

Revised Application Documentation: Version 5 /25 May 2015

QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY

Name and address of submitting body:

Healthcare Sector Skill Council

C/o Confederation of Indian Industry, 23, Institutional Area Lodi Road New Delhi – 110 003

Name and contact details of individual dealing with the submission

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List of documents submitted in support of the Qualifications File (attached in following order)

1. Qualification Pack- Annexure1
2. Occupational Mapping Report-Annexure 2
3. Functional Analysis Report-Annexure 3
4. RFP for development of occupational standards-Annexure 4
5. Validation group and industry consultations- Annexure 5
6. The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6
7. Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:
<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>
8. Quality Assurance Strategy of Assessment in HSSC-Annexure 7
9. Assessment criteria/framework-Annexure 8

QUALIFICATION FILE SUMMARY

Qualification Title	Emergency Medical Technician-Basic (HSS/Q 2301)		
Body/bodies which will assess candidates	Healthcare Sector Skill Council Accredited Assessing Bodies		
Body/bodies which will award the certificate for the qualification.	Healthcare Sector Skill Council		
Body which will accredit providers to offer the qualification.	Healthcare Sector Skill Council		
Occupation(s) to which the qualification gives access	<p>Emergency Medical Technician (EMT) in the Healthcare Industry is also known as a lifesaver or paramedic.</p> <p>Brief Job Description: Individuals at this job need to provide emergency medical support and care to individuals who are critically ill or injured and transport them to a medical facility within stipulated time limits.</p>		
Proposed level of the qualification in the NSQF.	Level 4		
Anticipated volume of training/learning required to complete the qualification.	360 hrs.		
Entry requirements / recommendations.	Class XII		
Progression from the qualification.	Level 5- Emergency Medical Technician-Advanced		
Planned arrangements for RPL.	HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2		
International comparability where known	While writing the NOSs the UK NOSs were also referred to and an effort was taken to maintain comparability in the technical part of the NOSs.		
Formal structure of the qualification			
Title of unit or other component (include any identification code used)	Mandatory/ Optional	Estimated size (learning hours)	Level
HSS/ N 2301: Respond to emergency calls	Mandatory	Class Room and Skill Lab Training = 240 hours Clinical/Laboratory Training (OJT) = 120 hours	4
HSS/ N 2302: Size up the scene at the site	Mandatory		4
HSS/ N 2303: Follow evidence based protocol while managing patients	Mandatory		4
HSS/ N 2304: Assess patient at the site	Mandatory		4
HSS/ N 2305: Patient triage based on the defined clinical criteria of severity of illness	Mandatory		4

HSS/ N 2306: Manage cardiovascular emergency	Mandatory		4
HSS/ N 2307: Manage cerebrovascular emergency	Mandatory		4
HSS/ N 2308: Manage allergic reaction	Mandatory		4
HSS/ N 2309: Manage poisoning or overdose	Mandatory		4
HSS/ N 2310: Manage environmental emergency	Mandatory		4
HSS/ N 2311: Manage behavioural emergency	Mandatory		4
HSS/ N 2312: Manage obstetrics/gynaecology emergencies	Mandatory		4
HSS/ N 2313: Manage bleeding and shock	Mandatory		4
HSS/ N 2314: Manage soft tissue injuries and burns	Mandatory		4
HSS/ N 2315: Manage musculoskeletal injuries	Mandatory		4
HSS/ N 2316: Manage injuries to head and spine	Mandatory		4
HSS/ N 2317: Manage infants, neonates and children	Mandatory		4
HSS/ N 2319: Manage severe abdominal pain	Mandatory		4
HSS/ N 2320: Manage mass casualty incident	Mandatory		4
HSS/ N 2321: Select the proper provider institute for transfer	Mandatory		4
HSS/ N 2322: Transport patient to the provider institute	Mandatory		4
HSS/ N 2323: Manage patient handover to the provider institute	Mandatory		4
HSS/ N 2324: Manage diabetes emergency	Mandatory		4
HSS/ N 9601: Collate and communicate health information	Mandatory		4
HSS/ N 9603: Act within the limits of one's competence and authority	Mandatory		4
HSS/ N 9604: Work effectively with others	Mandatory		4
HSS/ N 9605: Manage work to meet requirements	Mandatory		4

HSS/ N 9606: Maintain a safe, healthy, and secure working environment	Mandatory		4
HSS/ N 9607: Practice Code of conduct while performing duties	Mandatory		4
HSS/ N 9609: Follow biomedical waste disposal protocols	Mandatory		4
HSS/ N 9610: Follow infection control policies and procedures	Mandatory		4
HSS/ N 9611: Monitor and assure quality	Mandatory		4

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.

Give details of the document here:

Qualification pack is attached as Annexure 1

SECTION 1

ASSESSMENT

Name of assessment body:

If there will be more than one assessment body for this qualification, give details.

Manipal City & Guilds
IRIS corporate solutions pvt ltd
Aspiring Mind
CII

Will the assessment body be responsible for RPL assessment?

Give details of how RPL assessment for the qualification will be carried out and quality assured.

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:

REGISTRATION

The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

PRE-ASSESSMENT: The purpose of Pre-assessment is to shortlist candidates as per prescribed limit, and also to notify gaps NOS wise to each candidate for their own self-training or opting for short-term training module before final assessment. The pre-assessment also informs about the reliability of information provided by candidates that they have experience working in the given job role. The pre-assessment is Online, Objective type, NOS based, with Each NOS compulsory each carrying 100 marks, No negative marking for incorrect answers, Test venue is kept as may be home/cyber café/institution/HSSC assessment center if the system have google chrome (Version 41.0.2272.101) and a web camera. Timed test link which expires after 90 minutes from the time of starting / writing the test is used for the same. Result is presented with no. of questions allotted and answered correctly for each NOS along with marks scored for each NOS out of 100.

PORTFOLIO SCREENING

Each registered candidate has to prepare and submit the portfolio as per formats given by HSSC. The portfolio may be verified by HSSC/nominated assessor during pre-assessment and scoring card is given for each portfolio.

FINAL ASSESSMENT: The candidates conforming to RPL guidelines based on both pre-assessment and portfolio screening are finally selected for final assessment. Final assessment is conducted through HSSC accredited Assessing body as per HSSC defined assessment criteria and NOS used for assessment of fresh entrants as described above. Final Assessment is conducted at the training site or at working place in case number of enrolled candidate from the site is more than 15. If needed, Assessment centers is arranged for assessment of candidates in cluster

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

QA regarding accreditation of Assessing Body:

The HSSC Accreditation process is divided into two steps:

- 1) Pre-accreditation process:
 - Apply for Accreditation: Application form with desired documents in prescribed format to be sent.
 - Document Compliance Check: to be done for ensuring the compliance and adherence of applied assessing body according to criteria laid down by HSSC.
 - Presentation on Quality Assurance: to be given by Assessing body highlighting the quality assurance process laid down by AB at the process points
 - Once the assessing body clears the due diligence process, the accreditation is given along with terms and conditions.
- 2) Post-accreditation process: Post accreditation, the accredited assessing bodies needs to fulfill following minimum eligibility criteria or requisites for implementation:
 - All Empanelled Assessors would have to undergo **"Train the Assessor"** Program conducted by HSSC for each job role time to time.
 - Accredited Assessing Body would have to abide with requisite time-lines, policies and regulations declared by HSSC.
 - Accredited Assessing Body with times would have to contribute in expansion of the questionnaire.

QA Regarding Assessment Criteria & papers:

The emphasis is on 'learning-by-doing' and practical demonstration of skills and knowledge based on the performance criteria. Accordingly, assessment criteria for each job role is set and made available in qualification pack.

The assessment papers for both theory and practical are developed by Subject Matter Experts (SME) hired by Healthcare Sector Skill Council or with the HSSC accredited Assessment Agency as per the performance and assessment criteria mentioned in the Qualification Pack. The assessments papers are also checked for the various outcome based parameters such as quality, time taken, precision, tools & equipment requirement etc.

The assessment sets as well as assessment criteria are then reviewed by panel of experts from Industry as well as HSSC official for consistency and suitability. The assessments are designed so as to assess maximum parts during the practical hands on work. The technical limitations at the training centres are taken care in theory and viva.

All HSSC accredited Assessment Agency follow the "HSSC process of Assessment Framework" and HSSC approved assessment papers. The assessment by assessment agency will be completely based on the assessment criteria as mentioned in the Qualification Pack developed by HSSC.

Each NOS in the Qualification Pack (QP) will be assigned a relative weightage for assessment based on the criticality of the NOS. Therein each Performance Criteria in the NOS will be assigned marks for or practical based on relative importance, criticality of function and training infrastructure.

The following tools are proposed to be used for final assessment:

1 Practical Assessment: This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack.

Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

2 Viva/Structured Interview: This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.

3 Written Test: Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

- i. True / False Statements
- ii Multiple Choice Questions
- iii Matching Type Questions.
- iv) Fill in the blanks

QA Regarding Assessors:

Assessors are selected as per the “eligibility criteria” laid down by HSSC for assessors for each job role. The assessors selected by Assessment Agencies are scrutinized and made to undergo training and introduction to HSSC Assessment Framework, competency based assessments, assessors guide etc. HSSC conducts “Training of Assessors” program time to time for each job role and sensitize assessors regarding assessment process and strategy which is outlined on following mandatory parameters:

- 1) Guidance regarding NSQF
- 2) Qualification Pack Structure
- 3) Guidance for the assessor to conduct theory, practical and viva assessments
- 4) Guidance for trainees to be given by assessor before the start of the assessments.
- 5) Guidance on assessments process, practical brief with steps of operations practical observation checklist and mark sheet
- 6) Viva guidance for uniformity and consistency across the batch.
- 7) MOCK assessments
- 8) Sample question paper and practical demonstration

HSSC also conduct telephonic orientation of the assessors before each assessment for the given job role to assure quality, fairness and timely conduct of assessment.

The assessment agencies are instructed to hire assessors with integrity, reliability and fairness. Each assessor shall sign a document with its assessment agency by which they commit themselves to comply with the rules of confidentiality and conflict of interest, independence from commercial and other interests that would compromise impartiality of the assessments.

QA before, during and after Assessments:

HSSC ensures pre-requisites of Assessment needed by training institute regarding ARTICLES like Mannequins, Mock Ward Infrastructure, Transferring Equipment, Job role related equipment; INFRASTRUCTURE like Class rooms, Skill Lab, Aids like board/marker/logistics, Furniture like display tables, chairs; STAFF like Co-ordinator from training institute, Peon, Some additional members(for simulated situations, if required); DOCUMENTS like Admit Card, Govt. validated ID proof, Record Books like attendance, log book, internal evaluation sheets, Student Enrollment details; for CO-ORDINATION one full time co-ordination point for co-ordination with assessment coordinator before, during and after assessment.

HSSC ensures the three Phases of Assessment to be assured by assessing body and assessor for fair, consistent and quality assessment. The three phases of assessment is enlisted below:

PREPARATORY PHASE: **Documents ensured to be packed, sent and received:** Seal Pack of Sets of Papers, Invigilation Sheet/Covering letter, OMR/Answer sheet; Well **Co-ordination needs to be assured between** Assessment Co-ordinator of assessing body, HSSC official, Co-ordinator from skill center and assessor.

PHASE OF CONDUCT:

1) **Written Examination:**

- o Assessor should reach the VTP 30 minutes before the assessment and ensure that all the arrangements are as per the HSSC rules and regulation
- o He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- o He should make the students sit in the order of seating arrangements.
- o The enrolment numbers are to be written on the desks before the arrival of students.
- o The details to be filled like assessor name , date and Qualification name should be written on the board
- o Learners should keep all their belongings outside the classroom. All mobiles should be switched off and kept on the desk in front of the invigilator

- o The seal of the assessment materials is opened in front of the students.
- o OMR sheets to be distributed to all learners
- o Assessors should instruct the learners on the rules and regulation of the assessment
 - No. of questions
 - Duration of paper
 - Disciplinary rules
 - Administrative rules

2) Attendance:

- o The assessor/assessment co-ordinator needs to get signature of all candidates while theory as well as practical examination on invigilation sheet. The sheets are signed and stamped by the In-charge /Head of the Training Centre.
- o The assessor/assessment co-ordinator needs to verify the authenticity of the candidate by checking the photo ID card issued by the institute as well as any one Photo ID card issued by the Central/Government. The same needs to be mentioned in the attendance sheet. In case of suspicion, the assessor should authenticate and cross verify trainee's credentials in the enrolment form.
- o The assessor/assessment co-ordinator needs to punch the trainee's roll number on all the test pieces.
- o The assessor/assessment co-ordinator needs to take a photograph of all the students along with the assessor standing in the middle and with the centre name/banner at the back as evidence.
- o The assessor/assessment co-ordinator needs to carry a camera to click photograph of the trainees working on the job and giving theory exam as evidence.
- o The assessor/assessment co-ordinator also needs to carry a photo ID card.
- o The assessor/assessment co-ordinator also needs to take the photographs as evidence from appropriate angles/sides of the final work piece/job submitted by the trainee. This evidence is signed by the trainee at the time of submission of the job piece.
- o The assessor/assessment co-ordinator needs to measure the dimensions and finish of the submitted job piece as per the tolerance or standards mentioned in the assessment guide.

3) Segregate learners into batches:

- o Assign combination of one critical and one elementary NOS along with the soft skill NOS
- o Allocate time to learner
- o Ask learners to be present 5 minutes earlier than the time allotted at the lab

4) Conduct Practical Assessments:

- o Assign practical task to the learners
- o Ask the learner to collect articles and be ready for assessments
- o Observe learner conducting the assigned task
- o Evaluate and Record observations and marks and in the recording sheets
- o You may ask learners question on the task being done

5) Conduct Viva:

- o Ask questions from the learners on the assigned task
- o Ask questions prescribed in the assessment guide on non-prescribed tasks to ensure that the learners have complete knowledge on the assessment

6) Collate Results:

- o Check written answer scripts
- o Sum up the practical NOS marks
- o Sum up the viva marks
- o Remember to sign off on all sheets where scores are mentioned
- o Submit the collated result to assessment body representative/project manager

7) Surprise Visits/Surveillance check is kept to ensure the quality and fair assessments.

POST-ASSESSMENT PHASE

1) **Verify Result**

- o Check for accuracy of names and date of birth
- o Check for accuracy of marks against each learner
- o Ensure that the pass percentage is correctly applied to the result
- o Ensure that the learner has cleared all sections of the assessments in line with the HSSC assessment strategy
- o Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
- o Each and every result has to get cross-verified by HSSC official

2) **Upload/Sharing of Results**

- o Once the results are ready it is uploaded on the SDMS website/portal and verified on the same
- o Or the results are shared to Training institute only by HSSC.
- o In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by HSSC.

3) **Documentation**

- o Question papers are kept in secure cupboard with limited and controlled access.
- o Used OMR sheets are to be stored for the next ten years
- o QP should be always current version

Assessment process and guidelines are attached as Annexure 7

Please attach any documents giving further information about assessment and/or RPL.

Give details of the document(s) here:

1. **Quality Assurance Strategy of Assessment in HSSC attached as Annexure 7**
2. **Assessment Criteria attached as Annexure 8**

ASSESSMENT EVIDENCE

Complete the following grid for each grouping of NOS, assessment unit or other component as per the assessment criteria. Insert the required number of rows.

<u>Job Role</u>	Emergency Medical Technician-Basic
<u>Qualification Pack Code</u>	HSS/Q 2301
<u>Sector Skill Council</u>	Healthcare Sector Skill Council

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 and field of practice	4	0	4
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:				
	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	200	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:				
	o Their level of understanding		2	0	2
	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
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 quality and accuracy of care provided		3	0	3
	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 apnoeic when using the automated external defibrillator	6	2	4
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

	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
	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		40	10	30

	overdose				
	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 emergencies		20	20	0
	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		4	4	0

	considerations of meconium				
	PC17. Identify special considerations of a premature baby		4	4	0
	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		10	2	8

(BSI) and soft tissue injuries			
PC4. Recognise the types of closed soft tissue injuries	3	3	0
PC5. Perform the emergency medical care of the patient with a closed soft tissue injury	10	2	8
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 patient with an amputation		10	2	8
	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 care techniques to the patient with a suspected spine injury		10	2	8
	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,	PC1. Identify the developmental considerations for the age groups of	200	6	4	2

Neonates and Children)	infants, toddlers, pre-school, school age and adolescent			
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient	6	2	4
	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 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			
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	10	2	8
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
	48	24	24

	d. Metaprel		6	2	4
	e. Brethine		6	2	4
	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				
	o Spleen				
	o Pancreas		1	1	0
	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		1	1	0
	o Right kidney (upper portion)				
	o Small intestine				
	c. Right Lower Quadrant				
	o Appendix				
	o Large intestine				
	o Female reproductive organs				
	o Small intestine		1	1	0
	o Right kidney (lower portion)				
	o Right ureter				
	o Right ovary & fallopian tube				
	d. Left Lower Quadrant				
o Large intestine					
o Small intestine					
o Left kidney (lower portion)	1	1	0		
o Left ureter					
o Left ovary					
o Left fallopian tube					
e. Midline structures					
o Small intestine					
o Urinary bladder	1	1	0		
o Uterus					
PC2. Recognise the symptoms and			6	4	2

cause of visceral pain			
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
PC11. State the treatment for managing various causes of abdominal	10	2	8

	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		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:				
	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	200	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
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

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	5	5	0

	legislative requirements				
	PC25. Wear personal protective clothing and equipment during cleaning procedures	5	0	5	
	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				
	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		1	0.5	0.5

	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 work done	0.5	0	0.5
	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 totalling 90		
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks	Out Of	Marks Allocation

		(100)		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
HSS/ N 2323 (Manage Patient Handover to	PC1. Provide a verbal report to the medical staff on the condition of the	22	8	4	4

the provider institute)	patient and initial findings				
	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 responsibility and seek supervision when situations are beyond the competence and authority		3	1	2
	PC4. Maintain competence within the role and field of practice		1	0	1

	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2
	PC6. Promote and demonstrate good practice as an 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
	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	10

Attiquete Total	45	45	24	21
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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

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		4	0	4

	requirements				
	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
	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 which include current techniques, technology and trends pertaining to the dental industry		3	3	0
	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 totalling 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	
	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:	
	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	4
	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	

	<ul style="list-style-type: none"> 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 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	4
	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. HSS/ N 2306 (Manage Cardiovascular Emergency)	PC1. Describe the structure and function of the cardiovascular system	4
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort	
	PC3. Identify the symptoms of hypertensive emergency	
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)	
	PC5. Explain the impact of age and weight on defibrillation	

PC6. Discuss the position of comfort for patients with various cardiac emergencies
PC7. Establish the relationship between airway management and the patient with cardiovascular compromise
PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support
PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator
PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available
PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting
PC12. Explain the usage of aspirin and clopidogrel
PC13. Differentiate between the fully automated and the semi-automated defibrillator
PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators
PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator
PC16. Identify circumstances which may result in inappropriate shocks
PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator
PC18. Summarise the speed of operation of automated external defibrillation
PC19. Discuss the use of remote defibrillation through adhesive pads
PC20. Operate the automated external defibrillator
PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS
PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator
PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator
PC24. Identify the components and discuss the importance of post-resuscitation care
PC25. Explain the importance of frequent practice with the automated external defibrillator
PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist
PC27. Explain the role medical direction plays in the use of automated external defibrillation

	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator	
	PC29. Discuss the components that should be included in a case review	
	PC30. Discuss the goal of quality improvement in automated external defibrillation	
	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain	
	PC32. List the indications for the use of nitro-glycerine	
	PC33. State the contraindications and side effects for the use of nitro-glycerine	
	PC34. Perform maintenance checks of the automated external defibrillator	
	Total	4
5.HSS/ N 2307 (Manage Cerebrovascular Emergency)	PC1. Describe the basic types, causes, and symptoms of stroke	
	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke	
	PC3. Manage airway, breathing, and circulation	
	PC4. Assess the 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	4
	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 (Manage Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction	4
	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	4
7.HSS/ N 2309 (Manage Poisoning or Overdose)	PC1. Recognise various ways that poisons enter the body	4
	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	
8.HSS/ N 2310 (Manage Environmental Emergency)	PC1. Recognise the various ways by which body loses heat	4
	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	
	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	2
	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	2
	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	
	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	2
11.HSS/ N 2313 (Manage Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	
	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	4
	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	
	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	
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury	
	PC6. State the types of open soft tissue injuries	4
	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	
	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	
	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	4
	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	
	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	4
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	
	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	2
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	
	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. Ventoiln	
	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:	
	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)	
		4

o Small intestine
c. Right Lower Quadrant
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
o Large intestine
o Small intestine
o Left kidney (lower portion)
o Left ureter
o Left ovary
o Left fallopian tube
e. Midline structures
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:
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
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	4
	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	
	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)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	4

emergency)	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	4
	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	
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	
	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	
	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 Communication		Pick all NOS compulsarily totalling 20 marks
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	2
	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)	
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	2
	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	
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	2
	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. 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	1
	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 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	1
	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	
3. Attiquete		
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	1
	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	
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	1
	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	
4. 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	2
	PC2. Comply with health, safety and security procedures for the workplace	
	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

SECTION 2

EVIDENCE OF NEED

What evidence is there that the qualification is needed?

While collecting data from the companies for the occupational map & functional analysis, we also took

feedback from industry, which was collected with respect to roles for which qualification packs development, was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the Industry feels they face. Governing council of HSSC gave final approval and endorsement for the same.

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

The workforce in allied healthcare sector need expected to around 74 lac by 2022 double the workforce employed in 2013 as envisaged in Skills Gap analysis Reports for industry demand and secondary research data, though these do not lend to accurate demand projection. The link to NSDC Human Resource & Skills Requirement in Healthcare Sector is <http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

- Feedback from industry for demand though again sample size may not lend to accurate figures
- Training duration, and current and potential training capacity envisaged
- An LMIS development initiative is being put in place to be more precise regarding the demand and supply

What steps were taken to ensure that the qualification(s) does/do not duplicate already existing or planned qualifications in the NSQF?

- NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work
- NSDC QRC team also confirmed the same

What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated?

- Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation.
- Monitoring of results of assessments, training delivery
- Employer feedback will be sought post-placement
- A formal review is scheduled in two year time

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **RFP for development of occupational standards-Annexure 4**
4. **Validation group and industry consultations- Annexure 5**
5. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**
6. **Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:**

<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

SECTION 3

SUMMARY OF DIRECT EVIDENCE OF LEVEL

Justify the NSQF level allocated to the QP. Relate information about the job role and build upon the five descriptors for the level to justify.

Generic NOS is/are linked to the overall authority attached to the job role.

Qualification Title and Classification Code Emergency Medical Technician-Basic (HSS/Q 2301)					
Process required	Professional knowledge	Professional skill	Core skill	Responsibility	Level
<p>The Emergency Medical Technician- Basic Providing emergency medical support and care to individuals who are critically ill or injured and transporting them to a medical facility within stipulated time limits. They work in familiar, predictable, routine, situation of clear choice</p>	<p>Emergency Medical Technician- Basic work in a team and be comfortable in making decisions pertaining to their area of work. Individuals should be able to maintain composure in extremely stressful conditions in order to assess medical situations and perform emergency lifesaving procedures according to the methods in which training has been imparted to them. Individuals must always perform their duties in a calm, reassuring and efficient manner. This indicates that a Emergency Medical Technician- Basic must have factual knowledge of field or study in order to perform activities correctly.</p>	<p>Emergency Medical Technician- Basic is expected to Respond to emergency calls, Size up the scene at the site , Follow evidence based protocol while managing patients, Assess patient at the site, Patient triage based on the defined clinical criteria of severity of illness , managing cardio vascular, cerebral vascular foramen, allergic reactions, poisoning or over dose, environmental emergency, behavioural emergency, obstetrics or gynaecological emergencies, bleeding & shock, soft tissue origins, musculoskeletal injuries, head & spine injury, managing infants, neonates & children .All these are activities that require him/her to demonstrate his</p>	<p>The Emergency Medical Technician- Basic must be able to lift between 45 – 99 kilograms of weight with a partner, as the weight of patients will typically fall within that range. Write the Patient Care Report (PCR). Capture information from the dispatch centres. Read written instructions for specific emergency situations, briefs from the dispatch centre and other important communiques. Keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities. Avoid using jargon, slang or acronyms when communicating with the dispatch centre, colleagues or the medical officer This requires communication</p>	<p>The Emergency Medical Technician is responsible for maintaining composure in extremely stressful conditions in order to assess medical situations and perform emergency lifesaving procedures according to the methods in which training has been imparted to them. Individuals must always perform their duties in a calm, reassuring and efficient manner This is critical as it indicates that the person is responsible for his own work and learning. This is further reconfirmed by the fact that The Emergency Medical technician- Basic is expected to learn and improve his/her practice while on the job and is referred as “skilled workers</p>	4

		practical skill, as per the scope of the job role, using appropriate tool, quality concepts, responsible for carrying out range of activities, requiring either laid down approach or may adopt alternative approaches as per the best evidenced practices.	skills (written or oral) with required clarity and indicates that he/she should have the basic understanding of social, political and natural environment.		
Level: 4	Level: 4	Level: 4	Level: 4	Level:4	4

OTHER EVIDENCE OF LEVEL [This need only be filled in where evidence other than primary outcomes was used to allocate a level] (**Optional**)

Summary of other evidence (if used): NA

SECTION 4

EVIDENCE OF RECOGNITION OR PROGRESSION

What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector?

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
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