

## **QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY**

### **Name and address of submitting body:**

#### **Healthcare Sector Skill Council**

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

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

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

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

## QUALIFICATION FILE SUMMARY

<b>Qualification Title</b>	Phlebotomy Technician (HSS/Q0501)		
<b>Body/bodies which will assess candidates</b>	Healthcare Sector Skill Council Accredited Assessing Bodies		
<b>Body/bodies which will award the certificate for the qualification.</b>	Healthcare Sector Skill Council		
<b>Body which will accredit providers to offer the qualification.</b>	Healthcare Sector Skill Council		
<b>Occupation(s) to which the qualification gives access</b>	<p>Phlebotomy Technician (PBT) in the Health Industry is also known as Phlebotomist.</p> <p>Brief Job Description: Phlebotomy technicians are responsible for collecting and preparing blood samples which undergo laboratory testing</p>		
<b>Proposed level of the qualification in the NSQF.</b>	Level 3		
<b>Anticipated volume of training/learning required to complete the qualification.</b>	600 hrs.		
<b>Entry requirements / recommendations.</b>	Class XII in Science		
<b>Progression from the qualification.</b>	Level 4- Medical Laboratory Technician		
<b>Planned arrangements for RPL.</b>	HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2		
<b>International comparability where known</b>	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.		
<b>Formal structure of the qualification</b>			
<b>Title of unit or other component</b> (include any identification code used)	<b>Mandatory/Optional</b>	<b>Estimated size (learning hours)</b>	<b>Level</b>
HSS/ N 0501: Interpret test request forms	Mandatory	Class Room and Skill Lab Training = 360 hours  Clinical/Laboratory Training (OJT) = 240 hours	3
HSS/ N 0502: Prepare an appropriate site for obtaining blood samples	Mandatory		3
HSS/ N 0503: Prepare and maintain necessary equipment	Mandatory		3
HSS/ N 0504: Draw blood specimens from patients using correct techniques	Mandatory		3
HSS/ N 0505: Prepare and label the blood samples for test, procedures and identification purposes	Mandatory		3

HSS/ N 0506: Transport the blood samples to the laboratory	<b>Mandatory</b>		<b>3</b>
HSS/ N 0507: Assist the patient before, during and after collection of the specimen	<b>Mandatory</b>		<b>3</b>
HSS/ N 0508: Update patient records	<b>Mandatory</b>		<b>3</b>
HSS/ N 0509: Follow all safety and infection control procedures	<b>Mandatory</b>		<b>3</b>
HSS/ N 9601: Collate and communicate health information	<b>Mandatory</b>		<b>3</b>
HSS/ N 9602: Ensure availability of medical and diagnostic supplies	<b>Mandatory</b>		<b>3</b>
HSS/ N 9603: Act within the limits of one's competence and authority	<b>Mandatory</b>		<b>3</b>
HSS/ N 9604: Work effectively with others	<b>Mandatory</b>		<b>3</b>
HSS/ N 9605: Manage work to meet requirements	<b>Mandatory</b>		<b>3</b>
HSS/ N 9606: Maintain a safe , healthy and secure working	<b>Mandatory</b>		<b>3</b>
HSS/ N 9607: Practice code of conduct while performing duties	<b>Mandatory</b>		<b>3</b>
HSS/ N 9609: Follow biomedical waste disposal protocols	<b>Mandatory</b>		<b>3</b>
HSS/ N 9611: Monitor and assure quality	<b>Mandatory</b>		<b>3</b>

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.

Give details of the document here:

**Qualification pack is attached as Annexure 1**

## **SECTION 1**

### **ASSESSMENT**

**Name of assessment body:**

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

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

**Will the assessment body be responsible for RPL assessment?**

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

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:

**REGISTRATION**

The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

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

**PORTFOLIO SCREENING**

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

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

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

*QA regarding accreditation of Assessing Body:*

The HSSC Accreditation process is divided into two steps:

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

*QA Regarding Assessment Criteria & papers:*

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

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

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

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

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

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

**1 Practical Assessment:** This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack.

Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

**2 Viva/Structured Interview:** This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.

**3 Written Test:** Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

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

*QA Regarding Assessors:*

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

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

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

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

*QA before, during and after Assessments:*

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

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

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

PHASE OF CONDUCT:

1) **Written Examination:**

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

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

**2) Attendance:**

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

**3) Segregate learners into batches:**

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

**4) Conduct Practical Assessments:**

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

**5) Conduct Viva:**

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

**6) Collate Results:**

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

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

## POST-ASSESSMENT PHASE

### 1) **Verify Result**

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

### 2) **Upload/Sharing of Results**

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

### 3) **Documentation**

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

**Assessment process and guidelines are attached as Annexure 7**

Please attach any documents giving further information about assessment and/or RPL.

Give details of the document(s) here:

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

## ASSESSMENT EVIDENCE

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

<b><u>Job Role</u></b>	Phlebotomy Technician
<b><u>Qualification Pack Code</u></b>	HSS/Q0501
<b><u>Sector Skill Council</u></b>	Healthcare Sector Skill Council

### **Guidelines for Assessment**

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

Skills Practical and Viva (80% weightage)					
		Marks Allotted			
Grand Total-1 (Subject Domain)		400			
Grand Total-2 (Soft Skills and Communication)		100			
Grand Total-(Skills Practical and Viva)		500			
Passing Marks (80% of Max. Marks)		400			
Theory (20% weightage)					
		Marks Allotted			
Grand Total-1 (Subject Domain)		80			
Grand Total-2 (Soft Skills and communication)		20			
Grand Total-(Theory)		100			
Passing Marks (50% of Max. Marks)		50			
Grand Total-(Skills Practical and Viva + Theory)		600			
Overall Result		Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail			
Detailed Break Up of Marks			Skills Practical & Viva		
Subject Domain			Pick any 2 NOS 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 0501: Interpret test request forms	PC1. Introduce themselves to the patient, and ask the patient to state their full name and date of birth	200	15	5	10
	PC2. Check that the laboratory form matches the patient's identity (i.e., match the patient's details with the laboratory form, to ensure accurate identification)		50	20	30
	PC3. Ask whether the patient has allergies, phobias or has ever fainted during previous injections or blood draws		15	10	5

	PC4. Check if the patient is anxious or afraid, reassure the person and ask what would make them more comfortable		15	10	5
	PC5. Discuss the test to be performed and obtain verbal consent and ensure that the patient has understood the procedure		30	15	15
	PC6. Take relevant history of the patient covering health and high-risk behaviour		15	10	5
	PC7. Take account of current and recent medications or chronic infections		15	10	5
	PC8. Take history of prolonged bleeding or a past diagnosis of bleeding disorders		15	10	5
	PC9. Ask for informed written consent to the patient		30	15	15
	<b>Total</b>		<b>200</b>	<b>105</b>	<b>95</b>
2.HSS/ N 0502: Prepare an appropriate site for obtaining blood samples	PC1. Extend the patient's arm and inspect the antecubital fossa or forearm	<b>200</b>	40	10	30
	PC2. Locate a vein of a good size that is visible, straight and clear without damaging the nerve or artery		40	10	30
	PC3. Insert the needle at the right site where veins are not diverting to avoid chances of haematoma		40	10	30
	PC4. Locate the vein correctly for determining the correct size of needle		40	10	30
	PC5. Apply the tourniquet about 4–5 finger widths above the venepuncture site and re-examine the vein		40	10	30
	<b>Total</b>		<b>200</b>	<b>50</b>	<b>150</b>
3.HSS/ N 0503: Prepare and maintain necessary equipment	PC1. Collect all the equipment needed for the procedure and place it within safe and easy reach on a tray or trolley, ensuring that all the items are clearly visible	<b>200</b>	50	20	30

and supplies	PC2. Collect the list of equipment that includes sterile glass or plastic tubes with rubber caps ,Vacuum-extraction blood tubes ,Glass tubes with screw caps ,A sterile glass or bleeding pack (collapsible) if large quantities of blood are to be collected, well-fitting, non-sterile gloves, an assortment of blood-sampling devices that includes safety-engineered devices or needles and syringes of different sizes, a tourniquet, alcohol hand rub, 70% alcohol swabs for skin disinfection, gauze or cotton-wool ball to be applied over puncture site, laboratory specimen labels, writing equipment, laboratory forms , leak-proof transportation bags and containers, a puncture-resistant sharps container		100	20	80
	PC3. Ensure that the rack containing the sample tubes is close to the phlebotomist but away from the patient, to avoid it being accidentally tipped over		50	40	10
	<b>Total</b>		<b>200</b>	<b>80</b>	<b>120</b>
4.HSS/ N 0504: Draw blood specimens from patients using correct techniques	PC1. Anchor the vein by holding the patient's arm and placing a thumb below the venepuncture site	200	25	10	15
	PC2. Ask the patient to form a fist so the veins are more prominent		10	2	8
	PC3. Enter the vein swiftly at a 30 degree angle or less, and continue to introduce the needle along the vein at the easiest angle of entry		40	10	30
	PC4. Release the tourniquet before withdrawing the needle once sufficient blood has been collected		25	10	15
	PC5. Withdraw the needle gently and apply gentle pressure to the site with a clean gauze or dry cotton-wool ball		40	10	30
	PC6. Ask the patient to hold the gauze or cotton wool in place, with the arm extended and raised		10	2	8
	PC7. Ask the patient not to bend the arm, because doing so causes a haematoma		10	5	5
	PC8. Use appropriate equipment if required		10	8	2
	PC9. Perform hand hygiene (if using soap and water, dry hands with single-use towels)		30	5	25

	<b>Total</b>		<b>200</b>	<b>62</b>	<b>138</b>
5. HSS/ N 0505: Prepare and label the blood samples for test, procedures and identification purposes	PC1. Label blood sample so that the results of the test match the patient	<b>200</b>	25	5	20
	PC2. Use the key elements in labelling that include patient's surname, first and middle and patient's ID number		25	5	20
	PC3. Make sure that both of the above MUST match the same on the requisition form		25	5	20
	PC4. Make sure that Date, time and initials of the phlebotomist must be on the label of EACH tube		25	5	20
	PC5. Make sure that automated systems include labels with bar codes.		15	5	10
	PC6. Discard the used needle and syringe or blood sampling device into a puncture-resistant sharps container		20	5	15
	PC7. Check the label and forms for accuracy. The label should be clearly written with the information required by the laboratory, which is typically the patient's first and last names, file number, date of birth, and the date and time when the blood was taken		20	5	15
	PC8. Discard used items into the appropriate category of waste. Items used for phlebotomy that would not release a drop of blood if squeezed (e.g. gloves) may be discarded in the general waste, unless local regulations state otherwise		20	5	15
	PC9. Perform hand hygiene		15	5	10
	PC10. Recheck the labels on the tubes and the forms before dispatch		10	0	10
	<b>Total</b>		<b>200</b>	<b>45</b>	<b>155</b>
6.HSS/ N 0506: Transport the blood/ urine/ stool/ tissue samples to the laboratory	PC1. Immediately transport the specimen to the Laboratory	<b>200</b>	100	40	60
	PC2. Use one requisition for each culture set, indicating the site used and time collected		100	40	60
		<b>Total</b>		<b>200</b>	<b>80</b>
7.HSS/ N 0507: Assist the patient before, during and after collection of the blood specimen	PC1. Deal with patients and be able to calm them	<b>200</b>	20	0	20
	PC2. Work well under pressure and communicate effectively with the patients		40	10	30
	PC3. Converse with patients to allay fear of procedure		20	5	15
	PC4. Maintain standards for quality care for patients		20	10	10

	PC5. Assist the patient before, during and after collection of blood specimen		40	10	30
	PC6. Greet patients and assist them in proper specimen collection methods		40	10	30
	PC7. Provide a calm environment for patients in which blood samples are drawn		20	10	10
	<b>Total</b>		<b>200</b>	<b>55</b>	<b>145</b>
8.HSS/ N 0508: Update patient records	PC1. Keep patients record carefully	<b>200</b>	20	10	10
	PC2. Update patient medical record		40	20	20
	PC3. Perform basic clerical tasks		20	0	20
	PC4. Clearly check label of blood samples		40	10	30
	PC5. Keep track of patient data and information		20	10	10
	PC6. Maintain safety and sanitation records		20	10	10
	PC7. Utilise medical databases or other computer programs		40	10	30
	<b>Total</b>		<b>200</b>	<b>70</b>	<b>130</b>
9. HSS/ N 0509: Follow all safety and infection control procedures	PC1. Wear gloves and a lab coat or gown when handling blood/body fluids	<b>200</b>	20	5	15
	PC2. Change gloves after each patient or when contaminated		20	5	15
	PC3. Wash hands frequently		20	5	15
	PC4. Dispose of items in appropriate containers		20	5	15
	PC5. Dispose of needles immediately upon removal from the patient's vein.		20	5	15
	PC6. Clean up any blood spills with a disinfectant such as freshly made 10% bleach		40	10	30
	PC7. Wash the contaminated area well with soap and water		20	10	10
	PC8. Place blood collection equipment away from patients, especially children and psychiatric patients		20	10	10
	PC9. Practice hygiene for the patient's protection. When wearing gloves, change them between each patient and wash your hands frequently		10	10	0
	PC10. wear a clean lab coat or gown always		10	10	0
	<b>Total</b>		<b>200</b>	<b>75</b>	<b>125</b>
<b>Grand Total-1 (Subject Domain)</b>			<b>400</b>		
<b>Soft Skills and Communication</b>		<b>Pick one field from both parts each carrying 50 marks totaling 100</b>			

Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
<b>Part 1 (Pick one field randomly carrying 50 marks)</b>					
<b>1. Attitude</b>					
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	<b>30</b>	2	0	2
	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		8	4	4
	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
				<b>30</b>	<b>12</b>
HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	<b>20</b>	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
			20	7	13
<b>Attitude Total</b>		<b>50</b>	50	19	31
<b>2. Work Management</b>					
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	<b>25</b>	5	5	0
	PC2. Arrive at actual demand as accurately as possible		5	3	2
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible		10	5	5
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		5	5	0
			25	18	7
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	<b>25</b>	10	5	5
	PC2. Utilise time effectively		3	0	3
	PC3. Ensure his/her work meets the agreed requirements		3	0	3
	PC4. Treat confidential information correctly		3	3	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		6	3	3
			25	11	14
<b>Work Management Total</b>		<b>50</b>	50	29	21
<b>3. Attiquete</b>					
HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	<b>25</b>	10	5	5
	PC2. Utilise time effectively		3	0	3
	PC3. Ensure his/her work meets the agreed requirements		3	0	3
	PC4. Treat confidential information correctly		3	3	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		6	3	3
			25	11	14
HSS/ N 9601	PC1. Respond to queries and	<b>25</b>	2	2	0

(Collate and Communicate Health Information)	information needs of all individuals				
	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	
		<b>25</b>	<b>15</b>	<b>10</b>	
<b>Work Management Total</b>		<b>50</b>	<b>50</b>	<b>26</b>	<b>24</b>

**Part 2 (Pick one field carrying 50 marks)**

**1. Team Work**

HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	<b>50</b>	3	0	3
	PC2. Integrate one's work with other people's work effectively		3	0	3
	PC3. Pass on essential information to other people on timely basis		3	0	3
	PC4. Work in a way that shows respect for other people		3	0	3
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		16	8	8
	PC8. Follow the organisation's policies and procedures		10	4	6
			<b>50</b>	<b>24</b>	<b>26</b>

**2. Safety management**

HSS/ N 9606 (Maintain a safe, healthy, and secure)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	<b>50</b>	6	2	4
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working environment)	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
			<b>50</b>	<b>25</b>	<b>25</b>

### 3. Waste Management

HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	<b>50</b>	6	2	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste		8	4	4
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		8	4	4
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2

	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	4	0
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		4	4	0
			<b>50</b>	<b>32</b>	<b>18</b>

#### 4. Quality Assurance

HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis	<b>50</b>	6	2	4
	PC2. Evaluate potential solutions thoroughly		8	4	4
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		4	0	4
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		8	4	4
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		4	2	2
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority		4	4	0
	PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected		4	4	0
	PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently		4	4	0
	PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person		4	4	0

	PC10. Complete any health and safety records legibly and accurately		4	4	0
			50	32	18
<b>Grand Total-2 (Soft Skills and communication)</b>			<b>100</b>		
<b>Detailed Break Up of Marks</b>			<b>Theory</b>		
<b>Subject Domain</b>			<b>Pick all NOS totalling 80 marks</b>		
<b>Assessable Outcomes</b>	<b>Assessment Criteria for the Assessable Outcomes</b>	<b>Weightage</b>	<b>Marks Allocation</b>		
			<b>Theory</b>		
1. HSS/ N 0501: Interpret test request forms	PC1. Introduce themselves to the patient, and ask the patient to state their full name and date of birth	9	9		
	PC2. Check that the laboratory form matches the patient's identity (i.e., match the patient's details with the laboratory form, to ensure accurate identification)				
	PC3. Ask whether the patient has allergies, phobias or has ever fainted during previous injections or blood draws				
	PC4. Check if the patient is anxious or afraid, reassure the person and ask what would make them more comfortable				
	PC5. Discuss the test to be performed and obtain verbal consent and ensure that the patient has understood the procedure				
	PC6. Take relevant history of the patient covering health and high-risk behaviour				
	PC7. Take account of current and recent medications or chronic infections				
	PC8. Take history of prolonged bleeding or a past diagnosis of bleeding disorders				
	PC9. Ask for informed written consent to the patient				
<b>Total</b>			<b>9</b>		
2. HSS/ N 0502: Prepare an appropriate site for obtaining blood samples	PC1. Extend the patient's arm and inspect the antecubital fossa or forearm	9	9		
	PC2. Locate a vein of a good size that is visible, straight and clear without damaging the nerve or artery				
	PC3. Insert the needle at the right site where veins are not diverting to avoid chances of haematoma				
	PC4. Locate the vein correctly for determining the correct size of needle				
	PC5. Apply the tourniquet about 4–5 finger widths above the venepuncture site and re-examine the vein				
<b>Total</b>			<b>9</b>		

3.HSS/ N 0503: Prepare and maintain necessary equipment and supplies	PC1. Collect all the equipment needed for the procedure and place it within safe and easy reach on a tray or trolley, ensuring that all the items are clearly visible	9	9
	PC2. Collect the list of equipment that includes sterile glass or plastic tubes with rubber caps ,Vacuum-extraction blood tubes ,Glass tubes with screw caps ,A sterile glass or bleeding pack (collapsible) if large quantities of blood are to be collected, well-fitting, non-sterile gloves, an assortment of blood-sampling devices that includes safety-engineered devices or needles and syringes of different sizes, a tourniquet, alcohol hand rub, 70% alcohol swabs for skin disinfection, gauze or cotton-wool ball to be applied over puncture site, laboratory specimen labels, writing equipment, laboratory forms , leak-proof transportation bags and containers, a puncture-resistant sharps container		
	PC3. Ensure that the rack containing the sample tubes is close to the phlebotomist but away from the patient, to avoid it being accidentally tipped over		
	<b>Total</b>		
4.HSS/ N 0504: Draw blood specimens from patients using correct techniques	PC1. Anchor the vein by holding the patient's arm and placing a thumb below the venepuncture site	9	9
	PC2. Ask the patient to form a fist so the veins are more prominent		
	PC3. Enter the vein swiftly at a 30 degree angle or less, and continue to introduce the needle along the vein at the easiest angle of entry		
	PC4. Release the tourniquet before withdrawing the needle once sufficient blood has been collected		
	PC5. Withdraw the needle gently and apply gentle pressure to the site with a clean gauze or dry cotton-wool ball		
	PC6. Ask the patient to hold the gauze or cotton wool in place, with the arm extended and raised		
	PC7. Ask the patient not to bend the arm, because doing so causes a haematoma		
	PC8. Use appropriate equipment if required		
	PC9. Perform hand hygiene (if using soap and water, dry hands with single-use towels)		
	<b>Total</b>		
5. HSS/ N 0505: Prepare and label the blood samples	PC1. Label blood sample so that the results of the test match the patient	9	9
	PC2. Use the key elements in labelling that include patient's surname, first and middle and		

for test, procedures and identification purposes	patient's ID number		
	PC3. Make sure that both of the above MUST match the same on the requisition form		
	PC4. Make sure that Date, time and initials of the phlebotomist must be on the label of EACH tube		
	PC5. Make sure that automated systems include labels with bar codes.		
	PC6. Discard the used needle and syringe or blood sampling device into a puncture-resistant sharps container		
	PC7. Check the label and forms for accuracy. The label should be clearly written with the information required by the laboratory, which is typically the patient's first and last names, file number, date of birth, and the date and time when the blood was taken		
	PC8. Discard used items into the appropriate category of waste. Items used for phlebotomy that would not release a drop of blood if squeezed (e.g. gloves) may be discarded in the general waste, unless local regulations state otherwise		
	PC9. Perform hand hygiene		
	PC10. Recheck the labels on the tubes and the forms before dispatch		
	<b>Total</b>		
6.HSS/ N 0506: Transport the blood/ urine/ stool/ tissue samples to the laboratory	PC1. Immediately transport the specimen to the Laboratory	9	9
	PC2. Use one requisition for each culture set, indicating the site used and time collected		
	<b>Total</b>		
7.HSS/ N 0507: Assist the patient before, during and after collection of the blood specimen	PC1. Deal with patients and be able to calm them	9	9
	PC2. Work well under pressure and communicate effectively with the patients		
	PC3. Converse with patients to allay fear of procedure		
	PC4. Maintain standards for quality care for patients		
	PC5. Assist the patient before, during and after collection of blood specimen		
	PC6. Greet patients and assist them in proper specimen collection methods		
	PC7. Provide a calm environment for patients in which blood samples are drawn		

	<b>Total</b>		<b>9</b>
8.HSS/ N 0508: Update patient records	PC1. Keep patients record carefully	<b>9</b>	<b>9</b>
	PC2. Update patient medical record		
	PC3. Perform basic clerical tasks		
	PC4. Clearly check label of blood samples		
	PC5. Keep track of patient data and information		
	PC6. Maintain safety and sanitation records		
	PC7. Utilise medical databases or other computer programs		
	<b>Total</b>		<b>9</b>
9. HSS/ N 0509: Follow all safety and infection control procedures	PC1. Wear gloves and a lab coat or gown when handling blood/body fluids	<b>8</b>	<b>8</b>
	PC2. Change gloves after each patient or when contaminated		
	PC3. Wash hands frequently		
	PC4. Dispose of items in appropriate containers		
	PC5. Dispose of needles immediately upon removal from the patient's vein.		
	PC6. Clean up any blood spills with a disinfectant such as freshly made 10% bleach		
	PC7. Wash the contaminated area well with soap and water		
	PC8. Place blood collection equipment away from patients, especially children and psychiatric patients		
	PC9. Practice hygiene for the patient's protection. When wearing gloves, change them between each patient and wash your hands frequently		
	PC10. wear a clean lab coat or gown always		
	<b>Total</b>		<b>8</b>
<b>Grand Total-1 (Subject Domain)</b>		<b>80</b>	<b>80</b>
<b>Soft Skills and Communication</b>		<b>Select each part each carrying 10 marks totalling 20</b>	
<b>Assessable Outcomes</b>	<b>Assessment Criteria for the Assessable Outcomes</b>	<b>Weightage</b>	<b>Marks Allocation</b>
			<b>Theory</b>
<b>Part 1 (Pick one field randomly carrying 50 marks)</b>			
<b>1. Attitude</b>			
HSS/ N 9603 (Act within the limits of one's competence)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	<b>2</b>	<b>2</b>
	PC2. Work within organisational systems and requirements as appropriate to one's role		

and authority)	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		
	<b>Total</b>		<b>2</b>
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	<b>2</b>	<b>2</b>
	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		
<b>Total</b>		<b>2</b>	
<b>Attitude Total</b>		<b>4</b>	<b>4</b>
<b>2. Work Management</b>			
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies		
	PC2. Arrive at actual demand as accurately as possible		
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible	<b>2</b>	<b>2</b>
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		
<b>Total</b>		<b>2</b>	
HSS/ N 9605	PC1. Clearly establish, agree, and record the	<b>2</b>	<b>2</b>

(Manage work to meet requirements)	work requirements		
	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		
<b>Total</b>			2
<b>Work Management Total</b>		<b>4</b>	<b>4</b>

### 3. Attiquete

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	<b>2</b>	2
	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		
<b>Total</b>			2
<b>Attiquete Total</b>		<b>2</b>	<b>2</b>
<b>Part 1 Total</b>		<b>10</b>	<b>10</b>

### Part 2 (Pick one field as per NOS marked carrying 50 marks)

#### 1. Team Work

HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively		
	PC2. Integrate one's work with other people's work effectively		
	PC3. Pass on essential information to other people on timely basis	<b>2</b>	2
	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		
	<b>Total</b>		<b>2</b>
<b>2. Safety management</b>			
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		
	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	<b>2</b>	<b>2</b>
	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		
	<b>Total</b>		<b>2</b>
<b>3. Waste Management</b>			
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		
	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	<b>4</b>	<b>4</b>
	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		
	<b>Total</b>		<b>4</b>
<b>4. Quality Assurance</b>			
HSS/ N 9611: Monitor and assure quality	PC1. Conduct appropriate research and analysis		
	PC2. Evaluate potential solutions thoroughly		
	PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry		
	PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly		
	PC5. Report any identified breaches in health, safety, and security procedures to the designated person		
	PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority	<b>2</b>	<b>2</b>
	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		
	<b>Total</b>		<b>2</b>
<b>Part 2 Total</b>		<b>10</b>	<b>10</b>
<b>Grand Total-2 (Soft Skills and Communication)</b>		<b>20</b>	

## **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 Phlebotomy Technician (HSS/Q/0501)					
Process required	Professional knowledge	Professional skill	Core skill	Responsibility	Level
<p>The Phlebotomy technicians are responsible for collecting and preparing blood samples which undergo laboratory testing. This is an activity which require limited range of activities routine and predictable</p>	<p>The responsibility of a phlebotomist to make their patients pacified in order to be able to conclude the process of extraction and collection of blood in a smooth manner. Moreover, a phlebotomist should be an expert in the techniques and tricks involved in minimising the pain and discomfort of the procedure when extracting their blood. The observations of the physical state of the patient are also noted by the phlebotomists and the extracted blood is marked with the correct specification to curb the chances of it getting lost. The individual should also be able to demonstrate clinical skills, Communication</p>	<p>Phlebotomy Technician is expected to Interpret test request forms, Prepare an appropriate site for obtaining blood samples, Prepare and maintain necessary equipment, Draw blood specimens from patients using correct techniques, Prepare and label the blood samples for test, procedures and identification purposes, Transport the blood samples to the laboratory, Assist the patient before, during and after collection of the specimen, Update patient records, Follow all safety and infection control procedures All these are activities that require him/her to</p>	<p>Be updated with general and specialized medical terms, basic medical knowledge and specialized phlebotomy procedures. Avoid using jargon, slang or acronyms when communicating with patient/donor, colleagues or the medical officer, recording of information on LMIS, Keep Knowledge about medical terminology, physiology and anatomy that are important to understand doctors' orders, Perform basic clerical tasks and assist patients as needed, Maintain safety and sanitation records and utilize medical databases or other Computer programs. The work ethics characterized by dedication and persistence and the ability to deal</p>	<p>Phlebotomy Technician is responsible to make their patients pacified in order to be able to conclude the process of extraction and collection of blood in a smooth manner. Moreover, a phlebotomist should be an expert in the techniques and tricks involved in minimising the pain and discomfort of the procedure when extracting their blood. The Phlebotomy Technician is responsible for carrying out a limited range of jobs within defined limit under close supervision. His/her work may require the completion of a number of related tasks. Individual carrying out these job roles may be described as “partly-skilled workers”.</p>	3

	skills and ethical behaviour. This indicates that a Phlebotomy Technician must have basic facts, process and principle for performing the functions	demonstrate his practical skill which are repetitive and narrow in nature.	tactfully with patients. Phlebotomy Technician should possess communication skills (written & oral) with minimum required clarity, skill of basic arithmetic with basic understanding of social and natural environment		
Level: 3	Level: 3	Level: 3	Level: 3	Level:3	3

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

- Validated by Industry through various training provider & stake holders

Summary of other evidence (if used): NA

## **SECTION 4**

### **EVIDENCE OF RECOGNITION OR PROGRESSION**

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

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

- Occupational Mapping Report-Annexure 2**
- Functional Analysis Report-Annexure 3**
- Validation group and industry consultations- Annexure 5**
- The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**