

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	Operating Theatre Technician HSS/ Q 2601		
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>The key responsibilities of the Operating Theatre Technician is to transport patients, preparing operating room for surgery, set up, check, connect and adjust surgical equipment, technical assistance to surgeons, clean & restock the operating room, arranging instrument, supplies and equipment according to instruction and position patients for surgery. This job requires the individual to work in collaboration with Doctors and Nurses and other healthcare providers and deliver the healthcare services as suggested by them. The individual should be result oriented. The individual should also be able to demonstrate clinical skills, communication skills and behavioural skills</p>		
Proposed level of the qualification in the NSQF.	Level 4		
Anticipated volume of training/learning required to complete the qualification.	1200 hrs.		
Entry requirements / recommendations.	Class XII in Science		
Progression from the qualification.	<p>Progression will be possible in both academic as well as professional area as:</p> <p>Level 5- Team Leader/ Supervisor – Operating Theatre Department Level 5: Specialization in the relevant procedures through bridge course</p>		
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.		
Title of unit or other component (include any identification code used)	Mandatory/ Optional	Estimated size (learning hours)	Level
HSS/ N 2601: Prepare and maintain operation theater	Mandatory	Class Room and Skill Lab Training = 800 hours	4
HSS/ N 2602: Maintain equipment support in an acute care environment	Mandatory	Clinical/Laboratory Training (OJT) = 400 hours	4

HSS/ N 2603: Identify and move to maintain a sterile field	Mandatory		4
HSS/ N 2604: Follow infection control policies and procedures	Mandatory		4
HSS/ N 2605: Manage and maintain theater equipment	Mandatory		4
HSS/ N 2606: Prepare patient for operative procedures	Mandatory		4
HSS/ N 2607: Provide intra-operative equipment and technical support	Mandatory		4
HSS/ N 2608: Assist anaesthetist in handling emergencies outside of OT Room	Mandatory		4
HSS/ N 2609: Manage hazardous waste	Mandatory		4
HSS/ N 9602: Ensure availability of medical and diagnostic supplies	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 9608: Follow radiation safety guidelines	Mandatory		4
HSS/ N 9609: Follow biomedical waste disposal protocols	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.

Job Role	Operating Theatre Technician
Qualification Pack Code	HSS/Q2601
Sector Skill Council	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 (Soft Skills and Communication)	100
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 (2 elements from each NOS each of 100 marks) each of 200 marks totalling 400			
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
HSS/ N 2601: Prepare and maintain operation theater	PC1. Select and wear appropriate theatre clothing in the operating theatre complex	200	30	10	20
	PC2. Clean all surfaces and equipment		20	5	15
	PC3. Liaise with relevant staff to confirm equipment requirement		10	0	10
	PC4. Check theatre list and maintain and designate re-stocked supplies as required in consultation with relevant staff		20	5	15
	PC5. Assemble equipment and check to ensure that it is complete, clean and correctly functioning		10	0	10
	PC6. Maintain a safe working area at all times and use correct manual handling techniques		10	0	10
	PC7. Transport and transfer patient safely from bed/trolley to theatre table		20	0	20

	PC8. Provide assistance during the prepping stage of patient		10	2	8
	PC9. Follow all instructions from relevant staff during theatre procedures		10	0	10
	PC10. Transport blood, pathology specimens and other items necessary using standard precautions, to support the theatre team		20	5	15
	PC11. Remove, clean and store equipment correctly at conclusion of procedure		20	10	10
	PC12. Collect bed and other relevant equipment and transport patient from theatre to recovery room		20	5	15
	TOTAL		160	42	158
HSS/ N 2602: Maintain equipment support in an acute care environment	PC1. Consult with relevant operating team members and reference material to determine equipment required	200	30	0	30
	PC2. Use basic knowledge of surgical procedures to assist and identify the needs of operating teams		40	20	20
	PC3. Locate relevant equipment and check to ensure that it is complete, clean and ready for use		30	10	20
	PC4. Position equipment in accordance with set up procedures		30	10	20
	PC5. Notify basic equipment faults to appropriate staff according to organization policy and procedure		40	20	20
	PC6. Clean and store equipment safely		30	10	20
	TOTAL				
HSS/ N 2603: Identify and move to maintain a sterile field	PC1. Wear proper attire correctly and ensure that it conforms with hospital and enterprise policy and procedures	200	60	10	50
	PC2. Follow standard infection control guidelines to reduce risk of infection		40	20	20

	PC3. Move and carry out activities that are consistent with duties being performed		50	20	30
	PC4. Conform with aseptic principles when moving around a sterile field		50	25	25
	TOTAL		200	75	125
HSS/ N 2605 Manage and maintain theater equipment	PC1. Identify equipment and equipment consumables required for each theatre case , referencing with the operating theatre team, operating list and surgeon preferences	200	10	7	3
	PC2. Set up equipment and consumables, correctly position and check in accordance with organisation policy and procedures and manufacturer's specifications		10	0	10
	PC3. Assemble, connect and test components as required		10	0	10
	PC4. Re-position equipment during theatre procedures as required		10	0	10
	PC5. Document the use of theatre equipment if required		10	0	10
	PC6. Withdraw from use and replace equipment if considered not safe for use Identify minor equipment problems		10	5	5
	PC7. Correct minor equipment problems are corrected		10	0	10
	PC8. Ensure equipment is referred to a maintenance specialist for appropriate maintenance		10	5	5
	PC9. Maintain maintenance log book as required by organisation policy and procedure		10	0	10
	PC10. Schedule equipment for maintenance according to the needs of the operating theatre		10	5	5
	PC11. Maintain communication with relevant operating theatre staff in relation to equipment maintenance		10	0	10

	PC12. Follow shut-down procedures in accordance with manufacturer's recommendations		10	2	8
	PC13. Correctly assemble and disassemble equipment as required		10	0	10
	PC14. Clean equipment in accordance with organisation policy and procedures		10	4	6
	PC15. Safely store equipment in accordance with manufacturer's recommendations		10	5	5
	PC16. Provide instruction on equipment operation to individual members of the theatre team as required by supervisor		10	2	8
	PC17. Provide in-service training on basic equipment operation as required		10	6	4
	PC18. Participate as required in team evaluations of equipment being considered for potential purchase		10	0	10
	PC19. Assess equipment from a theatre technician's perspective		10	3	7
	PC20. Provide advice to the team evaluation as required		10	0	10
			200	44	156
HSS/ N 2606: Prepare patient for operative procedures	PC1. Use personal protective equipment correctly	200	10	5	5
	PC2. Prepare patients as required		10	7	3
	PC3. Safely detach equipment when no longer required with minimum risk of damage to patient, staff or equipment		10	0	10
	PC4. Safely store equipment in accordance with manufacturer's recommendations, or prepare ready for re-use		10	0	10
	PC5. Follow established procedures if equipment is found to be faulty		10	6	4
	PC6. Identify correct operating table and table orientation		10	0	10

	before patient is transferred				
	PC7. Inform relevant personnel of actions to be performed		10	0	10
	PC8. Detach equipment not required		10	0	10
	PC9. Safely and correctly adjust equipment attached to patient during transfer		5	0	5
	PC10. Maintain a safe working area and clear passage at all times and follow correct manual handling procedures		10	0	10
	PC11. Minimise patient discomfort		5	0	5
	PC12. Re-connect and position equipment once transfer is completed		10	0	10
	PC13. Maintain patient's dignity before, during and after transfer		10	0	10
	PC14. Inform patient of positioning procedure, reassure and seek co-operation as required		5	0	5
	PC15. Ensure relevant equipment is available and correctly positioned		10	0	10
	PC16. Take into account individual patient needs and confirm with relevant personnel		10	4	6
	PC17. Protect patient from injury during positioning procedures		5	3	2
	PC18. Follow correct manual handling procedures and seek assistance if required		10	6	4
	PC19. Safely position patient to meet the requirements of the anaesthetist and surgeon		10	5	5
	PC20. Seek confirmation of correct position from anaesthetist and surgeon		10	6	4
	PC21. Hold patient in correct position as required by anaesthetist and surgeon		10	7	3
	PC22. Maintain patient's dignity		10	0	10
	TOTAL		200	49	151

HSS/ N 2607 Provide intra-operative equipment and technical support	PC1. Observe equipment to ensure correct operation	200	5	2	3
	PC2. Switch on warning devices and ensure that it is registering that the equipment is safe		5	3	2
	PC3. Ensure gas, electrical, vacuum supplies are adequate for procedure at hand and/or back-up supply is available		10	5	5
	PC4. Observe equipment whilst in use and, if a fault develops, take immediate action to avoid danger to patients, staff and equipment		10	4	6
	PC5. Follow established procedures to rectify faulty equipment		10	5	5
	PC6. Use personal protective equipment		10	4	6
	PC7. Select appropriate patient attachments and ensure equipment is attached safely and securely to appropriate sites		10	4	6
	PC8. Re-position patient attachments during theatre procedures as required		10	6	4
	PC9. Safely detach patient attachments when no longer required with minimum risk of damage to patient, staff or equipment		10	5	5
	PC10. Provide counter-traction during orthopaedic and plastic procedures and manipulations as directed		10	2	8
	PC11. Select correct irrigation for operative procedure under the guidance of the surgical medical staff in correct sequence as required		10	3	7
	PC12. Check irrigation type, sterile integrity and expiry date		10	5	5
	PC13. Connect irrigation to sterile giving set using correct aseptic techniques		10	6	4
	PC14. Change irrigation using aseptic techniques		10	0	10

	PC15. Communicate the volume, type and number of irrigation bags to scout nurse		10	0	10
	PC16. Dispose of used bags/giving sets according to organisational policy and procedures		10	0	10
	PC17. Turn on/off surgical equipment under the guidance of medical staff and within manufacturers guidelines		5	0	5
	PC18. Connect surgical equipment to electrical, vacuum, gas supply as required, and in accordance with standard operating procedures		10	0	10
	PC19. Adjust surgical equipment settings to suit the surgical medical staff and in consultation with anaesthetic medical staff as required and within manufacturers guidelines		10	0	10
	PC20. Communicate readings to surgical/anaesthetic medical staff as required		10	2	8
	PC21. Communicate alarms/warnings, abnormal readings and equipment usage times to medical staff as required		5	0	5
	PC22. Use aseptic techniques to pass sterile equipment/lines from the surgical team and connect to surgical equipment		5	0	5
	PC23. Disconnect /reconnect surgical equipment, move and adjust during medical emergencies, repositioning of patient and/or change of surgical procedure under the guidance of medical and nursing staff		5	0	5
	TOTAL		200	56	144
HSS/ N 2608: Assist anaesthetist in handling emergencies outside of OT Room	PC1. Prepare emergency kit to handle areas outside OT Room	200	30	10	20
	Ensure that written policies must be in place to ensure necessary personnel, equipment, and procedures to		10	0	10

	handle medical and other emergencies that may arise in connection with services provided				
	Ensure observation and monitoring of the patients condition is sufficient to identify emergencies as soon as they occur		20	10	10
	PC4. Ensure any signs or symptoms of a clinical emergency is identified correctly and reported to the appropriate clinician		30	20	10
	PC5. Ensure the priorities for the patients care are identified promptly and accurately and appropriate action is taken immediately		30	10	20
	PC6. Ensure the patients vital functions are maintained pending attendance of medical staff and during interventions		10	5	5
	PC7. Ensure the relevant items of equipment are obtained promptly, prepared correctly for use and made available to the appropriate clinician		30	10	20
	PC8. Go along with Anaesthesia Kit		20	0	20
	PC9. Assist in intervention pain management, nerve management		20	5	15
	TOTAL		200	70	130
HSS/ N 2609: Manage hazardous waste	PC1. Coordinate the hazardous waste management program	200	40	10	30
	PC2. Provide technical assistance and support		20	10	10
	PC3. Collect and dispose chemical hazardous waste		40	10	30
	PC4. Properly identify, segregate, handle, label, and store waste		40	20	20
	PC5. Ensure that all waste packaging, handling, and storage containers are free from contamination and physical hazards prior to removal from the work area		30	10	20

	PC6. Segregate waste streams for proper waste disposal		30	5	25
	TOTAL		200	65	135
HSS/ N 9608: Follow radiation safety guidelines	PC1. Confirm sources of radiation and likely type of exposure for all individuals within the work area	200	20	15	5
	PC2. Apply appropriate assessment methodology suitable for source, type of exposure, dose, level of risk and the recipients' exposure time		30	20	10
	PC3. Confirm that all required procedures and associated safety measures are compliant with current and relevant legislation requirements		20	15	5
	PC4. Determine and assess the appropriateness of the projected radiation dose over a suitable period of time for an individual or key staff and other personnel		30	20	10
	PC5. Record the results of the assessment accurately and in correct format, referencing any monitoring measurements taken to accepted published values to indicate conformance within accepted safety guidance limits for the procedures undertaken within the work practice		20	10	10
	PC6. Communicate and provide information, advice and guidance effectively in the appropriate medium to meet the individuals needs and preferences		20	0	10
	PC7. Report actual and potential risks from radiation, in context, to other healthcare professionals and where appropriate seek assistance and advice		10	5	5
	PC8. Maintain full, accurate and legible records of information and store in correct location in line with		10	5	5

	current legislation, guidelines, policies and protocols				
	PC9. Confirm that all required procedures and associated safety measures are current and compliant with relevant legislation		20	5	15
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		20	10	10
			200	105	85
8. 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 legislative requirements		5	5	0
	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
			200	55	145
Grand Total-1 (Subject Domain)		400			
Soft Skills and Communication		Pick one field from part 1 randomly and pick one field from part 2 as per NOS of subject domain picked each carrying 50 marks totalling 100			
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
Part 1 (Pick one field randomly carrying 50 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	50	5	1	4
	PC2. Work within organisational systems and requirements as appropriate to one's role		5	2	3
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		10	5	5
	PC4. Maintain competence within one's role and field of practice		5	2	3
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		5	2	3
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		5	3	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		10	5	5
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		5	2	3
			50	22	28
Attitude Total		50			
2. Work Management					
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	25	5	5	0
	PC2. Arrive at actual demand as accurately as possible		5	3	2
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible		10	5	5
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		5	5	0
			25	18	7
HSS/ N 9605: Manage work to meet	PC1. Clearly establish, agree, and record the work requirements	25	5	0	5

requirements	PC2. Utilise time effectively		5	0	5
	PC3. Ensure his/her work meets the agreed requirements		5	2	3
	PC4. Treat confidential information correctly		5	2	3
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		5	3	2
			25	7	18
Work Management Total		50			
Part 2 (Pick one field as per NOS marked carrying 50 marks)					
1. Team Work					
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	50	3	0	3
	PC2. Integrate one's work with other people's work effectively		3	0	3
	PC3. Pass on essential information to other people on timely basis		3	0	3
	PC4. Work in a way that shows respect for other people		3	0	3
	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		16	8	8
	PC8. Follow the organisation's policies and procedures		10	4	6
			50	24	26
2. 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	50	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	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		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
			50	25	25
3. 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	50	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		8	4	4
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		8	4	4
	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		4	4	0
			50	32	18
4. Quality Assurance					
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis	50	6	2	4
	PC2. Evaluate potential solutions thoroughly		8	4	4
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		4	0	4
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		8	4	4
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		4	2	2
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority		4	4	0
	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		4	4	0

	affected				
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		4	4	0
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		4	4	0
	PC10. Complete any health and safety records legibly and accurately		4	4	0
			50	32	18
Grand Total-2 (Soft Skills and Comunication)		100			
Detailed Break Up of Marks			Theory		
Subject Domain			Select each NOS each carrying different marks totalling 80		
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (80)	Marks Allocation		
			Theory		
HSS/ N 2601: Prepare and maintain operation theater	PC1. Select and wear appropriate theatre clothing in the operating theatre complex	4	4	4	
	PC2. Clean all surfaces and equipment				
	PC3. Liaise with relevant staff to confirm equipment requirement				
	PC4. Check theatre list and maintain and designate re-stocked supplies as required in consultation with relevant staff				
	PC5. Assemble equipment and check to ensure that it is complete, clean and correctly functioning				
	PC6. Maintain a safe working area at all times and use correct manual handling techniques				
	PC7. Transport and transfer patient safely from bed/trolley to theatre table				
	PC8. Provide assistance during the prepping stage of patient				

	PC9. Follow all instructions from relevant staff during theatre procedures		
	PC10. Transport blood, pathology specimens and other items necessary using standard precautions, to support the theatre team		
	PC11. Remove, clean and store equipment correctly at conclusion of procedure		
	PC12. Collect bed and other relevant equipment and transport patient from theatre to recovery room		
2.HSS/ N 0202: Prepare the patient and the room for the procedure	PC1. Consult with relevant operating team members and reference material to determine equipment required	4	4
	PC2. Use basic knowledge of surgical procedures to assist and identify the needs of operating teams		
	PC3. Locate relevant equipment and check to ensure that it is complete, clean and ready for use		
	PC4. Position equipment in accordance with set up procedures		
	PC5. Notify basic equipment faults to appropriate staff according to organization policy and procedure		
	PC6. Clean and store equipment safely		
HSS/ N 2603: Identify and move to maintain a sterile field	PC1. Wear proper attire correctly and ensure that it conforms with hospital and enterprise policy and procedures	4	4
	PC2. Follow standard infection control guidelines to reduce risk of infection		
	PC3. Move and carry out activities that are consistent with duties being performed		
	PC4. Conform with aseptic principles when moving around a sterile field		
HSS/ N 2605 Manage and maintain theater equipment	PC1. Identify equipment and equipment consumables required for each theatre case , referencing with the operating theatre team, operating list and surgeon preferences	8	8
	PC2. Set up equipment and consumables, correctly position and check in accordance with organisation policy and procedures and manufacturer's specifications		
	PC3. Assemble, connect and test components as required		

	PC4. Re-position equipment during theatre procedures as required		
	PC5. Document the use of theatre equipment if required		
	PC6. Withdraw from use and replace equipment if considered not safe for use Identify minor equipment problems		
	PC7. Correct minor equipment problems are corrected		
	PC8. Ensure equipment is referred to a maintenance specialist for appropriate maintenance		
	PC9. Maintain maintenance log book as required by organisation policy and procedure		
	PC10. Schedule equipment for maintenance according to the needs of the operating theatre		
	PC11. Maintain communication with relevant operating theatre staff in relation to equipment maintenance		
	PC12. Follow shut-down procedures in accordance with manufacturer's recommendations		
	PC13. Correctly assemble and disassemble equipment as required		
	PC14. Clean equipment in accordance with organisation policy and procedures		
	PC15. Safely store equipment in accordance with manufacturer's recommendations		
	PC16. Provide instruction on equipment operation to individual members of the theatre team as required by supervisor		
	PC17. Provide in-service training on basic equipment operation as required		
	PC18. Participate as required in team evaluations of equipment being considered for potential purchase		
	PC19. Assess equipment from a theatre technician's perspective		
	PC20. Provide advice to the team evaluation as required		
HSS/ N 2606: Prepare patient for operative procedures	PC1. Use personal protective equipment correctly	10	10
	PC2. Prepare patients as required		
	PC3. Safely detach equipment when no longer required with minimum risk of damage to patient, staff or equipment		

	<p>PC4. Safely store equipment in accordance with manufacturer's recommendations, or prepare ready for re-use</p> <p>PC5. Follow established procedures if equipment is found to be faulty</p> <p>PC6. Identify correct operating table and table orientation before patient is transferred</p> <p>PC7. Inform relevant personnel of actions to be performed</p> <p>PC8. Detach equipment not required</p> <p>PC9. Safely and correctly adjust equipment attached to patient during transfer</p> <p>PC10. Maintain a safe working area and clear passage at all times and follow correct manual handling procedures</p> <p>PC11. Minimise patient discomfort</p> <p>PC12. Re-connect and position equipment once transfer is completed</p> <p>PC13. Maintain patient's dignity before, during and after transfer</p> <p>PC14. Inform patient of positioning procedure, reassure and seek co-operation as required</p> <p>PC15. Ensure relevant equipment is available and correctly positioned</p> <p>PC16. Take into account individual patient needs and confirm with relevant personnel</p> <p>PC17. Protect patient from injury during positioning procedures</p> <p>PC18. Follow correct manual handling procedures and seek assistance if required</p> <p>PC19. Safely position patient to meet the requirements of the anaesthetist and surgeon</p> <p>PC20. Seek confirmation of correct position from anaesthetist and surgeon</p> <p>PC21. Hold patient in correct position as required by anaesthetist and surgeon</p>		
HSS/ N 2607 Provide intra-operative equipment and technical support	<p>PC1. Observe equipment to ensure correct operation</p> <p>PC2. Switch on warning devices and ensure that it is registering that the equipment is safe</p> <p>PC3. Ensure gas, electrical, vacuum supplies are adequate for procedure at hand and/or back-up supply is available</p> <p>PC4. Observe equipment whilst in use and, if a fault develops, take immediate action to avoid danger to patients, staff and equipment</p> <p>PC5. Follow established procedures to rectify faulty equipment</p>	10	10

	PC6. Use personal protective equipment		
	PC7. Select appropriate patient attachments and ensure equipment is attached safely and securely to appropriate sites		
	PC8. Re-position patient attachments during theatre procedures as required		
	PC9. Safely detach patient attachments when no longer required with minimum risk of damage to patient, staff or equipment		
	PC10. Provide counter-traction during orthopaedic and plastic procedures and manipulations as directed		
	PC11. Select correct irrigation for operative procedure under the guidance of the surgical medical staff in correct sequence as required		
	PC12. Check irrigation type, sterile integrity and expiry date		
	PC13. Connect irrigation to sterile giving set using correct aseptic techniques		
	PC14. Change irrigation using aseptic techniques		
	PC15. Communicate the volume, type and number of irrigation bags to scout nurse		
	PC16. Dispose of used bags/giving sets according to organisational policy and procedures		
	PC17. Turn on/off surgical equipment under the guidance of medical staff and within manufacturers guidelines		
	PC18. Connect surgical equipment to electrical, vacuum, gas supply as required, and in accordance with standard operating procedures		
	PC19. Adjust surgical equipment settings to suit the surgical medical staff and in consultation with anaesthetic medical staff as required and within manufacturers guidelines		
	PC20. Communicate readings to surgical/anaesthetic medical staff as required		
	PC21. Communicate alarms/warnings, abnormal readings and equipment usage times to medical staff as required		

	PC22. Use aseptic techniques to pass sterile equipment/lines from the surgical team and connect to surgical equipment		
	PC23. Disconnect /reconnect surgical equipment, move and adjust during medical emergencies, repositioning of patient and/or change of surgical procedure under the guidance of medical and nursing staff		
HSS/ N 2608: Assist anaesthetist in handling emergencies outside of OT Room	PC1. Prepare emergency kit to handle areas outside OT Room	10	10
	PC2. Ensure that written policies must be in place to ensure necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services provided		
	PC3. Ensure observation and monitoring of the patients condition is sufficient to identify emergencies as soon as they occur		
	PC4. Ensure any signs or symptoms of a clinical emergency is identified correctly and reported to the appropriate clinician		
	PC5. Ensure the priorities for the patients care are identified promptly and accurately and appropriate action is taken immediately		
	PC6. Ensure the patients vital functions are maintained pending attendance of medical staff and during interventions		
	PC7. Ensure the relevant items of equipment are obtained promptly, prepared correctly for use and made available to the appropriate clinician		
	PC8. Go along with Anaesthesia Kit		
	PC9. Assist in intervention pain management, nerve management		
HSS/ N 2609: Manage hazardous waste	PC1. Coordinate the hazardous waste management program	10	10
	PC2. Provide technical assistance and support		
	PC3. Collect and dispose chemical hazardous waste		
	PC4. Properly identify, segregate, handle, label, and store waste		
	PC5. Ensure that all waste packaging, handling, and storage containers are free from contamination and physical hazards prior to removal from the work area		
	PC6. Segregate waste streams for proper waste disposal		

7. HSS/ N 9608: Follow radiation safety guidelines	PC1. Confirm sources of radiation and likely type of exposure for all individuals within the work area	4	4
	PC2. Apply appropriate assessment methodology suitable for source, type of exposure, dose, level of risk and the recipients' exposure time		
	PC3. Confirm that all required procedures and associated safety measures are compliant with current and relevant legislation requirements		
	PC4. Determine and assess the appropriateness of the projected radiation dose over a suitable period of time for an individual or key staff and other personnel		
	PC5. Record the results of the assessment accurately and in correct format, referencing any monitoring measurements taken to accepted published values to indicate conformance within accepted safety guidance limits for the procedures undertaken within the work practice		
	PC6. Communicate and provide information, advice and guidance effectively in the appropriate medium to meet the individuals needs and preferences		
	PC7. Report actual and potential risks from radiation, in context, to other healthcare professionals and where appropriate seek assistance and advice		
	PC8. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, policies and protocols		
	PC9. Confirm that all required procedures and associated safety measures are current and compliant with relevant legislation		
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		

<p>8. HSS/ N 9610 (Follow infection control policies and procedures)</p>	<p>PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements</p> <p>PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection</p> <p>PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter</p> <p>PC4. Identify infection risks and implement an appropriate response within own role and responsibility</p> <p>PC5. Document and report activities and tasks that put patients and/or other workers at risk</p> <p>PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization</p> <p>PC7. Follow procedures for risk control and risk containment for specific risks</p> <p>PC8. Follow protocols for care following exposure to blood or other body fluids as required</p> <p>PC9. Place appropriate signs when and where appropriate</p> <p>PC10. Remove spills in accordance with the policies and procedures of the organization</p> <p>PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination</p> <p>PC12. Follow hand washing procedures</p> <p>PC13. Implement hand care procedures</p> <p>PC14. Cover cuts and abrasions with water-proof dressings and change as necessary</p> <p>PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use</p> <p>PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact</p>	<p>16</p>	<p>16</p>
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	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		
Grand Total-1 (Subject Domain)		80	80
Soft Skills and Communication		Select each part each carrying 10 marks totalling 20	
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (20)	Marks Allocation
			Theory
Part 1 (Pick one field randomly carrying 50 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	3	3
	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		
	Total		
Attitude Total			
2. Work Management			
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	2	2
	PC2. Arrive at actual demand as accurately as possible		

	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible		
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		
HSS/ N 9605: Manage work to meet requirements	PC1. Clearly establish, agree, and record the work requirements	2	2
	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		
	Total	4	
Part 1 Total			
Part 2 (Pick one field as per NOS marked carrying 50 marks)			
1. Team Work (Evaluate with NOS: HSS/N/0304, 0305, 0306, 0307)			
2. Safety management (Evaluate with NOS: HSS/N/0301, 0302, 0303, 0409, 9610)			
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	3	3
	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		
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	3	3
	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		
	Total	3	3
3. Waste Management (Evaluate with NOS: HSS/N/5105, 5108, 5114, 5115)			
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	5	5
	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		
	Total		5
4. Quality Assurance			
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis		
	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	2	2
	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		
Part 2 Total	10		
Grand Total-2 (Soft Skills and	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 Operating Theatre Technician HSS / Q 2601					
Process required	Professional knowledge	Professional skill	Core skill	Responsibility	Level
Operating Theatre Technician are responsible for transport patients, preparing operating room for surgery, set up, check, connect and adjust surgical equipment, technical assistance to surgeons, clean & restock the operating room, arranging instrument, supplies and equipment according to instruction and position patients for surgery .This is an activity of a routine nature in a situation of clear choice as demanded by the workplace.	Operating Theatre Technician are responsible for Preparing and maintain operation theatre, Maintain equipment support in an acute care environment, Identify and move to maintain a sterile field, Follow infection control policies and procedures, Manage and maintain theatre equipment, Prepare patient for operative procedures, Provide intra-operative equipment and technical support, Assist anaesthetist in handling emergencies outside of OT Room, Manage hazardous waste, Ensure availability of medical and diagnostic supplies, 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 environment, Follow radiation safety	Operating Theatre Technician should make decisions regarding the preparation method. Apply best practices in existing processes to drive improvements, Document the procedure completion and any observations, Complete all activities accurately and in a timely and safe manner, Ensure work is completed systematically with attention to detail without damage to equipment or harm to patient/personnel, All these are activities that require him/her to demonstrate his practical skill, as per the scope of	Operating Theatre Technician should be able to record the completion of the procedure with relevant details, Record observations made during the procedure, Comprehend important instructions mentioned in workplace safety pamphlets or procedure manual for reading labels and handling chemical such as cleaning fluids, Discuss procedures with the patient and make him/ her feel comfortable, Answer questions that patient may have , Listen	Operating Theatre Technician transport patients, preparing operating room for surgery, set up, check, connect and adjust surgical equipment, technical assistance to surgeons, clean & restock the operating room, arranging instrument, supplies and equipment according to instruction and position patients for surgery. This is critical as it indicates that the person is responsible for his own work and learning. This is further reconfirmed by	4

	guidelines, Follow biomedical waste disposal protocols, Monitor and assure quality. This indicates that a Radiology technician must have factual knowledge of field or study in order to perform activities correctly.	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.	and understand workplace instructions , Clarify workplace instructions when necessary follow-up required clarity and indicates that he/she should have the basic understanding of social, political and natural environment.	the fact that The Operating Theatre Technician is expected to learn and improve his/her practice while on the job and is referred as “skilled workers”.	
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)**

- Validated by Industry through various training provider & stake holders

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:

- Occupational Mapping Report-Annexure 2**
- Functional Analysis Report-Annexure 3**
- Validation group and industry consultations- Annexure 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**