

# Model Curriculum

## Frontline Health Worker

**SECTOR:** Healthcare  
**SUB-SECTOR:** Allied Health & Paramedics  
**OCCUPATION:** Frontline Health Worker  
**REF ID:** HSS/ Q 8601, version 1.0  
**NSQF LEVEL:** 3



## Certificate

### CURRICULUM COMPLIANCE TO QUALIFICATION PACK – NATIONAL OCCUPATIONAL STANDARDS

is hereby issued by the

HEALTHCARE SECTOR SKILL COUNCIL

for the

MODEL CURRICULUM

Complying to National Occupational Standards of  
Job Role/ Qualification Pack: 'Frontline Health Worker' QP No. 'HSS/Q 8601 NSQF Level 3'

Date of Issuance: October 31<sup>st</sup>, 2016

Valid up to: March 31<sup>st</sup>, 2018

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



Authorised Signatory  
(Healthcare Sector Skill Council)

## TABLE OF CONTENTS

1. <a href="#">Curriculum</a>	01
2. <a href="#">Trainer Prerequisites</a>	13
3. <a href="#">Annexure: Assessment Criteria</a>	14



This course encompasses 25 out of 25 National Occupational Standards (NOS) of “Frontline health worker” Qualification Pack issued by “Healthcare Sector Skill Council”.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
1	<b>Introduction to community health and public health</b>  <b>Theory duration</b> (hh:mm) 02:00 hrs <b>Practical Duration</b> (hh:mm) 01:00  <b>Corresponding NOS Code</b> Introduction	<ul style="list-style-type: none"> <li>Definition, concepts, background and scope of Community health.</li> <li>Definition, concepts, background and scope of public Health.</li> <li>Explain the public health communication and its importance.</li> <li>Describe the audience centered philosophy.</li> </ul>	Visit to Healthcare Facility
2	<b>National Rural Health Mission</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 01:00 <b>Corresponding NOS Code</b> introduction	<ul style="list-style-type: none"> <li>Explain the concept of NRHM</li> <li>Identify the objectives of NRHM</li> <li>Basic understanding of Healthcare Service Providers/Facilities (primary, secondary &amp; tertiary)</li> <li>Discuss the concept of ASHA</li> </ul>	e- modules, visit to a PHC
3	<b>Roles and responsibilities of frontline health worker</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 01:00 <b>Corresponding NOS Codes</b> HSS/N 8611, HSS/N 8614, HSS/N 8615, HSS/N 8616, HSS/N 8617, HSS/N 8618	<ul style="list-style-type: none"> <li>Elicit the role of FHW as a health-activist</li> <li>Exhibit the values being FHW</li> <li>Perform the key activities of FHW like home visits, attending VHND, visits to healthcare facility, holding VHSNC meetings, maintain records, etc.</li> <li>Understand the local community &amp; develop relations for their upliftment</li> <li>Understanding the human rights and the fundamental rights.</li> <li>Preserve women’s right to health</li> <li>Explain the range of duties performed by a FHW in following areas:               <ul style="list-style-type: none"> <li>✓ Maternal care</li> <li>✓ Newborn care</li> <li>✓ Child care</li> <li>✓ Nutrition</li> <li>✓ Controlling of infections</li> <li>✓ Social mobilization</li> </ul> </li> <li>Exhibit and understand your role as FHW in following tasks:</li> </ul>	e- modules, books, training materials, meeting with an ASHA and other health workers, tools to various communication methods,

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<ul style="list-style-type: none"> <li>✓ To develop the village health plan</li> <li>✓ To communicate health behavior changes with the help of various communication methods like BCC/IEC</li> <li>✓ Explain the role of the other community health workers to include; Anganwadi worker, Village dai, ANM, Traditional birth attendant, Male swasthya karmi, &amp; other healers.</li> <li>✓ To counsel the community regarding various health related programmes and issues.</li> <li>✓ To illustrate the proper referral and escorting patient to the medical facility.</li> <li>✓ To provide primary medical care to the local community</li> <li>✓ To act as depot holders for Outline the activities of FHW especially in:</li> <li>✓ To maintain records &amp; registration.</li> <li>• Explain the general standards relating to FHW</li> <li>• Explain the professional standards relating to FHW</li> <li>• Explain the additional skills that a FHW could do with experience</li> </ul>	
4	<b>VHSNC</b>  <b>Theory duration</b> (hh:mm) 08:00 <b>Practical Duration</b> (hh:mm) 02:00 <b>Corresponding NOS Code</b> <b>HSS/N 8601</b>	<ul style="list-style-type: none"> <li>• Discuss the roles and responsibilities of Village Health, Sanitation and Nutrition Committee (VHSNC)</li> <li>• Support VHSNC in organizing their meetings &amp; achieving their objectives.</li> <li>• Illustrate the concept of Village Health and Nutrition Day</li> </ul>	E-modules, Attending VHSNC meetings
5	<b>Total sanitation program</b>  <b>Theory duration</b> (hh:mm) 08:00 <b>Practical Duration</b> (hh:mm) 02:00 <b>Corresponding NOS Code</b> <b>HSS/N 8613</b>	<ul style="list-style-type: none"> <li>• Outline the concept of Total Sanitation Program</li> <li>• Describe the strategy of Total Sanitation Program</li> <li>• Discuss the aims of TSP.</li> <li>• Interpret the implementation process of the TSP including formation of toilets at home.</li> </ul>	E-modules, Field visits

Sr. No.	Module	Key Learning Outcomes	Equipment Required
6	<b>Family Planning, RTI/STI and HIV/AIDS and ARSH</b>  <b>Theory duration</b> (hh:mm) 12:00 <b>Practical Duration</b> (hh:mm) 13:00 <b>Corresponding NOS Code</b> <b>HSS/N 86o2</b>	<ul style="list-style-type: none"> <li>Discuss the concept of family planning.</li> <li>Explain elaborately the various methods of family planning including temporary and permanent methods.</li> <li>Describe the merits of adopting family planning.</li> <li>Elicit the various Reproductive Tract Infections and Sexually Transmitted Infections frequently seen in men and Women.</li> <li>Conceptualize various preventive methods of various RTIs/STIs.</li> <li>Perform the roles and responsibilities of FHW in taking care of the STIs/RTIs.</li> <li>Describe HIV/ AIDS in detail.</li> <li>Illustrate the basic difference between HIV and AIDS.</li> <li>Understand the various modes of transmission of the HIV infection.</li> <li>Discuss the various ways by which HIV infection is not transmitted.</li> <li>Perform the roles and responsibilities of an FHW related to prevention of HIV/ AIDS.</li> </ul>	Various Contraceptive devices, e-modules, charts/models, role plays
7	<b>Care during Adolescence</b>  <b>Theory duration</b> (hh:mm) 08:00 <b>Practical Duration</b> (hh:mm) 07:00 <b>Corresponding NOS Code</b> <b>HSS/N 86o3</b>	<ul style="list-style-type: none"> <li>Discuss the period of adolescence and changes occurring in males and females.</li> <li>Explain the phenomenon of menstruation and how to maintain personal hygiene during it.</li> <li>Explain the major issues faced by males in adolescence and how to curb them.</li> <li>Counsel community about Pre-Menstrual Syndrome (PMS)</li> <li>Detail School Health Program.</li> <li>Discuss the various components of school health program.</li> <li>Perform the roles and responsibilities of FHW in implementation of school health program.</li> </ul>	e-modules, charts/models, role plays, field visits
8	<b>Pregnancy care, intra-natal care and newborn care</b>  <b>Theory duration</b> (hh:mm) 10:00 <b>Practical Duration</b> (hh:mm)	<ul style="list-style-type: none"> <li>Develop knowledge about <b>prenatal advice</b> on diet, personal hygiene, drugs, safeguarding from radiation (x-ray), warning signs, mental preparation, and family planning.</li> <li>Identify needs and care in the pregnancy period.</li> <li>Illustrate various methods of home care during pregnancy.</li> </ul>	e- modules, charts/models, role plays, field visits, Iron- folic acid tablets, weighing machine, BP apparatus, various sample drugs, various sample

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	12:00 <b>Corresponding NOS Codes</b> HSS/N 8605, HSS/N 8606, HSS/N 8607	<ul style="list-style-type: none"> <li>Comprehend &amp; Motivate community for the Antenatal visits- 1st visit at 20 weeks or as soon as the pregnancy is known, 2nd visit at 32 weeks, 3rd visit at 36 weeks- physical examination, laboratory examinations, ultrasound, iron and folic acid supplementation, immunization against tetanus, etc.</li> <li>Assess various health issues during pregnancy like anemia, malaria, gestational diabetes, etc.</li> <li>Identify the problems and danger signs during the pre-natal, ante-natal, intra-natal and post-natal period and escort for appropriate &amp; timely referral.</li> <li>Recognize the roles &amp; responsibilities of an FHW in taking care of a woman in pre-natal, ante-natal, intra-natal and post-natal period.</li> <li>Motivate the community for the institutional births</li> <li>Employ the principles of newborn care.</li> <li>Explain the neonatal examination and identify the criteria for high- risk babies.</li> <li>Describe the various methods of newborn care like skin to skin contact, maintaining cleanliness and hygiene, while referring the newborn to a health facility and process of effectively weighing the baby.</li> </ul>	vaccines like TT.
9	<b>Infertility Management</b>  <b>Theory duration</b> (hh:mm) 05:00 <b>Practical Duration</b> (hh:mm) 04:00 <b>Corresponding NOS Code</b> HSS/N 8608	<ul style="list-style-type: none"> <li>Describe the concept of fertility and infertility.</li> <li>Comprehend the various causes of infertility.</li> <li>Describe the ways to manage the issues of infertility in both the males and females</li> <li>Outline various infertility treatments and procedures available like: <ul style="list-style-type: none"> <li>✓ Timed intercourse</li> <li>✓ Intra- uterine insemination</li> <li>✓ In- vitro fertilization</li> </ul> </li> <li>Recognize the roles and responsibilities of FHW while identifying and handling cases of infertility in both the males and females.</li> <li>Motivate the community for infertility</li> </ul>	e- modules, charts/models, role plays, field visits to fertility clinics



Sr. No.	Module	Key Learning Outcomes	Equipment Required
		screening, infertility treatment and adoption in case of untreatable cases.	
10	<b>Unsafe Abortions and Medical Termination of Pregnancy</b>  <b>Theory duration</b> (hh:mm) 05:00 <b>Practical Duration</b> (hh:mm) 07:00 <b>Corresponding NOS Code</b> HSS/N 86o8	<ul style="list-style-type: none"> <li>Comprehend the concept of unsafe abortions</li> <li>Discuss the ill- effects of unsafe abortions</li> <li>Explain care during post- abortion period.</li> <li>Discuss the concept of Medical Termination of Pregnancy.</li> <li>Recognize the functions of an FHW while handling patients who underwent MTP.</li> <li>Discourage sex determination and female feticide.</li> </ul>	e- modules, field visit to a family welfare centre or primary health centre, abortifacient medicines.
11	<b>Immunization, Diarrhea and Acute Respiratory Infection</b>  <b>Theory duration</b> (hh:mm) 05:00 <b>Practical Duration</b> (hh:mm) 06:00 <b>Corresponding NOS Code</b> HSS/N 86o7	<ul style="list-style-type: none"> <li>Explain the importance of immunization.</li> <li>Decipher a standard national immunization schedule for children and pregnant women.</li> <li>Operationalize &amp; promote universal immunization program as an FHW.</li> <li>Determine the methods of prevention and early diagnosis, treatment and detection of complications for diseases like diarrhea, acute respiratory infections and fever etc.</li> <li>Underline the nutritional practices in infants and young child.</li> <li>Describe the standard practices of breastfeeding and weaning.</li> <li>Prevent, identify and encourage early treatment of malnutrition.</li> <li>Recognize the role and responsibilities of FHW in taking care of nutrition in children.</li> </ul>	Various sample vaccines, ice bags for storage, refrigerators, e-modules, posters.
12	<b>Maternal Health, Newborn Health and Young Children Health</b>  <b>Theory duration</b> (hh:mm) 08:00 <b>Practical Duration</b> (hh:mm) 12:00 <b>Corresponding NOS Codes</b> HSS/N 86o4, HSS/N 86o7	<ul style="list-style-type: none"> <li>Develop the knowledge of diagnosing pregnancy using Nischay kit.</li> <li>Determine the Last Menstrual Period (LMP) and Expected Date of Delivery (EDD)</li> <li>Understand group or individual instruction on nutrition, family planning, self-care, delivery and parenthood.</li> <li>Provide appropriate care for anaemia.</li> <li>Describe care of vulnerable mothers like cases of pre- eclampsia, obesity, or any other disease.</li> <li>Develop plans for birth preparedness</li> <li>Explain key points which need to be</li> </ul>	e- modules, home-visits, sample of various emergency drugs, demonstrative videos, charts for health talks, Nischay Kit

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<p>taken care of during delivery.</p> <ul style="list-style-type: none"> <li>Discuss care of the mother in the post-natal period pertaining to psychological make-up.</li> <li>Explain about the prevention of complications in the post-natal period</li> <li>Discuss basic health education to the mother and the family like personal hygiene and environmental hygiene, pregnancy spacing, birth registration.</li> <li>Explain the practice of effective breastfeeding &amp; ensure adequacy of breastfeeding</li> <li>Follow-up with pregnant women.</li> <li>Understand obstetric emergencies and enable appropriate referral for emergencies.</li> <li>Update Maternal Health Cards with support from the ANM.</li> <li>Explain the management of various neonatal health hazards like asphyxia, neonatal sepsis, iodine deficiency.</li> <li>Promote health behaviour in the children under- 5.</li> <li>Ensure prompt vaccination till 10 years age.</li> <li>Describe effective toilet training.</li> <li>Ensure education at school</li> <li>Encourage parents to send their children to schools.</li> </ul>	
13	<p><b>National Health Programs</b></p> <p><b>Theory duration</b> (hh:mm) 07:00</p> <p><b>Practical Duration</b> (hh:mm) 05:00</p> <p><b>Corresponding NOS Codes</b> <b>HSS/N 8609, HSS/N 8620</b></p>	<ul style="list-style-type: none"> <li>Explain various National Health Programs against the pervasive deadly diseases like RNTCP, National Anti-Malaria Program, National AIDS Control Program, National Program for Control of Blindness, National Mental Health Program, National program for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke, various National Vector Borne Disease Control Programs, etc.</li> <li>Educate the community on how to prevent these diseases</li> <li>Motivate community for early diagnosis, early treatment and identification of complications for various diseases covered under National Health Programmes.</li> <li>Follow up during &amp; after treatment like DOTS, etc.</li> <li>Recognize the roles and</li> </ul>	<p>e- modules, field visit to a DOTS center, Samples of Various medicines or kits used in national health programmes like DOTS, Snellen's Chart, insulin kit, etc.</p>

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<p>responsibilities of FHW in implementation of national health programs.</p> <ul style="list-style-type: none"> <li>Monitor &amp; Report the incidence and prevalence of disease outbreaks</li> </ul>	
14	<p><b>Management of Minor Ailments and Minor Injuries</b></p> <p>Theory duration (hh:mm) 03:00 Practical Duration (hh:mm) 07:00 Corresponding NOS Code HSS/N 8610</p>	<ul style="list-style-type: none"> <li>Explain the principle of primary care and its components.</li> <li>Discuss various minor illnesses and their management.</li> <li>Describe various viral illnesses and their management.</li> <li>Describe various ways by which injuries can occur</li> <li>Explain how injuries can be prevented</li> <li>Outline the first aid management of the minor injuries.</li> <li>Explain basic care and treatment for wounds, bites, burns</li> <li>Describe the importance and maintenance of Home Medicine Box.</li> </ul>	Sample medicines, e- modules, demonstration for effective first aid practices, first aid box.
15	<p><b>Primary Care with AYUSH</b></p> <p>Theory duration (hh:mm) 03:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N 8612</p>	<ul style="list-style-type: none"> <li>Describe the concept of AYUSH</li> <li>Understand the objective of AYUSH medicine.</li> <li>Discuss the various curative aspect and remedies in AYUSH.</li> <li>Explain the importance of Yoga in augmenting health.</li> </ul>	e- modules, meeting with AYUSH practitioners, Samples of various medicines for minor ailments.
16	<p><b>Introduction to Records and Registration</b></p> <p>Theory duration (hh:mm) 02:00 Practical Duration (hh:mm) 02:00 Corresponding NOS Code HSS/N8619</p>	<ul style="list-style-type: none"> <li>Explain various types of records used in the community.</li> <li>Assess the importance of maintaining records.</li> <li>Explain various types of registers used in the community like Birth registers, Death registers, Marriage registers, Epidemic registers, etc.</li> <li>Assess the importance of maintaining registers</li> <li>Register all the new cases whether of any disease outbreak, ante- natal check-ups, immunization of the pregnant women, immunization and vaccination of children, new-borns.</li> <li>Practice records maintenance</li> </ul>	Various types of records and registers available in the community, e- modules, demonstration for maintenance of community registers.
17	<p><b>Collate and Communicate Health Information</b></p>	<ul style="list-style-type: none"> <li>Comprehend the importance of co-ordinating among fellow health care professionals in decreasing the</li> </ul>	Internet use for learning and adopting best

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	<b>Theory duration</b> (hh:mm) 01:00 <b>Practical Duration</b> (hh:mm) 01:00 <b>Corresponding NOS Code</b> HSS/N 9601	time, energy and material of execution of services. <ul style="list-style-type: none"> <li>Interpolate about networking with the various health workers present in the village.</li> <li>Explain the process of effective reporting to the concerned person in order to avoid duplication of data, omission of data.</li> <li>Determine the concept of health communication.</li> <li>Discuss various issues in health communication.</li> <li>Discuss the opportunities in the domain of health communication</li> </ul>	practices.
18	<b>Medicines and supplies</b>  <b>Theory duration</b> (hh:mm) 03:00 <b>Practical Duration</b> (hh:mm) 02:00 <b>Corresponding NOS Code</b> HSS/N 9602	<ul style="list-style-type: none"> <li>Identify the medicines and supplies available with FHW</li> <li>Dispense the medication in the community according to schedule and requirement.</li> </ul>	Various basic medicines. Community bags, charts and posters, home visits for demonstration
19	<b>Act within the limits of competence and authority</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 01:00 <b>Corresponding NOS Code</b> HSS/N 9603	<ul style="list-style-type: none"> <li>Understand the meaning of relations and types of relationship</li> <li>To understand effective working relationships with the people external to the team, with which the individual works on a regular basis</li> <li>To understand the effect of boundary violation in technician client relationships</li> <li>Follow workplace protocol.</li> </ul>	Internet use for learning and adopting best practices
20	<b>Personnel hygiene</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 03:00 <b>Corresponding NOS Code</b> HSS/N 9606	<ul style="list-style-type: none"> <li>To develop understanding of the concept of healthy living</li> <li>To develop understanding &amp; procedures of hand hygiene</li> <li>To develop a mind-set about environmental hygiene and safe sanitary practices, constructing home toilets, proper disposal of domestic wastes.</li> <li>To develop techniques of grooming</li> <li>To ensure vaccination against common Infectious Diseases</li> </ul>	Training modules, Mannequin, chart and poster demonstration for easy learning and understanding, various PPEs.

Sr. No.	Module	Key Learning Outcomes	Equipment Required
21	<b>Emergency Medical Response</b>  <b>Theory duration</b> (hh:mm) 03:00 <b>Practical Duration</b> (hh:mm) 05:00 <b>Corresponding NOS Code</b> HSS/N 96o6	<ul style="list-style-type: none"> <li>Describe the concept of basic life support and emergency medical response.</li> <li>Discuss the steps of carrying out CPR on an adult.</li> <li>Explain CPR using defibrillator</li> <li>Explain the management of convulsion</li> <li>Explain needle stick injuries and their prevention.</li> </ul>	Emergency kits, mannequins, defibrillator, AED's
22	<b>Biomedical Waste Management</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 03:00 <b>Corresponding NOS Code</b> HSS/N 96o9	<ul style="list-style-type: none"> <li>To gain understanding of importance of proper and safe disposal of bio-medical waste &amp; treatment</li> <li>To gain understanding of categories of bio-medical waste</li> <li>To learn about disposal of bio-medical waste – color coding, types of containers, transportation of waste, etc.</li> <li>To gain broad understanding of standards for bio-medical waste disposal</li> <li>To gain broad understanding of means of bio-medical waste treatment</li> <li>To understand the role of an infection control team</li> </ul>	Different coded colour bins, different variety of biomedical waste management, Visit to treatment plant of biomedical waste etc.
23	<b>Infection Control and Prevention</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 01:00 <b>Corresponding NOS Code</b> HSS/Ng61o	<ul style="list-style-type: none"> <li>Describe the concept of infection control.</li> <li>Determine the need for infection control</li> <li>Recognize the Roles and responsibilities of FHW in infection control in house and community.</li> <li>Describe causes behind occurrence of bedsores.</li> </ul>	Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants, policies and procedures for infection control
24	<b>Soft Skills and Communication</b>  <b>Theory duration</b> (hh:mm) 03:00 <b>Practical Duration</b>	<ul style="list-style-type: none"> <li>Understand art of effective communication</li> <li>Able to handle effective communication with Patients &amp; Family</li> <li>Able to handle effective Communication with Peers/</li> </ul>	Training modules

Sr. No.	Module	Key Learning Outcomes	Equipment Required
	(hh:mm) 07:00 <b>Corresponding NOS Codes</b> HSS/N 9601, HSS/N 9603	<p>colleagues using medical terminology in communication</p> <ul style="list-style-type: none"> <li>Learn basic reading and writing skills</li> <li>Learn sentence formation</li> <li>Learn problem solving</li> <li>Understand need for customer service and service excellence in Medical service</li> <li>Understand work ethics in</li> <li>Learn objection handling</li> <li>Learn Telephone and Email etiquettes</li> <li>Learn Basic computer working like feeding the data, saving the data and retrieving the data.</li> <li>Learn to analyze, evaluate and apply the information gathered from observation, experience, reasoning, or communication to act efficiently</li> <li>Learn planning and organization of work</li> <li>Learn identification of rapidly changing situations and adapt accordingly</li> <li>Learn decision making ability</li> </ul>	
25	<b>Basic Computer Knowledge</b>  <b>Theory duration</b> (hh:mm) 02:00 <b>Practical Duration</b> (hh:mm) 08:00 <b>Corresponding NOS Code</b> <b>Introduction</b>	<ul style="list-style-type: none"> <li>To gain broad understanding about application of computers in laboratory Practice</li> <li>Give Introduction to Computers: <ul style="list-style-type: none"> <li>–Block diagram</li> <li>–Input and Output devices</li> <li>–Storage devices</li> </ul> </li> <li>Give Introduction to operating systems <ul style="list-style-type: none"> <li>–Need of Operating systems (OS)</li> <li>–Function of OS</li> <li>–Windows 2000 – Utilities and basic operations</li> <li>–Microsoft office 2000 – MS Word, MS Excel</li> </ul> </li> </ul>	Computer/ internet
	<b>Total Duration</b>  <b>Theory Duration</b> (hh:mm) 110:00  <b>Practical Duration</b> (hh:mm) 115:00	<b>Unique Equipment Required:</b> <ol style="list-style-type: none"> <li>Maternal care- contraceptive devices, Nischay kit, gloves, vaginal speculum, sponge holding forceps, artery forceps, gowns, gauze, dilators, episiotomy scissors, delivery forceps, hooked forceps, mosquito forceps</li> <li>Hand sanitizers, PPE, Hand washing techniques, steriliser, disinfectants</li> <li>Neonatal care equipment like radiant warmer, weighing scale, pump suction, thermometer- clinical and digital, syringes, oxygen catheter, cotton.</li> <li>Drugs- oxytocin, droxin, buscopan, perinorm, diazepam, methergin, misoprostol, Lasix, dexamethasone, vitamin- k,</li> </ol>	

Sr. No.	Module	Key Learning Outcomes	Equipment Required
		<p>iron and folic acid tablets, gentamycin, ampicillin, abortifacient medicines and a tray containing emergency drugs.</p> <ol style="list-style-type: none"> <li>5. Samples of Various medicines or kits used in national health programmes like DOTS, Snellen's Chart, insulin kit, etc.</li> <li>6. Various sample vaccines like TT &amp; ice bags for storage</li> <li>7. First aid box/Home medicine box/Primary care Medicine box containing samples of various medicines for minor ailments, minor injuries and AYUSH primary care</li> <li>8. Others: normal delivery kit, standard surgical set, equipment for new born care and neonatal resuscitation, IUCD insertion kit, vaccines, cold- boxes, syringes (5ml, 10ml, 20ml, 50 ml.), needles of various girth, refrigerator, oxygen mask, sterile gloves, cheattle's forceps, IV cannula, phototherapy unit, stethoscope, BP Apparatus, measuring tape, weighing scale, Different coded colour bins, Community bags</li> <li>9. Samples of Various types of records and registers available in the community</li> <li>10. Emergency kits, mannequins, defibrillator, AED's</li> <li>11. Flash cards, e- modules, flannel board, charts, Training materials</li> <li>12. Class Room equipped with following arrangements: <ul style="list-style-type: none"> <li>• Interactive lectures &amp; Discussion</li> <li>• Brain Storming</li> <li>• Charts &amp; Models</li> <li>• Activity</li> <li>• Video presentation</li> </ul> </li> </ol> <p>*Visit to Primary Health Centre, Hospital set-up and homes.</p>	
	<b>Total Duration for OJT 200:00</b>		

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

*(This syllabus/ curriculum has been approved by Healthcare sector skill council)*



**Trainer Prerequisites for Job role: "Frontline Health Worker" mapped to Qualification Pack:  
"HSS/Q8601", version 1.0**

Sr. No.	Area	Details
1	<b>Description</b>	To deliver accredited training service, mapping to the curriculum detailed above, in accordance with the Qualification Pack "HSS/8601".
2	<b>Personal Attributes</b>	Aptitude for conducting training, and pre/ post work to ensure competent, employable candidates at the end of the training. Strong communication skills, interpersonal skills, ability to work as part of a team; a passion for quality and for developing others; well-organised and focused, eager to learn and keep oneself updated with the latest in the mentioned field.
3	<b>Minimum Educational Qualifications</b>	Medical graduate with one year of experience in community health; ANM/B.Sc. Nursing/GNM/B.Sc. in community health
4a	<b>Domain Certification</b>	Certified for Job Role: "Frontline Health Worker" mapped to QP: "HSS/ Q 8601, version 1.0. Minimum accepted score is 80%
4b	<b>Platform Certification</b>	Recommended that the Trainer is certified for the Job Role: "Trainer", mapped to the Qualification Pack: "MEP/Q 0102". Minimum accepted percentage as per respective SSC guidelines is 80%.
5	<b>Experience</b>	<ul style="list-style-type: none"> <li>Medical graduate with one year of experience in community health</li> <li>ANM/B.Sc. Nursing/ GNM/ B.Sc. in community health</li> </ul>



### Annexure: Assessment Criteria

<b><u>Job Role</u></b>	Frontline Health Worker
<b><u>Qualification Pack Code</u></b>	HSS/ Q 86o1
<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 8601: Assist the village health, sanitation and nutrition	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan	200	20	10	10
	PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community		30	10	20

committee (VHSNC)	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village		20	10	10
	PC4. Ensure participation of VHSNC members in the Village health nutrition day		20	0	20
	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village		30	10	20
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan		40	10	30
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund		40	20	20
			200	70	130
2. HSS/ N 8602: Counsel women on contraception and prevention of common infections and RTI/STI	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health	200	10	5	5
	PC2. Disseminate information about prevention of RTIs/HIV/AIDS		10	8	2
	PC3. Dispel any rumours or misconceptions about contraceptives in villages		10	5	5
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions		10	8	2
	PC5. Counsel couples on delay of first pregnancy immediately after marriage		5	3	2
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service		5	2	3
	PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the Poverty Line (BPL)		5	3	2
	PC8. Promote male participation in family planning		5	3	2
	PC9. Educate men and women on natural contraceptive methods		20	15	5
	PC10. Counsel women about contraceptive methods including Copper-T 320		10	5	5
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)		20	15	5
	PC12. Accompany women to the nearest health centre for putting in place longer term contraceptives (like Copper T)		5	2	3

	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives		5	2	3
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer		5	2	3
	PC15. Help the ANM to contact women wanting to have a Copper-T insertion		5	2	3
	PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method		20	15	5
	PC17. Explain the advantages of vasectomy over tubectomy		20	18	2
	PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each		5	3	2
	PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available		5	1	4
	PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided		5	3	2
	PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any		5	3	2
	PC22. Ensure there is no unmet need for contraception in the village		5	2	3
	PC23. Ensure constant availability of contraceptives as part of social marketing		5	4	1
			200	129	71
3. HSS/ N 8603: Provide healthcare services to adolescents	PC1. Advise adolescents on the changes to expect as they enter puberty	200	30	20	10
	PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome		30	20	10
	PC3. Counsel adolescent girls and community members on myths related to menstruation		20	10	10
	PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation		20	10	10
	PC5. Answer any questions adolescents may have on sexuality, puberty and health		40	25	15
	PC6. Disseminate information about prevention of RTIs/HIV/AIDS		20	10	10
	PC7. Organise meetings, sessions and advice forums		15	10	5
	PC8. Distribute sanitary napkins		15	10	5
	PC9. Ensure a constant supply of sanitary napkins		10	5	5
			200	120	80

4. HSS/ N 8604: Counsel women on nutritional and health needs of young children	PC1. Communicate essential messages for prevention of malnutrition	200	20	5	15
	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services		30	10	20
	PC3. Counsel families to prevent malnutrition and to reverse malnutrition in children below five years		30	10	20
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations		10	5	5
	PC5. Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection		40	20	20
	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit		40	20	20
	PC7. Ensure that Child malnutrition rates are reduced in the village		10	5	5
	PC8. Ensure that 100% of children with diarrhoea receive ORS		20	10	10
			170	85	115
5. HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance	200	20	5	15
	PC2. Ensure 100% of institutional deliveries		20	5	15
	PC3. Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana		20	5	15
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements		20	5	15
	PC5. Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility		20	5	15
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services		20	5	15

	PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day		20	5	15
	PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth		20	5	15
	PC9. Counsel women on contraception after delivery		40	30	10
			100	70	130
6. HSS/ N 8606: Provide postnatal counselling	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat	200	20	5	15
	PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery		20	5	15
	PC3. Counsel new mothers to visit the ANM for minor complaints		30	10	20
	PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals		20	10	10
	PC5. Referral of post-natal women in case of danger signs		30	15	15
	PC6. Counsel women on exclusive breast-feeding for the new born		10	5	5
	PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same		20	15	5
	PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre •		20	15	5
	PC9. Counsel new mothers on use of contraception post delivery		30	25	5
			80	105	95
7. HSS/ N 8607: Counsel women on new-born care and immunisation	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat	200	10	5	5
	PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals		20	5	15
	PC3. Counsel and support women on exclusive breast-feeding for the new-born		30	20	10
	PC4. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre		10	5	5

	PC5. Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity		10	5	5
	PC6. Ensure 100% immunisation of children in the 12-23 months age group		30	20	10
	PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born		10	5	5
	PC8. Ensure that every family receives the information and support it needs to access immunisation		20	15	5
	PC9. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness		20	15	5
	PC10. Ensure that all new mothers obtain a Mother & Child Protection Card filled by the ANM/ AWW		10	5	5
	PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility		30	20	10
			200	120	80
8. HSS/ N 8608: Counsel women on childlessness and abortion related issues	PC1. Counsel women and families on infertility and refer to a medical facility		40	10	30
	PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks		20	10	10
	PC3. Educate families and the community about the dangers of unsafe abortion		20	10	10
	PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed	200	20	10	10
	PC5. Counsel women on safe abortions and the time duration within which abortions can be performed safely		30	10	20
	PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions		30	20	10
	PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female		40	30	10
			200	100	100
9. HSS/ N 8609: Provide primary care and	PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area	200	10	5	5

counselling for infectious diseases	PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early		10	5	5
	PC3. Help in increasing number of cases of leprosy diagnosed correctly and early		10	5	5
	PC4. Communicate key facts about malaria and its prevention to the community		20	15	5
	PC5. Make a blood smear and test using a rapid diagnostic test for malaria		20	5	15
	PC6. Manage fever in a young child		20	5	15
	PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat		20	15	5
	PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis		20	15	5
	PC9. Support treatment of Tuberculosis and follow-up with patients		10	5	5
	PC10. Understand the manner of spread of leprosy and methods of diagnosis		10	5	5
	PC11. Support treatment of leprosy and follow-up with patients		10	5	5
	PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit		10	5	5
	PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas		10	5	5
	PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral		10	5	5
	PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB		10	5	5
			200	105	95
10. HSS/ N 8610: Provide primary medical care for minor ailments and first aid for minor injuries	PC1. Provide first aid for wounds, animal bites and burns	200	50	20	30
	PC2. Refer serious cases requiring stitches, rabies shots and advanced burn treatment to the appropriate medical facility		50	30	20
	PC3. Provide primary care for coughs, colds, fever and diarrhoea		50	20	30
	PC4. Refer patients to the appropriate medical facility when required		50	30	20



			200	100	100
11. HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children	200	50	30	20
	PC2. Refer patients to the appropriate medical facility when required		20	10	10
	PC3. Escort patients to the appropriate medical facility when required		40	10	30
	PC4. Arrange for transportation to the nearest medical facility when escorting a patient		40	20	20
	PC5. Ensure display of referral transport details in prominent places		50	30	20
			200	100	100
12. HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	PC1. Diagnose common ailments	200	100	50	50
	PC2. Provide information on AYUSH medicines for common ailments		100	50	50
			200	100	100
13. HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	PC1. Mobilise the community to construct household toilets in the village	200	50	30	20
	PC2. Reduce the incidence of open defecation in the village		50	30	20
	PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation		100	70	30
			200	130	70
14. HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community	200	20	5	15
	PC2. Organise a home visit schedule to cover all homes in the community		20	10	10
	PC3. Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition		20	10	10
	PC4. Mobilise pregnant women to have institutional deliveries		30	20	10
	PC5. Mobilise parents to have their children immunised		20	10	10

	PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		30	20	10
	PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		40	20	20
	PC8. Facilitate implementation of national health plans and schemes		20	15	5
			200	110	90
15. HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community	200	20	10	10
	PC2. Provide information on health related issues to women, adolescent girls and children		30	20	10
	PC3. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition		15	5	10
	PC4. Mobilise pregnant women to have institutional deliveries		15	5	10
	PC5. Explain the importance of postnatal check-ups and supplementary nutrition		20	5	15
	PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites		20	5	15
	PC7. Explain the importance of immunisation		40	30	10
	PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		20	10	10
	PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		20	10	10
			200	100	100
16. HSS/ N 8616: Support the Auxiliary Nurse Midwife	PC1. Build a rapport with the community members, especially the women in the community	200	20	5	15
	PC2. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition		30	15	15
	PC3. Mobilise new mothers to have postnatal check-ups and supplementary nutrition		40	20	20
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites		30	15	15

	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised		40	20	20
	PC6. Mobilise community members with possibility of STIs/ RTIs to have tests done by the ANM		20	10	10
	PC7. Mobilise young couples to approach the ANM for contraception		20	10	10
			200	95	105
17. HSS/ N 8617: Support the Traditional Birth Attendant	PC1. Explain the importance of a medically safe and hygienic childbirth process	200	20	5	15
	PC2. Explain the potential risks associated with childbirth at home		20	5	15
	PC3. Explain the essential requirements for a clean and safe childbirth process at home with a TBA		20	5	15
	PC4. Counsel women opting for childbirth with a TBA		20	5	5
	PC5. Obtain Clean childbirth kits for the TBA as required		20	5	15
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home		20	10	10
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process		20	10	10
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs		20	10	10
	PC9. Keep contact with TBA to keep track of pregnancies		10	5	5
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination		30	15	15
			200	60	100
18. HSS/ N 8618: Support the Male Swasthya Karmi	PC1. Explain the causes of malaria and precautions to be taken for its prevention	200	25	10	15
	PC2. Explain symptoms of malaria		25	10	15
	PC3. Identify possible cases of malaria before an outbreak		25	10	15
	PC4. Mobilise suspected cases of malaria to be tested by the MPW		30	20	10
	PC5. Inform the MPW of suspected cases of malaria		30	10	20
	PC6. Assist the MPW in collecting blood samples from suspected cases of malaria		40	20	20
	PC7. Inform the Primary Health Centre of suspected outbreaks of malaria		25	10	15

			200	90	110
19. HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work	200	20	10	10
	PC2. Register every birth/still birth with the gram Panchayat within 14 days		20	10	10
	PC3. Register every death with the Gram Panchayat in 7 days		20	10	10
	PC4. Keep a record of work done in ASHA register/diary		20	5	15
	PC5. Track incentive payments due for work done		20	5	15
	PC6. Claim incentive payments		20	10	10
	PC7. Keep a diary for noting experiences, difficulties and thoughts		20	10	10
	PC8. Tally records with those at the Anganwadi and Health sub-centre		20	10	10
	PC9. Keep minutes of the VHSNC meetings		40	20	20
			200	90	110
20. HSS/ N 8620: Inform Primary Health Centre of Disease Outbreaks	PC1. Keep track of any unusual symptoms during the course of home visits and daily work	200	50	20	30
	PC2. Identify disease outbreaks		100	50	50
	PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner		50	30	20
			200	100	100
21. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	200	5	0	5
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		5	5	0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5

PC7. Follow procedures for risk control and risk containment for specific risks	10	0	10
PC8. Follow protocols for care following exposure to blood or other body fluids as required	10	0	10
PC9. Place appropriate signs when and where appropriate	20	10	10
PC10. Remove spills in accordance with the policies and procedures of the organization	5	0	5
PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination	5	0	5
PC12. Follow hand washing procedures	5	0	5
PC13. Implement hand care procedures	5	0	5
PC14. Cover cuts and abrasions with water-proof dressings and change as necessary	5	5	0
PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use	5	0	5
PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	5	0	5
PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work	20	10	10
PC18. Confine records, materials and medicaments to a well-designated clean zone			
PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone	5	0	5
PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste	5	0	5
PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified	5	0	5
PC22. Store clinical or related waste in an area that is accessible only to authorised persons	5	5	0
PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release	5	0	5

	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		5	5	0
	PC25. Wear personal protective clothing and equipment during cleaning procedures		5	0	5
	PC26. Remove all dust, dirt and physical debris from work surfaces		5	0	5
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		5	0	5
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		5	0	5
	PC29. Dry all work surfaces before and after use		5	0	5
	PC30. Replace surface covers where applicable		5	0	5
	PC31. Maintain and store cleaning equipment		5	5	0
			200	55	145
Grand Total-1 (Subject Domain)		400			
Soft Skills and Communication		Pick part 1 or part 2 as per NOS of subject domain each carrying 50 marks totaling 100			
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
Part 1 (Pick one field randomly carrying 50 marks)					
1. Attitude					
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	50	4	0	4
	PC2. Work within organisational systems and requirements as appropriate to one's role		4	0	4
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		16	8	8
	PC4. Maintain competence within one's role and field of practice		4	0	4

	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		8	4	4
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		6	4	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
			50	20	30
<b>Attitude Total</b>		<b>50</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		10	5	5
	PC2. Arrive at actual demand as accurately as possible		10	5	5
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible	<b>50</b>	20	10	10
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		10	5	5
			50	25	25
<b>Work Management Total</b>		<b>50</b>			
<b>3. Attitude</b>					
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals		4	4	0
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		10	0	10
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		10	0	10
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual	<b>50</b>	10	10	0
	PC5. Confirm that the needs of the individual have been met		4	4	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		4	4	0
	PC7. Respect the individual's need for privacy		4	4	0

	PC8. Maintain any records required at the end of the interaction		4	4	0
			50	30	20
Work Management Total		50	50	30	20
Part 2 (Pick one field as per NOS marked carrying 50 marks)					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	50	6	2	4
	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
			50	25	25
2. Waste Management					
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	50	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
			50	32	18
Grand Total-2 (Soft Skills and Communication)		100			
Detailed Break Up of Marks		Theory			
Subject Domain		Select each NOS each carrying different marks totalling 80			
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (80)	Out Of	Marks Allocation	
				THEORY	
1. HSS/ N 8601: Assist the village health, sanitation and nutrition committee (VHSNC)	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan	6	6		
	PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community				
	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village				
	PC4. Ensure participation of VHSNC members in the Village health nutrition day				

	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village			
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan			
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund			
			6	0
HSS/ N 8602: Counsel women on contraception and prevention of common infections and RTI/STI	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health			
	PC2. Disseminate information about prevention of RTIs/HIV/AIDS			
	PC3. Dispel any rumours or misconceptions about contraceptives in villages			
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions			
	PC5. Counsel couples on delay of first pregnancy immediately after marriage			
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service			
	PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the Poverty Line (BPL	4	4	
	PC8. Promote male participation in family planning			
	PC9. Educate men and women on natural contraceptive methods			
	PC10. Counsel women about contraceptive methods including Copper-T 320			
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)			
	PC12. Accompany women to the nearest health centre for putting in place longer term contraceptives (like Copper T)			
	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives			
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer			

	<p>PC15. Help the ANM to contact women wanting to have a Copper-T insertion</p> <p>PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method</p> <p>PC17. Explain the advantages of vasectomy over tubectomy</p> <p>PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each</p> <p>PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available</p> <p>PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided</p> <p>PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any</p> <p>PC22. Ensure there is no unmet need for contraception in the village</p> <p>PC23. Ensure constant availability of contraceptives as part of social marketing</p>				
			4	0	0
HSS/N 8603: Provide healthcare services to adolescents	<p>PC1. Advise adolescents on the changes to expect as they enter puberty</p> <p>PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome</p> <p>PC3. Counsel adolescent girls and community members on myths related to menstruation</p> <p>PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation</p> <p>PC5. Answer any questions adolescents may have on sexuality, puberty and health</p> <p>PC6. Disseminate information about prevention of RTIs/HIV/AIDS</p> <p>PC7. Organise meetings, sessions and advice forums</p> <p>PC8. Distribute sanitary napkins</p> <p>PC9. Ensure a constant supply of sanitary napkins</p>	2	2		
			2	0	0

HSS/ N 8604: Counsel women on nutritional and health needs of young children	PC1. Communicate essential messages for prevention of malnutrition	2	2			
	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services					
	PC3. Counsel families to prevent malnutrition and to reverse malnutrition in children below five years					
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations					
	PC5. Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection					
	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit					
	PC7. Ensure that Child malnutrition rates are reduced in the village					
	PC8. Ensure that 100% of children with diarrhoea receive ORS					
			2	0	0	
HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance	4	4			
	PC2. Ensure 100% of institutional deliveries					
	PC3. Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana					
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements					
	PC5. Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility					
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services					

	<p>PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day</p> <p>PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth</p> <p>PC9. Counsel women on contraception after delivery</p>			
			4	
HSS/N 8606: Provide postnatal counselling	<p>PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat</p> <p>PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery</p> <p>PC3. Counsel new mothers to visit the ANM for minor complaints</p> <p>PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals</p> <p>PC5. Referral of post-natal women in case of danger signs</p> <p>PC6. Counsel women on exclusive breast-feeding for the new born</p> <p>PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same</p> <p>PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre •</p> <p>PC9. Counsel new mothers on use of contraception post delivery</p>	2	2	
			2	
HSS/N 8607: Counsel women on new-born care and immunisation	<p>PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat</p> <p>PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals</p> <p>PC3. Counsel and support women on exclusive breast-feeding for the new-born</p> <p>PC4. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre</p>	4	4	

	<p>PC5. Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity</p> <p>PC6. Ensure 100% immunisation of children in the 12-23 months age group</p> <p>PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born</p> <p>PC8. Ensure that every family receives the information and support it needs to access immunisation</p> <p>PC9. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness</p> <p>PC10. Ensure that all new mothers obtain a Mother &amp; Child Protection Card filled by the ANM/ AWW</p> <p>PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility</p>			
			4	
HSS/ N 86o8: Counsel women on childlessness and abortion related issues	<p>PC1. Counsel women and families on infertility and refer to a medical facility</p> <p>PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks</p> <p>PC3. Educate families and the community about the dangers of unsafe abortion</p> <p>PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed</p> <p>PC5. Counsel women on safe abortions and the time duration within which abortions can be performed safely</p> <p>PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions</p> <p>PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female</p>	6	6	
			6	
HSS/ N 86o9: Provide primary care and counselling for infectious diseases	<p>PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area</p> <p>PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early</p> <p>PC3. Help in increasing number of cases of leprosy diagnosed correctly and early</p>	6	6	

	<p>PC4. Communicate key facts about malaria and its prevention to the community</p> <p>PC5. Make a blood smear and test using a rapid diagnostic test for malaria</p> <p>PC6. Manage fever in a young child</p> <p>PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat</p> <p>PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis</p> <p>PC9. Support treatment of Tuberculosis and follow-up with patients</p> <p>PC10. Understand the manner of spread of leprosy and methods of diagnosis</p> <p>PC11. Support treatment of leprosy and follow-up with patients</p> <p>PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit</p> <p>PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas</p> <p>PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral</p> <p>PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB</p>				
			6	0	0
HSS/ N 8610: Provide primary medical care for minor ailments and first aid for minor injuries	<p>PC1. Provide first aid for wounds, animal bites and burns</p> <p>PC2. Refer serious cases requiring stitches, rabies shots and advanced burn treatment to the appropriate medical facility</p> <p>PC3. Provide primary care for coughs, colds, fever and diarrhoea</p> <p>PC4. Refer patients to the appropriate medical facility when required</p>	4	4		
			4		

HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children	6	6		
	PC2. Refer patients to the appropriate medical facility when required				
	PC3. Escort patients to the appropriate medical facility when required				
	PC4. Arrange for transportation to the nearest medical facility when escorting a patient				
	PC5. Ensure display of referral transport details in prominent places				
			6		
HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	PC1. Diagnose common ailments	6	6		
	PC2. Provide information on AYUSH medicines for common ailments				
			6	0	0
HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	PC1. Mobilise the community to construct household toilets in the village	4	4		
	PC2. Reduce the incidence of open defecation in the village				
	PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation				
			4		
HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community	2	2		
	PC2. Organise a home visit schedule to cover all homes in the community				
	PC3. Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition				



	PC4. Mobilise pregnant women to have institutional deliveries			
	PC5. Mobilise parents to have their children immunised			
	PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment			
	PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)			
	PC8. Facilitate implementation of national health plans and schemes			
		2	0	0
HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community			
	PC2. Provide information on health related issues to women, adolescent girls and children			
	PC3. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition			
	PC4. Mobilise pregnant women to have institutional deliveries			
	PC5. Explain the importance of postnatal check-ups and supplementary nutrition	2	2	
	PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites			
	PC7. Explain the importance of immunisation			
	PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment			
	PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)			
		2	0	0

HSS/ N 8616: Support the Auxiliary Nurse Midwife	PC1. Build a rapport with the community members, especially the women in the community	2	2		
	PC2. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition				
	PC3. Mobilise new mothers to have postnatal check-ups and supplementary nutrition				
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites				
	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised				
	PC6. Mobilise community members with possibility of STIs/ RTIs to have tests done by the ANM				
	PC7. Mobilise young couples to approach the ANM for contraception				
			2	0	0
HSS/ N 8617: Support the Traditional Birth Attendant	PC1. Explain the importance of a medically safe and hygienic childbirth process	2	2		
	PC2. Explain the potential risks associated with childbirth at home				
	PC3. Explain the essential requirements for a clean and safe childbirth process at home with a TBA				
	PC4. Counsel women opting for childbirth with a TBA				
	PC5. Obtain Clean childbirth kits for the TBA as required				
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home				
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process				
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs				
	PC9. Keep contact with TBA to keep track of pregnancies				
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination				
			2	0	0

HSS/ N 8618: Support the Male Swasthya Karmi	PC1. Explain the causes of malaria and precautions to be taken for its prevention	4	4		
	PC2. Explain symptoms of malaria				
	PC3. Identify possible cases of malaria before an outbreak				
	PC4. Mobilise suspected cases of malaria to be tested by the MPW				
	PC5. Inform the MPW of suspected cases of malaria				
	PC6. Assist the MPW in collecting blood samples from suspected cases of malaria				
	PC7. Inform the Primary Health Centre of suspected outbreaks of malaria				
			4		
HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work	2	2		
	PC2. Register every birth/still birth with the gram Panchayat within 14 days				
	PC3. Register every death with the Gram Panchayat in 7 days				
	PC4. Keep a record of work done in ASHA register/diary				
	PC5. Track incentive payments due for work done				
	PC6. Claim incentive payments				
	PC7. Keep a diary for noting experiences, difficulties and thoughts				
	PC8. Tally records with those at the Anganwadi and Health sub-centre				
	PC9. Keep minutes of the VHSNC meetings				
			2	0	0
HSS/ N 8620: Inform Primary Health Centre of Disease Outbreaks	PC1. Keep track of any unusual symptoms during the course of home visits and daily work	6	6		
	PC2. Identify disease outbreaks				
	PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner				
			6		
9. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	4	4		

PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		
PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		
PC4. Identify infection risks and implement an appropriate response within own role and responsibility		
PC5. Document and report activities and tasks that put patients and/or other workers at risk		
PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		
PC7. Follow procedures for risk control and risk containment for specific risks		
PC8. Follow protocols for care following exposure to blood or other body fluids as required		
PC9. Place appropriate signs when and where appropriate		
PC10. Remove spills in accordance with the policies and procedures of the organization		
PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		
PC12. Follow hand washing procedures		
PC13. Implement hand care procedures		
PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		
PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		
PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		

	PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work		
	PC18. Confine records, materials and medicaments to a well-designated clean zone		
	PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone		
	PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste		
	PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		
	PC22. Store clinical or related waste in an area that is accessible only to authorised persons		
	PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release		
	PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		
	PC25. Wear personal protective clothing and equipment during cleaning procedures		
	PC26. Remove all dust, dirt and physical debris from work surfaces		
	PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		
	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		
	PC29. Dry all work surfaces before and after use		

	PC30. Replace surface covers where applicable			
	PC31. Maintain and store cleaning equipment			
			4	
Grand Total-1 (Subject Domain)		80		
Soft Skills and Communication		Select each part each carrying 10 marks totalling 20		
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (20)	Out Of	Marks Allocation THEORY
Part 1 (Pick one field randomly carrying 50 marks)				
1. Attitude				
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	2	2	
	PC2. Work within organisational systems and requirements as appropriate to one's role			
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority			
	PC4. Maintain competence within one's role and field of practice			
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice			
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times			
	PC7. Identify and manage potential and actual risks to the quality and safety of practice			
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements			

			2	0	0
<b>2. Work Management</b>					
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	6	6		
	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				
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals				
			6		
<b>3. Attiquete</b>					
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	2	2		
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics				
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them				
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual				
	PC5. Confirm that the needs of the individual have been met				
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality				
	PC7. Respect the individual's need for privacy				
	PC8. Maintain any records required at the end of the interaction				
			2	0	0
<b>Part 2</b>					
<b>1. 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	6	6	
	PC2. Comply with health, safety and security procedures for the workplace			
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person			
	PC4. Identify potential hazards and breaches of safe work practices			
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority			
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected			
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently			
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person			
	PC9. Complete any health and safety records legibly and accurately			
			6	0 0
<b>2. 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	4	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			



	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements			
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste			
	PC5. Check the accuracy of the labelling that identifies the type and content of waste			
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal			
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal			
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks			
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures			
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols			
		4	0	0
Grand Total-2 (Soft Skills and Communication)		20		



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