

NSQF QUALIFICATION FILE

Approved in 17th NSQC Meeting – NCVET – 31st March, 2022

Rationalized in 24th NSQC Meeting Date 17th November 2022

Qualification Code
2022/HLT/HSSC/06761

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

Name: Mr. Ashish Jain

Position in the organisation: CEO

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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

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QUALIFICATION FILE SUMMARY

1. Qualification Title	Emergency Medical Technician-Basic (HSS/Q 2301)
2. Body/bodies which will assess candidates	Healthcare Sector Skill Council Accredited Assessing Bodies
3. Body/bodies which will award the certificate for the qualification.	Healthcare Sector Skill Council
4. Body which will accredit providers to offer the qualification.	Healthcare Sector Skill Council
5. 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>
6. Proposed level of the qualification in the NSQF.	Level 4
7. Anticipated volume of training/learning required to complete the qualification.	TH-90 + PR-150 + OJT- 150 + ES- 60 = 450 Hrs.
8. Entry requirements / recommendations.	<p>12th Grade Pass</p> <p>Or</p> <p>Pursuing 1st year of UG</p> <p>Or</p> <p>Completed 2nd year of the 3-year diploma after 10</p> <p>Or</p> <p>Pursuing 3rd year of 3-year diploma after 10th</p> <p>Or</p> <p>Pursuing 1st year of 2-year diploma after 12th</p> <p>Or</p> <p>Previous relevant Qualification of NSQF Level 4 and with minimum education as 8th Grade pass with 1 year of relevant experience</p>
9. Progression from the qualification.	<p>Horizontal Progression:</p> <p>NSQF Level 4: CSSD Assistant after bridge training</p> <p>NSQF Level 4: Hospital Front Desk Coordinator after bridge training</p> <p>Vertical Progression:</p> <p>NSQF Level 5: Trainer after bridge training</p> <p>NSQF Level 5: Assessor after bridge training</p> <p>NSQF Level 5: Emergency Medical Technician-Basic after attaining minimum educational qualification</p> <p>Progression to Diploma/Degree qualifications in the relevant field after training. (NCAHP)</p>

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10. 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		
11. 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.		
12. Date of Planned Review of the Qualification	31/05/2026		
13. 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	7.5	4
HSS/ N 2302: Size up the scene at the site	Mandatory	7.5	4
HSS/ N 2303: Follow evidence based protocol while managing patients	Mandatory	7.5	4
HSS/ N 2304: Assess patient at the site	Mandatory	15	4
HSS/ N 2305: Patient triage based on the defined clinical criteria of severity of illness	Mandatory	15	4
HSS/ N 2306: Manage cardiovascular emergency	Mandatory	15	4
HSS/ N 2307: Manage cerebrovascular emergency	Mandatory	15	4
HSS/ N 2308: Manage allergic reaction	Mandatory	7.5	4
HSS/ N 2309: Manage poisoning or overdose	Mandatory	15	4
HSS/ N 2310: Manage environmental emergency	Mandatory	15	4
HSS/ N 2311: Manage behavioural emergency	Mandatory	7.5	4
HSS/ N 2312: Manage obstetrics/gynaecology emergencies	Mandatory	15	4

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HSS/ N 2313: Manage bleeding and shock	Mandatory	15	4
HSS/ N 2314: Manage soft tissue injuries and burns	Mandatory	15	4
HSS/ N 2315: Manage musculoskeletal injuries	Mandatory	15	4
HSS/ N 2316: Manage injuries to head and spine	Mandatory	15	4
HSS/ N 2317: Manage infants, neonates and children	Mandatory	15	4
HSS/N2318.Manage respiratory emergency	Mandatory	15	4
HSS/ N 2319: Manage severe abdominal pain	Mandatory	15	4
HSS/ N 2320: Manage mass casualty incident	Mandatory	15	4
HSS/ N 2321: Select the proper provider institute for transfer	Mandatory	15	4
HSS/ N 2322: Transport patient to the provider institute	Mandatory	15	4
HSS/ N 2323: Manage patient handover to the provider institute	Mandatory	15	4
HSS/ N 2324: Manage diabetes emergency	Mandatory	15	4
HSS/ N 9601: Collate and communicate health information	Mandatory	7.5	4
HSS/ N 9603: Act within the limits of one's competence and authority	Mandatory	7.5	4
HSS/ N 9604: Work effectively with others	Mandatory	7.5	4
HSS/ N 9605: Manage work to meet requirements	Mandatory	7.5	4
HSS/ N 9606: Maintain a safe, healthy, and secure working environment	Mandatory	7.5	4

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HSS/ N 9607: Practice Code of conduct while performing duties	Mandatory	7.5	4
HSS/ N 9609: Follow biomedical waste disposal protocols	Mandatory	7.5	4
HSS/ N 9610: Follow infection control policies and procedures	Mandatory	7.5	4
HSS/ N 9611: Monitor and assure quality	Mandatory	7.5	4
DGT/VSQ/N0102 : Employability Skills (60 Hours)	Mandatory	60 Hrs	4
Total		TH-90 + PR-150 + OJT- 150 + ES- 60 = 450 Hrs.	

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

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SECTION 1

ASSESSMENT

Name of assessment body:

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

HSSC

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.

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- 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

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“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

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2) Attendance:

- 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.
- 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.
- The assessor/assessment co-ordinator needs to punch the trainee's roll number on all the test pieces.
- 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.
- 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.
- The assessor/assessment co-ordinator also needs to carry a photo ID card.
- 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.
- 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:

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

4) Conduct Practical Assessments:

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

5) Conduct Viva:

- Ask questions from the learners on the assigned task
- 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:

- Check written answer scripts
- Sum up the practical NOS marks
- Sum up the viva marks
- Remember to sign off on all sheets where scores are mentioned
- 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

- Check for accuracy of names and date of birth
- Check for accuracy of marks against each learner
- Ensure that the pass percentage is correctly applied to the result

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- Ensure that the learner has cleared all sections of the assessments in line with the HSSC assessment strategy
 - Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
 - Each and every result has to get cross-verified by HSSC official
- 2) **Upload/Sharing of Results**
- Once the results are ready it is uploaded on the SDMS website/portal and verified on the same
 - Or the results are shared to Training institute only by HSSC.
 - 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**
- Question papers are kept in secure cupboard with limited and controlled access.
 - Used OMR sheets are to be stored for the next ten years
 - 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 listed in the entry on the structure of the qualification on page 1.

NATIONAL OCCUPATIONAL STANDARDS	THEORY MARKS	PRACTICAL MARKS	PROJECT MARKS	VIVA MARKS	TOTAL MARKS
HSS/N2301.Respond to emergency calls	14	164	-	36	214
HSS/N2302.Size up the scene at the site	13	9	-	1	23
HSS/N2303.Follow evidence based Protocol while managing patients	13	25	-	20	58
HSS/N2304.Assess patient at the site	28	146	-	54	228
HSS/N2305.Patient triage based on the defined clinical criteria of severity of illness	56	145	-	55	256

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HSS/N2306.Manage cardiovascular emergency	28	100	-	100	228
HSS/N2307.Manage cerebrovascular emergency	56	143	-	57	256
HSS/N2308.Manage allergic reaction	56	155	-	45	256
HSS/N2309.Manage poisoning or overdose	14	130	-	70	214
HSS/N2310.Manage environmental emergency	56	100	-	100	256
HSS/N2311.Manage behavioural emergency	14	100	-	100	214
HSS/N2312.Manage obstetric/gynaecological emergencies	26	134	-	66	226
HSS/N2313.Manage Bleeding and Shock	56	149	-	51	256
HSS/N2314.Manage soft tissue injury and burns	56	124	-	76	256
HSS/N2315.Manage musculoskeletal injuries	56	128	-	72	256
HSS/N2316.Manage injuries to head and spine	56	128	-	72	256
HSS/N2317.Manage infants, neonates and children	26	150	-	50	226
HSS/N2318.Manage respiratory emergency	56	130	-	70	256
HSS/N2319.Manage severe abdominal pain	56	132	-	68	256

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HSS/N2320.Manage mass casualty incident	56	148	-	52	256
HSS/N2321.Select the proper provider institute for transfer	22	4	-	32	58
HSS/N2322.Transport patient to the provider institute	22	8	-	24	54
HSS/N2323.Manage patient handover to the provider institute	22	12	-	10	44
HSS/N2324.Manage diabetes emergency	56	130	-	70	256
HSS/N9601.Collate and Communicate Health Information	18	-	-	50	68
HSS/N9603.Act within the limits of ones competence and authority	24	-	-	50	74
HSS/N9604.Work effectively with others	12	-	-	50	62
HSS/N9605.Manage work to meet requirements	12	-	-	50	62
HSS/N9606.Maintain a safe working environment	24	-	-	50	74
HSS/N9607.Practice code of conduct while performing duties	24	-	-	50	74
HSS/N9609.Follow biomedical waste disposal protocols	24	-	-	50	74

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HSS/N9610.Follow infection control policies and procedures	36	145	-	55	236
HSS/N9611. Monitor and assure quality	12	-	-	50	62
DGT/VSQ/N0102.Employability Skills (60 Hours)	20	30	-	-	50
Total	1120	2769	-	1806	5695

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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?

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**

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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 EVIDENCE OF LEVEL

Level of qualification: 4

Summary of Direct Evidence (from learning outcomes):

Summary of Direct Evidence (from learning outcomes): Learning Outcome	Process Required	Professional Knowledge	Professional Skills	Core Skills	Responsibility
Respond to emergency calls	4	4	4	4	4
Size up the scene at the site	4	4	4	4	4
Follow evidence based protocol while managing patients	4	4	4	4	4
Assess patient at the site	4	4	4	4	4
Patient triage based on the defined clinical criteria of severity of illness	4	4	4	4	4
Manage cardiovascular emergency	4	4	4	4	4
Manage cerebrovascular emergency	4	4	4	4	4
Manage allergic reaction	4	4	4	4	4
Manage poisoning or overdose	4	4	4	4	4
Manage environmental emergency	4	4	4	4	4
Manage behavioural emergency	4	4	4	4	4
Manage obstetrics/gynaecology emergencies	4	4	4	4	4

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Manage bleeding and shock	4	4	4	4	4
Manage soft tissue injuries and burns	4	4	4	4	4
Manage musculoskeletal injuries	4	4	4	4	4
Manage injuries to head and spine	4	4	4	4	4
Manage infants, neonates and children	4	4	4	4	4
Manage severe abdominal pain	4	4	4	4	4
Manage mass casualty incident	4	4	4	4	4
Select the proper provider institute for transfer	4	4	4	4	4
Transport patient to the provider institute	4	4	4	4	4
Manage patient handover to the provider institute	4	4	4	4	4
Manage diabetes emergency	4	4	4	4	4
Collate and communicate health information	<p>These are common for all roles from all NSQF levels and cover the minimum requirement in terms of health and safety and working effectively with others in a workplace.</p>				
Act within the limits of one's competence and authority					
Work effectively with others					
Manage work to meet requirements					
Maintain a safe , healthy and secure working					

NSQF QUALIFICATION FILE

Approved in 17th NSQC Meeting – NCVET – 31st March, 2022

Rationalized in 24th NSQC Meeting Date 17th November 2022

Practice code of conduct while performing duties	
Follow biomedical waste disposal protocols	
Follow infection control policies and procedures	
Monitor and assure quality	

Summary of other evidence (if used):

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**
2. **Functional Analysis Report-Annexure 3**
3. **Validation group and industry consultations- Annexure 5**
4. **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**