, physical examination, assisting emergency child birth and essential newborn care, automated external defibrillation, airway maintenance, Cardio Pulmonary Resuscitation, spinal immobilization, bleeding control, and fracture management. An EMT-B is trained for administration of medications as well but always under medical direction over radio or phone. The EMT-B's scope of practice is to render basic life support (BLS) to the sick and injured and transport them to a medical facility within stipulated time limits. It also includes adherence to the patient safety. It also includes legal duties to the patient, the medical director, and the public. The EMT-B must provide for the well-being of the patient by rendering necessary interventions outlined in the scope of practice dictated by the laws of the State and the medical director in reference to the national standard curricula .
5.	Body/bodies which will award the qualification	**IGNOU (Indira Gandhi National Open University)**
6.	Body which will accredit providers to offer courses	National Accreditation Board for Hospitals and Healthcare Provider (NABH) accredited hospitals or ISO 9001 certified hospitals under NABCB accreditation and those affiliated with

	leading to the qualification	National Board of Examination (NBE) to be directly approved as training sites, including - Government hospitals such as functional First Referral Units (FRU), District Hospitals and above, Central Government Health Scheme (CGHS) empanelled hospitals and other Institutes of National Importance (INI), across the country. Training institutions that do not have affiliation with any University as approved under UGC/deemed university/ autonomous institutes/INI or not recognized by an appropriate health care statutory body, to be accredited by appropriate mechanisms under

		the **National Accreditation Board for Certification Bodies (NABCB under QCI)**.
7.	**Whether accreditation/ affiliation norms are already in place or not, if applicable (if yes, attach a copy)**	Accreditation norms will be as developed/ followed by NABCB, QCI for the same purpose.
8.	**Occupation(s) to which the qualification gives access**	This course will prepare personnel having minimum **B.Sc. Qualification** background and who desire to be employed as an '**Emergency Medical Technician**' in the healthcare sector.
9.	**Job description of the occupation**	The objective of the training program is to develop a pool of trained Emergency Medical Technicians who can be employed by service providers. *As per the training modules at the end of the training, the candidate would be certified to perform following activities–* 1. Demonstrate knowledge about emergency medical care services 2. Demonstrate the ability to perform clinical skills essential in providing basic emergency medical care services 3. Demonstrate setting of an ambulance for dealing with emergency situations 4. Practice infection control measures 5. Demonstrate safe and efficient transferring and ambulation techniques 6. Demonstrate techniques to maintain the personal hygiene needs of oneself and the patient 7. Demonstrate actions in the event of medical and facility emergencies 8. Demonstrate professional behavior, personal qualities and characteristics of an Emergency Medical Technician-Basic 9. Demonstrate good communication, communicate accurately and appropriately in the role of Emergency Medical technician-Basic

10.	**Licensing requirements**	**Not applicable at the current moment, however, once a statutory body is established by MoHFW this may be explored at a later time.**
11.	**Statutory and regulatory requirement of the relevant sector**	**Not applicable, please refer to point 10.**

	(Documentary evidence to be provided)	
12.	**Level of the qualification in the NSQF**	**Level 5**
13.	**Anticipated volume of training/learning required to complete the qualification**	It is recommended that any programme developed from this curriculum should have a minimum duration of **1000 hours (**including **173 hours of Theory, 211 hours of practical and 616 hrs of internship)** to qualify as an entry level professional in the field of Emergency Medical Services.
14.	**Indicative list of training tools required to deliver this qualification**	**Refer to Annex I – Curriculum *(page 42 Equipment list)***
15.	**Entry requirements and/or recommendations and minimum age**	Any candidate who wishes to take this program must be Graduate with Biology and Science, and have basic understanding of English regional/vernacular language. ***(No minimum age has been specified in the Curriculum as entry criteria)***
16.	**Progression from the qualification (Please show professional and academic progression)**	**Professional progression** After the due certification on qualifying all the desired skills, it is expected that the candidate will attain employment as an Emergency Medical Technician- Basic. The candidate may further attain supervisory role as he/she progresses in their careers. However, it is recommended that other than supervisory provisions- no true change in the scope of practice or responsibility maybe accorded to the Emergency Medical Technician- Basic, **unless an appropriate educational qualification is attained.** **Academic progression** ***After attaining lateral entry to a Bachelors programme of EMT-Advance, leading to attainment of a qualification recognized by the Ministry of Health and Family Welfare, the EMT-B may have progression to Level 6 as EMT-Advance with elaborate***

		additional responsibilities other than those mandated for a EMT-Basic.
17.	**Arrangements for the Recognition of Prior learning (RPL)**	MoHFW already has existing process of upskilling and refresher training for the existing workforce but not a formal policy for recognition of prior learning. In view of the same, a body identified (third party assessors) by MoHFW for assessments will conduct pre- assessments of students through an appropriate mechanism for gap analysis as per designed curriculum, and appropriately the candidates will be trained and will undergo final assessments of all

		the desired skills to qualify as a EMT-Basic.
18.	**International comparability where known (research evidence to be provided)**	The curriculum guidelines framed by MoHFW comprises the skills needed for an Emergency Medical Technician- Basic to effectively perform his duties as per standards. These are aligned to the Indian standards, protocols and procedure for emergency care, however, detailed international literature review was undertaken to identify applicable techniques. The National Occupational Standards of UK, Australia, Canada and other countries were also reviewed for applicability and were deliberated upon by subject experts. In the future, if the curriculum standards have to be specifically customized for certain target countries where such workforce might find employability, these shall also be facilitated by the relevant bodies. International documentation reviewed for the same include the following- Global strategy on human resources for health: Workforce 2030 http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1 Health Employment and Economic Growth: An Evidence Base, WHO Report 2017 http://www.who.int/hrh/resources/WHO-HLC-Report_web.pdf http://planningcommission.nic.in/reports/genrep/rep_uhc0812.pdf http://www.jobmarkets.com.au/doc/ANZSCO%20first%20edition%20revision%201.pdf https://www.ems.gov/pdf/National-EMS-Education-Standards-FINAL-Jan-2009.pdf https://www.cdc.gov/niosh/programs/pubsaf/emergencymedicalservice.html https://innovativeapprenticeship.org/oc_st_post/health-emergency-care-assistance/ http://paramedic.ca/uploaded/web/documents/2011-10-31-Approved-NOCP-English-

		Master.pdf https://qualifications.pearson.com/content/dam/pdf/NVQ-and-competence-based-qualifications/Emergency-Care-Assistance/2010/Specification/9781446952597_L2_Dip_in_Emergency_Care_Assistance_Issue_2_V3.pdf

19.	**Date of planned review of the qualification**	Considering the rapid advancement in the technology and techniques in healthcare, it is proposed that the qualification to be reviewed every three years. (Next review to be conducted in Year 2021)

20. Formal structure of the qualification

Mandatory components

	Title of component and identification code/NOSs/Learning outcomes	**Estimated size (learning hours)**	**Level**
i.	Foundation Module: Introduction to the Emergency Medical Technician Program	30	**5**
ii.	Respond to Emergency Calls	15	**5**
iii.	Size Up the scene at the site	30	**5**
iv.	Follow Evidence-Based Protocol while managing patients	20	**5**
v.	Assessment of patient onsite and Triage	65	**5**
vi.	Managing Emergencies – I	60	**5**
vii.	Managing Emergencies – II	44	**5**
viii.	Managing Emergencies – III	25	**5**
ix.	Managing Trauma	50	**5**
x.	Managing Infants, Neonates And Children	15	**5**
xi.	Managing Mass Casualty Incidents (MCI)	10	**5**
xii.	Managing Patient Transfers	10	**5**
xiii.	Follow Biomedical Waste Disposal Protocols	10	**5**
	Total Duration (Didactic + Practicum)	**384**	
	Internship Duration	**616**	
	Sub Total (A) TOTAL DURATION OF THE PROGRAM (Including Internship)	**1000 hrs.**	

	Optional components		
	Title of component and identification code/NOSs/Learning outcomes	**Estimated size (learning hours)**	**Level**
	Not applicable		
	Sub Total (B)	**Not applicable**	
	Total A+ B	**1000 hrs.**	

Curriculum attached at Annexure I

SECTION 1
ASSESSMENT

21. Body/Bodies which will carry out assessment:

It is proposed IGNOU will be conducting assessment of the candidates, and the overall monitoring of the same will be executed by the monitoring committee. The monitoring committee will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses.

22. How will RPL assessment be managed and who will carry it out?

There is an existing process of upskilling and refresher training for the existing workforce but not a formal policy for recognition of prior learning for the public sector employees. However, for the RPL assessments of fresh candidates with prior work exposure, an appropriate body will be designated with the work of pre-assessments and will be done before any training is undertaken.

The following thorough process will be followed for the RPLs-

Registration: Candidates will be expected to submit registration form online along with uploading of scanned copies of some mandatory documents including basic education and prior work experience if any. The applications will be screened on the basis of the eligibility criteria and approved candidates will be duly informed.

Pre-assessment: The shortlisted candidates will then undergo a pre-assessment of skills and knowledge on the basis of the thirteen (13) existing modules of the EMT-B course. The pre-assessment will be focused on the clinical skills of the candidate and there may be short knowledge based assessment with definite marking by MoHFW empaneled and notified assessor. The assessments will be coordinated and monitored by the MoHFW's State Health and Family Welfare Institutions/ Collaborating Training Institutions (CTIs), or authorized body as notified by MoHFW. The assessments will be undertaken in clusters and will be batch wise, however for the skills test each candidate will have to individually demonstrate on mannequins/or through role plays or as applicable based on the skill.

Training: The skills and knowledge gap in each of the candidate will be recorded and a performance chart will be developed. The candidate will then be rendered training as per the gaps identified and will be aligned with the classes planned for the regular students of the course, in order to make this more cost effective model.

Training Partners: It is further proposed that the training partners will be evaluated and accredited by NABCB, as applicable per the policy document.

23. Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, reliable and fair and show that these are in line with the requirements of the NSQF.

Given that the effective healthcare services are dependent on the people's knowledge and skills pertaining to healthcare delivery techniques, it is imperative to create a transparent and equitable model in order to avert any conflict of interest in rendering the desired skill sets. It has thus been decided that different institutions will be notified for various responsibilities as stated above.

The main roles involved in this process include the following: 1) Training (and its related administrative processes including student enrolment etc.) examination and skill assessment of trainees,2) Accreditation of clinical sites willing to partner for practical training, 3) Final certification of the candidate and 4) Overall process monitoring and evaluation at each level (national, state, district and local levels). The specified bodies will have standardized protocol for respective responsibilities such as that of accreditation, registration and training of candidates and assessments for the award of the certification.

For State level monitoring of the programme, a sub-committee authorized by the national monitoring committee will be established having representation from all the notified implementers of the programme. This committee will help to identify and solve the implementation problems of the region, monitor the programme for quality assurance and help towards recognition of the programme by the State.

1) <u>For the Student's training and assessment protocol, a robust framework has been envisioned:</u>

1.1 Didactic training Component

The didactic training sessions will be conducted through identified trainers at Programme Study Centre and Skill laboratories. These will be linked to Medical Colleges and District Level Hospitals (Skill Development Centres) identified by authorized body and monitoring team for this programme. At Skill labs, candidates will be demonstrated practical skills and given opportunity to clear their doubts where they would practice the skills for gaining competence.

In addition to the District hospitals, a skill development centre could also be a First Referral Unit(FRU) or a private set up (may be a large private hospital/nursing home) with a minimum patient turn over, availability of subject experts and the facilities as per the guideline mentioned set by the MoHFW and accreditation by notified body. The Skill development centre will be identified and allotted to the candidates as per proximity and definite student-supervisor ratio.

1.2 Practical Component

Every theory course has a related practical course. The skills that the candidate will learn is listed in the following table highlighting the following structure of qualification. The students will be assessed on each of the skill, which will be recorded and will be part of the learning exercise.

Please refer to **Annexure I (Curriculum)** that summarizes the hours that the candidate will need to spend in practical component of each module of the course. The time allotment at will be used for demonstration of skills and follow up practice. To ensure that the candidate has understood the steps involved in each of the skills demonstrated, one would practice the skills on mannequin initially for a recommended number of times as per the session plan in a skill lab and would be eventually asked to practice the same skill under supervision on live cases. The candidate will be internally evaluated on each of the skill and will be graded accordingly. The number of cases that one would handle for each skill will be mentioned in the logbooks (*as stated in following section 1.3*).

As per the curriculum, the duration of practical component will be mentioned against each course. The practical manuals provided for each course would provide information in details about the skills that the candidate need to perform. The manual will guide the candidate in carrying out the procedures both under supervision and later on for self-practice. Please note this entire process may be managed electronically as well.

1.3 Log-book/E-log book Maintenance

Log-book is meant for maintaining the records of all the activities/cases that the candidates will be performing as a part of the programme at various training sites. ***The skill based case handled by the candidate will be recorded in the log book and will be countersigned by the respective trainers/ internal assessors.*** As attendance of all the spells vis-à-vis completion of all skills is compulsory, this record will be on objective proof of actual performance and learning. If a particular activity is not duly signed, then it would not be considered for internal assessment and hence will fetch the candidate overall low scoring. The ***log-book will also be evaluated by the external examiner in the term-end practical*** examination to tally the skills that has been attained by the candidate during the training program. Please note this entire process of assessment may be managed electronically.

1.4 Method of Evaluation of Theory Courses

1.4.1 Internal Assessment(Assignments)

The internal assessment for theory will be carried out by providing one assignment for every two theory blocks. These assignments will have to be answered by the candidates either electronically or in hard copy. The candidate will have to secure an aggregate of minimum marks to pass. If one fails to secure passing marks, he/she will have to repeat the assignment/(s) in which he/she has scored less than minimum marks.

Submission of assignments is a pre-requisite for appearing in theory examination, which may be paper based or electronic. If someone appears in the term-end theory examination, without submitting the respective assignments, his/her term-end theory examination may not be reflected in the grade card. The internal assessments would carry 30% weightage in the total grading of the candidate to qualify the skills course.

1.4.2 Term-end Examination

There will be a standardized exit examination, held in select time of the year in authorized testing centres as notified by the assessment body, in which every candidate will have to pass both online/ written didactic examination and a skill test at one of the skill testing centres. Details specific to each course will be as per the assessment body's discretion.

1.5 Method of Evaluation of Practical Courses

1.5.1 Internal Assessment

Like the theory courses, the practical courses will have 30% weightage from internal assessment. The internal assessment of the practical component will be done by identified assessors as notified. There will be no formal question papers to assess this component. The assessors will make a subjective assessment of candidate's understanding and performance on every skill. The marks on internal assessment will be given to the assessor as well for verification.

Passing in internal assessment of the practical is a prerequisite for appearing in the Term-end Practical examination. A student will have to secure minimum marks to be declared as pass in the internal assessment component. If a student fails to secure pass marks, he/she will have to repeat all the practical activities of related courses **after paying the required fees at the regional centre.** The fees will be same as that applicable for readmission to practical Courses.

1.5.2 Term-end Examination

For term-end practical examination, there will be definite number of internal and external examiners. The internal examiners will be from the same programme study centre and the external examiners will be from same programme but of other States. Proper mapping of the assessor will be done to avoid any bias and at times an Observer from the monitoring team may also participate in the activities. The practical term-end examination will be held as per the duration of the program.

The examination pattern will be uniform across the whole country. A student will have to score definite minimum marks to pass successfully in each module separately for theory as well as practical, otherwise, he/she will have to repeat the respective course.

24. ASSESSMENT EVIDENCE

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
FOUNDATION MODULE: INTRODUCTION TO THE EMERGENCY MEDICAL TECHNICIAN PROGRAM	Explain and demonstrate the role of an EMT-Basic	5	5	10
	Describe and demonstrate the ethical considerations of his/her job as an EMT-Basic	5	10	15
	Describe the need for customer service and service excellence in Medical service	10	10	20
	Describe and demonstrate how to communicate with patient with impaired hearing/ vision/ speech/ memory	5	20	25
	Enumerate and demonstrate the changes in the patient with abnormal behaviour	5	5	10
	Identify the various contents of First Aid Kit	0	20	20
	Demonstrate Heimlich Manoeuvre	0	10	10
	Demonstrate the immediate action to be taken for a patient with nosebleed/ minor burns/ asthma attack/fainting/ sprain/ hypothermia/ bites – bee sting or snake bite	0	30	30
	Explain the importance of treating confidential information correctly	5	5	10
	Demonstrate basic first aid and CPR	0	30	30
	Describe precautions in the event of a disaster	0	5	5
	Demonstrate the basic use of computers and aspects related to data handling	0	10	10
	List basic medico-legal principles	0	5	5

	TOTAL	**35**	**165**	**200**
RESPOND TO EMERGENCY CALLS	Demonstrate how to respond to call for emergency medical assistance from the dispatch centre	5	20	25
	Demonstrate how to collect information about the type of emergency from the dispatch centre	5	20	25
	State basic medical terms and principles to evaluate the patient's condition	5	20	25
	State conditions necessary for the EMT-B to have a duty to take action	5	5	10
	Demonstrate the use of communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider	0	20	20
	Demonstrate principles for ensuring teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse	0	25	25

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	Demonstrate preparation of the ambulance with the required medical equipment and supplies as per the medical emergency	5	45	50
	Demonstrate process for ensuring active listening in interactions with the dispatch team, colleagues and the medical officer	0	10	10
	State the response times decided by the EMS provider/ state government in which EMT operates	5	5	10
	TOTAL	**30**	**170**	**200**
SIZE UP THE SCENE AT THE SITE	Describe procedures to ensure scene safety	5	5	10
	List information to be obtained for an accurate and complete scene assessment	5	10	15
	Demonstrate documentation of scene assessment	5	10	15
	Demonstrate steps in crowd management	5	5	10
	Demonstrate introducing oneself to patient(s) and asking for their consent to any treatment	5	5	10
	Demonstrate communication with those around the patient(s) and give them clear instructions for their safety	5	10	15
	Demonstrate effective communication with other emergency response agencies if required	5	5	10
	Discuss the scene with colleagues to express views and opinions	5	5	10
	Demonstrate preparation for dealing with different types of hazardous materials like			

	nuclear, radioactive, biological, chemical and explosive substances and actions to be taken	5	20	25
	Demonstrate preparation for an emergency by practicing Body Substance Isolation (BSI), by putting on:			
	Hospital Gowns	0	10	10
	Medical Gloves	0	10	10
	Shoe Covers	0	10	10
	Surgical Masks	0	10	10
	Safety Glasses	0	10	10
	Helmets	0	10	10
	Reflective Clothing	0	10	10
	State the conditions that require an EMT-B to notify law enforcement officials and demonstrate the process for the same	5	5	10
	TOTAL	**50**	**150**	**200**

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
EVIDENCE-BASED PROTOCOL WHILE MANAGING PATIENTS	Enumerate and demonstrate appropriate and permissible medical service procedures which may be rendered by an EMT B to a patient not in a hospital	10	40	50
	Demonstrate communication protocols for medical situations that require direct voice communication between the EMT B and the Medical officer prior to the EMT rendering medical services to the patients outside the hospital	5	20	25
	Demonstrate the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)	10	30	40
	List situations in which CPR needs to be withheld and in which cases it needs to be given	5	10	15
	TOTAL	**30**	**100**	**130**
ASSESSMENT OF PATIENT ONSITE AND TRIAGE	Explain clearly:			
	a. An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs	5	10	15
	b. What information need to be obtained and stored in records	10	0	10
	c. With whom the information might be shared	10	0	10
	d. What is involved in the assessment	5	5	10
	Demonstrate the procedure to obtain informed consent of the patient for	5	10	15

	the assessment process			
	Demonstrate the procedure for observations and measurements in order of priority (including Airway, Breathing, Circulation)	5	20	25
	Demonstrate the procedure to check patient condition by observing position, colour of skin, etc.	5	20	25
	Define Triage and discuss significance of Triage Tag of the patient	5	10	15
	TOTAL	**50**	**75**	**125**
MANAGING EMERGENCIES – I	Identify the symptoms of hypertensive emergency	5	5	10
	Identify the indications and contraindications for automated external defibrillation (AED)	10	0	10
	Demonstrate CPR	0	30	30
	Demonstrate stabilization of the patient and transport to facility	0	20	20
	Demonstrate the performance of a standardized pre-hospital stroke scale	0	15	15

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	assessment such as the Cincinnati pre-hospital stroke scale			
	Explain the physiological effects of electric current, electromagnetic radiation on a person's health	10	0	10
	Define the terms hypothermia, heat stroke and altitude illness	10	0	10
	Explain the complications of near drowning	10	0	10
	Identify the characteristics of an individual's behavior which suggest that the patient is at risk for suicide	10	0	10
	Identify special medical/legal considerations for managing behavioral emergencies	5	0	5
	Recognize the special considerations for assessing a patient with behavioral problems	10	0	10
	TOTAL	**70**	**70**	**140**
MANAGING EMERGENCIES – II	Demonstrate the steps in pre-delivery preparation of the mother	5	10	15
	State the steps required for care of the baby as the head appears	5	5	10
	Explain how and when to cut the umbilical cord	5	5	10
	Explain and demonstrate the characteristics of normal breathing	5	5	10
	Describe possible complications during a normal delivery	5	5	10
	Demonstrate the measurement of oxygen in the blood	5	5	10

	Discuss EMT-B's role in assisting a delivery of a newborn and newborn care	5	0	5
	Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	5	5	10
	Describe how to identify a patient taking diabetic medications and the implications of a diabetes history	5	5	10
	Demonstrate assessment of a patient suspected of, or identified as having an infectious disease	0	5	5
	Discuss local protocol for management of a patient with an infectious disease	0	5	5
	Discuss precautions necessary while dealing with a case of an infectious disease	0	5	5
	TOTAL	**45**	**60**	**105**
MANAGING EMERGENCIES - III	State the generic and trade names, medication forms, dose, administration, action, and contraindications for the	10	10	20

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	epinephrine auto-injector			
	Differentiate between the general category of those patients having an allergic reaction and a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	10	10	20
	Demonstrate effective history taking of the patient to avoid inducing an allergic reaction during emergency care	10	10	20
	List signs/symptoms associated with types of poisoning	10	10	20
	List the symptoms and possible causes of referred pain	10	10	20
	TOTAL	**50**	**50**	**100**
MANAGING TRAUMA	Differentiate between arterial, venous, and capillary bleeding	10	10	20
	Define shock and different kinds of shock	10	10	20
	Discuss the types of open soft tissue injuries	10	10	20
	Discuss the emergency medical care for an impaled object	10	10	20
	Define burn and describe the degrees of burns	10	10	20
	Discuss basic anatomy of head, face and spinal column	10	10	20
	TOTAL	**60**	**60**	**120**
MANAGING INFANTS,	List developmental considerations for the age groups of infants, toddlers, pre-school,	5	10	15

NEONATES AND CHILDREN	school age and adolescent			
	List differences in anatomy and physiology of the infant, child and adult patient	5	10	15
	Demonstrate the difference in response of the ill or injured infant or child (age specific) from that of an adult	5	10	15
	Demonstrate steps in the management of foreign body airway obstruction	5	10	15
	Demonstrate emergency medical care strategies for respiratory distress and respiratory failure	5	10	15
	Demonstrate the management of seizures in the infant and child patient	5	10	15
	List differences between the injury patterns in adults, infants, and children	5	10	15
	TOTAL	**35**	**70**	**105**
MANAGING MASS CASUALTY INCIDENTS (MCI)	Describe to procedure to establish an Incident Management Structure on arrival at the scene	5	10	15
	Define a mass casualty incident	5	10	15
	Demonstrate tagging of patients	5	10	15

15

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	TOTAL	**15**	**30**	**45**
MANAGING PATIENT TRANSFERS	Define triage	5	5	10
	Demonstrate allocation of patient to the nearest provider institute	0	10	10
	List basis of allocation on the kind of care required namely primary, secondary or tertiary care centres	5	5	10
	Demonstrate the consolidation of complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required	5	10	15
	Provide pre-arrival information to the receiving hospital	5	5	10
	TOTAL	**20**	**35**	**55**
FOLLOW BIOMEDICAL WASTE DISPOSAL PROTOCOLS	Demonstrate and describe appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	5	5	10
	Demonstrate and describe how to maintain appropriate health and safety measures	0	10	10
	Identify and demonstrate methods of segregating the waste material in coloured bins	0	30	30
	Explain how is the accuracy of the labelling that identifies the type and content of waste is checked.	5	0	5
	Explain how will you check the waste has undergone the required processes to make it safe for transport and disposal	5	0	5
	Demonstrate how will you report and deal			

	with spillages and contamination in accordance with current legislation and procedures	0	10	10
	TOTAL	**15**	**55**	**70**
	GRAND TOTAL	**505**	**1090**	**1595**
Means of assessment 1 Viva/ Theory examination : Total marks – 505				
Means of assessment 2 Skills practical assessment : Total marks – 1090				
Pass/Fail				

NSQF QUALIFICATION FILE

SECTION 2

25. EVIDENCE OF LEVEL

OPTION A

Title/Name of qualification/component: Emergency Medical Technician-Basic		**Level: 5**	
NSQF Domain	**Outcomes of the Qualification/Component**	**How the outcomes relates to the NSQF level descriptors**	**NSQF Level**
Process	A healthcare worker who is trained in basic emergency care skills, such as IV cannulation, oxygen therapy, physical examination, assisting emergency child birth and essential newborn care, automated external defibrillation, airway maintenance, CPR, spinal immobilization, bleeding control, and fracture management. An EMT B is trained for administration of medications always under medical direction over radio or phone.	The expected outcomes prepare the candidate to carry out process that are repetitive on regular basis with emphasis on skill and practice. The candidate will have to follow a specific defined protocol and sequence of activities to identify a case of emergency, initial care for stabilization and ensure that the victim receives medical help at the earliest.	
Professional knowledge	An EMT-Basic should know - Role of an Emergency Medical Technician Basics of human anatomy and organ systems Code of conduct while performing duties Adherence to the patient safety Legal rights and duties of an EMT	The responsibility of an Emergency Medical Technician is to render basic life support immediately to a victim and transport them to a medical facility within stipulated time limits. It also includes adherence to patient safety, legal duties to the patient, the medical director, and the public. The EMT-B must provide for the well-being of the	Level 5

	To identify a case in emergency Maintenance and handling of equipment in the ambulance Basics of management in case of an emergency	patient by rendering necessary interventions outlined in the scope of practice dictated by the laws of the State and the medical director.	
Professional skill	An EMT-Basic must be able to - Respond to emergency calls Size up the scene at the site and Ensure scene safety Follow evidence based protocol while managing patients Assess patient at the site and carry out triage	An EMT Basic is expected to perform limited set of activities which are repetitive in nature using select set of skills, tool and modalities.	

Title/Name of qualification/component: Emergency Medical Technician-Basic		**Level: 5**	
NSQF Domain	**Outcomes of the Qualification/Component**	**How the outcomes relates to the NSQF level descriptors**	**NSQF Level**
	Coordinate effectively with the victim, attendants and EMS Maintain a safe, healthy, and secure working environment Follow infection control policies and procedures Perform as a member of multidisciplinary team		
Core skill	An EMT-B must be able to- Identify situations which could lead to complications Maintain records, documentation with respect to patient's condition Undertake standard precautions while handling an emergency Follow code of conduct, professional accountability and responsibility Ethics in healthcare – Privacy, confidentiality, consent, medico legal aspects Basics of emergency care and life support skills Disaster preparedness and Resource management	An EMT Basic should possess adequate understanding of basics of human anatomy, communication skills and basic documentation apart from the overall skill to ensure safety and transportation of the victim to the medical facility at the earliest.	Level 5
Responsibility	An EMT Basic is responsible to render basic life support to the sick and injured and transport them to a medical facility within stipulated time limits.	The EMT independently cannot perform any intervention or administration of drugs beyond his scope of practice without approval from the Medical Director, or a Senior Nurse/ Doctor in case of an emergency. Thereby, an EMT	

		will work in the EMS under direct supervision of a Medical Director.	

SECTION 3
EVIDENCE OF NEED

26. What evidence is there that the qualification is needed?

The health workforce has a vital role in building the resilience of communities and health systems to respond to disasters caused by natural or man-made hazards, as well as related environmental, technological and biological hazards and risks. Mere availability of health workers is not sufficient, only when they are equitably distributed and accessible to the population, and possess the required competencies, motivation as well as are adequately supported by the health system, can the health goals be achieved.

India is a signatory to Brasilia Declaration and is committed to reduce the number of road accidents and fatalities by 50 per cent by 2020. However, with one of the highest motorization growth rate in the world accompanied by rapid expansion in road network and urbanization over the years, our country is faced with serious impacts on road safety levels. Road accident injuries have also increased by 1.4 per cent from 4,93,474 in 2014 to 5,00,279 in 2015. In India 1,324 accidents occur on roads every day and a life is lost every 4 minutes only because of road accidents. Stroke and cardiac arrests are others among the leading causes of death and disability. With the increasing need of emergency care professional within the system, it is imperative to build a workforce for Trauma and Emergency care services, who will be able to provide services, save lives and avert undue mortality due to delayed care. This has been emphasized in several consultations with the key market players of ambulance services as well.

Further, the Ministry of Health and Family Welfare also aims to prioritize on short term skilling courses, which are in huge demand in the market and also provide ample opportunity to participants to undergo a progressive career pathway. EMT-Basic can be the entry point for candidates who may be interested in undertaking trauma and emergency care as their profession.

Industry relevance – Minutes of the industry consultation refer to Annexure II and For additional evidence on the need of such qualifications, refer to Annexure IV

What is the estimated uptake of this qualification and what is the basis of this estimate?

As per the Healthcare sector report, workforce requirements for the Healthcare sector is expected to grow to 74 lakh in 2022 which is more than double its existing workforce to meet the market demand. Additionally the major percentage of the requirement is of allied and healthcare professionals (A&HP) apart from nursing and medical doctors. It is essential to also realign the existing workforce with the required course, so that their skills can be tested and adequate knowledge and skills can be rendered for them to be called as a qualified EMT-B.

Report: Human resource and skill requirement in Health sector is available at https://www.ugc.ac.in/skill/SectorReport/Healthcare.pdf

27.	**Recommendation from the concerned Line Ministry of the Government/ Regulatory Body. To be supported by documentary evidences** Since the MoHFW is the Nodal Ministry for all healthcare and related professions (except for AYUSH) and no regulatory body exists for the stated profession, the statement above is not applicable. Further, the NSQFs and Curriculum have been approved by the highest competent authority in the Nodal Ministry.
28.	**What steps were taken to ensure that the qualification(s) does (do) not duplicate already existing or planned qualifications in the NSQF? Give justification for presenting a duplicate qualification.** As discussed with the NSDA and MSDE, the skill courses to be focused and as finalised by Ministry of Health and Family Welfare have already been informed to the respective bodies. In addition a policy note has been formulated for all skill courses in the health sector and thereby all the other approved qualifications may be aligned to the standards set by this Ministry.
29.	**What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated? Specify the review process here.** A robust monitoring framework will be set up and will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses, who will decide on the indicators to be monitored on regular basis. A team will be responsible to review the indicators, identify the issues and undertake appropriate consultations with the key players and market experts as deem fit. Additionally, the monitoring team will work in close coordination with the State institutes, trainers, recruiters and State Government leadership to ensure that the qualification meets the demand and fulfils the requirements. Feedback mechanism will also be established and a formal review will be done once every three years.

SECTION 4
EVIDENCE OF PROGRESSION

30.	**What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector? Show the career map here to reflect the clear progression**

Level	*Nomenclature*	*Comments on mandated qualification*
Level 5	***EMT-BASIC***	*Completion of EMT-Basic course as standardized by MoHFW*
Level 6	***EMT-ADVANCE***	*Completion of Bachelor course of EMT- Advance course as standardized/ recognized by MoHFW or a lateral entry*

		from EMT-Basic

	The EMT-Basic curriculum has been designed to up-skill the B.Sc. qualification of a candidate which will strengthen the eligibility for EMT-Advance stream from reputed Universities in the country. The candidate may further attain supervisory role as he/she progresses in their careers. Considering that the EMT-B is already a graduate with B.Sc. qualification, the cadre has been placed at Level 5, with a possibility to reach higher levels only if they undergo relevant courses and attain required qualification. However, it is recommended that other than supervisory provisions- no true change in the scope of practice or responsibility maybe accorded to the Emergency Medical Technician- Basic, **unless an appropriate educational qualification is attained.**