

Model Curriculum

Emergency Medical Technician-Basic

SECTOR: HEALTHCARE

SUB-SECTOR: ALLIED HEALTH & PARAMEDICS

OCCUPATION: Emergency Medical Technician-Basic

REF ID: HSS/Q2301

NSQF LEVEL: 4



Certificate

CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

HEALTHCARE SECTOR SKILL COUNCIL

for the

MODEL CURRICULUM

Complying to National Occupational Standards of

Job Role/ Qualification Pack: **'Emergency Medical Technician- Basic'** QP No. **'HSS/Q 2301 NSQF Level 4'**

Date of Issuance: **November 30th, 2016**

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


Authorised Signatory
(Healthcare Sector Skill Council)

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Emergency Medical Technician-Basic

CURRICULUM / SYLLABUS

This program is aimed at training candidates for the job of a “Emergency Medical Technician-Basic”, in the “Healthcare” Sector/Industry and aims at building the following key competencies amongst the learner

Program Name	<Emergency Medical Technician-Basic >		
Qualification Pack Name & Reference ID.	HSS/Q2301, version 1.0		
Version No.	1.0	Version Update Date	15 – 12 – 2015
Pre-requisites to Training	Class XII		
Training Outcomes	<p>After completing this programme, participants will be able to:</p> <ul style="list-style-type: none"> • Acquire knowledge about the healthcare sector and emergency medical care services • Demonstrate the ability to perform clinical skills essential in providing basic emergency medical care services such as urgent need to respond the emergency calls, assurance of scene safety, precision to call other emergency people, handling different emergency scenarios from clinical emergency to trauma emergency to mass casualty to disaster management, etc. • Demonstrate setting of an ambulance for dealing with emergency situations • Practice infection control measures • Demonstrate safe and efficient transferring and ambulation techniques • Demonstrate techniques to maintain the personal hygiene needs of oneself and the patient • Demonstrate actions in the event of medical and facility emergencies • Demonstrate professional behavior, personal qualities and characteristics of a Emergency Medical technician-Basic • Demonstrate good communication, communicate accurately and appropriately in the role of Emergency Medical technician-Basic 		

This course encompasses 33 out of 33 National Occupational Standards (NOS) of “Emergency Medical Technician-Basic” Qualification Pack issued by “SSC: Healthcare Sector Skill Council”.

S.No	Module	Key Learning Outcomes	Equipment Required
1	<p>Introduction to Emergency Medical Care</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Codes HSS/ N 2301, 2304, 9603, 9607</p>	<ul style="list-style-type: none"> Define Emergency Medical Services (EMS) systems. Differentiate the roles and responsibilities of the EMT-Professional from other pre-hospital care providers. Describe the roles and responsibilities related to personal safety. Discuss the roles and responsibilities of the EMT-Professional towards the safety of the crew, the patient, and bystanders. Define quality improvement and discuss the EMT-Professional's role in the process. Define medical direction and discuss the EMT-Professional's role in the process. State the specific statutes and regulations in your state regarding the EMS system. Assess areas of personal attitude and conduct of the EMT-Professional. Characterize the various methods used to access the EMS system in your community. 	<p>Personal Protective Equipment's, emergency kit. Ambulance environment, mannequin</p>
2	<p>The Well-Being of the EMT-B</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Codes HSS/ N 9605, HSS/ N 9606, HSS/ N 9604, HSS/ N 2301, HSS/ N 2302, HSS/ N 9607, HSS/ N 9610</p>	<ul style="list-style-type: none"> List possible emotional reactions that the EMT-Basic may experience when faced with trauma, illness, death and dying. Discuss the possible reactions that a family member may exhibit when confronted with death and dying. State the steps in the EMT-Basic's approach to the family confronted with death and dying. State the possible reactions that the family of the EMT-Basic may exhibit due to their outside involvement in EMS Recognize the signs and symptoms of critical incident stress. State possible steps that the EMT-Basic may take to help reduce/alleviate stress. Explain the need to determine scene safety. Discuss the importance of body substance isolation (BSI). Describe the steps the EMT-Basic should take for personal protection from airborne and blood borne pathogens. Given a scenario with potential infectious exposure, the EMT-Basic will use appropriate personal protective equipment. At the completion of the scenario, the EMT- 	<p>Personal Protective Equipment's, emergency kit. Ambulance environment, mannequin</p>

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>Basic will properly remove and discard the protective garments.</p> <ul style="list-style-type: none"> Given the above scenario, the EMT-Basic will complete disinfection/cleaning and all reporting documentation. List the personal protective equipment necessary for each of the following situations: Hazardous materials Rescue operations Violent scenes Crime scenes Exposure to airborne/blood borne pathogens Describe Hand care procedures and techniques: <ul style="list-style-type: none"> Hand-Washing before and after Putting on PPE before any exposure Cover cuts and abrasions with water proof dressing and change as necessary. 	
3	<p>Medical & Ethical Issues</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Codes HSS/N 2302, HSS/ N 2304, HSS/ N 9603, HSS/ N 9607</p>	<ul style="list-style-type: none"> Define the EMT-B's scope of practice. Discuss the importance of DNR orders (advance directives) and local and state provisions regarding EMS application. Define consent and discuss the methods of obtaining consent. Differentiate between expressed and implied consent. Explain the role of consent of minors in providing care. Discuss the implications for the EMT-B in patient refusal of transport. Discuss the issues of abandonment, negligence, and battery and their implications for the EMT-B. State conditions necessary for the EMT-B to have a duty to act. Explain the importance, necessity, and legality of patient confidentiality. Discuss the considerations of the EMT-B in issues of organ retrieval. Differentiate the actions that an EMT-B should take in the preservation of a crime scene. State the conditions that require an EMT-B to notify law enforcement officials. Explain the role of EMS and the EMT-B regarding patients with DNR orders. Explain the rationale for the needs, benefits, and usage of advance directives. 	Internet usage to learn

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Explain the rationale for the concept of varying degrees of DNR. 	
4	<p>Structure and Function of Human Body- Basic</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Codes HSS / N 2306, HSS/N 2312 - 2319</p>	<ul style="list-style-type: none"> Identify and locate on the body the following topographic terms: medial, lateral, proximal, distal, superior, inferior, anterior, posterior, midline, right and left, mid-clavicular, bilateral, and mid-axillary Describe anatomy and functions of the following major body systems: respiratory, circulatory, musculoskeletal, nervous, and endocrine 	Mannequin to learn different body parts, e modules to study anatomy and physiology of body parts
5	<p>Baseline Vital Signs and SAMPLE History</p> <p>Theory Duration (hh:mm) 05:00</p> <p>Practical Duration (hh:mm) 05:00</p> <p>Corresponding NOS Codes HSS / N 2306, HSS/N 2312 - 2319</p>	<ul style="list-style-type: none"> Identify the components of vital signs. Describe the methods to obtain a breathing rate. Identify the attributes that should be obtained when assessing breathing. Differentiate between shallow, labored and noisy breathing. Describe the methods to obtain a pulse rate. Identify the information obtained when assessing a patient's pulse. Differentiate between pale, blue, red and yellow skin color. Identify the normal and abnormal skin temperature. Differentiate between hot, cool and cold skin temperature. Identify normal and abnormal skin conditions. Identify normal and abnormal capillary refill in infants and children. Describe the methods to assess the pupils. Identify normal and abnormal pupil size. Differentiate between dilated (big) and constricted (small) pupil size. Differentiate between reactive and non-reactive pupils and 	Vital assessing equipments such as BP apparatus, torch, pulse oximeter etc

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>equal and unequal pupils.</p> <ul style="list-style-type: none"> • Describe the methods to assess blood pressure. • Define systolic pressure. • Define diastolic pressure. • Explain the difference between auscultation and palpation for obtaining a blood pressure. • Identify the components of the SAMPLE history. • Differentiate between a sign and a symptom. • State the importance of accurately reporting and recording the baseline vital signs. • Explain the value of performing the baseline vital signs. • Recognize and respond to the feelings patients experience during assessment. • Defend the need for obtaining and recording an accurate set of vital signs. • Explain the rationale of recording additional sets of vital signs. • Explain the importance of obtaining a SAMPLE history. • Demonstrate the skills involved in assessment of breathing. • Demonstrate the skills associated with obtaining a pulse. • Demonstrate the skills associated with assessing the skin color, temperature, condition, and capillary refill in infants and children. • Demonstrate the skills associated with assessing the pupils. • Demonstrate the skills associated with obtaining blood pressure. • Demonstrate the importance and procedure to identify the patients' position • Demonstrate the checking of bleeding. • Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. 	
6	<p>Lifting and Moving Patients</p> <p>Theory Duration (hh:mm) 03:00</p>	<ul style="list-style-type: none"> • Define body mechanics. • Discuss the guidelines and safety precautions that need to be followed when lifting a patient. • Describe the safe lifting of cots and stretchers. • Describe the guidelines and safety precautions for carrying patients and/or equipment. 	<p>Patient trolley, wheelchair, stretcher, bed sheets, screens etc.</p>

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>Practical Duration (hh:mm) 07:00</p> <p>Corresponding NOS Codes HSS/ N 2321, HSS/ N 2322</p>	<ul style="list-style-type: none"> • Discuss one-handed carrying techniques. • Describe correct and safe carrying procedures on stairs. • State the guidelines for reaching and their application. • Describe correct reaching for log rolls. • State the guidelines for pushing and pulling. • Discuss the general considerations of moving patients. • State three situations that may require the use of an emergency move. • Identify the following patient carrying devices: <ul style="list-style-type: none"> • Stretcher: Wheeled Ambulance, Portable Ambulance, Scoop, Basket, flexible, etc. • Stair chair, long spine board • Explain the rationale for properly lifting and moving patients. 	
7	<p>General Pharmacology</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Codes HSS / N / 2306, 2307, 2308, 2309, 2318</p>	<ul style="list-style-type: none"> • Identify which medications will be carried on the unit. • State the medications carried on the unit by the generic name. • Identify the medications with which the EMT-B may assist the patient with administering. • State the medications the EMT-B can assist the patient with by the generic name. • Discuss the forms in which the medications may be found. • Explain the rationale for the administration of medications. • Demonstrate general steps for assisting patient with self-administration of medications. • Read the labels and inspect each type of medication. 	E-modules and internet use to learn about it
8	<p>Basic Life Support</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm)</p>	<ul style="list-style-type: none"> • Theory Cardiac arrest Principles of basic life support (Adult chain of survival ,CABD s of giving CPR) Fundamentals of early defibrillation. How to operate AED • Skills Adult BLS – Chest Compression – Mouth to Mouth ventilation – Mouth to Mask ventilation 	

S.No	Module	Key Learning Outcomes	Equipment Required
	06:00 Corresponding NOS Codes HSS/ N 2306	<ul style="list-style-type: none"> – Compression with breaths – Use of an AED – Assessment steps – BVM ventilation – Two person CPR Child BLS – Child Compression – Child Assessment – Child two rescuer CPR Infant BLS – Infant Compression single rescuer – Infant BVM ventilation – Infant two rescuer compression – Infant assessment – Infant two rescuer CPR – Use of an AED for Child & Infant 	
9	Bio Medical Waste Management Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Codes HSS / N / 9609	<ul style="list-style-type: none"> • To gain understanding of importance of proper and safe disposal of bio-medical waste & treatment • To gain understanding of categories of bio-medical waste • To learn about disposal of bio-medical waste – colour coding, types of containers, transportation of waste, etc. • To gain broad understanding of standards for bio-medical waste disposal • To gain broad understanding of means of bio-medical waste treatment 	Different coded color bins, different variety of bio medical waste management, Visit to treatment plan of bio medical waste etc.
10	Airway Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 05:00	<ul style="list-style-type: none"> • Name and label the major structures of the respiratory system on a diagram. • List the signs of adequate breathing. • List the signs of inadequate breathing. • Describe the steps in performing the head-tilt chin-lift. • Relate mechanism of injury to opening the airway. • Describe the steps in performing the jaw thrust. • State the importance of having a suction unit ready for immediate use when providing emergency care. • Describe the techniques of suctioning. • Describe how to artificially ventilate a patient with a pocket 	ET tubes, Oral care kit, PPE, vitals assessing tools, emergency care, NG tube, gauge, bandage, patient positions charts and demonstration, face mask, AED's, mannequins, Battery, PPE, defibrillators

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>Corresponding NOS Codes HSS/ N 2306, 2307, 2308, 2309, 2313, 2314, 2316, 2318, 2319, 2324</p>	<p>mask.</p> <ul style="list-style-type: none"> Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust. List the parts of a bag-valve-mask system. Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers. Describe the signs of adequate artificial ventilation using the bag-valve-mask. Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device. Demonstrate how to artificially ventilate a patient with a stoma. Demonstrate how to insert an oropharyngeal (oral) airway. Demonstrate how to insert a nasopharyngeal (nasal) airway. Demonstrate the correct operation of oxygen tanks and regulators. Demonstrate the use of a non-rebreather face mask and state the oxygen flow requirements needed for its use. Demonstrate the use of a nasal cannula and state the flow requirements needed for its use. Demonstrate how to artificially ventilate the infant and child patient. Demonstrate oxygen administration for the infant and child patient. 	
11	<p>Advanced Airway (Brief Overview)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding</p>	<ul style="list-style-type: none"> Differentiate between the airway anatomy in the infant, child, and the adult. Explain the pathophysiology of airway compromise. Describe the proper use of airway adjuncts. Review the use of oxygen therapy in airway management. Describe the indications, contraindications, and technique for insertion of nasal gastric tubes. Describe how to perform the Sellick maneuver (cricoid pressure). Describe the indications for advanced airway management. List the equipment required for orotracheal intubation. Describe the proper use of the curved blade for orotracheal intubation. 	<p>Oral care kit, PPE, vitals assessing tools, emergency care, NG tube, gauge, bandage, patient positions charts and demonstration, face mask, AED's, mannequins, Battery, PPE, defibrillators</p>

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>NOS Codes HSS/ N 2306</p>	<ul style="list-style-type: none"> • Describe the proper use of the straight blade for orotracheal intubation. • State the reasons for and proper use of the stylet in orotracheal intubation. • Describe the methods of choosing the appropriate size endotracheal tube in an adult patient. • State the formula for sizing an infant or child endotracheal tube. • List complications associated with advanced airway management. • Define the various alternative methods for sizing the infant and child endotracheal tube. • Describe the skill of oro-tracheal intubation in the adult patient. • Describe the skill of oro-tracheal intubation in the infant and child patient. • Describe the skill of confirming endotracheal tube placement in the adult, infant and child patient. • State the consequence of and the need to recognize unintentional esophageal intubation. • Describe the skill of securing the endotracheal tube in the adult, infant and child patient. • Recognize and respect the feelings of the patient and family during advanced airway procedures. • Explain the value of performing advanced airway procedures. • Defend the need for the EMT-Basic to perform advanced airway procedures. • Explain the rationale for the use of a stylet. • Explain the rationale for having a suction unit immediately available during intubation attempts. • Explain the rationale for confirming breath sounds. • Explain the rationale for securing the endotracheal tube. • Demonstrate how to perform the Sellick maneuver (cricoid pressure). • Demonstrate the skill of oro-tracheal intubation in the adult patient. • Demonstrate the skill of oro-tracheal intubation in the infant and child patient. • Demonstrate the skill of confirming endotracheal tube placement in the adult patient. 	

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Demonstrate the skill of confirming endotracheal tube placement in the infant and child patient. Describe the skill of securing the endotracheal tube in the adult, infant and child patient. Demonstrate the skill of securing the endotracheal tube in the adult patient. Demonstrate the skill of securing the endotracheal tube in the infant and child patient. 	
12	<p>Patient Assessment (Scene Size up)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Code HSS/ N 2302</p>	<ul style="list-style-type: none"> Recognize hazards/potential hazards. Describe common hazards found at the scene of a trauma and a medical patient. Determine if the scene is safe to enter. Discuss common mechanisms of injury/nature of illness. Discuss the reason for identifying the total number of patients at the scene. Explain the reason for identifying the need for additional help or assistance. Explain the rationale for crew members to evaluate scene safety prior to entering. Serve as a model for others explaining how patient situations affect your evaluation of mechanism of injury or illness. Observe various scenarios and identify potential hazards. 	Inch tape, Vitals assessing equipment's, torch etc
13	<p>Patient Assessment (Initial Assessment)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 05:00</p> <p>Corresponding NOS Code HSS/ N 2304</p>	<ul style="list-style-type: none"> Summarize the reasons for forming a general impression of the patient. Discuss methods of assessing altered mental status. Differentiate between assessing the altered mental status in the adult, child and infant patient. Discuss methods of assessing the airway in the adult, child and infant patient. State reasons for management of the cervical spine once the patient has been determined to be a trauma patient. Describe methods used for assessing if a patient is breathing. State what care should be provided to the adult, child and infant patient with adequate breathing. Differentiate between a patient with adequate and inadequate breathing. Distinguish between methods of assessing breathing in the adult, child and infant patient. 	Inch tape, Vitals assessing equipment's, torch etc

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Compare the methods of providing airway care to the adult, child and infant patient. Describe the methods used to obtain a pulse. Differentiate between obtaining a pulse in an adult, child and infant patient. Discuss the need for assessing the patient for external bleeding. Describe normal and abnormal findings when assessing skin color, temperature, & condition. Describe normal and abnormal findings when assessing skin capillary refill in the infant and child patient. Explain the reason for prioritizing a patient for care and transport. Explain the importance of forming a general impression of the patient. Explain the value of performing an initial assessment. Demonstrate the techniques for assessing mental status. Demonstrate the techniques for assessing the airway. Demonstrate the techniques for assessing if the patient is breathing. Demonstrate the techniques for assessing if the patient has a pulse. Demonstrate the techniques for assessing the patient for external bleeding. Demonstrate the ability to prioritize patients. Demonstrate the techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). 	
14	<p>Patient Assessment (Focused History & physical exam-Trauma patients)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm)</p>	<ul style="list-style-type: none"> Discuss the reasons for reconsideration concerning the mechanism of injury. State the reasons for performing a rapid trauma assessment. Recite examples and explain why patients should receive a rapid trauma assessment. Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. Differentiate when the rapid assessment may be altered in order to provide patient care. Discuss the reason for performing a focused history and physical exam. 	Inch tape, Vitals assessing equipment's, torch etc

S.No	Module	Key Learning Outcomes	Equipment Required
	05:00 Corresponding NOS Codes HSS/ N 2304, 2313-2316	<ul style="list-style-type: none"> Recognize and respect the feelings that patients might experience during assessment. Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury. 	
15	Patient Assessment (Focused History & physical exam- Medical patients) Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Codes HSS/ N 2304, 2306-2312, 2317- 2319, 2324	<ul style="list-style-type: none"> Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history. Differentiate between the history and physical exam that is performed for responsive patients with no known prior history and patients responsive with a known prior history. Describe the unique needs for assessing an individual who is unresponsive or has an altered mental status. Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment. Attend to the feelings that these patients might be experiencing. Demonstrate the patient care skills that should be used to assist with a patient who is responsive with no known history. 	Inch tape, Vitals assessing equipment's, torch etc
16	Patient Assessment (Detailed Physical Exam) Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Codes HSS/ N 2304-2324	<ul style="list-style-type: none"> Discuss the components of the detailed physical exam. State the areas of the body that are evaluated during the detailed physical exam. Explain what additional care should be provided while performing the detailed physical exam. Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient. Explain the rationale for the feelings that these patients might be experiencing. Demonstrate the skills involved in performing the detailed physical exam. 	Inch tape, Vitals assessing equipment's, torch etc

S.No	Module	Key Learning Outcomes	Equipment Required
17	<p>Patient Assessment (On-going Assessment)</p> <p>Theory Duration (hh:mm) 01:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Codes HSS/ N 2304-2324</p>	<ul style="list-style-type: none"> Discuss the reasons for repeating the initial assessment as part of the ongoing assessment. Describe the components of the on-going assessment. Describe trending of assessment components. Explain the value of performing an on-going assessment. Recognize and respect the feelings that patients might experience during assessment. Explain the value of trending assessment components to other health professionals who assume care of the patient. Demonstrate the skills involved in performing the on-going assessment. 	Inch tape, Vitals assessing equipment's, torch etc
18	<p>Patient Assessment (Communication)</p> <p>Theory Duration (hh:mm) 01:00</p> <p>Practical Duration (hh:mm) 21:00</p> <p>Corresponding NOS Codes HSS/ N 9601, 2303</p>	<ul style="list-style-type: none"> List the proper methods of initiating and terminating a radio call. State the proper sequence for delivery of patient information. Explain the importance of effective communication of patient information in the verbal report. Identify the essential components of the verbal report. Describe the attributes for increasing effectiveness and efficiency of verbal communications. State legal aspects to consider in verbal communication. Discuss the communication skills that should be used to interact with the patient. Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies while providing patient care and the difference between skills used to interact with the patient List the correct radio procedures in the following phases of a typical call: To & at the scene, To & at the facility, To & at the station. Explain the rationale for providing efficient and effective radio communications and patient reports. Perform a simulated, organized, concise radio transmission. Perform an organized, concise patient report that would be given to the staff at a receiving facility. 	Inch tape, Vitals assessing equipment's, torch etc

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Perform a brief, organized report that would be given to an ALS provider arriving at an incident scene at which the EMT-Basic was already providing care. 	
19	<p>Patient Assessment (Documentation)</p> <p>Theory Duration (hh:mm) 01:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Codes HSS/ N 2323, 2303</p>	<ul style="list-style-type: none"> Explain the components of the written report and list the information that should be included on the written report. Identify the various sections of the written report. Describe what information is required in each section of the pre-hospital care report and how it should be entered. Define the special considerations concerning patient refusal. Describe the legal implications associated with the written report. Discuss all state and/or local record and reporting requirements. Explain the rationale for patient care documentation. Explain the rationale for the EMS system gathering data. Explain the rationale for using medical terminology correctly. Explain the rationale for using an accurate and synchronous clock so that information can be used in trending. Complete a pre-hospital care report. 	Inch tape, Vitals assessing equipment's, torch etc, sample forms and formats
20	<p>Trauma (Bleeding And Shock)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 07:00</p> <p>Corresponding NOS Code HSS/ N 2313</p>	<ul style="list-style-type: none"> List the structure and function of the circulatory system. Differentiate between arterial, venous and capillary bleeding. State methods of emergency medical care of external bleeding. Establish the relationship between body substance isolation and bleeding. Establish the relationship between airway management and the trauma patient. Establish the relationship between mechanism of injury and internal bleeding. List the signs of internal bleeding. List the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding. List signs and symptoms of shock (hypoperfusion). State the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion). Explain the sense of urgency to transport patients that are bleeding and show signs of shock (hypo-perfusion). 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> • Demonstrate direct pressure as a method of emergency medical care of external bleeding. • Demonstrate the use of diffuse pressure as a method of emergency medical care of external bleeding. • Demonstrate the use of pressure points and tourniquets as a method of emergency medical care of external bleeding • Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding. • Demonstrate the care of the patient exhibiting signs and symptoms of shock (hypo-perfusion). • Demonstrate completing a pre-hospital care report for patient with bleeding and/or shock (hypo-perfusion) 	
21	<p>Trauma (Soft Tissue Injuries And Burns)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 07:00</p> <p>Corresponding NOS Code HSS/ N 2314</p>	<ul style="list-style-type: none"> • State the major functions of the skin. • List the layers of the skin. • Establish the relationship between body substance isolation (BSI) and soft tissue injuries. • List the types of closed soft tissue injuries. • Describe the emergency medical care of the patient with a closed soft tissue injury. • State the types of open soft tissue injuries. • Describe the emergency medical care of the patient with an open soft tissue injury. • Discuss the emergency medical care considerations for a patient with a penetrating chest injury. • State the emergency medical care considerations for a patient with an open wound to the abdomen. • Differentiate the care of an open wound to the chest from an open wound to the abdomen. • List the classifications of burns. • Define superficial burn. • List the characteristics of a superficial burn. • Define partial thickness burn. • List the characteristics of a partial thickness burn. • Define partial thickness burn. • List the characteristics of a partial thickness burn. • Define full thickness burn. • List the characteristics of a full thickness burn. • Describe the emergency medical care of the patient with a superficial burn. 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> • Describe the emergency medical care of the patient with a partial thickness burn • Describe the emergency medical care of the patient with a full thickness burn. • List the functions of dressing and bandaging. • Describe the purpose of a bandage. • Describe the steps in applying a pressure dressing. • Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries. • Describe the effects of improperly applied dressings, splints and tourniquets. • Describe the emergency medical care of a patient with an impaled object. • Describe the emergency medical care of a patient with an amputation. • Describe the emergency care for a chemical burn. • Describe the emergency care for an electrical burn. • Demonstrate the steps in the emergency medical care of closed & open soft tissue injuries. • Demonstrate the steps in the emergency medical care of a patient with an open chest wound. • Demonstrate the steps in the emergency medical care of a patient with open abdominal wounds. • Demonstrate the steps in the emergency medical care of a patient with an impaled object. • Demonstrate the steps in the emergency medical care of a patient with an amputation. • Demonstrate the steps in the emergency medical care of an amputated part. • Demonstrate the steps in the emergency medical care of a patient with superficial burns. • Demonstrate the steps in the emergency medical care of a patient with partial thickness, full thickness, chemical, electrical burns. • Demonstrate completing a prehospital care report for patients with soft tissue injuries. • Demonstrate the steps in the emergency medical care of closed soft tissue injuries. 	

S.No	Module	Key Learning Outcomes	Equipment Required
22	<p>Trauma (Musculoskeletal Care)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 07:00</p> <p>Corresponding NOS Code HSS/ N 2315</p>	<ul style="list-style-type: none"> Describe the function of the muscular system. Describe the function of the skeletal system. List the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities. Differentiate between an open and a closed painful, swollen, deformed extremity. State the reasons for splinting. List the general rules of splinting List the complications of splinting. List the emergency medical care for a patient with a painful, swollen, deformed extremity. Explain the rationale for splinting at the scene versus load and go. Explain the rationale for immobilization of the painful, swollen, deformed extremity. Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity. Demonstrate completing a prehospital care report for patients with musculoskeletal injuries. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
23	<p>Trauma (Injuries To The Head And Spine)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Code HSS/ N 2316</p>	<ul style="list-style-type: none"> State the components of the nervous system. List the functions of the central nervous system. Define the structure of the skeletal system as it relates to the nervous system. Relate mechanism of injury to potential injuries of the head and spine.(C- Describe the implications of not properly caring for potential spine injuries. State the signs and symptoms of a potential spine injury. Describe the method of determining if a responsive patient may have a spine injury. Relate the airway emergency medical care techniques to the patient with a suspected spine injury. Describe how to stabilize the cervical spine. Discuss indications for sizing and using a cervical spine immobilization device. Establish the relationship between airway management and the patient with head and spine injuries. Describe a method for sizing a cervical spine immobilization device. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> • Describe how to log roll a patient with a suspected spine injury. • Describe how to secure a patient to a long spine board. • List instances when a short spine board should be used. • Describe how to immobilize a patient using a short spine board. • Describe the indications for the use of rapid extrication. • List steps in performing rapid extrication. • State the circumstances when a helmet should be left on the patient. • Discuss the circumstances when a helmet should be removed. • Identify different types of helmets. • Describe the unique characteristics of sports helmets. • Explain the preferred methods to remove a helmet. • Discuss alternative methods for removal of a helmet. • Describe how the patient's head is stabilized to remove the helmet. • Differentiate how the head is stabilized with a helmet compared to without a helmet. • Explain the rationale for immobilization of the entire spine when a cervical spine injury is suspected. • Explain the rationale for utilizing immobilization methods apart from the straps on the cots. • Explain the rationale for utilizing a short spine immobilization device when moving a patient from the sitting to the supine position. • Explain the rationale for utilizing rapid extrication approaches only when they indeed will make the difference between life and death. • Defend the reasons for leaving a helmet in place for transport of a patient. • Defend the reasons for removal of a helmet prior to transport of a patient. • Demonstrate opening the airway in a patient with suspected spinal cord injury. • Demonstrate evaluating a responsive patient with a suspected spinal cord injury. • Demonstrate stabilization of the cervical spine. • Demonstrate the four person log roll for a patient with a suspected spinal cord injury. 	

S.No	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> • Demonstrate how to log roll a patient with a suspected spinal cord injury using two people. • Demonstrate securing a patient to a long spine board. • Demonstrate using the short board immobilization technique. • Demonstrate procedure for rapid extrication. • Demonstrate preferred methods for stabilization of a helmet. • Demonstrate helmet removal technique. • Demonstrate alternative methods for stabilization of a helmet. • Demonstrate completing a pre-hospital care report for patients with head and spinal injuries. 	
24	<p>Trauma (Chest injuries)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Code HSS/ N 2314</p>	<ul style="list-style-type: none"> • Differentiate between a pneumothorax, a hemothorax, a tension pneumothorax, and a sucking chest wound. • Describe the emergency medical care of a patient with a flail chest, sucking chest wound • Signs of pericardial tamponade. • Complications that can accompany chest injuries. 	Sample medicines, list of common emergency medicines, internet use for best practices across the world
25	<p>Trauma (Abdominal & Genital injuries)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Code</p>	<ul style="list-style-type: none"> • Steps in the emergency medical care of a patient with a blunt or penetrating abdominal injury • Describe how solid and hollow organs can be injured • Emergency medical care of a patient with an object impaled in the abdomen, abdominal evisceration, genitourinary injury 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

S.No	Module	Key Learning Outcomes	Equipment Required
	HSS/ N 2314		
26	<p>Operations (Ambulance Operations)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2301</p>	<ul style="list-style-type: none"> Discuss the medical and non-medical equipment needed to respond to a call. List the phases of an ambulance call. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories: Speed, Warning lights, siren, right of way, parking, turning. List contributing factors to unsafe driving conditions. Describe the considerations that should be given to: <ul style="list-style-type: none"> Request for escorts. Following an escort vehicle. Intersections. Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle. State what information is essential in order to respond to a call. Discuss various situations that may affect response to a call. Differentiate between the various methods of moving a patient to the unit based upon injury or illness. Apply the components of the essential patient information in a written report. Summarize the importance of preparing the unit for the next response. Identify what is essential for completion of a call. Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization. Describe how to clean or disinfect items following patient care. Explain the rationale for appropriate report of patient information. Explain the rationale for having the unit prepared to respond. 	Sample medicines, list of common emergency medicines, internet use for best practices across the world
27	<p>Operations (Gaining Access)</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical</p>	<ul style="list-style-type: none"> Describe the purpose of extrication. Discuss the role of the EMT-Basic in extrication. Identify what equipment for personal safety is required for the EMT-Basic. Define the fundamental components of extrication. State the steps that should be taken to protect the patient during extrication. Evaluate various methods of gaining access to the patient. Distinguish between simple and complex access. 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/ N 2301</p>		
28	<p>Mass casualty incident</p> <p>Theory Duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 05:00</p> <p>Corresponding NOS Code HSS/ N 2320</p>	<ul style="list-style-type: none"> • Explain the EMT-Basic's role during a call involving hazardous materials. • Describe what the EMT-Basic should do if there is reason to believe that there is a hazard at the scene. • Describe the actions that an EMT-Basic should take to ensure bystander safety. • State the role the EMT-Basic should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation. • Break down the steps to approaching a hazardous situation. • Discuss the various environmental hazards that affect EMS. • Describe the criteria for a multiple-casualty situation. • Summarize the components of basic triage: START triage model for adult patients, Jump START Triage for paediatric patients and the SMART triage tagging system • Define the role of the EMT-Basic in a disaster operation and Establish an Incident Management Structure on arrival at the scene including: As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer • Describe basic concepts of incident management. • Explain the methods for preventing contamination of self, equipment and facilities along with methods to use the equipment • Review the local mass casualty incident plan. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
29	<p>Medical (Respiratory Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p>	<ul style="list-style-type: none"> • List the structure and function of the respiratory system. • State the signs and symptoms of a patient with breathing difficulty. • Describe the emergency medical care of the patient with breathing difficulty. • Recognize the need for medical direction to assist in the emergency medical care of the patient with breathing difficulty. • Describe the emergency medical care of the patient with 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2318</p>	<p>breathing difficulty.</p> <ul style="list-style-type: none"> Establish the relationship between airway management and the patient with breathing difficulty. List signs of adequate air exchange. State the generic name, medication forms, dose, administration, action, indications and contraindications for the prescribed inhaler. Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty. Differentiate between upper airway obstruction and lower airway disease in the infant and child patient. Defend EMT-Basic treatment regimens for various respiratory emergencies. Explain the rationale for administering an inhaler. Demonstrate the emergency medical care for breathing difficulty. Perform the steps in facilitating the use of an inhaler. 	
30	<p>Medical (Cardiovascular Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2306</p>	<ul style="list-style-type: none"> Describe the structure and function of the cardiovascular system. Describe the emergency medical care of the patient experiencing chest pain/discomfort. List the indications for automated external defibrillation (AED). List the contraindications for automated external defibrillation. Define the role of EMT-B in the emergency cardiac care system. Explain the impact of age and weight on defibrillation. Discuss the position of comfort for patients with various cardiac emergencies. Establish the relationship between airway management and the patient with cardiovascular compromise. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support. Discuss the fundamentals of early defibrillation. Explain the rationale for early defibrillation. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator. Explain the importance of prehospital ACLS intervention if 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>it is available.</p> <ul style="list-style-type: none"> • Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the prehospital setting. • Discuss the various types of automated external defibrillators. • Differentiate between the fully automated and the semi-automated defibrillator. • Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators. • State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator. • Discuss the circumstances which may result in inappropriate shocks. • Explain the considerations for interruption of CPR, when using the automated external defibrillator. • Discuss the advantages and disadvantages of automated external defibrillators. • Summarize the speed of operation of automated external defibrillation. • Discuss the use of remote defibrillation through adhesive pads. • Discuss the special considerations for rhythm monitoring. • List the steps in the operation of the automated external defibrillator. • Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS. • Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS. • Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator. • Explain the reason for pulses not being checked between shocks with an automated external defibrillator. • Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators. • Discuss the importance of post-resuscitation care. • List the components of post-resuscitation care. • Explain the importance of frequent practice with the 	

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>automated external defibrillator.</p> <ul style="list-style-type: none"> • Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist. • Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation. • Explain the role medical direction plays in the use of automated external defibrillation. • State the reasons why a case review should be completed following the use of the automated external defibrillator. • Discuss the components that should be included in a case review. • Discuss the goal of quality improvement in automated external defibrillation. • Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain. • List the indications for the use of nitroglycerin. • State the contraindications and side effects for the use of nitroglycerin. • Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance. • Defend the reasons for obtaining initial training in automated external defibrillation and the importance of continuing education. • Defend the reason for maintenance of automated external defibrillators. • Explain the rationale for administering nitroglycerin to a patient with chest pain or discomfort. • Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort. • Demonstrate the application and operation of the automated external defibrillator. • Demonstrate the maintenance of an automated external defibrillator. • Demonstrate the assessment and documentation of patient response to the automated external defibrillator. • Demonstrate the skills necessary to complete the Automated Defibrillator: <ul style="list-style-type: none"> • Operator's Shift Checklist. • Perform the steps in facilitating the use of nitroglycerin for 	

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>chest pain or discomfort.</p> <ul style="list-style-type: none"> Demonstrate the assessment and documentation of patient response to discomfort. Practice completing a prehospital care report for patients with cardiac emergencies. 	
31	<p>Medical (Cerebrovascular Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2307</p>	<ul style="list-style-type: none"> List the structure and function of the nervous system. Describe the basic types, causes, and symptoms of stroke Describe the emergency medical care to a patient experiencing symptoms of a stroke. Describe managing airway, breathing, and circulation. Assess the patient’s level of consciousness and document any signs of stroke Assess vital signs: Blood pressure, heart rate, and respiratory rate. Describe a standardized pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale. Describe checking serum blood sugar. 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. Explain how patients, family, or bystanders should respond to a potential stroke. Discuss the actions recommended for emergency responders to potential stroke victims. Explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment. Carry out first triage of potential stroke victims. Expedite transport of the patient to the nearest hospital equipped to handle strokes Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

S.No	Module	Key Learning Outcomes	Equipment Required
32	<p>Medical (Diabetes/ Altered Mental Status)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/N/2324</p>	<ul style="list-style-type: none"> Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history. State the steps in the emergency medical care of the patient taking diabetic medicine with an altered mental status and a history of diabetes. Establish the relationship between airway management and the patient with altered mental status. State the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose. Evaluate the need for medical direction in the emergency medical care of the diabetic patient. Explain the rationale for administering oral glucose. Demonstrate the steps in the emergency medical care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. Demonstrate the steps in the administration of oral glucose. Demonstrate the assessment and documentation of patient response to oral glucose. Demonstrate how to complete a pre-hospital care report for patients with diabetic emergencies. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
33	<p>Medical (Allergies)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/ N 2308</p>	<ul style="list-style-type: none"> Recognize the patient experiencing an allergic reaction. Describe the emergency medical care of the patient with an allergic reaction. Establish the relationship between the patient with an allergic reaction and airway management. Describe the mechanisms of allergic response and the implications for airway management. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector. Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction. Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector. Explain the rationale for administering epinephrine using an 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>auto-injector.</p> <ul style="list-style-type: none"> • Demonstrate the emergency medical care of the patient experiencing an allergic reaction. • Demonstrate the use of epinephrine auto-injector. • Demonstrate the assessment and documentation of patient response to an epinephrine injection. • Demonstrate proper disposal of equipment. • Demonstrate completing a pre-hospital care report for patients with allergic emergencies. 	
34	<p>Medical (Poisoning/Overdose)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/ N 2309</p>	<ul style="list-style-type: none"> • List various ways that poisons enter the body. • List signs/symptoms associated with poisoning. • Discuss the emergency medical care for the patient with possible overdose. • Describe the steps in the emergency medical care for the patient with suspected poisoning. • Establish the relationship between the patient suffering from poisoning or overdose and airway management. • State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and reassessment strategies for activated charcoal. • Recognize the need for medical direction in caring for the patient with poisoning or overdose. • Explain the rationale for administering activated charcoal. • Explain the rationale for contacting medical direction early in the prehospital management of the poisoning or overdose patient. • Demonstrate the steps in the emergency medical care for the patient with possible overdose. • Demonstrate the steps in the emergency medical care for the patient with suspected poisoning. • Perform the necessary steps required to provide a patient with activated charcoal. • Demonstrate the assessment and documentation of patient response. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
35	<p>Medical (Environmental Emergencies)</p> <p>Theory Duration (hh:mm) 02:00</p>	<ul style="list-style-type: none"> • Describe the various ways that the body loses heat. • List the signs and symptoms of exposure to cold. • Explain the steps in providing emergency medical care to a patient exposed to cold. • List the signs and symptoms of exposure to heat. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the</p>

S.No	Module	Key Learning Outcomes	Equipment Required
	<p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/ N 2310</p>	<ul style="list-style-type: none"> • Explain the steps in providing emergency care to a patient exposed to heat. • Recognize the signs and symptoms of water-related emergencies. • Describe the complications of near drowning. • Discuss the emergency medical care of bites and stings. • Demonstrate the assessment and emergency medical care of a patient with exposure to cold. • Demonstrate the assessment and emergency medical care of a patient with exposure to heat. • Demonstrate the assessment and emergency medical care of a near drowning patient. • Demonstrate completing a pre-hospital care report for patients with environmental emergencies. 	world
36	<p>Medical (Behavioural Emergencies)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/ N 2311</p>	<ul style="list-style-type: none"> • Define behavioral emergencies. • Discuss the general factors that may cause an alteration in a patient's behavior. • State the various reasons for psychological crises. • Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide. • Discuss special medical/legal considerations for managing behavioral emergencies. • Discuss the special considerations for assessing a patient with behavioral problems. • Discuss the general principles of an individual's behavior which suggests that he is at risk for violence • Discuss methods to calm behavioral emergency patients. • Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency. • Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency. • Demonstrate various techniques to safely restrain a patient with a behavioral problem. 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

<p>37</p>	<p>Medical (Paediatric Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2317</p>	<ul style="list-style-type: none"> Identify the developmental considerations for the following age groups: Infant, Toddler, Pre-school, School age, adolescent Describe differences in anatomy and physiology of the infant, child and adult patient. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult. Indicate various causes of respiratory emergencies. Differentiate between respiratory distress and respiratory failure. List the steps in the management of foreign body airway obstruction. Summarize emergency medical care strategies for respiratory distress and respiratory failure. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient. Describe the methods of determining end organ perfusion in the infant and child patient. State the usual cause of cardiac arrest in infants and children versus adults. List the common causes of seizures in the infant and child patient. Describe the management of seizures in the infant and child patient. Differentiate between the injury patterns in adults, infants, and children. Discuss the field management of the infant and child trauma patient. Summarize the indicators of possible child abuse and neglect. Describe the medical legal responsibilities in suspected child abuse. Recognize need for EMT-Basic debriefing following a difficult infant or child transport. Explain the rationale for having knowledge and skills appropriate for dealing with the infant and child patient. Attend to the feelings of the family when dealing with an ill or injured infant or child. Understand the provider's own response (emotional) to caring for infants or children. Demonstrate the techniques of foreign body airway obstruction removal in the infant. Demonstrate the techniques of foreign body airway 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
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		<p>obstruction removal in the child.</p> <ul style="list-style-type: none"> • Demonstrate the assessment of the infant and child. • Demonstrate bag-valve-mask artificial ventilations for the infant. • Demonstrate bag-valve-mask artificial ventilations for the child. • Demonstrate oxygen delivery for the infant and child. 	
38	<p>Medical (Geriatric Emergencies)</p> <p>Theory Duration (hh:mm) 01:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Code General Topic</p>	<ul style="list-style-type: none"> • Appropriate ways to communicate with geriatric patients • Discuss the GEMS diamond • Leading causes of death of the geriatric population • Physiologic changes of aging. • Problem known as polypharmacy • Define elder abuse & its causes • Describe the following basics of patient assessment for the geriatric patient: <ul style="list-style-type: none"> – Scene size-up – Initial assessment – Focused history and physical exam – Detailed physical exam – Ongoing assessment <ul style="list-style-type: none"> • Common chief complaints of older patients. • Trauma assessment in older patients for the following injuries: <ul style="list-style-type: none"> – Injuries to the spine – Head injuries – Injuries to the pelvis – Hip fractures <ul style="list-style-type: none"> • Acute illnesses in older people 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
39	<p>Medical (Gynaecologic/ Obstetric Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p>	<ul style="list-style-type: none"> • Describe the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum • Identify and explain the use of the contents of an obstetrics kit • Identify pre-delivery emergencies • State indications of an imminent delivery • Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery • Perform the steps in pre-delivery preparation of the mother • Establish the relationship between body substance 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

	<p>Corresponding NOS Code HSS/N 2312</p>	<p>isolation and childbirth</p> <ul style="list-style-type: none"> • Explain the steps to assist in the delivery • State the steps required for care of the baby as the head appears • Explain how and when to cut the umbilical cord • Perform the steps in the delivery of the placenta • Perform the steps in the emergency medical care of the mother post-delivery • Summarise neonatal resuscitation procedures • Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation • Differentiate the special considerations for multiple births • Recognise special considerations of meconium • Identify special considerations of a premature baby • Perform the emergency medical care of a patient with a gynaecological emergency • Perform steps required for emergency medical care of a mother with excessive bleeding • Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies 	
40	<p>Medical (Abdominal Emergencies)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/N 2319</p>	<ul style="list-style-type: none"> • Recognise the anatomical components of the abdomen and their functions • Recognise the symptoms and cause of visceral pain • Recognise the symptoms and causes of parietal pain • Recognise the symptoms and possible causes of referred pain • Describe the focused history and physical exam of the patient including: Inspection, Palpation and Auscultation • Establish airway in patient • Describe placement of patient in position of comfort • Look for signs of hypoperfusion • Recognise possible diagnoses for abdominal pain • State the treatment for managing various causes of abdominal pain • Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions • Alert the Emergency Centre/ Healthcare provider in 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>

		advance of a priority case (when required)	
	<p>Total Duration</p> <p>Theory Duration (hh:mm) 103:00</p> <p>Practical Duration (hh:mm) 159:00</p> <p>OJT Duration (hh:mm) 120:00</p>	<p>Unique Equipment Required: BP apparatus (Manual), BP apparatus (Automatic), Pulsoximeter, Thermometer, Stethoscope, Torch, Glucometer, Spine Board with Straps, Head Motion Immobilizer (HMR), Cervical Collar Large, Cervical Collar Medium, Cervical Collar Small, Stair Chair, Wheel Chair, Scoop Stretcher, Helmet, CPR Manikin Adult, CPR Manikin Infant, Pocket Mask Adult, Adult Ambu Bag with Mask, Infant Ambu Bag with Mask, Automated External Defibrillator (AED), AHA BLS DVD, Adult Airway manikin, Oropharyngeal Airways 00,0,1,2,3,4; Nasopharyngeal airways, Nasal Cannula (Adult), Nasal Cannula (Paed), Simple face mask (Adult), Simple face mask(Paed), Non-rebreather Face Mask, Partial rebreather face Mask, Venturi mask,</p> <p>Reservoir bag, Nebulization Mask (Adult), Laryngeal Mask Airway, Oxygen Cylinder B Type, Oxygen Cylinder D Type, Flow meter, Humidifier, Regulator, Nebulizer, Suction machine (Automatic), Suction pump (Manual), Suction Catheter hard tip, Suction Catheter soft tip All Size, Laryngoscope with Blades*, Stillet* 2, Endotracheal Tube* All Size, IV Cannula 16,18,20,22,24; Macro drip IV set, Microdrip IV Set, IV Fluid NS,RL,D25%; Syringes 5ml,10ml,50ml; Malleable Splints, Bandages 6cm,10cm,15cm; Crepe Bandages 6cm,10cm,15cm; Inhalers, Spacer, Nasogastric Tube* 16,18; Cardiac Monitor*, Chest Leads*, Collapsible Trolley Stretcher, Fully Equipped Ambulance</p> <p>Class Room equipped with following arrangements:</p> <ul style="list-style-type: none"> • Interactive lectures & Discussion • Brain Storming • Charts & Models • Activity • Video presentation <p>Skill lab equipped with following arrangements:</p> <ul style="list-style-type: none"> • Unique equipment as enlisted at the last • Practical Demonstration of various functions • Case study • Role play <p>Visit to Ambulance & Emergency Medical Services</p> <p>Field assignment</p>	

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

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

Trainer Prerequisites for Job role: “Emergency Medical Technician-Basic” mapped to Qualification Pack: “HSS/Q2301, version 1.0”

Sr. No.	Area	Details
1	Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack “HSS/Q2301”.
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	<ul style="list-style-type: none"> Medical graduates with additional qualification in Emergency Medicine/Emergency Medical Services and having completed instructor certification in Basic Life Support, Advance Cardiovascular Life Support, Pediatric Advance Life Support and International Trauma Life Support with experience in teaching EMT course. Specialist Medical teachers will be permitted to teach special topics. Topics related to Ambulance operations and managements shall be taught by expert faculty from that field. Level 4 certified Emergency Medical Technician-B with minimum 5 years of experience or Level 5 certified Emergency Medical Technician-A with minimum 3 years of experience.
4a	Domain Certification	Certified for Job Role: “Emergency Medical Technician-Basic” mapped to QP: “HSS/Q2301”, version 1.0 with scoring of minimum 80%.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: “Trainer”, mapped to the Qualification Pack: “MEP/Q0102” with scoring of minimum 80%.
5	Experience	<ul style="list-style-type: none"> Experience in teaching Emergency Medical Technician course for medical graduates HSS/Q2301, version 1.0 5 years of experience for Level 4 certified Emergency Medical Technician-Basic HSS/Q2301, version 1.0 and minimum 3 years of experience for Level 5 certified Emergency Medical Technician-Advance. <u>HSS/Q2302, version 1.0</u>

Annexure: Assessment Criteria

Assessment Criteria for Emergency Medical Technician-Basic	
Job Role	Emergency Medical Technician-Basic
Qualification Pack Code	HSS/Q 2301
Sector Skill Council	Healthcare Sector Skill Council

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

Skills Practical and Viva (80% weightage)		
	Marks Allotted	
Grand Total-1 (Subject Domain)	400	
Grand Total-2 (Compulsory NOS)	10	
Grand Total-3 (Soft Skills and Communication)	90	
Grand Total-(Skills Practical and Viva)	500	
Passing Marks (80% of Max. Marks)	400	
Theory (20% weightage)		
	Marks Allotted	
Grand Total-1 (Subject Domain)	80	
Grand Total-2 (Soft Skills and Communication)	20	
Grand Total-(Theory)	100	
Passing Marks (50% of Max. Marks)	50	
Grand Total-(Skills Practical and Viva + Theory)	600	
Overall Result	Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail	
Detailed Break Up of Marks		Skills Practical & Viva
Subject Domain		Pick any 2 NOS each of 200 marks totalling 400

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
1. HSS/ N 2301 (Respond to Emergency Calls)	PC1. Understand the emergency codes used in the hospital for emergency situations	200	10	10	0
	PC2. Reflect professionalism through use of appropriate language while speaking to the dispatch team		4	0	4
	PC3. Use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider		10	2	8
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre		10	2	8
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse		4	0	4
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence and authority		4	0	4
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:				
	a. Hospital Gowns		10	0	10
	b. Medical Gloves		10	0	10
	c. Shoe Covers		10	0	10
	d. Surgical Masks		10	0	10
e. Safety Glasses	10	0	10		
f. Helmets	10	0	10		
g. Reflective Clothing	10	0	10		
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	40	4	36		
PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer	10	0	10		
PC10. Establish trust and rapport with colleagues	4	0	4		
PC11. Maintain competence within one's role	4	0	4		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	and field of practice				
	PC12. Promote and demonstrate good practice as an individual and as a team member at all times		4	0	4
	PC13. Identify and manage potential and actual risks to the quality and safety of practice		10	6	4
	PC14. Evaluate and reflect on the quality of one's work and make continuing improvements		4	0	4
	PC15. Understand basic medico-legal principles		8	8	0
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies		4	4	0
	Total		200	36	164
2. HSS/ N 2304 (Assess Patient at the site)	PC1. Explain clearly:	200			
	o An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs		4	4	0
	o What information need to be obtained and stored in records		4	4	0
	o With whom the information might be shared		4	4	0
	o What is involved in the assessment		4	4	0
	PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition		4	2	2
	PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)		25	5	20
	PC4. Respect the patient's privacy, dignity, wishes and beliefs		2	0	2
	PC5. Minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process		2	0	2
	PC6. Communicate with the patient clearly and in a manner and pace that is appropriate to:		2	0	2
	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		5	1	4
PC8. Make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making	4	2	2		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC9. Assess the condition of the patient by:				
	o Observing patient position		10	2	8
	o Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing		10	2	8
	o Checking if there is any bleeding from the nose or ears		10	2	8
	o Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion		10	2	8
	o Checking if the patient is under the effect of alcohol or any other drug		10	2	8
	o Checking the patient's mouth to ensure the airway is clear		10	2	8
	o Gently checking the neck, starting from the back		10	2	8
	o Checking for any swelling or bruises		10	2	8
	o Checking the chest to ascertain if any object is stuck		10	2	8
	o Checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumps		10	2	8
	o Checking for any damage to the pelvis		10	2	8
	o Asking the victim if they are able to feel their legs		10	2	8
	o Observing the colour of toes to check for any circulation problems		10	2	8
	PC10. Use appropriate equipment if required		10	2	8
Total		200	54	146	
3. HSS/ N 2305 (Patient Triage based on the defined clinical criteria of severity of illness)	PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	200	40	10	30
	PC2. Know how to check all the vital signs		40	10	30
	PC3. Identify a high-risk case		40	20	20
	PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment		20	5	15
	PC5. Communicate clearly and assertively		3	0	3
	PC6. Collaboratively be able to supervise/work collaboratively with other departments		4	0	4
	PC7. Multitask without compromising on		3	0	3

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	quality and accuracy of care provided				
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters		50	10	40
	Total		200	55	145
4. HSS/ N 2306 (Manage Cardiovascular Emergency)	PC1. Describe the structure and function of the cardiovascular system	200	4	4	0
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort		12	2	10
	PC3. Identify the symptoms of hypertensive emergency		6	2	4
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)		8	2	6
	PC5. Explain the impact of age and weight on defibrillation		8	2	6
	PC6. Discuss the position of comfort for patients with various cardiac emergencies		4	4	0
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise		10	2	8
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support		8	2	6
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator		4	2	2
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available		4	4	0
	PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting		4	4	0
	PC12. Explain the usage of aspirin and clopidogrel		6	2	4
	PC13. Differentiate between the fully automated and the semi-automated defibrillator		4	4	0
	PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators		8	2	6
	PC15. Assure that the patient is pulseless and		6	2	4

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	apnoeic when using the automated external defibrillator				
	PC16. Identify circumstances which may result in inappropriate shocks		6	2	4
	PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator		10	2	8
	PC18. Summarise the speed of operation of automated external defibrillation		6	2	4
	PC19. Discuss the use of remote defibrillation through adhesive pads		6	2	4
	PC20. Operate the automated external defibrillator		10	2	8
	PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS		4	4	0
	PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator		4	4	0
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator		4	4	0
	PC24. Identify the components and discuss the importance of post-resuscitation care		4	4	0
	PC25. Explain the importance of frequent practice with the automated external defibrillator		4	4	0
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist		4	4	0
	PC27. Explain the role medical direction plays in the use of automated external defibrillation		4	4	0
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator		4	4	0
	PC29. Discuss the components that should be included in a case review		4	4	0
	PC30. Discuss the goal of quality improvement in automated external defibrillation		4	4	0
	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC32. List the indications for the use of nitro-glycerine		6	2	4
	PC33. State the contraindications and side effects for the use of nitro-glycerine		6	2	4
	PC34. Perform maintenance checks of the automated external defibrillator		4	4	0
	Total		200	100	100
5.HSS/ N 2307 (Manage Cerebrovascular Emergency)	PC1. Describe the basic types, causes, and symptoms of stroke	200	8	4	4
	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke		30	5	25
	PC3. Manage airway, breathing, and circulation		16	2	14
	PC4. Assess the patient's level of consciousness and document any signs of stroke		10	2	8
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate		30	5	25
	PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale		20	5	15
	PC7. Check serum blood sugar		6	2	4
	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		20	5	15
	PC9. Determine the time of onset of symptoms		6	2	4
	PC10. Explain how patients, family, or bystanders should respond to a potential stroke		2	2	0
	PC11. Discuss the actions recommended for emergency responders to potential stroke victims		2	2	0
	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		2	2	0
	PC13. Carry out first triage of potential stroke victims		10	5	5
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes		4	2	2

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC15. Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim		4	2	2
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital		20	5	15
	PC17. Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms		10	5	5
	Total		200	57	143
6.HSS/ N 2308 (Manage Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction	200	50	10	40
	PC2. Perform the emergency medical care of the patient with an allergic reaction		50	10	40
	PC3. Establish the relationship between the patient with an allergic reaction and airway management		30	5	25
	PC4. Recognise the mechanisms of allergic response and the implications for airway management		10	5	5
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector		20	5	15
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors		20	5	15
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction		10	2	8
	PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector		10	3	7
	Total		200	45	155
7.HSS/ N 2309 (Manage Poisoning or Overdose)	PC1. Recognise various ways that poisons enter the body	200	10	10	0
	PC2. Recognise signs/symptoms associated with various poisoning		20	10	10
	PC3. Perform the emergency medical care for the patient with possible overdose		40	10	30

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning		40	10	30
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management		30	10	20
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal		30	10	20
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose		30	10	20
	Total		200	70	130
8.HSS/ N 2310 (Manage Environmental Emergency)	PC1. Recognise the various ways by which body loses heat	200	10	10	0
	PC2. List the signs and symptoms of exposure to cold		10	10	0
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold		40	10	30
	PC4. List the signs and symptoms of exposure to heat		10	10	0
	PC5. Perform the steps in providing emergency care to a patient exposed to heat		40	10	30
	PC6. Recognise the signs and symptoms of water-related emergencies		10	10	0
	PC7. Identify the complications of near-drowning		10	10	0
	PC8. Perform emergency medical care for bites and stings		40	10	30
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines		30	20	10
	Total		200	100	100
9.HSS/ N 2311 (Manage Behavioural Emergency)	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	200	40	20	20
	PC2. Recognise the various reasons for psychological crises		40	20	20
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide		20	20	0
	PC4. Identify special medical/legal considerations for managing behavioural		20	20	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	emergencies				
	PC5. Recognise the special considerations for assessing a patient with behavioural problems		20	20	0
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence		20	0	20
	PC7. Identify methods to calm behavioural emergency patients		40	0	40
	Total		200	100	100
10.HSS/ N 2312 (Manage Obstetrics/Gynaecology emergencies)	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum	200	4	4	0
	PC2. Identify and explain the use of the contents of an obstetrics kit		10	2	8
	PC3. Identify pre-delivery emergencies		4	4	0
	PC4. State indications of an imminent delivery		4	4	0
	PC5. Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery		4	4	0
	PC6. Perform the steps in pre-delivery preparation of the mother		20	2	18
	PC7. Establish the relationship between body substance isolation and childbirth		4	4	0
	PC8. Perform the steps to assist in the delivery		20	2	18
	PC9. State the steps required for care of the baby as the head appears		4	4	0
	PC10. Explain how and when to cut the umbilical cord		10	2	8
	PC11. Perform the steps in the delivery of the placenta		20	2	18
	PC12. Perform the steps in the emergency medical care of the mother post-delivery		20	2	18
	PC13. Summarise neonatal resuscitation procedures		10	2	8
	PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation		10	8	2
	PC15. Differentiate the special considerations for multiple births		4	4	0
	PC16. Recognise special considerations of meconium		4	4	0
	PC17. Identify special considerations of a premature baby		4	4	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC18. Perform the emergency medical care of a patient with a gynaecological emergency		20	2	18
	PC19. Perform steps required for emergency medical care of a mother with excessive bleeding		20	2	18
	PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies		4	4	0
	Total		200	66	134
11.HSS/ N 2313 (Manage Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	200	5	5	0
	PC2. Differentiate between arterial, venous and capillary bleeding		5	5	0
	PC3. State methods of emergency medical care of external bleeding		30	5	25
	PC4. Establish the relationship between body substance isolation and bleeding		20	2	18
	PC5. Establish the relationship between airway management and the trauma patient		20	2	18
	PC6. Establish the relationship between mechanism of injury and internal bleeding		20	2	18
	PC7. Recognise the signs of internal bleeding		10	5	5
	PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding		30	5	25
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		10	5	5
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)		30	5	25
	PC11. Recognize different types of shock and initiate appropriate medical management		20	10	10
	Total		200	51	149
12. HSS/ N 2314 (Manage Soft Tissue Injury and Burns)	PC1. Recognise the major functions of the skin	200	1	1	0
	PC2. Recognise the layers of the skin		1	1	0
	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries		10	2	8
	PC4. Recognise the types of closed soft tissue injuries		3	3	0
	PC5. Perform the emergency medical care of		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	the patient with a closed soft tissue injury				
	PC6. State the types of open soft tissue injuries		3	3	0
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury		3	3	0
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury		3	3	0
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen		10	2	8
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen		2	2	0
	PC11. Classify burns		10	10	0
	PC12. Recognise superficial burn		3	3	0
	PC13. Recognise the characteristics of a superficial burn		3	3	0
	PC14. Recognise partial thickness burn		3	3	0
	PC15. Recognise the characteristics of a partial thickness burn		3	3	0
	PC16. Recognise full thickness burn		3	3	0
	PC17. Recognise the characteristics of a full thickness burn		3	3	0
	PC18. Perform the emergency medical care of the patient with a superficial burn		10	2	8
	PC19. Perform the emergency medical care of the patient with a partial thickness burn		10	2	8
	PC20. Perform the emergency medical care of the patient with a full thickness burn		10	2	8
	PC21. Recognise the functions of dressing and bandaging		10	2	8
	PC22. Describe the purpose of a bandage		10	2	8
	PC23. Perform the steps in applying a pressure dressing		10	2	8
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries		6	2	4
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets		10	2	8
	PC26. Perform the emergency medical care of a patient with an impaled object		10	2	8
	PC27. Perform the emergency medical care of a		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	patient with an amputation				
	PC28. Perform the emergency care for a chemical burn		10	2	8
	PC29. Perform the emergency care for an electrical burn		10	2	8
	PC30. Recognise inhalation injury and perform emergency care		10	2	8
	Total		200	76	124
13.HSS/ N 2315 (Manage Musculoskeletal injuries)	PC1. Recognise the function of the muscular system	200	4	4	0
	PC2. Recognise the function of the skeletal system		4	4	0
	PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities		6	6	0
	PC4. Differentiate between an open and a closed painful, swollen, deformed extremity		6	6	0
	PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries		20	10	10
	PC6. State the reasons for splinting		20	10	10
	PC7. List the general rules of splinting		40	10	30
	PC8. Ramification & complications of splinting		20	2	18
	PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity		40	10	30
	PC10. How to apply pelvic binder techniques for fracture of pelvis		40	10	30
	Total		200	72	128
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	PC1. State the components of the nervous system	200	1	1	0
	PC2. List the functions of the central nervous system		1	1	0
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system		3	3	0
	PC4. Relate mechanism of injury to potential injuries of the head and spine		5	5	0
	PC5. Recognise the implications of not properly caring for potential spine injuries		5	5	0
	PC6. State the signs and symptoms of a potential spine injury		5	5	0
	PC7. Recognise the method of determining if a responsive patient may have a spine injury		5	5	0
	PC8. Relate the airway emergency medical		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	care techniques to the patient with a suspected spine injury				
	PC9. Identify how to stabilise the cervical spine		10	2	8
	PC10. Indications for sizing and using a cervical spine immobilisation device		10	2	8
	PC11. Establish the relationship between airway management and the patient with head and spine injuries		10	2	8
	PC12. Recognise a method for sizing a cervical spine immobilisation device		10	2	8
	PC13. Log roll a patient with a suspected spine injury		10	2	8
	PC14. Secure a patient to a long spine board		10	2	8
	PC15. List instances when a short spine board should be used		5	5	0
	PC16. Immobilise a patient using a short spine board		10	2	8
	PC17. Recognise the indications for the use of rapid extrication		5	5	0
	PC18. Understand the steps in performing rapid extrication		10	2	8
	PC19. Identify the circumstances when a helmet should be left on the patient		10	2	8
	PC20. Identify the circumstances when a helmet should be removed		10	2	8
	PC21. Identify alternative methods for removal of a helmet		10	2	8
	PC22. Stabilise patient's head to remove the helmet		10	2	8
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet		5	5	0
	PC24. Immobilise paediatric and geriatric victims		10	2	8
	PC25. Manage scalp bleeding		10	2	8
	PC26. Manage eye injury		10	2	8
	Total		200	72	128
15.HSS/ N 2317 (Manage Infants, Neonates and Children)	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	200	6	4	2
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient		6	2	4

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult		4	4	0
	PC4. Understand various causes of respiratory emergencies		4	4	0
	PC5. Differentiate between respiratory distress and respiratory failure		4	4	0
	PC6. Perform the steps in the management of foreign body airway obstruction		20	2	18
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure		20	2	18
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient		20	2	18
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient		20	2	18
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults		20	2	18
	PC11. Recognise the common causes of seizures in the infant and child patient		4	4	0
	PC12. Perform the management of seizures in the infant and child patient		20	2	18
	PC13. Differentiate between the injury patterns in adults, infants, and children		4	4	0
	PC14. Perform the field management of the infant and child trauma patient		20	2	18
	PC15. Summarise the indicators of possible child abuse and neglect		4	4	0
	PC16. Recognise the medical legal responsibilities in suspected child abuse		4	4	0
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport		20	2	18
	Total		200	50	150
16.HSS/ N 2318 (Manage respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:	200			
	a. Nasopharynx		1	1	0
	b. Nasal air passage		1	1	0
	c. Pharynx		1	1	0
	d. Mouth		1	1	0
	e. Oropharynx		1	1	0
	f. Epiglottis		1	1	0
	PC2. Recognise the anatomical components of				

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	the lower airway including:				
	a. Larynx		1	1	0
	b. Trachea		1	1	0
	c. Alveoli		1	1	0
	d. Bronchi		1	1	0
	e. Carina		1	1	0
	f. Diaphragm		1	1	0
	PC3. Recognise the characteristics of normal breathing		4	2	2
	PC4. Recognise the signs of abnormal breathing including:				
	a. Dyspnoea		48	24	24
	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		10	2	8
	PC7. Complete a focused history and physical exam of the patient		24	4	20
	PC8. Establish airway in patient with respiratory difficulties		20	2	18
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		20	2	18
	PC10. Understand the various types of Metered Dose Inhalers including:				
	a. Preventil		6	2	4
	b. Ventoiln		6	2	4
	c. Alupent		6	2	4
	d. Metaprel		6	2	4
	e. Brethine		6	2	4

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	f. Albuterol		6	2	4
	g. Metaproterenol		6	2	4
	h. Terbutaline		6	2	4
	PC11. Understand the contraindications and side effects for various types of Metered Dose Inhalers		4	4	0
	Total		200	70	130
17.HSS/ N 2319 (Manage severe abdominal pain)	PC1. Recognise the anatomical components of the abdomen and their functions including:	200			
	a. Left Upper Quadrant				
	o Most of the stomach		1	1	0
	o Spleen				
	o Pancreas				
	o Large intestine				
	o Small intestine				
	o Left kidney (upper portion)				
	b. Right Upper Quadrant				
	o Liver		1	1	0
	o Gallbladder				
	o Part of the large intestine				
	o Right kidney (upper portion)				
	o Small intestine				
	c. Right Lower Quadrant				
	o Appendix		1	1	0
	o Large intestine				
	o Female reproductive organs				
	o Small intestine				
	o Right kidney (lower portion)				
o Right ureter					
o Right ovary & fallopian tube					
d. Left Lower Quadrant					
o Large intestine	1	1	0		
o Small intestine					
o Left kidney (lower portion)					
o Left ureter					
o Left ovary					
o Left fallopian tube					
e. Midline structures					
o Small intestine	1	1	0		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	o Urinary bladder				
	o Uterus				
	PC2. Recognise the symptoms and cause of visceral pain		6	4	2
	PC3. Recognise the symptoms and causes of parietal pain		6	4	2
	PC4. Recognise the symptoms and possible causes of referred pain including:				
	a. Right shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood		6	4	2
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood		6	4	2
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone		6	4	2
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis		6	4	2
	e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn’s disease (a type of inflammatory bowel disease), ulcerative colitis		6	4	2
	f. Sacrum pain – perirectal abscess, rectal disease		6	4	2
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris		6	4	2
	h. Testicular pain – renal colic; appendicitis		6	4	2
	PC5. Complete a focused history and physical exam of the patient including:				
	a. Visual inspection		20	2	18
	b. Auscultating the abdomen		20	2	18
	c. Palpating the abdomen		20	2	18
	PC6. Establish airway in patient		10	2	8
	PC7. Place patient in position of comfort		10	2	8
	PC8. Calm and reassure the patient		10	2	8
	PC9. Look for signs of hypoperfusion		10	2	8
	PC10. Recognise possible diagnoses for abdominal pain		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC11. State the treatment for managing various causes of abdominal pain		10	2	8
	PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions		10	2	8
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)		5	3	2
	Total		200	68	132
18.HSS/ N 2320 (Manage Mass Casualty Incident)	PC1. Establish an Incident Management Structure on arrival at the scene including:	200			
	a. Designating an Incident Commander to manage the incident		4	4	0
	b. As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer		4	4	0
	PC2. Set up separate areas for treatment, triage and transport		10	2	8
	PC3. Conduct an initial triage of patients by using the START triage model for adult patients, JumpSTART Triage for paediatric patients and the SMART triage tagging system		24	6	18
	PC4. Use appropriate personal protective equipment while conducting initial triage		20	2	18
	PC5. Tag severity/ criticality of patient using colour coded tags		20	2	18
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries		10	10	0
	PC7. Monitor patients with minor injuries for changes in their condition		20	2	18
	PC8. Maintain an open airway and stop uncontrolled bleeding		20	2	18
	PC9. Extract patients from the casualty area based on initial triage to designated triage and treatment areas		20	2	18
	PC10. Use equipment like cots and litters for extraction where required		20	2	18
	PC11. Re-triage patients extracted to the triage and treatment areas		10	2	8
PC12. Provide treatment and deliver patients to transport area	6	4	2		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC13. Transport patients to healthcare facility		6	4	2
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients		6	4	2
	Total		200	52	148
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	200	30	20	10
	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes		50	10	40
	PC3. Establish the relationship between airway management and the patient with altered mental status		40	10	30
	PC4. Recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose		50	20	30
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient		30	10	20
	Total		200	70	130
20. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	200	5	0	5
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		5	5	0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5
	PC7. Follow procedures for risk control and risk containment for specific risks		10	0	10
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		10	0	10
	PC9. Place appropriate signs when and where appropriate		20	10	10

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC10. Remove spills in accordance with the policies and procedures of the organization		5	0	5
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		5	0	5
	PC12. Follow hand washing procedures		5	0	5
	PC13. Implement hand care procedures		5	0	5
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		5	5	0
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		5	0	5
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		5	0	5
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work				
	PC18. Confine records, materials and medicaments to a well-designated clean zone		20	10	10
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone				
	PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste		5	0	5
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		5	0	5
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		5	5	0
	PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release		5	0	5
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	5	0
	PC25. Wear personal protective clothing and equipment during cleaning procedures		5	0	5

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC26. Remove all dust, dirt and physical debris from work surfaces		5	0	5
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		5	0	5
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		5	0	5
	PC29. Dry all work surfaces before and after use		5	0	5
	PC30. Replace surface covers where applicable		5	0	5
	PC31. Maintain and store cleaning equipment		5	5	0
	Total		200	55	145
Grand Total-1 (Subject Domain)			400		
Compulsory NOS with Clinical NOS		Perform this NOS compulsarily with the clinical NOS of subject domain carrying 10 marks totalling 10			

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
20. HSS/ N 2302 (Size up the scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency	10	1	0	1
	PC2. Introduce themselves to patient(s) and ask for their consent to any treatment		0.5	0	0.5
	PC3. Understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action		1	0.5	0.5
	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		0.5	0	0.5
	PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste		0.5	0	0.5
	PC7. Recognise and react appropriately to persons exhibiting emotional reactions		0.5	0	0.5
	PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations		0.5	0	0.5
	PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly		0.5	0	0.5
	PC10. Evaluate the scene and call for backup if required		0.5	0	0.5
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		0.5	0	0.5
	PC12. Maintain competence within one's role and field of practice		0.5	0	0.5
	PC13. Collaborate with the law agencies at a crime scene		1	0.5	0.5
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times		0.5	0	0.5
	PC15. Identify and manage potential and actual risks to the quality and safety of		0.5	0	0.5

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
	work done				
	PC16. Evaluate and reflect on the quality of one's work and make continuing improvements		0.5	0	0.5
	PC17. Understand relevant medico-legal principles		0.5	0	0.5
	PC18. Function within the scope of care defined by state, regional and local regulatory		0.5	0	0.5
	Total		10	1	9
Grand Total-2 (Compulsory NOS)			10		

Soft Skills and Communication	Pick either part 1 carrying 90 marks or one field from both part 2 and part 3 (i.e. total 3 NOS) randomly each carrying 45 marks totaling 90
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Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
				Viva	Observation / Role Play
Part 1 (Pick one field randomly carrying 90 marks)					
1. Decision making and leadership quality					
HSS/ N 2321 (Select the proper provider institute for transfer)	PC1. Explain to the patient about his role and the reason for selecting a particular health provider	36	4	4	0
	PC2. Consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required		8	4	4
	PC3. Allocate patient to the nearest provider institute		4	4	0
	PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres		4	4	0
	PC5. Make sure that the selection of the institute is in adherence with the legal regulation		4	4	0
	PC6. Obtain guidance from medical officer for selection of proper provider institute		4	4	0
	PC7. Provide pre-arrival information to the receiving hospital		4	4	0
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)		4	4	0
	Total			36	32
HSS/ N 2322 (Transport patient to the provider institute)	PC1. Adhere fully to the rules and regulations related to the usage of ground and air transport	32	4	4	0
	PC2. Adhere fully to the steps involved in treating and transporting the patient		8	4	4
	PC3. Positively manage situations where transport is a problem		4	4	0
	PC4. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport		4	4	0
	PC5. Adhere fully to procedures once the patient reaches the hospital		4	4	0
	PC6. Use correct medication and equipment for treatment of immediate threats to life		8	4	4
	Total			32	24

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
HSS/ N 2323 (Manage Patient Handover to the provider institute)	PC1. Provide a verbal report to the medical staff on the condition of the patient and initial findings	22	8	4	4
	PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff		8	4	4
	PC3. Hand over the consent form signed by the patient or a relative		6	2	4
	Total		22	10	12
Decision making and leadership quality Total		90	90	66	24
Part 2 (Pick one field randomly carrying 45 marks)					
1. Attitude					
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	25	2	2	0
	PC2. Work within organisational systems and requirements as appropriate to one's role		5	0	5
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		5	0	5
	PC4. Maintain competence within one's role and field of practice		5	5	0
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		2	2	0
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		2	2	0
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		2	2	0
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		2	2	0
	Total		25	15	10
HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	20	3	1	2
	PC2. Work within organisational systems and requirements as appropriate to the role		3	1	2
	PC3. Recognise the boundary of the role and		3	1	2

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
				Viva	Observation / Role Play
	responsibility and seek supervision when situations are beyond the competence and authority				
	PC4. Maintain competence within the role and field of practice		1	0	1
	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1	0	1
	PC7. Identify and manage potential and actual risks to the quality and patient safety		1	0	1
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem		4	2	2
	Total		20	7	13
Attitude Total		45	45	22	23
2. Attiquete					
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	20	10	5	5
	PC2. Utilise time effectively		2	0	2
	PC3. Ensure his/her work meets the agreed requirements		2	0	2
	PC4. Treat confidential information correctly		2	2	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		4	2	2
	Total		20	9	11
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	25	2	2	0
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		5	0	5
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		5	0	5
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual		5	5	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
				Viva	Observation / Role Play
	PC5. Confirm that the needs of the individual have been met		2	2	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		2	2	0
	PC7. Respect the individual's need for privacy		2	2	0
	PC8. Maintain any records required at the end of the interaction		2	2	0
	Total			25	15
Attitude Total		45	45	24	21
Part 3 (Pick one field randomly carrying 45 marks)					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	45	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		2	0	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		2	1	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	3	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
Total			45	22	23
2. Waste Management					

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
				Viva	Observation / Role Play
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	45	6	2	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste		6	3	3
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		6	3	3
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	4	0
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		3	3	0
Total			45	29	16
3. Team Work					
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	45	2	0	2
	PC2. Integrate one's work with other people's work effectively		2	0	2
	PC3. Pass on essential information to other people on timely basis		2	0	2

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
	PC4. Work in a way that shows respect for other people		2	0	2
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		15	10	5
	PC8. Follow the organisation's policies and procedures		10	4	6
	Total		45	26	19
4. Ethics					
HSS/ N 2303 (Follow evidence based Protocol while managing patients)	PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. For example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia	45	9	4	5
	PC2. Understand the communication protocols for medical situations that require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside the hospital		9	4	5
	PC3. Adhere to laws, regulations and procedures relating to the work of an EMT		9	4	5
	PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols		9	4	5
	PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)		9	4	5
	Total		45	20	25
5. Quality					
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis	45	5	5	0
	PC2. Evaluate potential solutions thoroughly		5	0	5
	PC3. Participate in education programs		3	3	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation
			Viva	Observation / Role Play
	which include current techniques, technology and trends pertaining to the dental industry			
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly	5	5	0
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person	3	0	3
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	3	0	3
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected	3	0	3
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently	3	0	3
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person	5	2	3
	PC10. Complete any health and safety records legibly and accurately	10	5	5
	Total	45	20	25
Grand Total-3 (Soft Skills and Communication)		90		
Detailed Break Up of Marks		Theory		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
1. HSS/ N 2301 (Respond to Emergency Calls)	PC1. Understand the emergency codes used in the hospital for emergency situations	4
	PC2. Reflect professionalism through use of appropriate language while speaking to the dispatch team	
	PC3. Use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider	
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre	
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse	
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence and authority	
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:	
	a. Hospital Gowns	
	b. Medical Gloves	
	c. Shoe Covers	
	d. Surgical Masks	
	e. Safety Glasses	
	f. Helmets	
	g. Reflective Clothing	
	PC8. Prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance	
PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer		
PC10. Establish trust and rapport with colleagues		
PC11. Maintain competence within one's role and field of practice		
PC12. Promote and demonstrate good practice as an individual and as a team member at all times		
PC13. Identify and manage potential and actual risks to the quality and safety of practice		
PC14. Evaluate and reflect on the quality of one's work and make continuing improvements		
PC15. Understand basic medico-legal principles		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies	
	Total	4
2. HSS/ N 2304 (Assess Patient at the site)	PC1. Explain clearly:	4
	o An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs	
	o What information need to be obtained and stored in records	
	o With whom the information might be shared	
	o What is involved in the assessment	
	PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition	
	PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)	
	PC4. Respect the patient's privacy, dignity, wishes and beliefs	
	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 ears	
	o Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion	
o Checking if the patient is under the effect of alcohol or any other drug		
o Checking the patient's mouth to ensure the airway is clear		
o Gently checking the neck, starting from the back		
o Checking for any swelling or bruises		
o Checking the chest to ascertain if any object is stuck		
o Checking the ribcage for bruising or swelling and the abdomen for		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	any kind of swelling or lumps	
	o Checking for any damage to the pelvis	
	o Asking the victim if they are able to feel their legs	
	o Observing the colour of toes to check for any circulation problems	
	PC10. Use appropriate equipment if required	
	Total	4
3. HSS/ N 2305 (Patient Triage based on the defined clinical criteria of severity of illness)	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	
	Total	4
4. HSS/ N 2306 (Manage Cardiovascular Emergency)	PC1. Describe the structure and function of the cardiovascular system	
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort	
	PC3. Identify the symptoms of hypertensive emergency	
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)	
	PC5. Explain the impact of age and weight on defibrillation	
	PC6. Discuss the position of comfort for patients with various cardiac emergencies	
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise	
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support	
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator	
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available	
	Total	4

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	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	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC33. State the contraindications and side effects for the use of nitro-glycerine	
	PC34. Perform maintenance checks of the automated external defibrillator	
	Total	4
5.HSS/ N 2307 (Manage Cerebrovascular Emergency)	PC1. Describe the basic types, causes, and symptoms of stroke	4
	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke	
	PC3. Manage airway, breathing, and circulation	
	PC4. Assess the patient's level of consciousness and document any signs of stroke	
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate	
	PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale	
	PC7. Check serum blood sugar	
	PC8. Collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications	
	PC9. Determine the time of onset of symptoms	
	PC10. Explain how patients, family, or bystanders should respond to a potential stroke	
	PC11. Discuss the actions recommended for emergency responders to potential stroke victims	
	PC12. Explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment	
	PC13. Carry out first triage of potential stroke victims	
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes	
	PC15. Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim	
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital	
	PC17. Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms	
	Total	4
6.HSS/ N 2308	PC1. Recognise the patient experiencing an allergic reaction	4

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
(Manage Allergic Reaction)	PC2. Perform the emergency medical care of the patient with an allergic reaction	
	PC3. Establish the relationship between the patient with an allergic reaction and airway management	
	PC4. Recognise the mechanisms of allergic response and the implications for airway management	
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector	
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors	
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction	
	PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	
	Total	
7.HSS/ N 2309 (Manage Poisoning or Overdose)	PC1. Recognise various ways that poisons enter the body	
	PC2. Recognise signs/symptoms associated with various poisoning	
	PC3. Perform the emergency medical care for the patient with possible overdose	
	PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning	
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management	
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal	
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose	
	Total	
8.HSS/ N 2310 (Manage Environmental Emergency)	PC1. Recognise the various ways by which body loses heat	
	PC2. List the signs and symptoms of exposure to cold	
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold	
	PC4. List the signs and symptoms of exposure to heat	
	PC5. Perform the steps in providing emergency care to a patient exposed to heat	
Total	4	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC6. Recognise the signs and symptoms of water-related emergencies	
	PC7. Identify the complications of near-drowning	
	PC8. Perform emergency medical care for bites and stings	
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines	
	Total	4
9.HSS/ N 2311 (Manage Behavioural Emergency)	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	
	PC2. Recognise the various reasons for psychological crises	
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide	
	PC4. Identify special medical/legal considerations for managing behavioural emergencies	
	PC5. Recognise the special considerations for assessing a patient with behavioural problems	
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence	
	PC7. Identify methods to calm behavioural emergency patients	
	Total	2
10.HSS/ N 2312 (Manage Obstetrics/Gynaecology emergencies)	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum	
	PC2. Identify and explain the use of the contents of an obstetrics kit	
	PC3. Identify pre-delivery emergencies	
	PC4. State indications of an imminent delivery	
	PC5. Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery	
	PC6. Perform the steps in pre-delivery preparation of the mother	
	PC7. Establish the relationship between body substance isolation and childbirth	
	PC8. Perform the steps to assist in the delivery	
	PC9. State the steps required for care of the baby as the head appears	
	PC10. Explain how and when to cut the umbilical cord	
	PC11. Perform the steps in the delivery of the placenta	
	PC12. Perform the steps in the emergency medical care of the mother post-delivery	
	Total	2

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC13. Summarise neonatal resuscitation procedures	
	PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation	
	PC15. Differentiate the special considerations for multiple births	
	PC16. Recognise special considerations of meconium	
	PC17. Identify special considerations of a premature baby	
	PC18. Perform the emergency medical care of a patient with a gynaecological emergency	
	PC19. Perform steps required for emergency medical care of a mother with excessive bleeding	
	PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies	
	Total	
11. HSS/ N 2313 (Manage Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	4
	PC2. Differentiate between arterial, venous and capillary bleeding	
	PC3. State methods of emergency medical care of external bleeding	
	PC4. Establish the relationship between body substance isolation and bleeding	
	PC5. Establish the relationship between airway management and the trauma patient	
	PC6. Establish the relationship between mechanism of injury and internal bleeding	
	PC7. Recognise the signs of internal bleeding	
	PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding	
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)	
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)	
	PC11. Recognize different types of shock and initiate appropriate medical management	
	Total	4
12. HSS/ N 2314 (Manage Soft Tissue Injury and Burns)	PC1. Recognise the major functions of the skin	4
	PC2. Recognise the layers of the skin	
	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries	
	PC4. Recognise the types of closed soft tissue injuries	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury	
	PC6. State the types of open soft tissue injuries	
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury	
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury	
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen	
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen	
	PC11. Classify burns	
	PC12. Recognise superficial burn	
	PC13. Recognise the characteristics of a superficial burn	
	PC14. Recognise partial thickness burn	
	PC15. Recognise the characteristics of a partial thickness burn	
	PC16. Recognise full thickness burn	
	PC17. Recognise the characteristics of a full thickness burn	
	PC18. Perform the emergency medical care of the patient with a superficial burn	
	PC19. Perform the emergency medical care of the patient with a partial thickness burn	
	PC20. Perform the emergency medical care of the patient with a full thickness burn	
	PC21. Recognise the functions of dressing and bandaging	
	PC22. Describe the purpose of a bandage	
	PC23. Perform the steps in applying a pressure dressing	
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries	
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets	
	PC26. Perform the emergency medical care of a patient with an impaled object	
	PC27. Perform the emergency medical care of a patient with an amputation	
	PC28. Perform the emergency care for a chemical burn	
	PC29. Perform the emergency care for an electrical burn	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC30. Recognise inhalation injury and perform emergency care	
	Total	4
13.HSS/ N 2315 (Manage Musculoskeletal injuries)	PC1. Recognise the function of the muscular system	4
	PC2. Recognise the function of the skeletal system	
	PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities	
	PC4. Differentiate between an open and a closed painful, swollen, deformed extremity	
	PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries	
	PC6. State the reasons for splinting	
	PC7. List the general rules of splinting	
	PC8. Ramification & complications of splinting	
	PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity	
	PC10. How to apply pelvic binder techniques for fracture of pelvis	
	Total	4
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	PC1. State the components of the nervous system	4
	PC2. List the functions of the central nervous system	
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system	
	PC4. Relate mechanism of injury to potential injuries of the head and spine	
	PC5. Recognise the implications of not properly caring for potential spine injuries	
	PC6. State the signs and symptoms of a potential spine injury	
	PC7. Recognise the method of determining if a responsive patient may have a spine injury	
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury	
	PC9. Identify how to stabilise the cervical spine	
	PC10. Indications for sizing and using a cervical spine immobilisation device	
	PC11. Establish the relationship between airway management and the patient with head and spine injuries	
	PC12. Recognise a method for sizing a cervical spine immobilisation device	
	PC13. Log roll a patient with a suspected spine injury	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC14. Secure a patient to a long spine board	
	PC15. List instances when a short spine board should be used	
	PC16. Immobilise a patient using a short spine board	
	PC17. Recognise the indications for the use of rapid extrication	
	PC18. Understand the steps in performing rapid extrication	
	PC19. Identify the circumstances when a helmet should be left on the patient	
	PC20. Identify the circumstances when a helmet should be removed	
	PC21. Identify alternative methods for removal of a helmet	
	PC22. Stabilise patient's head to remove the helmet	
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet	
	PC24. Immobilise paediatric and geriatric victims	
	PC25. Manage scalp bleeding	
	PC26. Manage eye injury	
	Total	
15.HSS/ N 2317 (Manage Infants, Neonates and Children)	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	2
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient	
	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult	
	PC4. Understand various causes of respiratory emergencies	
	PC5. Differentiate between respiratory distress and respiratory failure	
	PC6. Perform the steps in the management of foreign body airway obstruction	
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure	
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient	
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient	
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults	
	PC11. Recognise the common causes of seizures in the infant and child patient	
	PC12. Perform the management of seizures in the infant and child patient	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC13. Differentiate between the injury patterns in adults, infants, and children	
	PC14. Perform the field management of the infant and child trauma patient	
	PC15. Summarise the indicators of possible child abuse and neglect	
	PC16. Recognise the medical legal responsibilities in suspected child abuse	
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport	
	Total	
16.HSS/ N 2318 (Manage respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:	4
	a. Nasopharynx	
	b. Nasal air passage	
	c. Pharynx	
	d. Mouth	
	e. Oropharynx	
	f. Epiglottis	
	PC2. Recognise the anatomical components of the lower airway including:	
	a. Larynx	
	b. Trachea	
	c. Alveoli	
	d. Bronchi	
	e. Carina	
	f. Diaphragm	
	PC3. Recognise the characteristics of normal breathing	
	PC4. Recognise the signs of abnormal breathing including:	
a. Dyspnoea		
b. Upper airway obstruction		
c. Acute pulmonary oedema		
d. Chronic obstructive pulmonary disease		
e. Bronchitis		
f. Emphysema		
g. Pneumothorax		
h. Asthma		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	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. Ventoin	
	c. Alupent	
	d. Metaprel	
	e. Brethine	
	f. Albuterol	
	g. Metaproterenol	
	h. Terbutaline	
	PC11. Understand the contraindications and side effects for various types of Metered Dose Inhalers	
	Total	4
17.HSS/ N 2319 (Manage severe abdominal pain)	PC1. Recognise the anatomical components of the abdomen and their functions including:	4
	a. Left Upper Quadrant	
	o Most of the stomach	
	o Spleen	
	o Pancreas	
	o Large intestine	
	o Small intestine	
	o Left kidney (upper portion)	
	b. Right Upper Quadrant	
	o Liver	
	o Gallbladder	
	o Part of the large intestine	
	o Right kidney (upper portion)	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	<ul style="list-style-type: none"> o Small intestine 	
	c. Right Lower Quadrant	
	<ul style="list-style-type: none"> o Appendix o Large intestine o Female reproductive organs o Small intestine o Right kidney (lower portion) o Right ureter o Right ovary & fallopian tube 	
	d. Left Lower Quadrant	
	<ul style="list-style-type: none"> o Large intestine o Small intestine o Left kidney (lower portion) o Left ureter o Left ovary o Left fallopian tube 	
	e. Midline structures	
	<ul style="list-style-type: none"> o Small intestine o Urinary bladder o Uterus 	
	PC2. Recognise the symptoms and cause of visceral pain	
	PC3. Recognise the symptoms and causes of parietal pain	
	PC4. Recognise the symptoms and possible causes of referred pain including:	
	<ul style="list-style-type: none"> a. Right shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn’s disease (a type of inflammatory bowel disease), ulcerative colitis f. Sacrum pain – perirectal abscess, rectal disease 	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris	
	h. Testicular pain – renal colic; appendicitis	
	PC5. Complete a focused history and physical exam of the patient including:	
	a. Visual inspection	
	b. Auscultating the abdomen	
	c. Palpating the abdomen	
	PC6. Establish airway in patient	
	PC7. Place patient in position of comfort	
	PC8. Calm and reassure the patient	
	PC9. Look for signs of hypoperfusion	
	PC10. Recognise possible diagnoses for abdominal pain	
	PC11. State the treatment for managing various causes of abdominal pain	
	PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions	
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)	
	Total	4
18.HSS/ N 2320 (Manage Mass Casualty Incident)	PC1. Establish an Incident Management Structure on arrival at the scene including:	
	a. Designating an Incident Commander to manage the incident	
	b. As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer	
	PC2. Set up separate areas for treatment, triage and transport	
	PC3. Conduct an initial triage of patients by using the START triage model for adult patients, JumpSTART Triage for paediatric patients and the SMART triage tagging system	
	PC4. Use appropriate personal protective equipment while conducting initial triage	
	PC5. Tag severity/ criticality of patient using colour coded tags	
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries	
	PC7. Monitor patients with minor injuries for changes in their condition	
	PC8. Maintain an open airway and stop uncontrolled bleeding	
	PC9. Extract patients from the casualty area based on initial triage to designated triage and treatment areas	
		4

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC10. Use equipment like cots and litters for extraction where required	
	PC11. Re-triage patients extracted to the triage and treatment areas	
	PC12. Provide treatment and deliver patients to transport area	
	PC13. Transport patients to healthcare facility	
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients	
	Total	4
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	4
	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	
	PC3. Establish the relationship between airway management and the patient with altered mental status	
	PC4. Recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose	
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient	
	Total	4
20. HSS/ N 2302 (Size up the scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency	6
	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	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	
	PC12. Maintain competence within one's role and field of practice	
	PC13. Collaborate with the law agencies at a crime scene	
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC15. Identify and manage potential and actual risks to the quality and safety of work done	
	PC16. Evaluate and reflect on the quality of one's work and make continuing improvements	
	PC17. Understand relevant medico-legal principles	
	PC18. Function within the scope of care defined by state, regional and local regulatory	
	Total	6
21. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	4
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection	
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter	
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility	
	PC5. Document and report activities and tasks that put patients and/or other workers at risk	
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization	
	PC7. Follow procedures for risk control and risk containment for specific risks	
	PC8. Follow protocols for care following exposure to blood or other body fluids as required	
	PC9. Place appropriate signs when and where appropriate	
	PC10. Remove spills in accordance with the policies and procedures of the organization	
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination	
	PC12. Follow hand washing procedures	
	PC13. Implement hand care procedures	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary	
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use	
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work	
	PC18. Confine records, materials and medicaments to a well-designated clean zone	
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone	
	PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste	
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified	
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons	
	PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release	
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements	
	PC25. Wear personal protective clothing and equipment during cleaning procedures	
	PC26. Remove all dust, dirt and physical debris from work surfaces	
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled	
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols	
	PC29. Dry all work surfaces before and after use	
	PC30. Replace surface covers where applicable	
	PC31. Maintain and store cleaning equipment	
	Total	4
Grand Total-1 (Subject Domain)	80	
Soft Skills and	Pick all NOS compulsorily totaling 20 marks	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
Communication		

National Occupational Standards (NOS)	Performance Criteria (PC)	Weightage
1. Decision making and leadership quality		
HSS/ N 2321 (Select the proper provider institute for transfer)	PC1. Explain to the patient about his role and the reason for selecting a particular health provider PC2. Consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required PC3. Allocate patient to the nearest provider institute PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres PC5. Make sure that the selection of the institute is in adherence with the legal regulation PC6. Obtain guidance from medical officer for selection of proper provider institute PC7. Provide pre-arrival information to the receiving hospital PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)	2
HSS/ N 2322 (Transport patient to the provider institute)	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	2
HSS/ N 2323 (Manage Patient Handover to the provider institute)	PC1. Provide a verbal report to the medical staff on the condition of the patient and initial findings PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff PC3. Hand over the consent form signed by the patient or a relative	2
2. Attitude		
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice PC2. Work within organisational systems and requirements as appropriate to one's role PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority PC4. Maintain competence within one's role and field of practice PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice PC6. Promote and demonstrate good practice as an individual and as a team	1

National Occupational Standards (NOS)	Performance Criteria (PC)	Weightage
	member at all times PC7. Identify and manage potential and actual risks to the quality and safety of practice PC8. Evaluate and reflect on the quality of one's work and make continuing improvements	
HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice PC2. Work within organisational systems and requirements as appropriate to the role PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority PC4. Maintain competence within the role and field of practice PC5. Use protocols and guidelines relevant to the field of practice PC6. Promote and demonstrate good practice as an individual and as a team member at all times PC7. Identify and manage potential and actual risks to the quality and patient safety PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem	1
3. Attiquete		
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements PC2. Utilise time effectively PC3. Ensure his/her work meets the agreed requirements PC4. Treat confidential information correctly PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role	1
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them PC4. Utilise all training and information at one's disposal to provide relevant information to the individual PC5. Confirm that the needs of the individual have been met PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality PC7. Respect the individual's need for privacy PC8. Maintain any records required at the end of the interaction	1
4. Safety management		
HSS/ N 9606 (Maintain a safe, healthy,	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements PC2. Comply with health, safety and security procedures for the workplace	2

National Occupational Standards (NOS)	Performance Criteria (PC)	Weightage
and secure working environment)	PC3. Report any identified breaches in health, safety, and security procedures to the designated person	
	PC4. Identify potential hazards and breaches of safe work practices	
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority	
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected	
	PC7. Follow the organisation’s emergency procedures promptly, calmly, and efficiently	
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person	
	PC9. Complete any health and safety records legibly and accurately	
5. Waste Management		
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	2
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements	
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	
	PC5. Check the accuracy of the labelling that identifies the type and content of waste	
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal	
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal	
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures	
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	

6. Team Work		
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	2
	PC2. Integrate one's work with other people's work effectively	
	PC3. Pass on essential information to other people on timely basis	
	PC4. Work in a way that shows respect for other people	
	PC5. Carry out any commitments made to other people	
	PC6. Reason out the failure to fulfil commitment	
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems	
	PC8. Follow the organisation's policies and procedures	
7. Ethics		
HSS/ N 2303 (Follow evidence based Protocol while managing patients)	PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. For example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia	2
	PC2. Understand the communication protocols for medical situations that require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside the hospital	
	PC3. Adhere to laws, regulations and procedures relating to the work of an EMT	
	PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols	
	PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)	
5. Quality		
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis	2
	PC2. Evaluate potential solutions thoroughly	
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry	
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly	
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person	
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected	
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently	
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person	
	PC10. Complete any health and safety records legibly and accurately	
Grand Total-2 (Soft Skills and Communication)		20