

Model Curriculum

Emergency Medical Technician-Basic

SECTOR: HEALTHCARE

SUB-SECTOR: ALLIED HEALTH & PARAMEDICS

OCCUPATION: PHLEBOTOMY TECHNICIAN

REF ID: HSS/Q2301

NSQF LEVEL: 4



Certificate

CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

HEALTHCARE SECTOR SKILL COUNCIL

for the

MODEL CURRICULUM

Complying to National Occupational Standards of
Job Role/ Qualification Pack: '**Emergency Medical Technician- Basic**' OP No. '**HSS/Q 2301 NSQF Level 4**'

Date of issuance: **November 30th, 2015**

Valid up to: **November 29th, 2016**

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


Authorised Signatory
(Healthcare Sector Skill Council)

TABLE OF CONTENTS

1. Curriculum	01
2. Trainer Prerequisites	33
3. Annexure: Assessment Criteria	34

Emergency Medical Technician-Basic

CURRICULUM / SYLLABUS

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

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

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

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

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

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

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

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

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

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

S.No	Module	Key Learning Outcomes	Equipment Required
		<p>adult, child and infant patient.</p> <ul style="list-style-type: none"> Describe the methods used to obtain a pulse. Differentiate between obtaining a pulse in an adult, child and infant patient. Discuss the need for assessing the patient for external bleeding. Describe normal and abnormal findings when assessing skin color, temperature, & condition. Describe normal and abnormal findings when assessing skin capillary refill in the infant and child patient. Explain the reason for prioritizing a patient for care and transport. Explain the importance of forming a general impression of the patient. Explain the value of performing an initial assessment. Demonstrate the techniques for assessing mental status. Demonstrate the techniques for assessing the airway. Demonstrate the techniques for assessing if the patient is breathing. Demonstrate the techniques for assessing if the patient has a pulse. Demonstrate the techniques for assessing the patient for external bleeding. Demonstrate the ability to prioritize patients. Demonstrate the techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). 	
14	<p>Patient Assessment (Focused History & physical exam-Trauma patients)</p> <p>Theory Duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 05:00</p>	<ul style="list-style-type: none"> Discuss the reasons for reconsideration concerning the mechanism of injury. State the reasons for performing a rapid trauma assessment. Recite examples and explain why patients should receive a rapid trauma assessment. Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. Differentiate when the rapid assessment may be altered in order to provide patient care. Discuss the reason for performing a focused history and physical exam. Recognize and respect the feelings that patients might experience during assessment. 	Inch tape, Vitals assessing equipment's, torch etc

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<p>37</p>	<p>Medical (Paediatric Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/ N 2317</p>	<ul style="list-style-type: none"> • Identify the developmental considerations for the following age groups: Infant, Toddler, Pre-school, School age, adolescent • Describe differences in anatomy and physiology of the infant, child and adult patient. • Differentiate the response of the ill or injured infant or child (age specific) from that of an adult. • Indicate various causes of respiratory emergencies. • Differentiate between respiratory distress and respiratory failure. • List the steps in the management of foreign body airway obstruction. • Summarize emergency medical care strategies for respiratory distress and respiratory failure. • Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient. • Describe the methods of determining end organ perfusion in the infant and child patient. • State the usual cause of cardiac arrest in infants and children versus adults. • List the common causes of seizures in the infant and child patient. • Describe the management of seizures in the infant and child patient. • Differentiate between the injury patterns in adults, infants, and children. • Discuss the field management of the infant and child trauma patient. • Summarize the indicators of possible child abuse and neglect. • Describe the medical legal responsibilities in suspected child abuse. • Recognize need for EMT-Basic debriefing following a difficult infant or child transport. • Explain the rationale for having knowledge and skills appropriate for dealing with the infant and child patient. • Attend to the feelings of the family when dealing with an ill or injured infant or child. • Understand the provider's own response (emotional) to caring for infants or children. • Demonstrate the techniques of foreign body airway obstruction removal in the infant. • Demonstrate the techniques of foreign body airway obstruction removal in the child. 	<p>Sample medicines, list of common emergency medicines, internet use for best practices across the world</p>
-----------	--	--	---

		<ul style="list-style-type: none"> • Demonstrate the assessment of the infant and child. • Demonstrate bag-valve-mask artificial ventilations for the infant. • Demonstrate bag-valve-mask artificial ventilations for the child. • Demonstrate oxygen delivery for the infant and child. 	
38	<p>Medical (Geriatric Emergencies)</p> <p>Theory Duration (hh:mm) 01:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Code General Topic</p>	<ul style="list-style-type: none"> • Appropriate ways to communicate with geriatric patients • Discuss the GEMS diamond • Leading causes of death of the geriatric population • Physiologic changes of aging. • Problem known as polypharmacy • Define elder abuse & its causes • Describe the following basics of patient assessment for the geriatric patient: <ul style="list-style-type: none"> – Scene size-up – Initial assessment – Focused history and physical exam – Detailed physical exam – Ongoing assessment <ul style="list-style-type: none"> • Common chief complaints of older patients. • Trauma assessment in older patients for the following injuries: <ul style="list-style-type: none"> – Injuries to the spine – Head injuries – Injuries to the pelvis – Hip fractures <ul style="list-style-type: none"> • Acute illnesses in older people 	Sample medicines, list of common emergency medicines, internet use for best practices across the world
39	<p>Medical (Gynaecologic/ Obstetric Emergencies)</p> <p>Theory Duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p>	<ul style="list-style-type: none"> • Describe the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum • Identify and explain the use of the contents of an obstetrics kit • Identify pre-delivery emergencies • State indications of an imminent delivery • Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery • Perform the steps in pre-delivery preparation of the mother • Establish the relationship between body substance isolation and childbirth 	Sample medicines, list of common emergency medicines, internet use for best practices across the world

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

Sr. No.	Area	Details
1	Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack “HSS/Q2301”.
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	<ul style="list-style-type: none"> Medical graduates with additional qualification in Emergency Medicine/Emergency Medical Services and having completed instructor certification in Basic Life Support, Advance Cardiovascular Life Support, Pediatric Advance Life Support and International Trauma Life Support with experience in teaching EMT course. Specialist Medical teachers will be permitted to teach special topics. Topics related to Ambulance operations and managements shall be taught by expert faculty from that field. Level 4 certified Emergency Medical Technician-B with minimum 5 years of experience or Level 5 certified Emergency Medical Technician-A with minimum 3 years of experience.
4a	Domain Certification	Certified for Job Role: “Emergency Medical Technician-Basic” mapped to QP: “HSS/Q2301”, version 1.0 with scoring of minimum 85%.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: “Trainer”, mapped to the Qualification Pack: “SSC/Q1402” with scoring of minimum 90%.
5	Experience	<ul style="list-style-type: none"> Experience in teaching Emergency Medical Technician course for medical graduates HSS/Q2301, version 1.0 5 years of experience for Level 4 certified Emergency Medical Technician-Basic HSS/Q2301, version 1.0 and minimum 3 years of experience for Level 5 certified Emergency Medical Technician-Advance. <u>HSS/Q2302, version 1.0</u>

Annexure: Assessment Criteria

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

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

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

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
1. HSS/ N 2301 (Respond to Emergency Calls)	PC1. Understand the emergency codes used in the hospital for emergency situations	200	10	10	0
	PC2. Reflect professionalism through use of appropriate language while speaking to the dispatch team		4	0	4
	PC3. Use communication equipment such as mobile phones, radio communication equipment, megaphones and other equipment as required by the EMS provider		10	2	8
	PC4. Evaluate the situation of the patient(s) on the basis of the call with the dispatch centre		10	2	8
	PC5. Demonstrate teamwork while preparing for an emergency situation with a fellow EMT and/or a nurse		4	0	4
	PC6. Recognise the boundary of one's role and responsibility and seek supervision from the medical officer on duty when situations are beyond one's competence and authority		4	0	4
	PC7. Prepare for the emergency by practicing Body Substance Isolation (BSI). This includes putting on:				
	a. Hospital Gowns		10	0	10
	b. Medical Gloves		10	0	10
	c. Shoe Covers		10	0	10
	d. Surgical Masks		10	0	10
	e. Safety Glasses		10	0	10
	f. Helmets		10	0	10
	g. Reflective Clothing		10	0	10
PC8. Prepare the ambulance with the required medical equipment and supplies as per the medical emergency. A large selection of equipment and supplies specialised for Emergency Medical Services include diagnostic kits, disposables, and patient care products. The EMT should ensure all materials, supplies, medications and other items required for Basic Life Support (BLS) have been stocked in the Ambulance	40	4	36		
PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer	10	0	10		
PC10. Establish trust and rapport with colleagues	4	0	4		
PC11. Maintain competence within one's role	4	0	4		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	and field of practice				
	PC12. Promote and demonstrate good practice as an individual and as a team member at all times		4	0	4
	PC13. Identify and manage potential and actual risks to the quality and safety of practice		10	6	4
	PC14. Evaluate and reflect on the quality of one's work and make continuing improvements		4	0	4
	PC15. Understand basic medico-legal principles		8	8	0
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies		4	4	0
	Total		200	36	164
2. HSS/ N 2304 (Assess Patient at the site)	PC1. Explain clearly:	200			
	o An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs		4	4	0
	o What information need to be obtained and stored in records		4	4	0
	o With whom the information might be shared		4	4	0
	o What is involved in the assessment		4	4	0
	PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition		4	2	2
	PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)		25	5	20
	PC4. Respect the patient's privacy, dignity, wishes and beliefs		2	0	2
	PC5. Minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process		2	0	2
	PC6. Communicate with the patient clearly and in a manner and pace that is appropriate to:				
	o Their level of understanding		2	0	2
	o Their culture and background				
	o Their need for reassurance and support				
PC7. Recognise promptly any life-threatening or high risk conditions	5	1	4		
PC8. Make full and effective use of any	4	2	2		

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	protocols, guidelines and other sources of guidance and advice to inform decision making				
	PC9. Assess the condition of the patient by:				
	o Observing patient position		10	2	8
	o Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing		10	2	8
	o Checking if there is any bleeding from the nose or ears		10	2	8
	o Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion		10	2	8
	o Checking if the patient is under the effect of alcohol or any other drug		10	2	8
	o Checking the patient's mouth to ensure the airway is clear		10	2	8
	o Gently checking the neck, starting from the back		10	2	8
	o Checking for any swelling or bruises		10	2	8
	o Checking the chest to ascertain if any object is stuck		10	2	8
	o Checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumps		10	2	8
	o Checking for any damage to the pelvis		10	2	8
	o Asking the victim if they are able to feel their legs		10	2	8
	o Observing the colour of toes to check for any circulation problems		10	2	8
	PC10. Use appropriate equipment if required		10	2	8
	Total		200	54	146
3. HSS/ N 2305 (Patient Triage based on the defined clinical criteria of severity of illness)	PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	200	40	10	30
	PC2. Know how to check all the vital signs		40	10	30
	PC3. Identify a high-risk case		40	20	20
	PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment		20	5	15
	PC5. Communicate clearly and assertively		3	0	3

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC6. Collaboratively be able to supervise/work collaboratively with other departments		4	0	4
	PC7. Multitask without compromising on quality and accuracy of care provided		3	0	3
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters		50	10	40
	Total		200	55	145
4. HSS/ N 2306 (Manage Cardiovascular Emergency)	PC1. Describe the structure and function of the cardiovascular system	200	4	4	0
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort		12	2	10
	PC3. Identify the symptoms of hypertensive emergency		6	2	4
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)		8	2	6
	PC5. Explain the impact of age and weight on defibrillation		8	2	6
	PC6. Discuss the position of comfort for patients with various cardiac emergencies		4	4	0
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise		10	2	8
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support		8	2	6
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator		4	2	2
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available		4	4	0
	PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting		4	4	0
	PC12. Explain the usage of aspirin and clopidogrel		6	2	4
	PC13. Differentiate between the fully automated and the semi-automated defibrillator		4	4	0
	PC14. Discuss the procedures that must be		8	2	6

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	taken into consideration for standard operations of the various types of automated external defibrillators				
	PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator		6	2	4
	PC16. Identify circumstances which may result in inappropriate shocks		6	2	4
	PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator		10	2	8
	PC18. Summarise the speed of operation of automated external defibrillation		6	2	4
	PC19. Discuss the use of remote defibrillation through adhesive pads		6	2	4
	PC20. Operate the automated external defibrillator		10	2	8
	PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS		4	4	0
	PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator		4	4	0
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator		4	4	0
	PC24. Identify the components and discuss the importance of post-resuscitation care		4	4	0
	PC25. Explain the importance of frequent practice with the automated external defibrillator		4	4	0
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist		4	4	0
	PC27. Explain the role medical direction plays in the use of automated external defibrillation		4	4	0
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator		4	4	0
	PC29. Discuss the components that should be included in a case review		4	4	0
	PC30. Discuss the goal of quality improvement		4	4	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	in automated external defibrillation				
	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain		10	2	8
	PC32. List the indications for the use of nitro-glycerine		6	2	4
	PC33. State the contraindications and side effects for the use of nitro-glycerine		6	2	4
	PC34. Perform maintenance checks of the automated external defibrillator		4	4	0
	Total		200	100	100
5.HSS/ N 2307 (Manage Cerebrovascular Emergency)	PC1. Describe the basic types, causes, and symptoms of stroke	200	8	4	4
	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke		30	5	25
	PC3. Manage airway, breathing, and circulation		16	2	14
	PC4. Assess the patient's level of consciousness and document any signs of stroke		10	2	8
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate		30	5	25
	PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale		20	5	15
	PC7. Check serum blood sugar		6	2	4
	PC8. Collect critical background information on the victim and the onset of the stroke symptoms such as the medical history (especially any past strokes), the estimate of the time since any potential stroke symptoms first appeared, current medical conditions of the patient and current medications		20	5	15
	PC9. Determine the time of onset of symptoms		6	2	4
	PC10. Explain how patients, family, or bystanders should respond to a potential stroke		2	2	0
	PC11. Discuss the actions recommended for emergency responders to potential stroke victims		2	2	0
	PC12. Explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute		2	2	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	stroke treatment				
	PC13. Carry out first triage of potential stroke victims		10	5	5
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes		4	2	2
	PC15. Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim		4	2	2
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital		20	5	15
	PC17. Forward a written report to the emergency department with details on medical history and onset of the stroke symptoms		10	5	5
	Total		200	57	143
6.HSS/ N 2308 (Manage Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction	200	50	10	40
	PC2. Perform the emergency medical care of the patient with an allergic reaction		50	10	40
	PC3. Establish the relationship between the patient with an allergic reaction and airway management		30	5	25
	PC4. Recognise the mechanisms of allergic response and the implications for airway management		10	5	5
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector		20	5	15
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors		20	5	15
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction		10	2	8
	PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector		10	3	7
Total		200	45	155	

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
7.HSS/ N 2309 (Manage Poisoning or Overdose)	PC1. Recognise various ways that poisons enter the body	200	10	10	0
	PC2. Recognise signs/symptoms associated with various poisoning		20	10	10
	PC3. Perform the emergency medical care for the patient with possible overdose		40	10	30
	PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning		40	10	30
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management		30	10	20
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal		30	10	20
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose		30	10	20
	Total		200	70	130
8.HSS/ N 2310 (Manage Environmental Emergency)	PC1. Recognise the various ways by which body loses heat	200	10	10	0
	PC2. List the signs and symptoms of exposure to cold		10	10	0
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold		40	10	30
	PC4. List the signs and symptoms of exposure to heat		10	10	0
	PC5. Perform the steps in providing emergency care to a patient exposed to heat		40	10	30
	PC6. Recognise the signs and symptoms of water-related emergencies		10	10	0
	PC7. Identify the complications of near-drowning		10	10	0
	PC8. Perform emergency medical care for bites and stings		40	10	30
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines		30	20	10
	Total		200	100	100
9.HSS/ N 2311	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	200	40	20	20

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

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC15. Differentiate the special considerations for multiple births		4	4	0
	PC16. Recognise special considerations of meconium		4	4	0
	PC17. Identify special considerations of a premature baby		4	4	0
	PC18. Perform the emergency medical care of a patient with a gynaecological emergency		20	2	18
	PC19. Perform steps required for emergency medical care of a mother with excessive bleeding		20	2	18
	PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies		4	4	0
	Total		200	66	134
11.HSS/ N 2313 (Manage Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	200	5	5	0
	PC2. Differentiate between arterial, venous and capillary bleeding		5	5	0
	PC3. State methods of emergency medical care of external bleeding		30	5	25
	PC4. Establish the relationship between body substance isolation and bleeding		20	2	18
	PC5. Establish the relationship between airway management and the trauma patient		20	2	18
	PC6. Establish the relationship between mechanism of injury and internal bleeding		20	2	18
	PC7. Recognise the signs of internal bleeding		10	5	5
	PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding		30	5	25
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		10	5	5
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)		30	5	25
	PC11. Recognize different types of shock and initiate appropriate medical management		20	10	10
	Total		200	51	149
12. HSS/ N	PC1. Recognise the major functions of the skin	200	1	1	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
2314 (Manage Soft Tissue Injury and Burns)	PC2. Recognise the layers of the skin		1	1	0
	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries		10	2	8
	PC4. Recognise the types of closed soft tissue injuries		3	3	0
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury		10	2	8
	PC6. State the types of open soft tissue injuries		3	3	0
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury		3	3	0
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury		3	3	0
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen		10	2	8
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen		2	2	0
	PC11. Classify burns		10	10	0
	PC12. Recognise superficial burn		3	3	0
	PC13. Recognise the characteristics of a superficial burn		3	3	0
	PC14. Recognise partial thickness burn		3	3	0
	PC15. Recognise the characteristics of a partial thickness burn		3	3	0
	PC16. Recognise full thickness burn		3	3	0
	PC17. Recognise the characteristics of a full thickness burn		3	3	0
	PC18. Perform the emergency medical care of the patient with a superficial burn		10	2	8
	PC19. Perform the emergency medical care of the patient with a partial thickness burn		10	2	8
	PC20. Perform the emergency medical care of the patient with a full thickness burn		10	2	8
	PC21. Recognise the functions of dressing and bandaging		10	2	8
	PC22. Describe the purpose of a bandage		10	2	8
	PC23. Perform the steps in applying a pressure dressing		10	2	8
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating		6	2	4

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	injuries				
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets		10	2	8
	PC26. Perform the emergency medical care of a patient with an impaled object		10	2	8
	PC27. Perform the emergency medical care of a patient with an amputation		10	2	8
	PC28. Perform the emergency care for a chemical burn		10	2	8
	PC29. Perform the emergency care for an electrical burn		10	2	8
	PC30. Recognise inhalation injury and perform emergency care		10	2	8
	Total		200	76	124
13.HSS/ N 2315 (Manage Musculoskeletal injuries)	PC1. Recognise the function of the muscular system	200	4	4	0
	PC2. Recognise the function of the skeletal system		4	4	0
	PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities		6	6	0
	PC4. Differentiate between an open and a closed painful, swollen, deformed extremity		6	6	0
	PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries		20	10	10
	PC6. State the reasons for splinting		20	10	10
	PC7. List the general rules of splinting		40	10	30
	PC8. Ramification & complications of splinting		20	2	18
	PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity		40	10	30
	PC10. How to apply pelvic binder techniques for fracture of pelvis		40	10	30
	Total		200	72	128
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	PC1. State the components of the nervous system	200	1	1	0
	PC2. List the functions of the central nervous system		1	1	0
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system		3	3	0
	PC4. Relate mechanism of injury to potential injuries of the head and spine		5	5	0

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC5. Recognise the implications of not properly caring for potential spine injuries		5	5	0
	PC6. State the signs and symptoms of a potential spine injury		5	5	0
	PC7. Recognise the method of determining if a responsive patient may have a spine injury		5	5	0
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury		10	2	8
	PC9. Identify how to stabilise the cervical spine		10	2	8
	PC10. Indications for sizing and using a cervical spine immobilisation device		10	2	8
	PC11. Establish the relationship between airway management and the patient with head and spine injuries		10	2	8
	PC12. Recognise a method for sizing a cervical spine immobilisation device		10	2	8
	PC13. Log roll a patient with a suspected spine injury		10	2	8
	PC14. Secure a patient to a long spine board		10	2	8
	PC15. List instances when a short spine board should be used		5	5	0
	PC16. Immobilise a patient using a short spine board		10	2	8
	PC17. Recognise the indications for the use of rapid extrication		5	5	0
	PC18. Understand the steps in performing rapid extrication		10	2	8
	PC19. Identify the circumstances when a helmet should be left on the patient		10	2	8
	PC20. Identify the circumstances when a helmet should be removed		10	2	8
	PC21. Identify alternative methods for removal of a helmet		10	2	8
	PC22. Stabilise patient's head to remove the helmet		10	2	8
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet		5	5	0
	PC24. Immobilise paediatric and geriatric victims		10	2	8
	PC25. Manage scalp bleeding		10	2	8
	PC26. Manage eye injury		10	2	8

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	Total		200	72	128
15.HSS/ N 2317 (Manage Infants, Neonates and Children)	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	200	6	4	2
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient		6	2	4
	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult		4	4	0
	PC4. Understand various causes of respiratory emergencies		4	4	0
	PC5. Differentiate between respiratory distress and respiratory failure		4	4	0
	PC6. Perform the steps in the management of foreign body airway obstruction		20	2	18
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure		20	2	18
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient		20	2	18
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient		20	2	18
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults		20	2	18
	PC11. Recognise the common causes of seizures in the infant and child patient		4	4	0
	PC12. Perform the management of seizures in the infant and child patient		20	2	18
	PC13. Differentiate between the injury patterns in adults, infants, and children		4	4	0
	PC14. Perform the field management of the infant and child trauma patient		20	2	18
	PC15. Summarise the indicators of possible child abuse and neglect		4	4	0
	PC16. Recognise the medical legal responsibilities in suspected child abuse		4	4	0
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport		20	2	18
	Total		200	50	150
16.HSS/ N 2318	PC1. Recognise the anatomical components of the upper airway including:	200			

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
(Manage respiratory emergency)	a. Nasopharynx		1	1	0
	b. Nasal air passage		1	1	0
	c. Pharynx		1	1	0
	d. Mouth		1	1	0
	e. Oropharynx		1	1	0
	f. Epiglottis		1	1	0
	PC2. Recognise the anatomical components of the lower airway including:				
	a. Larynx		1	1	0
	b. Trachea		1	1	0
	c. Alveoli		1	1	0
	d. Bronchi		1	1	0
	e. Carina		1	1	0
	f. Diaphragm		1	1	0
	PC3. Recognise the characteristics of normal breathing		4	2	2
	PC4. Recognise the signs of abnormal breathing including:				
	a. Dyspnoea		48	24	24
	b. Upper airway obstruction				
	c. Acute pulmonary oedema				
	d. Chronic obstructive pulmonary disease				
	e. Bronchitis				
f. Emphysema					
g. Pneumothorax					
h. Asthma					
i. Pneumonia					
j. Pleural effusion					
k. Pulmonary embolism					
l. Hyperventilation					
PC5. Recognise the characteristics of abnormal breath sounds		10	2	8	
PC6. Recognise the characteristics of irregular breathing patterns		10	2	8	
PC7. Complete a focused history and physical exam of the patient		24	4	20	
PC8. Establish airway in patient with respiratory difficulties		20	2	18	
PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		20	2	18	
PC10. Understand the various types of					

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

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	o Left ureter				
	o Left ovary				
	o Left fallopian tube				
	e. Midline structures				
	o Small intestine		1	1	0
	o Urinary bladder				
	o Uterus				
	PC2. Recognise the symptoms and cause of visceral pain		6	4	2
	PC3. Recognise the symptoms and causes of parietal pain		6	4	2
	PC4. Recognise the symptoms and possible causes of referred pain including:				
	a. Right shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood		6	4	2
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood		6	4	2
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone		6	4	2
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis		6	4	2
	e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn's disease (a type of inflammatory bowel disease), ulcerative colitis		6	4	2
	f. Sacrum pain – perirectal abscess, rectal disease		6	4	2
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris		6	4	2
	h. Testicular pain – renal colic; appendicitis		6	4	2
	PC5. Complete a focused history and physical exam of the patient including:				
	a. Visual inspection		20	2	18
	b. Auscultating the abdomen		20	2	18
	c. Palpating the abdomen		20	2	18

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

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	PC10. Use equipment like cots and litters for extraction where required		20	2	18
	PC11. Re-triage patients extracted to the triage and treatment areas		10	2	8
	PC12. Provide treatment and deliver patients to transport area		6	4	2
	PC13. Transport patients to healthcare facility		6	4	2
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients		6	4	2
	Total		200	52	148
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	200	30	20	10
	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes		50	10	40
	PC3. Establish the relationship between airway management and the patient with altered mental status		40	10	30
	PC4. Recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose		50	20	30
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient		30	10	20
	Total		200	70	130
20. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	200	5	0	5
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		5	5	0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5
	PC7. Follow procedures for risk control and risk		10	0	10

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	containment for specific risks				
	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		5	0	5

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
	from accidental release				
	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
	Total		200	55	145
Grand Total-1 (Subject Domain)			400		
Compulsory NOS with Clinical NOS		Perform this NOS compulsarily with the clinical NOS of subject domain carrying 10 marks totalling 10			

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
20. HSS/ N 2302 (Size up the scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency	10	1	0	1
	PC2. Introduce themselves to patient(s) and ask for their consent to any treatment		0.5	0	0.5
	PC3. Understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action		1	0.5	0.5
	PC4. Collaborate effectively with other emergency response agencies and explain the situation clearly to them. This includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies				
	PC5. Reassure patient(s) and bystanders by working in a confident, efficient manner		0.5	0	0.5
	PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste		0.5	0	0.5
	PC7. Recognise and react appropriately to persons exhibiting emotional reactions		0.5	0	0.5
	PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations		0.5	0	0.5
	PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly		0.5	0	0.5
	PC10. Evaluate the scene and call for backup if required		0.5	0	0.5
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		0.5	0	0.5
	PC12. Maintain competence within one's role and field of practice		0.5	0	0.5
	PC13. Collaborate with the law agencies at a crime scene		1	0.5	0.5
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times		0.5	0	0.5
	PC15. Identify and manage potential and actual risks to the quality and safety of work done		0.5	0	0.5

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

Soft Skills and Communication	Pick either part 1 carrying 90 marks or one field from both part 2 and part 3 (i.e. total 3 NOS) randomly each carrying 45 marks totaling 90
--------------------------------------	---

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

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

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

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes		Total Marks (100)	Out Of	Marks Allocation
				Viva	Observation/ Role Play
	individual have been met				
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		2	2	0
	PC7. Respect the individual's need for privacy		2	2	0
	PC8. Maintain any records required at the end of the interaction		2	2	0
	Total		25	15	10
Attitude Total		45	45	24	21
Part 3 (Pick one field randomly carrying 45 marks)					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	45	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		2	0	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		2	1	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	3	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
	Total			45	22
2. Waste Management					
HSS/ N 9609 (Follow biomedical waste)	PC1. Follow the appropriate procedures, policies and protocols for the method of	45	6	2	4

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

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

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

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

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies	
	Total	4
2. HSS/ N 2304 (Assess Patient at the site)	PC1. Explain clearly:	4
	o An EMT's role and scope, responsibilities and accountability in relation to the assessment of health status and needs	
	o What information need to be obtained and stored in records	
	o With whom the information might be shared	
	o What is involved in the assessment	
	PC2. Obtain informed consent of the patient for the assessment process, unless impossible as a consequence of their condition	
	PC3. Conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)	
	PC4. Respect the patient's privacy, dignity, wishes and beliefs	
	PC5. Minimise any unnecessary discomfort and encourage the patient to participate as fully as possible in the process	
	PC6. Communicate with the patient clearly and in a manner and pace that is appropriate to:	
	o Their level of understanding	
	o Their culture and background	
	o Their need for reassurance and support	
	PC7. Recognise promptly any life-threatening or high risk conditions	
	PC8. Make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making	
	PC9. Assess the condition of the patient by:	
	o Observing patient position	
	o Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing	
	o Checking if there is any bleeding from the nose or ears	
	o Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion	
o Checking if the patient is under the effect of alcohol or any other drug		
o Checking the patient's mouth to ensure the airway is clear		
o Gently checking the neck, starting from the back		
o Checking for any swelling or bruises		
o Checking the chest to ascertain if any object is stuck		
o Checking the ribcage for bruising or swelling and the abdomen		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	for any kind of swelling or lumps <ul style="list-style-type: none"> o Checking for any damage to the pelvis o Asking the victim if they are able to feel their legs o Observing the colour of toes to check for any circulation problems PC10. Use appropriate equipment if required	
	Total	4
3. HSS/ N 2305 (Patient Triage based on the defined clinical criteria of severity of illness)	PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	4
	PC2. Know how to check all the vital signs	
	PC3. Identify a high-risk case	
	PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment	
	PC5. Communicate clearly and assertively	
	PC6. Collaboratively be able to supervise/work collaboratively with other departments	
	PC7. Multitask without compromising on quality and accuracy of care provided	
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters	
	Total	4
4. HSS/ N 2306 (Manage Cardiovascular Emergency)	PC1. Describe the structure and function of the cardiovascular system	4
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort	
	PC3. Identify the symptoms of hypertensive emergency	
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)	
	PC5. Explain the impact of age and weight on defibrillation	
	PC6. Discuss the position of comfort for patients with various cardiac emergencies	
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise	
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support	
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator	
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available	
	PC11. Explain the importance of urgent transport to a facility with	

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

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

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines	
	Total	4
9.HSS/ N 2311 (Manage Behavioural Emergency)	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	2
	PC2. Recognise the various reasons for psychological crises	
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide	
	PC4. Identify special medical/legal considerations for managing behavioural emergencies	
	PC5. Recognise the special considerations for assessing a patient with behavioural problems	
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence	
	PC7. Identify methods to calm behavioural emergency patients	
	Total	2
10.HSS/ N 2312 (Manage Obstetrics/Gynaecology emergencies)	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum	2
	PC2. Identify and explain the use of the contents of an obstetrics kit	
	PC3. Identify pre-delivery emergencies	
	PC4. State indications of an imminent delivery	
	PC5. Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery	
	PC6. Perform the steps in pre-delivery preparation of the mother	
	PC7. Establish the relationship between body substance isolation and childbirth	
	PC8. Perform the steps to assist in the delivery	
	PC9. State the steps required for care of the baby as the head appears	
	PC10. Explain how and when to cut the umbilical cord	
	PC11. Perform the steps in the delivery of the placenta	
	PC12. Perform the steps in the emergency medical care of the mother post-delivery	
	PC13. Summarise neonatal resuscitation procedures	
	PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation	
	PC15. Differentiate the special considerations for multiple births	

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

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury	
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen	
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen	
	PC11. Classify burns	
	PC12. Recognise superficial burn	
	PC13. Recognise the characteristics of a superficial burn	
	PC14. Recognise partial thickness burn	
	PC15. Recognise the characteristics of a partial thickness burn	
	PC16. Recognise full thickness burn	
	PC17. Recognise the characteristics of a full thickness burn	
	PC18. Perform the emergency medical care of the patient with a superficial burn	
	PC19. Perform the emergency medical care of the patient with a partial thickness burn	
	PC20. Perform the emergency medical care of the patient with a full thickness burn	
	PC21. Recognise the functions of dressing and bandaging	
	PC22. Describe the purpose of a bandage	
	PC23. Perform the steps in applying a pressure dressing	
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries	
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets	
	PC26. Perform the emergency medical care of a patient with an impaled object	
	PC27. Perform the emergency medical care of a patient with an amputation	
	PC28. Perform the emergency care for a chemical burn	
	PC29. Perform the emergency care for an electrical burn	
	PC30. Recognise inhalation injury and perform emergency care	
	Total	4
13.HSS/ N 2315 (Manage Musculoskeletal injuries)	PC1. Recognise the function of the muscular system	4
	PC2. Recognise the function of the skeletal system	
	PC3. Recognise the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC4. Differentiate between an open and a closed painful, swollen, deformed extremity	
	PC5. Manage musculoskeletal injuries including thoracic and abdominal injuries	
	PC6. State the reasons for splinting	
	PC7. List the general rules of splinting	
	PC8. Ramification & complications of splinting	
	PC9. Perform the emergency medical care for a patient with a painful, swollen, deformed extremity	
	PC10. How to apply pelvic binder techniques for fracture of pelvis	
	Total	4
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	PC1. State the components of the nervous system	
	PC2. List the functions of the central nervous system	
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system	
	PC4. Relate mechanism of injury to potential injuries of the head and spine	
	PC5. Recognise the implications of not properly caring for potential spine injuries	
	PC6. State the signs and symptoms of a potential spine injury	
	PC7. Recognise the method of determining if a responsive patient may have a spine injury	
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury	
	PC9. Identify how to stabilise the cervical spine	
	PC10. Indications for sizing and using a cervical spine immobilisation device	
	PC11. Establish the relationship between airway management and the patient with head and spine injuries	
	PC12. Recognise a method for sizing a cervical spine immobilisation device	
	PC13. Log roll a patient with a suspected spine injury	
	PC14. Secure a patient to a long spine board	
	PC15. List instances when a short spine board should be used	
	PC16. Immobilise a patient using a short spine board	
	PC17. Recognise the indications for the use of rapid extrication	
	PC18. Understand the steps in performing rapid extrication	
	PC19. Identify the circumstances when a helmet should be left on the patient	
		4

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC20. Identify the circumstances when a helmet should be removed	
	PC21. Identify alternative methods for removal of a helmet	
	PC22. Stabilise patient's head to remove the helmet	
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet	
	PC24. Immobilise paediatric and geriatric victims	
	PC25. Manage scalp bleeding	
	PC26. Manage eye injury	
	Total	4
15.HSS/ N 2317 (Manage Infants, Neonates and Children)	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	2
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient	
	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult	
	PC4. Understand various causes of respiratory emergencies	
	PC5. Differentiate between respiratory distress and respiratory failure	
	PC6. Perform the steps in the management of foreign body airway obstruction	
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure	
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient	
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient	
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults	
	PC11. Recognise the common causes of seizures in the infant and child patient	
	PC12. Perform the management of seizures in the infant and child patient	
	PC13. Differentiate between the injury patterns in adults, infants, and children	
PC14. Perform the field management of the infant and child trauma patient		
PC15. Summarise the indicators of possible child abuse and neglect		
PC16. Recognise the medical legal responsibilities in suspected child		

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	abuse	
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport	
	Total	2
16.HSS/ N 2318 (Manage respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:	4
	a. Nasopharynx	
	b. Nasal air passage	
	c. Pharynx	
	d. Mouth	
	e. Oropharynx	
	f. Epiglottis	
	PC2. Recognise the anatomical components of the lower airway including:	
	a. Larynx	
	b. Trachea	
	c. Alveoli	
	d. Bronchi	
	e. Carina	
	f. Diaphragm	
	PC3. Recognise the characteristics of normal breathing	
	PC4. Recognise the signs of abnormal breathing including:	
	a. Dyspnoea	
	b. Upper airway obstruction	
	c. Acute pulmonary oedema	
	d. Chronic obstructive pulmonary disease	
	e. Bronchitis	
	f. Emphysema	
	g. Pneumothorax	
	h. Asthma	
	i. Pneumonia	
	j. Pleural effusion	
	k. Pulmonary embolism	
	l. Hyperventilation	
	PC5. Recognise the characteristics of abnormal breath sounds	
	PC6. Recognise the characteristics of irregular breathing patterns	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	PC7. Complete a focused history and physical exam of the patient	
	PC8. Establish airway in patient with respiratory difficulties	
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy	
	PC10. Understand the various types of Metered Dose Inhalers including:	
	a. Preventil	
	b. Ventoiln	
	c. Alupent	
	d. Metaprel	
	e. Brethine	
	f. Albuterol	
	g. Metaproterenol	
	h. Terbutaline	
	PC11. Understand the contraindications and side effects for various types of Metered Dose Inhalers	
	Total	4
17.HSS/ N 2319 (Manage severe abdominal pain)	PC1. Recognise the anatomical components of the abdomen and their functions including:	4
	a. Left Upper Quadrant	
	o Most of the stomach	
	o Spleen	
	o Pancreas	
	o Large intestine	
	o Small intestine	
	o Left kidney (upper portion)	
	b. Right Upper Quadrant	
	o Liver	
	o Gallbladder	
	o Part of the large intestine	
	o Right kidney (upper portion)	
	o Small intestine	
	c. Right Lower Quadrant	
	o Appendix	
	o Large intestine	
	o Female reproductive organs	
	o Small intestine	
	o Right kidney (lower portion)	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	o Right ureter	
	o Right ovary & fallopian tube	
	d. Left Lower Quadrant	
	o Large intestine	
	o Small intestine	
	o Left kidney (lower portion)	
	o Left ureter	
	o Left ovary	
	o Left fallopian tube	
	e. Midline structures	
	o Small intestine	
	o Urinary bladder	
	o Uterus	
	PC2. Recognise the symptoms and cause of visceral pain	
	PC3. Recognise the symptoms and causes of parietal pain	
	PC4. Recognise the symptoms and possible causes of referred pain including:	
	a. Right shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the right); gallstone; subphrenic abscess; free abdominal blood	
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic abscess; abdominal blood	
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone	
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis	
	e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn’s disease (a type of inflammatory bowel disease), ulcerative colitis	
	f. Sacrum pain – perirectal abscess, rectal disease	
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris	
	h. Testicular pain – renal colic; appendicitis	
	PC5. Complete a focused history and physical exam of the patient including:	
	a. Visual inspection	
	b. Auscultating the abdomen	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	c. Palpating the abdomen	
	PC6. Establish airway in patient	
	PC7. Place patient in position of comfort	
	PC8. Calm and reassure the patient	
	PC9. Look for signs of hypoperfusion	
	PC10. Recognise possible diagnoses for abdominal pain	
	PC11. State the treatment for managing various causes of abdominal pain	
	PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions	
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)	
	Total	4
18.HSS/ N 2320 (Manage Mass Casualty Incident)	PC1. Establish an Incident Management Structure on arrival at the scene including:	
	a. Designating an Incident Commander to manage the incident	
	b. As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer	
	PC2. Set up separate areas for treatment, triage and transport	
	PC3. Conduct an initial triage of patients by using the START triage model for adult patients, JumpSTART Triage for paediatric patients and the SMART triage tagging system	
	PC4. Use appropriate personal protective equipment while conducting initial triage	
	PC5. Tag severity/ criticality of patient using colour coded tags	
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries	4
	PC7. Monitor patients with minor injuries for changes in their condition	
	PC8. Maintain an open airway and stop uncontrolled bleeding	
	PC9. Extract patients from the casualty area based on initial triage to designated triage and treatment areas	
	PC10. Use equipment like cots and litters for extraction where required	
	PC11. Re-triage patients extracted to the triage and treatment areas	
	PC12. Provide treatment and deliver patients to transport area	
	PC13. Transport patients to healthcare facility	
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients	
	Total	4

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	4
	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes	
	PC3. Establish the relationship between airway management and the patient with altered mental status	
	PC4. Recognize the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose	
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient	
	Total	
20. HSS/ N 2302 (Size up the scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency	6
	PC2. Introduce themselves to patient(s) and ask for their consent to any treatment	
	PC3. Understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action	
	PC4. Collaborate effectively with other emergency response agencies and explain the situation clearly to them. This includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies	
	PC5. Reassure patient(s) and bystanders by working in a confident, efficient manner	
	PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste	
	PC7. Recognise and react appropriately to persons exhibiting emotional reactions	
	PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations	
	PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly	
	PC10. Evaluate the scene and call for backup if required	
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	
	PC12. Maintain competence within one's role and field of practice	
	PC13. Collaborate with the law agencies at a crime scene	
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC15. Identify and manage potential and actual risks to the quality and	

Subject Domain		Pick all NOS totaling 80 marks
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Weightage
	safety of work done	
	PC16. Evaluate and reflect on the quality of one's work and make continuing improvements	
	PC17. Understand relevant medico-legal principles	
	PC18. Function within the scope of care defined by state, regional and local regulatory	
	Total	6
21. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	4
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection	
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter	
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility	
	PC5. Document and report activities and tasks that put patients and/or other workers at risk	
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization	
	PC7. Follow procedures for risk control and risk containment for specific risks	
	PC8. Follow protocols for care following exposure to blood or other body fluids as required	
	PC9. Place appropriate signs when and where appropriate	
	PC10. Remove spills in accordance with the policies and procedures of the organization	
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination	
	PC12. Follow hand washing procedures	
	PC13. Implement hand care procedures	
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary	
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use	
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work	

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

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

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

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

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



Healthcare Sector Skill Council

Office No.: 711, DLF Tower A, 7th Floor, Jasola, New Delhi - 110025

Model Curriculum

Pharmacy Assistant

SECTOR: Healthcare
SUB-SECTOR: Allied Health & Paramedics
OCCUPATION: Pharmacy Assistant
REF ID: HSS/Q5401, version 1.0
NSQF LEVEL: 4

 Skill India विद्यया षष्ठो भूतलं गच्छति	 Healthcare Sector Skill Council	 N · S · D · C National Skill Development Corporation Transforming the skill landscape
<h1>Certificate</h1>		
<h2>CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS</h2>		
is hereby issued by the		
HEALTHCARE SECTOR SKILL COUNCIL		
for the		
MODEL CURRICULUM		
Complying to National Occupational Standards of Job Role/ Qualification Pack: 'Pharmacy Assistant' QP No. 'HSS/Q 5401 NSQF Level 4'		
Date of Issuance:	October 31 st , 2016	 Authorised Signatory (Healthcare Sector Skill Council)
Valid up to:	March 31 st , 2018	
* Valid up to the next review date of the Qualification Pack		

TABLE OF CONTENTS

1. <u>Curriculum</u>	01
2. <u>Trainer Prerequisites</u>	13
3. <u>Annexure: Assessment Criteria</u>	14

Pharmacy Assistant

CURRICULUM / SYLLABUS

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

Program Name	Pharmacy Assistant		
Qualification Pack Name & Reference ID. ID	HSS/Q5401, version 1.0		
Version No.	1.0	Version Update Date	18.11.16
Pre-requisites to Training	Preferably Class XII in science		
Training Outcomes	<p>After completing this programme, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the principles and fundamentals of pharmacology and their application. • Receive prescription from pharmacist and verify that information is complete • Record and select the correct medicines for dispensing • Establish or maintain patient profile, including lists of medications taken by individual patients • Manage and maintain the drugs supply and order • Dispense medications according to the prescription • Maintain proper storage and security condition for drugs • Manage inventory of medicines and equipments • Maintain a safe, healthy, and secure working Environment 		

This course encompasses 25 out of 25 National Occupational Standards (NOS) of "Pharmacy Assistant" Qualification Pack issued by "SSC: Healthcare Sector Skill Council".

Sr. No.	Module	Key Learning Outcomes	Equipment Required
1	<p>Introduction to pharmacy industry</p> <p>Theory duration (hh:mm) 02:00 hrs</p> <p>Practical Duration (hh:mm) 00:00</p> <p>Corresponding NOS Codes Introduction</p>	<ul style="list-style-type: none"> Understand the structure of Healthcare Services (primary, secondary & tertiary) Acquire understanding of the pharmacy industry. Acquaint with the government initiatives related to pharmacy industry Depict an overview of Healthcare Industry 	e- Modules.
2	<p>Types of pharmacy practice areas</p> <p>Theory duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Codes Introduction</p>	<ul style="list-style-type: none"> Identify and recognize the various types of pharmacy practice areas. Understand the functioning of major branches of practice areas i.e.: <ol style="list-style-type: none"> Community pharmacy Hospital pharmacy 	e- modules, field visits
3	<p>Job history and development of pharmacology and drugs</p> <p>Theory duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 00:00</p> <p>Corresponding NOS Codes introduction</p>	<ul style="list-style-type: none"> Discuss the history and development of pharmacology Discuss the prospective aspects of pharmacy. Acquaint with the different terms used in pharmaceutical industry like; natural substances, synthetic substances, biotechnology, drug product development etc. Describe the major dosage forms of drugs available: <ol style="list-style-type: none"> Solid drugs: tablets, pills, plaster, capsule, granules, caplet, gelcap, powder, lozenges. Semi- solid drugs: suppository, ointment, creams, gels. Liquid drugs: syrups, solution, elixir, tincture, fluid extract, liniment, emulsion, mixtures and suspensions, aromatic water. Gaseous drugs; various 	e- modules, books, training materials, samples of various drug dosage forms, charts

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		anesthetic drugs and compressed gases.	
4	<p>Pharmacy laws and ethics</p> <p>Theory duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 0:00</p> <p>Corresponding NOS Code introduction</p>	<ul style="list-style-type: none"> Understand and apply the ethical standards related to pharmacies & pharmaceuticals in the country. Acquaint with various regulatory bodies operating in the country related to pharmacy industry Understand Government Regulations on Pharmaceutical Retail Outlets Follow Pharmacy laws & regulations Explain the procedure to work in the purview of Pharma laws and regulations Follow the guidelines of Drugs and Cosmetic Act and Pharmacy Act Follow Quality Mechanisms Discuss on License requirements of a retail pharmacy Discuss on Legal Ramifications of non-compliance or faulty compliances Acquire knowledge about Legislation governing hospital operations including review of drug management and distribution systems. 	E-modules, internet access, various books on laws, regulations & ethics of pharmacy & pharmaceutical industry, charts, quiz
5	<p>Roles and responsibilities of pharmacy assistant</p> <p>Theory duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 01:00</p> <p>Corresponding NOS Code Introduction</p>	<ul style="list-style-type: none"> Recognize the roles and responsibilities of a pharmacy assistant Recognize the various stakeholders involved in the pharmacy industry Apply the concept of personal grooming and understand the DOs and DON'Ts in grooming. Apply the concept of cleanliness, body language and aesthetics. Explain the basic steps to become a Pharmacy Assistant. 	e- modules, field visits
6	<p>Introduction to terminology and equipments related to pharmacy</p> <p>Theory duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 01:00</p>	<ul style="list-style-type: none"> Identify the equipment used in pharmacy like refrigerators, sink and computers with printers, etc. Explain the terminology used in pharmacy industry Understand common disease terms 	e-modules, glossary, refrigerator, sink, computer, printers, drug, Controlled Drugs cupboard, electronic balance, equipment for counting, containers for storage & dispensing, Sample forms & registers

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	Corresponding NOS Code Introduction		
7	Structure and function of human body Theory duration (hh:mm) 08:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code Introduction	<ul style="list-style-type: none"> • Basic understanding of anatomic definitions, cells and tissues of human body. • Basic understanding of all the body systems and its functions. • Basic understanding of different fluid compartments in human body. • Basic understanding of various membrane transport mechanisms in human body. • To know about anatomical positions • Gain a basic understanding of the structure and functions of different organ and systems of the body and how they correlate with drug action. 	Charts, Diagrams, models, e-module, mannequins
8	Basics of pharmacology Theory duration (hh:mm) 06:00 Practical Duration (hh:mm) 04:00 Corresponding NOS Code Introduction	<ul style="list-style-type: none"> • Learn the basic fundamentals of pharmacology • Explain the basic concept of pharmacodynamics and pharmacokinetics • Comprehend the side- effects and adverse effects of the drugs. • Illustrate the basic principles of pharmacology. 	e- Modules, text-books.
9	Classification of Drugs Theory duration (hh:mm) 06:00 Practical Duration (hh:mm) 04:00 Corresponding NOS Code Introduction	<ul style="list-style-type: none"> • Explain the various classifications of Pharma drugs • Explain the set of nomenclature used for a drug. • Describe the classification of drugs: <ol style="list-style-type: none"> 1. based on chemical nature 2. based on source 3. based on target organ 4. based on mode of action 5. based on therapeutic use 6. based on physiological system 7. based on physical effects 	e- Modules and sample of various drugs for all types of drug classifications, sample drug labels
10	Adverse Drug Reactions (ADR) and Medication Errors Theory duration (hh:mm) 08:00 Practical Duration	<ul style="list-style-type: none"> • Explain the concept of Adverse Drug Reactions • Discuss various types of ADRs based on their severity level. • Explain the ways by which ADRs can be reported. • Monitor cases with ADRs • Explain medication errors 	e- Modules, videos of people with signs and symptoms and demonstration.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	(hh:mm) 02:00 Corresponding NOS Code Introduction	<ul style="list-style-type: none"> Describe the types of medication errors. Describe how to prevent ADR and medication errors. Differentiate between ADR, Adverse Drug event and Medication errors 	
11	Prescription Reading Theory duration (hh:mm) 05:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N5401	<ul style="list-style-type: none"> Describe the prescription. Recognize the various contents of prescription. Illustrate the various abbreviation that are used in the prescription Explain the process of deciphering a prescription. Identify the importance of recognizing fraudulent prescription Follow steps to identify non-authentic or fraudulent prescriptions Describe various ways of reducing potential frauds. 	Sample of a real correct and faulty prescription, charts e- modules, demonstration.
12	Dispensing of prescription Theory duration (hh:mm) 10:00 Practical Duration (hh:mm) 10:00 Corresponding NOS Code HSS/N5402	<ul style="list-style-type: none"> Understand procedure of taking in and handing out prescriptions Explain the concept & process of selection of Prescribed Medicines Define the criteria to select the drugs. Describe the concept of selection of Advised Medical Devices Define the criteria to select the devices. Dispensing medications using dispensary and stores computer systems to generate stock lists and labels Identify the importance of effective recording, dispensing and describing of prescription Demonstrate Recording, Describing & Dispensing of Prescription Undertake the WHO recommended dispensing process <ul style="list-style-type: none"> ✓ Receive and validate the prescription ✓ Understand and interpret the prescription ✓ Prepare and label items for issue ✓ Make a final check ✓ Record the action taken ✓ Issue medicine to the patient with clear instructions and advice Describe the concept of Over the Counter Drugs & Restricted Drugs Determine the effective Handling of 	Visit to a medical store, demonstration, PPEs, Dressings, Thermometer, Needle, syringes, Blood pressure monitors, stoma care products, Condoms, Test kits, e.g. cholesterol test kits, pregnancy test kit, Inhalers, Glucose meters and test strips, Screening tests, Walking Sticks, Collars etc.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> OTC and Restricted drugs effectively Demonstrate Selling over the counter medicines 	
13	<p>Records and Documentation</p> <p>Theory duration (hh:mm) 08:00</p> <p>Practical Duration (hh:mm) 05:00</p> <p>Corresponding NOS Codes HSS/N5403, HSS/N5404</p>	<ul style="list-style-type: none"> Explain data storage management concepts. Explain the EHR and technical features of EHR system. Articulate with concept of Drug Formulary Understand the importance of drug formulary Describe how to read drug formulary Understand the purpose of maintaining drug formulary Describe the concept of Current Index of Medical Specialties (CIMS) Know importance and use of CIMS Differentiate between Drug formulary and CIMS Demonstrate knowledge of National Formulary of India Apply knowledge of Drug Formulary and CIMS Maintain patient profile including lists of medications. Describe patient profile template Explain about Maintaining and filing patient records, preparing letters and other paperwork and responding to faxes. 	<p>Sample of various records and documentation, samples of patient profile template, EHR software, computer, internet access, e-modules/textbooks on CIMS & drug formulary</p>
14	<p>Managing and maintaining drug supply</p> <p>Theory duration (hh:mm) 06:00</p> <p>Practical Duration (hh:mm) 06:00</p> <p>Corresponding NOS Code HSS/N5404</p>	<ul style="list-style-type: none"> State the various components of Drug Supply Management i.e.: <ul style="list-style-type: none"> ✓ Procurement ✓ Distribution ✓ Utilization Understand the importance of appropriate management and maintenance of drug supply Determine ordering items for use within a department Explain the process of ordering of the drugs and equipments. Describe the drug procurement cycle Describe the drug distribution cycle Discuss the process of drug preparation at health facility. Describe the process of receiving the supply and their effective shelving & storage. Describe how the drug supplies are organized. 	<p>Depiction through videos and live examples, field visits, role- plays, charts and chalk board</p>

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Discuss in brief the drug selection process. Help to maintain reasonable dispensary stock levels Demonstrate receiving, loading, unloading incoming goods from wholesalers, manufacturers and elsewhere Discuss on delivering pharmaceuticals and other goods to sites within a pharmacy department, and wards/departments/clinical areas Demonstrate answering queries on the supply and availability of medicines, where this is within their competence. 	
15	<p>Inventory Management</p> <p>Theory duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 06:00</p> <p>Corresponding NOS Code HSS/N5404</p>	<ul style="list-style-type: none"> Define the principle of inventory management. Understand Automation and inventory control. Discuss various inventory control methods like VED analysis, ABC analysis etc. Demonstrate Pre-packing, assembling and labeling medicines Identify the expired or outdated or near expiry drugs & medical devices Demonstrate the appropriate disposal of expired or outdated or near expiry drugs & medical devices 	e- modules, field visit, videos
16	<p>Basics of accounts management</p> <p>Theory duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 04:00</p> <p>Corresponding NOS Code HSS/N5404</p>	<ul style="list-style-type: none"> Explain the concept of Accounting which can be applied in pharmacy Discuss the basics of commercial accounting Explain the concept of collection. Identify various terms associated with accounting Recognize the various types of invoices, ledgers, bills, vouchers and explain how they are used while dispensing of drugs and equipments. Basic understanding of balance sheets. Describe how to manage the cash register and accepting payments from customers. 	e- modules, samples of invoices, ledgers, bills, vouchers, cash registers and balance sheets; role plays
17	<p>High Alert Medication (HAM) Management</p> <p>Theory duration (hh:mm)</p>	<ul style="list-style-type: none"> Define high alert medication Describe the classes of drugs which are treated as high alert drugs Express the storage and handling of high alert drugs 	e- modules, Samples of high alert drugs, charts.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	02:00 Practical Duration (hh:mm) 04:00 Corresponding NOS Code HSS/N5404	<ul style="list-style-type: none"> Discuss dispensing process of high alert drugs 	
18	Medicine and Equipment storage Theory duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Code HSS/N5405	<ul style="list-style-type: none"> Demonstrate Drug storage conditions and its maintenance and transport Describe various drug storage containers/equipment and its features, merits and demerits Comprehend the storage criteria of various forms of drugs and medicines. Understand the importance of labelling the drugs, medical devices/equipment and storage place appropriately Describe how to accept shipments of medication and supplies unpack and store inventory and ensure it is handled properly. Explain how various medical equipments can be maintained Describe the proper storage of medical devices. Recognize the roles & responsibilities of pharmacy assistant in medicine & equipment storage Distinguish the storage and labelling criteria of drugs & medical devices/ equipment in retail outlet and storehouse. 	e- modules, refrigerators, equipments in cold-chain, samples of storage containers, samples of labelling the drugs, medical devices/equipment and storage place .
19	Handling of Hazardous Substances Theory duration (hh:mm) 05:00 Practical Duration (hh:mm) 05:00 Corresponding NOS Code HSS/N5405	<ul style="list-style-type: none"> Know Basic requirements of the health, safety and other legislations and regulations that apply to the work place. Describe Work place Hazards and safety precautions. Identify hazardous medications and substance at a pharmacy Understand the risks involved while handling hazardous medications and substances Explain the methods of hazardous drugs control & management. Explain the proper handling of such drugs with the use of PPE. Handle hazardous medicines/ substances according to guidelines 	Samples of Hazardous drugs & substances, various PPEs like gowns, gloves, eye- wear, etc.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> Demonstrate the management of spillages & incidental exposure to hazardous medications and substances Identify Report and record incidents Ensure that health and safety requirements are met. 	
20	<p>Act within the limits of competence and authority</p> <p>Theory duration (hh:mm) 02:00</p> <p>Practical Duration (hh:mm) 02:00</p> <p>Corresponding NOS Code HSS/N 9603</p>	<ul style="list-style-type: none"> Assist the pharmacists in administrative works. Understand the meaning of relations and types of relationship To understand effective working relationships with the people external to the team, with which the individual works on a regular basis To understand the effect of boundary violation in technician client relationships Follow workplace protocol. 	Internet use for learning and adopting best practices
21	<p>Sanitation, safety and first aid</p> <p>Theory duration (hh:mm) 03:00</p> <p>Practical Duration (hh:mm) 03:00</p> <p>Corresponding NOS Code HSS/N9606</p>	<ul style="list-style-type: none"> To develop understanding for precautions to ensure Patient's Safety Describe common emergency conditions and what to do in medical emergencies. Develop understanding and precautions to ensure self-safety. Demonstrate the use of protective devices (restraints, safety devices). Practice safe methods while using medical gases in hospital (if any). Describe basics of first aid. 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc
22	<p>Emergency Medical Response</p> <p>Theory duration (hh:mm) 04:00</p> <p>Practical Duration (hh:mm) 07:00</p> <p>Corresponding NOS Code HSS/N 9606</p>	<ul style="list-style-type: none"> Describe the concept of basic life support and emergency medical response. Discuss the steps of carrying out CPR on an adult. Explain CPR using defibrillator Explain the management of convulsion Explain needle stick injuries and their prevention. 	Emergency kits, mannequins, defibrillator, AED's
23	<p>Personnel hygiene</p> <p>Theory duration (hh:mm)</p>	<ul style="list-style-type: none"> To develop understanding of the concept of healthy living To develop understanding & procedures of hand hygiene 	Hand sanitizers, PPE, Hand washing techniques, steriliser,

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	03:00 Practical Duration (hh:mm) 03:00 Corresponding NOS Code HSS/N 9606	<ul style="list-style-type: none"> To develop a mind-set about environmental hygiene and safe sanitary practices, constructing home toilets, proper disposal of domestic wastes. To develop techniques of grooming To ensure vaccination against common Infectious Diseases 	disinfectants, PPE policies and procedures for personnel hygiene.
24	Soft Skills and Communication Theory duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Codes HSS/N 9603, HSS/N 9603	<ul style="list-style-type: none"> Comprehend the concept of soft-skills, its components and benefits of soft skills. Understand art of effective communication Demonstrate how to Respond to telephone and face to face enquiries Able to handle effective communication with Patients & Family Acquaint with the art of Effective Communication. Able to handle effective Communication with co-workers and their Family. Able to handle effective Communication with Peers/ colleagues using medical terminology in communication. Maintain health and hygiene and demonstrate personal grooming. Develop interpersonal skills Develop effective social interaction Manage time effectively Prepare for interviews Develop leadership skills, problem solving techniques. Describe and practice social interaction. Learn basic reading and writing skills Learn sentence formation Learn problem solving Understand need for customer service and service excellence in Medical service Understand work ethics in setting. Learn objection handling Learn Telephone and Email etiquettes Learn Basic computer working like feeding the data, saving the data and retrieving the data. Learn to analyze, evaluate and apply the information gathered from 	Self-Learning and understanding

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		observation, experience, reasoning, or communication to act efficiently <ul style="list-style-type: none"> • Learn planning and organization of work • Learn decision making ability 	
25	Basic Computer Knowledge Theory duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Code Introduction	<ul style="list-style-type: none"> • To gain broad understanding about application of computers in laboratory Practice • Give Introduction to Computers: <ul style="list-style-type: none"> -Block diagram -Input and Output devices -Storage devices • Give Introduction to operating systems <ul style="list-style-type: none"> -Need of Operating systems (OS) -Function of OS -Windows 2000 – Utilities and basic operations -Microsoft office 2000 – MS Word, MS Excel 	Computer/Internet
	Total Duration Theory Duration (hh:mm) 110:00 Practical Duration (hh:mm) 90:00	Unique Equipment Required: Mock Drug-store & dispensary environment equipped with various Medicines with their trade names alphabetically A to Z, OTC medicines, Schedule H medicines, Restricted medicines, Racks and boxes for alphabetical and proper storage of medicines, Cotton, Cotton Bandage, sample drug labels, Dressings, Thermometer, Needle, syringes, Blood pressure monitors, stoma care products, Condoms, Test kits, e.g. cholesterol test kits, pregnancy test kit, Inhalers, Glucose meters and test strips, Screening tests, Walking Sticks, Collars etc, refrigerators, equipments in cold-chain, Sample of a real correct and faulty prescription; Crepe bandage: (small, medium, large), P.O.P Bandage, Betadine, Spirit, Dettol, Soframycin Ointment, Syringes(2ml-50ml), Suture Needle, Patient safety tools such as wheel chairs, trolleys, side rails, First Aid kit, betadine, cotton, bandages, sanitizers, disinfectants etc, Sample of various records, Emergency kits, mannequins, defibrillator, AED's, Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants, Human Skeleton, Register for Maintenance of stock, Register for Purchase Order, Register for Booked Order, Computer with relevant software for store keeping and printer, Sample of various records and documentation, samples of patient profile template, EHR software, computer, internet access, e-modules/textbooks on CIMS & drug formulary; Samples of Hazardous drugs & substances, various PPEs like gowns, gloves, eye-wear, etc.; samples of invoices, ledgers, bills, vouchers, cash registers and balance sheets Class Room equipped with following arrangements: <ul style="list-style-type: none"> • Interactive lectures & Discussion • Brain Storming • Charts & Models • Activity Video presentation • Visit to a drug-store 	

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		Others: Flash cards, e- modules, flannel board, charts, Training materials	
	Total Duration for OJT 225:00		

Grand Total Course Duration: 425:00 Hours (200 Hours for Class Room & Skill Lab Training + 225 Hours OJT/Internship/Clinical or Laboratory Training)

(This syllabus/ curriculum has been approved by [Healthcare sector skill council](#))

Trainer Prerequisites for Job role: “Pharmacy Assistant” mapped to Qualification Pack: “HSS/Q5401”, version 1.0

Sr. No.	Area	Details
1	Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack “HSS/5401”.
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	M. pharma with one year of experience, B. Pharma. with two years of experience Or Diploma in Pharmacy with three years of experience
4a	Domain Certification	Certified for Job Role: “ <u>Pharmacy Assistant</u> ” mapped to QP: “HSS/ Q 5401, version 1.0. Minimum accepted score is 80%
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: “Trainer”, mapped to the Qualification Pack: “MEP/Q0102”. Minimum accepted percentage as per respective SSC guidelines is 80%.
5	Experience	<ul style="list-style-type: none"> • M. pharma with one year of experience • B. Pharma. with two years of experience • Diploma in Pharmacy with three years of experience.

Annexure: Assessment Criteria

<u>Job Role</u>	Pharmacy Assistant
<u>Qualification Pack Code</u>	HSS/ Q 5401
<u>Sector Skill Council</u>	Healthcare Sector Skill Council

Guidelines for Assessment

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each PC
2. The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3. Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below)
4. Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training center based on this criteria
5. To pass the Qualification Pack, every trainee should score as per assessment grid.
6. In case of successfully passing only certain number of NOS's, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack

Skills Practical and Viva (80% weightage)						
					Marks Allotted	
Grand Total-1 (Subject Domain)					400	
Grand Total-2 (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	
Final Result					Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail	
Detailed Break Up of Marks					Skills Practical & Viva	
Subject Domain					Pick any 2 NOS each of 200 marks totaling 400	
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation		
				Viva	Skills Practical	
HSS / N 5401: Receive prescription and assist pharmacist in verifying that information is complete	PC1. Read the prescription carefully	200	40	20	20	
	PC2. Assist pharmacist to maintain patient confidentiality when receiving verbal, electronic or transferred prescription		30	20	10	
	PC3. Assist pharmacist in reviewing prescriptions to confirm that they are complete, authentic and meet all current laws, regulations and policies		40	20	20	

	PC4. Assist pharmacist in determining whether the prescription meets all legal requirements, and where it does not, notify the pharmacist and follow up using applicable policies and effective communication		40	30	10
	PC5. Assist pharmacist in inspecting the prescription for authenticity and signs of tampering and that prescription is as per current laws, regulations and policies for non-authentic or fraudulent prescriptions		20	10	10
	Total		170	100	70
HSS / N 5402: Record and select the correct medicines for dispensing	PC1. Record prescription information in the patient profile or health record	200	20	0	20
	PC2. Verify entered prescription information against the original prescription		10	5	5
	PC3. Select drugs consistent with applicable laws, regulations and policies including interchangeability		20	10	10
	PC4. Retrieve, count, or measure quantities of drugs		10	0	10
	PC5. Verify prescription products		10	0	10
	PC6. Ensure that the prescription product is verified via a final check prior to release		20	5	15
	PC7. Ensure that the right prescription products are released to the right patient in case of out-patient and to nurse in case of in-patient		10	5	5
	PC8. Answer patient's questions, referring them to the pharmacist if the question requires patient assessment, clinical analysis or application of therapeutic knowledge		10	0	10
	PC9. Reinforce the availability of the pharmacist for discussion or recommendations		20	0	20
	PC10. Manage billing and payment for prescription products/medicines		10	2	8
	PC11. Identify and resolve billing or adjudication issues encountered when processing prescriptions		10	0	10
	PC12. Identify and refer to the pharmacist patients who have discrepancies between their current drug therapy and their recent or intended drug therapy		20	5	15
	PC13. Provide information that does not require application of therapeutic knowledge to patients requiring assistance in selecting non-prescription drugs and medical devices		10	5	5
	PC14. Instruct patients about the operation and maintenance of medical devices		20	5	15
Total		200	42	158	

HSS / N 5403: Establish or maintain patient profile, including lists of medications taken by individual patients	PC1. Ensure confidentiality when gathering, using or providing patient information	200	50	30	20
	PC2. Gather, review, enter and/or update the information required to create and/or maintain a patient record including: Patient demographics · Health history · Allergies · Drug and medical device use · Payment information		100	40	60
	PC3. Assist pharmacists in compiling best possible medication histories for patients, referring to the pharmacist patients who require assessment, clinical analysis or application of therapeutic knowledge		50	30	20
	Total		200	100	100
HSS/ N 5404: Manage and maintain the drugs supply and order	PC1. How to identify the re-order level and send request	200	30	10	20
	PC2. How to maintain inventory to maximise safe and efficient drug distribution		20	5	15
	PC3. How to set order limits and calculate replenishment orders		20	10	10
	PC4. How to prepare and place orders in compliance with relevant legislation		20	10	10
	PC5. How to identify and minimise risks associated with look-alike and sound alike products		30	10	20
	PC6. How to acquire, receive, verify and store stock and supplies and identify, investigate and resolve or report any discrepancies		20	10	10
	PC7. How to support safe and effective drug distribution through workflow management, organising their roles and responsibilities to allow the priority to be on patient care and to minimize diversion and dispensing errors		20	10	10
	PC8. Schedule and perform routine equipment maintenance		20	10	10
	PC9. How to organise, file and store documents according to legal requirements and in a manner in which they can be retrieved readily		20	10	10
	TOTAL		200	85	115
HSS / N 5405: Maintain proper storage and security condition for drugs	PC1. Identify pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to be ordered	200	50	10	40
	PC2. Remove from inventory expired/discontinued/slow moving/overstocked pharmaceuticals, durable and nondurable medical equipment, devices, and supplies		50	20	30

	PC3. Perform required inventories and maintain associated records		50	25	25
	PC4. Ensure proper and safe storage		50	20	30
	TOTAL		200	75	125
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 totaling 100			
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation / Role Play
Part 1 (Pick one field randomly carrying 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	3	2
	PC2. Work within organisational systems and requirements as appropriate to one's role		5	3	2
	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	0	5
	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	23	27	
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	5	3	2
	PC2. Comply with health, safety and security procedures for the workplace		5	3	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		10	5	5

	PC4. Identify potential hazards and breaches of safe work practices		5	0	5
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		5	2	3
	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		5	3	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		5	3	2
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	2	3
	PC9. Complete any health and safety records legibly and accurately		5	3	2
			50	24	26
Attitude Total		100			
Grand Total-2 (Soft Skills and Communication)			100		
Detailed Break Up of Marks			Theory		
Subject Domain					
National Occupational Standards (NOS)	Assessment Criteria for the Assessable Outcomes	Total Marks (80)	Marks Allocation		
			Theory		
HSS / N 5401: Receive prescription and assist pharmacist in verifying that information is complete	PC1. Read the prescription carefully	20	2		
	PC2. Assist pharmacist to maintain patient confidentiality when receiving verbal, electronic or transferred prescription		5		
	PC3. Assist pharmacist in reviewing prescriptions to confirm that they are complete, authentic and meet all current laws, regulations and policies		4		
	PC4. Assist pharmacist in determining whether the prescription meets all legal requirements, and where it does not, notify the pharmacist and follow up using applicable policies and effective communication		4		
	PC5. Assist pharmacist in inspecting the prescription for authenticity and signs of tampering and that prescription is as per current laws, regulations and policies for non-authentic or fraudulent prescriptions		5		
	Total		20		
HSS / N 5402: Record and select the correct medicines for	PC1. Record prescription information in the patient profile or health record	16	2		
	PC2. Verify entered prescription information against the original prescription		2		

dispensing	PC3. Select drugs consistent with applicable laws, regulations and policies including interchangeability		2	
	PC4. Retrieve, count, or measure quantities of drugs		0	
	PC5. Verify prescription products		0	
	PC6. Ensure that the prescription product is verified via a final check prior to release		0	
	PC7. Ensure that the right prescription products are released to the right patient in case of out-patient and to nurse in case of in-patient		2	
	PC8. Answer patient's questions, referring them to the pharmacist if the question requires patient assessment, clinical analysis or application of therapeutic knowledge		2	
	PC9. Reinforce the availability of the pharmacist for discussion or recommendations		2	
	PC10. Manage billing and payment for prescription products/medicines		1	
	PC11. Identify and resolve billing or adjudication issues encountered when processing prescriptions		1	
	PC12. Identify and refer to the pharmacist patients who have discrepancies between their current drug therapy and their recent or intended drug therapy		1	
	PC13. Provide information that does not require application of therapeutic knowledge to patients requiring assistance in selecting non-prescription drugs and medical devices		1	
	PC14. Instruct patients about the operation and maintenance of medical devices		0	
	Total			16
	HSS / N 5403: Establish or maintain patient profile, including lists of medications taken by individual patients	PC1. Ensure confidentiality when gathering, using or providing patient information	12	4
PC2. Gather, review, enter and/or update the information required to create and/or maintain a patient record including: Patient demographics · Health history · Allergies · Drug and medical device use · Payment information		4		

	PC3. Assist pharmacists in compiling best possible medication histories for patients, referring to the pharmacist patients who require assessment, clinical analysis or application of therapeutic knowledge		4
			10
HSS / N 5404: Manage and maintain the drugs supply and order	PC1. How to identify the re-order level and send request	20	0
	PC2. How to maintain inventory to maximise safe and efficient drug distribution		3
	PC3. How to set order limits and calculate replenishment orders		0
	PC4. How to prepare and place orders in compliance with relevant legislation		4
	PC5. How to identify and minimise risks associated with look-alike and sound alike products		3
	PC6. How to acquire, receive, verify and store stock and supplies and identify, investigate and resolve or report any discrepancies		2
	PC7. How to support safe and effective drug distribution through workflow management, organising their roles and responsibilities to allow the priority to be on patient care and to minimize diversion and dispensing errors		4
	PC8. Schedule and perform routine equipment maintenance		2
	PC9. How to organise, file and store documents according to legal requirements and in a manner in which they can be retrieved readily		2
HSS / N 5405: Maintain proper storage and security condition for drugs	Total		20
	PC1. Identify pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to be ordered	12	4
	PC2. Remove from inventory expired/discontinued/slow moving/overstocked pharmaceuticals, durable and nondurable medical equipment, devices, and supplies		4
	PC3. Perform required inventories and maintain associated records		2
	PC4. Ensure proper and safe storage		2
	Grand Total-1 (Subject Domain)	80	

Soft Skills and Communication		Select each part each carrying 10 marks totalling 20	
National Occupational Standards (NOS)	Assessment Criteria for the Assessable Outcomes	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	10	10
	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		
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	10	10
	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		
	Total		10
	Attitude Total	10	20
	Grand Total-2 (Soft Skills and Communication)		20



Healthcare Sector Skill Council
520-521, 5th Floor DLF Tower 'A'
Jasola District Centre
New Delhi - 110025
T: +91-11-41017346/40505850 (D)
E-Mail : info@healthcare-ssc.in
W: www.healthcare-ssc.in

Model Curriculum

Quality Control Chemist

SECTOR: LIFE SCIENCES
SUB-SECTOR: PHARMACEUTICAL
OCCUPATION: QUALITY
REF ID: LFS/Q1301, V1.0
NSQF LEVEL: LEVEL 5



Certificate

CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

LIFE SCIENCES SECTOR SKILL DEVELOPMENT COUNCIL

for the

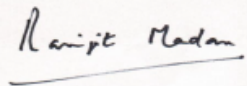
MODEL CURRICULUM

Complying to National Occupational Standards of
Job Role/ Qualification Pack: **Quality Control Chemist** QP No. **LFS/Q1301 NSQF Level 5**

Date of Issuance: **August 8th, 2018**

Valid up to: **July 31st, 2020**

* Valid up to the next review date of the Qualification



Authorized Signatory
(Life Sciences Sector Skill Development Council)

TABLE OF CONTENTS

1. Curriculum	01
2. Trainer Prerequisites	09
3. Annexure: Assessment Criteria	10

Quality Control Chemist

CURRICULUM / SYLLABUS

This program is aimed at training candidates for the job of a “Quality Control Chemist”, in the “Life Sciences” Sector/Industry and aims at building the following key competencies amongst the learner

Program Name	Quality Control Chemist		
Qualification Pack Name & Reference ID.	Quality Control Chemist LFS/Q1301, V1.0		
Version No.	2.0	Version Update Date	01-11-2018
Pre-requisites to Training	<p>Minimum qualification - B. Pharma / B. Sc. with Chemistry major subject or Analytical Chemistry (Preferable) Maximum qualification- M. Pharma in Pharmaceutical Analysis or Quality Control & Assurance / M. Sc. with Chemistry major subject or Analytical Chemistry (Preferable) Experience – 0-2 Years</p>		
Training Outcomes	<p>After completing this programme, participants will be able to:</p> <ul style="list-style-type: none"> • Define Life Sciences industry, legal and regulatory framework and pharmacopeia to enable him/herself for establishing the Industry Standards in his/her performance • Maintain a healthy, safe and secure working environment at the pharmaceutical manufacturing shop floor, laboratory and area around in conformance with environmental health and safety (EHS) rules • Demonstrate cleanliness at work area and instruments • Demonstrate use of scientific knowledge about organic and analytical chemistry and statistics in quality control analysis of chemical/pharmaceutical products • Conduct sample preparation, preservation and ensure stability as per good laboratory practices (GLP) and good manufacturing practices (GMP) • Operate analytical equipment and instruments as per standard operating procedures (SOP) and good laboratory practices (GLP) • Perform routine analysis in lab in compliance with good manufacturing practices (GMP) and good laboratory practices (GLP) • Conduct quality check for samples in conformance of acceptance limits as per standard operating procedures (SOP) • Demonstrate good documentation practice (GDP) and data integrity while reporting and documentation as per standard operating procedures (SOP) and good laboratory practices (GLP) • Operate laboratory management information system (LMIS) • Demonstrate and defend the evidences of the work performed and state the responses for audit queries. • Demonstrate use of core communication skills and professional skills such as plan & organize, problem solving, analytical and critical skills, decision making and customer centricity at work 		

This course encompasses 6 out of 6 Compulsory NOS (National Occupational Standards) of “Quality Control Chemist” Qualification Pack issued by “Life Sciences Sector Skill Development Council”.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
1	<p>Describe Life Sciences industry and its regulatory framework</p> <p>Theory Duration (hh:mm) 10:00</p> <p>Practical Duration (hh:mm) 00:00</p> <p>Corresponding NOS Code Bridge Module</p>	<ul style="list-style-type: none"> Explain the overview of Life Sciences industry in Indian and global context Explain regulatory authorities and government policies, rules and regulations and their impact on quality control operations in Life Sciences industry Follow legislation, standards (GMP, GLP, GDP), policies, regulations and procedures used in the life sciences organization relevant to quality control chemist job role Recall the organization structure and employment benefits in Life Sciences organizations Explain the role of a Quality Control chemist, required skills and knowledge (as per Qualification Pack) and its career path 	Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts
2	<p>Maintain healthy, safe working environment</p> <p>Theory Duration (hh:mm) 16:00</p> <p>Practical Duration (hh:mm) 15:00</p> <p>Corresponding NOS Code LFS/N0101</p>	<ul style="list-style-type: none"> Follow procedures and guidelines for personal protective equipment (PPE) and other safety regulations in quality control lab Ensure that work area is clean and safe from hazards Recall the basic concepts of safety including hazards, accidents, safety signs and signals and Heinrich pyramid and practice all above in QC lab Explain functioning of utility systems at plant and laboratory Use material safety data sheet and follow the process of safety analysis Follow the fire safety concepts and prepare oneself to act in case of fire emergency in QC lab Provide the critical information to concerned team members and supervisor Follow the emergency procedures and perform first aid in case of accident Practice professional skills at work 	Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Chemical Resistant Cabinet, Chemical spillage kit, Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves(Heat, acid, chemical) resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents
3	<p>Describe Production Process for Life</p>	<ul style="list-style-type: none"> Recall API production and formulation process and identify critical quality attributes (CQA), critical process 	Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word,

	<p>Sciences Industry</p> <p>Theory Duration (hh:mm) 10:00</p> <p>Practical Duration (hh:mm) 10:00</p> <p>Corresponding NOS Code LFS/N0301 LFS/N0302, LFS/N0320 LFS/N0314</p>	<p>parameters (CPP) and critical process controls (CPC).</p> <ul style="list-style-type: none"> • Interpret basics of formulation like route of drug administration, dosage forms and their relevant benefits • Describe quality management system for quality control in Life Sciences industry 	<p>Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines</p>
4	<p>Explain Fundamentals of Instrumental Analysis</p> <p>Theory Duration (hh:mm) 10:00</p> <p>Practical Duration (hh:mm) 25:00</p> <p>Corresponding NOS Code LFS/N0301 LFS/N0320</p>	<ul style="list-style-type: none"> • Implement basics of pharmaceutical science and chemistry for test and analysis • Perform assay and calculation as per SOP • Follow basic principles of separation science use in quality control analysis • Use reference standards and pharmacopeia specifications for analysis 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines, GLP Guidelines, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier callipers, Micrometre screw gauge, Scale, Hot plate with magnetic stirrer, Mortar and Pestle, analytical balance, Pipettes, water bath, Motor grinder, Muffle Furnace, Silica Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary shaker, Glassware drying oven, Micropipette, Laminar air flow (Vertical), Tube heating block, Water Filtration assembly, Vacuum pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic jar, Gas burner, Gas lighter, LPG cylinder, Shaker incubator, Needle burner, Heat sealing machine, Glass slides, Glassware for Lab, Autoclave, Viscometer, Bulk density and Tapped density tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes,</p>

		<p>FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber, Density Meter, Karl Fisher Apparatus, handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting strength Tester, Pin hole tester, HPLC , Mobile phase filtration kit with filters with vacuum motor, Syringe, Filters, HPLC vials, Crimpers, Dissolution filters, Gas chromatographer, GC vials, GC injection needle, HPLC Columns, GC Column, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle, Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile strength tester, Hygrometer, Chemical Resistant Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
--	--	--

<p>5</p>	<p>Ensure workplace Cleanliness</p> <p>Theory Duration (hh:mm) 08:00</p> <p>Practical Duration (hh:mm) 16:00</p> <p>Corresponding NOS Code LFS/N0103</p>	<ul style="list-style-type: none"> • Carry out cleaning procedure of equipment and glassware as per SOP • Identify importance of working in clean and safe environment in life sciences Industry • Follow guidelines for spillage and waste management • Perform waste disposal in conformation with EHS, GLP and GMP guidelines • Operator electronic and optical sensors in laboratory equipment as per SOP • Carry out disposal methods for waste, used/ unused solutions as per SOP • Comply with health and safety, environmental and other relevant regulations and guidelines at work • Practice professional skills at work 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines, GLP Guidelines, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier callipers, Micrometre screw gauge, Scale, Hot plate with magnetic stirrer, Mortar and Pestle, analytical balance, Pipettes, water bath, Motor grinder, Muffle Furnace, Silica Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary shaker, Glassware drying oven, Micropipette, Laminar air flow (Vertical), Tube heating block, Water Filtration assembly, Vacuum pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic jar, Gas burner, Gas lighter, LPG cylinder, Shaker incubator, Needle burner, Heat sealing machine, Glass slides, Glassware for Lab, Autoclave, Viscometer, Bulk density and Tapped density tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes, FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber, Density Meter, Karl Fisher Apparatus, handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting strength Tester, Pin hole tester, HPLC , Mobile phase filtration kit with filters with vacuum motor, Syringe, Filters, HPLC vials, Crimpers, Dissolution filters, Gas chromatographer, GC vials, GC injection needle, HPLC Columns, GC Column, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle,</p>
----------	--	---	--

			<p>Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile strength tester, Hygrometer, Chemical Resistant Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
6	<p>Demonstrate Sample preparation, preservation and stability</p> <p>Theory Duration (hh:mm) 07:00</p> <p>Practical Duration (hh:mm) 25:00</p> <p>Corresponding NOS Code LFS/N0301 LFS/N0103</p>	<ul style="list-style-type: none"> • Follow standards and guidelines for sample handling in Life Science industry • Perform sampling procedures as per SOP's by utilizing appropriate sampling tools • Implement sampling plans for sampling of materials • Perform sample handling activities • Demonstrate sample preparation and processing • Follow guidelines for weighing of samples • Outline the toxicity and carcinogenicity while handling critical samples. • Follow the good storage practices • Explain concepts and need of sample stability and implement process of sample stabilization • Conduct tests for confirming the sample stability • Identify and report nonconformity of the material as per SOP 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines, GLP Guidelines, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier callipers, Micrometre screw gauge, Scale, Hot plate with magnetic stirrer, Mortar and Pestle, analytical balance, Pipettes, water bath, Motor grinder, Muffle Furnace, Silica</p>

		<p>Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary shaker, Glassware drying oven, Micropipette, Laminar air flow (Vertical), Tube heating block, Water Filtration assembly, Vacuum pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic jar, Gas burner, Gas lighter, LPG cylinder, Shaker incubator, Needle burner, Heat sealing machine, Glass slides, Glassware for Lab, Autoclave, Viscometer, Bulk density and Tapped density tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes, FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber, Density Meter, Karl Fisher Apparatus, handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting strength Tester, Pin hole tester, HPLC , Mobile phase filtration kit with filters with vacuum motor, Syringe, Filters, HPLC vials, Crimpers, Dissolution filters, Gas chromatographer, GC vials, GC injection needle, HPLC Columns, GC Column, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle, Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile strength tester, Hygrometer, Chemical Resistant Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire</p>
--	--	---

			<p>Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
7	<p>Operate Analytical Instruments</p> <p>Theory Duration (hh:mm) 34:00</p> <p>Practical Duration (hh:mm) 144:00</p> <p>Corresponding NOS Code LFS/N0301</p>	<ul style="list-style-type: none"> • Explain basic principles of analytical instruments used in life sciences sector • Summarize application of each analytical instrument • Operate pH meter, conductivity meter, hardness tester as per SOP • Operate analytical weighing balance as per SOP • Operate, moisture analyser, disintegration tester, loss on drying (LOD) machine, dissolution apparatus, Karl Fisher (KF) apparatus, viscometer, density tester, refractometer, polarimeter, autotitrator, torque tester, leak test apparatus, pycno meter, tensile strength tester • Operate and maintain centrifuge, autoclave, thin layer chromatography (TLC) chamber, hot air oven, muffle furnace • Operate and maintain high performance liquid chromatography (HPLC) instrument • Operate infrared Fourier-transform infrared (FT-IR) spectrometer • Operate Ultraviolet and visible (UV-Vis) analyser • Operate gas chromatography (GC) instrument • Perform calibration and validation of analytical instrument as per SOP and manual • Perform maintenance procedure for analytical instruments as per SOP 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines, GLP Guidelines, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier callipers, Micrometre screw gauge, Scale, Hot plate with magnetic stirrer, Mortar and Pestle, analytical balance, Pipettes, water bath, Motor grinder, Muffle Furnace, Silica Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary shaker, Glassware drying oven, Micropipette, Laminar air flow (Vertical), Tube heating block, Water Filtration assembly, Vacuum pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic jar, Gas burner, Gas lighter, LPG cylinder, Shaker incubator, Needle burner, Heat sealing machine, Glass slides, Glassware for Lab, Autoclave, Viscometer, Bulk density and Tapped density tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes, FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber,</p>

			<p>Density Meter, Karl Fisher Apparatus, handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting strength Tester, Pin hole tester, HPLC , Mobile phase filtration kit with filters with vacuum motor, Syringe, Filters, HPLC vials, Crimpers, Dissolution filters, Gas chromatographer, GC vials, GC injection needle, HPLC Columns, GC Column, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle, Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile strength tester, Hygrometer, Chemical Resistant Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
8	<p>Perform Checks in QC Process</p> <p>Theory Duration (hh:mm)</p>	<ul style="list-style-type: none"> • Perform quality check in QC lab and compare results with statistical limits • Perform calibrations, installation qualification (IQ), operational qualification (OQ), performance qualification (PQ) and 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook)</p>

<p>14:00</p> <p>Practical Duration (hh:mm) 25:00</p> <p>Corresponding NOS Code LFS/N0320 LFS/N0314</p>	<p>techniques for improving instrumental analysis</p> <ul style="list-style-type: none"> • Verify checklist for instruments used for QC analysis • Deal with equipment malfunction and report faults during the equipment breakdown as appropriate • Conduct statistical analysis of laboratory data • Use advance QC approaches like quality by design (QbD), process analytical technology and method transfer process • Practice practical problem solving/ trouble shooting in QC analysis. 	<p>Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, GMP guidelines, GLP Guidelines, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier callipers, Micrometre screw gauge, Scale, Hot plate with magnetic stirrer, Mortar and Pestle, analytical balance, Pipettes, water bath, Motor grinder, Muffle Furnace, Silica Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary shaker, Glassware drying oven, Micropipette, Laminar air flow (Vertical), Tube heating block, Water Filtration assembly, Vacuum pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic jar, Gas burner, Gas lighter, LPG cylinder, Shaker incubator, Needle burner, Heat sealing machine, Glass slides, Glassware for Lab, Autoclave, Viscometer, Bulk density and Tapped density tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes, FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber, Density Meter, Karl Fisher Apparatus, handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting strength Tester, Pin hole tester, HPLC , Mobile phase filtration kit with filters with vacuum motor, Syringe, Filters, HPLC vials, Crimpers, Dissolution filters, Gas chromatographer, GC vials, GC injection needle, HPLC Columns, GC Column, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle, Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile strength tester, Hygrometer, Chemical Resistant</p>
--	--	--

			<p>Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves(Nitrile), Gloves({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non sterile Surgical Gloves, Manual bottle eye washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
9	<p>Perform Documentation for as per GDP and GLP</p> <p>Theory Duration (hh:mm) 12:00</p> <p>Practical Duration (hh:mm) 15:00</p> <p>Corresponding NOS Code LFS/N0314 LFS/N0320</p>	<ul style="list-style-type: none"> • Read and compose reports in pre-decided format both offline and online as per SOPs • Select the correct method of documentation as per SOPs and GMP, GDP protocols • Report in time about each incident/ deviation as per SOP and escalation matrix • Follow validation process of document as per GMP protocols • Identify and report incidents where SOP are not followed • Adapt escalation matrix for decision making that is not defined in SOP • Record & describe the work done in English language • Perform the documentation and reporting in conformation with data integrity rules and good manufacturing practices 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
10	<p>Coordinate with Supervisor, within team and cross functional the teams</p>	<ul style="list-style-type: none"> • Follow general reporting process, protocol and escalation policy • Submit the reports and other GMP and testing related documents as per SOP 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms</p>

	<p>Theory Duration (hh:mm) 16:00</p> <p>Practical Duration (hh:mm) 10:00</p> <p>Corresponding NOS Code LFS/N0302 LFS/N0320</p>	<ul style="list-style-type: none"> • Use efficient and clear communication methods for reporting the incidents/ deviations and communication with team. • Use techniques for collaborating with other groups and divisions in order to achieve organizational goals • Face internal audit interactions in English language • Explain the importance of data integrity cGMP/QMS/ SOP related documentation • Use the appropriate method for responding to audit queries in English language • Use IT tools in communication and coordination • Practice core communication skills and professional skills to meet the work output requirements 	<p>Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
11	<p>Use Information Technology tools</p> <p>Theory Duration (hh:mm) 16:00</p> <p>Practical Duration (hh:mm) 25:00</p> <p>Corresponding NOS Code LFS/N0314</p>	<ul style="list-style-type: none"> • Use IT tools for data entry in e-documents wherever needed • Maintain the confidentiality of the data and internal processes • Use different software to operate the QC instruments • Comply with the requirements of 21 CFR Part 11 and data integrity rules • Maintain information security while using e-mail and other official communication channels • Maintain online records as per SOP 	<p>Participant Manual, Power point presentation, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of lab Note Book, Format of Sample preservation / processing record sheet</p>
12	<p>On-the-Job Training</p> <p>Theory Duration (hh:mm) 00:00</p> <p>Practical Duration (hh:mm) 00:00</p> <p>OJT Duration (hh:mm) 100:00</p> <p>Corresponding NOS Code LFS/N0301 LFS/N0320 LFS/N0101 LFS/N0103</p>	<ul style="list-style-type: none"> • Perform sample preparation and analysis • Carry out test procedures using correct testing equipment as per SOP • Maintain a healthy, safe and secure working environment in the life sciences facility • Coordinate with shift supervisor, cross functional teams and within the team • Carry out reporting and documentation to meet quality standards. 	<p>On-the-Job Training Monitoring Report</p>

	LFS/N0302 LFS/N0314	
	Total Duration Theory Duration 153:00 Practical Duration 310:00 OJT Duration 100:00	Unique Equipment Required: Participant Manual, Power point presentation, Laboratory Microscopes(40X and 100X), pH meter, Hardness Tester, Disintegration Testing Apparatus, Labelling Machine, Vernier Callipers, Micrometre Screw Gauge, Scale, Hot Plate with Magnetic Stirrer, Mortar and Pestle, Analytical Balance, Pipettes, Water Bath, Motor Grinder, Muffle Furnace, Silica Crucibles, Platinum Crucibles, Melting Point, Hot Air Oven, Rotary Shaker, Glassware Drying Oven, Micropipette, Laminar Air Flow (Vertical), Tube Heating Block, Water Filtration Assembly, Vacuum Pump, Hot Plate, Dry Heat Air Oven, Refrigerator, Anaerobic Jar, Gas Burner, Gas Lighter, LPG Cylinder, Shaker Incubator, Needle Burner, Heat Sealing Machine, Glass Slides, Glassware for Lab, Autoclave, Viscometer, Bulk Density and Tapped Density Tester, Friabilator, UV Analyser, Halogen Moisture Analyser, Dissolution Apparatus, Syringes, FT-IR, Refractometer, Polarimeter, Auto titrator, Capillary tubes, TLC Chamber, Density Meter, Karl Fisher Apparatus, Handheld Barcode Scanner, Torque Tester, Induction Cap Sealer, Bursting Strength Tester, Pin Hole Tester, HPLC, HPLC Columns, Mobile Phase Filtration kit with filters and vacuum motor, Syringe, Filters, HPLC Vials, Crimpers, Dissolution Filters, Gas Chromatographer, GC Vials, GC Injection Needle, GC Column, Sonicators, Centrifuge, Centrifuge Tubes, Conductivity Meter, Magnetic Stirrer, LOD (Loss on Drying) Bottle, Desiccator, Droppers, Vortex Mixer, Leak Test Apparatus, Pycno Meter, Thermometer, Tensile Strength Tester, Hygrometer, Chemical Resistant Cabinet, Chemical spillage kit , Acid Dispenser, Biosafety Cabinet, Depyrogenation Oven, Cleaning Agent (Soap & Alconox), Half Face Mask, Full Face Mask, Various Cartridges, Safety Goggles, Safety Shoes, Gum Boots, Chemical Absorbent Roll, Self-Contained Breathing Apparatus, PVC Apron, Gloves (Nitrile), Gloves ({Heat, acid, chemical} resistant), Gloves (washing), Lab Coat, Non-sterile Surgical Gloves, Manual Bottle Eye Washer, Co2 type Fire Extinguisher, ABC Type Fire Extinguisher, Material Safety Data Sheet, Mandatory 14 Chemicals solvents, Computer, Microsoft Office Version 2007 and above (including Ms. Word, Ms Excel, Ms PowerPoint, Ms Outlook), Computer Work desk with LAN, LCD Projector, White Board, White Board Duster, White Board Marker, Flip Charts, Formats of Log Books, GMP guidelines, GLP Guidelines, Format of Lab Note Book, Format of Sample Preservation / Processing Record Sheet

Grand Total Course Duration: **563 Hours 00 Minutes (includes 100 hours of Mandatory OJT)**

(This syllabus/ curriculum has been approved by Life Sciences Sector Skill Development Council.)

Trainer Prerequisites for Job role: “Quality Control Chemist” mapped to Qualification Pack: “LFS/Q1301, V1.0”

Sr. No.	Area	Details
1	Job Description	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack “LFS/Q1301, V1.0”.
2	Personal Attributes	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	Minimum Educational Qualifications	B. Pharma / B. Sc. with Chemistry major subject or Analytical Chemistry (Preferable)
4a	Domain Certification	Certified for Job Role: “Quality Control Chemist” mapped to QP: “LFS/Q1301, V1.0”. Minimum accepted score is 80% as per LSSSDC guidelines.
4b	Platform Certification	Recommended that the Trainer is certified for the Job Role: “Trainer”, mapped to the Qualification Pack: “SSC/1402”. Minimum accepted score is 80% as per LSSSDC guidelines.
5	Experience	<p>Preferably Minimum Four (4) years’ experience in life sciences (Pharmaceutical/ Biopharmaceutical) Quality control occupation for non-trained and non-qualified talent with B. Sc.- Chemistry/ B. Pharma/ B. Tech Chemical Engg./ B. Tech Biotechnology education qualification</p> <p>Or</p> <p>Preferably Minimum Two (2) years’ experience in life sciences (Pharmaceutical/ Biopharmaceutical) Quality control occupation for non-trained and non-qualified talent with M.Sc. Chemistry/ M. Pharm./ M. Tech.- Chemical Engg education qualification</p> <p>Or</p> <p>Minimum Two (2) years’ experience in life sciences (Pharmaceutical/ Biopharmaceutical) Quality control occupation with Quality Control Chemist (LFS/Q1301, V1.0) Level-5 qualified</p>

Annexure: Assessment Criteria

Assessment Criteria	
Job Role	Quality Control Chemist
Qualification Pack	LFS/Q1301, V1.0
Sector Skill Council	Life Sciences Sector Skill Development Council

Sr. No.	Guidelines for Assessment
1	Criteria for assessment for each qualification pack will be created by the Sector Skill Council. Each performance criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for theory and skills practical for each PC
2	The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3	Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training centre (as per assessment criteria laid out in qualification pack)
4	Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training centre based on the assessment criteria laid out in qualification pack
5	To pass the qualification pack, every trainee should score a minimum of 70% aggregate in all NOS and a minimum of 50% in every NOS
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

Assessment Outcome	Assessment Criteria of outcome	Total Marks (600)	Out of	Marks Allocation	
				Theory	Skills Practical
1. LFS/N0301: Perform routine analysis in lab while ensuring compliance with Good Manufacturing Practices (GMP) and Good Laboratory Practices (GLP)	PC1. perform all the routine quality check activities and validations satisfactorily, including checking for sample authenticity, appropriate storage of chemicals/ reagents, maintaining reaction temperatures	100	3	1	2
	PC2. train the line staff effectively to perform quality checks		5	2	3
	PC3. plan and manage manpower efficiently to undertake the needed work/ quality checks, post receiving samples for testing, recording in the specified documents		6	3	3
	PC4. ensure that all work meets applicable QA/QC guidelines and approved within procedures		10	5	5
	PC5. review the data given by analysts and ensure that it is as per the SOP approved within procedures		10	5	5
	PC6. ensure all activities conducted shall meet the quality standards and norms as specified		10	5	5
	PC7. review and update test methods and procedures according to SOP approved within procedures as per schedule or when a regulatory requirement arises according to written procedures		6	3	3

	PC8. fill log book, column, reagent, volumetric solution, working standard, reference standard entries, calibration records, etc and prepare reports for document findings and recommendations on time		6	2	4
	PC9. conduct sampling and analysis on time and as per approved written procedure, along with reagent, reference standard preparation and standardisation		10	5	5
	PC10.coordinate effectively with personnel in other disciplines to integrate findings and recommendations		4	2	2
	PC11.analyse root cause of deviations, OOS/OOT and incidents, take corrective as well preventive actions to avoid future deviations		4	2	2
	PC12.analyse root cause of deviations, OOS/OOT and take corrective actions		4	1	3
	PC13.participate in laboratory investigations and check the validity/ stability of volumetric solutions/pH buffers, standards as part of daily routine and discard expired solutions/standards as per written procedures		4	2	2
	PC14.regular documentation (online/offline) of all the activities		2	1	1
	PC15.conduct regular checks for positioning of all equipment and instrument tags and undertake cleaning procedures for instruments post usage		4	2	2
	PC16.conduct regular checks on equipment and instrument conditions, document calibrations and coordinate with maintenance team for preventive maintenance		4	2	2
	PC17.precision in instrument calibrations as per specified and approved schedule to minimize source of errors		4	2	2
	PC18.maintain instrument maintenance logs and follow preventive maintenance schedules		2	1	1
	PC19.investigate out of calibration if any, and impact of previously analysed products as per approved written procedures		2	1	1
	Total		100	47	53
2. LFS/N0101: Maintain a healthy, safe and secure working environment	PC1. observe and comply with the company's current health, safety and security policies and procedures	100	10	5	5
	PC2. while carrying out work, use appropriate safety gears like head gear, masks, gloves and other accessories as mentioned in the guidelines		10	5	5
	PC3. report any identified breaches in health, safety, and security policies and procedures to the designated person		10	5	5

in the life sciences facility	PC4. responsible for maintaining discipline at the shop-floor/ production area		10	5	5
	PC5. identify and correct any hazards that the individual can deal with safely, competently and within the limits of their authority		10	5	5
	PC6. adhere and comply to storage and handling guidelines for hazardous material		10	5	5
	PC7. identify and recommend opportunities for improving health, safety, and security to the designated person		10	5	5
	PC8. complete any health, safety and security activities like safety drills and prepare records legibly and accurately		10	4	6
	PC9. report any hazards that the individual is not competent to deal with to the relevant person in line with organizational procedures and warn other people who may be affected		10	4	6
	PC10. follow the company's emergency procedures promptly, calmly, and efficiently		10	5	5
	Total		100	48	52
3. LFS/N0302 Coordinate with Supervisors and colleagues within and outside the department	PC1. receive work instructions from reporting supervisor		10	5	5
	PC2. communicate to reporting supervisor about process-flow improvements, production defects received from previous process, repairs and maintenance of equipment as required		10	5	5
	PC3. communicate deviations in the production process to reporting supervisor		10	5	5
	PC4. communicate any potential hazards or expected process disruptions		10	4	6
	PC5. handover completed work to supervisor		10	5	5
	PC6. work as a team with colleagues and share work as per their or own work load and skills	100	8	4	4
	PC7. work and support colleagues of other departments		8	3	5
	PC8. train line or reporting staff if needed		10	5	5
	PC9. communicate and discuss work flow related difficulties in order to find solutions with mutual agreement		8	4	4
	PC10. explain what information means and how it can be used to team members		8	4	4
	PC11. document all the control steps undertaken or recommended to be followed as per the standards		8	4	4
	Total		100	48	52
	PC1. ensure that total range of checks are regularly and consistently performed	100	16	8	8

4. LFS/N0320: To carry out quality checks in the quality control process	PC2. use appropriate measuring instruments, equipment, tools, accessories etc., as required		13	5	8
	PC3. ensure the status and accuracy of instruments used for measurement		10	5	5
	PC4. identify non-conformities to quality assurance standards		13	5	8
	PC5. identify potential causes of non-conformities to quality assurance standards		13	5	8
	PC6. identify impact on final product due to non-conformance to company standards		16	8	8
	PC7. evaluating the need for action to ensure that problems do not recur		6	3	3
	PC8. suggest corrective action to address problem		7	3	4
	PC9. review effectiveness of corrective action		6	3	3
Total			100	45	55
5. LFS/N0314: To carry out reporting and documentation to meet quality standards	PC1. report defects/problem/incidents/quality issues/test results as applicable in a timely manner	100	10	5	5
	PC2. report to the appropriate authority as laid down by the company		3	1	2
	PC3. follow reporting procedures as prescribed by the company		4	2	2
	PC4. work with production management and Quality Assurance to provide feedback regarding quality standards and issues		4	2	2
	PC5. help other R&D lab staff with any other testing required during the developmental work		4	2	2
	PC6. identify documentation to be completed relating to one's role		7	3	4
	PC7. record details accurately in appropriate format		6	3	3
	PC8. accurately document the results of the inspections and testing		8	4	4
	PC9. maintain all controlled document files and test records in a timely and accurate manner		10	5	5
	PC10. ensure that the final document meets regulatory and compliance requirements		7	2	5
	PC11. make sure documents are available to all appropriate authorities to inspect		5	2	3
	PC12. evaluate problems and make initial recommendations for possible corrective action to supervise		4	2	2
	PC13. perform review of records and other documentation for compliance to established procedures and Good Documentation Practices		8	4	4

	PC14. write and update the inspection procedures, protocols and checklists		6	2	4
	PC15. prepare inspection reports as per the inspection activity performed		6	2	4
	PC16. respond to requests for information in an appropriate manner whilst following organizational procedures		4	2	2
	PC17. inform the appropriate authority of requests for information received		4	2	2
	Total		100	45	55
6. LFS/N0103: Ensure cleanliness in the work area	PC1. inspect the area while taking into account various surfaces	100	4	2	2
	PC2. identify the material requirements for cleaning the areas inspected, by considering risk, time, efficiency and type of stain		5	2	3
	PC3. ensure that the cleaning equipment is in proper working condition		5	2	3
	PC4. select the suitable alternatives for cleaning the areas in case the appropriate equipment and materials are not available and inform the appropriate person		4	2	2
	PC5. plan the sequence for cleaning the area to avoid re-soiling clean areas and surfaces		4	2	2
	PC6. Inform the affected people about the cleaning activity		4	2	2
	PC7. display the appropriate signage for the work being conducted		4	2	2
	PC8. ensure that there is adequate ventilation for the work being carried out		5	2	3
	PC9. wear the personal protective equipment required for the cleaning method and materials being used		4	2	2
	PC10. use the correct cleaning method for the work area, type of soiling and surface		4	2	2
	PC11. deal with accidental damage, if any, caused while carrying out the work		4	2	2
	PC12. report to the appropriate person any difficulties in carrying out work		4	2	2
	PC13. identify and report to the appropriate person any additional cleaning required that is outside one's responsibility or skill		4	2	2
	PC14. ensure that there is no oily substance on the floor to avoid slippage		4	2	2
	PC15. ensure that no scrap material is lying around		4	2	2
	PC16. maintain and store housekeeping equipment and supplies		4	2	2

	PC17. follow workplace procedures to deal with any accidental damage caused during the cleaning process		4	2	2
	PC18. ensure that, on completion of the work, the area is left clean and dry and meets requirements		4	2	2
	PC19. return the equipment, materials and personal protective equipment that were used to the right places making sure they are clean, safe and securely stored		5	2	3
	PC20. dispose the waste garnered from the activity in an appropriate manner		5	2	3
	PC21. dispose of used and un-used solutions according to manufacturer's instructions, and clean the equipment thoroughly		5	2	3
	PC22. maintain schedules and records for housekeeping duty		5	2	3
	PC23. replenish any necessary supplies or consumables		5	2	3
	Total		100	46	54
	Grand Total	600	600	279	321
	Percentage Weightage			46%	54%
	Minimum Pass Percentage to Qualify				70%