Home Health Aide Syllabus

Theory & Practical Hours table

S.No	Module	Key Learning Outcomes	Equipment Required
1	Functions Of The Home Health Aid Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/ N/ 5116- 5124,HSS/N9603- 9609	 Describe the functions of Home Health Aid. Describe patient's daily Care routine. Understand the basic components required for the patient's comfort. Provide care for the patient's health needs. Exhibit ethicalbehavior. Present a positive personal image. 	Mock environment of clinic and hospital environment, home care setups with home based articles, family planning methods, emergency kits etc
2.	Personal Hygiene And Hygiene Standards Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 9606, 5121	 Describe good health and its relation to successful living. Maintain good Physical Health. Describe the importance, use and procedure of wearing and removing Personal Protective Equipment (PPE). Practice Hand hygiene Adhere to Grooming practices 	PPE, self learning and understanding
3.	Patient Safety Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code	 Patient environment and its components. Create and describe the Environment in which the Patient feels safe and secure. Practice for the Patient's safety Provide care to the Patients while moving. Demonstrate the use of Protective devices (restraints, safety devices) 	Mock environment of ward

	HSS/ N / 9606, 5124		
4.	Primary Medical Care	Describe Health related millennium development goals	Visit to primary health centre
	Theory Duration (hh:mm)	• Identify and enlist essential components of Primary Healthcare	
	01:00 Practical Duration	• Discuss the common Health problems in India	
	(hh:mm)	 ElaboratetheHealthSystemsInfrastructurein India Describethe MaternalChildCare 	
	Corresponding NOS	• Elucidate Infant care routine	
	Code	 Describes Family Planning method. 	
	Community Health	 Describes various Epidemic 	
		 AnalyzetheroleofAmbulanceandEmergency Transport 	
5.	Immunization	Define Immunityand	Immunization
	Theory Duration	$\bullet describe the importance of the need for Immunization \\$	kit, Universal immunization
	(hh:mm)	 Discuss the importance of Universal 	schedule
	01:00	Immunization Program	
	Practical Duration	 Describe Pulse Polio Immunization Program 	
	(hh:mm) 01:00		
	Corresponding NOS		
	Code		
	Community Health		
6.	Biomedical Waste Management	Segregation of Biomedical Waste at source	Different coded
	Management	 Describe Color Coding & type of containers for disposal of Bio-Medical Waste 	color bins, different variety of bio medical
	Theory Duration (hh:mm)	 Label For transport of Bio-Medical Waste Containers/Bags 	waste
	03:00	 Describe the various types Spillages and procedures 	management, Visit to treatment
	Practical Duration	to deal withit.	plan of bio
	(hh:mm)		medical waste
	02:00		etc
	Corresponding NOS Code		
	Bridge Module		
7.	Emergency Medical	Describe chain of survival	Emergency
	Response	Demonstrate CPR	situations, crash
	Theory Duration	Rescue of a child	cart trolley, 02
	(hh:mm)	Demonstrate two rescuer CPR	cylinder etc
	02:00 Practical Duration		
	(hh:mm)		

8.	03:00 Corresponding NOS Code HSS/ N 9606, 5112 Structure And Function Of Human Body	 Differentiate different parts of body Explainorganization of body cells, tissues, Systems, membranes and glands 	Mannequin, charts, demonstration
	Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5116, 5117, 5118, 5119,5120	 Describe Muscular Skeletal System Describe DigestiveSystem Describe RespiratorySystem Describe CardioVascular System Describe ExcretorySystem Describe Nervous System Describe Endocrine System, Sense Organ and Reproductive System 	kits of different body parts, use of internet for learning different body parts
9.	Body Mechanics Theory Duration (hh:mm) 04:00 Practical Duration (hh:mm) 06:00 Corresponding NOS Code HSS / N / 5116, 5117, 5118, 5119, 5120, 5123	 Describe the kinetics of joints and movements Describe the mechanisms that affect movements in human body Demonstrate general principles of movements Describe precaution while transferring the patient 	Mannequin, charts, demonstration kits of different body mechanics, internet use
10.	Medical Terminology Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Crresponding NOS Code HSS/N/ 5116- HSS/N/5120	 Well acquainted with commonly use medical terminologies in respect to their job role Share usage of medical terminology with peers, patient and community 	Internet use or reference's use for medical terms
11.	Professional Behaviour In Home-Care Setting	 How to maintain peaceful environment. Learn General and Specific etiquettes to be observed 	Use of internet to adopt best

	Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 9603, 9604, 9605, 9607	 Describe the importance of conservation of resources in medical facility. 	practices across the world for professional etiquettes
12.	Consent, Observing And Reporting Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code S/ N5101-5106, 5109, 5111, 5112, 9606	 Explainimportance of observing and reporting the conditions of patient as well as taking consent while assisting the patient. Explain the importance of verbally informing the person inauthority. Explain the importance and guidelines for documentation of different observations and informed consent of the patient. Explain the feedback mechanism from appropriate people like concerned doctors, carers and relatives 	Use of internet to adopt best practices across the world for professional etiquettes, sample forms and feedback forms
13.	Documentation Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS / N / 5124, 9605, 9609	 Understand uses and importance of various records in healthcare set up & how to obtain them during home- care. Explain various types of records to be maintained by HHA Demonstrate essential components of various records and method of documentation 	Use of internet to adopt best practices across the world for professional etiquettes, sample forms and feedback forms

14	Patient's Rights	Explain patient's rights	internet use to
	Theory Duration (hh:mm) 02:00	LearntheroleofHomeHealthAidin maintaining patient's rights	learn patient rights
	Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116-5121, 5124,9606		
15	Patients Environment Theory Duration (hh:mm) 03:00 Practical Duration (hh:mm) 07:00 Corresponding NOS Code HSS / N / 5124, 9606, 9609	 Describesessentialarticles required for patient's environment Describes articles required for safe and comfortable environment for the patient. Describes importance of comfort for patients health Describes importance of cleanliness 	Mock environment of diagnostic lab
16	First Aid Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5124, 9603	 Describe what to do in medical emergencies Describe components of first aid kit Describe common emergency conditions 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, beta dine, cotton, bandages, sanitizers, disinfectants etc.
17	Emergency Medical Response- Ii Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS	 Describes Cardio Pulmonary Resuscitation Describes Chain of Survival Rescue of a child or Infant Demonstrate two rescuer CPR 	Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, beta dine, cotton, bandages, sanitizers, disinfectants etc. Mock environment of home based

18	Code HSS/N 9606, 5124 ROLE OF HHA IN SPECIAL CARE - Geriatric/Paralytic/Imm obile/Patients In Convalescence Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116-5121, 9606, 5123	 Describes care provided to illor terminally ill patients in relation to selfneeds of the patient or guidance related to oral medicine administration Describes care provided to elderly patients and patients during convalescence in relation to self needs of the patient or guidance related to oral medicine administration. Demonstrate care provided to physically challenged and handicapped personnel in relation to self needs of the patient or guidance related to oral medicine administration 	articles, emergency kits etc, patient safety kit, sample medicines Patient safety tools such as wheel chairs, trolleys, side rails, PPE, First Aid kit, beta dine, cotton, bandages, sanitizers, disinfectants etc. Mock environment of home based articles, emergency kits etc, patient safety kit, sample medicines
19	Measurements Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116-5120, 5124	 Describe methods to measure vital parameters like pulse, BP, Temperature, Respiration, Height and Weight ofpatient Describemethods to measure Intake offluid and food & output offaces, urine & vomits of patient Describe how to ensure privacy to patient while taking measurement and attending patient while on sitting / standing on scale Describe the various special situations came across during measurements of parameters Understand the common symptoms visible during deviation of vital parameters from normal 	BP Apparatus, Thermometer, pulse ox meter, inch tape, mannequins, normal readings of vital parameter
20	Dressing Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5118	 Describes steps involved while dressing Ensure patients privacy while dressing Describe the difference in procedure of dressing in special situations like physical disability, infant, unconscious patient, etc 	Sample dresses, patient privacy details, mannequins of different sizes.
21	Infection Control & Prevention	 Identification of deviation from normal health Explain practices to curb infection 	Hand sanitizers, PPE, Hand

	Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/9606, 9609	Explain different types of spillage and their management	washing techniques, steriliser, disinfectants etc
22	Bathing Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 5116	 Describe importance of bathing Detail different types of bathing, frequency and time for bathing Enlist points to observe during bathing which need to be reported Understand need of perinea care. Understand need of after bath care 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles
23	Skin Care Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5116, 5117	 Describe skin as largest part of body, need, and functions in Human beings Identifyrashes, abrasions, Dryness, changes in color, pressureareas, temperature, bruise and swelling Identify pressure sores, understand causes for pressure sores (Bedsores). 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management
24	Oral Care Theory Duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5117, 5119	 Describe oral care and advantages of good oral care Demonstrate steps of oral care/Hygiene Explain oral care in case of dentures Explain oral care for paralytic/immobile patient 	Mannequins, mock environment of home based environment, kidney tray, patient daily care articles, bio medical waste management
25	Hair And Nail Care Theory Duration	Describes Hair & nailscare	Mannequins, mock environment of home based

02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5117 26 Excreta Elimination Theory Duration Classical Duration Understand process for excreta disposal in human body Understand careto be provided in case of urine	environment, kidney tray, patient daily care articles, bio medical waste management Mannequins, mock environment of home based environment,
Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N/5117 26 Excreta Elimination Theory Duration Otherwise Code Understand process for excreta disposal in human body Understandcare to be provided in case of urine	patient daily care articles, bio medical waste management Mannequins, mock environment of home based
(hh:mm) 02:00 Corresponding NOS Code HSS/N/5117 26 Excreta Elimination Theory Duration Otherwise Content of the content of th	waste management Mannequins, mock environment of home based
02:00 Corresponding NOS Code HSS/N/5117 26 Excreta Elimination Theory Duration Understand process for excreta disposal in human body Understandcaretobeprovidedincase of urine	Mannequins, mock environment of home based
Corresponding NOS Code HSS/N/5117 26 Excreta Elimination Theory Duration Understand process for excreta disposal in human body Understandcaretobeprovidedincase of urine	Mannequins, mock environment of home based
Code HSS/N/5117 26 Excreta Elimination	environment of home based
HSS/N/5117 26 Excreta Elimination • Understand process for excreta disposal in human body Theory Duration • Understandcaretobeprovidedincase of urine	environment of home based
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1 (1.1)	anvironment
and bowerment patient with an in	· · · · · · · · · · · · · · · · · · ·
tatileter.	kidney tray,
	patient daily care articles, bio medical
(hhimm) in different cituations	waste
• Observationofurineandstoolsforroutineaswell	management
Corresponding NOS as special reporting	
Code	
HSS/N/5120, 9609	
	Mannequins, mock environment of
	home based
Theory Duration Condensation	environment,
(hh:mm) • Identify discomfort of patient and report to	kidney tray,
	patient daily care
Practical Hilration a rank a contract of the c	articles, bio
(hh·mm)	medical waste management, RT
04.00	tubes, sample food
	items
Code	
HSS/N/5119	
	Mannequin, trolley,
mi p d	wheel chair, home based environment
• Describe commonly used positions (hh:mm)	based environment
01:00	
Practical Duration	
(hh:mm)	
01:00	
Corresponding NOS	
Code	
HSS/N/5116-5120,	
5123	

29	Transferring	Describe methods of transferring patient	Mannequin, trolley,
	Theory Duration (hh:mm)	 Understand usage of Wheel chair, stretcher, shifting of patient from bed to stretcher etc. 	wheel chair, home based environment
	02:00	 Describecaretobetakenwhiletransferringpatient 	
	Practical Duration (hh:mm) 01:00	Understand the special precautions to be taken in different situations	
	Corresponding NOS Code HSS/N/5116-5120, 5124		
30	Mobility	 Understand importance of physical movements for well being. 	Stretcher, patient trolley, mannequin,
	Theory Duration (hh:mm) 02:00	Describes usage of equipment's used for mobility and their maintenance	home based environment
	Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5116-5120	Describe care while patient walking.	
31	Fall Prevention	 Describestandardsfor prevention of patient's fall 	Mannequin,
	Theory Duration	Describecaretobetakentoavoidfallinhigh	patient falls prevention
	(hh:mm) 02:00	risk patients	devices, foot rest,
	Practical Duration (hh:mm)	 Describe measures to be taken to prevent falls Describe action in event of a fall incident 	bedrestetc
	01:00		
	Corresponding NOS Code		
	HSS/ N 5124, 5116- 5120		
32	Special Procedures (In Brief)	 Describe standard procedures for administration of oxygen 	Mannequins, mock environment of
	Theory Duration (hh:mm)	Describe the special feeding & elimination methods like enema, catheterization, suppositories, ryle's tube	homebased environment,
	02:00	etc.Describe basic knowledge of IV set ups	kidney tray, patient daily care
	Practical Duration	 Describe basic knowledge of the sectups Describevarious types of samples like urine, stool, 	articles, bio
	(hh:mm) 02:00	sputum, etc. along with their collection methodology.	medical waste management,
	Corresponding NOS Code	Describe various routes, frequency and types of	enema, Ryle's
	HSS/N5116,5119,	drug administration like IV, IM, Sublingual, Subcutaneous, oral, topical, TDS, BD, OD, SOS, QID,	tube, suppositories, IV

	5120, 9606	HS, etc.	linesamples, charts of medicines dose
33.	Soft Skills And Communication Iii Theory Duration (hh:mm) 01:00 Practical Duration (hh:mm) 01:00 Corresponding NOS Code HSS/N/5122	 Understand need for customer service and service excellence in Medical service Understandworkethicsinhomeset/healthcareset up Learn objectionhandling 	Self-learning and understanding
	&HSS/N/9604 Total Duration Theory Duration (hh:mm) 120:00 Practical Duration (hh:mm) 120:00 OJT Duration (hh:mm) 120:00	SpineBoard,SteelPlate,SteelGlass,SteelBowl,Spoon, SteelJug,BathTub, KidneyTray,IVStand,MeasuringGlass, MeasuringTape,Projector,WhiteBoard,ExtensionCord, Speaker,WritingPad,Goggles,Towel,Gown,Gloves (disposable) -packet,Gloves(surgical)-packet,LiquidSoapBottle, Mask-packet,Shoe Cover - packet,HairCap - packet, Mackintosh,SpongeCloth,WetWipes - packet,Comb, ToothBrush,Toothpaste,HairOil,ShampooBottle,Bath Soap, Talcumpowder,DifferentColorPlasticBagswith Dustbins,Uribag,Sample CollectionBottle,GauzePiece (4X4),Beta dineSolutionBottle,CottonRolls, Normal SalineBottle,Microspore,Spatula,BloodConcentrate, HydrogenPeroxide Bottle, Cleaning Solution (Colin), Syringe destroyer, Syringe Sterilizer, Needle burner, Thermometer,Syringe 50 cc/ml, B.P. Monitoring Machine, Call bell, Enamelbasin,HotWaterBottle,Icecaps,Transfer forceps,Drum,Suction Apparatus,Foleycatheter,Euro bags,SuctionCatheter,Ryle'stube,Vacationer (red/black/violet), Tourniquet, Examination table, Rubber sheet, Draw Sheet ClassRoomequippedwith followingarrangements: Interactive lectures & Discussion Brain Storming Charts & Models Activity Video presentation Skill lab equipped with following arrangements: Unique equipment as enlisted at the last Practical Demonstration of various functions Case study Role play	

Home Health Aide Practical Syllabus

National Occupational Standards (NOS)	Performance Criteria (PC)
1. HSS/ N 5116 (Assist patient in bathing)	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence
	PC2. Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort
	PC3.Check water temperature before patient checks in
	PC4. Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes
	PC5.Drypatientskinbypattingwithatowelwhich decreasesfrictionandprevents skinbreakdown
	PC6. Never leave a patient unattended in bath room
	PC7. Wash from cleanest to dirtiest
	PC8. Observe and report unusual findings to the nurse
	$PC9. Of ferpatient backrub after bathing and at bed \ time to stimulate circulation and relieve stress$
	PC10. Apply lotion to dry skin if requested
	PC11.Cleantubshowerchairbeforeandaftereachuse
	PC12. Always check each patients skin after bathing
2. HSS/ N 5117 (Assist patient in grooming)	PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence
	PC2.Showpatienthowtheylookafterthegrooming task is finished
	PC3. Use standard precautions and protocols for shaving and cutting nails
	PC4. Perform duties gently to avoid in juries especially during shaving, brushing and hair styling
	PC5. Rinse toothpaste thoroughly from the mouth after brushing
	PC6. Store dentures in cool water with patients name to avoid confusion
3.HSS/ N 5118(Assist patient in	PC1. Maintain the patient privacy and encourage patient do as much as possible to promote independence
dressing up)	PC2. Fasten the clothing with elastic fasteners
	PC3. Ensure that the footwear fits correctly
4. HSS/ N 5119 (Support	PC1. Make the patient comfortable and encourage eating as recommended
patient to eat and drink)	PC2. Check menu card to verify the diet, restrictions, likes and dislikes of the patient
	PC3. Feed through spoon
	PC4.Assistineliminationandoralcare prior to feeding

	PC5. Wash hands and mouth after feeding
	PC6. Measure input and record them
	PC7. During feeding observe and ensure that:
	a. Elimination process is completed before feeding
	b.Oralcareandgroomingisperformedbeforefeeding
	c. The patient is comfortable when being fed
	d. The food provided is according to the dietary prescription of the prescribing
	physician or dietician
	PC8. Patient is not having symptoms of distress like coughing and regurgitation
5. HSS/ N 5120 (Assist	PC1. Promptly respond to patients elimination needs
patient in maintaining normal elimination)	PC2.Assistamobilepatientinmovingtothetoiletand providesupportlikegivingtoilet paperifrequiredor stabilise thecommode
	PC3.Wipethepatientandwashhandstoprevent infection
	PC4. Use equipment correctly to prevent discomfort or injury
	PC5.Ensure/Maintainpatientsprivacyatalltimes during theprocedure
	PC6. Record changes in colour or texture of the elimination and report usual
	findings immediately
6.HSS/ N 5121	PC1.Knowallproceduresrequiredforinfectioncontrol
(Prevent and control	PC2. Follow standard precautions
infection)	PC3. Be aware of rules to dispose of biomedical waste and sharps
	PC4. Follow high level of personal hygiene
	PC5. Practice medical asepsis
	PC6. Follow infection control procedures and should ensure that:
	a. Allstandardprecautionsandproceduresarefollowed
	b. Protective gears are used while getting in contact with the patient
	c. Consider all blood, body fluids and excreta contaminated
7. HSS/ N 5123(Enable geriatric/paralytic/immobile	PC1. Establish a supportive relationship with the patient, and agree with them the roles and responsibilities of their careers
patients to cope with changes to their health	PC2. Communicate with patient and their careers in an appropriate manner
and well being)	PC3. Encourage the patient to seek clarification of any procedures, information and advice relevant to them
	PC4. Obtain an informed consent of the patient for the actions undertaken on their behalf, and agree on the information which may be passes to others
	PC5.Obtaininformationfromthepatientandtheir careersonthewayinwhichthe patient'sneedaremet
	PC6. Identify any areas where support for the patient can be improved
	PC7. Identify and priorities actions required if the patient's needs are not being appropriately addressed
	PC8. Present any concerns that cannot be resolved in an appropriate way to appropriate people

PC9. Keepthepatient and their careers informed about the progress in resolving any
concerns, and anticipated timescales for any outcomes
PC10. Produce records and reports that are clear, comprehensive and accurate, and maintain the security and confidentiality of information
PC11. Explore with the patient the nature of the changestotheirhealthandwell-being, and discuss with the mand their careers about how they feel about these
changes
PC12. Explain clearly to the patient and their careers, the reasons for the changes to their health and well being and the consequences arising from them
PC13.Respondsensitivelytoanyissuesraised by the patient, and report any issues that cannot be resolved to the appropriate people
PC14. Ensure that all the relevant agencies are provided with the information they need to help the patient and their careers to cope with the change process
PC15. Support the patient and their careers to monitor the assistance they are receiving to cope with the change, and identify any areas where this can be improved
PC16.Ensurethatall the appropriate people are encouraged to provide feedback on how the patient and their careers are coping with change
PC1. Communicate with patient and their careers in an appropriate manner, and encourage them to seek clarifications of any procedures, information and advice relevant to them
PC2. Explore the needs and expectations of the patient and his/her goals for the intervention
PC3. Identify current or previous interventions that the patient may have experienced and the immediate requirements of his/her plan
PC4.Obtainthevalidconsentofthe patient for the actions to be undertaken on his/her behalf, and agree upon the information which may be passed on to others
PC5. Discuss and agree the role of the patient and his/her careers in achieving the goals of the agreed intervention
PC6. Make arrangements for the intervention that are consistent with the patient's priority and his/her specific requirements
PC7. Ensure the environment used for the intervention is suitable, and that the privacy and dignity of the patient is protected
$PC8. Implement the intervention in a safe and effective\ manner, using\ evidence\ based\ practices\ and\ processes$
PC9. Implement the intervention in a manner that is consistent with the patient's needs and specific requirements, and encourage their effective participation
$PC10. Minimize \ any \ discomfort to the \ patient \ within the \ constraints \ imposed \ by the \ intervention \ method$
PC11. Encourage the careers to give appropriate support to the patient throughout the intervention
PC12. Monitor the effects of the intervention on the patient throughout the process, and identify any indications of increased risk

PC13.Takeappropriateaction where the effects of the intervention are not as beneficial as expected
PC 14. Work in partnership with the patient and his careers to assess the outcomes of the intervention in relation to the goals agreed upon at the outset
PC 15. Produce records and reports that are clear, comprehensive, and accurate and maintain the security and confidentiality of information

Home Health Aide Theory

National Occupational Standards (NOS)	Performance Criteria (PC)
1. HSS/ N 5116 (Assist patient in	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence
bathing)	PC2.Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort
	PC3.Check water temperature before patient checks in
	PC4. Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes
	PC5. Dry patient skin by patting with a towel which decreases friction and prevents skin breakdown
	PC6. Never leave a patient unattended in bath room
	PC7. Wash from cleanest to dirtiest
	PC8. Observe and report unusual findings to the nurse
	PC9.Offer patient backrub after bathing and at bed time to stimulate circulation and relieve stress
	PC10. Apply lotion to dry skin if requested
	PC11. Clean tub shower chair before and after each use
	PC12. Always check each patients skin after bathing
2. HSS/ N 5117 (Assist patient in	PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence
grooming)	PC2. Show patient how they look after the grooming task is finished
	PC3. Use standard precautions and protocols for shaving and cutting nails
	PC4. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling
	PC5. Rinse toothpaste thoroughly from the mouth after brushing
	PC6. Store dentures in cool water with patients name to avoid confusion
3.HSS/ N 5118 (Assist patient in	PC1.Maintainthepatientprivacyandencouragepatientdoasmuchaspossible to promote independence
dressing up)	PC2. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly
	PC3. Ensure that the footwear fits correctly

4. HSS/ N 5119	PC1. Make the patient comfortable and encourage eating as recommended
(Support individuals to eat and drink)	PC2. Checkmenu card to verify the diet, restrictions, likes and dislikes of the patient
	PC3. Feed through spoon
	PC4. Assist in elimination and oral care prior to feeding
	PC5. Wash hands and mouth after feeding
	PC6. Measure input and record them
	PC7. During feeding observe and ensure that:
	a. Elimination process is completed before feeding
	b. Oral care and grooming is performed before feeding
	c. The patient is comfortable when being fed
	d. The food provided is according to the dietary prescription of the prescribing physician
	or
	dietician
	PC8.Patientisnothavingsymptomsofdistresslikecoughingandregurgitation
5. HSS/ N 5120	PC1. Promptly respond to patients elimination needs
(Assist patient in	PC2.Assistamobilepatientinmovingtothetoiletandprovidesupportlike giving toilet
maintaining normal	paper if required or stabilise the commode
elimination)	PC3. Wipe the patient and wash hands to prevent infection
	PC4. Use equipment correctly to prevent discomfort or injury
	PC5. Ensure/Maintain patients privacy at all times during the procedure
	PC6. Record changes in colour or texture of the elimination and report usual findings immediately
6.HSS/ N 5121	PC1. Know all procedures required for infection control
(Prevent and control	PC2. Follow standard precautions
infection)	PC3. Be aware of rules to dispose of biomedical waste and sharps
	PC4. Follow high level of personal hygiene
	PC5. Practice medical asepsis
	PC6. Follow infection control procedures and should ensure that:
	a. All standard precautions and procedures are followed
	b. Protective gears are used while getting in contact with the patient
	c. Consider all blood, body fluids and excreta contaminated
7.HSS/N5123(Enable geriatric/ paralytic/ immobile patients to cope with changes to their health and wellbeing)	PC1. Establish a supportive relationship with the patient, and agree with them the roles and responsibilities of their careers
	PC2. Communicate with patient and their careers in an appropriate manner
	PC3. Encourage the patient to seek clarification of any procedures, information and advice relevant to them
	PC4. Obtain an informed consent of the patient for the actions undertaken on their behalf, and agree on the information which may be passes to others
	PC5.Obtaininformation from the patient and their careers on the way in which the patient's need are met

	DC6 Identify any areas where support for the notice team he improved
	PC6. Identify any areas where support for the patient can be improved
	PC7. Identify and priorities actions required if the patient's needs are not being appropriately addressed
	PC8. Present any concerns that cannot be resolved in an appropriate way to appropriate people
	PC9. Keep the patient and their careers informed about the progress in resolving any concerns, and anticipated timescales for any outcomes
	$PC10. Produce records and reports that are {\it clear}, comprehensive and accurate, and maintain the security and confidentiality of information$
	PC11. Explore with the patient the nature of the changes to their health and well-being, and discuss with them and their careers about how they feel about these changes
	PC12. Explain clearly to the patient and their careers, the reasons for the changes to their health and well being and the consequences arising from them
	PC13. Respond sensitively to any issues raised by the patient, and report any issues that cannot be resolved to the appropriate people
	PC14. Ensure that all the relevant agencies are provided with the information they need to help the patient and their careers to cope with the change process
	PC15. Support the patient and their careers to monitor the assistance they are receiving to cope with the change, and identify any areas where this can be improved
	PC16. Ensure that all the appropriate people are encouraged to provide feedback on how the patient and their careers are coping with change
8.HSS/N5124(Implement	PC1. Communicate with patient and their careers in an appropriate manner, and encourage them to seek clarifications of any procedures, information and advice relevant to them
interventions with	PC2. Explore the needs and expectations of the patient and his/her goals for the intervention
geriatric/ paralytic/ immobile patients at risk of falls)	$PC3. Identify current or previous interventions that the patient may have \ experienced \ and \ the immediate requirements \ of his/her plan$
risk of falls)	PC4. Obtain the valid consent of the patient for the action stobe under taken on his/her behalf, and agree upon the information which may be passed onto others
	PC5. Discuss and agree the role of the patient and his/her careers in achieving the goals of the agreed intervention
	PC6. Make arrangements for the intervention that are consistent with the patient's priority and his/her specific requirements
	PC7. Ensure the environment used for the intervention is suitable, and that the privacy and dignity of the patient is protected
	PC8. Implement the intervention in a safe and effective manner, using evidence based practices and processes
	PC9. Implement the intervention in a manner that is consistent with the patient's needs and specific requirements, and encourage their effective participation
	$PC10. Minimize any \ discomfort \ to \ the \ patient \ within \ the \ constraints \ imposed \ by \ the \ intervention method$
	PC11. Encourage the careers to give appropriate support to the patient throughout the intervention
	PC9. Implement the intervention in a manner that is consistent with the patient's needs and specific requirements, and encourage their effective participation PC10. Minimize any discomfort to the patient within the constraints imposed by the intervention method PC11. Encourage the careers to give appropriate support to the patient throughout the

	PC12. Monitor the effects of the intervention on the patient throughout the process, and identify any indications of increased risk
	PC13. Take appropriate action where the effects of the intervention are not as beneficial as expected
	PC14.Workinpartnership with the patient and his careers to assess the outcomes of the intervention in relation to the goals agreed upon at the outset
	PC 15. Produce records and reports that are clear, comprehensive, and accurate and maintain the security and confidentiality of information

Soft Skills and Communication

❖ Practical Syllabus

Standards (NOS) Part 1	National	Performance Criteria (PC)
Part 1 1. Communication & Protectiveness HSS/N 5122: Communicate With geriatric/ paralytic/ immobile patient and their careers are made to feel comfortable, and that they understand that their careers, his/her roles and responsibilities inrelationtotheir care, and outline the constraints that could limit the movement PC3. Explaintothegeriatric/paralytic/immobile patient and their careers, his/her roles and responsibilities for the care of the patient PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their careers their own roles and responsibilities for the care of the patient PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their careers might have about his/her ability to work with them PC6. Encourage the geriatric/paralytic/ immobile patient and their careers to ask questions and to seek clarification on any issues PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their careers that enables a good relationship PC8. Respondsensitively to any issues raised by the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC10. Provide clear information on how to contact the service to obtain assistance if required PC11. Identify any communication differences that exist, and try to address these will influence communication methods PC12. Discuss the purpose of communication with the patient and their careers, and identify	Occupational	
HSS / N 5122: Communicate With geriatric/ paralytic/ immobile patients to cope with changes to their health and well being PC3. Explaintothegeriatric/paralytic/immobile patient and their careers are made to feel comfortable, and that they understand that their needs are important and are being addressed PC4. Discuss with geriatric/paralytic/immobile patient and their careers, his/her roles and responsibilities inrelationtotheir care, and outline the constraints that could limit the movement PC5. Respond to any concerns that the geriatric/paralytic/immobile patient and their careers their own roles and responsibilities for the care of the patient PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their careers might have about his/her ability to work with them PC6. Encourage the geriatric/paralytic/ immobile patient and their careers to ask questions and to seek clarification on any issues PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their careers PC9. Respondsensitively to any issues a good relationship PC8. Respondsensitively to any issues a good relationship PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC10. Provide clearinformation on how to contact the service to obtain assistance if required PC11. Identify any communication differences that exist, and try to address these will influence communication methods PC12. Discussthe purpose of communication with the patient and their careers, and identify	. ,	
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Communicate With geriatric/ paralytic/ immobile patients to cope with changes to their health and well being PC3. Explaintothegeriatric/paralytic/immobile patient and their careers, his/her roles and responsibilities inrelationtotheir care, and outline the constraints that could limit the movement PC4. Discuss with geriatric/paralytic/immobile patient and their careers their own roles and responsibilities for the care of the patient PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their careers might have about his/her ability to work with them PC6. Encourage the geriatric/paralytic/ immobile patient and their careers to ask questions and to seek clarification on any issues PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their careers that enables a good relationship PC8. Respondsensitivelytoanyissuesraisedbythe geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC10. Provide clear information on how to contact the service to obtain assistance if required PC11. Identify any communication differences that exist, and try to address these will influence communication methods PC12. Discuss the purpose of communication with the patient and their careers, and identify	1. Communication & I	<u>Protectiveness</u>
their preferred ways of communicating	HSS/ N 5122: Communicate With geriatric/ paralytic/ immobile patients to cope with changes to their	PC1.Introducehimselftothegeriatric/paralytic/ immobilepatientandtheircareers, and provideall the relevant information necessary to begin working with them PC2.Ensurethatthegeriatric/paralytic/immobile patient and their careers are made to feel comfortable, and that they understand that their needs are important and are being addressed PC3.Explaintothegeriatric/paralytic/immobile patient and their careers, his/her roles and responsibilitiesinrelationtotheircare, and outline the constraints that could limit the movement PC4. Discuss with geriatric/paralytic/ immobile patient and their careers their own roles and responsibilities for the care of the patient PC5. Respond to any concerns that the geriatric/paralytic/immobile patients and their careers might have about his/her ability to work with them PC6. Encourage the geriatric/paralytic/ immobile patient and their careers to ask questions and to seek clarification on any issues PC7. Attempt to establish a rapport with the geriatric/paralytic/ immobile patient and their careers that enables a good relationship PC8.Respondsensitivelytoanyissuesraised by the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the output of the geriatric/paralytic/ immobile patient and their careers PC9. Respect the human rights of the geriatric/paralytic/ immobile patient and their careers PC10. Provide clear information on how to contact the service to obtain assistance if required PC11. Identify any communication differences that exist, and try to address these will influence communication methods PC12. Discuss the purpose of communication with the patient and their careers, and identify
men preserved mayour communicating		their preferred ways of communicating

	PC13. Confirm with the geriatric/paralytic/ immobile patient who they wish to be involved in the communication
2. ATTITUDE	
HSS/ N 9603 (Act within the limits	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice
of one's competence and authority)	PC2. Work within organizational systems and requirements as appropriate to one's role
	PC3. Recognize 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	PC1. Adhere to protocols and guidelines relevant to the role and field of practice
(Practice Code of	PC2. Work within organizational systems and requirements as appropriate to the role
conduct while performing duties)	PC3. Recognize 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.Promoteanddemonstrategoodpracticeasan 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. Etiquette	
HSS/ N 9605	PC1.Clearlyestablish,agree,andrecordthework requirements
(Manage work to meet	PC2. Utilize time effectively
requirements)	PC3.Ensure his/her work meets the agreed requirements
	PC4. Treat confidential information correctly
	PC5. Work in line with the organization's procedures and policies and within the limits of his/her jobrole
Part 2 1. Team Work	
HSS/ N 9604	PC1. Communicate with other people clearly and effectively
(Work effectively with others)	PC2.Integrate one's work with other people's work effectively
	PC3. Pass on essential information to other people on timely basis
	PC4.Workinawaythatshowsrespectforother 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 organization's policies and procedures
2. Safety managemen	<u>t</u>
HSS/ N 9606 (Maintain a safe,	PC1.Identifyindividual responsibilities in relation to maintaining workplace health safety and security requirements
healthy, and secure working environment)	PC2.Comply with health, safety and security procedures for the workplace
working environment)	PC3.Reportanyidentifiedbreachesinhealth, 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 personand warn other people who may get affected
	PC7.Followtheorganization'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
3. Waste Management	
HSS/ N 9609 (Follow biomedical	PC1.Followtheappropriate procedures, policies and protocols for the method of collection and containment level according to the waste type
waste disposal protocols)	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 organizational requirements
	PC4. Segregation should happen at source with proper containment, by using different color coded bins for different categories of waste
	PC5.Checktheaccuracyofthelabelingthat 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.Checkthewastehasundergonetherequired processes to make it safe for transport and disposal
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks
	PC9.Reportanddealwithspillages and contamination in accordance with current legislation and procedures
	PC10. Maintainfull, accurate and legible records of information and store incorrect location in line with current legislation, guidelines, local policies and protocols

❖ Soft Skills and Communication Theory

National Occupational Standards (NOS)	Performance Criteria (PC)
1.HSS/N5122: Communicate with geriatric/ paralytic/ immobile patients and their careers	PC1. Introduce himself to the geriatric/paralytic/immobile patient and their carers, and provide all the relevant information necessary to begin working with them
	PC2. Ensure that the geriatric/paralytic/immobile patient and their careers are made to feel comfortable, and that they understand that their needs are made to feel comfortable, and that they understand their needs are important and are being addressed
	PC3. Explain to the geriatric/paralytic/immobile patient and their careers, his/her roles and responsibilities in relation to their care, and outline the constraints that could limit the movement
	$PC4. Discuss with geriatric/paralytic/immobile patient and their careers their own \ roles \ and \ responsibilities \ for the \ care \ of the \ patient$
	PC5.Respondtoany concerns that the geriatric/paralytic/immobile patients and their careers might have about his/her ability to work with them
	PC6. Encourage the geriatric/paralytic/immobile patient and their careers to ask questions and to seek clarification on any issues
	PC7. At tempt to establish a rapport with the geriatric/paralytic/immobile patient and their careers that enables a good relationship
	$PC8. Responds ensitively to any issues {\it raised by the geriatric/paralytic/immobile\ patient\ and\ their\ careers$
	$PC9. Respect the human rights of the {\tt geriatric/paralytic/immobile} patient and their careers$
	PC10. Provide clear information on how to contact the service to obtain assistance if required the contact the service to obtain assistance if required the contact contact the contact contact
	$PC11. Identify any communication differences that exist, and try to address these \ will influence communication methods$
	PC12. Discuss the purpose of communication with the patient and their careers, and identify their preferred ways of communicating
	PC13. Confirm with the geriatric/paralytic/immobile patient who they wish to be involved in the communication
2.HSS/N9603 (Actwithinthe limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of $practice$
	PC2. Work within organizational systems and requirements as appropriate to one's role
	PC3. Recognize 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.Promoteanddemonstrategoodpracticeasanindividualandasateam 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
3. HSS/ N 9604	PC1. Communicate with other people clearly and effectively
(Work effectively with	PC2. Integrate one's work with other people's work effectively
others)	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 fulfill commitment
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems
	PC8. Follow the organization's policies and procedures
4.HSS/N9605	PC1. Clearly establish, agree, and record the work requirements
(Manage work to meet	PC2. Utilize time effectively
requirements)	PC3. Ensure his/her work meets the agreed requirements
	PC4. Treat confidential information correctly
	PC5. Work in line with the organization's procedures and policies and within the limits of his/her job role
5. HSS/ N 9606 (Maintain a safe,	PC1. Identify individual responsibilities in relation to maintaining work place health safety and security requirements
healthy, and secure	PC2. Comply with health, safety and security procedures for the workplace
working environment)	PC3.Reportanyidentified breaches in health, safety, and security procedures to the designated person
	PC4. Identify potential hazards and breaches of safe work practices
	PC5.Correctany 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 organization'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
6. HSS/ N 9607	PC1.Adheretoprotocolsandguidelines relevant to the role and field of practice
(Practice Code of conduct while performing duties)	PC2. Work within organizational systems and requirements as appropriate to the role
	PC3. Recognize 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.Promoteanddemonstrategoodpracticeasanindividualandasateam 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
7. 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. Applyappropriate healthands a fety 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 organizational 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 labeling 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
	$PC10. Maintainfull, accurate and legible records of information and store in correct \ location in \ line with current legislation, guidelines, local policies and protocols$