NSDA Reference
To be added by NSDA

QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY

Name and address of submitting body:

Healthcare Sector Skill Council

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

Name and contact details of individual dealing with the submission

Name: Mr. Ashish Jain

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

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

QUALIFICATION FILE SUMMARY

Qualification Title	Emergency Medical Technician-Advanced (HSS/Q2302)
Body/bodies which will assess candidates	Healthcare Sector Skill Council Accredited Assessing Bodies
Body/bodies which will award the certificate for the qualification.	Healthcare Sector Skill Council
Body which will accredit providers to offer the qualification.	Healthcare Sector Skill Council
Occupation(s) to which the qualification gives access	Emergency Medical Technician (EMT) - Advanced in the Healthcare Industry is also known as a lifesaver or paramedic. EMT-Advanced has more training and internship requirements than the EMT-Basic and can undertake additional tasks, administer a greater range of medication and perform more procedures. Brief Job Description: Individuals at this job need to provide emergency medical support and care to individuals who are critically ill or injured and transport them to a medical facility within stipulated time limits.
Proposed level of the qualification in the NSQF.	Level 5
Anticipated volume of training/learning required to complete the qualification.	1000 hrs.
Entry requirements / recommendations.	Class XII in Science Or Level 4 EMT-B with the minimum three years of experience
Progression from the qualification.	Progression will be possible in both academic as well as professional area as: Level 6- Team Leader/ Supervisor – Emergency/Ambulance Department or Level 6: Specialization in Advanced emergency medical care procedures through bridge course
Planned arrangements for RPL.	HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2
International comparability where known	While writing the NOSs the UK NOSs were also referred to and an effort was taken to maintain comparability in the technical part of the NOSs.

Formal structure of the qualification

Title of unit or other component (include any identification code used)	Mandatory/ Optional	Estimated size (learning hours)	Level
HSS/ N 2331: Respond to emergency calls (Advanced)	**Mandatory**	**Class Room and Skill Lab Training = 750 hours**	**5**
HSS/ N 2302: Size up the scene at the site	**Mandatory**	**Clinical/Laboratory Training (OJT) =**	**5**

HSS/ N 2303: Follow evidence based protocol while managing patients	**Mandatory**	**250 hours**	**5**
HSS/ N 2327: Assess patient at the site (Advanced)	**Mandatory**		**5**
HSS/ N 2305: Patient triage based on the defined clinical criteria of severity of illness	**Mandatory**		**5**
HSS/ N 2328: Manage cardiovascular emergency (Advanced)	**Mandatory**		**5**
HSS/ N 2307: Manage cerebrovascular emergency	**Mandatory**		**5**
HSS/ N 2308: Manage allergic reaction	**Mandatory**		**5**
HSS/ N 2329: Manage poisoning or overdose (Advanced)	**Mandatory**		**5**
HSS/ N 2310: Manage environmental emergency	**Mandatory**		**5**
HSS/ N 2330: Manage behavioural emergency (Advanced)	**Mandatory**		**5**
HSS/ N 2312: Manage obstetrics/gynaecology emergencies	**Mandatory**		**5**
HSS/ N 2313: Manage bleeding and shock	**Mandatory**		**5**
HSS/ N 2314: Manage soft tissue injuries and burns	**Mandatory**		**5**
HSS/ N 2315: Manage musculoskeletal injuries	**Mandatory**		**5**
HSS/ N 2316: Manage injuries to head and spine	**Mandatory**		**5**
HSS/ N 2317: Manage infants, neonates and children	**Mandatory**		**5**
HSS/ N 2319: Manage severe abdominal pain	**Mandatory**		**5**
HSS/ N 2320: Manage mass casualty incident	**Mandatory**		**5**
HSS/ N 2321: Select the proper provider institute for transfer	**Mandatory**		**5**
HSS/ N 2322: Transport patient to the provider institute	**Mandatory**		**5**
HSS/ N 2323: Manage patient handover to the provider institute	**Mandatory**		**5**

HSS/ N 2324: Manage diabetes emergency	**Mandatory**		**5**
HSS/ N 2325: Manage advanced venous access and administration of medications	**Mandatory**		**5**
HSS/ N 2326: Manage critical care aeromedical and inter-facility transport	**Mandatory**		**5**
HSS/ N 9601: Collate and communicate health information	**Mandatory**		**5**
HSS/ N 9603: Act within the limits of one's competence and authority	**Mandatory**		**5**
HSS/ N 9604: Work effectively with others	**Mandatory**		**5**
HSS/ N 9605: Manage work to meet requirements	**Mandatory**		**5**
HSS/ N 9606: Maintain a safe, healthy, and secure working environment	**Mandatory**		**5**
HSS/ N 9607: Practice Code of conduct while performing duties	**Mandatory**		**5**
HSS/ N 9609: Follow biomedical waste disposal protocols	**Mandatory**		**5**
HSS/ N 9610: Follow infection control policies and procedures	**Mandatory**		**5**
HSS/ N 9611: Monitor and assure quality	**Mandatory**		**5**

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.
Give details of the document here:
Qualification pack is attached as Annexure 1

SECTION 1

ASSESSMENT

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

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

Will the assessment body be responsible for RPL assessment?

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

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:
REGISTRATION
The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

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

PORTFOLIO SCREENING

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

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

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

QA regarding accreditation of Assessing Body:

The HSSC Accreditation process is divided into two steps:

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

QA Regarding Assessment Criteria & papers:

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

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

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

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

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

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

1 Practical Assessment: This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack.
Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.
2 Viva/Structured Interview: This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.
3 Written Test: Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

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

QA Regarding Assessors:

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

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

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

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

QA before, during and after Assessments:

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

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

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

PHASE OF CONDUCT:

1) **Written Examination:**

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

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

2) **Attendance:**

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

3) **Segregate learners into batches:**

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

4) **Conduct Practical Assessments:**

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

5) **Conduct Viva:**

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

6) **Collate Results:**

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

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

POST-ASSESSMENT PHASE

1) **Verify Result**

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

2) **Upload/Sharing of Results**

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

3) **Documentation**

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

Assessment process and guidelines are attached as Annexure 7

Please attach any documents giving further information about assessment and/or RPL.
Give details of the document(s) here:

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

ASSESSMENT EVIDENCE

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

Job Role	Emergency Medical Technician-Advanced
Qualification Pack Code	HSS/Q2302
Sector Skill Council	Healthcare Sector Skill Council

Guidelines for Assessment

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

Skills Practical and Viva (80% weightage)	
	Marks Allotted
Grand Total-1 (Subject Domain)	**400**
Grand Total-2 (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 totaling 400**

Assessable Outcomes	**Assessment Criteria for the Assessable Outcomes**	**Total Marks (400)**	**Out Of**	**Marks Allocation**	
				Viva	**Skills Practical**
1.HSS/ N 2331: Respond to emergency calls (Advanced)	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 Advanced Life Support (ALS) have been stocked in the Ambulance		40	4	36
	PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer		10	0	10
	PC10. Establish trust and rapport with colleagues		4	0	4
	PC11. Maintain competence within one's role and field of practice		4	0	4
	PC12. Promote and demonstrate good practice as an individual and as a team member at all times		4	0	4
	PC13. Identify and manage potential and actual risks to the quality and safety of practice		10	6	4
	PC14. Evaluate and reflect on the quality of one's work and make continuing improvements		4	0	4

	PC15. Understand basic medico-legal principles		8	8	0
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies		4	4	0
	Total		200	36	164
2. HSS/ N 2327: Assess patient at the site (advanced)	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:		2	0	2
	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		5	1	4
	PC8. Make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform decision making		4	2	2
	PC9. Assess the condition of the patient by:				
	o Observing patient position		10	2	8

	o Observing the colour of the skin as well as ease of breathing and paying attention to any signs of laboured breathing or coughing		10	2	8
	o Checking if there is any bleeding from the nose or ears		10	2	8
	o Looking at the pupil dilation/difference in pupil sizes, as it may be suggestive of concussion		10	2	8
	o Checking if the patient is under the effect of alcohol or any other drug		10	2	8
	o Checking the patient's mouth to ensure the airway is clear		10	2	8
	o Gently checking the neck, starting from the back		10	2	8
	o Checking for any swelling or bruises		10	2	8
	o Checking the chest to ascertain if any object is stuck		10	2	8
	o Checking the ribcage for bruising or swelling and the abdomen for any kind of swelling or lumps		10	2	8
	o Checking for any damage to the pelvis		10	2	8
	o Asking the victim if they are able to feel their legs		10	2	8
	o Observing the colour of toes to check for any circulation problems		10	2	8
	PC10. Use appropriate equipment if required		10	2	8
	Total		200	54	146
3. HSS/ N 2305 (Patient Triage based on the defined clinical criteria of severity of illness)	PC1. Have the expertise to quickly assess whether the patient requires immediate life-saving intervention or whether they could wait	**200**	40	10	30
	PC2. Know how to check all the vital signs		40	10	30
	PC3. Identify a high-risk case		40	20	20
	PC4. Assess the kind of resources the person will require. For e.g. The EMT should know the standard resources required for a person who comes to the emergency department for a similar ailment		20	5	15
	PC5. Communicate clearly and assertively		3	0	3
	PC6. Collaboratively be able to supervise/work collaboratively with other departments		4	0	4

	PC7. Multitask without compromising on quality and accuracy of care provided		3	0	3
	PC8. Use SALT method in day-to-day handling and START in mass casualty handling and disasters		50	10	40
	Total		200	55	145
4. HSS/ N 2328: Manage cardiovascular emergency (advanced)	PC1. Describe the structure and function of the cardiovascular system	**200**	2	2	0
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort		15	0	15
	PC3. Identify the symptoms of hypertensive emergency		3	0	3
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)		3	0	3
	PC5. Explain the impact of age and weight on defibrillation		3	3	0
	PC6. Discuss the position of comfort for patients with various cardiac emergencies		2	1	1
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise		5	2	3
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support		5	5	0
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator		2	2	0
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available		10	10	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		5	5	0
	PC12. Explain the usage of aspirin and clopidogrel		5	5	0
	PC13. Differentiate between the fully automated and the semi-automated defibrillator		5	5	0
	PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators		5	3	2
	PC15. Assure that the patient is pulseless and apnoeic when using the		3	0	3

	automated external defibrillator				
	PC16. Identify circumstances which may result in inappropriate shocks		3	3	0
	PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator		3	3	0
	PC18. Summarise the speed of operation of automated external defibrillation		3	3	0
	PC19. Discuss the use of remote defibrillation through adhesive pads		3	3	0
	PC20. Operate the automated external defibrillator		25	0	25
	PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS		3	3	0
	PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator		10	5	5
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator		3	3	0
	PC24. Identify the components and discuss the importance of post-resuscitation care		10	4	6
	PC25. Explain the importance of frequent practice with the automated external defibrillator		2	2	0
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist		5	5	0
	PC27. Explain the role medical direction plays in the use of automated external defibrillation		5	5	0
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator		5	5	0
	PC29. Discuss the components that should be included in a case review		5	5	0
	PC30. Discuss the goal of quality improvement in automated external defibrillation		5	5	0
	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain		5	5	0
	PC32. List the indications for the use of nitro-glycerine		7	7	0

	PC33. State the contraindications and side effects for the use of nitro-glycerine		5	5	0
	PC34. Perform maintenance checks of the automated external defibrillator		10	0	10
	PC35. Perform ECG tracing		10	0	10
	PC36. Perform manual defibrillation, cardioversion and transcutaneous pacing		15	0	15
	PC37. Manage acute heart failure		10	10	0
	Total		200	114	86
5.HSS/ N 2307 (Manage Cerebrovascular Emergency)	PC1. Describe the basic types, causes, and symptoms of stroke	**200**	20	20	0
	PC2. Provide emergency medical care to a patient experiencing symptoms of a stroke		10	0	10
	PC3. Manage airway, breathing, and circulation		10	0	10
	PC4. Assess the patient's level of consciousness and document any signs of stroke		10	0	10
	PC5. Assess vital signs: Blood pressure, heart rate, and respiratory rate		10	0	10
	PC6. Perform a standardised pre-hospital stroke scale assessment such as the Cincinnati pre-hospital stroke scale		20	0	20
	PC7. Check serum blood sugar		5	0	5
	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		25	15	10
	PC9. Determine the time of onset of symptoms		10	10	0
	PC10. Explain how patients, family, or bystanders should respond to a potential stroke		10	10	0
	PC11. Discuss the actions recommended for emergency responders to potential stroke victims		10	10	0
	PC12. Explain the importance of transporting stroke patients immediately to an emergency department that has the personnel and equipment to provide comprehensive acute stroke treatment		10	10	0

	PC13. Carry out first triage of potential stroke victims		5	0	5
	PC14. Expedite transport of the patient to the nearest hospital equipped to handle strokes		10	10	0
	PC15. Explain the importance of immediately notifying the Emergency Department of the hospital of the arrival of a potential stroke victim		15	15	0
	PC16. Administer an IV line and oxygen and monitor the functioning of the heart on-route to the hospital		10	0	10
	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	105	95
6.HSS/ N 2308 (Manage Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction	**200**	20	10	10
	PC2. Perform the emergency medical care of the patient with an allergic reaction		50	0	50
	PC3. Establish the relationship between the patient with an allergic reaction and airway management		15	7	8
	PC4. Recognise the mechanisms of allergic response and the implications for airway management		20	10	10
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector		20	20	0
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors		25	0	25
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction		30	15	15
	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		20	20	0
	Total		200	82	118
7.HSS/ N 2329: Manage poisoning or overdose (advanced)	PC1. Recognise various ways that poisons enter the body	**200**	20	20	0
	PC2. Recognise signs/symptoms associated with various poisoning		30	20	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		20	10	10
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal		10	10	0
	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose		10	10	0
	PC8. Perform gastric lavage		30	0	30
	Total		200	90	110
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		20	20	0
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold		60	20	40
	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		50	10	40
	PC6. Recognise the signs and symptoms of water-related emergencies		25	10	15
	PC7. Identify the complications of near-drowning		10	10	0
	PC8. Perform emergency medical care for bites and stings		10	5	5
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines		5	5	0
	Total		200	100	100
9.HSS/ N 2330: Manage behavioural emergency (advanced)	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	**200**	10	10	0
	PC2. Recognise the various reasons for psychological crises		20	10	10
	PC3. Identify the characteristics of an individual's behaviour which suggest that the patient is at risk for suicide		30	15	15

	PC4. Identify special medical/legal considerations for managing behavioural emergencies		60	25	35
	PC5. Recognise the special considerations for assessing a patient with behavioural problems		40	20	20
	PC6. Identify the general principles of an individual's behaviour, which suggest the risk for violence		20	10	10
	PC7. Identify physical and chemical methods to calm behavioural emergency patients		20	10	10
	Total		200	100	100
10.HSS/ N 2312 (Manage Obstetrics/Gynaecology emergencies)	PC1. Identify the following structures: Uterus, vagina, foetus, placenta, umbilical cord, amniotic sac, and perineum		5	5	0
	PC2. Identify and explain the use of the contents of an obstetrics kit		10	10	0
	PC3. Identify pre-delivery emergencies		10	10	0
	PC4. State indications of an imminent delivery		5	5	0
	PC5. Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery		10	10	0
	PC6. Perform the steps in pre-delivery preparation of the mother		20	0	20
	PC7. Establish the relationship between body substance isolation and childbirth		10	5	5
	PC8. Perform the steps to assist in the delivery	**200**	20	0	20
	PC9. State the steps required for care of the baby as the head appears		10	5	5
	PC10. Explain how and when to cut the umbilical cord		10	5	5
	PC11. Perform the steps in the delivery of the placenta		10	5	5
	PC12. Perform the steps in the emergency medical care of the mother post-delivery		10	5	5
	PC13. Summarise neonatal resuscitation procedures		10	10	0
	PC14. Identify the procedures for the following abnormal deliveries: Breech birth, multiple births, prolapsed cord, limb presentation		10	10	0
	PC15. Differentiate the special considerations for multiple births		10	10	0
	PC16. Recognise special considerations		5	5	0

	of meconium				
	PC17. Identify special considerations of a premature baby		5	5	0
	PC18. Perform the emergency medical care of a patient with a gynaecological emergency		10	0	10
	PC19. Perform steps required for emergency medical care of a mother with excessive bleeding		10	5	5
	PC20. Complete a Pre-Hospital Care report for patients with obstetrical/gynaecological emergencies		10	10	0
	Total		200	120	80
11.HSS/ N 2313 (Manage Bleeding and Shock)	PC1. Recognise the structure and function of the circulatory system	**200**	15	15	0
	PC2. Differentiate between arterial, venous and capillary bleeding		15	15	0
	PC3. State methods of emergency medical care of external bleeding		20	10	10
	PC4. Establish the relationship between body substance isolation and bleeding		10	5	5
	PC5. Establish the relationship between airway management and the trauma patient		20	5	15
	PC6. Establish the relationship between mechanism of injury and internal bleeding		20	10	10
	PC7. Recognise the signs of internal bleeding		20	10	10
	PC8. Perform the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding		20	0	20
	PC9. Recognise the signs and symptoms of shock (hypo perfusion)		20	10	10
	PC10. Perform the steps in the emergency medical care of the patient with signs and symptoms of shock (hypo perfusion)		20	10	10
	PC11. Recognize different types of shock and initiate appropriate medical management		20	10	10
	Total		200	100	100
12. HSS/ N 2314 (Manage Soft Tissue Injury and Burns)	PC1. Recognise the major functions of the skin	**200**	5	5	0
	PC2. Recognise the layers of the skin		5	5	0
	PC3. Establish the relationship between body substance isolation (BSI) and soft tissue injuries		5	5	0

	PC4. Recognise the types of closed soft tissue injuries		5	5	0
	PC5. Perform the emergency medical care of the patient with a closed soft tissue injury		10	0	10
	PC6. State the types of open soft tissue injuries		5	5	0
	PC7. Recognise the emergency medical care of the patient with an open soft tissue injury		10	5	5
	PC8. Recognise the emergency medical care considerations for a patient with a penetrating chest injury		5	5	0
	PC9. Perform the emergency medical care considerations for a patient with an open wound to the abdomen		5	5	0
	PC10. Differentiate the care of an open wound to the chest from an open wound to the abdomen		3	3	0
	PC11. Classify burns		3	3	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	0	10
	PC19. Perform the emergency medical care of the patient with a partial thickness burn		10	0	10
	PC20. Perform the emergency medical care of the patient with a full thickness burn		10	0	10
	PC21. Recognise the functions of dressing and bandaging		8	8	0
	PC22. Describe the purpose of a bandage		5	5	0
	PC23. Perform the steps in applying a pressure dressing		8	0	8
	PC24. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries		10	5	5
	PC25. Know the ramification of improperly applied dressings, splints and tourniquets		10	5	5

	PC26. Perform the emergency medical care of a patient with an impaled object		10	5	5
	PC27. Perform the emergency medical care of a patient with an amputation		10	5	5
	PC28. Perform the emergency care for a chemical burn		10	5	5
	PC29. Perform the emergency care for an electrical burn		10	5	5
	PC30. Recognise inhalation injury and perform emergency care		10	10	0
	Total		200	117	83
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**	5	5	0
	PC2. List the functions of the central nervous system		5	5	0
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system		5	5	0
	PC4. Relate mechanism of injury to potential injuries of the head and spine		5	5	0
	PC5. Recognise the implications of not properly caring for potential spine injuries		5	5	0
	PC6. State the signs and symptoms of a potential spine injury		5	5	0

	PC7. Recognise the method of determining if a responsive patient may have a spine injury		5	5	0
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine injury		10	5	5
	PC9. Identify how to stabilise the cervical spine		15	5	10
	PC10. Indications for sizing and using a cervical spine immobilisation device		5	5	0
	PC11. Establish the relationship between airway management and the patient with head and spine injuries		10	5	5
	PC12. Recognise a method for sizing a cervical spine immobilisation device		10	5	5
	PC13. Log roll a patient with a suspected spine injury		15	5	10
	PC14. Secure a patient to a long spine board		10	5	5
	PC15. List instances when a short spine board should be used		5	5	0
	PC16. Immobilise a patient using a short spine board		10	10	0
	PC17. Recognise the indications for the use of rapid extrication		5	5	0
	PC18. Understand the steps in performing rapid extrication		10	5	5
	PC19. Identify the circumstances when a helmet should be left on the patient		5	5	0
	PC20. Identify the circumstances when a helmet should be removed		5	5	0
	PC21. Identify alternative methods for removal of a helmet		5	5	0
	PC22. Stabilise patient's head to remove the helmet		15	5	10
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet		5	5	0
	PC24. Immobilise paediatric and geriatric victims		5	0	5
	PC25. Manage scalp bleeding		15	5	10
	PC26. Manage eye injury		5	5	0
	Total		200	130	70
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**	10	10	0
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient		10	10	0

	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult		10	5	5
	PC4. Understand various causes of respiratory emergencies		10	10	0
	PC5. Differentiate between respiratory distress and respiratory failure		10	10	0
	PC6. Perform the steps in the management of foreign body airway obstruction		30	0	30
	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure		10	5	5
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient		10	5	5
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient		10	5	5
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults		10	10	0
	PC11. Recognise the common causes of seizures in the infant and child patient		10	10	0
	PC12. Perform the management of seizures in the infant and child patient		30	0	30
	PC13. Differentiate between the injury patterns in adults, infants, and children		10	10	0
	PC14. Perform the field management of the infant and child trauma patient		10	5	5
	PC15. Summarise the indicators of possible child abuse and neglect		10	10	0
	PC16. Recognise the medical legal responsibilities in suspected child abuse		5	5	0
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport		5	5	0
	Total		200	115	85
16.HSS/ N 2318 (Manage respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:	**200**	10	10	0
	a. Nasopharynx				
	b. Nasal air passage				
	c. Pharynx				
	d. Mouth				
	e. Oropharynx				
	f. Epiglottis				

	PC2. Recognise the anatomical components of the lower airway including:		10	10	0
	a. Larynx				
	b. Trachea				
	c. Alveoli				
	d. Bronchi				
	e. Carina				
	f. Diaphragm				
	PC3. Recognise the characteristics of normal breathing		10	5	5
	PC4. Recognise the signs of abnormal breathing including:		30	15	15
	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		20	10	10
	PC6. Recognise the characteristics of irregular breathing patterns		30	15	15
	PC7. Complete a focused history and physical exam of the patient		30	0	30
	PC8. Establish airway in patient with respiratory difficulties		15	5	10
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy		15	10	5
	PC10. Understand the various types of Metered Dose Inhalers including:		20	20	0
	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		10	10	0
	Total		200	110	90
17.HSS/ N 2319 (Manage severe abdominal pain)	PC1. Recognise the anatomical components of the abdomen and their functions including:	**200**	20	20	0
	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)				
	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		10	5	5
	PC3. Recognise the symptoms and causes of parietal pain		10	5	5
	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 absess; free abdominal blood		10	10	0
	b. Left shoulder (or neck, jaw, scapula) – possible irritation of the diaphragm (usually on the left); ruptured spleen; pancreatic disease or cancer; subphrenic absess; abdominal blood		10	10	0
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone		10	10	0
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis		10	10	0
	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		10	10	0
	f. Sacrum pain – perirectal abscess, rectal disease		10	10	0
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris		10	10	0
	h. Testicular pain – renal colic; appendicitis		10	10	0
	PC5. Complete a focused history and physical exam of the patient including:		25	0	25
	a. Visual inspection				
	b. Auscultating the abdomen				
	c. Palpating the abdomen				
	PC6. Establish airway in patient		5	0	5
	PC7. Place patient in position of comfort		5	0	5
	PC8. Calm and reassure the patient		5	0	5
	PC9. Look for signs of hypoperfusion		5	0	5
	PC10. Recognise possible diagnoses for abdominal pain		5	5	0
	PC11. State the treatment for managing various causes of abdominal pain		10	5	5
	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	5	5

	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)		10	5	5
	Total		200	130	70
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		5	5	0
	b. As Incident Commander, designating Triage Team(s), Treatment Team(s), and a Transport Officer		5	5	0
	PC2. Set up separate areas for treatment, triage and transport		10	10	0
	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		40	0	40
	PC4. Use appropriate personal protective equipment while conducting initial triage		10	5	5
	PC5. Tag severity/ criticality of patient using colour coded tags		40	0	40
	PC6. Direct non-injured and/or slightly injured victims to the triage area set up for those with minor injuries		10	5	5
	PC7. Monitor patients with minor injuries for changes in their condition		10	5	5
	PC8. Maintain an open airway and stop uncontrolled bleeding		10	0	10
	PC9. Extract patients from the casualty area based on initial triage to designated triage and treatment areas		10	0	10
	PC10. Use equipment like cots and litters for extraction where required		10	5	5
	PC11. Re-triage patients extracted to the triage and treatment areas		10	10	0
	PC12. Provide treatment and deliver patients to transport area		10	5	5
	PC13. Transport patients to healthcare facility		10	5	5
	PC14. Alert healthcare facilities in advance of possible arrival of multiple patients		10	5	5
	Total		200	65	135
19.HSS/ N 2324 (Manage diabetes emergency)	PC1. Identify the patient taking diabetic medications and the implications of a diabetes history	**200**	40	20	20

	PC2. Perform the steps in the emergency medical care of the patient taking diabetic medicine with a history of diabetes		40	0	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		30	30	0
	PC5. Evaluate the need for medical direction in the emergency medical care of the diabetic patient		50	20	20
	Total		200	80	110
20. HSS/ N 2325: Manage advanced venous access and administration of medications	PC1. Recognise the specific anatomy and physiology pertinent to medication administration	**200**	5	5	0
	PC2. Differentiate temperature readings between the Centigrade and Fahrenheit scales		3	3	0
	PC3. Discuss formulas as a basis for performing drug calculations		10	3	7
	PC4. Calculate oral and parenteral drug dosages for all emergency medications administered to adults, infants and children		10	3	7
	PC5. Calculate intravenous infusion rates for adults, infants, and children		20	0	20
	PC6. Discuss legal aspects affecting medication administration		5	5	0
	PC7.Discuss medical asepsis and the differences between clean and sterile techniques		5	5	0
	PC8.Describe use of antiseptics and disinfectants		3	3	0
	PC9. Describe the use of universal precautions and body substance isolation (BSI) procedures when administering a medication		2	2	0
	PC10. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation		25	0	25
	PC11. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion		20	20	0

	PC12. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of administering medications by the inhalation route		20	20	0
	PC13. Differentiate among the different dosage forms of oral medications		5	5	0
	PC14. Describe the equipment needed and general principles of administering oral medicationsy		7	7	0
	PC15.Describe the indications, equipment needed, techniques utilized, precautions, and general principles of rectal medication administration		10	10	0
	PC16. Describe the equipment needed, techniques utilized, complications, and general principles for the preparation and administration of parenteral medication		10	10	0
	PC17. Differentiate among the different percutaneous routes of medication administration		5	5	0
	PC18. Differentiate among the different parenteral routes of medication administration		5	5	0
	PC19. Describe the purpose, equipment needed, techniques utilized, complications, and general principles for obtaining a blood sample		10	5	5
	PC20. Describe disposal of contaminated items and sharps		2	0	2
	PC21. Synthesize a pharmacologic management plan including medication administration		3	3	0
	PC22. Integrate pathophysiological principles of medication administration with patient management		10	5	5
	PC23. Comply with universal precautions and body substance isolation		5	0	5
	Total		200	124	76
21. HSS/ N 2326: Manage critical care aeromedical and inter-facility transport	PC1. Understand the role of the critical care inter-facility transport teams in the patient care continuum	**200**	5	0	5
	PC2. Understand the importance of providing the highest quality of care in a timely and safe manner		5	0	5
	PC3. Understand how the needs and characteristics of patients influence and drive the competencies of critical care inter-facility transport		10	5	5

	professionals				
	PC4. Define and differentiate between the following		20	20	0
	a. Pre-hospital Emergency Medical Services				
	b. Inter-facility EMS transport				
	c. Critical Care				
	d. Critical Care Transport				
	PC5. Compare and contrast the role of critical care inter-facility transport with the Emergency Medical Services pre-hospital system		5	5	0
	PC6. Describe roles of team members in critical care inter-facility transport		10	10	0
	PC7. Differentiate between critically ill trauma and medical patient transport theories		10	5	5
	a. Scoop and run				
	b. Stay and play/resuscitate				
	PC8. Describe safe transport techniques		20	20	0
	PC9. Describe appropriate transport equipment necessary for various critical care inter-facility transports		25	10	15
	PC10. Describe the pertinent rules and regulations for critical care paramedics in inter-facility transports		15	10	5
	PC11. Describe the components needed to provide the highest quality of care during critical care inter-facility transport		15	5	10
	PC12. Describe the importance of initial stabilization of the patient prior to transport		5	0	5
	PC13. Describe how disaster and mass casualty events will affect critical care interfacility transport		10	10	0
	PC14. Adhere fully to the steps involved in treating and transporting the patient		10	5	5
	PC15. Positively manage situations where transport is a problem		5	5	0
	PC16. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport		10	0	10

	PC17. Adhere fully to procedures once the patient reaches the hospital		10	5	5
	PC18. Use correct medication and equipment for treatment of immediate threats to life		10	5	5
	Total		200	120	80
22. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements	**200**	5	0	5
	PC2. Preform 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	2	3
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		5	5	0
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	5	0
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	5	0
	PC7. Follow procedures for risk control and risk containment for specific risks		5	0	5
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		5	0	5
	PC9. Place appropriate signs when and where appropriate		5	5	0
	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	5	0
	PC12. Follow hand washing procedures		15	0	15
	PC13. Implement hand care procedures		10	0	10
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		10	5	5
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		10	5	5

	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		5	3	2
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work		5	3	2
	PC18. Confine records, materials and medicaments to a well-designated clean zone		5	5	0
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone		10	2	8
	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		10	5	5
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		5	5	0
	PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release		5	5	0
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	2	3
	PC25. Wear personal protective clothing and equipment during cleaning procedures		5	2	3
	PC26. Remove all dust, dirt and physical debris from work surfaces		10	2	8
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		5	2	3
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		10	2	8
	PC29. Dry all work surfaces before and		5	2	3

	after use				
	PC30. Replace surface covers where applicable		5	2	3
	PC31. Maintain and store cleaning equipment		5	2	3
	Total		200	81	119
Grand Total-1 (Subject Domain)		**400**			
Compulsory NOS with Clinical NOS		**Perform this NOS compulsorily with the clinical NOS of subject domain carrying 10 marks totaling 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
	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 one field from both part 1 and part 2 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 45 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	**18**	2	2	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		4	2	2
	PC3. Allocate patient to the nearest provider institute		2	2	0
	PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres		2	2	0
	PC5. Make sure that the selection of the institute is in adherence with the legal regulation		2	2	0

	PC6. Obtain guidance from medical officer for selection of proper provider institute		2	2	0
	PC7. Provide pre-arrival information to the receiving hospital		2	2	0
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)		2	2	0
	Total		18	16	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	**16**	2	2	0
	PC2. Adhere fully to the steps involved in treating and transporting the patient		4	2	2
	PC3. Positively manage situations where transport is a problem		2	2	0
	PC4. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport		2	2	0
	PC5. Adhere fully to procedures once the patient reaches the hospital		2	2	0
	PC6. Use correct medication and equipment for treatment of immediate threats to life		4	2	2
	Total		16	12	4
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	**11**	4	2	2
	PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff		4	2	2
	PC3. Hand over the consent form signed by the patient or a relative		3	1	2
	Total		11	5	6
Decision making and leadership quality Total		**45**	**45**	**33**	**12**
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	**25**	1	0	1
	PC2. Work within organisational systems and requirements as appropriate to one's role		2	0	2
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		4	2	2
	PC4. Maintain competence within one's role and field of practice		2	0	2

	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		4	2	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		4	2	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		4	2	2
	Total		25	10	15
HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	**20**	3	1	2
	PC2. Work within organisational systems and requirements as appropriate to the role		3	1	2
	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority		3	1	2
	PC4. Maintain competence within the role and field of practice		1	0	1
	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1	0	1
	PC7. Identify and manage potential and actual risks to the quality and patient safety		1	0	1
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem		4	2	2
	Total		20	7	13
Attitude Total		**45**	**45**	**17**	**28**
3. Attiquete					
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	**20**	10	5	5
	PC2. Utilise time effectively		2	0	2
	PC3. Ensure his/her work meets the agreed requirements		2	0	2
	PC4. Treat confidential information correctly		2	2	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		4	2	2
	Total		20	9	11

HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	25	2	2	0
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		5	0	5
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		5	0	5
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual		5	5	0
	PC5. Confirm that the needs of the individual have been met		2	2	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		2	2	0
	PC7. Respect the individual's need for privacy		2	2	0
	PC8. Maintain any records required at the end of the interaction		2	2	0
	Total		25	15	10
Attiquete Total		**45**	**45**	**24**	**21**
Part 2 (Pick one field randomly carrying 45 marks)					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	45	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		2	0	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		2	1	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4

	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	3	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
	Total		45	22	23
2. Waste Management					
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	**45**	6	2	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste		6	3	3
	PC3. Segregate the waste material from work areas in line with current legislation and organisational 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 other people		2	0	2
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		15	10	5
	PC8. Follow the organisation's policies and procedures		10	4	6
	Total		**45**	**26**	**19**
4. Ethics					
HSS/ N 2303 (Follow evidence based Protocol while managing patients)	PC1. Understand the appropriate and permissible medical service procedures which may be rendered by an EMT to a patient not in a hospital. For example, steps to be followed for cardiovascular emergencies or emergency of an environmental nature like burns, hypothermia	**45**	9	4	5
	PC2. Understand the communication protocols for medical situations that require direct voice communication between the EMT and the Medical officer prior to the EMT rendering medical services to the patients outside the hospital		9	4	5
	PC3. Adhere to laws, regulations and procedures relating to the work of an EMT		9	4	5
	PC4. Demonstrate professional judgement in determining treatment modalities within the parameters of relevant protocols		9	4	5
	PC5. Understand the universal approach to critical patient care and package-up-patient-algorithm(transport protocol)		9	4	5
	Total		45	20	25
5. Quality					
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis	**45**	5	5	0
	PC2. Evaluate potential solutions thoroughly		5	0	5

	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		3	3	0
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		5	5	0
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		3	0	3
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority		3	0	3
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected		3	0	3
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		3	0	3
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		5	2	3
	PC10. Complete any health and safety records legibly and accurately		10	5	5
	Total		45	20	25
Grand Total-3 (Soft Skills and Communication)		**90**			

Detailed Break Up of Marks		**Theory**
Subject Domain		**Pick all NOS compulsorily totaling 80 marks**
Assessable Outcomes	**Assessment Criteria for the Assessable Outcomes**	**Out Of**
1.HSS/ N 2331: Respond to emergency calls (Advanced)	PC1. Understand the emergency codes used in the hospital for emergency situations	**2**
	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 Advanced Life Support (ALS) have been stocked in the Ambulance	
	PC9. Demonstrate active listening in interactions with the dispatch team, colleagues and the medical officer	
	PC10. Establish trust and rapport with colleagues	
	PC11. Maintain competence within one's role and field of practice	
	PC12. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC13. Identify and manage potential and actual risks to the quality and safety of practice	
	PC14. Evaluate and reflect on the quality of one's work and make continuing improvements	
	PC15. Understand basic medico-legal principles	
	PC16. Function within the scope of care as defined by state, regional and local regulatory agencies	
2. HSS/ N 2327: Assess patient at the site (advanced)	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 for any kind of swelling or lumps	
	o Checking for any damage to the pelvis	
	o Asking the victim if they are able to feel	

	their legs	
	o Observing the colour of toes to check for any circulation problems	
	PC10. Use appropriate equipment if required	
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	**2**
	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	
4. HSS/ N 2328: Manage cardiovascular emergency (advanced)	PC1. Describe the structure and function of the cardiovascular system	**4**
	PC2. Provide emergency medical care to a patient experiencing chest pain/discomfort	
	PC3. Identify the symptoms of hypertensive emergency	
	PC4. Identify the indications and contraindications for automated external defibrillation (AED)	
	PC5. Explain the impact of age and weight on defibrillation	
	PC6. Discuss the position of comfort for patients with various cardiac emergencies	
	PC7. Establish the relationship between airway management and the patient with cardiovascular compromise	
	PC8. Predict the relationship between the patient experiencing cardiovascular compromise and basic life support	
	PC9. Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator	
	PC10. Explain the importance of pre-hospital Advanced Life Support (ALS) intervention if it is available	

	PC11. Explain the importance of urgent transport to a facility with Advanced Life Support if it is not available in the pre-hospital setting	
	PC12. Explain the usage of aspirin and clopidogrel	
	PC13. Differentiate between the fully automated and the semi-automated defibrillator	
	PC14. Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators	
	PC15. Assure that the patient is pulseless and apnoeic when using the automated external defibrillator	
	PC16. Identify circumstances which may result in inappropriate shocks	
	PC17. Explain the considerations for interruption of CPR, when using the automated external defibrillator	
	PC18. Summarise the speed of operation of automated external defibrillation	
	PC19. Discuss the use of remote defibrillation through adhesive pads	
	PC20. Operate the automated external defibrillator	
	PC21. Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS	
	PC22. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator	
	PC23. Explain the reason for pulses not being checked between shocks with an automated external defibrillator	
	PC24. Identify the components and discuss the importance of post-resuscitation care	
	PC25. Explain the importance of frequent practice with the automated external defibrillator	
	PC26. Discuss the need to complete the Automated Defibrillator: Operator's Shift checklist	
	PC27. Explain the role medical direction plays in the use of automated external defibrillation	
	PC28. State the reasons why a case review should be completed following the use of the automated external defibrillator	
	PC29. Discuss the components that should be included in a case review	
	PC30. Discuss the goal of quality improvement in automated external defibrillation	

	PC31. Recognise the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain	
	PC32. List the indications for the use of nitro-glycerine	
	PC33. State the contraindications and side effects for the use of nitro-glycerine	
	PC34. Perform maintenance checks of the automated external defibrillator	
	PC35. Perform ECG tracing	
	PC36. Perform manual defibrillation, cardioversion and transcutaneous pacing	
	PC37. Manage acute heart failure	
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	
6.HSS/ N 2308 (Manage Allergic Reaction)	PC1. Recognise the patient experiencing an allergic reaction	**4**
	PC2. Perform the emergency medical care of the patient with an allergic reaction	
	PC3. Establish the relationship between the patient with an allergic reaction and airway management	
	PC4. Recognise the mechanisms of allergic response and the implications for airway management	
	PC5. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector	
	PC6. Administer treatment appropriately in case of not having access to epinephrine auto-injectors	
	PC7. Evaluate the need for medical emergency medical care for the patient with an allergic reaction	
	PC8. Differentiate between the general category of those patients having an allergic reaction and those patients having a severe allergic reaction, requiring immediate medical care including immediate use of epinephrine auto-injector	
7.HSS/ N 2329: Manage poisoning or overdose (advanced)	PC1. Recognise various ways that poisons enter the body	**4**
	PC2. Recognise signs/symptoms associated with various poisoning	
	PC3. Perform the emergency medical care for the patient with possible overdose	
	PC4. Perform the steps in the emergency medical care for the patient with suspected poisoning	
	PC5. Establish the relationship between the patient suffering from poisoning or overdose and airway management	
	PC6. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal	

	PC7. Recognise the need for medical direction in caring for the patient with poisoning or overdose	
	PC8. Perform gastric lavage	
8.HSS/ N 2310 (Manage Environmental Emergency)	PC1. Recognise the various ways by which body loses heat	**4**
	PC2. List the signs and symptoms of exposure to cold	
	PC3. Perform the steps in providing emergency medical care to a patient exposed to cold	
	PC4. List the signs and symptoms of exposure to heat	
	PC5. Perform the steps in providing emergency care to a patient exposed to heat	
	PC6. Recognise the signs and symptoms of water-related emergencies	
	PC7. Identify the complications of near-drowning	
	PC8. Perform emergency medical care for bites and stings	
	PC9. Explain various relevant National Disaster Management Agency (NDMA) guidelines	
9.HSS/ N 2330: Manage behavioural emergency (advanced)	PC1. Recognise the general factors that may cause an alteration in a patient's behaviour	**4**
	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 physical and chemical methods to calm behavioural emergency patients	
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	
	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	
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	
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	
	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	
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	
	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	
14.HSS/ N 2316 (Manage Injuries to head and spine Description)	PC1. State the components of the nervous system	**4**
	PC2. List the functions of the central nervous system	
	PC3. Recognise the structure of the skeletal system as it relates to the nervous system	
	PC4. Relate mechanism of injury to potential injuries of the head and spine	
	PC5. Recognise the implications of not properly caring for potential spine injuries	
	PC6. State the signs and symptoms of a potential spine injury	
	PC7. Recognise the method of determining if a responsive patient may have a spine injury	
	PC8. Relate the airway emergency medical care techniques to the patient with a suspected spine	

	injury	
	PC9. Identify how to stabilise the cervical spine	
	PC10. Indications for sizing and using a cervical spine immobilisation device	
	PC11. Establish the relationship between airway management and the patient with head and spine injuries	
	PC12. Recognise a method for sizing a cervical spine immobilisation device	
	PC13. Log roll a patient with a suspected spine injury	
	PC14. Secure a patient to a long spine board	
	PC15. List instances when a short spine board should be used	
	PC16. Immobilise a patient using a short spine board	
	PC17. Recognise the indications for the use of rapid extrication	
	PC18. Understand the steps in performing rapid extrication	
	PC19. Identify the circumstances when a helmet should be left on the patient	
	PC20. Identify the circumstances when a helmet should be removed	
	PC21. Identify alternative methods for removal of a helmet	
	PC22. Stabilise patient's head to remove the helmet	
	PC23. Differentiate how the head is stabilised with a helmet compared to without a helmet	
	PC24. Immobilise paediatric and geriatric victims	
	PC25. Manage scalp bleeding	
	PC26. Manage eye injury	
15.HSS/ N 2317 (Manage Infants, Neonates and Children)	PC1. Identify the developmental considerations for the age groups of infants, toddlers, pre-school, school age and adolescent	**2**
	PC2. Identify differences in anatomy and physiology of the infant, child and adult patient	
	PC3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult	
	PC4. Understand various causes of respiratory emergencies	
	PC5. Differentiate between respiratory distress and respiratory failure	
	PC6. Perform the steps in the management of foreign body airway obstruction	

	PC7. Implement emergency medical care strategies for respiratory distress and respiratory failure	
	PC8. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient	
	PC9. Recognise the methods of determining end organ perfusion in the infant and child patient	
	PC10. Identify the usual cause of cardiac arrest in infants and children versus adults	
	PC11. Recognise the common causes of seizures in the infant and child patient	
	PC12. Perform the management of seizures in the infant and child patient	
	PC13. Differentiate between the injury patterns in adults, infants, and children	
	PC14. Perform the field management of the infant and child trauma patient	
	PC15. Summarise the indicators of possible child abuse and neglect	
	PC16. Recognise the medical legal responsibilities in suspected child abuse	
	PC17. Recognise need for EMT debriefing following a difficult infant or child transport	
16.HSS/ N 2318 (Manage respiratory emergency)	PC1. Recognise the anatomical components of the upper airway including:	**4**
	a. Nasopharynx	
	b. Nasal air passage	
	c. Pharynx	
	d. Mouth	
	e. Oropharynx	
	f. Epiglottis	
	PC2. Recognise the anatomical components of the lower airway including:	
	a. Larynx	
	b. Trachea	
	c. Alveoli	
	d. Bronchi	
	e. Carina	
	f. Diaphragm	
	PC3. Recognise the characteristics of normal breathing	
	PC4. Recognise the signs of abnormal breathing including:	
	a. Dyspnoea	
	b. Upper airway obstruction	
	c. Acute pulmonary oedema	

	d. Chronic obstructive pulmonary disease	
	e. Bronchitis	
	f. Emphysema	
	g. Pneumothorax	
	h. Asthma	
	i. Pneumonia	
	j. Pleural effusion	
	k. Pulmonary embolism	
	l. Hyperventilation	
	PC5. Recognise the characteristics of abnormal breath sounds	
	PC6. Recognise the characteristics of irregular breathing patterns	
	PC7. Complete a focused history and physical exam of the patient	
	PC8. Establish airway in patient with respiratory difficulties	
	PC9. Contact Dispatch and Medical Control for choosing nebulizer therapy	
	PC10. Understand the various types of Metered Dose Inhalers including:	
	a. Preventil	
	b. Ventoiln	
	c. Alupent	
	d. Metaprel	
	e. Brethine	
	f. Albuterol	
	g. Metaproterenol	
	h. Terbutaline	
	PC11. Understand the contraindications and side effects for various types of Metered Dose Inhalers	
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)	
	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 absess; 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 absess; abdominal blood	
	c. Midline, back pain – aortic aneurysm or dissection; pancreatitis, pancreatic cancer, kidney stone	
	d. Mid-abdominal pain – small bowel irritation, gastroenteritis, early appendicitis	
	e. Lower abdominal pain – diverticular disease (herniations of the mucosa and submucosa of the intestines), Crohn's disease (a type of inflammatory bowel disease), ulcerative colitis	
	f. Sacrum pain – perirectal abscess, rectal disease	
	g. Epigastrium pain – peptic, duodenal ulcer; gallstone, hepatitis, pancreatitis, angina pectoris	
	h. Testicular pain – renal colic; appendicitis	

	PC5. Complete a focused history and physical exam of the patient including:	
	a. Visual inspection	
	b. Auscultating the abdomen	
	c. Palpating the abdomen	
	PC6. Establish airway in patient	
	PC7. Place patient in position of comfort	
	PC8. Calm and reassure the patient	
	PC9. Look for signs of hypoperfusion	
	PC10. Recognise possible diagnoses for abdominal pain	
	PC11. State the treatment for managing various causes of abdominal pain	
	PC12. Recognise potential diagnoses which imply the condition of the patient may deteriorate and highlight the need for frequent reassessment and advanced life support interventions	
	PC13. Alert the Emergency Centre/ Healthcare provider in advance of a priority case (when required)	
18.HSS/ N 2320 (Manage Mass Casualty Incident)	PC1. Establish an Incident Management Structure on arrival at the scene including:	**4**
	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	
	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	
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	
20. HSS/ N 2325: Manage advanced venous access and administration of medications	PC1. Recognise the specific anatomy and physiology pertinent to medication administration	**4**
	PC2. Differentiate temperature readings between the Centigrade and Fahrenheit scales	
	PC3. Discuss formulas as a basis for performing drug calculations	
	PC4. Calculate oral and parenteral drug dosages for all emergency medications administered to adults, infants and children	
	PC5. Calculate intravenous infusion rates for adults, infants, and children	
	PC6. Discuss legal aspects affecting medication administration	
	PC7.Discuss medical asepsis and the differences between clean and sterile techniques	
	PC8.Describe use of antiseptics and disinfectants	
	PC9. Describe the use of universal precautions and body substance isolation (BSI) procedures when administering a medication	
	PC10. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation	
	PC11. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion	

	PC12. Describe the indications, equipment needed, techniques utilized, precautions, and general principles of administering medications by the inhalation route	
	PC13. Differentiate among the different dosage forms of oral medications	
	PC14. Describe the equipment needed and general principles of administering oral medicationsy	
	PC15.Describe the indications, equipment needed, techniques utilized, precautions, and general principles of rectal medication administration	
	PC16. Describe the equipment needed, techniques utilized, complications, and general principles for the preparation and administration of parenteral medication	
	PC17. Differentiate among the different percutaneous routes of medication administration	
	PC18. Differentiate among the different parenteral routes of medication administration	
	PC19. Describe the purpose, equipment needed, techniques utilized, complications, and general principles for obtaining a blood sample	
	PC20. Describe disposal of contaminated items and sharps	
	PC21. Synthesize a pharmacologic management plan including medication administration	
	PC22. Integrate pathophysiological principles of medication administration with patient management	
	PC23. Comply with universal precautions and body substance isolation	
21. HSS/ N 2326: Manage critical care aeromedical and inter-facility transport	PC1. Understand the role of the critical care inter-facility transport teams in the patient care continuum	**4**
	PC2. Understand the importance of providing the highest quality of care in a timely and safe manner	
	PC3. Understand how the needs and characteristics of patients influence and drive the competencies of critical care inter-facility transport professionals	
	PC4. Define and differentiate between the following	
	a. Pre-hospital Emergency Medical Services	
	b. Inter-facility EMS transport	
	c. Critical Care	
	d. Critical Care Transport	

	PC5. Compare and contrast the role of critical care inter-facility transport with the Emergency Medical Services pre-hospital system	
	PC6. Describe roles of team members in critical care inter-facility transport	
	PC7. Differentiate between critically ill trauma and medical patient transport theories	
	a. Scoop and run	
	b. Stay and play/resuscitate	
	PC8. Describe safe transport techniques	
	PC9. Describe appropriate transport equipment necessary for various critical care inter-facility transports	
	PC10. Describe the pertinent rules and regulations for critical care paramedics in inter-facility transports	
	PC11. Describe the components needed to provide the highest quality of care during critical care inter-facility transport	
	PC12. Describe the importance of initial stabilization of the patient prior to transport	
	PC13. Describe how disaster and mass casualty events will affect critical care interfacility transport	
	PC14. Adhere fully to the steps involved in treating and transporting the patient	
	PC15. Positively manage situations where transport is a problem	
	PC16. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport	
	PC17. Adhere fully to procedures once the patient reaches the hospital	
	PC18. Use correct medication and equipment for treatment of immediate threats to life	
22. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Preform the standard precautions to prevent the spread of infection in accordance with organisation requirements	**4**
	PC2. Preform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection	
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter	
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility	
	PC5. Document and report activities and tasks that put patients and/or other workers at risk	

	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization	
	PC7. Follow procedures for risk control and risk containment for specific risks	
	PC8. Follow protocols for care following exposure to blood or other body fluids as required	
	PC9. Place appropriate signs when and where appropriate	
	PC10. Remove spills in accordance with the policies and procedures of the organization	
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination	
	PC12. Follow hand washing procedures	
	PC13. Implement hand care procedures	
	PC14. Cover cuts and abrasions with water-proof dressings and change as necessary	
	PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use	
	PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	
	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work	
	PC18. Confine records, materials and medicaments to a well-designated clean zone	
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone	
	PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste	
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified	
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons	
	PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release	
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and	

	legislative requirements	
	PC25. Wear personal protective clothing and equipment during cleaning procedures	
	PC26. Remove all dust, dirt and physical debris from work surfaces	
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled	
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols	
	PC29. Dry all work surfaces before and after use	
	PC30. Replace surface covers where applicable	
	PC31. Maintain and store cleaning equipment	
23. HSS/ N 2302 (Size up the scene at the site)	PC1. Ensure that all safety precautions are taken at the scene of the emergency	**4**
	PC2. Introduce themselves to patient(s) and ask for their consent to any treatment	
	PC3. Understand the implications of nuclear, radioactive, biological, chemical and explosive incidents and take appropriate action	
	PC4. Collaborate effectively with other emergency response agencies and explain the situation clearly to them. This includes bomb disposal squads, fire departments, chemical, biological and nuclear agencies	
	PC5. Reassure patient(s) and bystanders by working in a confident, efficient manner	
	PC6. Work expeditiously while avoiding mishandling of patient(s) and undue haste	
	PC7. Recognise and react appropriately to persons exhibiting emotional reactions	
	PC8. Interact effectively with the patient(s), relatives and bystanders who are in stressful situations	
	PC9. Obtain information regarding the incident through accurate and complete scene assessment and document it accordingly	
	PC10. Evaluate the scene and call for backup if required	
	PC11. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	
	PC12. Maintain competence within one's role and field of practice	

	PC13. Collaborate with the law agencies at a crime scene	
	PC14. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC15. Identify and manage potential and actual risks to the quality and safety of work done	
	PC16. Evaluate and reflect on the quality of one's work and make continuing improvements	
	PC17. Understand relevant medico-legal principles	
	PC18. Function within the scope of care defined by state, regional and local regulatory	
Grand Total-1 (Subject Domain)		**80**
Soft Skills and Communication		**Pick all NOS compulsorily totaling 80 marks**
Assessable Outcomes	**Assessment Criteria for the Assessable Outcomes**	**Out Of**
1. Decision making and leadership quality		
HSS/ N 2321 (Select the proper provider institute for transfer)	PC1. Explain to the patient about his role and the reason for selecting a particular health provider	**2**
	PC2. Consolidate complete medical history of the patient with the severity of the damage and impending risk in terms of time and the kind of treatment required	
	PC3. Allocate patient to the nearest provider institute	
	PC4. Base the allocation on the kind of care required namely primary, secondary or tertiary care centres	
	PC5. Make sure that the selection of the institute is in adherence with the legal regulation	
	PC6. Obtain guidance from medical officer for selection of proper provider institute	
	PC7. Provide pre-arrival information to the receiving hospital	
	PC8. Obtain guidance of medical officer when ambulance needed to be stopped en-route (e.g. during emergency child birth)	
HSS/ N 2322 (Transport patient to the provider institute)	PC1. Adhere fully to the rules and regulations related to the usage of ground and air transport	**2**
	PC2. Adhere fully to the steps involved in treating and transporting the patient	
	PC3. Positively manage situations where transport is a problem	
	PC4. Allocate the means of transport keeping in mind the emergency, weather conditions and availability of transport	

	PC5. Adhere fully to procedures once the patient reaches the hospital	
	PC6. Use correct medication and equipment for treatment of immediate threats to life	
HSS/ N 2323 (Manage Patient Handover to the provider institute)	PC1. Provide a verbal report to the medical staff on the condition of the patient and initial findings	**2**
	PC2. Complete the Patient Care Report (PCR) and hand it over to the medical staff	
	PC3. Hand over the consent form signed by the patient or a relative	
2. Attitude		
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	**2**
	PC2. Work within organisational systems and requirements as appropriate to one's role	
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	
	PC4. Maintain competence within one's role and field of practice	
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC7. Identify and manage potential and actual risks to the quality and safety of practice	
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements	
HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	
	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	**2**
	PC2. Utilise time effectively	
	PC3. Ensure his/her work meets the agreed requirements	
	PC4. Treat confidential information correctly	
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role	
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics	
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them	
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual	
	PC5. Confirm that the needs of the individual have been met	
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality	
	PC7. Respect the individual's need for privacy	
	PC8. Maintain any records required at the end of the interaction	
4. Safety management		
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	**2**
	PC2. Comply with health, safety and security procedures for the workplace	
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person	
	PC4. Identify potential hazards and breaches of safe work practices	
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority	
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected	
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently	

	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person	
	PC9. Complete any health and safety records legibly and accurately	
5. Waste Management		
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	**2**
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements	
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	
	PC5. Check the accuracy of the labelling that identifies the type and content of waste	
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal	
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal	
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures	
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	
6. Team Work		
HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	**2**
	PC2. Integrate one's work with other people's work effectively	
	PC3. Pass on essential information to other people on timely basis	
	PC4. Work in a way that shows respect for other people	
	PC5. Carry out any commitments made to other people	
	PC6. Reason out the failure to fulfil commitment	

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

	PC10. Complete any health and safety records legibly and accurately	
Grand Total-2 (Soft Skills and Communication)		**20**

SECTION 2

EVIDENCE OF NEED

What evidence is there that the qualification is needed? While collecting data from the companies for the occupational map & functional analysis, we also took feedback from industry, which was collected with respect to roles for which qualification packs development, was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the Industry feels they face. Governing council of HSSC gave final approval and endorsement for the same.
What is the estimated uptake of this qualification and what is the basis of this estimate? The workforce in allied healthcare sector need expected to around 74 lac by 2022 double the workforce employed in 2013 as envisaged in Skills Gap analysis Reports for industry demand and secondary research data, though these do not lend to accurate demand projection. The link to NSDC Human Resource & Skills Requirement in Healthcare Sector is http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf • Feedback from industry for demand though again sample size may not lend to accurate figures • Training duration, and current and potential training capacity envisaged • An LMIS development initiative is being put in place to be more precise regarding the demand and supply
What steps were taken to ensure that the qualification(s) does/do not duplicate already existing or planned qualifications in the NSQF? • NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work • NSDC QRC team also confirmed the same
What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated? • Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation. • Monitoring of results of assessments, training delivery • Employer feedback will be sought post-placement • A formal review is scheduled in two year time

Please attach any documents giving further information about any of the topics above.
Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **RFP for development of occupational standards-Annexure 4**

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

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

SECTION 3

SUMMARY OF DIRECT EVIDENCE OF LEVEL

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

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

Qualification Title and Classification Code Emergency Medical Technician-Advanced (HSS/Q 2302)					
Process required	**Professional knowledge**	**Professional skill**	**Core skill**	**Responsibility**	**Level**
The Emergency Medical Technician-Advanced Providing emergency medical support and care to individuals who are critically ill or injured and transporting them to a medical facility within stipulated time limits. EMT-Advanced has more training and internship requirements than the EMT-Basic and can undertake additional tasks, administer a greater range of medication and perform more procedures. Therefore, they require well developed skill, with clear choice of procedures in	Emergency Medical Technician-Advanced work in a team and be comfortable in making decisions pertaining to their area of work. Individuals should be able to maintain composure in extremely stressful conditions in order to assess medical situations and perform emergency lifesaving procedures according to the methods in which training has been imparted to them. Individuals must always perform their duties in a calm, reassuring and efficient manner. EMT-Advanced should be able to	Emergency Medical Technician-Advanced is expected to perform Size up the scene at the site , Follow evidence based protocol while managing patients, Patient triage based on the defined clinical criteria of severity of illness , managing cerebral vascular, allergic reactions, environmental emergency, obstetrics or gynaecological emergencies, bleeding & shock, soft tissue origins, musculoskeletal injuries, head & spine injury,	The individual must be able to lift between 45 – 99 kilograms of weight with a partner, as the weight of patients will typically fall within that range. Write the Patient Care Report (PCR). Capture information from the dispatch centres. Read written instructions for specific emergency situations, briefs from the dispatch centre and other important communiques. Keep abreast of the latest knowledge by reading internal communications and legal framework changes related to	The Emergency Medical Technician -Advanced is responsible for maintaining composure in extremely stressful conditions in order to assess medical situations and perform emergency lifesaving procedures according to the methods in which training has been imparted to them. Individuals must always perform their duties in a calm, reassuring and efficient manner. They need to make decisions regarding Transport of patient by appropriate means, keeping in mind the emergency, weather conditions	5

familiar context	administer a greater range of medication, advanced venous access and Manage critical care aeromedical and interfacility transport. This indicates that a Emergency Medical Technician-Advanced must have knowledge of facts, principles, processes and general concepts, in order to perform activities correctly.	managing infants, neonates & children. Additionally as compared to EMT-Basic, they need to perform Respond to emergency calls, Assess patient at the site, Manage cardiovascular emergency, Manage poisoning or overdose, Manage behavioural emergency using advanced techniques of emergency field. Moreover, they need to administer a greater range of medication, advanced venous access and Manage critical care aeromedical and interfacility transport. All these are activities that require him/her to demonstrate a range of cognitive and practical skill, required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and	roles and responsibilities. Avoid using jargon, slang or acronyms when communicating with the dispatch centre, colleagues or the medical officer. They need to make decisions regarding Transport of patient by appropriate means, keeping in mind the emergency, weather conditions and availability of the transport as well as treatment of immediate life threatening conditions using external devices available. This requires desired mathematical skill, understanding of social, political and natural environment; collecting and organising information and communication.	and availability of the transport as well as treatment of immediate life threatening conditions using external devices available. This is critical as it indicates that the person is responsible to carry out the job not only in familiar situations, but also where problems may arise. It also confirms that Emergency Medical technician-Advanced will be able to make choices about the best procedures to adopt to address problems. He/she is responsible for the completion of his/her own work and expected to learn and improve his/her performance on the job. The Emergency Medical technician-Advanced shall have well developed practical and cognitive skills to complete the assigned work. The Emergency Medical technician-Advanced may also have some responsibility for EMT-Basic's work and learning. These individuals	

		information.		can be described as "fully skilled workers" or "supervisors".	
Level: 5	Level: 5	Level: 5	Level: 5	Level:5	5

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

- Validated by Industry through various training provider & stake holders

Summary of other evidence (if used): NA

SECTION 4

EVIDENCE OF RECOGNITION OR PROGRESSION

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

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.
Give details of the document(s) here:

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