

**CONTACT DETAILS OF THE BODY SUBMITTING THE QUALIFICATION FILE**

**Name and address of submitting body:**

Healthcare Sector Skill Council

Office No. 520-521, 5th Floor, DLF Tower A, Jasola, New Delhi - 110025, India

**Name and contact details of individual dealing with the submission**

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**List of documents submitted in support of the Qualifications File**

1. Model Curriculum
2. Letter issued by MoHFW (DO No. Z-28020/24/2020-AHS) dated 23rd February 2022

## NSQF QUALIFICATION FILE

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### SUMMARY

1	<b>Qualification Title:</b> Home Health Aide Trainee
2	<b>Qualification Code, if any:</b> HSS/Q5106
3	<b>NCO code and occupation:</b> NCO-2015/5322.0101 and Patient Care Services
4	<b>Nature and purpose of the qualification (Please specify whether qualification is short term or long term):</b> Individuals in this job provide assistance to patients with diverse needs in carrying out their daily living activities at different care settings like home, old age home, hospice, etc. Some of the key responsibilities of the individual is to provide personal care, comfort and assistance to the patient while they are coping up with their health conditions. They also report the health status to the service providers or other health professionals.
5	<b>Body/bodies which will award the qualification:</b> Healthcare Sector Skill Council
6	<b>Body which will accredit providers to offer courses leading to the qualification:</b> National Skill Development Corporation (NSDC) and Healthcare Sector Skill Council
7	<b>Whether accreditation/affiliation norms are already in place or not, if applicable (if yes, attach a copy) :</b> Follow affiliation process of NSDC/HSSC for affiliation and accreditation. Theory and Practical in Class Room
8	<b>Occupation(s) to which the qualification gives access:</b> These professionals would be absorbed for On-job training or apprenticeship for the full-fledged qualification of Home Health Aide by home care providers, working independently or in collaboration with hospitals. They work at home settings, rehabilitation homes and old age homes as well.
9	<b>Job description of the occupation:</b> Individuals in this job provide assistance to patients with diverse needs in carrying out their daily living activities at different care settings like home, old age home, hospice, etc. Some of the key responsibilities of the individual is to provide personal care, comfort and assistance to the

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	patient while they are coping up with their health conditions. They also report the health status to the service providers or other health professionals.
10	<b>Licensing requirements:</b> N/A
11	<b>Statutory and Regulatory requirement of the relevant sector (documentary evidence to be provided) :</b> N/A
12	<b>Level of the qualification in the NSQF:</b> Level 3
13	<b>Anticipated volume of training/learning required to complete the qualification:</b> 420 Hrs
14	<b>Indicative list of training tools required to deliver this qualification:</b> <b>Unique Equipment Required:</b> As per Model Curriculum attached
15	<b>Entry requirements and/or recommendations and minimum age:</b> <ul style="list-style-type: none"><li>• 8th Class Pass and pursuing continuous education</li></ul> <b>Or</b> <ul style="list-style-type: none"><li>• 10th Class Pass</li></ul> minimum age - 14 years
16	<b>Progression from the qualification (Please show Professional and academic progression) :</b> The candidate would undergo On-job training or apprenticeship for the role of Home Health Aide, v2.0
17	<b>Arrangements for the Recognition of Prior learning (RPL) :</b> 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
18	<b>International comparability where known (research evidence to be provided) :</b> N.A
19	<b>Date of planned review of the qualification:</b> After 3 Years.
21	<b>Formal structure of the qualification</b> <b>Mandatory components</b>

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(i)	Title of component and identification code/NOSs/Learning outcomes	Estimated size (learning hours)	Level
1	HSS/N5133: Assist patient in bathing, dressing up and grooming	Theory: 240 hrs.	4
2	HSS/N5104: Support individuals to eat and drink	Practical: 180 hrs	4
3	HSS/N5105: Assist patient in maintaining normal elimination		4
4	HSS/N5136: Support patients with diverse needs in coping up with their health conditions		3
5	HSS/N5137: Implement interventions with patients with diverse needs at risk of fall		3
6	HSS/N9617: Maintain a safe, healthy and secure environment		4
7	HSS/N9618: Follow infection control policies & procedures including biomedical waste disposal protocols		4
	<b>Sub Total (A)</b>		<b>420 Hours</b>
	<b>Optional components</b>		
	<b>Sub Total (B)</b>		
	<b>Total (A+B)</b>	420 Hours	

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### SECTION 1

#### ASSESSMENT

21	<b>Body/Bodies which will carry out assessment:</b> HSSC Accredited Assessing Bodies
22	<b>How will RPL assessment be managed and who will carry it out?</b>  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/cybercafé/institution/HSSC assessment centre 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

	<p>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.</p> <p><b>PORTFOLIO SCREENING</b></p> <p>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.</p> <p><b>FINAL ASSESSMENT:</b> 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</p>
<b>23</b>	<p><b>Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, reliable and fair and show that these are in line with the requirements of the NSQF.</b></p> <p>The HSSC Accreditation process is divided into two steps:</p> <ol style="list-style-type: none"><li>1) Pre-accreditation process:<ul style="list-style-type: none"><li>• Apply for Accreditation: Application form with desired documents in prescribed format to be sent.</li><li>• Document Compliance Check: to be done for ensuring the compliance and adherence of applied assessing body according to criteria laid down by HSSC.</li><li>• Presentation on Quality Assurance: to be given by Assessing body highlighting the quality assurance process laid down by AB at the process points</li><li>• Once the assessing body clears the due diligence process, the accreditation is given along with terms and conditions.</li></ul></li><li>2) Post-accreditation process: Post accreditation, the accredited assessing bodies needs to fulfil following minimum eligibility criteria or requisites for implementation:</li></ol>

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- All Empanelled Assessors would have to undergo “Train the Assessor” Program conducted by HSSC for each job role from 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 of during 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 with regard to 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 assessing 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 from 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.

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- 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 Enrolment 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 centre and assessor.

**PHASE OF CONDUCT:**

1) Written Examination:

- Assessor should reach the VTP 30 minutes before the assessment and ensure that all the arrangements are as per the HSSC rules and regulation
- He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- He should make the students sit in the order of seating arrangements.
- The enrolment numbers are to be written on the desks before the arrival of students.
- The details to be filled like assessor name , date and Qualification name should be written on the board
- 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
- The seal of the assessment materials is opened in front of the students.
- OMR sheets to be distributed to all learners
- 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:

- 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.

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- 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

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- 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
  - 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

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	<p>2) Upload/Sharing of Results</p> <ul style="list-style-type: none"><li>• Once the results are ready it is uploaded on the SDMS website/portal and verified on the same</li><li>• Or the results are shared to Training institute only by HSSC.</li><li>• In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by HSSC.</li></ul> <p>3) Documentation</p> <ul style="list-style-type: none"><li>• Question papers are kept in secure cupboard with limited and controlled access.</li><li>• Used OMR sheets are to be stored for the next ten years</li></ul> <p>QP should be always current version</p>
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Please attach most relevant and recent documents giving further information about assessment and/or RPL.

Give the titles and other relevant details of the document(s) here. Include page references showing where to find the relevant information.

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### ASSESSMENT EVIDENCE

#### Assessment evidences

#### Criteria for Assessment of Trainees

**Job Role:** Home Health Aide Trainee

**Qualification Pack:** HSS/Q5106

**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 these criteria.
5. To pass the Qualification Pack, every trainee should score a minimum of 70% in every NOS.
6. In case of successfully passing only certain number of NOSs, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack.
7. In case of *unsuccessful completion*, the trainee may seek reassessment on the Qualification Pack.

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Assessment outcomes	Element	Assessment Criteria for outcomes	Theory	Viva	Skills Practical
HSS/N513 3: Assist patient in bathing, dressing up and grooming	Maintain patient's privacy	PC1. ensure patient's privacy using various means like screens, curtains, locking the door, etc.	10	5	
		PC2. drape the patient once the procedures (such as back care, dressing up, perineal care) are completed			
	Assist the patient in bathing	PC3. identify the type of bath that is best suited as per the guidelines, based on the patient's condition and comfort.	30	10	5
		PC4. dry patient's skin with a towel and offer back rub after bathing or at bed time to stimulate circulation while ensuring patient's safety			5
		PC5. clean and store bathing articles (like tub, shower, chair, sponge tray, bucket, etc.) before and after each use			5
		PC6. check the water temperature before patient checks in for bathing			10

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		PC7. clean the body part starting from the cleanest to the dirtiest region while performing various procedures such as perineal care, eye care or when bathing a patient with skin lesions and rashes			5
		PC8. report to the concerned authority about any unusual observation such as cyanosis, rashes, broken, dry, reddened or bruised skin, abnormal body temperature, bleeding, tenderness etc			5
	Assist the patient in dressing up	PC9. use standard procedure and protocols for dressing-up a patient	30	10	10
		PC10. select appropriate clothing for patient keeping in mind the gender, age, preferences of the patient, size, weather and hospitals/procedural protocols			10
		PC11. ensure clothes and the footwear fit the patient correctly			5
		PC12. ensure the clothing is fastened with elastic fasteners			5
		PC13. remove all the accessories like belts, jewellery and scarfs and hand over to the			5

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		patient's family with proper documentation			
	Assist the patient in grooming	PC14. follow standard procedure and protocols in providing oral care, hair care and nail care keeping patient's comfort and condition in mind	30	10	10
		PC15. perform care activities cautiously to avoid injuries to the skin and membranes			5
		PC16. store dentures as per latest guidelines/manufacturer's recommendations with patient's identification details to avoid confusion			6
		PC17. do part preparation for operative procedure under guidance as per directives from concerned authority			6
		PC18. report unusual findings to the concerned authority			5
HSS/N510 4 Support individuals to eat and drink	Provide adequate support to the patient during drinking and eating	PC1. wash one's hands and the patient to maintain hygiene and to prevent spread of infections	30	10	2
		PC2. make the patient comfortable and encourage them to eat and drink independently as much as possible			2

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		PC3. use appropriate cutlery while feeding the patient, keeping in view the food temperature			2
		PC4. ensure the food provided is according to the dietary prescription of the attending physician or dietician			2
		PC5. assist the patient in the event of symptoms of distress like coughing and regurgitation while feeding and drinking and report accordingly			2
		PC6. assist the patient to maintain elimination needs and oral care prior to feeding			2
		PC7. wipe the patients' hands and mouth and clean their dress after the procedure			3
		PC8. maintain self-cleanliness and hygiene after feeding			2
		PC9. provide water or liquid diet to the patient according to the prescribed instruction			3
		PC10. ensure that the patient is upright or in high Fowler's position during eating and drinking in order to prevent aspiration			3

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		PC11. report dehydration as evidenced by dry skin and take proper steps for fluid replenishment under guidance			3
		PC12. measure the details of the intake and record them appropriately			4
HSS/N510 5 Assist patient in maintaining normal elimination	Support the patient during elimination needs	PC1. respond promptly to patients' elimination needs as per hospitals/procedural protocols	30	10	2
		PC2. assist a mobile patient in going to the toilet and provide support like giving toilet paper if required or stabilize the commode			5
		PC3. wash the patient's and one's hands to prevent infection			5
		PC4. ensure hygiene and cleanliness of patient and surroundings especially in the event of spillage			2
		PC5. use bed pan, urinal, uro-bag and other elimination equipment as per procedures and guidelines based on patient's comfort and condition			10
		PC6. empty the uro bag frequently as per standard			5

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		procedures and record the output under supervision			
		PC7. clean and disinfect the equipment after use			8
		PC8. record changes in color or texture of the faeces and report unusual findings immediately			8
		PC9. measure output and record them			5
HSS/N513 6: Support patients with diverse needs in coping up with their health conditions	Communicate with patient and their acquaintances effectively	PC1. introduce oneself to the patient and their acquaintances to make them feel comfortable	28	15	
		PC2. discuss their roles and responsibilities and relevant information for patient care with the patient and their acquaintances			
		PC3. identify the patient's needs to be addressed before beginning to work with them			
		PC4. respond to any concerns shared by the patient and their acquaintances sensitively			
		PC5. respect the rights of the patient and their acquaintances			
		PC6. contact the service provider in case of any assistance required			

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		PC7. inform the patient and their acquaintances about the progress and anticipated timeline for resolution of their concern			
	Help patients to cope up with their health conditions	PC8. obtain an informed consent of the patient as per service provider's policies and procedures	26	15	2
		PC9. obtain relevant information from the patients and their acquaintances about their health conditions			5
		PC10. identify concerns where support for the patient is required			4
		PC11. address the concerns with required actions for meeting patients' health needs			5
		PC12. escalate any concerns that cannot be resolved to appropriate authority			2
		PC13. inform to all the concerned authorities about the patient's health status			5
HSS/N513 7: Implement the interventio	Support in mobility of the patient	PC1. check patient's medical condition before mobilization and estimate if additional help is required based on his/her weight and ability	21	15	5

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ns planned for patients with diverse needs		PC2. ensure the patient has comfortable clothing during mobility			2
		PC3. maintain patient's privacy during mobility			5
		PC4. use the correct equipment and techniques for mobilizing the patients to avoid falls or injuries			3
		PC5. use proper body mechanics for lifting the patient			5
		PC6. ensure that tubing attached to patient are intact while mobilizing			5
		PC7. help the patient to move independently as much as possible			5
	Support service provider in development of care plan		PC8. identify the needs and expectations of the patient from service provider	24	15
		PC9. identify the immediate requirements to be addressed in the individualized care plan as per current or previous interventions that the patient may have experienced			5
		PC10. make arrangements for the interventions as per the			5

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		patient's priority and their specific requirements			
		PC11. check if the environment is suitable for the intervention			5
		PC12. maintain the privacy and dignity of the patient			5
	Implement the interventions as per individualized care plans	PC13. implement the intervention as per agreed individualized care plan in a safe and effective manner	25	10	5
		PC14. maintain consistency with the patient's needs and specific requirements during implementation of care plan			5
		PC15. ensure patients participate effectively during implementation of care plan			3
		PC16. minimize any discomfort to the patient within the constraints imposed by the intervention method			3
		PC17. ensure that the acquaintances are providing appropriate support to the patient throughout the intervention			2
		PC18. ensure patient safety to prevent a fall or an injury throughout the intervention			2

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	Monitor the outcomes of interventions undertaken	PC19. monitor the effects of the intervention on the patient throughout the process	25	15	10
		PC20. identify any indications of increased risk after intervention			5
		PC21. inform the concerned authority and acquaintances if implemented interventions are not beneficial as expected			5
HSS/N961 7 Maintain a safe, healthy and secure working environment	Comply the health, safety and security requirements and procedures for workplace	PC1. identify individual responsibilities in relation to maintaining workplace health safety and security requirements	7	10	
		PC2. comply with health, safety and security procedures for the workplace			
		PC3. comply with health, safety and security procedures and protocols for environmental safety			
	Handle any hazardous situation with safely, competently and within the	PC4. identify potential hazards and breaches of safe work practices	8	10	
		PC5. identify and interpret various hospital codes for emergency situations			
		PC6. correct any hazards that individual can deal with safely,			

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	limits of authority	competently and within the limits of authority			
		PC7. provide basic life support (BLS) and first aid in hazardous situations, whenever applicable			
		PC8. follow the organization'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			
	Report any hazardous situation and breach in procedures to ensure a safe, healthy, secure working environment	PC11. report any identified breaches in health, safety, and security procedures to the designated person	5	10	
		PC12. report the hazards that individual is not allowed to deal with to the relevant person and warn other people who may get affected promptly and accurately			
HSS/N961 8 Follow biomedical	Classification of the waste	PC1. handle, package, label, store, transport and dispose of waste appropriately to minimize	5	10	

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waste disposal and infection control policies and procedures	generated, segregation of biomedical waste, proper collection and storage of waste	potential for contact with the waste and to reduce the risk to the environment from accidental release			
		PC2. store clinical or related waste in an area that is accessible only to authorized persons			
		PC3. minimize contamination of materials, equipment and instruments by aerosols and splatter			
	Complying with effective infection control protocols that ensures the safety of the patient(or end-user of health-related products/services)	PC4. apply appropriate health and safety measures following appropriate personal clothing & protective equipment for infection prevention and control	8	10	
PC5. identify infection risks and implement an appropriate response within own role and responsibility in accordance with the policies and procedures of the organization					
PC6. follow procedures for risk control and risk containment for specific risks. Use signs when and where appropriate					
	PC7. follow protocols for care following exposure to blood or other body fluids as required				

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		PC8. remove spills in accordance with the policies and procedures of the organization			
		PC9. clean and dry all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled			
		PC10. demarcate and maintain clean and contaminated zones in all aspects of health care work			
		PC11. confine records, materials and medicaments to a well-designated clean zone			
		PC12. confine contaminated instruments and equipment to a well-designated contaminated zone			
		PC13. decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilization protocols			
		PC14. replace surface covers where applicable			

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		PC15. maintain and store cleaning equipment			
		PC16. report and deal with spillages and contamination in accordance with current legislation and procedures			
Maintaining personal protection and preventing the transmission of infection from person to person		PC17. maintain hand hygiene following hand washing procedures before and after patient contact and/or after any activity likely to cause contamination	8	10	
		PC18. cover cuts and abrasions with water-proof dressings and change as necessary			
		PC19. change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact			
		PC20. perform additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection			

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**SECTION 2**

**25. EVIDENCE OF LEVEL**

**OPTION A**

Title/Name of qualification/component:			Level:
NSQF Domain	Outcomes of the Qualification/Component	How the outcomes relates to the NSQF level descriptors	NSQF Level
Process			
Professional knowledge			
Professional skill			
Core skill			
Responsibility			

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**OPTIONB**

Title/Name of qualification/component: Home Health Aide Trainee			Level: 3
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
Process	<p><b>Work in familiar, predictable, routine, situation of clear choice.</b></p> <ul style="list-style-type: none"> <li>• The individual provides patient care and help maintain a suitable environment for the patient at home.</li> <li>• The individual provide routine individualized healthcare to the elderly, convalescents, or persons with disabilities at the patient's home.</li> <li>• Monitor or report changes in health status. Provide personal care such as bathing, dressing, and grooming of patient.</li> </ul>	<p>The individual during the job works in familiar, predictable, routine, and situation of clear choice.</p> <p>Refer to the evidences provided in the adjacent column. Hence it falls under Level 3.</p>	3

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Title/Name of qualification/component: Home Health Aide Trainee			Level: 3
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<ul style="list-style-type: none"> <li>They work in familiar, predictable, routine, situation of clear choice</li> <li>Limit risks of infection by using appropriate infection control procedures at home</li> </ul>		
Professional knowledge	<p><b>Factual knowledge of field of knowledge or study.</b></p> <ul style="list-style-type: none"> <li>The individual should also be able to demonstrate basic patient care skills such as patient's daily care, patient's comfort, patient's safety and patient's health needs at home care settings</li> <li>The individual work in collaboration with patient carers and other healthcare providers.</li> </ul>	<p>The individual should possess the practical and factual knowledge of his field.</p> <p>Refer to the evidences provided in the adjacent column. Hence it falls under Level 3.</p>	3

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Title/Name of qualification/component: Home Health Aide Trainee		Level: 3	
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<ul style="list-style-type: none"> <li>• He should be result oriented. He should also be able to demonstrate basic patient care skills, communication skills and ethical behaviour.</li> <li>• He needs to be calm and patient while dealing with elderly person. Should also be able to demonstrate clinical skills,</li> <li>• Communication skills and ethical behaviour. This indicates that a individual must have factual knowledge of field or study in order to perform activities correctly.</li> <li>• process, condition, and resources required by the body to support healthy functioning such as body regulation including maintenance of body temperature, support in</li> </ul>		

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Title/Name of qualification/component: Home Health Aide Trainee			Level: 3
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<p>elimination of body wastes, protection from infection</p> <ul style="list-style-type: none"> <li>• encourage and support active and passive physical activities</li> <li>• basic structure and function of the body systems</li> </ul>		
Professional skill	<p><b>Recall and demonstrate practical skill, routine and repetitive in narrow range of application, using appropriate rule and tool, using quality concept</b></p> <ul style="list-style-type: none"> <li>• The individual is expected to provide patient care during bathing, grooming, dressing-up</li> <li>• Support individuals to eat and drink and encourage to drink and eat on their own as well</li> </ul>	<p>The individual should have practical skills which are routine and repetitive and should use quality concepts.</p> <p>Refer to the evidences provided in the adjacent column. Hence it falls under Level 3.</p>	3

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Title/Name of qualification/component: Home Health Aide Trainee		Level: 3	
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<ul style="list-style-type: none"> <li>assist during elimination</li> <li>He is responsible for providing routine individualised healthcare to the elderly, convalescents, or persons with disabilities at the patient's home.</li> <li>demonstrate his practical skill, as per the scope of the job role, using appropriate tool, quality concepts, responsible for carrying out range of activities, requiring either laid down approach or may adopt alternative approaches as per the best evidenced practices.</li> <li>Listen in a responsive and empathetic manner to establish rapport. This requires communication skills (written or oral) with required clarity and indicates that he/she should have the basic</li> </ul>		

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Title/Name of qualification/component: Home Health Aide Trainee		Level: 3	
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
Core skill	<p>understanding of social environment.</p> <p><b>Language to communicate written or oral, with required clarity</b></p> <ul style="list-style-type: none"> <li>• provide the patient clear instructions regarding the procedure and confirm patient's understanding of it and its related requirements</li> <li>• Essential attributes of individual is to record the completion of the procedure with relevant details by marking the template. Read the doctor/nurse instructions to follow at home and cross check in case of any clarifications</li> <li>• Understanding. Discuss procedures with the patient and make him/ her feel comfortable.</li> <li>• Answer questions that patient may</li> </ul>	<p>The individual should have good communication skills both written and oral. He/ She should be able to solve basic arithmetic and algebraic principles and should have better understanding of social political and natural environment.</p> <p>Refer to the evidences provided in the adjacent column. Hence it falls under Level 3.</p>	3

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Title/Name of qualification/component: Home Health Aide Trainee			Level: 3
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<p>have. This requires communication skills (written or oral) with required clarity and indicates that he/she should have the basic understanding of social, political and natural environment.</p>		
<b>Responsibility</b>	<p><b>Responsibility for own work and learning.</b></p> <ul style="list-style-type: none"> <li>The individual is responsible for providing routine individualised healthcare to the elderly, convalescents, or persons with disabilities at the patient's home.</li> <li>Prevention of patient fall.</li> <li>Rehabilitation of the patient in terms of motivating them, enabling patient to cope with changes to their health &amp; well being</li> </ul>	<p>The individual should know to take responsibility of own work and learning.</p> <p>Refer to the evidences provided in the adjacent column. Hence it falls under Level 3.</p>	3

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Title/Name of qualification/component: Home Health Aide Trainee		Level: 3	
NSQF Domain	Key requirements of the job role	How the job role relates to the NSQF level descriptors	NSQF Level
	<ul style="list-style-type: none"><li>• Monitor or report changes in health status. Provide personal care such as bathing, dressing, and grooming of patient.</li><li>• This is critical as it indicates that the person is responsible for his own work and learning.</li><li>• This is further reconfirmed by the fact that the individual is expected to learn and improve his/her practice while on the job and is referred as “skilled workers</li></ul>		

**SECTION 3**

**EVIDENCE OF NEED**

<p><b>2 6</b></p>	<p><b>What evidence is there that the qualification is needed? What is the estimated uptake of this qualification and what is the basis of this estimate?</b></p>		
	<p><b>26</b></p>	<p><b>estimated uptake of estimate?</b></p> <p><b>Basis</b></p>	
		<p><b>What evidence is there that the qualification is needed? What is the this qualification and what is the basis of this</b></p> <p><b>In case of SSC</b></p>	
		<p>Need of qualification</p>	<p>While collecting data from the companies for the occupational map &amp; 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.</p>
		<p>Industry Relevance</p>	<p>The industry validation of parent qualification Home Health Aide, v2.0 was submitted along with its summary sheet for reference.</p>
		<p>Usage of qualification</p>	<p>The SSC would submit details of the employment generated (wherever applicable) and realised</p>
	<p>Estimated uptake</p>	<p>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</p>	

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			data, though these do not lend to accurate demand projection as per the draft report of NSDC Human Resource & Skills Requirement in Healthcare Sector.
2 7	<b>Recommendation from the concerned Line Ministry of the Government/Regulatory Body. To be supported by documentary evidences</b>		
			This is course designed to skill students based on letter issued by MoHFW (DO No. Z-28020/24/2020-AHS) dated 23rd February 2022 with exemption from OJT hours of Home Health Aide, HSS/Q5102 Version 2.0 QP to take students further for On-job training or apprenticeship for attaining full certification on Home Health Aide, HSS/Q5102 Version 2.0 QP. Home Health Aide is an approved qualification at NQR with code 2021/HLT/HSSC/04105.
2 8	<b>What steps were taken to ensure that the qualification(s) does (do) not duplicate already existing or planned qualifications in the NSQF? Give justification for presenting a duplicate qualification</b>		
			This is course designed to skill students based on letter issued by MoHFW (DO No. Z-28020/24/2020-AHS) dated 23rd February 2022 with exemption from OJT hours of Home Health Aide, HSS/Q5102 Version 2.0 QP to take students further for On-job training or apprenticeship for attaining full certification on Home Health Aide, HSS/Q5102 Version 2.0 QP. Home Health Aide is an approved qualification at NQR with code 2021/HLT/HSSC/04105.
2 9	<b>What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated? Specify the review process here</b>		
			<ul style="list-style-type: none"><li>• Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation.</li><li>• Monitoring of results of assessments, training delivery</li></ul>

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	<ul style="list-style-type: none"><li>• Employer feedback will be sought post-placement</li><li>• A formal review is scheduled in five year time</li></ul>
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Please attach most relevant and recent documents giving further information about any of the topics above.

Give the titles and other relevant details of the document(s) here. Include page references showing where to find the relevant information.

### **SECTION 4**

#### **EVIDENCE OF PROGRESSION**

<b>30</b>	<p><b>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?</b></p> <p>The candidate would undergo On-job training or apprenticeship for the role of Home Health Aide, v2.0</p>
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Please attach most relevant and recent documents giving further information about any of the topics above.

Give the titles and other relevant details of the document(s) here. Include page references showing where to find the relevant information.