TRAINING REGULATIONS FOR

EMERGENCY MEDICAL SERVICES NC II

HEALTH, SOCIAL AND OTHERCOMMUNITY DEVELOPMENT SERVICES SECTOR

Health Care
Industry Training
Council, Inc.

Technical
Education
Skills
Development
Authority

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SECTION I EMERGENCY MEDICAL SERVICES NC II QUALIFICATION

The **EMERGENCY MEDICAL SERVICES NC II** Qualification consists of competencies that a person must achieve to perform basic life support, maintain life support equipment and resources, implement safe access and extrication procedures in an emergency, manage request for service, allocate ambulance service resources, coordinate resources, deliver basic ambulance communication skills, supervise on – road operations, manage the scene of an emergency, manage the scene of a special event, manage routine scene, deliver pre- hospital patient care, deliver intensive pre-hospital patient care, manage ambulance operations, and transport emergency patients, transport non- emergency patients.

The Units of Competency comprising this Qualification include the following:

UNIT CODE	BASIC COMPETENCIES
500311105	Participate in workplace communication
500311106	Work in a team environment
500311107	Practice career professionalism
500311108	Practice occupational health and safety procedures

UNIT CODE	COMMON COMPETENCIES
HCS323201	Implement and monitor infection control policies and procedures
HCS323202	Respond effectively to difficult and challenging behavior
HCS323203	Apply basic first aid
HCS323204	Maintain high standard of patient services

UNIT CODE	CORE COMPETENCIES
HCS322301	Perform Basic Life Support
HCS322302	Maintain Life Support Equipment and resources
HCS322303	Implement Safe Access and extrication procedures in an Emergency
HCS322304	Manage Request for Ambulance Service
HCS322305	Allocate Ambulance Service Resources
HCS322306	Coordinate Emergency Resources
HCS322307	Deliver Basic Ambulance Communication Skills
HCS322308	Supervise On- Road Operations
HCS322309	Manage the Scene of an Emergency
HCS322310	Manage the Scene of a Special Event
HCS322311	Manage Routine Scene
HCS322312	Deliver pre- hospital patient care
HCS322313	Deliver Intensive pre hospital patient care
HCS322314	Manage Ambulance operations
HCS322315	Transport Emergency Patients
HCS322316	Transport Non- Emergency Patients
HCS322317	Drive Vehicles Under Operational Conditions

A person who has achieved this Qualification is competent to be:
- **First-Aider**
- **ER Aide/Assistant**
- **Emergency Medical Technician (Basic)**

SECTION 2 COMPETENCY STANDARDS

This section gives the details of the contents of the basic, common and core units of competency required in **EMERGENCY MEDICAL SERVICES NC II**

BASIC COMPETENCIES

UNIT OF COMPETENCY :   **PARTICIPATE IN WORKPLACE COMMUNICATION**
UNIT CODE   **:**   **500311105**
UNIT DESCRIPTOR   **:**   This unit covers the knowledge, skills and attitudes required to gather, interpret and convey information in response to workplace requirements.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Obtain and convey workplace information	1.1 Specific and relevant information is accessed from *appropriate sources.* 1.2 Effective questioning , active listening and speaking skills are used to gather and convey information. 1.3 Appropriate *medium* is used to transfer information and ideas. 1.4 Appropriate non- verbal communication is used. 1.5 Appropriate lines of communication with supervisors and colleagues are identified and followed. 1.6 Defined workplace procedures for the location and *storage* of information are used. 1.7 Personal interaction is carried out clearly and concisely.
2. Participate in workplace meetings and discussions	2.1 Team meetings are attended on time. 2.2 Own opinions are clearly expressed and those of others are listened to without interruption. 2.3 Meeting inputs are consistent with the meeting purpose and established *protocols.* 2.4 *Workplace interactions* are conducted in a courteous manner. 2.5 Questions about simple routine workplace procedures and maters concerning working conditions of employment are asked and responded to. 2.6 Meetings outcomes are interpreted and implemented.
3. Complete relevant work related documents	3.1 Range of *forms* relating to conditions of employment are completed accurately and legibly. 3.2 Workplace data is recorded on standard workplace forms and documents. 3.3 Basic mathematical processes are used for routine calculations.

| | 3.4 Errors in recording information on forms/ documents are identified and properly acted upon. |
| | 3.5 Reporting requirements to supervisor are completed according to organizational guidelines. |

RANGE OF VARIABLES

VARIABLE	RANGE
1. Appropriate sources	1.1. Team members
	1.2. Suppliers
	1.3. Trade personnel
	1.4. Local government
	1.5. Industry bodies
2. Medium	2.1. Memorandum
	2.2. Circular
	2.3. Notice
	2.4. Information discussion
	2.5. Follow-up or verbal instructions
	2.6. Face to face communication
3. Storage	3.1. Manual filing system
	3.2. Computer-based filing system
4. Forms	4.1. Personnel forms, telephone message forms, safety reports
5. Workplace interactions	5.1. Face to face
	5.2. Telephone
	5.3. Electronic and two way radio
	5.4. Written including electronic, memos, instruction and forms, non-verbal including gestures, signals, signs and diagrams
6. Protocols	6.1. Observing meeting
	6.2. Compliance with meeting decisions
	6.3. Obeying meeting instructions

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1. Prepared written communication following standard format of the organization. 1.2. Accessed information using communication equipment. 1.3. Made use of relevant terms as an aid to transfer information effectively. 1.4. Conveyed information effectively adopting the formal or informal communication.
2. Underpinning knowledge and attitudes	2.1. Effective communication 2.2. Different modes of communication 2.3. Written communication 2.4. Organizational policies 2.5. Communication procedures and systems 2.6. Technology relevant to the enterprise and the individual's work responsibilities
3. Underpinning skills	3.1. Follow simple spoken language 3.2. Perform routine workplace duties following simple written notices 3.3. Participate in workplace meetings and discussions 3.4. Complete work related documents 3.5. Estimate, calculate and record routine workplace measures 3.6. Basic mathematical processes of addition, subtraction, division and multiplication 3.7. Ability to relate to people of social range in the workplace 3.8. Gather and provide information in response to workplace requirements
4. Resource implications	The following resources **MUST** be provided: 4.1. Fax machine 4.2. Telephone 4.3. Writing materials 4.4. Internet
5. Method of assessment	Competency **MUST** be assessed through: 5.1. Direct Observation 5.2. Oral interview and written test
6. Context of assessment	6.1. Competency may be assessed individually in the actual workplace or through accredited institution

UNIT OF COMPETENCY : **WORK IN A TEAM ENVIRONMENT**

UNIT CODE **:** **500311106**

UNIT DESCRIPTOR **:** This unit covers the skills, knowledge and attitudes to identify role and responsibility as a member of a team.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Describe team role and scope	1.1. The *role and objective of the team* is identified from available *sources of information.* 1.2. Team parameters, reporting relationships and responsibilities are identified from team discussions and appropriate external sources.
2. Identify own role and responsibility within team	2.1. Individual role and responsibilities within the team environment are identified. 2.2. Roles and responsibility of other team members are identified and recognized. 2.3. Reporting relationships within team and external to team are identified.
3. Work as a team member	3.1. Effective and appropriate forms of communications used and interactions undertaken with team members who contribute to known team activities and objectives. 3.2. Effective and appropriate contributions made to complement team activities and objectives, based on individual skills and competencies and *workplace context.* 3.3. Observed protocols in reporting using standard operating procedures. 3.4. Contribute to the development of team work plans based on an understanding of team's role and objectives and individual competencies of the members.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Role and objective of team	1.1. Work activities in a team environment with enterprise or specific sector 1.2. Limited discretion, initiative and judgment maybe demonstrated on the job, either individually or in a team environment
2. Sources of information	2.1. Standard operating and/or other workplace procedures 2.2. Job procedures 2.3. Machine/equipment manufacturer's specifications and instructions 2.4. Organizational or external personnel 2.5. Client/supplier instructions 2.6. Quality standards 2.7. OHS and environmental standards
3. Workplace context	3.1. Work procedures and practices 3.2. Conditions of work environments 3.3. Legislation and industrial agreements 3.4. Standard work practice including the storage, safe handling and disposal of chemicals 3.5. Safety, environmental, housekeeping and quality guidelines

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EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1. Operated in a team to complete workplace activity. 1.2. Worked effectively with others. 1.3. Conveyed information in written or oral form. 1.4. Selected and used appropriate workplace language. 1.5. Followed designated work plan for the job. 1.6. Reported outcomes.
2. Underpinning knowledge and attitudes	2.1. Communication process 2.2. Team structure 2.3. Team roles 2.4. Group planning and decision making
3. Underpinning skills	3.1. Communicate appropriately, consistent with the culture of the workplace
4. Resource implications	The following resources **MUST** be provided: 4.1. Access to relevant workplace or appropriately simulated environment where assessment can take place 4.2. Materials relevant to the proposed activity or tasks
5. Method of assessment	Competency may be assessed through: 5.1. Observation of the individual member in relation to the work activities of the group 5.2. Observation of simulation and or role play involving the participation of individual member to the attainment of organizational goal 5.3. Case studies and scenarios as a basis for discussion of issues and strategies in teamwork
6. Context of assessment	6.1. Competency may be assessed in workplace or in a simulated workplace setting 6.2. Assessment shall be observed while task are being undertaken whether individually or in group

UNIT OF COMPETENCY :   PRACTICE CAREER PROFESSIONALISM

UNIT CODE   :   500311107

UNIT DESCRIPTOR   : This unit covers the knowledge, skills and attitudes in promoting career growth and advancement.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Integrate personal objectives with organizational goals	1.1 Personal growth and work plans are pursued towards improving the qualifications set for the profession. 1.2 Intra- and interpersonal relationshipsis are maintained in the course of managing oneself based on performance *evaluation.* 1.3 Commitment to the organization and its goal is demonstrated in the performance of duties.
2. Set and meet work priorities	2.1 Competing demands are prioritized to achieve personal, team and organizational goals and objectives. 2.2 *Resources* are utilized efficiently and effectively to manage work priorities and commitments. 2.3 Practices along economic use and maintenance of equipment and facilities are followed as per established procedures.
3. Maintain professional growth and development	3.1 *Trainings and career opportunities* are identified and availed of based on job requirements. 3.2 *Recognitions* are sought/received and demonstrated as proof of career advancement. 3.3 *Licenses and/or certifications* relevant to job and career are obtained and renewed.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Evaluation	1.1 Performance Appraisal 1.2 Psychological Profile 1.3 Aptitude Tests

2. Resources	2.1 Human
	2.2 Financial
	2.3 Technology
	    2.3.1 Hardware
	    2.3.2 Software

3. Trainings and career opportunities	3.1 Participation in training programs
	    3.1.1 Technical
	    3.1.2 Supervisory
	    3.1.3 Managerial
	    3.1.4 Continuing Education
	3.2 Serving as Resource Persons in conferences and workshops

4. Recognitions	4.1 Recommendations 4.2 Citations 4.3 Certificate of Appreciations 4.4 Commendations 4.5 Awards 4.6 Tangible and Intangible Rewards
5. Licenses and/or certifications	5.1 National Certificates 5.2 Certificate of Competency 5.3 Support Level Licenses 5.4 Professional Licenses

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EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1 Attained job targets within key result areas (KRAs). 1.2 Maintained intra - and interpersonal relationship in the course of managing oneself based on performance evaluation. 1.3 Completed trainings and career opportunities which are based on the requirements of the industries. 1.4 Acquired and maintained licenses and/or certifications according to the requirement of the qualification.
2. Underpinning knowledge and attitudes	2.1 Work values and ethics (Code of Conduct, Code of Ethics, etc.) 2.2 Company policies 2.3 Company operations, procedures and standards 2.4 Fundamental rights at work including gender sensitivity 2.5 Personal hygiene practices
3. Underpinning skills	3.1 Appropriate practice of personal hygiene 3.2 Intra and Interpersonal skills 3.3 Communication skills
4. Resource implications	The following resources **MUST** be provided: 4.1 Workplace or assessment location 4.2 Case studies/scenarios
5. Method of assessment	Competency may be assessed through: 5.1 Portfolio Assessment 5.2 Interview 5.3 Simulation/Role-plays 5.4 Observation 5.5 Third Party Reports 5.6 Exams and Tests
6. Context of assessment	6.1 Competency may be assessed in the work place or in a simulated work place setting

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UNIT OF COMPETENCY : **PRACTICE OCCUPATIONAL HEALTH AND SAFETY PROCEDURES**

UNIT CODE **:** **500311108**

UNIT DESCRIPTOR **:** This unit covers the outcomes required to comply with regulatory and organizational requirements for occupational health and safety.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Identify hazards and risks	1.1 *Safety regulations* and workplace safety and hazard control practices and procedures are clarified and explained based on organization procedures. 1.2 *Hazards/risks* in the workplace and their corresponding indicators are identified to minimize or eliminate risk to co-workers, workplace and environment in accordance with organization procedures. 1.3 *Contingency measures* during workplace accidents, fire and other emergencies are recognized and established in accordance with organization procedures.
2. Evaluate hazards and risks	2.1 Terms of maximum tolerable limits which when exceeded will result in harm or damage are identified based on threshold limit values (TLV). 2.2 Effects of the hazards are determined. 2.3 OHS issues and/or concerns and identified safety hazards are reported to designated personnel in accordance with workplace requirements and relevant workplace OHS legislation.

	ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
3.	Control hazards and risks	3.1 Occupational Health and Safety (OHS) procedures for controlling hazards/risks in workplace are consistently followed. 3.2 Procedures for dealing with workplace accidents, fire and emergencies are followed in accordance with organization OHS policies. 3.3 *Personal protective equipment (PPE)* is correctly used in accordance with organization OHS procedures and practices. 3.4 Appropriate assistance is provided in the event of a workplace emergency in accordance with established organization protocol.
4.	Maintain OHS awareness	4.1 *Emergency-related drills and trainings* are participated in as per established organization guidelines and procedures. 4.2 *OHS personal records* are completed and updated in accordance with workplace requirements.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Safety regulations	May include but are not limited to: 1.1 Clean Air Act 1.2 Building code 1.3 National Electrical and Fire Safety Codes 1.4 Waste management statutes and rules 1.5 Philippine Occupational Safety and Health Standards 1.6 DOLE regulations on safety legal requirements 1.7 ECC regulations
2. Hazards/Risks	May include but are not limited to: 2.1 Physical hazards – impact, illumination, pressure, noise, vibration, temperature, radiation 2.2 Biological hazards- bacteria, viruses, plants, parasites, mites, molds, fungi, insects 2.3 Chemical hazards – dusts, fibers, mists, fumes, smoke, gasses, vapors 2.4 Ergonomics • Psychological factors – over exertion/ excessive force, awkward/static positions, fatigue, direct pressure, varying metabolic cycles • Physiological factors – monotony, personal relationship, work out cycle

VARIABLE	RANGE
3. Contingency measures	May include but are not limited to: 3.1 Evacuation 3.2 Isolation 3.3 Decontamination 3.4 (Calling designed) emergency personnel
4. PPE	May include but are not limited to: 4.1 Mask 4.2 Gloves 4.3 Goggles 4.4 Hair Net/cap/bonnet 4.5 Face mask/shield 4.6 Ear muffs 4.7 Apron/Gown/coverall/jump suit 4.8 Anti-static suits
5. Emergency-related drills and training	5.1 Fire drill 5.2 Earthquake drill 5.3 Basic life support/CPR 5.4 First aid 5.5 Spillage control 5.6 Decontamination of chemical and toxic 5.7 Disaster preparedness/management
6. OHS personal records	6.1 Medical/Health records 6.2 Incident reports 6.3 Accident reports 6.4 OHS-related training completed

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate:
	1.1 Explained clearly established workplace safety and hazard control practices and procedures.
	1.2 Identified hazards/risks in the workplace and its corresponding indicators in accordance with company procedures.
	1.3 Recognized contingency measures during workplace accidents, fire and other emergencies.
	1.4 Identified terms of maximum tolerable limits based on threshold limit value- TLV.
	1.5 Followed Occupational Health and Safety (OHS) procedures for controlling hazards/risks in workplace.
	1.6 Used Personal Protective Equipment (PPE) in accordance with company OHS procedures and practices.
	1.7 Completed and updated OHS personal records in accordance with workplace requirements.
2. Underpinning knowledge and attitudes	2.1 OHS procedures and practices and regulations
	2.2 PPE types and uses
	2.3 Personal hygiene practices
	2.4 Hazards/risks identification and control
	2.5 Threshold Limit Value -TLV
	2.6 OHS indicators
	2.7 Organization safety and health protocol
	2.8 Safety consciousness
	2.9 Health consciousness
3. Underpinning skills	3.1 Practice of personal hygiene
	3.2 Hazards/risks identification and control skills
	3.3 Interpersonal skills
	3.4 Communication skills
4. Resource implications	The following resources **MUST** be provided:
	4.1 Workplace or assessment location
	4.2 OHS personal records
	4.3 PPE
	4.4 Health records

5. Method of assessment	Competency may be assessed through: 5.1 Portfolio Assessment 5.2 Interview 5.3 Case Study/Situation
6. Context of assessment	6.1 Competency may be assessed in the work place or in a simulated work place setting

COMMON COMPETENCIES

UNIT OF COMPETENCY **: COMPLY WITH ORGANIZATION'S OCCUPATIONAL SAFETY AND HEALTH POLICIES**

UNIT DESCRIPTOR **: HCS323201**

UNIT DESCRIPTOR **:** This unit covers the knowledge, skills and attitudes needed to   comply with the general OSH requirements.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in Range of Variables
1. Follow procedures for hazard identification and risk control	1.1 *Hazards* in the work place are recognized and reported to supervisor according to established procedures. 1.2 *General procedures* and *work instructions* for assessing and controlling risks are followed accurately. 1.3 General procedures for dealing with accidents, fires and other emergencies are followed as required within scope of responsibilities and competencies.
2. Contribute to OSH in the workplace	2.1 Occupational safety and health (OSH) issues are raised with concerned health care personnel in accordance with established procedures. 2.2 Suggestions are made for OSH management in the workplace in accordance with general procedures.
3. Utilize strategies to prevent infection in the workplace	3.1 Work environment is kept clean and tidy and personal hygiene practices are followed in accordance with established procedures. 3.2 *Contaminated materials* are disposed of according to general procedures and infection control guidelines. 3.3 Standard precautions are observed.
4. Utilize strategies to prevent work overload	4.1 Work role and schedule are defined and *rest time and breaks* are followed. 4.2 *Sources of stress* are identified, issues raised and discussed with supervisor.
5. Perform work in	5.1 Work is carried out in accordance with defined procedures

ELEMENT	PERFORMANCE CRITERIA
a safe manner	and in a manner which ensures *personal safety* and the safety of others. 5.2 *General safe work practices* are followed. 5.3 Regular reports are submitted in accordance with general procedures.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in Range of Variables
6. Implement strategies to prevent manual handling injuries	6.1 Comply with the manual handling risk management system in the workplace. 6.2 Suggestions are made to prevent manual handling injuries in the workplace. 6.3 Appropriate manual handling techniques and equipment are used to meet patient needs. 6.4 *General procedures for reporting* symptoms and injuries to self and/or others are followed. 6.5 General procedures for reporting maintenance needs are followed. 6.6 General procedures for reporting difficulties with tasks are followed.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Relevant general procedures	These may include but are not limited to: 1.1 Hazard identification policies and procedures 1.2 Emergency, fire and accident procedures 1.3 Infection control guidelines 1.4 Procedures for the use of personnel clothing and equipment 1.5 Hazard identification and issue resolution procedures 1.6 Job procedures and work instructions 1.7 Waste management 1.8 Security procedures 1.9 Natural disasters
2. Hazards and/or stressors	2.1 Workplace workloads 2.2 Work schedule 2.3 Manual handling 2.4 Patient handling 2.5 Toxic or hazardous substances/radiation 2.6 Body fluids and human tissue 2.7 Infections 2.8 Fire, natural disasters 2.9 Clinical waste 2.10 'Sharps' 2.11 Substance abuse 2.12 Depression and risk of suicide 2.13 Personal threat by patients, visitors and other staff (these include threats to safety due to substance and alcohol use of

	patients, visitors and other staff) 2.14 Aggressive behavior of patients ie caused by mental health of patient or drug and alcohol use 2.15 Gases/fumes 2.16 Terrorism, man-made disasters
3. Work instructions	3.1 Verbal 3.2 Written 3.3 Vernacular 3.4 Provide visual aids e.g. on video or instruction sheets, posters
4. General procedures for controlling risks	4.1 Manual handling techniques 4.2 Strategies for reducing the amount of manual handling required 4.3 Strategies for reducing staff stress 4.4 Recognition of a hostile situation – how to deal with patients/visitors/staff. 4.5 Strategies to 'defuse' potential problems
5. Rest time and breaks	5.1 Coffee break, lunch and dinner breaks 5.2 Leave privileges 5.3 Grievance procedures 5.4 Appropriate orientation of staff including the reporting of substance use and abuse, child protection, gender-related issues and mental health issues 5.5 Team meetings 5.6 Debriefing procedures following crisis 5.7 Management of performance levels 5.8 Employee assistance with problems and introducing them to services available in the community including programs relating to substance use and abuse, counseling
6. Contaminated items	6.1 Syringes and other 'sharps' 6.2 Clothing 6.3 Food 6.4 Clinical waste 6.5 Soiled linen 6.6 Equipment 6.7 Human tissue and body fluids
7. Working in a manner which ensures personal safety	7.1 Carrying communication equipment especially if working alone in a remote area 7.2 Wearing protective clothing

	7.3	Carrying alarms in situations for 'isolated' or staff working out of hours
	7.4	Knowledge of emergency response procedures
8. General security measures	8.1 Locking doors 8.2 ID badges 8.3 Reporting any unauthorized personnel visiting after hours 8.4 Testing door alarms, pagers etc	
9. Reports identifying workplace hazards may be verbal or written	9.1 Memoranda 9.2 Specially designed report forms 9.3 Phone messages 9.4 Notes 9.5 Reporting face to face	

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate:	
	1.1	Worked safely and followed the general OSH procedures.
	1.2	Complied with the general infection control guidelines.
	1.3	Identified, reported and managed personal and work related stressors.
2. Underpinning knowledge and attitudes	2.1	Significant hazards in the workplace both indoors and outdoors
	2.2	Location and use of safety equipment such as fire extinguishers and emergency units and alarms
	2.3	Workplace procedures that apply to fire, accidents and natural and man-made emergency situations
	2.4	Potential hazards in the workplace and the risks/potential risks of certain behaviors, including those resulting from substance use and abuse by staff, visitors or clients
	2.5	Recognition of signs and symptoms of depression and risk of suicide
	2.6	Standard precautions and infection hazards
	2.7	Legislative requirements and best practice approaches to OSH
	2.8	Rights and obligations of employees and employers regarding OSH

	2.9	Reporting mechanisms required for workplace injury and compensation claims
3. Underpinning skills	3.1	Lifting, lowering and transfer techniques of manual handling
	3.2	Implementing practices to prevent or minimize risk
	3.3	Applying safe handling practices and other safety procedures
	3.4	Using equipment according to manufacturers' specifications
	3.5	Recognizing and reporting workplace hazards including substance use and abuse, gender-related and mental health issues
	3.6	Oral and written communication skills
4. Resource implications	The following resources **MUST** be provided:	
	4.1	Workplace health and safety policies and procedures (including those relating to use of substances in the workplace)
	4.2	Infection control procedures
	4.3	Other general policies and procedures
	4.4	Duties statements and/or job descriptions
	4.5	Manual handling equipment
5. Method of assessment	Competency may be assessed through:	
	5.1	Observation with questioning
	5.2	Portfolio
	5.3	Third party report
	5.4	Interview
	5.5	Demonstration with questioning
6. Context of assessment	6.1	This unit is most appropriately assessed in a simulated workplace/assessment center.

UNIT OF COMPETENCY   :   IMPLEMENT AND MONITOR INFECTION CONTROL POLICIES AND PROCEDURES

UNIT CODE   :   HCS323202

UNIT DESCRIPTOR   :   This unit is concerned with infection control responsibilities of employees with supervisory accountability to implement and monitor infection control policy and procedures in a specific work unit or team within an organization. This unit does not apply to a role with organization-wide responsibilities for infection control policy and procedure development, implementation or monitoring.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Provide information to the work group about the organization's infection control policies and procedures	1.1 Relevant information about the organization's infection control policy and procedures, and applicable **industry codes of practice** are accurately and clearly explained to the work group. 1.2 Information about identified **hazards and the outcomes of infection risk assessments** is regularly provided to the work group. 1.3 Opportunity is provided for the work group to seek further information on workplace infection control issues and practices.

2. Integrate the organization's infection control policy and procedure into work practices	2.1	***Infection control policy*** and procedures are implemented by supervisor and members of the work group.
	2.2	Liaison is maintained with person responsible for organization-wide infection control.
	2.3	The Supervisor's coaching support ensures that individuals/teams are able to implement infection control practices.
	2.4	Work procedures are adopted to reflect appropriate infection control practice.
	2.5	Issues raised through consultation are dealt with and resolved promptly or referred to the appropriate personnel for resolution.
	2.6	Workplace procedures for dealing with infection control risks and hazardous events are implemented whenever necessary.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	
	2.7	Employees are encouraged to report infection risks and to improve infection control procedures.
3. Monitor infection control performance and implement improvements in practices	3.1	Infection control hazardous events are investigated promptly to identify their cause in accordance with organization policy and procedures.
	3.2	Work procedures to control infection risks are monitored to ensure compliance.
	3.3	Work procedures are regularly reviewed and adjusted to ensure improvements in infection control practice.
	3.4	Supervisor provides feedback to team and individuals on compliance issues, changes in work procedures and infection control outcomes.
	3.5	Training in work procedures is provided as required to ensure maintenance of ***infection control standards***.
	3.6	Inadequacies in work procedures and infection control measures are identified, corrected or reported to ***designated personnel.***

	3.7 Records of infection control risks and incidents are accurately maintained as required.
	3.8 *Aggregate infection control* information reports are used to identify hazards, to monitor and improve risk control methods and to indicate training needs.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Infection Control Policies and Procedures	This may include but not limited to: 1.1 Cleaning procedures and schedules 1.2 Cleaning agents 1.3 Cleaning equipment 1.4 Handling, storage and disposal of all types of waste 1.5 Food handling and food safety 1.6 Hygiene procedures 1.7 Infection control risk management 1.8 Infection control incident and hazard reporting 1.9 Sterilizing 1.10 Linen production and handling 1.11 Maintenance procedures 1.12 Storage requirements 1.13 Personal protective clothing 1.14 Work flows 1.15 Management of blood and body fluid spills 1.16 Single use of disposables 1.17 Aseptic techniques 1.18 Skin preparation procedures 1.19 Immunization 1.20 Needle stick injuries 1.21 Personal contact with infectious patients 1.22 Standard and additional precautions 1.23 Confidentiality 1.24 Employee training 1.25 Contractors
2. Industry Codes of Practice	2.1 National Health and Medical Research Council Guidelines for infection control 2.2 Local & National Government Guidelines and Standards 2.3 Manufacturer's recommendations and operating manuals
3. Identified hazards and the outcomes of	3.1 Sharps 3.2 Glass 3.3 Waste

infection risk assessments	3.4 Human waste and human tissues
	3.5 Personal contact with infectious patients
	3.6 Animals, insects and vermin
	3.7 Stock, including food, which has passed "used-by" dates.
	3.8 Incorrect concentration of disinfectants and chemicals
	3.9 Cleaning procedures
	3.10 Linen handling procedures
	3.11 Work flows
	3.12 Use of personal protective clothing
	3.13 Food safety
	3.14 Personal hygiene
4. Infection Control Monitoring Procedures	4.1 Observations
	4.2 Interviews
	4.3 Surveys and inspections
	4.4 Quality assurance activities
	4.5 Review of outcomes
	4.6 Data analysis
5. Designated personnel	5.1 Manager
	5.2 Infection Control Coordinator
	5.3 Quality Improvement Coordinator
	5.4 Infection Control Committee
	5.5 Occupational Health and Safety Committee
6. Aggregate infection control information	6.1 Records of needle stick injuries
	6.2 Hospital-acquired infection rates
	6.3 DOH healthcare standards clinical indicators
	6.4 HACCP records
	6.5 Hazard reports

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate:
	1.1 Communicated with team and individuals on organizational policy and procedures for infection control.
	1.2 Applied infection control policies and procedures which impact on work processes of the specific work unit.
	1.3 Applied procedures for adopting appropriate infection practices within work unit.
	1.4 Provided appropriate supervision of work group.
2. Underpinning knowledge and attitudes	2.1 Working knowledge, consistent with the elements of competence, of the organization's applicable infection control policy and procedures and relevant industry codes of practice
	2.2 The hierarchy risk control measures from most to least preferred, that is, elimination, engineering controls, administrative control, and lastly, personal protective equipment
	2.3 Knowledge of infection risks and control measures in specific work unit and related work processes
	2.4 The significance of patient confidentiality in relation to infection control
	2.5 The significance of other management systems and procedures for infection control
	2.6 Literacy levels and communication skills of work group members and consequent suitable communication techniques
	2.7 Organizational procedures for monitoring, training
	2.8 Basic understanding of communicable disease transmission

3. Underpinning skills	3.1 Effective communication and interpersonal skills including:
	    – language competence
	    – literacy and reading competence
	3.2 Negotiation
	3.3 Work planning and management
	3.4 Management of change of work processes
	3.5 Monitoring compliance with policy and procedures
	3.6 Maintaining and interpreting infection control records

4. Resource implications	The following resources **MUST** be provided: 4.1 Workplace infection control and health and safety policies and procedures 4.2 Waste management procedures 4.3 Food safety procedures 4.4 Other organizational policies and procedures 4.5 Duties statements and/or job descriptions
5. Method of assessment	Competency may be assessed through: 5.1 Observation with questioning 5.2 Interview 5.3 Portfolio 5.4 Demonstration with questioning
6. Context of assessment	6.1 Assessment may be done in the workplace or in a simulated workplace setting.

UNIT OF COMPETENCY : **RESPOND EFFECTIVELY TO DIFFICULT/ CHALLENGING BEHAVIOR**

UNIT CODE : **HCS323203**

UNIT DESCRIPTOR : This unit of competency covers the knowledge, skills and attitudes required to effectively respond to difficult or challenging behaviour of patients.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the Range of Variables
1. Plan responses	1.1 **Responses are planned** to instances of difficult or challenging behavior to maximize the availability of other appropriate staff and resources.
	1.2 Specific manifestations of **difficult or challenging behavior** are identified and **strategies appropriate** to these behaviors are planned as required.
	1.3 Safety of self and others is given priority in responding to difficult or challenging behavior According to institutional policies and procedures.
2. Apply response	2.1 Difficult or challenging behavior is dealt with promptly, firmly and diplomatically in accordance with **institutional policies and procedures.**
	2.1 Communication is used effectively to achieve the desired outcomes in responding to difficult or challenging behavior.
	2.2 **Appropriate strategies are selected** to suit particular instances of difficult or challenging behavior.
3. Report and review incidents	3.1 Incidents are reported according to institutional policies and procedures.
	3.2 Incidents are reviewed with appropriate staff and suggestions appropriate to area of responsibility are made.

	3.3 Debriefing mechanisms and other activities are used and participated in.
	3.4 Advice and assistance is sought from legitimate sources when appropriate.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Planned responses	1.1 Own ability and experience 1.2 Established institutional procedures 1.3 Knowledge of individual persons and underlying causes
2. Difficult or challenging behaviors	2.1 Aggression/Assaultive behavior 2.2 Confusion or other cognitive impairment 2.3 Noisiness 2.4 Manipulative 2.5 Wandering 2.6 Self-destructive 2.7 Intoxication 2.8 Withdrawn/depressed 2.9 Negativistic 2.10 Intrusive behavior 2.11 Verbal offensiveness
3. Strategies appropriate for dealing with challenging behaviors	3.1 Diversional activities 3.2 Referring to appropriate personnel e.g. supervisor, security officer 3.3 Following established emergency response procedures
4. Selection of strategies for dealing with challenging behaviors	4.1 The nature of the incident 4.2 Potential effect on different parties, patient, staff and others 4.3 Established procedures and guidelines
5. Institutional policies and procedures	5.1 Incident reporting and documentation 5.2 Operational guidelines for handling incidents and/or cases involving difficult and challenging behavior

	5.3 Debriefing of staff involved in the incident

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1 Identified specific manifestations of difficult or challenging behavior and strategies are planned, selected and applied as required. 1.2 Maintained personal safety and the safety of others. 1.3 Reported incidents, reviewed and responded quickly and effectively to contingencies. 1.4 Debriefing mechanisms are used.
2. Underpinning knowledge and attitudes	2.1 OSH and issues relating to difficult and challenging behavior 2.2 Patient issues which need to be referred to an appropriate health professional 2.3 Ability to interpret and follow the instructions and guidance of health professionals involved with the care of patient/client
3. Underpinning Skills	3.1 Effectively using techniques for monitoring own service area including client satisfaction 3.2 Speaking in a firm, diplomatic and culturally appropriate manner 3.3 Remaining calm and positive in adversity 3.4 Thinking and responding quickly and strategically 3.5 Remaining alert to potential incidents of difficult or challenging behavior 3.6 Monitoring and/or maintaining security equipment

	3.7 Ability to work with others and display empathy with patient and relatives
4. Resource implications	The following resources **MUST** be provided: 4.1 Access to relevant workplace or appropriately simulated environment where assessment can take place 4.2 Relevant institutional policy, guidelines, procedures and protocols 4.3 Emergency response procedures and employee support arrangements
5. Method of assessment	Competency **MUST** be assessed through: 5.1 Observation with questioning 5.2 Demonstration with questioning
6. Context of assessment	6.1 Assessment may be done in the workplace or in a simulated workplace setting.

UNIT OF COMPETENCY : APPLY BASIC FIRST AID
UNIT CODE : HCS323204
UNIT DESCRIPTOR :   This unit covers the knowledge, skills and attitudes required to provide an initial response where First Aid is required . In this unit it is assumed that the First Aider is working under supervision and / or according to established workplace First-Aid procedures and policies.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Assess the situation	1.1 *Physical hazards* to self and casualty's health and safety are identified. 1.2 Immediate *risks* to self and casualty's occupational health and safety (OSH)are minimized by controlling the hazard in accordance with OSH requirements. 1.3 Casualty's *vital signs* and physical condition are assessed in accordance with workplace procedures.
2. Apply basic first aid techniques	2.1 *First Aid management* is provided in accordance with established First Aid procedures. 2.2 Casualty is reassured in a caring and calm manner and made comfortable using available resources. 2.3 First Aid assistance is sought from others in a timely manner and as appropriate.

		2.4 **Casualty's condition** is monitored and responded to in accordance with effective **First-Aid principles** and workplace procedures.
		2.5 Details of casualty's physical condition, changes in conditions, management and response are accurately recorded in line with organizational procedures.
		2.6 Casualty management is finalized according to his/her needs and First Aid principles.
3. Communicate details of the incident		3.1 Appropriate medical assistance is requested using relevant **communication media** and **equipment.**
		3.2 Details of casualty's condition and management activities are accurately conveyed to emergency services/relieving personnel.
		3.3 Reports to supervisors are prepared in a timely manner, presenting all relevant facts according to established company procedures.

RANGE OF VARIABLES

VARIABLE	RANGE
1. First Aid Management	This may include but is not limited to: 1.1 Workplace policies and procedures 1.2 Industry/site specific regulations, codes 1.3 OSH 1.4 State and territory workplace health and safety requirements 1.5 Allergies the casualty may have
2. Physical Hazards	Physical hazards may include: 2.1 Workplace hazards 2.2 Environmental hazards 2.3 Proximity of other people 2.4 Hazards associated with casualty management processes
3. Risks	Risks may include: 3.1 Worksite equipment, machinery and substances 3.2 Environmental risks 3.3 Bodily fluids

		3.4 Risk of further injury to the casualty
		3.5 Risk associated with the proximity of the others and bystanders
4. Casualty's Condition		Casualty's condition may include but be not limited to the ff:
		4.1 Abdominal injuries
		4.2 Allergic reactions
		4.3 Bleeding
		4.4 Burns-thermal, chemical, friction, electrical
		4.5 Cardiac conditions
		4.6 Chemical contamination
		4.7 Cod injuries
		4.8 Crush injuries
		4.9 Dislocations
		4.10 Drowning
		4.11 Eye injuries
		4.12 Fractures
		4.13 Head injuries
		4.14 Epilepsy
		4.15 Minor skin injuries
		4.16 Neck and spinal injuries
		4.17 Needle stick injuries
		4.18 Poisoning and toxic substances
		4.19 Shock
		4.20 Smoke inhalation
5. Equipment and Resources		Equipment and other resources may include:
		5.1 Defibrillation units
		5.1 Pressure bandages
		5.2 Thermometers
		5.3 First Aid kit
		5.4 Eyewash
		5.5 Thermal blankets
		5.6 Pocket face masks
		5.7 Rubber gloves
		5.8 Dressing
		5.9 Space device
		5.10 Cervical collars
6. Communication system		6.1 Mobile phone
		6.2 Satellite phones
		6.3 HF/VHF radio
		6.4 Flags
		6.5 Flares
		6.6 Two - way radio
		6.7 Email

	6.8 Electronic equipment
7. Vital signs	7.1 Breathing 7.2 Circulation 7.3 Consciousness
8. First Aid Principles	8.1 Checking the site for danger to self, casualty and others and minimizing the danger 8.2 Checking and maintaining the casualty's airways, breathing and circulation

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1 Complied with institutional requirements, OSH laws infections control and manual handling procedures and relevant health regulations. 1.2 Identified physical hazards of the casualty and minimized immediate risks. 1.3 Assessed and monitored the physical condition of the casualty. 1.4 Responded to emergency using basic life support measures. 1.5 Provided initial response where First Aid is required. 1.6 Dealt with complex casualties or incidents

ELEMENT	PERFORMANCE CRITERIA
	1.7 Prepared reports to concerned personnel in a timely manner.
2. Underpinning knowledge and attitudes	2.1 Basic anatomy and physiology 2.2 Company standard operating procedures (sops) 2.3 Dealing with confidentiality 2.4 Knowledge of the First Aiders' skills limitations 2.5 OSH legislation and regulations 2.6 How to gain access to and interpret material safety data sheets
3. Underpinning skills	3.1 Resuscitation 3.2 Safe manual handling of casualty 3.3 Consideration of the welfare of the casualty 3.4 Report preparation 3.5 Communication skills 3.6 Interpreting and using listed documents
4. Resource implications	The following resources **MUST** be provided: 4.1 Access to relevant work station 4.2 Relevant institutional policies, guidelines procedure and protocol 4.3 Equipment and materials relevant to the proposed activities
5. Method of assessment	Competency may be assessed through: 5.1 Demonstration with questioning 5.2 Interview 5.3 Third-Party report 5.4 Portfolio
6. Context of assessment	6.1 Assessment may be done in a workplace or simulated work area setting.

UNIT OF COMPETENCY   :   **MAINTAIN HIGH STANDARDS OF PATIENT SERVICES**

UNIT CODE   :   **HCS323205**

UNIT DESCRIPTOR   :   This unit covers the knowledge, skills and attitudes required in the maintenance of high standards of patient services.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the Range of Variables
1. Communicate	1.1 Effective *communication* strategies and

	appropriately with patients		techniques are identified and used to achieve best patient service outcomes.
		1.2	Complaints are responded to in accordance with organizational policy to ensure best service to *patients.*
		1.3	Complaints are dealt with in accordance with established procedures.
		1.4	Interpreter services are accessed as required.
		1.5	Action is taken to resolve conflicts either directly, where a positive outcome can be immediately achieved, or by referral to the appropriate personnel.
		1.6	Participation in work team is constructive and collaborative and demonstrates an understanding of own role.
2.	Establish and maintain good interpersonal relationship with patients	2.1	Rapport is established to ensure the service is appropriate to and in the best interests of patients.
		2.2	Effective listening skills are used to ensure a high level of effective communication and quality of service.
		2.3	Patient concerns and needs are correctly identified and responded to responsibly and according to established procedures and guidelines.
		2.4	Effectiveness of interpersonal interaction is consistently monitored and evaluated to ensure best patient service outcomes.
3.	Act in a respectful manner at all times	3.1	*Respect for differences* is positively, actively and consistently demonstrated in all work.
		3.2	*Confidentiality* and privacy of patients is maintained.
		3.3	Courtesy is demonstrated in all interactions with patients, their visitors, carers and family.
		3.4	Assistance with the care of patients with challenging behaviors is provided in accordance with established procedures.
		3.5	Techniques are used to manage and minimize aggression.
4.	Evaluate own work to maintain a high standard of patient service	4.1	Advice and assistance is received or sought from appropriate sources on own *performance.*

	4.2 Own work is adjusted, incorporating recommendations that address performance issues, to maintain the agreed standard of patient support.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Patients	This may include but not limited to: 1.1 Patients (In-patients and Out-patients) 1.2 Prospective patients to the service or services 1.3 Patients may be in contact with the institution through appropriate health care personnel and professionals or other advocates or agencies

2. Others with whom interaction is required in regard to patient services	2.1 Other staff and team members
	2.2 Service units or departments
	2.3 Family members, carers and friends of patients
	2.4 Professional representatives or agents of patients such as:
	   – Medical specialists
	   – Nurses
	   – Social workers
	   – Dietitians
	   – Therapists
	   – Allied health professionals
	   – Volunteers
	   – Teachers and/or spiritual
	   – Community
	2.5 General public

3. Communication	3.1 English/Tagalog/vernacular 3.2 Sign language 3.3 Through an interpreter 3.4 Community language as required by the service / organization
4. Modes of communication	4.1 Continuing interaction with patients and clients 4.2 Verbal conversations either in person or via telephone 4.3 Written notes by post or electronic media 4.4 Worker, family member friend or professional interpreter who has relevant languages

5. Respect for difference	5.1	Physical
	5.2	Cognitive/mental or intellectual issues that may impact on communication
	5.3	Cultural and ethnic
	5.4	Religious/spiritual
	5.5	Social
	5.6	Age
	5.7	Language literacy and numeracy abilities
	5.8	Sexuality and sexual preference
6. Confidentiality and privacy of patients	6.1	Fees
	6.2	Health fund entitlements
	6.3	Welfare entitlements
	6.4	Payment methods and records
	6.5	Public environments
	6.6	Legal and ethical requirements
	6.7	Writing details i.e. medical and consent forms
	6.8	Conversations on the telephone
	6.9	Secure location for written records
	6.10	Offering a private location for discussions
	6.11	Information disclosed to an appropriate person consistent with one's level of responsibility
7. Performance monitoring	7.1	Self-monitoring
	7.2	Supervisor assessment
	7.3	Patient feedback

EVIDENCE GUIDE

1.	Critical aspects of competency	Assessment requires evidence that the candidate:	
		1.1	Communicated appropriately with patients.
		1.2	Handled complaints and resolved conflict, or referred matters to supervisors when required.
		1.3	Complied with relevant policies, protocols, guidelines and procedures of the organization.
		1.4	Established and maintained good interpersonal relationship with patients.
		1.5	Demonstrated courtesy in all interactions with patients, their visitors, and family.
2.	Underpinning knowledge and attitudes	2.1	Roles and responsibilities of self and other workers within the organization
		2.2	When client/patient issues need to be referred to an appropriate health professional
		2.3	Organizational policies and procedures for privacy and confidentiality of information provided by patients and others
		2.4	Knowledge of cultures relevant to the particular service
		2.5	Institutional policy on patient rights and responsibilities
3.	Underpinning skills	3.1	Establishing and maintaining relationships, taking into account individual differences
		3.2	Using effective listening techniques
		3.3	Using appropriate verbal and non verbal communication styles
		3.4	Interpreting and following instructions and guidance of health professionals involved with the care of patient/clients

	3.5	Oral and written communication
	3.6	Problem solving skills required includes using available resources and prioritising workload
	3.7	Dealing with conflict
	3.8	Working with others and displaying empathy with patient and relatives

4. Resource implications	The following resources **MUST** be provided: 4.1 Access to relevant workplace or appropriately simulated environment where assessment can take place 4.2 Relevant government and organizational policy, guidelines, procedures and protocols 4.3 Any relevant legislation in relation to service delivery
5. Method of assessment	Competency may be assessed through: 5.1 Demonstration with questioning 5.2 Interview 5.3 Third party report
6. Context of assessment	6.1 Assessment may be done in the workplace or a simulated workplace setting

CORE COMPETENCIES

UNIT OF COMPETENCY :   **PERFORM BASIC LIFE SUPPORT**

UNIT CODE   :   **HCS322301**

UNIT DESCRIPTOR   :   This unit of competency deals with the provision of advanced First Aid response, life support, management of casualty/ies, the incident and other First Aiders, until the arrival of medical or other assistance, and provision of support to other providers. Training Package users should ensure implementation is consistent with any relevant legislative requirements in relation to First Aid. When co-assessed with HLTFA1A Apply basic First Aid this unit is equivalent to skill outcomes achieved upon completion of a senior or advanced First Aid certificate.

NB. Element 5 'Manage casualty in a remote and/or isolated area' should only be assessed when required by a workplace.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Assess the situation	1.1 ***Physical hazards*** are identified and minimised according to OSS requirements and workplace procedures.
	1.2 ***Risks*** to First Aider and others are assessed and appropriate response determined to ensure prompt control of situation.
	1.3 Need for emergency services/medical assistance is ascertained and prioritised and triage undertaken where required.
	1.4 Resources are deployed to appropriate locations as required in accordance with workplace procedure.
2. Manage the casualty/ies	2.1 Agreement for management of the casualty's injury/illness is sought from person(s) where relevant.
	2.2 Welfare procedure is determined and

	implemented according to casualty/ies needs.
	2.3 Effects of injury are controlled and appropriate *First Aid management* is determined and applied to meet the needs of the casualty and situation.
	2.4 Medication is administered according to relevant legislation and manufacturer's/supplier's instructions and subject to casualty's regime.
	2.5 *Casualty/ies Condition* is monitored and responded to in a timely manner in accordance with effective First Aid principles.
	2.6 Life support equipment is correctly operated where appropriate according to relevant legislation and manufacturer's/supplier's instructions.
	2.7 Management is finalised according to casualty/ies needs and First Aid principles.
3. Coordinate First Aid activities until arrival of medical assistance	3.1 *Available resources* required are identified and communication links with appropriate personnel, emergency management services and medical assistance are established as appropriate.
	3.2 Correct amount of resources are deployed to appropriate locations in an effective manner to ensure timely arrival of required resources.
	3.3 The provision of resources is documented and modifications recommended.
	3.4 The management of casualties is monitored in accordance with First Aid principles and workplace procedures.
	3.5 Evacuation of casualties is coordinated according to worksite evacuation procedures.
	3.6 Support services are arranged for personnel involved in the incident in accordance with workplace principles and procedures.
4. Communicate essential incident details	4.1 *Communication* is maintained with relevant personnel using appropriate media and equipment.
	4.2 First Aid information is communicated with other providers/carers as appropriate to meet their needs and in accordance with workplace

	procedures.
	4.3 Information is calmly provided to reassure casualty, adopting a communication style to match the casualty's level of consciousness.
5. Manage casualty in a remote and/or isolated area	5.1 ***Preparation for isolated travel*** or work is undertaken, accounting for expected contingencies.
	5.2 Casualty's condition is assessed and appropriate response is determined in order to minimise hazards and determine need for medical assistance.
	5.3 Casualty's condition is monitored and responded to in accordance with effective ***First Aid principles.***
	5.4 Reassurance and support is provided to casualty during the wait for medical assistance.
	5.5 Casualty's comfort is ensured and determined by establishing and explaining the nature of the illness/injury and the management procedures.
	5.6 Shelter from elements is undertaken in accordance with environmental conditions.
	5.7 Condition of casualty is documented over time to assist in on-going management.
	5.8 Communication links to medical services are established to ensure prompt control action is undertaken.
	5.9 Administration of medication is undertaken under medical instruction, using relevant communication equipment.
	5.10 Decision whether to transport casualty to medical assistance or wait is made by evaluating environmental and casualty's condition.
	5.11 Assistance in the evacuation of the casualty by emergency services is provided as required.
6. Evaluate the incident	6.1 Management of the incident is evaluated and where required an action plan is developed in consultation with relevant parties.
	6.2 Participation in debriefing/evaluation occurs

	either by self or others or both in order to improve future operations and address individual's needs.
	6.3 Access is provided to bona fide critical stress facilitators where required/requested.
	6.4 Site management/procedures are implemented and evaluated in accordance with risk assessment.
	6.5 Contingency planning is formulated and reviewed to identify and select alternative management principles and procedures.

RANGE OF VARIABLES

VARIABLE	RANGE
1. First Aid management will	1.1 Workplace policies and procedures

need to account for:	1.2 Industry/site specific regulations, codes etc. 1.3 OSH requirements 1.4 Local and national workplace health and safety requirements
2. Physical hazards may include:	2.1 Workplace hazards 2.2 Environmental hazards 2.3 Proximity to other people 2.4 Hazards associated with the casualty management processes
3. Risks may include:	3.1 Worksite equipment, machinery and substances 3.2 First Aid equipment (oxygen cylinders, defibrillator) 3.3 Environmental risks 3.4 Body fluids 3.5 Risk of further injury to the casualty 3.6 Risks associated with the proximity of other workers and bystanders
4. Casualty's condition is managed for:	4.1 Abdominal injuries 4.2 Allergic reactions 4.3 Bleeding 4.4 Burns - thermal, chemical, friction, electrical 4.5 Cardiac conditions 4.6 Chemical contamination 4.7 Cold injuries 4.8 Crush injuries 4.9 Dislocations 4.10 Drowning 4.11 Envenomation - snake, spider, insect and marine bites 4.12 Environmental conditions such as hypothermia, dehydration, heat stroke 4.13 Epilepsy, diabetes, asthma and other medical conditions 4.14 Eye injuries 4.15 Fractures 4.16 Head injuries 4.17 Minor skin injuries 4.18 Neck and spinal injuries 4.19 Needle stick injuries 4.20 Poisoning and toxic substances

VARIABLE	RANGE
	4.21 Respiratory management of asthma and/or choking 4.22 Shock 4.23 Smoke inhalation 4.24 Soft tissue injuries including sprains, strains, dislocations 4.25 Substance abuse - illegal drugs 4.26 Unconsciousness including not breathing and no pulse
5. First Aid management may include:	5.1 Administration of analgesic gases 5.2 Cardiopulmonary resuscitation (CPR) 5.3 Infection control 5.4 Semi-automated external defibrillator (SAED) 5.5 Expired air resuscitation (EAR)

6. First Aid management will need to account for:	6.1 Location and nature of the workplace
	6.2 Environmental conditions eg electricity, biological risks, weather, motor vehicle accidents
	6.3 Location of emergency services personnel
	6.4 Number of casualties and potential casualties
	6.5 Use and availability of First Aid equipment, resources and pharmaceuticals
	6.6 Confined spaces, subject to industry need
	6.7 Medications may include:
	  – Oxygen
	  – Pain relief – paracetamol in accordance with state and territory legislation, analgesics (penthrane, entonox–used in mining industry)
	6.8 Asthma – bronchodilator drugs and aerosol bronchodilators – casualty's own or from the First Aid kit in accordance with local and national legislation
	6.9 Severe allergic reactions – adrenaline – subject to casualty's own regime
	6.10 Heart attack – aspirin

7. Resources and equipment are used appropriate to the risk to be met and may include:	7.1 Blood pressure cuff 7.2 Oxygen resuscitation/cylinders 7.3 Defibrillation units 7.4 Pressure bandages 7.5 Thermometers 7.6 Injections

	7.7 Back boards

VARIABLE	RANGE
	7.8 Stretchers 7.9 Soft bag resuscitator 7.10 First Aid kit 7.11 Eyewash 7.12 Thermal blankets 7.13 Pocket face masks 7.14 Rubber gloves 7.15 Dressing 7.16 Spacer device 7.17 Cervical collars
8. Communication systems may include but not be limited to:	8.1 Mobile phone 8.2 Satellite phones 8.3 HF/VHF radio 8.4 Flags 8.5 Flares 8.6 Two way radio 8.7 Email 8.8 Electronic equipment 8.9 Hand signals
9. Preparation for isolated/remote travel may include:	9.1 Selection of relevant communication equipment 9.2 Relevant First Aid supplies and resources to cater for environmental conditions
10. In remote/isolated areas consideration to travel or wait would depend upon:	10.1 Severity of injury 10.2 Time required for medical assistance to arrive 10.3 Movement that might hinder rescue procedures
11. Documentation, especially in remote/isolated areas may include:	11.1 Time 11.2 Fluid intake/output 11.3 Blood 11.4 Vomit 11.5 Faeces 11.6 Urine 11.7 Administration of medication including time, date, person administering dose 11.8 Vital signs
12. Established First Aid principles include:	12.1 Checking the site for danger to self, the casualty and others and minimising the danger 12.2 Checking and maintaining the casualty's airway, breathing and circulation

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate:
	1.1 Competence may be demonstrated working individually, under supervision or as part of a First Aid team.
	1.2 Where applicable, assessment should replicate workplace conditions as far as possible. Where, for reasons of safety, space access to equipment and resources and assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible.
	1.3 Consistency of performance should be maintained over the required range of workplace situations until renewal of competence/license is required by the industry/organization.
2. Underpinning knowledge and attitudes	2.1 OSH legislation and regulations
	2.2 Legal responsibilities and duty of care
	2.3 Basic anatomy and physiology
	2.4 Respiratory/circulatory system
	2.5 How to gain access to and interpret material safety data sheets (MSDS)
	2.6 Company standard operating procedures (SOPS)
	2.7 Debriefing counselling procedures
	2.8 Dealing with social problems and confidentiality
	2.9 Capabilities of emergency management services
	2.10 Knowledge of First Aiders' skills and limitations
	2.11 Basic anatomy – skeleton, muscles, joints, bones
	2.12 Basic physiology
	2.13 Basic toxicology
	2.14 Legal Requirements
	2.15 Infection Control
	2.16 Local and national regulatory requirements relating to currency of skill and knowledge

3. Underpinning skills:	The specific injuries/illnesses managed should be identified according to the workplace/environmental needs of the workplace and the range of variables listed in this unit:
	3.1 Resuscitation
	3.2 Using semi-automated defibrillator
	3.3 Delivery of oxygen
	3.4 Demonstrating First Aid principles
	3.5 Applying infection control procedures
	3.6 Safe manual handling
	3.7 Consideration of the welfare of the casualty
	3.8 Initial casualty assessment
	3.9 Preparing report
	3.10 Communication skills
	3.11 Incident management skills
	3.12 Interpreting and using listed documents
	3.13 Transporting techniques
	3.14 Assertiveness skills
	3.15 Communication skills
	3.16 Leadership
	3.17 Decision making
	3.18 Duty of care
	3.19 Bleeding control
	3.20 Airway management
	3.21 Care of unconscious
4. Resource implications	The following resources **MUST** be provided:
	4.1 Access to relevant workplace or appropriately simulated environment where assessment can take place.
	4.2 Relevant government and organizational policy, guidelines, procedures and protocols.
5. Method of assessment	Competency may be assessed through:
	5.1 Demonstration with questioning
	5.2 Interview
	5.3 Third party report
6. Context of assessment	6.1 Assessment may be done in the workplace or a simulated workplace setting.

UNIT OF COMPETENCY :   **MAINTAIN LIFE SUPPORT EQUIPMENT AND RESOURCES**

UNIT CODE   :   **HCS322302**

UNIT DESCRIPTOR   :   This unit of competency deals with the First Aider's responsibilities in ensuring that adequate supplies of First Aid equipment and resources and records are maintained. The First Aider may or may not necessarily be responsible for the ordering and purchasing of equipment and resources, depending on the workplace organizational structure.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the Range of Variables
1. Maintain resources	1.1 Availability of adequate and relevant *resources* is ensured and secured in accordance with workplace procedures.
	1.2 Non-consumables required by workplace are identified and obtained to maintain adequate readiness of supplies.
	1.3 Consumables required by workplace are identified and obtained to maintain adequate readiness of supplies.
	1.4 Stock is checked and regular inspection of equipment is carried out for condition and currency.
	1.5 Equipment is recovered, cleaned and waste is disposed of safely according to legislative and site procedures.
	1.6 Resources are maintained in operational readiness in accordance with workplace procedures.
	1.7 Resources are stored in the correct manner to ensure their future operation and serviceability.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the Range of Variables
2. Manage records	2.1 Relevant forms are completed as required according to *legislation* and site procedures.
	2.2 Forms are stored in accordance with *legislative and site procedures.*
	2.3 *Relevant forms* are sent to appropriate bodies and appropriate filing of these records and security of such records is undertaken according to workplace and legislative requirements.
	2.4 Confidentiality of records and information is maintained in accordance with privacy principles and statutory and/or *organisational policies.*

RANGE OF VARIABLES

VARIABLE	RANGE

1. First Aid resources may include but are not limited to:	***Non-consumables:***
	1.1 Machines
	1.2 Books
	1.3 Reference materials including MSDSS, ECC, OSH, Philhealth
	1.4 Legislative regulations
	1.5 Stretchers
	1.6 Communication systems
	1.7 Relevant texts
	1.8 Equipment
	1.9 ***Consumables:***
	    1.9.1 First Aid kits (bandages, tape, scissors, splinter removers, antiseptic, eye management, disinfectants, emergency numbers and contacts, etc.)
	1.9.2 Dressings
	    1.9.3 Ointments
	    1.9.4 Cold packs
	    1.9.5 Analgesics
	    1.9.6 Splints
	1.9.7 Sharps disposal
	    1.9.8 Bio-hazardous waste
	    1.9.9 Medical grade oxygen
	    1.9.10 Bandages
	    1.9.11 Medication
	    1.9.12 Personal protective equipment
	    1.9.13 Eye wash
	    1.9.14 Disinfectants
	    1.9.15 Bronchodilators
	1.9.16 Cervical collars

2. Legislation may include but is not limited to:	2.1 OSH legislation 2.2 Regulations and codes of practice 2.3 Industrial relations legislation
3. Codes of practice may include but are not limited to:	3.1 Industry codes 3.2 Industry standards 3.3 Company procedures 3.4 National and local health and safety authorities
4. Relevant forms may include, but are not limited	4.1 Incident/injury forms 4.2 Casualty history forms

to:	4.3 Disease notification 4.4 ECC forms 4.5 Philhealth membership 4.6 Workers' compensation 4.7 Log book 4.8 Pre-participation records (sport) 4.9 Medical histories 4.10 Management records 4.11 Stock records 4.12 Infection control records 4.13 Training records
5. Policies and procedures may be from organizations such as:	5.1 Company Standard Operating Procedures 5.2 Others

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment Competence may be demonstrated working individually, under supervision or as part of a First Aid team. Where applicable, assessment should replicate workplace conditions as far as possible. Where, for reasons of safety, space access to equipment and resources and assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible.
Interdependence of units:	Evidence of competency may be gathered from other First Aid units of competency. Competence may be assessed in conjunction with other industry units of competency such as: • OSH • Risk assessment • Emergency procedures • Record management • Stock control • Administration • Office procedures
Underpinning knowledge and skills:	• OSH legislation and regulations • Legal responsibilities and duty of care • Policies and procedures • Cleaning agents • Stock control • Waste disposal • Transportation techniques • Use of referral networks • Recency of skills and knowledge • Gaining access to material safety data sheets (MSDSs)

UNIT OF COMPETENCY   :   **IMPLEMENT SAFE ACCESS AND EXTRICATION PROCEDURES IN AN EMERGENCY**

UNIT CODE   :   **UNIT HCSEMT3**

UNIT DESCRIPTOR   :   This unit of competency involves implementing procedures to enable safe access to a victim/patient at the scene of a life-threatening incident and then safely removing the victim/patient from the scene.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the **Range of Variables**
1. Assess emergency situation in relation to safe access and extrication	1.1 Information relevant to the situation is obtained on or before ***arrival***
	1.2 Situation is viewed to identify and mitigate dangers according to ***standard local ambulance procedure***
	1.3 ***Condition of victim/patient*** is assessed
	1.4 Obstacles impacting on safe access and extrication are accurately identified
	1.5 ***Access and extrication plan is formulated based on an assessment*** of all factors ***associated with the situation*** or incident in line with national emergency management arrangements
	1.6 Access and extrication plan is formulated and prioritized ***based on the main concerns of victim/patient welfare*** and safety of all personnel
	1.7 Equipment and personnel needs are assessed based on an ***assessment of all factors associated with the situation or incident***
	1.8 Equipment and personnel needs are assessed based on victim/patient and personnel welfare as the prime concern
2. Implement procedure to enable safe access and	2.1 Additional personnel and equipment are requested or arranged as the need dictates

extrication	2.2	Access/extrication plan is implemented using **equipment and personnel necessary to ensure safe access/extrication** and victim/patient welfare
	2.3	Means of safe access and extrication negotiated and maintained according to national OSH standards, as well as service policies and procedures
	2.4	Actions are in accordance with local ambulance standard operation procedures
	2.5	**Available resources** are utilized as necessary
3. Monitor access and extrication procedure in an emergency situation	3.1	Safety of victim/patient and personnel is of prime concern
	3.2	Progress of access/extrication is monitored constantly to ensure welfare of the victim/patient and safety of personnel
	3.3	Victim/Patient is monitored constantly to detect any change in condition
	3.4	All conditions and factors impacting on safe access/extrication and victim/patient welfare are monitored constantly
	3.5	Access/extrication plan is modified as necessary to ensure safety and the welfare of the victim/patient

RANGE OF VARIABLES	
Obstacles affecting access and extrication may include, but are not limited to:	
1. *Modes of transport may include, but are not limited to:*	1.1 Road ambulances 1.2 Clinic cars 1.3 Buses 1.4 Tricycle/motorcycle 1.5 Jeepney 1.6 Helicopter
2. *Physical obstacles:*	2.1 Wreckage 2.2 Stairs 2.3 Debris 2.4 Live power 2.5 Water 2.6 Difficult house layout-squatters area 2.7 Confined space 2.8 Traffic conditions 2.8 Alleys
3. *Atmospheric obstacles:*	3.1 Weather – aircraft/helicopter evacuation 3.2 Gaseous or toxic environment
4. *Geographical obstacles:*	4.1 Cliffs 4.2 Gullies 4.3 Mountains 4.4 Isolated places (Batanes)
5. *Human obstacles:*	5.1 Crowds 5.2 Violent behaviour 5.3 Riots
6. *Emergency situation may include but is not limited to:*	6.1 Motor vehicle or other accident 6.2 Fire 6.3 Flood 6.4 Riots, gangwars, violent demonstrations 6.5 Emergency procedures may include those recognised by service policies i.e. Safety First Principles, Codes of Practice
7. *Equipment to enable safe access and extrication may include but not limited to:*	7.1 Spinal and other immobilization devices 7.2 Stretcher 7.3 Carry sheet 7.4 Lifting equipment 7.5 Wrenches 7.6 Cutting equipment

TR EMERGENCY MEDICAL SERVICES NC II

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Observation of performance in the work environment or a simulated situation 1.2 Development and implementation of access/extrication plans under a variety of emergency conditions 1.3 Use of equipment in accordance with manufacturer specifications and standard operating procedures 1.4 Recognition that victim/patient, personnel and bystander welfare is paramount in access and extrication procedures 1.5 Observance of OSH requirements
2. *Underpinning Knowledge*	2.1 Dangers associated with various hazardous situations 2.2 Combating agency for hazard control 2.3 National and local policies and procedures related to access and extrication 2.4 OSH policies and procedures relevant to access and extrication 2.5 Patient care under these circumstances 2.6 Relevant equipment and its uses 2.7 Factors which may affect safe access/extrication and victim/patient welfare
3. *Underpinning Skills*	3.1 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.2 Written communication skills required to fulfill job roles as specified by organisation/service 3.3 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds 3.4 Problem solving skills required include an ability to use available resources, analyse information and make decisions that ensure patient welfare and their safe access/extrication in an emergency situation
4. *Resource Implication*	4.1 Access to appropriate workplace or simulation realistic workplace setting of where assessment can be conducted

	4.2 Access to equipment and resources normally used in the workplace
5. *Method of Assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of Assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **MANAGE REQUEST FOR AMBULANCE SERVICE**
UNIT CODE : **UNIT HCSEMT4**
UNIT DESCRIPTOR : This unit of competency involves receiving requests for ambulance services, and transferring the call for action.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Receive request for service	1.1 Incoming requests for service are answered promptly in accordance with local ambulance standard operating procedure 1.2 ***Details of the situation*** are established using effective communication skills, techniques and resources, in accordance with local ambulance standard operating procedure 1.3 Complete ***details of the request*** are accurately recorded in a timely and efficient manner and in accordance with local ambulance standard operating procedure 1.4 The request is dealt with in a professional manner at all times
2. Respond to request for service	2.1 Urgency of the request is determined using information gained from the person requesting the service 2.2 The person requesting the service is provided with advice 2.3 A ***suitable response*** is formulated and initiated using a prioritizing tool in accordance with local ambulance standard operating procedure
3. Refer request	3.1 Any need to ***refer the request*** for service is identified and acted upon 3.2 Request referred in line with the situation presented and in accordance with local ambulance standard operating procedure
4. Finalize request	4.1 Call terminated in accordance with local

	ambulance standard operating procedure
	4.2 Follow-up action taken as necessary and in accordance with the needs of the situation, and local ambulance standard operating procedure

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. *Details of the situation or incident may include, but are not limited to:*	1.1 Address or location of the incident 1.2 Address or location of the caller 1.3 Caller's telephone number, name and address 1.4 Nature of the incident, e.g., identification of single and multiple vehicle accidents, entrapments 1.5 Special needs as requested 1.6 Validation of caller identity through caller ID
2. *Requests for service may come from:*	2.1 Members of the public 2.2 Members of the ambulance service 2.3 Other emergency service organizations 2.4 Health professionals 2.5 Military 2.6 Others
3. *Communication resources may include, but are not limited to:*	3.1 Telephone, mobile phones, text messages 3.2 Computer 3.3 Fax 3.4 Cards and log sheets 3.5 Prepared questionnaires and scripts 3.6 Media, e.g., TV, radio stations
4. *Response to situations may include, but is not limited to:*	4.1 Providing clinical advice 4.2 Referral 4.3 Termination of call (in case of non-genuine calls)
5. *Referral may mean:*	5.1 Passing the request to another officer, supervisor or medical adviser 5.2 Passing the request to an interpreter 5.3 Passing the request to another service 5.4 Obtaining information from another officer, supervisor or medical adviser 5.5 Obtaining information from any other source
6. *Referral of request may be necessary to:*	6.1 Dispatch ambulance 6.2 Obtain assistance from another service as required e.g. police, fire brigade 6.3 Obtain assistance from an interpreter

TR EMERGENCY MEDICAL SERVICES NC II

	6.4 Provide immediate clinical advice

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Assessing and dealing with a variety of situations, including: 1.1.1 Life-threatening situations 1.1.2 Non life-threatening situations 1.1.3 Routine situations 1.1.4 Situations that need to be referred 1.1.5 Situations where people have difficulty in communicating their needs 1.2 Demonstrate the ability to illicit relevant information that may include previous patient history, contributing factors and individual circumstances in assessment of requests for service
2. *Concurrent assessment and relationship with other units:*	2.1 First Aid Guidelines and policies 2.2 Use advanced medical terminology in order to communicate with patients, fellow workers and health professionals
3. *Underpinning Knowledge*	3.1 Organizational operational policies and procedures 3.2 Use of communications resources 3.3 Emergency and non-emergency services and their function 3.4 Working knowledge of the geographical area 3.5 Clinical symptoms
4. *Underpinning Skills*	4.1 Assessment and analysis of clinical symptoms 4.2 Assessment and analysis of patient history, contributing factors and individual circumstances surrounding the incident 4.3 Judgment in all aspects of receiving and dealing with requests for service 4.4 Computer literacy including proficiency in operating prioritizing tools 4.5 Keyboarding skills to enable accurate inputting and extraction of data 4.6 Oral communication skills include asking questions, active listening, asking for clarification of information from caller,

	negotiating solutions, acknowledging and responding to a range of views. The ability to explain clearly and concisely the nature of the service request, including location of the event, to emergency crews. 4.7 Written communication skills. 4.8 Interpersonal skills required include working with others, empathy with callers, patients and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds. Ability to work with interpreters as required. 4.9 Problem solving skills required include the ability to use available resources, analyze information and make decisions that ensure the most efficient and effective use of resources
5. *Resource implications*	5.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 5.2 Access to equipment and resources normally used in the workplace
6. *Method of assessment*	6.1 Observations 6.2 Questioning 6.3 Evidence gathered from the workplace environment 6.4 Demonstration over a period of time to ensure consistency of performance
7. *Context of assessment*	7.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **ALLOCATE AMBULANCE SERVICE RESOURCES**
UNIT CODE : **HCSEMT5**
UNIT DESCRIPTOR : This unit of competency involves allocating resources to ensure effective ambulance service.

ELEMENT	PERFORMANCE CRITERIA
	Italicized terms are elaborated in the **Range of Variables**
1. Allocate ambulance service resources	1.1 ***Requests for service*** are ***prioritized*** in accordance with local ambulance standard operation procedure 1.2 ***Available resources*** are assessed in accordance with local ambulance standard operation procedure 1.3 ***Resources are allocated*** to emergency, non-emergency and special requests in accordance with local ambulance standard operation procedure
2. Dispatch ambulance service resources	2.1 Situation briefing to assigned personnel is adequate, clear, timely and accurate 2.2 Communication is recorded according to local ambulance standard operation procedure 2.3 ***Ambulance resources*** are dispatched within timeframes set by the Ambulance Service and in accordance with local ambulance standard operation procedure
3. Monitor progress of assigned personnel	3.1 Assigned personnel arrival at scene of incident/situation is confirmed according to co-ordination procedures 3.2 Assigned personnel capacity to deal with the situation/incident is established at earliest opportunity 3.3 Need for ***additional resources is identified*** and arranged as needed 3.4 Arrival at ***receiving facility*** is arranged and monitored 3.5 Personnel and vehicle availability for re-assignment is noted according to local ambulance standard operation procedure 3.6 Notify peer support/critical incident stress debriefing (CISD) team
4. Maintain records of Ambulance Service	4.1 Records of ambulance vehicle and personnel are maintained according to local ambulance standard

co-ordination activity	operation procedure
	4.2 Records of supplementary resources are summoned and maintained according to local ambulance standard operation procedure

RANGE OF VARIABLES	
1. *Requests may include, but are not limited to:*	1.1 Emergency requests, e.g. MI 1.2 Non-emergency services such as hospital discharges, hospital transport 1.3 Special requests 1.4 Special events 1.5 Multi casualty incidents
2. *Prioritizing may include, but is not limited to:*	2.1 Nature of request 2.2 Source of request 2.3 Analysis of available information 2.4 Assessed urgency of request presented by on-site doctor, medical staff or ambulance officer 2.5 Based on a sound clinical understanding of the symptoms presented 2.6 Timeframes set by the Ambulance Service
3. *Ambulance service resources may include, but is not limited to:*	3.1 Road 3.2 Aviation 3.3 Maritime
4. *Resource allocation assessed on, but not limited to:*	4.1 Location of incident/situation 4.2 Specific skill/equipment needs 4.3 Availability of resources e.g. specific skills of available crew 4.4 Local ambulance standard operating procedure
5. *Additional resources may include, but are not limited to:*	5.1 Additional ambulance personnel and/or equipment 5.2 Other services (fire, police, rescue) 5.3 Medical support 5.4 Counseling services 5.5 Interpreters

6. *Receiving facilities may include, but are not limited to:*	6.1 Hospitals with specialized capability in terms of staff, equipment, material.
	6.2 Makeshift facilities for disaster
	6.3 Medical clinics
	6.4 Nursing homes

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Dealing with a variety of situations with variable factors such as: – Nature of incident/request – Extent or severity of incident/request – Skill/knowledge needs – Equipment needs 1.2 Situations where varying incidents/requests must be assessed against available resources and skills
2. *Underpinning Knowledge*	2.1 Local standard ambulance operation procedure 2.2 Use of communications equipment and systems 2.3 Knowledge of available resources and their application 2.4 Knowledge of other emergency and non-emergency services and their function
3. *Underpinning Skills*	3.1 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.2 Written communication skills required to fulfill job roles as specified by organization/service. 3.3 Interpersonal skills required include working with others, liaising with personnel from other emergency services, and an ability to relate to persons from differing cultural, social and religious backgrounds 3.4 Problem solving skills required include an ability to use available resources, analyse information and make decisions that ensure the efficient and effective use of resources 3.5 Ability to prioritize ambulance resources when in receipt of multiple calls for service
4. *Resource Implication*	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be

	conducted
	4.2 Access to equipment and resources normally used in the workplace
5. *Method of assessment*	5.1 Observations, questioning and evidence gathered from the workplace environment
	5.2 Demonstration over a period of time to ensure consistency of performance
6. *Context of assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **COORDINATE EMERGENCY RESOURCES**
UNIT CODE : **UNIT HCSEMT6**
UNIT DESCRIPTOR : This unit of competency involves supervising service resources to ensure availability of vehicles , materials , equipment and personnel.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Coordinate vehicle and personnel resources	1.1 Resource allocation is undertaken in accordance with local ambulance standard operating procedure
	1.2 **Known factors** that may impact on service demand are monitored at all times
	1.3 Ambulance service resources locations and commitments are known at all times
2. Liaise with ambulance communications personnel	2.1 Personnel are given clear information at all times
	2.2 Factors affecting **resource availability** are communicated to personnel
	2.3 Factors affecting resource availability are sought from other ambulance communications personnel
	2.4 Information is documented according to local ambulance standard operating procedure
	2.5 "On scene" communication chain of command is implemented

3. Liaise with other related organizations and emergency services	3.1 The need for involvement of **other service** is identified in a timely manner
	3.2 Other service involvement is determined in line with the case need
	3.3 Other service is contacted, adequately briefed, and appropriate assistance requested

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. *Known factors may include, but is not limited to:*	1.1 Organized events (sporting and social) 1.2 Demonstrations 1.3 Marches 1.4 Holidays and festive occasions
2. *Ambulance service resources may include, but are not limited to:*	2.1 Road 2.2 Aviation 2.3 Maritime
3. *Other emergency services may include, but are not limited to:*	1.1 Fire 3.2 Police/Military 3.3 Voluntary organizations 3.4 Utilities 3.5 Community services 3.6 Local government, barangay

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Dealing with a variety of situations/incidents, including: – Urgent – Non-urgent – Routine – Special 1.2 Evidence must include: – Incidents when the involvement of other related emergency and non-emergency services is needed – Incidents involving prolonged entrapment – Incidents when assessment must be made as to the most appropriate receiving facility – Incidents involving multi-casualties ie large numbers associated with bus, rail, multi-vehicle accidents – Incidents when alternative receiving facilities need to be found – Incidents requiring multi-agency response
2. *Underpinning Knowledge*	2.1 Standard local ambulance operation procedure 2.2 Communications equipment and systems 2.3 Available resources and their application 2.4 Other emergency and non-emergency services and their function
3. *Underpinning Skills*	3.1 Computer literacy including keyboarding skills 3.2 Oral communication skills 3.3 Written communication skills 3.4 Interpersonal skills required include working with others, relating well with other team members and with personnel from other emergency services 3.5 Problem solving and numeracy skills required include an ability to analyze information, organize available resources and make decisions that ensure the efficient and effective coordination of resources 3.6 Assessment and analysis of potentially multiple emergency and non-emergency situations requiring solutions immediately
	4.1 Access to appropriate workplace or simulation

4. *Resource Implication*	of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. *Method of assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY   :   **DELIVER BASIC AMBULANCE COMMUNICATION SKILLS**

UNIT CODE   :   **UNIT HCSEMT7**

UNIT DESCRIPTOR   :   This unit of competency covers the skills required to exercise effective communication skills within the Ambulance industry.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Exercise effective communication techniques	1.1 Verbal and non-verbal communication is used constructively to achieve planned work outcomes
	1.2 All forms of communication with clients and colleagues reflect an understanding and respect for *individual differences and needs*
	1.3 Self-introduction occurs appropriately when required
	1.4 Interviewing and active listening techniques are used where needed to identify and confirm work requirements
	1.5 *Communication* is clear and relevant to situation, context and activities undertaken
	1.6 Touch and other non-verbal means of communication are used prudently, carefully and only as appropriate
	1.7 Advice about communication difficulties with clients or colleagues is sought and obtained from supervisor/appropriate person and implemented as required
	1.8 Advice and assistance is sought from legitimate sources as and when appropriate to maintain and develop *effective communication skills*
	1.9 Own style is adjusted to incorporate advice that addresses performance issues to maintain the agreed standard of effective communication
2. Convey and receive	2.1 Communication codes and equipment are used

information using available modes of communication		correctly
	2.2	Information received is acknowledged and/or clarified using active listening
3. Follow routine instructions	3.1	Workplace instructions are interpreted correctly and carried out within agreed time frames
	3.2	Clarification of work instructions is sought when required to ensure understanding
	3.3	Difficulties in carrying out instructions are referred to supervisor or appropriate person to ensure required work outcomes
4. Communicate with patients	4.1	Rapport is established through open, sensitive and confident manner
	4.2	Patient (or agent of patient) is informed about patient care procedures in a manner, and at a time consistent with the overall needs of the patient and situation as a whole
	4.3	Information is obtained from patient or others showing the firmness, sensitivity and respect for confidentiality demanded by the situation
	4.4	Interaction recognizes and respects religious, social and cultural differences between individuals that may require special communication skills or patient care procedures
5. Complete reports as required	5.1	*Reports* are completed as required to the standard expected in the workplace
	5.2	Reports are completed correctly within identified time frames
	5.3	Reports are clear and accurate
6. Present a positive image of the service to the public	6.1	Communication with the public is conducted in a courteous manner and respecting privacy
	6.2	Standards of personal presentation are appropriate to the organization

RANGE OF VARIABLES

VARIABLE	RANGE
1. *Individual differences and needs may include:*	1.1 Developmental 1.2 Cultural 1.3 Physical 1.4 Emotional 1.5 Behavioral 1.6 Intellectual
2. *Communication includes:*	All verbal and non-verbal interaction with clients and colleagues in a range of appropriate interpersonal contexts
3. *Communicating effectively will be carried out within requirements established by:*	3.1 Anti discrimination legislation 3.2 Accepted cultural protocols 3.3 Accepted language protocols and systems 3.4 Informing patients of procedures that may be conducted before, during or after treatment
4. *Exercising effective communication skills includes*	4.1 Being non judgmental 4.2 Active listening 4.3 Using culturally appropriate communication methods 4.4 Non-verbal behavior to indicate understanding of what is being said 4.5 Clarifying what is said 4.6 Responses that are culturally appropriate 4.7 Participating constructively in group processes
5. *Appropriate persons may be from within or outside the organizations and may be:*	5.1 Colleagues 5.2 Immediate supervisor/s 5,3 Other health workers 5.4 Consultants
6. *Communication equipment may include, but is not limited to:*	6.1 Radio 6.2 Telephone 6.3 Computer 6.4 Fax 6.5 Mobile phone 6.6 Mobile data terminal
7. *Procedures, according to*	7.1 Life threatening conditions

VARIABLE	RANGE
the judgment of the ambulance officer, with due regard to:	7.2 Duty of care 7.3 Contract of care 7.4 Medico-legal implications 7.5 Nature of illness/injury
8. *Instructions may include:*	8.1 Manufacturer/operating written instructions 8.2 Work unit guidelines, procedures and protocols including OSH procedures and protocols for using interpreters
VARIABLE	**RANGE**

	8.3 Supervisor or management instructions
	8.4 Instructions may be:
	    8.4.1 Written
	    8.4.2 Verbal

9. *Reports may be verbal or written and may include:*	9.1 Notes 9.2 Records 9.3 Memos 9.4 Letters 9.5 Client records 9.6 Endorsements at the end of a shift

EVIDENCE GUIDE	
1. *Resource implications*	1.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 1.2 Access to equipment and resources normally used in the workplace
2. *Method of assessment*	2.1 Observations 2.2 Questioning 2.3 Evidence gathered from the workplace environment 2.4 Demonstration over a period of time to ensure consistency of performance
5. *Underpinning Skills*	5.1 Oral communication skills 5.2 Written communication 5.3 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds
6. *Underpinning Knowledge*	6.1 Referral processes of organization 6.2 Effect of sensory loss and cognitive impairment 6.3 Relevant guidelines and procedures, and a range of written information relevant to the job role
7. *Critical aspects of assessment must include:*	7.1 Using a range of communication methods used in the workplace e.g. oral, written notes, memos, letters, charts, diagrams 7.2 Communicating with both clients and colleagues in a representative range of workplace situations
8. *Context of assessment*	8.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **SUPERVISE ON-ROAD OPERATIONS**

UNIT CODE : **HCSEMT8**

UNIT DESCRIPTOR : This unit of competency involves day-to-day supervision of ambulance operations, excluding patient care.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Oversee communication	1.1 Communication techniques and procedures are supervised to ensure they are consistent with implementing rules and regulations, laws, ordinances, service policies and procedures 1.2 Communication with control centre is supervised to ensure that it is established and maintained 1.3 Notification of receiving facility is supervised to ensure that local policies and procedures are adhered to
2. Oversee vehicle and equipment preparation, cleaning and checking	2.1 ***Vehicle*** and ***equipment*** is maintained in a clean and serviceable condition according to legal/industrial requirements and Service policy and procedures 2.2 Vehicle operating stock is maintained to acceptable minimum and maximum levels
3. Supervise transport of patients	3.1 Transportation of patients is supervised to ensure they are transported safely and smoothly to avoid further damage or injury 3.2 Driving is supervised to ensure hazards are recognised and negotiated safely 3.3 Driving of vehicle is supervised to ensure that ***legal and industrial requirements*** governing emergency vehicles are adhered to 3.4 Supervision is provided to ensure route is chosen appropriately according to distance, time constraints, travel and terrain 3.5 Supervision is provided to ensure that road

	map is read accurately and quickly, as required
	3.6 Communication between driver and patient care officer is supervised to ensure safe transport and effective patient care
4. Oversee scene management	4.1 **Safety of scene is ensured** in accordance with legal, industrial and service guidelines
	4.2 Control of hazards is ensured in accordance with requirements to protect welfare of patients and personnel
	4.3 Application of resources is in accordance with requirements of the scene, service policies and procedures and relevant legal and industrial requirements
	4.4 **Ensure communication** with allied services contributes to safety and wellbeing of patients and ambulance personnel

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. Vehicles may include:	1.1 Road ambulances 1.2 Operational cars 1.3 Intensive Care Units 1.4 Buses 1.5 Motor bikes 1.6 4 W/D vehicles 1.7 Rescue/retrieval units 1.8 Aircraft - fixed wing/rotary wing
2. Equipment may include:	2.1 Standard inventory of ambulance equipment for primary or secondary life support
3. Securing of patients includes securing of:	3.1 Patients' belongings 3.2 Items of luggage 3.3 Wheelchairs
4. Legal requirements include:	4.1 Local and national acts and regulations and Ambulance Acts and regulations of the Land Transportation Office 4.2 All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of service vehicles.
5. Safe work practices are detailed in:	5.1 Occupational Safety and Health Acts, Regulations and Standards 5.2 Service policy and procedures 5.3 Safe lifting procedures. 5.4 Legislation, acts, regulations, service policies and procedures include those relating to the operation of radio and electronic communication equipment
6. Communication equipment may include:	6.1 Service radio equipment 6.2 Equipment of other services 6.3 Viable alternatives which support effective communication

EVIDENCE GUIDE	
1. Critical Aspects of Competency	1.1 Observation of performance in the work environment or a simulation 1.2 Observation of supervision of ambulance operations including communications, transport and handling of patients in a variety of situations
2. Underpinning Knowledge	2.1 Knowledge of relevant legislation, regulations, service policies and procedures. 2.2 Standards of cleanliness and serviceability of vehicles required by law and Service policies and procedures 2.3 Road rules and laws applying to emergency vehicles in the area 2.4 Patient care and restraint during transportation 2.5 Methods of loading and unloading patients under life-threatening conditions 2.6 Knowledge of relevant acts, regulations, procedures and industrial guidelines governing the removal of patients from the scene of the incident 2.7 Supervisory methods and techniques
3. Underpinning Skills	3.1 Use of communications equipment and systems 3.2 Supervisory skills 3.3 Oral communication skills 3.4 Written communication skills 3.5 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds 3.6 Problem solving skills required include an ability to assess and evaluate available resources, analyse information and make decisions that ensure the effective supervision of on-road operations
4. Resource implications	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. Method of assessment	5.1 Observations, questioning and evidence gathered from the workplace environment 5.2 Demonstration over a period of time to ensure

	consistency of performance
6. Context of assessment	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **MANAGE THE SCENE OF AN EMERGENCY**

UNIT CODE   : **HCSEMT9**

UNIT DESCRIPTOR   :   This unit of competency involves management of procedures involving victim/patient care at the scene of an emergency.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Assess the environment to identify real and potential hazards	1.1 Information is gathered to allow accurate assessment of the situation or incident 1.2 Hazards (existing and potential) are accurately identified 1.3 The approach to an incident, is accurately accessed, looking for visible signs of danger 1.4 Appropriate resources are positioned to facilitate safe/timely ambulance access and extrication
2. Communicate with those involved in the incident	2.1 Information about the ***incident or scene*** is communicated to coordinator in accordance with service policies 2.2 ***Information*** is communicated to people involved in the incident in accordance with service policies
3. Control hazards	3.1 Existing and ***potential hazards*** to the safety and welfare of patients and others are negated 3.2 Personal protective clothing and equipment is worn/used as necessary 3.3 Infection control procedures are implemented when necessary 3.4 Resistive and/or combative patients are managed appropriately 3.5 Security of the scene for ambulance personnel is ensured by the Ambulance Command in consultation with Incident Control 3.6 Resources are utilized appropriately and as needed
4. Communicate with medical and other	4.1 The need for liaison with ***medical and other emergency and allied services*** is identified

emergency and allied services to ensure safety at scene	according to situation and local ambulance standard operating procedure 4.2 Liaison with medical and other emergency and allied services is carried out in accordance with local ambulance standard operating procedure
5. Monitor the environment	5.1 The environment is monitored to identify changes that may compromise safety or victim/patient care 5.2 Environmental changes requiring further control are quickly recognised and communicated to appropriate agencies

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. *Scene may include, but not limited to:*	1.1 Road traffic accidents 1.2 Household accidents 1.3 Events such as concerts 1.4 Exhibitions, sporting events 1.5 Street scene 1.6 Cliff accidents 1.7 Fire ground incidents 1.8 Airport accidents 1.9 Public transport accidents
2. *Hazards are dangers or risks that may affect or influence ambulance care and may include, but is not limited to:*	2.1 Fire 2.2 Flood 2.3 Power/electricity 2.4 Lightning 2.5 Surfaces 2.6 Atmospheric conditions 2.7 Climatic conditions 2.8 Vehicles 2.9 Structures 2.10 Bystanders 2.11 Gases and fluids (including hazardous chemicals) 2.12 Biological factors 2.13 Bodily fluids 2.14 Tidal changes 2.15 Human judgment and influence
3. *Information likely to be gathered may include, but is not limited to:*	3.1 Details of the incident/event 3.2 Name and profile of those directly involved 3.3 Religious, social and cultural differences are those that may influence the administration of patient care and general welfare of the patient. These values are identified and assessed in terms of their importance to the patient, based on the judgment of the ambulance personnel.
4. *Medical services may include, but are not limited to:*	4.1 First Aid support agencies 4.2 National Medical Emergency Response Plan personnel/National disaster plan

	4.3 Local general practitioners
	4.4 District nursing service
5. *Emergency and allied services may include, but are not limited to:*	5.1 Ambulance command
	5.2 Incident control
	5.3 Police
	5.4 Fire
	5.5 Local disaster plan
	5.6 Voluntary ambulance personnel
	5.7 Electricity and water services

EVIDENCE GUIDE	

1. *Critical Aspects of Competency*	1.1 Observation in the work environment or simulation
	1.2 Demonstrated ability in management of situations/incidents requiring:
	    1.2.1 Identification and management of hazards
	    1.2.2 Establishment and maintenance of inter-service liaison
	    1.2.3 Infection control procedures
	    1.2.4 Restive and combative patient control procedures
	    1.2.5 Identification of resources and their uses
	    1.2.6 Communication and interpersonal skills

2. *Underpinning Knowledge*	2.1 Knowledge of allied service procedures 2.2 Knowledge of appropriate national policies and procedures 2.3 Working knowledge of command, control and coordination responsibilities 2.4 Relevant national standards such as: 2.5 Use of communications equipment and systems 2.6 Knowledge of hazards and potential hazards and their effect 2.7 Relevant Service policies and procedures 2.8 Infection control procedures 2.9 Restive and combative patient control procedures 2.10 Services provided by medical and other emergency and allied agencies, and their limitations
3. *Underpinning Skills*	3.1 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.2 Written communication skills required to fulfill job roles as specified by organization/service. 3.3 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds

	3.4 Problem solving skills required include an ability to use available resources, analyze information quickly, manage multiple competing priorities and make decisions that ensure the overall effective management of the scene of an emergency
4. *Resource Implication*	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. *Method of Assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of Assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY :   **MANAGE SCENE OF SPECIAL EVENT**
UNIT CODE   :   **HCSEMT10**
UNIT DESCRIPTOR   :   This unit of competency involves attending the scene of sporting or special events involving large numbers of people or special risks, and ensuring safety at the scene.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Attend events involving risk or large numbers of people	1.1 *Scene of event* is assessed using all available information and first hand observation 1.2 *Hazards* (existing and potential) and the level of risk and accurately identified utilizing current emergency risk management process 1.3 Emergency management plan is developed, or existing emergency management plan is implemented in consultation with event organizers 1.4 Ambulance Service Event Operations Order is developed to underpin ambulance operations and their role within the emergency management plan 1.5 Ambulance resources are deployed in accordance with the management plan 1.6 Ambulance resources are positioned to facilitate access and egress 1.7 Lines of communication are established and maintained in accordance with the management plan and Service policies and procedures

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2. Ensure safety at the scene	2.1 Ambulance vehicle is positioned to protect self, partner and patient(s)
	2.2 Personal protective clothing and equipment is worn as required
	2.3 Security of the scene for ambulance personnel is ensured by Ambulance Command in consultation with the event management security provider
	2.4 Hazard reduction agents are used to minimize risk and to enable provision of treatment in hazard-free (or hazard-reduced) environment in line with standard local ambulance operation procedure
	2.5 Actions are in accordance with standard local ambulance operation procedure

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. *Scene may include, but is not limited to events such as:*	1.1 Concerts 1.2 Exhibitions 1.3 Sporting events
2. *Hazards are dangers or risks that may affect or influence ambulance care and may include, but are not limited to:*	2.1 Agent release 2.2 Riot or panic 2.3 Fire 2.4 Flood 2.5 Power/electricity 2.6 Lighting 2.7 Rough/slippery Surfaces 2.8 Atmospheric conditions 2.9 Climatic conditions 2.10 Vehicles 2.11 Structures 2.12 Bystanders 2.13 Human judgment and influence
3. *Emergency and allied services may include, but are not limited to:*	3.1 First Aid support agencies 3.2 Local Medical Emergency Response Plan personnel 3.3 Ambulance Command 3.4 Incident Control 3.5 Police

	3.6 Fire
	3.7 Local government/barangay
	3.8 Voluntary ambulance personnel
	3.9 Electricity and water services
	3.10 Event staff

EVIDENCE GUIDE	

1. *Critical Aspects of Competency*	1.1 Observation in the work environment or simulated situations
	1.2 Evidence must include production of an effective event plan which provides for:
	   1.2.1 Effective communications
	   1.2.2 Rapid response
	   1.2.3 Rapid and safe access and egress
	   1.2.4 Safety of personnel

2. *Underpinning Knowledge*	2.1 Knowledge of allied service procedures 2.2 Knowledge of appropriate State policies and procedures 2.3 Working knowledge of command, control and coordination responsibilities 2.4 Use of communications equipment and systems 2.5 Knowledge of hazards and potential hazards and their effect 2.6 Relevant service policies and procedures
3. *Underpinning Skills*	3.1 Stress management skills 3.2 Oral communication skills required to fulflil job roles as specified by the organization/service. 3.3 Written communication skills required to fulfill job roles as specified by organization/service. 3.4 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social

	and religious backgrounds
	3.5 Problem solving skills required include an ability to use available resources innovatively, analyze information and make decisions that ensure the effective management of the scene/event
4. *Resource implications*	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted
	4.2 Access to equipment and resources normally used in the workplace
5. *Method of assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **MANAGE ROUTINE SCENE**
UNIT CODE : **HCSEMT11**
UNIT DESCRIPTOR : This unit of competency involves the routine management of a non-emergency situation to ensure safety at the scene.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Attend non-emergency scene	1.1 Ambulance vehicle is positioned to facilitate access and departure while keeping safe all personnel and the vehicle
	1.2 *Hazards*, real or potential, are identified where there are *risks* to participants or bystanders
	1.3 Lines of communication with others are identified and maintained according to Service policy and procedures
	1.4 Correct communication procedures are observed in accordance with Service policy and procedures
2. Take appropriate measures to ensure	2.1 Ambulance vehicle is positioned to protect self, partner and patient(s)

safety at the scene	2.2 Personal protective clothing is worn in accordance with operating procedures
	2.3 Ambulance resources are utilized and improvised to secure the scene
	2.4 Appropriate roles are undertaken as prescribed by Acts, regulations, Service policy and procedure
	2.5 Risk is minimized by enlisting hazard reduction agents to enable provision of treatment in hazard-free (or hazard-reduced) environment
	2.6 Action is in accordance with standard local ambulance operation procedure

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. Scene may include, but is not limited to events such as:	1.1 Concerts 1.2 Exhibitions 1.3 Sporting events
2. Hazards are dangers or risks that may affect or influence ambulance care and may include, but are not limited to:	2.1 Lighting 2.2 Surfaces 2.3 Atmospheric conditions 2.4 Climatic conditions 2.5 Vehicles 2.6 Structures 2.7 Bystanders 2.8 Human judgment and influence
3. Emergency and allied services may include, but are not limited to:	3.1 Ambulance Command 3.2 Incident Control 3.3 Police 3.4 Fire 3.5 National and Local Disaster Plan Personnel 3.6 Voluntary emergency personnel 3.7 Electricity and water service

EVIDENCE GUIDE	
1. Critical Aspects of Competency	1.1 Observation in the work environment or simulated situations 1.2 Following an effective event plan for managing a routine non-emergency which provides for: – Effective communications – Rapid response – Rapid and safe access and egress – Safety of personnel
2. Underpinning Knowledge	2.1 A knowledge of allied service procedures 2.2 A knowledge of appropriate State policies and procedures 2.3 A working knowledge of command, control and coordination responsibilities 2.4 Relevant national standards 2.5 Use of communications equipment and systems 2.6 Knowledge of hazards and potential hazards and their effect 2.7 Relevant Service policies and procedures
3. Underpinning Skills	3.1 Stress management skills 3.2 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.3 Written communication skills required to fulfill job roles as specified by organization/service. 3.4 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds 3.5 Problem solving skills required include an ability to use available resources innovatively, analyze information and make decisions that ensure the routine management of a non-emergency
4. Resource implications	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. Method of assessment	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance

6. Context of assessment	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **DELIVER PRE- HOSPITAL PATIENT CARE**

UNIT CODE　　　　　 : **HCSEMT12**

UNIT DESCRIPTOR　　 :　　This unit of competency involves assessing basic patient needs, planning the procedure(s) to be implemented, implementing procedure(s) and monitoring the state of the patient at the level of basic patient care.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. *Make initial patient assessment*	1.1 **Pre-planning** is conducted before arrival at scene based on information communicated in request for service 1.2 **Scene survey** is conducted according to local ambulance standard operating procedure 1.3 **Primary survey** is conducted according to local ambulance standard operating procedure 1.4 **Vital signs** are checked and monitored in accordance with local ambulance standard operating procedure 1.5 History of the event is obtained 1.6 **Secondary survey** is conducted, incorporating a systematic physical examination of the whole body 1.7 Chief complaints, including pattern and nature of illness or injury are identified as a basis for prioritizing treatment 1.8 **Patient's medical history** is obtained to ensure appropriate treatment is selected 1.9 Determine patient's potential or actual time criticality versus transport criticality 1.10 **Transport requirements** and appropriate destination are assessed, considering patient's condition and the type of resources needed to ensure that

	requirements of urgency and patient care are met
2. Plan patient care	2.1 Priorities of care are established based on initial patient assessment according to local ambulance standard operating procedure
	2.2 Contingency plans are developed, based on nature of illness and of injury and potential for patient deterioration according to local ambulance standard operating procedure
3. Implement patient care procedures	3.1 All patient care procedures and *drug therapies* are commenced as patient's present condition determines, with reference to local clinical guidelines and pharmacological requirements
	3.2 Where the situation or patient's condition requires treatment that is outside the scope or authority to practise of the attending officer, the need for assistance is recognized and sought immediately
	3.3 Ambulance equipment utilized in patient management is correctly operated according to manufacturer/supplier's instructions and local clinical guidelines
	3.4 Patient care *techniques* are implemented in accordance with infection control procedures and techniques
	3.5 Safe lifting and patient handling techniques are used in accordance with OSH requirements and service policies and procedures
4. Monitor basic patient care and modify as required	4.1 Patient and his/her presenting conditions are re-assessed at appropriate intervals and treatment modified as required according to local ambulance standard operating procedure
	4.2 Drug therapy is monitored noting effectiveness of treatment regime and amended according to patient's condition
	4.3 Need for advanced levels of intervention and action is identified and initiated
5. Endorsement of	5.1 Relevant patient details are documented

patient requiring basic care	according to local ambulance standard operating procedure
	5.2 Patient confidentiality is maintained at all times
	5.3 **Documentation**for endorsement procedures conveys all necessary information
	5.4 **Information is conveyed appropriately to those individuals** involved in ongoing patient care to facilitate understanding and optimize continuing patient care
	5.5 Patient care is maintained until responsibility for patient care is taken over by staff of the receiving agency

RANGE OF VARIABLES	
VARIABLE	**RANGE**

1. *Pre-planning may include, but is not limited to:*	1.1 Potential resources required such as equipment, personnel, other services 1.2 Access and egress requirements 1.3 Identification of potential safety issues
2. *Scene survey may include, but is not limited to:*	2.1 Identification of dangers and hazards of the environment /location 2.2 Operational safety 2.3 Confirmation of location and initial case details 2.4 Determination of access, egress and initial equipment requirements
3. *Primary survey must include, but is not limited to:*	3.1 Dangers 3.2 Response 3.3 Airway 3.4 Breathing 3.5 Circulation
4. *Vital signs may include, but are not limited to:*	4.1 Conscious state assessment e.g. Glasgow Coma Score, AVPU - alert, voice, pain, unconscious 4.2 Pupillary size and reactions 4.3 Respiratory status assessment, e.g. rate, rhythm, effort and breath sounds 4.4 Perfusion status assessment, e.g. pulse, blood pressure, capillary refill and skin
5. *Secondary survey may include, but is not limited to:*	5.1 Systematic head to toe physical body examination 5.2 Assessment of time criticality as indicated by physiological status or pattern and nature of injury
6. *History of event includes present history and may be elicited from:*	6.1 Patient 6.2 Companions/relatives 6.3 Bystanders 6.4 Primary carers 6.5 Medical personnel 6.6 Medi-alert bracelet, collar and card 6.7 Evidence at the scene
7. *Patient history includes:*	7.1 Pre-existing conditions 7.2 Allergies 7.3 Current medication or treatment
8. *Situation involves a patient in need and may include, but is not limited to:*	8.1 Transfer of patient with pre-diagnosed illness or injury 8.2 Transfer of patient with sudden undiagnosed

	illness or injury 8.3 Management of patient in trauma or with undiagnosed illness 8.4 5 Ts (tamponade, tablet poisoning , thrombosis coronary, thrombosis, pulmonary, tension pneumothorax) 8.5 Hs(hypothermia, hypoxia, h-acidosis, hyponatremia, hyper and hypokalemia)
9. *Mode of transport is selected for its availability and potential to provide the means of mobile care most suited to the needs of the patient and may include, but is not limited to:*	9.1 Road ambulances/fire trucks/vans 9,2 Clinic cars 9.3 Rescue or retrieval units 9.4 Fixed and rotary wing aircraft 9.5 Water-borne craft 9.6 Four wheel drive vehicle, motorcycle, tricycle
10. *Patient management will need to take into account for:*	10.1 Location and nature of incident 10.2 Environmental conditions 10.3 Number of casualties and potential casualties 10.4 Use and availability of ambulance equipment and pharmaceuticals
11. *Drug therapy used in the treatment of a patient's condition may include, but is not limited to:*	11.1 Basic pharmacological agents for management of bronchospasm, pain (medical including cardiac) trauma and hypoglycaemia 11.2 Other medications as indicated by local ambulance clinical guidelines/protocol
12. Techniques*expected to be utilized where patient's condition indicates they would be of some benefit include but are not limited to:*	12.1 Airway management e.g. manual airway techniques, oropharyngeal airway and suction 12.2 Automated External Defibrillation (AED) 12.3 Spinal immobilization device/vacuum, mattress, c-collar, extrication device 12.4 General splinting device 12.5 Intramuscular injections 12.6 Traction and other types of splinting
13. *Non-verbal cues may include, but are not limited to:*	13.1 Posturing 13.2 Gait 13.3 Anxiety, restlessness
14. *Types of documentation may include, but are not limited to:*	14.1 Incident reports 14.2 Handover reports 14.4 Case management material
15. *Persons authorised to receive confidential information may include, but*	15.1Medical personnel at hospitals and surgeries 15.2 Police Officers

are not limited to:	15.3 Legal practitioners
	15.4 Others, where approved as acting in the best interests of the patient
16. *Reports may be:*	16.1 Verbal (oral or written)
	16.2 Non-verbal (with gestures)
17. *Acts and regulations are those specified in each State/Territory that relate to:*	17.1 Confidentiality
	17.2 Freedom of information
18. *Policy and procedures are service policies and procedures that relate to:*	18.1 Documentation
	18.2 Reporting of patient medical information

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EVIDENCE GUIDE	

1. *Critical Aspects of Competency*	1.1 Correct use of approved documents
	
	1.2 Correct documentation of patient and incident details
	
	1.3 Interaction with receiving facility personnel
	
	1.4 The initial patient assessment used to detect and correct any immediate life threatening conditions. These must include primary survey of:
	
	   – Danger
	   – Response
	   – Airway
	   – Breathing
	   – Circulation
	
	1.5 Accurate completion of all documentation and supplying all relevant patient information to receiving facility staff under a variety of conditions and circumstances

2. *Underpinning Knowledge*	2.1 Basic physiology and anatomy 2.2 Procedures and equipment used for Basic Life Support, as specified within authorized limits defined by legal requirements and service policies 2.3 Receiving facility requirements or how to access these requirements 2.4 Function of documentation being provided
3. *Underpinning Skills*	3.1 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.2 Written communication skills required to fulfill job roles as specified by organization/service. 3.3 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds 3.4 Clinical problem solving process as it applies to basic patient care 3.5 Skills in implementing basic procedures 3.6 Collection and documentation of relevant information
4. *Resource implications:*	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. *Method of assessment:*	5.1 Observations, questioning and evidence gathered from the workplace environment

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	5.2 Demonstration over a period of time to ensure consistency of performance
6. *Context of assessment:*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **DELIVER INTENSIVE PRE-HOSPITAL PATIENT CARE**

UNIT CODE : **UNIT HCSEMT13**

UNIT DESCRIPTOR : This unit of competency involves delivering pre-hospital patient care at a specialized level, by assessing special needs of a patient, planning and administering procedures, and monitoring the state of the patient.

ELEMENTS	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the Range of Variables
1. Assess need for specialized intervention	1.1 Patient is assessed on the basis of a high level of clinical knowledge and a high level of contemporary clinical evidence based practice 1.2 Assessment of the need for specialized intervention is based on a demonstrable and clearly thought out series of problem solving steps or linkages 1.3 Patient assessment process can be analysed and explained when subject to clinical audit
2. Analyse information from clinical assessment to make a judgement about specialized pre-hospital patient care	2.1 Systematic evaluation of patient assessment used to interpret and make judgements regarding specialized patient care requirements 2.2 Judgement is in line with high level contemporary evidence-based practice and local clinical practice guidelines 2.3 The judgment, which forms the basis on which specialized treatment is planned, can be reasonably justified in terms of the information available at the time
3. Plan specialized pre-hospital patient care	3.1 Priorities of care are established based on assessment of the total scene and drawing on specialised knowledge and experience 3.2 Mechanisms of *injury* and potential for patient deterioration are recognized and interpreted in conjunction with a broad range of factors inherent in patient's condition, environment

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	and potential impact of procedures or movement
	3.3 Contingency plans are developed, based on mechanisms of injury and potential for patient deterioration
	3.4 Patient management plan is established, based on analysis of the scene and the patient and drawing on high level clinical knowledge
	3.5 Determine patient's potential or actual time criticality versus transport criticality
4. Implement procedures for specialized pre-hospital patient care	4.1 All patient care procedures and drug therapies are commenced as patient's presenting condition determines, with reference to local clinical guidelines and pharmacological requirements
	4.2 All actions are in accordance with local ambulance standard operating procedure and clinical guidelines
	4.3 Designated medical authorities are consulted and collaborated with as required
5. Monitor specialized pre-hospital patient care and modify as required	5.1 All aspects of patient's condition including vital signs are monitored at appropriate intervals to establish trends in terms of specialized procedures, interventions or knowledge
	5.2 Potential effects on patient's condition of procedures implemented are assessed
	5.3 *Drug therapy* is monitored noting effectiveness of treatment regime and amended according to patient's condition
	5.4 Changes in patient's condition are recognized and management is adapted according to the scope or authority to practise of the attending officer the need for assistance is recognized and sought immediately
	5.5 Where the situation or patient's condition requires treatment that is outside the scope or authority to practise of the attending officer
	5.6 Treatment is maintained and/or modified, according to patient need as determined by the pre-assessment process
6. Endorse patient requiring specialized	6.1 Relevant patient details are documented according to local ambulance standard

care	operating procedure
	6.2 Patient confidentiality is maintained at all times
	6.3 Documentation for endorsement procedures conveys all necessary information
	6.4 Information is conveyed appropriately to those individuals involved in ongoing patient care to facilitate understanding and optimize continuing patient care
	6.5 Patient care is maintained until responsibility for patient care is taken over by staff of the receiving agency

RANGE OF VARIABLES	
VARIABLE	**RANGE**
Treatment may include, but not limited to those procedures approved for specialized patient care based upon service policies and procedures and assessment of the	

	knowledge and understanding of the officer involved.
1. *Situation involves a patient in need and may include, but not limited to:*	1.1 Transfer of patient with pre-diagnosed illness or injury 1.2 Transfer of patient with sudden undiagnosed illness or injury 1.3 Management of patient in trauma or with undiagnosed illness
2. *Nature of injury is obtained from a detailed description of what specifically happened physically to the patient during an incident, for example:*	2.1 High speed vehicle accidents 2.2 Falls 2.3 Being struck by a vehicle 2.4 Being thrown from a moving vehicle 2.5 Penetrating injury e.g. gunshot, stabbing 2.6 Electrocution 2.7 Others
3. *Drug therapy used in the treatment of a patient's condition may include:*	3.1 Advanced pharmacological agents for the management of cardiac arrest, cardiac dysrhythmias, pain relief, airway management, hypoglycaemia, hypovolaemia and sedation
4. *Techniques which patient's condition indicates would be of some benefit, may include, but are not limited to:*	4.1 Airway management e.g. endotracheal intubation 4.2 Intravenous and intraosseous cannulation 4.3 Tension pneumothorax decompression 4.4 Other techniques as indicated by local ambulance clinical guidelines
5. *Reports may be verbal (oral or written) or non-verbal (with gestures), and types of documentation may include, but are not limited to:*	5.1 Incident reports 5.2 Endorsement reports 5.3 Case management material
6. *Persons authorized to receive confidential information may include, but are not limited to:*	6.1 Medical personnel at hospitals and surgeries 6.2 Military/Police officers 6.3 Legal practitioners 6.4 Local government/barangay officials
7. *Other acts and regulations are those specified in the locality that relate to:*	7.1 Confidentiality
8. *Policy and procedures are service policies and procedures that relate to:*	8.1 Documentation 8.2 Reporting of patient medical information, where approved as acting in the best interests of the patient

EVIDENCE GUIDE	
1. *Critical Aspects of*	1.1 Observation in the work environment or

Competency	simulation
	1.2 Assessment of patient and implementation of procedures need for patient care under a variety of conditions and circumstances
	1.3 Demonstrated capacity to take into account subtle factors affecting the patients condition, from a broad range of areas
	1.4 Application of judgment based on knowledge
	1.5 Accurate completion of all documentation and supplying all relevant patient information to receiving facility staff under a variety of conditions and circumstances, including routine, non-routine and emergency
	1.6 Observation must include:
	– Correct use of approved documents
	– Correct documentation of patient and incident details
	– Interaction with receiving facility personnel
2. *Concurrent assessment and relationship with other units:*	2.1 CR2A – Deliver standard pre-hospital patient care is a pre-requisite for this unit
3. *Underpinning Knowledge*	3.1 Detailed knowledge to enable accurate judgment and delivery of specialized patient care in the field of emergency pre-hospital care
	3.2 Pathophysiology of disease processes at a higher level than required for standard patient care
	3.3 Procedures and equipment in accordance with service policies relating to specialized patient care
	3.4 Anatomy and physiology including advanced electro-physiology
	3.5 Pharmacology to support approved protocols
	3.6 Physiology to support approved protocols
	3.7 Patient psychology related to trauma
	3.8 Receiving facility requirements or how to access these requirements
	3.9 Function of documentation being provided
4. *Underpinning Skills*	4.1 Oral communication skills required to fulfill job

	roles as specified by the organization/service.
	4.2 Written communication skills required to fulfill job roles as specified by organization/service.
	4.3 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds
	4.4 Clinical problem solving process as it applies to specialized patient care
5. *Resource implications:*	5.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted
	5.2 Access to equipment and resources normally used in the workplace
6. *Method of assessment*	6.1 Observations 6.2 Questioning 6.3 Evidence gathered from the workplace environment 6.4 Demonstration over a period of time to ensure consistency of performance
7. *Context of assessment*	7.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY   : **MANAGE AMBULANCE OPERATIONS**

UNIT CODE   : **HCSEMT14**

UNIT DESCRIPTOR   : This unit of competency involves quality management of ambulance operations.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Maintain operations to meet quality standards	1.1 **Supplies** necessary for operations are available and meet service requirements 1.2 Operations within the area of responsibility meet service delivery *specifications* 1.3 Information and advice given to staff, members of the public and related organisations is accurate, in line with Service policy and within the manager's area of responsibility 1.4 Operational information is communicated to the appropriate people in a manner, at a level and at a pace to promote understanding 1.5 Systems to monitor quality, time and cost specifications for service provided are fully and correctly implemented and maintained 1.6 **Factors, which may disrupt operations**, are recognised and appropriate action taken to minimise their effects 1.7 Complete and accurate records of operations in the manager's area of responsibility are maintained in accordance with service policies and procedures 1.8 Recommendations for improving efficiency of operations and quality of service are promptly communicated to the appropriate people 1.9 Operations are in accordance with local ambulance standard operating procedure
2. Create and maintain conditions conducive to productive work and quality service	2.1 The work environment is as conducive to work activity as possible 2.2 A sufficient supply of resources is established and maintained to meet community needs 2.3 Staff working conditions and use of resources satisfy current legislation and service

		guidelines
	2.4	Maintenance frequency and the use of equipment conform to service standards, schedules and procedures
	2.5	Where resources do not meet requirements, the matter is referred to the appropriate person/s
	2.6	Workplace accidents and incidents are reported promptly to the appropriate person/s and recorded as required
	2.7	Recommendations for improving conditions are promptly referred to the appropriate person/s
	2.8	All necessary records are complete, accurate and legible and available to authorised person/s when required
	2.9	Records are reviewed to ensure completeness and accuracy, in accordance with service policy
3. Monitor and control the use of resources	3.1	Expenditure is within agreed budgets, does not compromise future spending requirements and conforms to service procedures
	3.2	The contribution each team member can make to control of resources is communicated effectively
	3.3	Records of expenditure are complete, accurate and legible
	3.4	Prompt corrective action is taken in response to actual or potential significant deviations from plans
	3.5	Requests for expenditure outside the officer/manager's responsibility are promptly referred to the appropriate person/s

RANGE OF VARIABLES	
VARIABLE	**RANGE**
Operations include all those activities under the responsibility of the Officer.	
1. *Sources of supply include:*	1.1 External organisations 1.2 Internal departments/teams
2. *Supplies include:*	2.1 Material supplies 2.2 Equipment/technology 2.3 Financial 2.4 Information 2.5 Sub-contracted/consulting/voluntary personnel
3. *Specifications relate to:*	3.1 Service delivery 3.2 Operational requirements for meeting quality standards 3.3 Specific functional duties within the organization 3.4 Quality assurance is achieved through systems that are both formal and informal.
4. *Factors which disrupt operations are those affecting:*	4.1 Service delivery 4.2 Operational resources 4.3 Quality of service 4.4 Corrective actions are consistent with Service policy and within budgetary constraints.
5. *Conditions are those relating to:*	5.1 Work environment 5.2 Equipment/technology 5.3 Hours worked
6. *The Officer is legally responsible under the requirements of:*	6.1 OSH legislation 6.2 Collective Bargaining Agreement, Collective Negotiating Agreement, ECC, Disability Law, Gender Sensitivity, Anti-Sexual Harassment, Child Protection, Related Labor Laws, Labor Code 6.3 Insurance 6.4 Other relevant legislation or requirements

EVIDENCE GUIDE

1. *Critical Aspects of Competency*	1.1 Observation of performance in the work environment or a simulation
2. *Underpinning Knowledge*	2.1 Sound clinical knowledge 2.2 Resource requirements 2.3 Service policies and procedures 2.4 Relevant legislation and industrial guidelines 2.5 Budgets and finance management 2.6 Record-keeping
3. *Underpinning Skills*	3.1 Oral communication skills 3.2 Written communication skills 3.3 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds 3.4 Problem solving skills required include an ability to use available resources, analyse information and make decisions that maximise the effective management of ambulance operations
4. *Resource implications*	4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted 4.2 Access to equipment and resources normally used in the workplace
5. *Method of assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of assessment*	6.1 Evidence must include observation of performance in the work environment or simulation

UNIT OF COMPETENCY : **TRANSPORT EMERGENCY PATIENTS**
UNIT CODE : **HCSEMT15**
UNIT DESCRIPTOR : This unit of competency involves transportation of patients and other appropriate personnel under emergency circumstances.

ELEMENT	PERFORMANCE CRITIERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Convey and receive information relating to emergency transport	1.1 Communication with control center is established and maintained according to local ambulance standard operation procedure 1.2 Appropriate receiving facility is notified according to local ambulance standard operation procedure
2. Transport patient under emergency conditions	2.1 *Vehicle* is driven in a manner that avoids exacerbation of patient's condition 2.2 Hazards are recognized and negotiated at low risk 2.3 Vehicle is driven according to legal requirements governing emergency vehicles 2.4 Appropriate route is chosen according to distance, time, travel and terrain 2.5 Communication is established and maintained as required between driver and patient care officer to ensure safe transport and effective patient care
3. Load, unload and secure patient and equipment for emergency transportation	3.1 Loading/unloading is conducted smoothly, consistent with safe work practices, and *local ambulance standard operating procedure* 3.2 Patient's illness/injury is not exacerbated by unnecessary movement during loading and unloading 3.3 Patients are removed from scene in a manner consistent with *relevant Acts, Regulations* and in accordance with local ambulance standard operating procedure

	3.4 **Equipment** is secured in accordance with relevant Philippine Standards, Acts, Regulations and in accordance with local ambulance standard operating procedure

RANGE OF VARIABLES	
VARIABLE	**RANGE**
1. *Vehicle categories may include, but are not limited to:*	1.1 Road 1.2 Aviation 1.3 Maritime
2. *Equipment may include, but is not limited to:*	2.1 Standard inventory of ambulance equipment 2.2 Number of personnel in vehicle follows relevant state/territory practice
3. *Legal requirements include:*	3.1 Local and national traffic ordinances, acts and regulations and Ambulance Acts and Regulations 3.2 All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of service vehicles 3.3 LTO and MMDA
4. *Service and national standards for safe work practices are detailed in:*	4.1 Occupational Safety and Health Acts, Regulations and Standards 4.2 Local Ambulance Service standard operating policies and procedures 4.3 Safe lifting and manual handling procedures 4.4 Acts, Regulations service policy and procedures include those relating to the operation of radio and electronic communication equipment
5. *Communication equipment may include, but is not limited to:*	5.1 Service radio equipment 5.2 Equipment of other services 5.3 Viable alternatives that support effective communication

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Observation of performance in the work environment or a simulation 1.2 A variety of situations involving the transport of patients in life-threatening situations 1.3 Loading/unloading patients requiring the Officer to exhibit diverse patient handling skills and knowledge 1.4 Transportation of patients over routes requiring the Officer to display a variety of driving and route selection skills

2. *Concurrent assessment and relationship with other units*	Pre-requisite units:
	
	  – T2 – Transport Non-Emergency Patients
	
	  – PUAVEH001A – Drive Vehicles Under Operational Conditions

3. *Underpinning Knowledge*	3.1 Use of communications equipment and systems, and knowledge of relevant Acts, Regulations, Service policies and procedures 3.2 Road rules and laws applying to emergency vehicles in the state or territory 3.3 Patient care and restraint during transportation 3.4 Methods of loading and unloading patients under life-threatening conditions 3.5 Knowledge of relevant acts, regulations and procedures governing the handling/lifting of patients
4. *Underpinning Skills*	4.1 Driving skills relevant to the transportation of patients in life-threatening circumstances 4.2 Oral communication skills include asking questions, active listening, asking for clarification of instructions if required, acknowledging and responding to a range of views. 4.3 Written communication skills 4.4 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds 4.5 Problem solving skills required include an ability to use available resources, assess and analyze available driving routes, patient handling requirements and transportation needs. Make

	decisions to ensure the safe driving of vehicles under operational conditions.
5. *Resource implications*	5.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted
	5.2 Access to equipment and resources normally used in the workplace
6. *Method of assessment*	6.1 Observations
	6.2 Questioning
	6.3 Evidence gathered from the workplace environment
	6.4 Demonstration over a period of time to ensure consistency of performance
7. *Context of assessment*	7.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **TRANSPORT NON-EMERGENCY PATIENTS**
UNIT CODE   : **HCSEMT16**
UNIT DESCRIPTOR   : This unit of competency involves the transport of non-emergency patients, checking the ambulance vehicle and equipment.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Prepare and check vehicle and equipment	1.1 *Vehicle* and equipment is checked systematically and comprehensively based on a local vehicle checklist or inventory 1.2 *Vehicle checks* are conducted on a regular basis according to Service procedures to ensure serviceability of vehicle and *equipment* 1.3 Vehicle checks ensure interior and exterior cleanliness of vehicle in accordance with Service policies and procedures pertaining to the minimization of infection risk to both ambulance personnel and patients/clients 1.4 Vehicle operating stock is maintained to acceptable minimum and maximum levels 1.5 Vehicle and equipment is maintained according to local policy and procedures
2. Ensure faults in vehicle and equipment are remedied	2.1 General nature of fault is identified and reported according to local policy and procedure 2.2 Further damage to malfunctioning vehicle or equipment is assessed against patient care priorities and avoided when possible 2.3 *Minor faults* are rectified where possible 2.4 Need for additional or replacement resources is established and communicated to appropriate personnel
3. Convey and receive information through use of necessary modes of communication	3.1 Communication techniques and procedures are consistent with acts, regulations and in accordance with local standard operating procedure 3.2 Communication with control centre is established

		and maintained in accordance with local standard operating procedure
	3.3	Appropriate receiving facility is notified in accordance with local standard operating procedure
4. Load, unload and secure non-emergency patient and other specific personnel for transportation	4.1	Loading/unloading is conducted smoothly, consistent with safe work practices, Service policy and procedures in accordance with the national code
	4.2	Patient is given appropriate support/assistance during loading/unloading
	4.3	Appropriate personnel are transported to accompany the patient where such a need has been identified and there is a capacity to do so, in accordance with local standard operating procedure
	4.4	Equipment and belongings are secured appropriately to avoid movement during travel
5. Drive vehicle	5.1	Vehicle is driven in a low risk manner and according to legal requirements
	5.2	Appropriate route is chosen according to distance, time constraints, travel and terrain
	5.3	Communication is established between driver and patient or patient care officer to ensure effective patient care during transport
	5.4	Map is consulted accurately, when necessary
6. Transport patient's relatives or other specific personnel	6.1	Personnel are transported to accompany the patient where such a need has been identified and there is a capacity to do so, in accordance with local standard operating procedure

RANGE OF VARIABLES	
VARIABLE	**RANGE**
*i*1. *Vehicle categories may* n *clude, but are not limited to:*	1.1 Maritime 1.2 Road 1.3 Aviation
*i*2. *Vehicle checks may include,* u *t are not limited to checks for:*	2.1 Readiness 2.2 Cleanliness 2.3 Faults 2.4 Malfunctions 2.5 Equipment and supplies
*i*3. *Equipment may include, but* s *not limited to:*	3.1 Inventory of equipment for routine non-emergency patient care 3.2 Inventory of equipment carried for emergency use 3.3 Any equipment specified for particular vehicles
4. Minor faults should be e *tected using a checklist and do not include those normally remedied by a service agent or dealer, but may include:*	4.1 Blown fuses and bulbs 4.2 Less than optimum tire inflation 4.3 Low radiator level 4.4 Low engine fluids 4.5 Low brake system fluids
*i*5. *Specific personnel may* n *clude:*	5.1 Relatives 5.2 Ambulance personnel 5.3 Drivers
6. *Securing of patient includes:*	6.1 Patients' belongings 6.2 Items of luggage 6.3 Wheelchairs
*i*7. *Legal requirements include,* u *t are not limited to:*	7.1 Local and National Traffic Ordinances and Regulations and Ambulance Acts and Regulations 7.2 All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of Service vehicles.
8. Service and national t *andards for safe work practices are detailed in:*	8.1 OSH Acts, Regulations and Standards 8.2 Service policy and procedures 8.3 Safe lifting procedures

	8.4 Acts, Regulations, service policy and procedures include those relating to the operation of radio and electronic communication equipment.
9. *Communication equipment may include, but is not limited to:*	9.1 Service radio equipment 9.2 Equipment of other services 9.3 Viable alternatives that support effective communication

EVIDENCE GUIDE	
1. *Critical Aspects of Competency*	1.1 Observation of performance in the workplace or a simulation 1.2 A range of non-urgent transport needs and requirements 1.3 A range of driving situations and conditions 1.4 Opportunities to demonstrate safe, efficient driving skills suited to specific situations and the case being attended to
2. *Underpinning Knowledge*	2.1 Relevant endorsed driving license as per local and national requirements 2.2 Elementary knowledge of vehicle being used 2.3 Knowledge of patient care during transportation 2.4 Knowledge of Service policy and procedures related to equipment and vehicle checks 2.5 Knowledge of the use of relevant equipment and patient restraints during transportation 2.6 Use of communications equipment and systems, and knowledge of relevant procedures
3. *Underpinning Skills*	3.1 Responsible approach to acting on faults and/or deficiencies 3.2 Driving skills relevant to the transportation of non-urgent patients 3.3 Skills in the assessment of driving needs relevant to patient needs and individual cases 3.4 Oral communication skills required to fulfill job roles as specified by the organization/service. 3.5 Written communication skills required to fulfill job roles as specified by organization/service. Skills include reading and understanding routine instructions.

	3.6 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds. 3.7 Problem solving skills required include an ability to use available resources, analyze information and make decisions that ensure the efficient and safe transport of non-emergency patients.
4. *Resource Implications*	4.1 Access to appropriate workplace conducted or simulation of realistic workplace setting 4.2 Access to equipment and resources normally used in the workplace
5. *Methods of Assessment*	5.1 Observations 5.2 Questioning 5.3 Evidence gathered from the workplace environment 5.4 Demonstration over a period of time to ensure consistency of performance
6. *Context of Assessment*	6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **DRIVE VEHICLES UNDER OPERATIONAL CONDITIONS**

UNIT CODE : **HCSEMT17**

UNIT DESCRIPTOR : This unit covers the competency to drive vehicles safely, including the systematic, safe and efficient control of all vehicles functions and effective management of hazardous situations under operational conditions.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the **Range of Variables**
1. Prepare vehicle for operational response	1.1 The vehicle is selected to meet operational requirements and is suitable to use in the terrain 1.2 Preliminary check of the vehicle is completed to ensure it is serviceable 1.3 Equipment and accessories are checked to ensure they are available and serviceable 1.4 Cabin drill and start up checks are completed in accordance with operational standards 1.5 Engine is started in accordance with manufacturer's specifications 1.6 Audible and visual warning systems are checked to ensure that they are all operational
2. Drive the vehicle	2.1 Vehicle is prepared for, and safely operated in terrain suitable to the vehicle

		2.2	Vehicles and/or trailers are operated and positioned in accordance with traffic regulations in accordance with local ambulance standard operation procedure to ensure safe and efficient operation
		2.3	Low risk driving techniques are used which minimise the likelihood of injury to persons or damage to equipment or property and in accordance with local ambulance standard operation procedure.
3. Monitor traffic, road and terrain under operational conditions		3.1	Vehicle movement is controlled in response to external conditions to ensure safety of persons.
		3.2	The most efficient route of travel is taken through monitoring factors likely to cause delays or route deviations.
		3.3	Traffic and surface conditions are consistently monitored and acted upon to enable safe operation and ensure no injury to people or damage to property, equipment, loads and facilities.
		3.4	Drive vehicles under operational conditions.

RANGE OF VARIABLES	
This unit relates to driving vehicles while responding to, or at emergency operations and includes the use of audible visual warning devices. Vehicles may be responding or operating on urban or rural roads, four-wheel drive tracks or private roads, or cross country. Drivers will be required to have the appropriate driving licence.	
1. Vehicles may include, but is not limited to:	1.1 All types of operational vehicles 1.2 Aerial appliances 1.3 Communication vehicles 1.4 Command/control vehicles
2. Operational conditions may include, but is not limited to:	2.1 Non-emergency driving 2.2 Emergency response driving 2.3 Off-road driving 2.4 Hazardous environmental conditions 2.5 Driving in special environments (ie: on actual airport movement areas) 2.6 Prevailing weather 2.7 Time of day/night 2.8 Visibility 2.9 Recovery
3. Considerations may include, but is not limited to:	3.1 Procedures 3.2 Traffic conditions 3.3 Levels of emergency response 3.4 Adverse weather 3.5 Traffic regulations 3.6 Warning devices 3.7 Adverse terrain 3.8 Type of vehicle 3.9 Adverse surfaces
4. Cabin drill may include, but is not limited to:	4.1 Adjustment of seats 4.2 Seatbelts 4.3 Mirrors and steering 4.4 Radio on 4.5 All crew seated/restrained 4.6 Dash layout 4.7 Gauges 4.8 Warning lights 4.9 Drive vehicles under operational conditions

5. Start-up check may include, but is not limited to:	5.1 Fuel
	5.2 Coolant
	5.3 Oil
	5.4 Pump
	5.5 Water
	5.6 Equipment/locker security
	5.7 Visual inspection of vehicle
	5.8 Operation of emergency warning devices (lights/sirens)
	5.9 Crew intercom
	5.10 Physical check or scan of gauges
6. Instruments/gauges may include, but is not limited to:	6.1 Warning lights
	6.2 Tachometer
	6.3 Temperature
	6.4 Electrical charging
	6.5 Systems indicators (high beam)
	6.6 Turn signals
	6.7 Parking brakes
	6.8 Speedometer
	6.9 Oil pressure
	6.10 Brake warning lights
	6.11 Audible warning devices
	6.12 Water tank level indicator
7. Relevant legislation and procedures may include, but is not limited to:	7.1 Traffic regulations
	7.2 Organisational policy and procedures
	7.3 Accident procedures
	7.4 Emergency parking
	7.5 Possession of appropriate license
8. Manufacturer's specifications may include, but is not limited to:	8.1 Engine characteristics
	8.2 Systems warning functions
	8.3 Radius of turning circle
	8.4 Safety procedures
	8.5 Horsepower rating
	8.6 Maximum vehicle weight
	8.7 Fuel capacity for range
	8.8 Clearance height
	8.9 Engagement procedures
	8.10 No-spin locking differential
	8.11 Anti-lock braking systems

9. Traffic conditions may include, but is not limited to:	9.1 Parking
	9.2 Traffic pattern and density
	9.3 Known peak traffic periods and community functions and events
	9.4 Effect of weather on roads
	9.5 Road surface
	9.6 Visibility
	9.7 Drive vehicles under operational conditions

EVIDENCE GUIDE	
1. Critical aspects of assessment must include:	1.1 It is essential that competence be demonstrated by a practical demonstration of driving skills. Maintaining personal safety, safety awareness and awareness of traffic conditions and other road users is critical.
2. Concurrent assessment and relationship with other units:	2.1 Interdependent assessment of units 2.2 Pre-requisite units: T2 – Transport Non-Emergency Patients
3. Essential knowledge required include:	3.1 Traffic rules and regulations 3.2 Emergency vehicle requirements and regulations 3.3 Vehicle operating procedures 3.4 Local area knowledge 3.5 Knowledge of equipment and accessories 3.6 Ancillary equipment 3.7 Traffic legislation 3.8 Appreciation of automotive systems 3.9 Knowledge of emergency vehicle inspection procedures 3.10 Essential skills required include: 3.11 Low risk driving techniques Monitor and anticipate traffic hazard 3.13 Oral communication skills (language competence) required to fulfil job roles as specified by the organisation/service. Oral communication skills include asking questions, active listening, asking for clarification of instructions if required, acknowledging and responding to a range of views. 3.14 Written communication skills (literacy competence) required to fulfil job roles as specified by organisation/service. The level of skill may range from reading and understanding vehicle maintenance manuals and manufacturer's specifications to preparing reports. 3.15 Interpersonal skills required include working

	with others, and an ability to relate to persons from differing cultural, social and religious backgrounds. 3.16 Problem solving skills required include an ability to use available resources, analyse information and to make decisions that ensure the safe driving of vehicles under operational conditions.
4. Resource implications:	4.1 Access to appropriate workplace where assessment can be conducted or simulation of realistic workplace setting for assessment. 4.2 Access to equipment and resources normally used in the workplace
5. Method of assessment:	5.1 Observations, questioning and evidence gathered from the workplace environment. 5.2 Demonstration over a period of time to ensure consistency of performance.
6. Context of assessment:	6.1 Evidence must include observation of performance in the work environment or simulation.

SECTION 3. TRAINING STANDARDS

This set of standards provides Technical and Vocational Education and Training **(TVET)** providers with information and other important requirements to consider when designing training programs for **EMERGENCY MEDICAL SERVICES NC II.**

This includes information on curriculum design, training delivery, trainee entry requirements, tools and equipment, training facilities, trainer's qualification and institutional assessment.

3.1 CURRICULUM DESIGN

Course Title: **EMERGENCY MEDICAL SERVICES**

NC Level: **NC II**

Suggested Nominal Training Hours: **960 HOURS**

Course Description:

This course is designed to enhance the knowledge, skills and attitude of **EMERGENCY MEDICAL TECHNICIAN NC II** in accordance with industry standards. This course covers the basic, common and core competencies in perform basic life support, maintain life support equipment and resources, implement safe access and extrication procedures in an emergency, manage request for ambulance service, allocate ambulance service resources, coordinate emergency resources, deliver basic ambulance communication skills, supervise on – road operations, manage the scene of an emergency, manage the scene of a special event, manage routine scene, deliver pre- hospital patient care, deliver intensive pre- hospital patient care, manage ambulance operations, transport emergency patients and transport non- emergency patients. To obtain this qualification, Emergency Medical Services NCII, all units prescribed for this qualification must be achieved.

*The suggested training hours is to be used as a guide only. Competency-based education and training is not based on time or length of training contracts.

BASIC COMPETENCIES

UNIT OF COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH

1. Participate in workplace communication	1.1 Obtain and convey workplace information
	1.2. Complete relevant work related documents
	1.3 Participate in workplace meeting and discussion
		• ☐Group discussion
		  • Interaction
			• ☐Demonstration
			• ☐Observation
			• ☐Interviews/
			  • Questioning

2. Work in a team environment	2.1 Describe and identify team role and responsibility in a team
	2.2 Describe work as a team member
		• ☐Group discussion
		  • Interaction
			• ☐Demonstration
			• ☐Observation
			• ☐Interviews/
			  • Questioning

3. Practice career professionalism	3.1 Integrate personal objectives with organizational goals
	3.2 Set and meet work priorities
	3.3 Maintain professional growth and development
		• ☐Group discussion
		  • Interaction
			• ☐Demonstration
			• ☐Observation
			• ☐Interviews/
			  • Questioning

4. Practice occupational health and safety	4.1 Evaluate hazard and risks 4.2 Control hazards and risks 4.3 Maintain occupational health and safety awareness	• ☐Group discussion • ☐Plant Tour • ☐Symposium	• ☐Observation • ☐Interviews

TR EMERGENCY MEDICAL SERVICES NC II

COMMON COMPETENCIES

UNIT OF COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH

1. Implement and monitor infection control policies and procedures	1.1 Provide information to the work group about the organization's infection control policies and procedures
	1.2. Integrate the organization's infection control policy and procedure into work practices
	1.3 Monitor infection control performance and implement improvements in practices
		• ☐Lecturette
		  • Brainstorming
			• ☐Observation and oral questioning
			• ☐Grid question
			  • Practical exercise

2. Respond effectively to difficult/challenging behavior	2.1 Plan and respond to emergencies
	2.2 Report and review incidents
		• ☐Lecturette
		  • Brainstorming
			• ☐Observation and oral questioning
			• ☐Grid question
			  • Practical exercise

3. Apply basic first aid	3.1 Assess the situation
	3.2 Apply basic first aid techniques
	3.3 Communicate details of the incident
		• ☐Lecturette
		  • Brainstorming
			• ☐Observation and oral questioning
			• ☐Grid question
			  • Practical exercise

4. Maintain high standard of patient services	4.1 Communicate appropriately with patients
	4.2 Establish and maintain good interpersonal relationship with patients
	4.3 Act in a respectful manner at all times
	4.4 Evaluate own work to maintain a high standard of patient service
		• ☐Lecturette
		  • Brainstorming
			• ☐Observation and oral questioning
			• ☐Grid question
			  • Practical exercise

CORE COMPETENCIES

UNIT OF COMPETENCY	LEARNING OUTCOME	METHODOLOGY	ASSESSMENT APPROACH
1. Perform basic life support	1.1 Assess the situation 1.2. Manage the casualty/ies 1.3 Coordinate first aid activities until arrival of medical assistance 1.4 Communicate essential incident details. 1.5 Manage casualty in a remote and/ or isolated area 1.6 Evaluate the incident	• ☐Lecture/ demo • ☐Questioning • Simulation • ☐On-the- Job Practice	• ☐Observation • ☐Demonstration • ☐Third Party Report
2. Maintain life support equipment and resources	2.1 Maintain resources 2.2 Record and manage resources	• ☐Lecture/ demo • ☐Questioning • Simulation • ☐On-the- Job Practice	• ☐Observation • ☐Demonstration • Third Party Report
3. Implement safe access and extrication procedures in an emergency situation	3.1 Assess situation in relation to safe extrication of the patient in a life threatening situation 3.2 Implement procedures for safe extrication of the patient in a life threatening situation 3.3 Monitor extrication procedure under life threatening conditions	• ☐Lecture/ demo • ☐Questioning • Simulation • ☐On-the- Job Practice	• ☐Observation/ questioning • ☐Demonstration • Third Party Report
4. Mange request for ambulance service	4.1 Receive request for service 4.2 Respond to request for service 4.3 Refer request 4.4 Finalize request	• ☐Lecture/ demo • ☐Questioning • Simulation • ☐On-the- Job Practice	• ☐Observation/ questioning • ☐Demonstration • Third Party Report
5. Allocate ambulance service resources	5.1 Allocate ambulance service resources 5.2 Dispatch ambulance service resources	• ☐Lecture/ demo • ☐Questioning	• ☐Observation/ questioning • ☐Demonstration

	5.3 Monitor progress of assigned personnel 5.4 Maintain records of Ambulance Service coordination activity	• Simulation • □On-the- Job Practice	• Third Party Report
6. Coordinate emergency resources	6.1 Coordinate vehicle and personnel resources 6.2 Liaison with ambulance communication personnel 6.3 Liaise with other related organizations and emergency services	• □Lecture/ demo • □Questioning • Simulation • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
7. Deliver basic ambulance communication skills	7.1 Exercise effective communication techniques 7.2 Convey and receive information using available modes of communication 7.3 Follow routine instructions 7.4 Communicate with patients 7.5 Complete reports as required 7.6 Present a positive image of the service to the public	• □Lecture/ demo • □Questioning • Simulation • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
8. Supervise on-road operations	8.1 Oversee communication 8.2 Oversee vehicle and equipment preparation, cleaning and checking 8.3 Supervise transport of patients 8.4 Oversee scene management	• □Lecture/ demo • □Questioning • Simulation • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
9. Manage scene of an emergency	9.1 Assess the environment to identify real and potential hazards 9.2 Communicate with	• □Lecture/ demo • □Questioning • Simulation	• □Observation/ questioning • □Demonstration • Third Party Report

	those involved in the incident 9.3 Control hazards 9.4 Communicate with medical and other emergency and allied services to ensure safety at scene 9.5 Monitor the environment	• □On-the- Job Practice	
10. Manage the scene of a special event	10.1 Attend events involving risk or large numbers of people 10.2 Ensure safety at the scene	• □Lecture/ demo • □Questioning 　• Simula tion • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
11. Manage routine scene	11.1 Attend non emergency scene 11.2 Take appropriate measures to ensure safety at the scene	• □Lecture/ demo • □Questioning 　• Simula tion • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
12. Deliver pre-hospital patient care	12.1 Make initial patient assessment 12.2 Plan patient care 12.3 Implement patient care procedures 12.4 Monitor basic patient care and modify as required 12.5 Endorsement of patient requiring basic care	• □Lecture/ demo • □Questioning 　• Simula tion • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report
13. Deliver intensive pre hospital patient care	13.1 Assess need for specialized intervention 13.2 Analyze information from clinical assessment to make a judgment about specialized pre hospital patient care 13.3 Plan specialized pre hospital patient care 13.4 Implement procedures for specialized pre	• □Lecture/ demo • □Questioning 　• Simula tion • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report

	hospital patient care		
	13.5 Monitor specialized pre hospital patient care and modify as required 13.6 Endorse patient care requiring specialized care		
14. Manage ambulance operations	14.1 Maintain operations to meet quality standards 14.2 Create and maintain conditions conducive to productive work and quality service 14.3 Monitor and control the use of resources	• ☐Lecture • ☐Questioning • ☐On-the- Job Practice • Demonstra-tion	• ☐Observation • ☐Demonstration • ☐Third Party Report • ☐Return Demonstration
15. Transport of emergency patients	15.1 Convey and receive information relating to emergency transport 15.2 Transport patient under emergency conditions 15.3 Load, unload and secure patient and equipment for emergency transport	• ☐Lecture/ demo • ☐Questioning • Simula tion • ☐On-the- Job Practice	• ☐Observation/ questioning • ☐Demonstration • Third Party Report
16. Transport non-emergency patients	16.1 Prepare and check vehicle and equipment 16.2 Ensure fault in vehicle and equipment are remedied 16.3 Convey and receive information through use of necessary modes of communication 16.4 Load, unload and secure non-emergency patient and other specific personnel for transportation 16.5 Drive vehicle	• ☐Lecture/ demo • ☐Questioning • Simula tion • ☐On-the- Job Practice	• ☐Observation/ questioning • ☐Demonstration • Third Party Report

	16.6 Transport patient's relatives or other specific personnel		
17. Drive vehicles under operational conditions	17.1 prepare vehicle for operational response 17.2 drive the vehicle 17.3 Monitor traffic, road and terrain under ope rational conditions	• □Lecture/ demo • □Questioning • Simula tion • □On-the- Job Practice	• □Observation/ questioning • □Demonstration • Third Party Report

3.2 TRAINING DELIVERY

The delivery of training should adhere to the d esign of the curriculum. Delivery should be guided by the 10 basic principles of competency-based TVET.

- The training is based on curriculum developed from the competency standards;
- Learning is modular in its structure;
- Training delivery is individualized and self-paced;
- Training is based on work that must be performed;
- Training materials are directly related to the competency standards and the curriculum modules;
- Assessment is based in the collection of evidence of the performance of work to the industry required standard;

- Training is based on both on and off-the-job components;
- Allows for recognition of prior learning (RPL) or current competencies;
- Training allows for multiple entry and exit; and
- Approved training programs are nationally accredited.

The competency – based TVET system recognizes various types of delivery modes, both on and off-the-job as long as the learning is driven by the competency standards specified by the industry.

The following training modalities may be adopted when designing training programs:

- The dual mode of training delivery is preferred and recommended. Thus programs would contain both in-school and in – industry training or fieldwork components. Details can be referred to the Dual Training System (DTS) Implementing Rules and Regulations.
- Modular/self-paced learning is a competency-based training modality wherein the trainee is allowed to progress at his own pace. The trainer facilitates the training delivery
- Peer teaching/mentoring is a training modality wherein fast learners are given the opportunity to assist the slow learners
- Supervised industry training or on-the-job training is an approach in training designed to enhance the knowledge an skills of the trainee through actual experience in the workplace to acquire specific competencies prescribed in the training regulations.
- Distance learning is a formal education process in which majority of the instruction occurs when the students and instructor are not in the same place. Distance learning may employ correspondence study, or audio, video or computer technologies.

- Project-Based Instruction is an authentic instructional model or strategy in which students plan, implement and evaluate projects that have real world applicants.

3.3 TRAINEE ENTRY REQUIREMENTS:

Trainees or students wishing to gain entry into this course should possess the following requirements:

- ➢ 18 years old and above
- ➢ Must pass the trainability/aptitude test
- ➢ Can communicate effectively both orally and in written form
- ➢ Physically, emotionally and mentally fit

➢ Can perform basic mathematical computation

This list does not include specific institutional requirements such as educational attainment, appropriate work experience, and others that may be required of the trainees by the school or training center delivering this TVET program.

3.4 TOOLS AND EQUIPMENT

LIST OF TOOLS, EQUIPMENT AND MATERIALS FOR EMERGENCY MEDICAL SERVICES NC II

Recommended list of tools, equipment and materials for the training of 25 trainees for **EMERGENCY MEDICAL SERVICES NC II** are as follows: (per 10 students)

TOOLS		EQUIPMENT		MATERIALS	
Qty.	Description	Qty.	Description	Qty.	Description
1	➢ Mobile Phone	1	➢ Blood pressure apparatus		➢ Backboard
1	➢ Two-way Radio	1	➢ Oxygen cylinder	1	➢ First Aid Kit
1	➢ Plugs	1	➢ Oxygen Gauge	1	➢ Eyewash
1	➢ Flares	1	➢ Defibrilator	1	➢ Thermal Blanket
1	➢ Hand Signals	1	➢ Stretcher	1	➢ O2 masks
1	➢ Dressing set	1	➢ Ambubag	1	➢ Rubber Gloves
1	➢ Sputum cap	1	➢ Spinal Immobilization Device	1	➢ Dressing Set
1	➢ Thermometer				➢ Cervical Collar
1	➢ Masks	1	➢ Lifting Equipment	1	➢ Splints
1	➢ Goggles	1	➢ Wheelchair	1	➢ Sharps
1	➢ Strap	1	➢ Stethoscope	1	Disposable
1	➢ Splints	1	➢ Suction machine	1	➢ Airway
1	➢ Slings		➢ Nebulizer		
1	➢ bandages		➢ Ambulance vehicle		
	➢ crutches				

3.5 Training Facilities

A. The **EMERGENCY MEDICAL SERVICES NC II** Learning Facility must be of concrete structure. Based on class size of **20** students / trainees, the space requirements for the teaching / learning and curriculum areas are as follows.

TEACHING / LEARNING AREAS	SIZE IN METERS	AREA IN S. METERS	QTY.	TOTAL AREA IN SQ. METERS
Laboratory Area	5 X 10	50	1	50

Tool Room	2 X 5	10	1	10
Storage Room/	4X5	20	1	20
Learning Resources Area	5 X 7	35	1	35
Wash Area/Comfort Room (male & female)	2.5 X 4	10	1	10
Admin and Staff Room	5 X 5	25	1	25
Circulation Area			1	30
Total Workshop Area				**180**

B. Affiliation to agencies with medical ambulance is preferred

3.6 TRAINER QUALIFICATION (TQ II)

➢ Must be a registered doctor, nurse or certified emergency medical technician with background/orientation on health care/services
➢ Must have undergone training on Training Methodology II (TM II)
➢ Must be physically, emotionally and mentally fit
➢ Must possess good moral character
➢ With at least 2 years experience in the health service industry

SECTION 4 – NATIONAL ASSESSMENT AND CERTIFICATION ARRANGEMENTS

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4.1 To attain the National Qualification of Emergency Medical Services NC II, the candidate must demonstrate competence through project-type assessment covering all units listed in Section 1. Successful candidates, upon the recommendation of the HCITC, Inc. shall be awarded a National Certificate, NC II signed by the TESDA Director General.

4.2 Assessment shall focus on the core units of competency. The tool and common units shall be integrated or assessed concurrently with the core units.

4.3 The following are qualified to apply for assessment and certification:

4.2.1 Graduates of formal, non-formal and informal including enterprise- based training programs.

4.2.2 Experienced Workers (wage employed or self – employed)

4.4. Reassessment in a unit of competency is allowed only after one month from the date of assessment. Reassessment for a National Certificate shall be done only on the task/s that the candidate did not successfully achieve.

4.5 A candidate who fails the assessment for two (2) consecutive times will be required to go through a refresher course before taking another assessment.

4.6 Only certified individuals in this Qualification may be nominated by the HCITC, Inc. for accreditation as Competency Assessor.

4.7 Only accredited Competency Assessors are allowed to conduct competency assessment, however, trainers who are accredited Competency Assessors are not allowed to assess their trainees.

4.8 Assessment of competence must be undertaken only in the TESDA-HCITC, Inc. accredited assessment centers. The performance assessment (demonstration of competence), however, may be done in any venue or workplace duly designated by an accredited assessment center.

4.9 The guidelines on assessment and certification are discussed in detail in the Procedures Manual on Assessment and Certification.

COMPETENCY MAP
EMERGENCY MEDICAL SERVICES NC II

BASIC COMPETENCIES

| Work in a team environment | Practice career professionalism | Practice occupational safety and health procedures | Participate in workplace communication |

COMMON COMPETENCIES

| Comply with organization's occupational safety and health policies | Implement and monitor infection control policies and procedures | Respond effectively to difficult/ challenging behavior |

| Apply Basic First Aid | Maintain high standard of patient services |

CORE COMPETENCIES

| Perform basic life support | Maintain life support equipment and resources | Implement procedures for safe access and extrication of patient/victim in an emergency |

| Manage request for ambulance service | Allocate ambulance service resources | Coordinate emergency resources | Deliver basic ambulance communication skills |

| Supervise on-road operations | Manage the scene of an emergency | Manage the scene of a special event | Manage routine scene |

| Deliver pre-hospital patient care | Deliver intensive pre-hospital care | Manage ambulance operations |

Transport emergency patients	Transport non-emergency patients	Drive vehicles under operational conditions

DEFINITION OF TERMS:

1) Body Mechanics – refers to using the body in an efficient and careful way
2) Hazardous Waste – refers to items contaminated with blood, body fluids, or body substances that maybe harmful to others
3) OSH – refers to \occupational Safety and Health
4) Commodes – movable stand containing washbowl/potty
5) Chair Lifts – power-driven chair assembly used to transport people
6) Dieticians – specialists in dietetics
7) Immunization – process of increasing the state of immunity
8) First Aid Kit – emergency tools used to administer treatment to injured or sick person
9) Balkan Frames – refers to orthostatic correction
10) Linen – refers to materials used in draping
11) Ambu Bag (Bag, Mask, Valve) – refers to a device used to support body weight
12) Sling – refers to a material or a piece of cloth used to support the upper extremities
13) Splint – refers to a material or a piece of cloth used to immobilize a limb in the case of fractures, disease or deformity
14) Walking frames – refers to a rolling device used to support body weight
15) Trolley – refers to a rolling device used to transport materials
16) PPE – refers to personal protective equipment
17) Wheel Chair - refers to a device used to transport patient from one place To another in a sitting position
18) Stretchers – refers to a device used in transferring patients in a lying position
19) Pressure Bandage – refers to a piece of material used to cover a wound and Immobilize a part of the body or restrict the movement
20) Thermal Blanket – refers to a material used to decrease the body temperature Or keep the patient warm
21) Stressors – refers to an agent or factor that produces stress
22) Choking – refers to a person having difficulty in breathing
23) Aspiration – refers to removal of liquids or gases by means of suction
24) Suffocation – refers to suppression of ones breathing due to lack of oxygen
25) Depression – refers to a mental condition of gloom r sadness
26) Suicide – refers to the act of intentionally killing or injuring oneself

27) Assault – refers to a violent physical or verbal attack

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