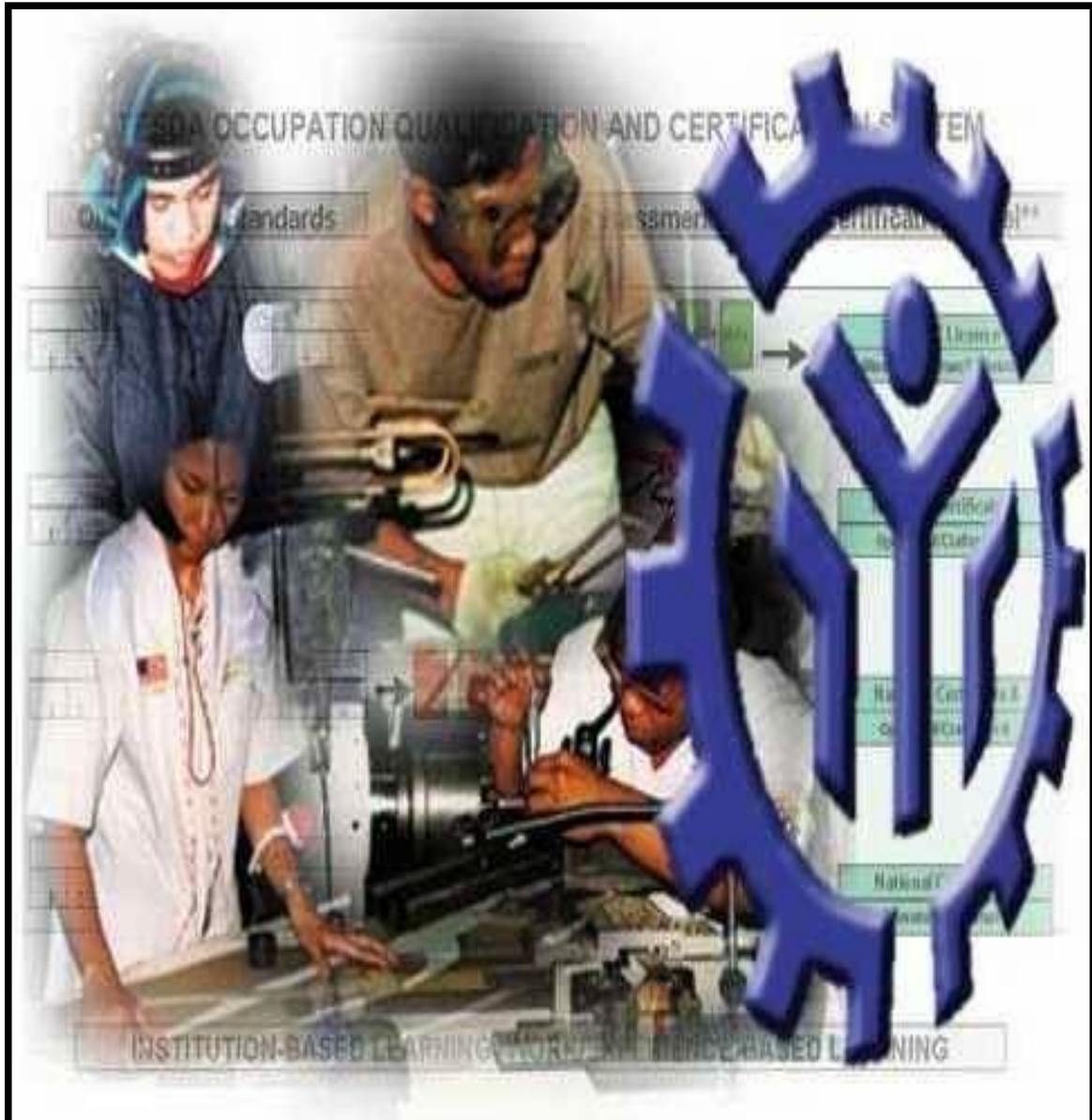
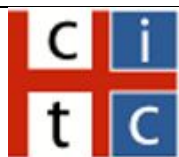


TRAINING REGULATIONS

EMERGENCY MEDICAL SERVICES NC II



HEALTH, SOCIAL, AND OTHER COMMUNITY DEVELOPMENT SERVICES SECTOR



Health Care
Industry Training
Council, Inc.



Technical
Education and
Skills
Development
Authority

*Technical Education and Skills Development Act of 1994
(Republic Act No. 7796)*

Section 22, “Establishment and Administration of the National Trade Skills Standards” of the RA 7796 known as the TESDA Act mandates TESDA to establish national occupational skill standards. The Authority shall develop and implement a certification and accreditation program in which private industry group and trade associations are accredited to conduct approved trade tests, and the local government units to promote such trade testing activities in their respective areas in accordance with the guidelines to be set by the Authority.

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DEVELOPMENT SERVICES SECTOR

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TRAINING REGULATIONS FOR EMERGENCY MEDICAL SERVICES NC II

SECTION 1 EMERGENCY MEDICAL SERVICES NC II QUALIFICATION

The **EMERGENCY MEDICAL SERVICES NC II** Qualification consists of competencies that a person must achieve to perform cardiopulmonary resuscitation with automated external defibrillation operation, maintain life support equipment and resources, implement safe access and extrication procedures in an emergency, contribute in receiving request for ambulance service, contribute in allocating ambulance service resources, contribute in coordinating emergency resources, deliver basic ambulance communication skills, contribute in on – road operations, contribute to emergency scene management, contribute to special event scene management, contribute to routine scene management, deliver pre- hospital patient care, contribute to ambulance operations management, transport emergency patients, transport non- emergency patients and drive ambulance under operational conditions.

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
HCS322317	Perform Cardiopulmonary Resuscitation with AED Operation
HCS322302	Maintain life support equipment and resources
HCS322303	Implement safe access and extrication procedures in an emergency
HCS322318	Contribute in receiving request for ambulance service
HCS322319	Contribute in allocating ambulance service resources
HCS322320	Contribute in coordinating emergency resources
HCS322307	Deliver basic ambulance communication skills
HCS322321	Contribute in on- road operations
HCS322322	Contribute to emergency scene management
HCS322323	Contribute to special event scene management
HCS322324	Contribute to routine scene management
HCS322325	Deliver pre- hospital patient care
HCS322326	Contribute to ambulance operations management
HCS322327	Transport emergency patients
HCS322328	Transport non- emergency patients
HCS322316	Drive ambulance under operational conditions

A person who has achieved this Qualification is only competent to be the following and **NOT** as an **Emergency Medical Technician (EMT)**:

- First-Aider**
- Medical First Responder**
- Ambulance Care Assistant**

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 <i>Italicized terms</i> 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 matters 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 is 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

<p>1. Critical aspects of competency</p>	<p>Assessment requires evidence that the candidate:</p> <ol style="list-style-type: none"> 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.
<p>2. Underpinning knowledge</p>	<ol style="list-style-type: none"> 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
<p>3. Underpinning skills</p>	<ol style="list-style-type: none"> 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
<p>4. Resource implications</p>	<p>The following resources MUST be provided:</p> <ol style="list-style-type: none"> 4.1. Fax machine 4.2. Telephone 4.3. Writing materials 4.4. Internet
<p>5. Method of assessment</p>	<p>Competency MUST be assessed through:</p> <ol style="list-style-type: none"> 5.1. Direct Observation 5.2. Oral interview and written test
<p>6. Context of assessment</p>	<ol style="list-style-type: none"> 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 <i>Italicized terms</i> are elaborated in the Range of Variables
1. Describe team role and scope	1.1 The <i>role and objective of the team</i> is identified from available <i>sources of information</i> . 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 <i>workplace context</i> . 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

EVIDENCE GUIDE

<p>1. Critical aspects of competency</p>	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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
<p>2. Underpinning knowledge</p>	<ul style="list-style-type: none"> 2.1 Communication process 2.2 Team structure 2.3 Team roles 2.4 Group planning and decision making
<p>3. Underpinning skills</p>	<ul style="list-style-type: none"> 3.1 Communicate appropriately, consistent with the culture of the workplace
<p>4. Resource implications</p>	<p>The following resources MUST be provided:</p> <ul style="list-style-type: none"> 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
<p>5. Method of assessment</p>	<p>Competency may be assessed through:</p> <ul style="list-style-type: none"> 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
<p>6. Context of assessment</p>	<ul style="list-style-type: none"> 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 <i>Italicized terms</i> 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 relationships 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

EVIDENCE GUIDE

<p>1. Critical aspects of competency</p>	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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
<p>2. Underpinning knowledge</p>	<ul style="list-style-type: none"> 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
<p>3. Underpinning skills</p>	<ul style="list-style-type: none"> 3.1 Appropriate practice of personal hygiene 3.2 Intra and Interpersonal skills 3.3 Communication skills
<p>4. Resource implications</p>	<p>The following resources MUST be provided:</p> <ul style="list-style-type: none"> 4.1 Workplace or assessment location 4.2 Case studies/scenarios
<p>5. Method of assessment</p>	<p>Competency may be assessed through:</p> <ul style="list-style-type: none"> 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
<p>6. Context of assessment</p>	<ul style="list-style-type: none"> 6.1 Competency may be assessed in the work place or in a simulated work place setting

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 <i>Italicized terms</i> 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.
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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • Psychological factors – over exertion/ excessive force, awkward/static positions, fatigue, direct pressure, varying metabolic cycles • Physiological factors – monotony, personal relationship, work out cycle
3. Contingency measures	May include but are not limited to: <ol style="list-style-type: none"> 3.1 Evacuation 3.2 Isolation 3.3 Decontamination 3.4 (Calling designed) emergency personnel
4. PPE	May include but are not limited to: <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 6.1 Medical/Health records 6.2 Incident reports 6.3 Accident reports 6.4 OHS-related training completed

EVIDENCE GUIDE

<p>1. Critical aspects of competency</p>	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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
<p>2. Underpinning knowledge</p>	<ul style="list-style-type: none"> 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
<p>3. Underpinning skills</p>	<ul style="list-style-type: none"> 3.1 Practice of personal hygiene 3.2 Hazards/risks identification and control skills 3.3 Interpersonal skills 3.4 Communication skills
<p>4. Resource implications</p>	<p>The following resources MUST be provided:</p> <ul style="list-style-type: none"> 4.1 Workplace or assessment location 4.2 OHS personal records 4.3 PPE 4.4 Health records
<p>5. Method of assessment</p>	<p>Competency may be assessed through:</p> <ul style="list-style-type: none"> 5.1 Portfolio Assessment 5.2 Interview 5.3 Case Study/Situation
<p>6. Context of assessment</p>	<ul style="list-style-type: none"> 6.1 Competency may be assessed in the work place or in a simulated work place setting

COMMON COMPETENCIES

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

UNIT CODE : **HCS323201**

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.

ELEMENTS	PERFORMANCE CRITERIA
	<i>Italicized terms</i> 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 policies and procedures, and applicable <i>industry codes of practices</i> are accurately and clearly explained to the work group.
	1.2 Information about identified <i>hazards and the outcomes of infection risk assessments</i> 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 <i>Infection control policies</i> 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.
	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 <i>infection control standards</i> .
	3.6 Inadequacies in work procedures and infection control measures are identified, corrected or reported to <i>designated personnel</i> .
	3.7 Records of infection control risks and incidents are accurately maintained as required.
	3.8 <i>Aggregate infection control</i> information reports are used to identify hazards, to monitor and improve risk control methods and to indicate training needs.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Infection Control Policies and Procedures	May include: 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	May include: 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 infection risk assessments	May include: 3.1 Sharps 3.2 Glass 3.3 Waste 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	May include: 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	May include: 5.1 Manager 5.2 Infection Control Coordinator 5.3 Quality Improvement Coordinator 5.4 Infection Control Committee 5.5 Occupational Safety and Health Committee
6. Aggregate infection control information	May include: 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	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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. Required Knowledge	<ul style="list-style-type: none"> 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. Required Skills	<ul style="list-style-type: none"> 3.1 Effective communication and interpersonal skills including: <ul style="list-style-type: none"> – 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	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Observation with questioning 5.2 Interview 5.3 Portfolio 5.4 Demonstration with questioning
6. Context of Assessment	<ul style="list-style-type: none"> 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 : HCS323202

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

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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

VARIABLES	RANGE
1. Planned responses	May include: 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	May include: 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	May include: 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	May include: 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	May include: 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	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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. Required Knowledge	<ul style="list-style-type: none"> 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. Required Skills	<ul style="list-style-type: none"> 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 Working with others and displaying empathy with patient and relatives
4. Resource Implications	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Observation with questioning 5.2 Demonstration with questioning
6. Context of Assessment	<ul style="list-style-type: none"> 6.1 Assessment may be done in the workplace or in a simulated workplace setting.

UNIT OF COMPETENCY : APPLY BASIC FIRST AID

UNIT CODE : HCS323203

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 Ambulance Care Assistant is working under supervision and / or according to established workplace First-Aid procedures and policies.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 safety and health (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

VARIABLES	RANGE
1. First Aid Management	May include: 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	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	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	May include: 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

VARIABLES	RANGE
5. Equipment and Resources	May include: 5.1 Defibrillation units 5.2 Pressure bandages 5.3 Thermometers 5.4 First Aid kit 5.5 Eyewash 5.6 Thermal blankets 5.7 Pocket face masks 5.8 Rubber gloves 5.9 Dressing 5.10 Space device 5.11 Cervical collars
6. Communication System	May include: 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	May include: 7.1 Consciousness 7.2 Circulation 7.3 Airway 7.4 Breathing
8. First Aid Principles	May include: 8.1 Checking the site for danger to self, casualty and others and minimizing the danger 8.2 Checking and maintaining the casualty's circulation, airway and breathing

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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 1.7 Prepared reports to concerned personnel in a timely manner
2. Required Knowledge	<ul style="list-style-type: none"> 2.1 Basic anatomy and physiology 2.2 Company standard operating procedures (sops) 2.3 Dealing with confidentiality 2.4 Knowledge of the Ambulance Care Assistants' skills limitations 2.5 OSH legislation and regulations 2.6 How to gain access to and interpret material safety data sheets
3. Required Skills	<ul style="list-style-type: none"> 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	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Demonstration with questioning 5.2 Interview 5.3 Third-Party report 5.4 Portfolio
6. Context of Assessment	<ul style="list-style-type: none"> 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 : HCS323204

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

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Communicate appropriately with patients	1.1 Effective communication strategies and 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, cares 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

VARIABLES	RANGE
1. Patients	May include: 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	May include: 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	May include: 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	May include: 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	May include: 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	May include: 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	May include: 7.1 Self-monitoring 7.2 Supervisor assessment 7.3 Patient feedback

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 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. Required Knowledge	<ul style="list-style-type: none"> 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. Required Skills	<ul style="list-style-type: none"> 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	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Demonstration with questioning 5.2 Interview 5.3 Third party report
6. Context of Assessment	<ul style="list-style-type: none"> 6.1 Assessment may be done in the workplace or a simulated workplace setting

CORE COMPETENCIES

UNIT OF COMPETENCY : **PERFORM CARDIO PULMONARY RESUSCITATION (CPR) WITH AUTOMATED EXTERNAL DEFIBRILLATOR (AED) OPERATION**

UNIT CODE : **HCS322317**

UNIT DESCRIPTOR : This unit of competency deals with reviving the heart and lungs by performing cardiopulmonary resuscitation (CPR) with automated external defibrillator (AED).

ELEMENTS	PERFORMANCE CRITERIA
	<i>Italicized terms</i> are elaborated in the Range of Variables
1. Assess the situation	<p>1.1 Physical hazards are identified and minimized according to safety requirements and workplace procedures.</p> <p>1.2 Risks to ambulance care assistants and others are assessed and appropriate response determined to ensure prompt control of situation.</p> <p>1.3 Need for emergency services/medical assistance is ascertained and prioritized and triage undertaken where required.</p> <p>1.4 Resources are deployed to appropriate locations as required in accordance with workplace procedure.</p>
2. Contribute in the management of casualty/ies	<p>2.1 Agreement for management of the casualty's injury/illness is sought from person(s) where relevant.</p> <p>2.2 Welfare procedure is determined and implemented according to casualty/ies needs.</p> <p>2.3 Effects of injury are controlled and effective CPR and AED operation is determined and applied to meet the needs of the casualty</p> <p>2.4 Casualty/ies level of consciousness, circulation, airway and breathing are monitored and responded to in a timely manner in accordance with effective pre-hospital care</p> <p>2.5 Automated External Defibrillator(AED) is correctly operated in accordance with manufacturer's/supplier's instructions.</p> <p>2.6 Recovery position is also determined and applied to meet the need of the patient</p> <p>2.7 Management is finalised according to casualty/ies needs</p>
3. Manage ambulance and personnel resources	<p>3.1 Available resources required are identified and communication links with appropriate personnel, emergency management services and medical assistance are established as appropriate.</p> <p>3.2 Emergency management service and medical assistance are established as appropriate</p> <p>3.3 Correct amount of resources are deployed to appropriate locations in an effective manner to ensure timely arrival of required resources.</p> <p>3.4 The provision of resources is documented and modifications recommended.</p> <p>3.5 Evacuation of casualties is coordinated according to worksite evacuation procedures.</p> <p>3.6 Support services are arranged for personnel involved in the incident in accordance with workplace principles and procedures.</p>

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
4. Communicate essential incident details	4.1 Communication is maintained with relevant personnel using appropriate media and equipment. 4.2 Patient care 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 CPR and AED Operation 5.4 Reassurance and support is provided to the casualty. 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. Decision whether to transport casualty to medical assistance or wait is made by evaluating environmental and casualty's condition. 5.10 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.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Physical hazards	May include: 1.1 Workplace hazards 1.2 Environmental hazards 1.3 Proximity to other people 1.4 Hazards associated with the casualty management processes
2. Risks	May include: 2.1 Worksite equipment, machinery and substances 2.2 Ambulance equipment (oxygen cylinders, AED) 2.3 Environmental risks 2.4 Body fluids 2.5 Risk of further injury to the casualty 2.6 Risks associated with the proximity of other workers and bystanders
3. Cardio Pulmonary Resuscitation (CPR)	May include: 3.1 Cardio = Heart 3.2 Pulmonary = Lungs 3.3 Resuscitate = Revive
4. Automated External Defibrillator (AED)	May include: Is used in cases of: 4.1 Life threatening cardiac arrhythmias of ventricular fibrillation 4.2 Life threatening cardiac arrhythmias of pulseless ventricular tachycardia
5. Resources and equipment are used appropriate to the risk to be met	May include: 7.1 Sphygmomanometer 7.2 Stethoscope 7.3 Automated External Defibrillators 7.4 Pulse Oximeter 7.5 Pressure bandages 7.6 Thermometers 7.7 Scoop Stretchers 7.8 Trolley cot 7.9 Vacuum mattress 7.10 Emergency kit 7.11 Eyewash 7.12 Thermal blankets 7.13 HEPA/surgical masks 7.14 Surgical gloves 7.15 Dressing set 7.16 Capnography 7.17 X-collars 7.18 Bag-valve-mask with reservoir

VARIABLES	RANGE
6. Communication systems	May include: 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 6.9 Hand signals
7. Preparation for isolated/remote travel	May include: 7.1 Selection of relevant communication equipment 7.2 Relevant First Aid supplies and resources to supply for environmental conditions
8. In remote/isolated areas consideration to travel or wait would depend upon:	May include: 8.1 Severity of injury 8.2 Time required for medical assistance to arrive 8.3 Movement that might hinder rescue procedures
9. Documentation, especially in remote/isolated areas	May include: 9.1 Time 9.2 Fluid intake/output 9.3 Blood 9.4 Vomit 9.5 Faeces 9.6 Urine 9.7 Vital signs

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 1.1 Demonstrated competence 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. Required Knowledge	<ul style="list-style-type: none"> 2.1 OSH legislation and regulations 2.2 Legal responsibilities and duty of care 2.3 Basic anatomy – skeleton, muscles, joints, bones 2.4 Basic physiology 2.5 Respiratory/circulatory system 2.6 How to gain access to and interpret material safety data sheets (MSDS) 2.7 Company standard operating procedures (SOPS) 2.8 Debriefing counselling procedures 2.9 Dealing with social problems and confidentiality 2.10 Capabilities of emergency management services 2.11 Knowledge of Ambulance Care Assistants' skills and limitations 2.12 Basic toxicology 2.13 Legal Requirements 2.14 Infection Control 2.15 Local and national regulatory requirements relating to currency of skill and knowledge
3. Required Skills	<p>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:</p> <ul style="list-style-type: none"> 3.1 Resuscitation 3.2 Using semi-automated defibrillator 3.3 Demonstrating First Aid principles 3.4 Applying infection control procedures 3.5 Safe manual handling 3.6 Consideration of the welfare of the casualty 3.7 Initial casualty assessment 3.8 Preparing report 3.9 Communication skills 3.10 Incident management skills 3.11 Interpreting and using listed documents 3.12 Transporting techniques 3.13 Assertiveness skills 3.14 Communication skills 3.15 Leadership 3.16 Decision making 3.17 Duty of care 3.18 Bleeding control 3.19 Airway management 3.20 Care of unconscious
4. Resource Implications	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Demonstration with questioning 5.2 Interview 5.3 Third party report
6. Context of Assessment	<ul style="list-style-type: none"> 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 responsibilities in ensuring that adequate supplies of ambulance equipment and resources and records are maintained. He may or may not necessarily be responsible for the ordering and purchasing of equipment and resources, depending on the workplace organizational structure.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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.
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 organizational policies .

RANGE OF VARIABLES

VARIABLES	RANGE
1. Ambulance resources	May include: Non-consumables: 1.1 Machines (e.g. AED, Suction machine, etc.) 1.2 Books 1.3 Reference materials including MSDSS, ECC, OHSA, PhilHealth 1.4 Legislative regulations 1.5 Communication systems 1.6 Relevant texts 1.7 Equipment (e.g. Trolley Cot, Scoop Stretchers, etc.) Consumables: 1.1 Emergency kits (bandages, tape, scissors, splinter removers, antiseptic, eye management, disinfectants, emergency numbers and contacts, etc.) 1.2 Dressings 1.3 Cold packs 1.4 Splints 1.5 Sharps disposal 1.6 Bio-hazardous waste 1.7 Bandages 1.8 Personal protective equipment 1.9 Disinfectants 1.10 Cervical collars 1.11 Supplemental oxygen device (e.g. nasal cannula, face mask, non-rebreather mask, etc.) 1.12 Intubation and Intravenous set (for the physician's use only)
2. Legislation	May include: 2.1 OSHA legislation 2.2 Regulations and codes of practice 2.3 Industrial relations legislation
3. Codes of practice	May include: 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: 4.1 Incident/injury forms 4.2 Casualty history forms 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	May include: 5.1 Company Standard Operating Procedures 5.2 Others

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Demonstrated competence by working individually, under supervision or as part of EMS 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.</p>
2. Required Knowledge	<p>2.1 Occupational Safety and Health Act and regulations 2.2 Legal responsibilities and duty of care 2.3 Policies and procedures 2.4 Cleaning agents 2.5 Stock control 2.6 Waste disposal 2.7 Transportation techniques 2.8 Use of referral networks 2.9 Decency of skills and knowledge 2.10 Gaining access to material safety data sheets (MSDS)</p>
3. Required Skills	<p>3.1 Applying OSH legislation and regulations 3.2 Reading skills to interpret work instructions, diagrams, schematics 3.3 Communication skills needed to interpret, define and explain work procedures 3.4 Problem solving in emergency situation/s 3.5 Troubleshooting 3.6 Courtesy and helping attitude 3.7 Using cleaning agents 3.8 Controlling stocks 3.9 Disposing waste 3.10 Applying transportation techniques 3.11 Using referral networks 3.12 Gaining access to material safety data sheets</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Tools 4.2 Test equipment and instruments 4.3 Materials 4.4 Work station 4.5 Job orders/requests</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning 5.2 Interview 5.3 Demonstration with questioning 5.4 Third Party Report 5.5 Portfolio</p>
6. Context of Assessment	<p>6.1 Assessment may be conducted in the workplace or in a simulated environment.</p>

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

UNIT CODE : HCS322303

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.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 extrication	2.1 Additional personnel and equipment are requested or arranged as the need dictates. 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. 2.6 Must be familiar with the use of carry chairs.
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

VARIABLES	RANGE
Obstacles affecting access and extrication may include:	
1. Modes of transport	May include: 1.1 Road ambulances 1.2 Clinic cars 1.3 Buses 1.4 Tricycle/motorcycle 1.5 Jeepney
2. Physical obstacles	May include: 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	May include: 3.1 Weather – aircraft/helicopter evacuation 3.2 Gaseous or toxic environment
4. Geographical obstacles	May include: 4.1 Cliffs 4.2 Gullies 4.3 Mountains 4.4 Isolated places (Batanes)
5. Human obstacles	May include: 5.1 Crowds 5.2 Violent behaviour 5.3 Riots
6. Emergency situation	May include: 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: 7.1 Spinal and other immobilization devices 7.2 Scoop Stretcher 7.3 Vacuum Mattress 7.4 Lifting equipment including carry chair 7.5 Wrenches

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 1.1 Demonstrated performance in the work environment or a simulated situation 1.2 Developed and implemented access/extrication plans under a variety of emergency conditions 1.3 Used equipment in accordance with manufacturer specifications and standard operating procedures 1.4 Recognized that victim/patient, personnel and bystander welfare is paramount in access and extrication procedures 1.5 Observed OSHA requirements
2. Required Knowledge	<ul style="list-style-type: none"> 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. Required Skills	<ul style="list-style-type: none"> 3.1 Oral communication skills required to fulfil job roles as specified by the organization/service. 3.2 Written communication skills required to fulfil 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 Implications	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Observation with questioning 5.2 Oral questioning/Interview 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	<ul style="list-style-type: none"> 6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : **CONTRIBUTE IN RECEIVING REQUEST FOR AMBULANCE SERVICE**

UNIT CODE : **HCS322318**

UNIT DESCRIPTOR : This unit of competency involves contributing in receiving requests for ambulance services, and transferring the call for action.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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

VARIABLES	RANGE
1. Details of the situation or incident	May include: <ul style="list-style-type: none"> 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 include: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. Suitable response to situations	May include: <ul style="list-style-type: none"> 4.1 Referral 4.2 Termination of call (in case of non-genuine calls)
5. Referral may mean	May include: <ul style="list-style-type: none"> 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	May include: <ul style="list-style-type: none"> 6.1 Dispatch ambulance 6.2 Obtain assistance from another service as required (e.g. police, fire brigade, SAR, etc.) 6.3 Obtain assistance from an interpreter 6.4 Provide immediate clinical advice

EVIDENCE GUIDE

1. Critical aspects of competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Assessed and dealt with a variety of situations, including:</p> <p>1.1.1 Life-threatening situations</p> <p>1.1.2 Non life-threatening situations</p> <p>1.1.3 Routine situations</p> <p>1.1.4 Situations that need to be referred</p> <p>1.1.5 Situations where people have difficulty in communicating their needs</p> <p>1.2 Demonstrated the ability to illicit relevant information that may include previous patient history, contributing factors and individual circumstances in assessment of requests for service</p>
2. Required Knowledge	<p>2.1 Organizational operational policies and procedures</p> <p>2.2 Use of communications resources</p> <p>2.3 Emergency and non-emergency services and their function</p> <p>2.4 Working knowledge of the geographical area</p> <p>2.5 Clinical symptoms</p>
3. Required Skills	<p>3.1 Assessing and analyzing clinical symptoms</p> <p>3.2 Assessing and analyzing patient history, contributing factors and individual circumstances surrounding the incident</p> <p>3.3 Judgment in all aspects of receiving and dealing with requests for service</p> <p>3.4 Computer literacy including proficiency in operating prioritizing tools</p> <p>3.5 Documentation skills to enable accurate inputting and extraction of data</p> <p>3.6 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.</p> <p>3.7 Written communication skills</p> <p>3.8 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.</p> <p>3.9 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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : CONTRIBUTE IN ALLOCATING AMBULANCE SERVICE RESOURCES

UNIT CODE : HCS322319

UNIT DESCRIPTOR : This unit of competency involves contributing in allocating resources to ensure effective ambulance service.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 ambulance 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 co-ordination activity	4.1 Records of ambulance and personnel are maintained according to local ambulance standard operation procedure. 4.2 Records of supplementary resources are summoned and maintained according to local ambulance standard operation procedure

RANGE OF VARIABLES

VARIABLES	RANGE
1. Requests	May include: <ul style="list-style-type: none"> 1.1 Emergency requests 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: <ul style="list-style-type: none"> 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: <i>(based on ambulance classification)</i> <ul style="list-style-type: none"> 3.1 Patient Transport Ambulance 3.2 Basic Life Support Ambulance 3.3 Advanced Life Support Ambulance
4. Resource allocation assessed on	May include: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 6.1 Hospitals with specialized capability in terms of staff, equipment, material. 6.2 Makeshift facilities (field hospitals) for disaster 6.3 Medical clinics 6.4 Nursing homes

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Dealt with a variety of situations with variable factors such as:</p> <ul style="list-style-type: none"> – Nature of incident/request – Extent or severity of incident/request – Skill/knowledge needs – Equipment needs <p>1.2 Situations where varying incidents/requests must be assessed against available resources and skills</p>
2. Required Knowledge	<p>2.1 Local standard ambulance operation procedure</p> <p>2.2 Use of communications equipment and systems</p> <p>2.3 Knowledge of available resources and their application</p> <p>2.4 Knowledge of other emergency and non-emergency services and their function</p>
3. Required Skills	<p>3.1 Oral communication skills required to fulfill job roles as specified by the organization/service</p> <p>3.2 Written communication skills required to fulfill job roles as specified by organization/service</p> <p>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</p> <p>3.4 Problem solving skills required include an ability to use available resources, analyze information and make decisions that ensure the efficient and effective use of resources</p> <p>3.5 Prioritizing ambulance resources when in receipt of multiple calls for service</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observations, questioning and evidence gathered from the workplace environment</p> <p>5.2 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : **CONTRIBUTE IN COORDINATING EMERGENCY RESOURCES**

UNIT CODE : **HCS322320**

UNIT DESCRIPTOR : This unit of competency involves contributing in coordinating service resources to ensure availability of vehicles, materials, equipment and personnel.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Coordinate ambulance 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

VARIABLES	RANGE
1. Known factors	May include: 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: <i>(based on ambulance classification)</i> 2.1 Patient Transport Ambulance 2.2 Basic Life Support Ambulance 2.3 Advanced Life Support Ambulance
3. Other emergency services	May include: 3.1 Fire 3.2 Police/Military 3.3 Voluntary organizations (e.g. NGOs) 3.4 Utilities (e.g. Electrical, Telecommunication, Water Services, etc.) 3.5 Community services 3.6 Local government, barangay

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Dealt with a variety of situations/incidents, including:</p> <ul style="list-style-type: none"> - Urgent - Non-urgent - Routine - Special <p>1.2 Evidence must include:</p> <ul style="list-style-type: none"> - 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 i.e. large numbers associated with bus, rail, multi-vehicle accidents - Incidents when alternative receiving facilities need to be found - Incidents requiring multi-agency response
2. Required Knowledge	<p>2.1 Standard local ambulance operation procedure</p> <p>2.2 Communications equipment and systems</p> <p>2.3 Available resources and their application</p> <p>2.4 Other emergency and non-emergency services and their function</p>
3. Required Skills	<p>3.2 Computer literacy including keyboarding skills</p> <p>3.3 Oral communication skills</p> <p>3.4 Written communication skills</p> <p>3.5 Interpersonal skills required include working with others, relating well with other team members and with personnel from other emergency services</p> <p>3.6 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</p> <p>3.7 Assessment and analysis of potentially multiple emergency and non-emergency situations requiring solutions immediately</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : DELIVER BASIC AMBULANCE COMMUNICATION SKILLS

UNIT CODE : HCS322307

UNIT DESCRIPTOR : This unit of competency covers the skills required to exercise effective communication skills in work relating to ambulance operations.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 information using available modes of communication	2.1 Communication codes and equipment are used 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

VARIABLES	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 1.7 Religion
2. Communication	May Include: 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	May include: 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	May include: 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	May include: 5.1 Colleagues 5.2 Immediate supervisor/s 5.3 Other health workers 5.4 Consultants
6. Communication equipment	May include: 6.1 Two way portable Radio 6.2 Telephone 6.3 Computer 6.4 Fax 6.5 Mobile phone 6.6 Mobile data terminal
7. Procedures, according to the judgment of the ambulance officer, with due regard to	May include: 7.1 Life threatening conditions 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 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	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. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Used a range of communication methods used in the workplace e.g. oral, written notes, memos, letters, charts, diagrams</p> <p>1.2 Communicated with both clients and colleagues in a representative range of workplace situations</p>
2. Required Knowledge	<p>2.1 Referral processes of organization</p> <p>2.2 Effect of sensory loss and cognitive impairment</p> <p>2.3 Relevant guidelines and procedures, and a range of written information relevant to the job role</p>
3. Required Skills	<p>3.1 Oral communication skills</p> <p>3.2 Written communication</p> <p>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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observations with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : CONTRIBUTE IN ON-ROAD OPERATIONS

UNIT CODE : HCS322321

UNIT DESCRIPTOR : This unit of competency involves day-to-day management of ambulance in on-road operations, excluding patient care.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Contribute in relaying communication	1.1 Communication techniques and procedures are managed to ensure they are consistent with implementing rules and regulations, laws, ordinances, service policies and procedures. 1.2 Communication with control centre is managed to ensure that it is established and maintained. 1.3 Notification of receiving facility is managed to ensure that local policies and procedures are adhered to.
2. Oversee ambulance and equipment preparation, maintenance and cleaning	2.1 Ambulance and equipment are maintained in a clean and serviceable condition according to legal/industrial requirements and service policy and procedures. 2.2 Ambulance operating stock is maintained to acceptable minimum and maximum levels.
3. Contribute in the transport of patients	3.1 Transportation of patients is managed to ensure they are transported safely and smoothly to avoid further damage or injury. 3.2 Driving is well controlled to ensure hazards are recognised and negotiated safely. 3.3 Driving of ambulance is managed to ensure that legal and industrial requirements governing emergency vehicles are adhered to. 3.4 Safe driving is provided to ensure route is chosen appropriately according to distance, time constraints, travel and terrain. 3.5 Safe driving is provided to ensure that road map is read accurately and quickly, as required. 3.6 Communication between driver and patient care officer is managed to ensure safe transport and effective patient care.
4. Contribute in 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 well-being of patients and ambulance personnel.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Ambulance and equipment	May include: 1.1 Standard inventory of ambulance equipment for primary or secondary life support
2. Securing of patients	May include: 2.1 Patients' belongings 2.2 Wheelchairs/stretchers 2.3 Belts or straps
3. Legal requirements	May include: 3.1 Local and national acts and regulations and Ambulance Acts and regulations of the Land Transportation Office 3.2 All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of service vehicles.
4. Safe work practices are detailed in	May include: 4.1 Occupational Safety and Health Acts, Regulations and Standards (e.g. Lifting and moving techniques) 4.2 Service policy and procedures 4.3 Legislation, acts, regulations, service policies and procedures include those relating to the operation of radio and electronic communication equipment
5. Communication equipment	May include: 5.1 Service radio equipment (e.g. two way portable radio) 5.2 Equipment of other services 5.3 Viable alternatives which support effective communication

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Observation of performance in the work environment or a simulation</p> <p>1.2 Observation in management of ambulance operations including communications, transport and handling of patients in a variety of situations</p>
2. Required Knowledge	<p>2.1 Knowledge of relevant legislation, regulations, service policies and procedures.</p> <p>2.2 Standards of cleanliness and serviceability of vehicles required by law and Service policies and procedures</p> <p>2.3 Road rules and laws applying to emergency vehicles in the area</p> <p>2.4 Patient care and restraint during transportation</p> <p>2.5 Methods of loading and unloading patients under life-threatening conditions</p> <p>2.6 Knowledge of relevant acts, regulations, procedures and industrial guidelines governing the removal of patients from the scene of the incident</p> <p>2.7 Supervisory methods and techniques</p>
3. Required Skills	<p>3.1 Using communications equipment and systems</p> <p>3.2 Oral communication skills</p> <p>3.3 Written communication skills</p> <p>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</p> <p>3.5 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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observations, questioning and evidence gathered from the workplace environment</p> <p>5.2 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : CONTRIBUTE TO EMERGENCY SCENE MANAGEMENT

UNIT CODE : HCS322322

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

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Contribute in identifying real and potential hazards in the environment	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 scenarios 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/scene safety	3.1 Existing and potential hazards to the safety and welfare of patients and others are mitigated or avoided/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/medical command in consultation with incident commander. 3.6 Resources are made available, utilized appropriately, and replenished as needed.
4. Communicate with medical and other emergency and allied services with EMT's supervision to ensure safety at scene	4.1 Apply the standard operating procedures for communication and coordination with medical services and allied services . 4.2 Communicate necessary information for allied services thru channels (Chain of Command).
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 recognized and communicated to appropriate agencies.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Scenarios	May include: <ul style="list-style-type: none"> 1.1 Public traffic accidents (air, land, water) 1.2 Household accidents 1.3 Events such as concerts and religious events 1.4 Exhibitions, sporting events 1.5 Street scene (e.g. riots, rally, stampedes, etc.) 1.6 Ravine and Cliff accidents 1.7 Fire ground incidents
2. Hazards are dangers or risks that may affect or influence ambulance operations	May include: <ul style="list-style-type: none"> 2.1 Natural (eg: typhoon, earthquake, volcanic eruptions, geologic, meteorological, etc.) 2.2 Human Generated (eg: civil disturbance, hazardous materials, fire, warfare, etc.)
3. Information commonly gathered	May include: <ul style="list-style-type: none"> 3.1 Details of the incident/event 3.2 Name, profile and number of victims. 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. 3.4 Ingress and Egress Routes 3.5 Hazards, obstacles critical terrain features. 3.6 Best location for staging, treatment and evacuation areas.
4. Medical services	May include: <ul style="list-style-type: none"> 4.1 Medical Command 4.2 Ambulance Command/ Ambulance Team Leader 4.3 Emergency support agencies 4.4 National Disaster Risk Reduction Management Council (NDRRMC) and its local counterparts depending on the extent of the incident. 4.5 Local Healthcare Providers 4.6 Local and International NGO's (medical missions)
5. Emergency and allied services	May include: <ul style="list-style-type: none"> 5.1 Incident Commander 5.2 AFP 5.3 Police 5.4 Fire 5.5 LGU 5.6 Electricity and water services 5.7 Coast Guard 5.8 Local and International recognized NGO's

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Demonstrated successful performance in the work environment or simulation</p> <p>1.2 Demonstrated ability in management of situations/incidents requiring:</p> <p>1.2.1 Scene Size-up M- major incident E- exact location T- type of incident H- hazards involved A- access to site N- number of casualties E- emergency services required</p> <p>1.2.2 Establishment and maintenance of inter-service liaison</p> <p>1.2.3 Infection control procedures</p> <p>1.2.4 Restive and combative patient control procedures</p> <p>1.2.5 Identification of resources and their uses</p> <p>1.2.6 Communication and interpersonal skills</p> <p>1.2.7 Pre-hospital Skills</p> <p>1.2.8 Appropriate use of Personal Protective Equipment (PPE)</p> <p>1.2.9 Documentation and reporting</p>
2. Required Knowledge	<p>2.1 Knowledge of allied service procedures (e.g. Bureau of Fire Protection)</p> <p>2.2 Knowledge of appropriate national policies and procedures</p> <p>2.3 Working knowledge of command, control and coordination responsibilities</p> <p>2.4 Use of communications equipment and systems</p> <p>2.5 Knowledge of hazards and potential hazards and their effect</p> <p>2.6 Relevant service policies and procedures</p> <p>2.7 Infection control procedures</p> <p>2.8 Restive and combative patient control procedures</p> <p>2.9 Services provided by medical and other emergency and allied agencies, and their limitations</p>
3. Required Skills	<p>3.1 Oral communication skills required to fulfill job roles as specified by the organization/service.</p> <p>3.2 Written communication skills required to fulfill job roles as specified by organization/service.</p> <p>3.3 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds</p> <p>3.4 Observe and practice different regional sensitive and cultural differences.</p> <p>3.5 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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p> <p>4.3 Access to experienced Instructors and Assessors.</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p> <p>5.5 Demonstration with questioning.</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting.</p> <p>6.2 Demonstration in the workplace.</p>

UNIT OF COMPETENCY : CONTRIBUTE TO SPECIAL EVENT SCENE MANAGEMENT

UNIT CODE : HCS322323

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.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Attend mass gathering events	1.1 Planning stage of any event is participated and attended in accordance with mass gathering guidelines stated in World Health Organization (WHO). 1.2 Scene of event is assessed using all available information and first hand observation. 1.3 Hazards (existing and potential) and the level of risk and accurately identified utilizing current emergency risk management process. 1.4 Emergency management plan is developed, or existing emergency management plan is implemented in consultation with event organizers. 1.5 Ambulance Staging is developed and implemented to underpin ambulance operations and their role within the emergency management plan. 1.6 Ambulance resources are deployed in accordance with the unified management plan. 1.7 Ambulance resources are positioned to facilitate access and egress. 1.8 Lines of communication are established and maintained in accordance with the management plan and Service policies and procedures.
2. Ensure safety at the scene	2.1 Ambulance is positioned strategically: a) to ensure safety for vehicle, crew, patient, equipment, b) allow accessibility. 2.2 The Personnel are properly identified and personal protective clothing and equipment is worn as required 2.3 Security of the scene for Emergency Medical Services (EMS) is ensured by the Medical Commander in consultation with the event Incident Commander or Security Commander. 2.4 Coordinate with Allied Services regarding mitigation of specific hazards to enable patient treatment in hazard-free environment in line with standard ambulance staging procedures in accordance with established standards. 2.5 Actions are in accordance with current and existing established standard.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Scene	May include: <ul style="list-style-type: none"> 1.1 Mass Gathering Events <ul style="list-style-type: none"> 1,1,1 Local Fairs 1.1.2 Music Events 1.1.3 School and University Gatherings 1.1.4 Stadium Events 1.1.5 Sports Events 1.1.6 Motor Sports 1.1.7 Water Sports 1.1.8 Political demonstrations 1.1.9 Religious Events
2. Hazards are dangers or risks that may affect or influence ambulance care	May include: (Natural and Human Generated) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 3.1 Incident Commander 3.2 Operations Officer <ul style="list-style-type: none"> 3.2.1 Medical 3.2.2 SAR (Search and Rescue) 3.2.3 Security 3.2.4 Safety 3.2.5 Fire 3.2.6 Hazard specific agencies 3.2.7 Volunteer agencies/personnel 3.2.8 Media 3.3 Logistics Officer <ul style="list-style-type: none"> 3.3.1 Electricity, Telecommunication and Water 3.3.2 Food and Supplies 3.3.3 Manpower Roster 3.3.4 Equipment 3.4 Finance Officer 3.5 Local government/barangay 3.6 Event organizers

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Complied the criteria stated in the Observation Checklist for work environment or simulated situations</p> <p>1.2 Documented evidence must include production of an effective event plan which provides for:</p> <p>1.2.1 Effective communications</p> <p>1.2.2 Rapid response</p> <p>1.2.3 Rapid and safe access and egress</p> <p>1.2.4 Safety of personnel, equipment, ambulance, self, crew, and patient</p>
2. Required Knowledge	<p>2.1 Oral communication skills required to fulfill job roles as specified by the organization/service.</p> <p>2.2 Written communication skills required to fulfill job roles as specified by organization/service.</p> <p>2.3 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds</p> <p>2.4 Observe and practice different regional sensitive and cultural differences.</p> <p>2.5 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</p> <p>2.6 Knowledge of allied service procedures</p> <p>2.7 Knowledge of appropriate organizational policies and procedures</p> <p>2.8 Working knowledge of command, control and coordination responsibilities</p> <p>2.9 Use of communications equipment and systems</p> <p>2.10 Knowledge of hazards and potential hazards and their effect</p> <p>2.11 Relevant service policies and procedures</p>
3. Required Skills	<p>3.1 Stress management skills</p> <p>3.2 Oral communication skills required to fulfill job roles as specified by the organization/service.</p> <p>3.3 Written communication skills required to fulfill job roles as specified by organization/service.</p> <p>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</p> <p>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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p> <p>4.3 Access to experienced Instructors and Assessors.</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p> <p>5.5 Written exam</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : CONTRIBUTE TO NON-EMERGENCY ROUTINE SCENE MANAGEMENT

UNIT CODE : HCS322324

UNIT DESCRIPTOR : This unit of competency involves the routine management of a non-emergency situation to ensure safety at the scene.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Attend to non-emergency event	1.1 Ambulance 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 safety at the scene	2.1 Ambulance is positioned to protect self, team and patient(s). 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 current and existing established standard.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Scene	May include: 1.1 Concerts 1.2 Exhibitions 1.3 Sporting events 1.4 Religious events
2. Hazards are dangers or risks that may affect or influence pre-hospital care	May include: 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

EVIDENCE GUIDE

1. Critical aspects of competency	<p>Assessment requires evidence that the candidate:</p> <p>1.1 Demonstrated successful performance in the work environment or simulated situations</p> <p>1.2 Following an effective event plan for managing a routine non-emergency which provides for:</p> <ul style="list-style-type: none"> - Effective communications - Rapid response - Rapid and safe access and egress - Safety of personnel
2. Required Knowledge	<p>2.1 A knowledge of allied service procedures</p> <p>2.2 A knowledge of appropriate national and local policies and procedures</p> <p>2.3 A working knowledge of command, control and coordination responsibilities</p> <p>2.4 Relevant national standards</p> <p>2.5 Use of communications equipment and systems</p> <p>2.6 Knowledge of hazards and potential hazards and their effect</p> <p>2.7 Relevant service policies and procedures</p>
3. Required Skills	<p>3.1 Stress management skills</p> <p>3.2 Oral communication skills required to fulfill job roles as specified by the organization/service.</p> <p>3.3 Written communication skills required to fulfill job roles as specified by organization/service.</p> <p>3.4 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds</p> <p>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</p>
4. Resource Implications	<p>The following resources should be provided:</p> <p>4.1 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted</p> <p>4.2 Access to equipment and resources normally used in the workplace</p> <p>4.3 Access to expert and experienced Instructors and Assessors</p>
5. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <p>5.1 Observation with questioning</p> <p>5.2 Oral questioning/Interview</p> <p>5.3 Evidence gathered from the workplace environment</p> <p>5.4 Demonstration over a period of time to ensure consistency of performance</p>
6. Context of Assessment	<p>6.1 Evidence must include observation of performance in the work environment or in a simulated work setting</p>

UNIT OF COMPETENCY : DELIVER PRE- HOSPITAL PATIENT CARE

UNIT CODE : HCS322325

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.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Contribute in making 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 following established procedures. 1.6 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. Contribute in implementing patient care procedures as the situation presents itself	2.1 Assist the EMTs in patient care procedures which are commenced as patient's present condition determines, with reference to local clinical guidelines. 2.2 Must be familiar with all the supplies and equipment in the ambulance. 2.3 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. 2.4 Ambulance equipment utilized in patient management is correctly operated according to manufacturer/supplier's instructions and local clinical guidelines. 2.5 Patient care techniques are implemented in accordance with infection control procedures and techniques. 2.6 Practice safe lifting and patient handling techniques in accordance with established existing International Labor Organization and local EMS policies and procedures .
3. Contribute in monitoring basic patient care and modify as required	3.1 Patient and his/her presenting conditions are re-assessed at appropriate intervals as required according to local ambulance standard operating procedure. 3.2 Assist the EMTs in monitoring pulse Oximeter (SPO2)
4. Endorse patients requiring basic care	4.1 Relevant patient details are documented according to local ambulance standard operating procedure. 4.2 Patient confidentiality is maintained at all times. 4.3 Documentation for endorsement procedures conveys all necessary information. 4.4 Information is conveyed appropriately to those individuals involved in ongoing patient care to facilitate understanding and optimize continuing patient care. 4.5 Basic Patient care is maintained until responsibility for patient care is taken over by staff of the receiving agency.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Pre-planning	May include: 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: 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	May include: 3.1 Dangers 3.2 Response 3.3 Circulation 3.4 Airway 3.5 Breathing
4. Vital signs	May include: 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 color
5. Situation involving patient transfer	May include: 5.1 Transfer of patient with illness or injury 5.2 Assist the EMTs in the management of all patients in trauma or with illness
6. 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	May include: 6.1 Road ambulances/fire trucks/vans 6.2 Rescue or retrieval units 6.3 Fixed and rotary wing aircraft 6.4 Water-borne craft 6.5 Four wheel drive vehicle, motorcycle, tricycle
7. Patient management will need to take into account for	May include: 7.1 Location and nature of incident 7.2 Environmental conditions 7.3 Number of casualties and potential casualties 7.4 Use and availability of ambulance equipment

VARIABLES	RANGE
8. Techniques expected to be utilized where patient's condition indicates they would be of some benefit	May include: 8.1 Airway management e.g. Head tilt chin lift, oropharyngeal airway and suction 8.2 Automated External Defibrillator (AED) 8.3 Spinal immobilization device/vacuum, mattress, c-collar, extrication device 8.4 General splinting device 8.5 Traction and other types of splinting
9. Non-verbal cues	May include: 9.1 Posturing 9.2 Gait 9.3 Anxiety, restlessness
10. Types of documentation	May include: 10.1 Preparation (ambulance) of incident reports 10.2 Handover reports 10.3 Case management material
11. Persons authorized to receive confidential information	May include: 11.1 Medical personnel at hospitals and surgeries 11.2 Police Officers 11.3 Legal practitioners 11.4 Others, where approved as acting in the best interests of the patient (e.g. Social Services)
12. Reports	May include: 12.1 Verbal (oral or written) 12.2 Non-verbal (with gestures)
13. Acts and regulations are those specified in the locality that relate	May include: 13.1 Confidentiality 13.2 Freedom of information
14. Policy and procedures that relate to	May include: 14.1 Documentation 14.2 Reporting of patient medical information

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate demonstrated:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> – Danger – Response – Circulation – Airway – Breathing 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. Required Knowledge	<ul style="list-style-type: none"> 2.1 Basic physiology and anatomy 2.2 Procedures and equipment used for Cardio Pulmonary Resuscitation with Automated External Defibrillator operation, 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. Required Skills	<ul style="list-style-type: none"> 3.1 Oral communication skills required to fulfil job roles as specified by the organization/service. 3.2 Written communication skills required to fulfil 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 Implementing basic procedures(CPR, AED, Suctioning, Primary Survey, Basic Airway, Adjuncts, Vital Signs,SPO2) 3.5 Assist the EMT in the collection and documentation of relevant information
4. Resource Implications	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

- UNIT OF COMPETENCY :** **CONTRIBUTE TO AMBULANCE OPERATIONS MANAGEMENT**
- UNIT CODE :** **HCS322326**
- UNIT DESCRIPTOR :** This unit of competency involves the efficient use of ambulance in delivering emergency medical services.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 (except medicines)). 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 organizations are 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 disrupt operations affecting service delivery are recognised and appropriate action taken to minimise their effects. 1.7 Complete an accurate record of operations in accordance with service policies and procedures in relation to ambulance operation. 1.8 Make recommendations for improving efficiency of operations and quality of service which 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 Highest possible level of safety is applied to the work environment. 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 authorized 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 of 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 person in charge/superior's area of responsibility are promptly referred to the appropriate person/s.

RANGE OF VARIABLES

VARIABLES	RANGE
Operations include all those activities under the responsibility of the person in charge/superior.	
1. Sources of supply	May include: 1.1 External organizations (e.g. Medical and pharmaceutical supplies) 1.2 Internal departments/teams
2. Supplies	May include: 2.1 Material supplies (consumables) 2.2 Equipment/technology (stretchers, AED) 2.3 Information(manual/guidebook/checklists(ambulance)/patient forms) 2.4 Budgetary requirements (i.e. fuel, meals, operating expenses)
3. Service delivery specification	May include: 3.1 Operational requirements for meeting quality standards(registration, insurance) 3.2 Specific functional duties within the organization 3.3 Quality assurance is achieved through systems that are both formal and informal.
4. Factors which disrupt operations are those affecting service delivery	May include: 4.1 Operational resources 4.2 Quality of service 4.3 Corrective actions are consistent with Service Policy and within budgetary constraints.
5. Conditions are those relating to	May include: 5.1 Work environment 5.2 Equipment/technology 5.3 Hours worked
6. The person in charge/superior is legally bound by the requirements of	May include: 6.1 Occupational Safety and Health Act 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 promulgations or requirements

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Demonstrated ability to use ambulance resources in delivering emergency medical services
2. Required 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. Required 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	The following resources should be provided: 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. Methods of Assessment	Competency in this unit must be assessed through: 5.1 Observation with questioning 5.2 Oral questioning/Interview 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 : HCS322327

UNIT DESCRIPTOR : This unit of competency involves transportation of patients and other appropriate personnel under emergency circumstances.

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> 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 Ambulance 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, and regulations and in accordance with local ambulance standard operating procedure.

RANGE OF VARIABLES

VARIABLES	RANGE
1. Type of ambulance category	May include: <i>(based on ambulance classification)</i> 1.1 Patient Transport Vehicle 1.2 Basic Life Support Ambulance 1.3 Advanced Life Support Ambulance
2. Equipment	May include: 2.1 Standard inventory of ambulance equipment 2.2 Number of personnel in ambulance which follows the standard operating procedures
3. Legal requirements	May 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 Department of Transportation and Communication, Department of Interior and Local Government, Local Government Units and the Department of Health.
4. Service and national standards for safe work practices	May include: (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: 5.1 Radio equipment (two way portable radio) 5.2 Equipment of other organizations 5.3 Viable alternatives that support effective communication 5.4 Online network 5.5 Cellular network 5.6 Satellite network

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 1.1 Demonstrated satisfactory performance in the work environment or a simulation 1.2 Demonstrated ability in variety of situations involving the transport of patients in life-threatening situations 1.3 Demonstrated ability in loading/unloading patients requiring the superior/person in charge to exhibit diverse patient handling skills and knowledge 1.4 Demonstrated ability in transportation of patients over routes requiring the superior/person in charge to display a variety of driving and route selection skills
2. Required Knowledge	<ul style="list-style-type: none"> 2.1 Use of communications equipment and systems, and knowledge of relevant Acts, Regulations, Service policies and procedures 2.2 Road rules and laws applying to emergency vehicles in the state or territory 2.3 Basic Patient care and proper methods of restraint during transportation 2.4 Methods of loading and unloading patients under life-threatening conditions 2.5 Knowledge of relevant acts, regulations and procedures governing the handling/lifting of patients
3. Required Skills	<ul style="list-style-type: none"> 3.1 Driving skills relevant to the transportation of patients in life-threatening circumstances 3.2 Oral communication skills include asking questions, active listening, asking for clarification of instructions if required, acknowledging and responding to a range of views 3.3 Written communication skills 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, assess and analyze available driving routes, patient handling requirements and transportation needs. Make decisions to ensure the safe driving of vehicles under operational conditions.
4. Resource Implications	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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. Methods of Assessment	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Observation with questioning 5.2 Oral questioning/Interview 5.2 Evidence gathered from the workplace environment 5.3 Demonstration over a period of time to ensure consistency of performance
6. Context of Assessment	<ul style="list-style-type: none"> 6.1 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 : HCS322328

UNIT DESCRIPTOR : This unit of competency involves the transport of non-emergency patients, checking the ambulance vehicle and equipment.

ELEMENTS	PERFORMANCE CRITERIA
1. Prepare and check vehicle and equipment	<p><i>Italicized terms</i> are elaborated in the Range of Variables</p> <p>1.1 Ambulance and equipment is checked systematically and comprehensively based on a local vehicle checklist.</p> <p>1.2 Ambulance checks are conducted on a regular basis according to Service procedures to ensure serviceability of ambulance and equipment.</p> <p>1.3 Ambulance checks ensure interior and exterior cleanliness of ambulance in accordance with service policies and procedures pertaining to the minimization of infection risk to both ambulance personnel and patients/clients.</p> <p>1.4 Ambulance operating stock is maintained to acceptable minimum and maximum levels.</p> <p>1.5 Ambulance and equipment is maintained according to local policy and procedures.</p>
2. Ensure faults in ambulance and equipment are remedied	<p>2.1 General nature of fault is identified and reported according to local policy and procedure.</p> <p>2.2 Further damage to malfunctioning ambulance or equipment is assessed against patient care priorities and avoided when possible.</p> <p>2.3 Minor faults are rectified where possible.</p> <p>2.4 Need for additional or replacement resources is established and communicated to appropriate personnel.</p>
3. Convey and receive information through use of necessary modes of communication	<p>3.1 Communication techniques and procedures are consistent with acts, regulations and in accordance with local standard operating procedure.</p> <p>3.2 Communication with control center is established and maintained in accordance with local standard operating procedure.</p> <p>3.3 Appropriate receiving facility is notified in accordance with local standard operating procedure.</p>
4. Load, unload and secure non-emergency patient and other specific personnel for transportation	<p>4.1 Loading/unloading is conducted smoothly, consistent with safe work practices, Service policy and procedures in accordance with the national code.</p> <p>4.2 Patient is given appropriate support/assistance during loading/unloading.</p> <p>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.</p> <p>4.4 Equipment and belongings are secured appropriately to avoid movement during travel.</p> <p>4.5 Must be familiar with the use of carry chairs</p>
5. Drive vehicle	<p>5.1 Ambulance is driven in a reduced risk manner and according to legal requirements.</p> <p>5.2 Appropriate route is chosen according to distance, time constraints, travel and terrain.</p> <p>5.3 Communication is established between driver and patient or patient care officer to ensure effective patient care during transport.</p> <p>5.4 Map is consulted accurately, when necessary.</p>
6. Transport patient's relatives or other specific personnel	<p>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.</p> <p>6.2 Safety of the personnel, the patient and the patient's relatives in the ambulance is considered during transport.</p>

RANGE OF VARIABLES

VARIABLES	RANGE
1. Ambulance categories	May include: 1.1 Patient Transport Vehicle 1.2 Basic Life Support Ambulance 1.3 Advanced Life Support Ambulance
2. Ambulance checks	May include: 2.1 Readiness 2.2 Cleanliness 2.3 Faults 2.4 Malfunctions 2.5 Equipment and supplies
3. Equipment	May include: 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 detected using a checklist and do not include those normally remedied by a service agent or dealer	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 4.6 Discharged Batteries 4.7 Defective wipers
5. Communication equipment	May include 5.1 Radio equipment (two way portable radio) 5.2 Equipment of other organizations 5.3 Viable alternatives that support effective communication 5.4 Online network 5.5 Cellular network 5.6 Satellite network
6. Appropriate personnel	May include: 6.1 Ambulance personnel 6.2 Patient's companion as appropriate
7. Securing of patient	May include: 7.1 Patients' belongings 7.2 Wheelchairs/Stretchers 7.3 Carry Chairs 7.4 Belts and straps
8. Legal requirements	May include: 8.1 Traffic Ordinances and Regulations and Ambulance Acts and Regulations 8.2 All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of Service vehicles.
9. Service and national standards for safe work practices are detailed in	May include: 9.1 Occupational Safety and Health Acts, Regulations and Standards 9.2 Service policy and procedures 9.3 Safe lifting procedures 9.4 Acts, Regulations, service policy and procedures include those relating to the operation of radio and electronic communication equipment.
10. Communication equipment	May include: 10.1 Radio equipment (two way portable radio) 10.2 Equipment of other organizations 10.3 Viable alternatives that support effective communication 10.4 Online network 10.5 Cellular network 10.6 Satellite network

EVIDENCE GUIDE

1. Critical Aspects of Competency	<p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> 1.1 Provided observation of performance in the workplace or a simulation 1.2 Demonstrated ability in a range of non-emergency transport needs and requirements 1.3 Demonstrated ability in a range of driving situations and conditions 1.4 Provided opportunities to demonstrate safe, efficient driving skills suited to specific situations and the case being attended to
2. Required Knowledge	<ul style="list-style-type: none"> 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. Required Skills	<ul style="list-style-type: none"> 3.1 Responsible approach to acting on faults and/or deficiencies 3.2 Driving skills relevant to the transportation of non-emergency patients 3.3 Skills in the assessment of driving needs relevant to patient needs and individual cases 3.4 Oral communication skills required fulfilling job roles as specified by the organization/service. 3.5 Written communication skills required fulfilling 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, and 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	<p>The following resources should be provided:</p> <ul style="list-style-type: none"> 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	<p>Competency in this unit must be assessed through:</p> <ul style="list-style-type: none"> 5.1 Observation with questioning 5.2 Oral questioning/Interview 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	<ul style="list-style-type: none"> 6.1 Evidence must include observation of performance in the work environment or in a simulated work setting

UNIT OF COMPETENCY : DRIVE AMBULANCE UNDER OPERATIONAL CONDITIONS

UNIT CODE : HCS322316

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

ELEMENTS	PERFORMANCE CRITERIA <i>Italicized terms</i> are elaborated in the Range of Variables
1. Prepare ambulance for operational response	1.1 The <i>ambulance</i> is selected to meet <i>operational requirements</i> and is suitable to use in the terrain. 1.2 Preliminary check of the vehicle is completed to ensure it is serviceable. 1.3 Assist in checking the equipment and accessories to ensure they are available and serviceable. 1.4 <i>Cabin drill</i> and <i>start-up checks</i> are completed in accordance with operational standards. 1.5 Engine is started in accordance with <i>manufacturer's specifications</i> . 1.6 Audible and visual warning systems including <i>instruments and gauges</i> are checked to ensure that they are all operational.
2. Drive the ambulance	2.1 Ambulance is prepared for, and safely operated in terrain suitable to the vehicle. 2.2 Ambulance and/or trailers are operated and positioned in accordance with <i>traffic regulations</i> in accordance with local ambulance standard operation procedure to ensure safe and efficient operation. 2.3 Reduced-risk driving techniques are used which minimize 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 Ambulance 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 <i>Traffic and surface conditions</i> are consistently monitored and acted upon to enable safe operation and ensure no injury to people or damage to property, equipment, loads and facilities.

RANGE OF VARIABLES

This unit relates to driving ambulances 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 license.

VARIABLES	RANGE
1. Ambulance categories	May include: 1.1 All types of operational ambulance 1.2 Communication vehicles 1.3 Command/control vehicles
2. Operational conditions	May include: 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 (i.e. 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: 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: 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 GPS 4.10 Drive vehicles under operational conditions
5. Start-up check	May include: 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

VARIABLE	RANGE
6. Instruments/gauges	May include: 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: 7.1 Traffic regulations 7.2 Organizational policy and procedures 7.3 Accident procedures 7.4 Emergency parking 7.5 Possession of appropriate license
8. Manufacturer's specifications	May include: 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: 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 ambulances under operational conditions

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Demonstrated driving skills 1.2 Maintained personal safety 1.3 Demonstrated awareness of safety, traffic conditions and other road users' safety
2. Required Knowledge	2.1 Traffic rules and regulations 2.2 Emergency vehicle requirements and regulations 2.3 Vehicle operating procedures 2.4 Local area knowledge 2.5 Knowledge of equipment and accessories 2.6 Ancillary equipment 2.7 Traffic legislation 2.8 Appreciation of automotive systems 2.9 Knowledge of emergency vehicle inspection procedures
3. Required Skills	3.1 Low risk driving techniques 3.2 Monitoring and anticipating traffic hazard 3.3 Oral communication skills (language competence) required to fulfill job roles as specified by the organization/service. Oral communication skills include asking questions, active listening, asking for clarification of instructions if required, acknowledging and responding to a range of views. 3.4 Written communication skills (literacy competence) required to fulfill job roles as specified by organization/service. The level of skill may range from reading and understanding vehicle maintenance manuals and manufacturer's specifications to preparing reports. 3.5 Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds. 3.6 Problem solving skills required include an ability to use available resources, analyze information and to make decisions that ensure the safe driving of vehicles under operational conditions.
4. Resource Implications	The following resources should be provided: 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. Methods of Assessment	Competency in this unit must be assessed through: 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: **280 HOURS**

Course Description:

This course is designed to enhance the knowledge, skills and attitude of **EMERGENCY MEDICAL SERVICES 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, contribute in receiving request for ambulance service, contribute in allocating ambulance service resources, contribute in coordinating emergency resources, deliver basic ambulance communication skills, contribute in on – road operations, contribute in emergency scene management, contribute in a special event scene management, contribute in routine scene management, deliver pre- hospital patient care, contribute in ambulance operations management, transport emergency patients and transport non- emergency patients and drive ambulance under operational condition.

To obtain this, all units prescribed for this qualification must be achieved.

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

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

UNIT OF COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
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	<ul style="list-style-type: none"> ▪ Group discussion ▪ Interaction 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Group discussion ▪ Interaction 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Group discussion ▪ Plant Tour ▪ Symposium 	<ul style="list-style-type: none"> ▪ Observation ▪ Interviews

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	<ul style="list-style-type: none"> ▪ Lecturette ▪ Brainstorming 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Lecturette ▪ Brainstorming 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Lecturette ▪ Brainstorming 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Lecturette ▪ Brainstorming 	<ul style="list-style-type: none"> ▪ Observation and oral questioning ▪ Grid question ▪ Practical exercise

CORE COMPETENCIES

UNIT OF COMPETENCY	LEARNING OUTCOME	METHODOLOGY	ASSESSMENT APPROACH
1. Perform Cardio pulmonary Resuscitation with AED Operation	1.1 Assess the situation 1.2 Manage the casualty/ties 1.3 Manage ambulance and personnel resources 1.4 Communicate essential incident details 1.5 Manage casualty in a remote and/ or isolated area 1.7 Evaluate the incident	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation ▪ Demonstration ▪ Third Party Report
2. Maintain life support equipment and resources	2.1 Maintain resources 2.2 Manage records	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation ▪ Demonstration ▪ Third Party Report
3. Implement safe access and extrication procedures in an emergency	3.1 Assess emergency situation in relation to safe access and extrication 3.2 Implement procedure to enable safe access and extrication 3.3 Monitor access and extrication procedure in an emergency situation	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report
4. Contribute in receiving 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	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report
5. Contribute in allocating ambulance service resources	5.1 Allocate ambulance service resources 5.2 Dispatch ambulance service resources 5.3 Monitor progress of assigned personnel 5.4 Maintain records of ambulance service coordination activity	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report
6. Contribute in coordinating emergency resources	6.1 Coordinate vehicle and personnel resources 6.2 Liaise with ambulance communications personnel 6.3 Liaise with other related organizations and emergency services	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report

UNIT OF COMPETENCY	LEARNING OUTCOME	METHODOLOGY	ASSESSMENT APPROACH
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	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report
8. Contribute in on-road operations	8.1 Relay communication 8.2 Oversee ambulance and equipment preparation, cleaning and checking 8.3 Contribute in the transport of patients 8.4 Contribute in scene management	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report
9. Contribute to emergency scene management	9.1 Assess the environment to identify real and potential hazards 9.2 Communicate with those involved in the incident 9.3 Control hazards/scene safety 9.4 Communicate with medical and other emergency and allied services with EMT's supervision 9.5 Monitor the environment	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report
10. Contribute to special event scene management	10.1 Handle a mass gathering events 10.2 Ensure safety at the scene	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report
11. Contribute to routine scene management	11.1 Handle non-emergency scene 11.2 Ensure safety at the scene	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report
12. Deliver pre-hospital patient care	12.1 Contribute in making initial patient assessment 12.2 Contribute in implementing patient care procedures 12.3 Contribute in monitoring basic patient care and modify as required 12.4 Endorse patients requiring emergency basic care	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party ▪ Report

UNIT OF COMPETENCY	LEARNING OUTCOME	METHODOLOGY	ASSESSMENT APPROACH
13. Contribute to ambulance operations management	13.1 Maintain operations to meet quality standards 13.2 Create and maintain conditions productive work and quality service 13.3 Monitor and control the use of resources	<ul style="list-style-type: none"> ▪ Lecture ▪ Questioning ▪ On-the- Job Practice ▪ Demonstration 	<ul style="list-style-type: none"> ▪ Observation ▪ Demonstration ▪ Third Party Report ▪ Return Demonstration
14. Transport emergency patients	14.1 Convey and receive information 14.2 Transport patient under emergency conditions 14.3 Load, unload and secure patient and equipment for emergency transport	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report
15. Transport non-emergency patients	15.1 Prepare and check vehicle and equipment 15.2 Ensure faults in vehicle and equipment are remedied 15.3 Convey and receive information 15.4 Load, unload and secure non-emergency patient and other specific personnel for transportation 15.5 Drive vehicle 15.6 Transport patient's relatives or other specific personnel	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report
16. Drive ambulance under operational conditions	16.1 Prepare ambulance for operational response 16.2 Drive vehicle 16.3 Monitor traffic, road and terrain under operational conditions	<ul style="list-style-type: none"> ▪ Lecture/ demo ▪ Questioning ▪ Simulation ▪ On-the- Job Practice 	<ul style="list-style-type: none"> ▪ Observation/ questioning ▪ Demonstration ▪ Third Party Report

3.2 TRAINING DELIVERY

The delivery of training should adhere to the design 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 and 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:

- Must have completed at least ten (10) years of Basic Education or Alternative Learning System (ALS) Grade 10 Certificate of Rating Holder
- Must be a holder of LTO student permit to drive a motor vehicle
- Can communicate effectively both orally and in written form
- Physically, emotionally and mentally fit as assessed and certified by any Licensed Philippine Physician

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 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	Sphygmomanometer	1	First Aid Kit
1	Two-way Portable Radio	1	Oxygen cylinder	1	Thermal Blanket
1	Plugs	1	Oxygen Gauge	1	O2 non re-breather masks
1	Flares	1	Automated External Defibrillator	1	Heavy Duty Gloves
1	Hand Signals	1	Stretcher	1	Ambulance Dressing Set
1	Sputum cap	1	Bag-Valve-Mask Device	1	Sharps Disposable Container
1	Suction Catheters	1	Vacuum Mattress	1	Basic Airway adjuncts
1	Thermometer	1	Scoop Stretcher	1	LCD Projector
1	HEPA/Surgical Masks	1	Wheelchair	1	Laptop/Desktop
1	Surgical Gloves	1	Stethoscope		
1	Goggles	1	Suction machine		
1	Strap	1	Nebulizer		
1	Splint	1	Ambulance vehicle		
1	Sling	1	BLS Mannequin		
1	Bandages (triangular/elastic/rolled)	1	Carry Chairs		
1	crutches	1	X- Collar		
1	GPS	1	Pulse Oximeter		
1	Surgical Gown	1	Capnography		
1	Haz-Mat Suit				
1	Ring Cutter				

3.5 TRAINING FACILITIES

- A. The **EMERGENCYMEDICAL 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.
 C. Identified or Specified Area for Practice Ambulance Driving

3.6 TRAINER QUALIFICATION (TQ II)

- Must be a holder of NTTC Level I in Emergency Medical Services NC II
- Equivalent training/experience or accredited by any of the following: Department of Health, Philippine College of Emergency Medicine, Philippine Society of Emergency Care Nurses, Philippine Society of Emergency Medical Technician, Philippine Red Cross, Bureau of Fire and Protection -EMS and Emergency Response Unit Foundation (ERUF) or
- With at least 2 years experience in the emergency health care service (pre-hospital care)
- Must be physically, emotionally and mentally fit as certified by a Licensed Philippine Physician
- Must not have any criminal record

3.7 INSTITUTIONAL ASSESSMENT

Institutional assessment is undertaken by trainees to determine their achievement of units of competency. A certificate of achievement may be issued for each unit of competency.

It is recommended that a comprehensive written examination covering the basic, common and core competencies be administered at the end of training. Also, the trainees must pass the practical assessment and ambulance driving assessment.

SECTION 4 – NATIONAL ASSESSMENT AND CERTIFICATION ARRANGEMENTS

- 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 shall be awarded a National Certificate signed by the TESDA Director General.
- 4.2 Assessment shall focus on the units of competency. The basic 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:
 - 4.3.1 Graduates of formal, non-formal and informal including enterprise-based training programs.
 - 4.3.2 Experienced workers (wage employed or self-employed).
- 4.4 Reassessment 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 industry sector 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 accredited assessment center. 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 – HEALTH SECTOR (EMS NC II)

BASIC COMPETENCIES

Receive and respond to workplace communication	Work with others	Demonstrate work values	Participate in workplace communication	Work in a team environment	Practice career professionalism	Practice occupational health and safety procedures
Practice housekeeping procedures (5S)	Lead workplace communication	Lead small team	Develop and practice negotiation skills	Solve problems related to work activities	Use mathematical concepts and techniques	Use relevant technologies
Utilize specialized communication skills	Develop team and individual	Apply problem solving techniques in the workplace	Collect, analyze and organize information	Plan and organize work	Promote environmental protection	

COMMON COMPETENCIES

Implement and monitor infection control policies and procedures	Respond effectively to difficult/challenging behavior	Apply basic first aid	Maintain high standard of patient services
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CORE COMPETENCIES

Provide care and support to infants and toddlers	Provide care and support to children	Foster social, intellectual, creative and emotional development of children	Foster the physical development of children	Provide care and support to elderly	Provide care and support to people with special needs	Maintain a healthy and safe environment
Respond to emergency	Clean living room, dining room, bedrooms, toilet and bathroom	Wash and iron clothes, linen and fabric	Prepare hot and cold meals/food	Prepare and maintain beds	Collect and maintain linen stocks at end-users location	Assist in patient mobility
Assist in transporting patients	Assist in bio-psychosocial support care of patients	Handle waste in a health care environment	Install biomedical equipment	Perform corrective maintenance on biomedical equipment	Perform preventive maintenance on biomedical equipment	Repair biomedical equipment
Assess and refer biomedical equipment	Perform Cardiopulmonary Resuscitation with AED Operation	Maintain life support equipment and resources	Implement safe access and extrication procedures in an emergency	Contribute in receiving request for ambulance service	Contribute in allocating ambulance service resources	Contribute in coordinating emergency resources
Deliver basic ambulance communication skills	Contribute in on-road operations	Contribute to emergency scene management	Contribute to special event scene management	Contribute to routine scene management	Deliver pre-hospital patient care	Deliver intensive pre-hospital patient care
Contribute to ambulance operations management	Transport emergency patients	Transport non-emergency patients	Drive ambulance under operational conditions	Work within a holistic therapeutic massage framework	Perform therapeutic massage assessment	Plan the therapeutic massage treatment
Implement therapeutic massage treatment	Perform remedial therapeutic massage treatment	Work within a community development framework	Prepare for work in the community service industry	Support community resources	Provide primary/residential care	Support community participation
Recruit and coordinate volunteers	Respond holistically to client issues	Develop and provide health education program in the community	Implement health promotion and community interventions			

DEFINITION OF TERMS

- 1) **Aspiration** – the entry of secretions or foreign material into the trachea and lungs
- 2) **Assault** – refers to a violent physical or verbal attack
- 3) **Bag Valve Mask with reservoir** – refers to a supplemental oxygen device used to provide *positive pressure ventilation* to patients who are not breathing or not breathing adequately.
- 4) **Body Mechanics** – refers to using the body in an efficient and careful way
- 5) **Chair Lifts** – power-driven chair assembly used to transport patients
- 6) **Cardiopulmonary Resuscitation (CPR)**- refers to good quality of external chest compression and adequate rescue breaths
- 7) **Choking** – refers to a person having difficulty in breathing due to foreign body airway obstruction
- 8) **Capnography (End Tidal CO₂)** - a device measures the exhaled carbon dioxide level.
- 9) **First Aid Kit** – emergency tools used to administer immediate treatment to injured person.
- 10) **Hazardous Waste** – refers to items contaminated with blood, body fluids, or body substances that maybe harmful to others
- 11) **Pulse Oximeter** – a device measures the percentage of oxygen in the hemoglobin
- 12) **Pressure or Elastic Bandage** – refers to a piece of material used to cover a wound and Immobilize a part of the body or restrict the movement
- 13) **Sling** – refers to a material or a piece of cloth used to support the upper extremities
- 14) **Splint** – refers to a hard plastic or piece of wood used to immobilize a limb in the case of fractures or deformity.
- 15) **Stressors** – refers to an agent or factor that produces stress
- 16) **Scoop Stretchers** – refers to a device used in transferring patients in a lying position.
- 17) **Suffocation** – refers to suppression of one’s breathing due to lack of oxygen
- 18) **Suicide** – refers to the act of intentionally killing or injuring oneself
- 19) **Thermal Blanket** – refers to a material used to decrease the body temperature or keep the patient warm
- 20) **Triangular Bandage**- refers to a tool used to hold the dressing in place and to immobilize an injured body part
- 21) **Trolley cot** – refers to a rolling device used to transport patient.
- 22) **Walking frames** – refers to a assistive device used to support body weight for patients with difficulty in walking
- 23) **Wheel Chair** - refers to a device used to transport patient from one place to another in a sitting position
- 24) **AED (Automated External Defibrillator)** – a machine that analyzes and delivers electrical treatment.
- 25) **GPS**- Global Positioning System
- 26) **LOC**- Level of consciousness
- 27) **OSHA** – Occupational Safety and Health Act
- 28) **PPE** – personal protective equipment
- 29) **SPO₂**- saturation of peripheral oxygen
- 30) **HEPA (High Efficient Particulate Air Respirator Mask)** – special personal protective equipment for airborne diseases

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