

COMPETENCY STANDARD

Caregiving For Elderly Persons

Level: 03

(Informal Sector)

Competency Standard Code: CS-IS-CEP-L3-EN-V1



National Skills Development Authority
Prime Minister's Office
Government of the People's Republic of
Bangladesh

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National Skills Development Authority

Prime Minister's Office

Level: 10-11, Biniyog Bhaban,

E-6 / B, Agargaon, Sher-E-Bangla Nagar Dhaka-1207, Bangladesh.

Email: ec@nsda.gov.bd Website: www.nsda.gov.bd.

National Skills Portal: http://skillsportal.gov.bd

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This Competency Standard for Caregiving for Elderly Persons is a document for developing curricula, teaching, and learning materials, and assessment tools. It also serves as the document for providing training consistent with the requirements of the industry in order to meet the qualification of individuals who graduated through the established standard via competency-based assessment for a relevant job.

This document has been developed by NSDA in association with Informal Sector, industry representatives, academia, related specialists, trainers, and related employees.

Public, and private institutions may use the information contained in this standard for activities benefitting Bangladesh.

Introduction

The NSDA aims to enhance an individual's employability by certifying completeness with skills. NSDA works to expand the skilling capacity of identified public, and private training providers qualitatively, and quantitatively. It also aims to establish, and operationalise a responsive skills ecosystem, and delivery mechanism through a well-defined set of mechanisms, and necessary technical supports.

NSDA has targeted key priority economic growth sectors identified by the government to improve current job skills, and the existing workforce to ensure required skills to industry standards. Training providers are encouraged, and supported to work with the industry to address identified skills, and knowledge to enable industry growth, and increased employment through the provision of the market-responsive, inclusive skills training programme. "Caregiving For Elderly Persons" Level-3 is selected as one of the priority occupations of Informal Sector. This standard is developed to adopt a demand driven approach to training with effective inputs from Industry Skills Councils (ISC's), employer associations, and employers. Generally, a competency standard informs Curriculum, learning materials, assessment, and certification of trainees enrolled in Skills Training. Trainees who successfully pass the assessment will receive a qualification in the National Skills Qualification Framework (NSQF) under Bangladesh National Qualification Framework, and be listed on the NSDA's online portal.

This competency standard is developed to improve skills, and knowledge in accordance with the job roles, duties, and tasks of the occupation, and ensure that the required skills, and knowledge are aligned to industry requirements. A series of stakeholder consultations, workshops were held to develop this document.

The document also details the format, sequencing, wording, and layout of the Competency Standard for an occupation which is comprised of units of competence, and its corresponding elements.

Overview

A competency standard is a written specification of the knowledge, skills, and attitudes required for the performance of an occupation, trade or job corresponding to the industry standard of performance required in the workplace.

The purpose of a competency standards is to:

- provide a consistent, and reliable set of components for training, recognising, and assessing people's skills, and may also have optional support materials
- enable industry recognised qualifications to be awarded through direct assessment of workplace competencies
- encourage the development, and delivery of flexible training which suits individual, and industry requirements
- encourage learning, and assessment in a work-related environment which leads to verifiable workplace outcomes

Competency standards are developed by a working group comprised of representative from NSDA, key Institutions, ISC, and industry experts to identify the competencies required of an occupation in informal sector.

Competency standards describe the skills, knowledge, and attitude needed to perform effectively in the workplace. CS acknowledge that people can achieve technical, and vocational competency in many ways by emphasizing what the learner can do, not how or where they learned to do it.

With competency standards, training, and assessment may be conducted at the workplace or at training institute or any combination of these.

Competency standards consist of a number of units of competency. A unit of competency describes a distinct work activity that would normally be undertaken by one person in accordance with industry standards.

Units of competency are documented in a standard format that comprises of:

- unit title
- nominal duration
- unit code
- unit descriptor

- elements, and performance criteria
- variables, and range statement
- curricular content guide
- assessment evidence guides

Together, all the parts of a unit of competency:

- describe a work activity
- guide the assessor to determine whether the candidate is competent or not yet competent. The ensuing sections of this document comprise of a description of the relevant occupation, trade or job with all the key components of a unit of competency, including:
 - a chart with an overview of all Units of Competency for the relevant occupation, trade or job including the Unit Codes, and the Unit of Competency titles, and corresponding Elements
 - the Competency Standard that includes the Unit of Competency, Unit Descriptor, Elements, and Performance Criteria, Range of Variables, Curricular Content Guide, and Assessment Evidence Guide.

Level & Job Classification	Knowledge Domain	Skills Domain	Responsibility Domain
6-Mid-Level Manager	Comprehensive actual, and theoretical knowledge within a specific work or study area with an awareness of the validity, and limits of that knowledge, able to analyse, compare, relate, and evaluate.	Specialised, and wider range of cognitive, and practical skills required to provide leadership in the development of creative solutions to defined problems. Communicate professional issues, and solutions to the team, and to external partners/users.	Work under broad guidance, and self-motivation to execute strategic, and operational plan/s. Lead lower-level management. Diagnose, and resolve problems within, and among work groups.
5-Supervisor	Broad knowledge of the underlying, concepts, principles, and processes in a specific work or study area, able to scrutinize, and break information into parts by identifying motives or causes.	Broad range of cognitive, and practical skills required to generate solutions to specific problems in one or more work or study areas. Communicate practice-related problems, and possible solutions to external partners.	Work under guidance of management, and self-direction to resolve specific issues. Lead, and take responsibility for the work, and actions of group/team members. Bridge between management.
4-Highly Skilled Worker	Broader knowledge of the underlying, concepts, principles, and processes in a specific work or study area, able to solve problems to new situations by comparing, and applying acquired knowledge.	A range of cognitive, and practical skills required to accomplish tasks, and solve problems by selecting, and applying the full range of methods, tools, materials, and information. Communicate using technical terminology, and IT technology with partners, and users as per workplace requirements.	Work under minimal supervision in specific contexts in response to workplace requirements. Resolve technical issues in response to workplace requirements, and lead/guide a team/ group.
3-Skilled Worker	Moderately broad knowledge in a specific work or study area, able to perceive ideas, and abstract from drawing, and design according to workplace requirements.	Basic cognitive, and practical skills required to use relevant information in order to carry out tasks, and to solve routine problems using simple rules, and tools. Communicate with his team, and limited external partners upholding the values, nature, and culture of the workplace	Work or study under supervision with considerable autonomy. Participate in teams, and responsible for group coordination.
2-Semi Skilled Worker	Basic understanding of underpinning knowledge in a specific work or study area, able to interpret, and apply common occupational terms, and instructions.	Skills required to carry out simple tasks, communicate with his team in the workplace presenting, and discussing results of his work with required clarity.	Work or study under supervision in a structured context with limited scope of manipulation
1 –Basic Skilled Worker	Elementary understanding of ability to interpret the underpinning knowledge in a specific study area, able to interpret common occupational terms, and instructions.	Specific Basic skills required to carry out simple tasks. Interpret occupational terms, and present the results of own work within guided work environment/under supervision.	Work under direct supervision in a structured context with limited range of responsibilities.

List of Abbreviations

General	
NSDA	National Skills Development Authority
ISC	Industry Skills Council
NSQF	National Skills Qualifications Framework
BNQF	Bangladesh National Qualification Framework
PPP	Public Private Partnership
SCVC	Standards, and Curriculum Validation Committee
STP	Skills Training Provider
UoC	Unit of Competency
KSA	Knowledge, Skills, and Attitudes
Occupation Sp	pecific
PPE	Personal protective equipment
OSH	Occupational Safety, and Health
BMI	Body Mass Index
IT	Information Technology
COVID	Coronavirus disease
ASD	Autism spectrum disorder
BP	Blood Pressure
CPR	Cardiopulmonary resuscitation
ADL	Activities Of Daily Living

Approval of Competency Standard:

Approved by

7th Executive Committee (EC) Meeting of NSDA Held on 6th September 2021

Deput of Director (Admin)

Officer of Secretarial Duties for EC Meeting

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Course Structure

SL	Unit Code and Title			Nominal Hours
Generi	c Competencies			60
1.	GU009L3V1	Practice Negotiation Skills	3	20
2.	GU010L3V1	Demonstrate Work Value	3	20
3.	GU011L4V1	Lead Small Team	4	20
Sector	Specific Competencie	es		40
4.	SUIS004L3V1	Interpret Mental Retardation & Autism Spectrum Disorders Associated Problems	3	40
Occupa	Occupation Specific Competencies			200
5.	OUISCEP01L3V1	Provide Care to Elderly People	3	50
6.	OUISCEP02L3V1	Respond To Challenging Behavior	3	50
7.	OUISCEP03L3V1	Perform Palliative Care	3	50
8.	OUISCEP04L3V1	Manage Clients with Stroke, Dementia, Parkinson & Alzheimer's Disease	3	50
	Total Nominal Learning Hours 300			

Units & Elements at a Glance:

Generic Competencies (60Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
GU009L3V1	Practice Negotiation Skills	 Plan negotiations Participate in negotiations 	20
GU010L3V1	Demonstrate Work Value	 Define the purpose of work Apply work values / ethics Deal with ethical problems Maintain integrity of conduct in the workplace 	20
GU011L4V1	Lead Small Team	 Provide team leadership Assign responsibilities Set performance expectations for team members Supervise team performance 	20
		Total Hour	60

Sector Specific Competencies (40 Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
SUIS004L3V1	Interpret Mental Retardation & Autism Spectrum Disorders Associated Problems	 Interpret autism spectrum disorder (ASD) Recognize ASD in Child Recognize ASD in Adult Follow treatment suggestions for ASD in adults. 	40
		Total Hours	40

Occupation Specific Competencies (200 Hours)

Code	Unit of Competency	Elements of Competency	Hours
OUISCEP01L3V1	Provide care to elderly people	 Monitor and record vital signs of client Assist client in fluids and dietary requirements Assist client in urine and bowel elimination Assist client with bathing/ showering Assist client in perineal/genital care Assist client in oral care Assist the client in skin care Prepare and maintain client's bed Assist client in safe movement and transfer 	50
OUISCEP02L3V1	Respond to Challenging Behavior	 Plan responses for challenging behavior Apply response for challenging behavior Report and review incidents 	50
OUISCEP03L3V1	Perform palliative care	 Assist in basic wound care Apply hot and cold therapy Assist in providing palliative care 	50
OUISCEP04L3V1	Managing clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients	 Prepare to assist with medication Prepare the client for assistance in administering medication Assist medication administration Provide record and report of the client Comply with industry procedures for raised issues Complete administration of prescribed medication 	50
		Total Hours	200

Generic Competencies

Unit Code and Title	GU09L3V1: Practice Negotiation Skills	
Nominal Hours	20 Hours	
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to practice negotiation skills. It specifically includes - planning negotiations and participating in negotiations.	
Elements of Competency	Performance Criteria Bold & Underlined terms are elaborated in the Range of Variables Training Components	
1. Plan negotiations	 Information on <u>preparing for negotiation</u> us identified and included in the plan. Information on creating <u>non-verbal environments</u> for positive negotiating is identified and included in the plan. Information on <u>active listening</u> is identified and included in the plan. Information on different <u>questioning techniques</u> is identified and included in the plan. Information is checked to ensure it is correct and up-to-date. 	
2. Participate in negotiations	 2.1 Criteria for successful outcome are agreed upon by all parties. 2.2 Desired outcome of all parties is considered. 2.3 Appropriate language is used throughout the negotiation. 2.4 A variety of questioning techniques are used. 2.5 The issues and processes are documented and agreed upon by all parties. 2.6 Possible solutions are discussed and their viability assessed. 2.7 Areas for agreement are confirmed and recorded. 2.8 Follow-up action is agreed upon by all parties. 	
Range of Variables		
Variable	Range (May include but not limited to)	
Preparing for negotiation	 1.1 Background information on other parties to the negotiation 1.2 Good understanding of topic to be negotiated 1.3 Clear understanding of desired outcome/s 1.4 Personal attributes 1.4.1 Self esteem 1.4.2 Self esteem 1.4.3 Objectivity 1.4.4 Empathy 1.4.5 Respect for others 1.5 Interpersonal skills 1.5.1 Listening / reflecting 	

	1.5.2 Non-verbal communication
	1.5.3 Assertiveness
	1.5.4 Behavior labeling
	1.5.5 Testing understanding
	1.5.6 Seeking information
	1.5.7 Self-disclosure
	1.6 Analytic skills
	1.6.1 Observing differences between content and
	process
	1.6.2 Identifying bargaining information
	1.6.3 Applying strategies to manage process
	1.6.4 Applying steps in negotiating process
	1.6.5 Strategies to manage conflict
	1.6.6 Steps in negotiating process
	1.7 Options within organization and externally for resolving
	conflict
	2.1 Friendly reception
2. Non-verbal	2.2 Warm and welcoming room
environments	2.3 Refreshments offered
	2.4 Lead in conversation before negotiation begins
	3.1 Attentive
	3.2 Don't interrupt
3. Active listening	3.3 Good posture
	3.4 Maintain eye contact
	3.5 Reflective listening
	4.1 Direct
4. Questioning techniques	4.2 Indirect
	4.3 Human Open-ended
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Evidence Guide

The evidence must be authentic, valid, sufficient, reliable, consistent and recent and meet the requirements of the current version of the Unit of Competency.

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Critical aspects of competency	Assessment required evidences that the candidate: 1.1 demonstrated sufficient knowledge of the factors influencing negotiation to achieve agreed outcome. 1.2 participated in negotiation with at least one person to achieve an agreed outcome.		
2. Underpinning knowledge	 2.1 Codes of practice and guidelines for the organization. 2.2 Organization policy and procedures for negotiations. 2.3 Decision making and conflict resolution strategies procedures. 2.4 Problem solving strategies on how to deal with unexpected questions and attitudes during negotiation. 2.5 Flexibility. 2.6 Empathy. 		
3. Underpinning skill	 3.1 Interpersonal skills to develop rapport with other parties. 3.2 Communication skills (verbal and listening). 3.3 Observation skills. 3.4 Negotiation skills. 		

4. Required attitude	 4.1 Commitment to occupational health and safety 4.2 Environmental concerns 4.3 Eagerness to learn 4.4 Tidiness and timeliness
	4.5 Respect for rights of peers and seniors in workplace4.6 Communication with peers and seniors in workplace
	The following resources MUST be provided:
4 Resource implication	5.1 Workplace (actual or simulated).
	5.2 Human resources (negotiators).
	6.1 Demonstration
6. Methods of assessment	6.2 Oral questioning
	6.3 Written test
	7.1 Competency assessment must be done in a training center
7. Context of assessment	or in an actual or simulated work place after Completion
	of the training module.
	7.2 Assessment should be done by a certified assessor

Accreditation Requirements

Training Providers must be accredited by National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Unit code and Title	GU010L3V1: Demonstrate Work Values
Nominal Hours	20 Hours
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to demonstrate work values. It specifically includes – define the purpose of work; apply work values / ethics; deal with ethical problems; and maintain integrity of conduct in the workplace.
Elements of Competency	Performance Criteria Bold & Underlined terms are elaborated in the Range of Variables Training Components
Define the purpose of work	 1.1 One's unique sense of purpose for working and the why's of work are identified, reflected on and clearly defined for one's development as a person and as a member of society. 1.2 Personal mission is in harmony with industry values are defined.
2. Apply work values / ethics	 2.1 Work values / ethics / concepts are classified and reaffirmed in accordance with the transparent industry ethical standards, policies and guidelines. 2.2 Work practices are undertaken in compliance with industry work ethical standards, industry policy and guidelines. 2.3 Personal behavior and relationships with co-workers are maintained as per standards, policy and guidelines. 2.4 Company resources are used in accordance with transparent company ethical standard, policies and guidelines.
3. Deal with ethical problems	 3.1 industry ethical standard, organizational policy and guidelines on the prevention and reporting of unethical conduct are accessed and applied in accordance with transparent company ethical standard, policies and guidelines. 3.2 Work incidents / situations are reported and/or resolved in accordance with company protocol / guidelines. 3.3 Resolution and / or referral of ethical problems identified are used as learning opportunities.
4. Maintain integrity of conduct in the workplace	 4.1 Personal work practices and values are demonstrated consistently with acceptable ethical conduct and company's core values. 4.2 <u>Instructions</u> to co-workers are provided based on ethical, lawful and reasonable directives. 4.3 Company values / practices are shares with co-workers using appropriate behavior and language.

Variable	Rang	ge (may include but not limited to):	
	1.1	Commitment / Dedication	
	1.2	Sense of urgency	
	1.3	Sense of purpose	
	1.4	Love for work	
	1.5	High motivation	
	1.6	Orderliness	
	1.7	Reliability	
	1.8	Competence	
1	1.9	Dependability	
1. Work values / ethics /	1.10	Goal-oriented	
concepts	1.11	Sense of responsibility	
		Being knowledgeable	
	1.13	Loyalty to work/company	
		Sensitivity to others	
	II.	Compassion/Caring attitude	
	II.	Balancing between family and work	
		Benjamin spirit/teamwork	
		Sense of nationalism	
	1.19	Gender awareness	
	2.1	Quality of work	
	2.2	Punctuality	
	2.3	Efficiency	
	2.4	Effectiveness	
2 37 1	2.5	Productivity	
2. Work practices	2.6	Resourcefulness	
	2.7	Innovativeness / Creativity	
	2.8	Cost consciousness	
	2.9	5S	
	2.10	Attention to details	
	3.1	Consumable materials	
	3.2	Equipment / Machineries	
3. Company resources	3.3	Human	
	3.4	Time	
	3.5	Financial resources	
	4.1	Violent / intense dispute or argument	
	4.2	Gambling	
	4.3	Use of prohibited substances	
	4.4	Pilferages	
4. Incidents / situations	4.5	Damage to person or property	
T. Including / Situations	4.6	Vandalism	
	4.7	Falsification	
	4.8	Bribery	
	4.9	Sexual Harassment	
	4.10	Blackmail	
5. Instructions	5.1	Verbal	
J. HISH UCHOHS	5.2	Written	
Evidence Guide			
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The evidence must be authentic, valid, sufficient, reliable, consistent and recent and meet the requirements of the current version of the Unit of Competency

Assessment required evidence that the candidate: 1.1 defined one's unique sense of purpose for working 1.2 clarified and affirmed work values / ethics / concepts consistently in the workplace 1.3 demonstrated work practices satisfactorily and consistently in compliance with industry work ethical standards, organizational policy and guidelines 1.4 demonstrated personal behavior and relationships with co-workers and / or clients consistent with ethical standards policy and guidelines 1.5 used company ethical standards, organizational policy and guidelines 1.6 followed company ethical standards, organizational policy and guidelines on the prevention and reporting of unethical conduct / behavior 1.7 demonstrated sufficient knowledge of the factors influencing negotiation to achieve agreed outcome 1.8 participated in negotiation with at least one person to achieve an agreed outcome. 2.1 Occupational safety and health. 2.2 Work values and ethics. 2.3 Company performance and ethical standards. 2.4 Company policies and guidelines. 2.5 Fundamental rights at work including gender/sensitivity. 2.6 Work responsibilities / job functions. 2.7 Corporate social responsibilities. 2.8 Company code of conduct / values. 2.9 Balancing work and family responsibilities. 2.10 Codes of practice and guidelines for the organization. 2.11 Organization policy and procedures for negotiations. 2.12 Decision making and conflict resolution strategies procedures. 2.13 Problem solving strategies on how to deal with unexpected questions and attitudes during negotiation. 3.1 Developing interpersonal skills to strengthen rapport with other parties. 3.2 Communicating with others (verbal and listening). 3.3 Self-awareness, understanding and acceptance. 3.4 Applying good manners and right conduct. 3.5 Observation skills. 4. Commitment to occupational health and safety 4. Underpinning Attitude	A				
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	4. Underpinning Attitude	4.2	· ·		
4.3 Sincere and honest to duties		4.3	Sincere and honest to duties		

	4.4 Environmental concerns
	4.5 Eagerness to learn
	4.6 Tidiness and timeliness
	4.7 Respect for rights of peers and seniors in workplace
	4.8 Communication with peers, sub-ordinates and seniors in
	workplace
	The following resources must be provided:
5 D	5.1 Tools, equipment and physical facilities appropriate to
5. Resource Implications	perform activities
	5.2 Materials, consumables to perform activities
	6.1 Written Test
6. Methods of	6.2 Demonstration
Assessment	6.3 Oral Questioning
	6.4 Portfolio
	7.1 Competency assessment must be done in NSDA
7. Context of	Accredited Assessment center
Assessment	7.2 Assessment should be done by NSDA certified/
	nominated assessor

Accreditation Requirements

Training Providers must be accredited by National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Unit Code and Title	GU011L4V1: Lead Small Team	
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to lead small team. It specifically includes – provide team leadership; assign responsibilities; set performance expectations for team members; and supervised team performance.	
Nominal Hours	20 Hours	
Elements of Competency	Performance Criteria Bold & Underlined terms are elaborated in the Range of Variables	
1. Provide team leadership	 1.1 Work requirements are identified and presented to team members 1.2 Reasons for instructions and requirements are communicated to team members 1.3 Team members' queries and concerns are recognized, discussed and dealt with 	
2. Assign responsibilities	 2.1 Duties, and responsibilities are allocated having regard to the skills, knowledge and attitudes required to properly undertake the assigned task 2.2 Duties are allocated having regard to individual preference, domestic and personal considerations, whenever possible 	
3. Set performance expectations for team members	 3.1 Performance expectations are established based on client needs and according to assignment requirements 3.2 Performance expectations are based on individual team members' duties and area of responsibility 3.3 Performance expectations are discussed and directed to implement in the workplace 	
4. Supervise team performance	 4.1 Monitoring of performance are taken place against defined performance criteria and / or assignment instructions and corrective action taken if required 4.2 Team members are provided feedback, positive support and advice on strategies to overcome any deficiencies 4.3 Performance issues which cannot be rectified or addressed within the team are referenced to appropriate personnel 4.4 Team members are kept informed of any changes in the priority allocated to assignments or tasks which might impact on clients' / customers' needs and satisfaction 	

		1	
		4.5	Team operations are monitored to ensure that employer /
			client needs and requirements are met
		4.6	Follow-up communication is provided on all issues
			affecting the team
		4.7	All relevant documentation is completed
		4.7	An relevant documentation is completed
Ra	nge of Variables		
Va	riable	Ran	ge (may include but are not limited to):
	***	1.1	Client Profile
1.	Work requirements	1.2	Assignment instructions
2.	Team member's	2.1	Roster
	queries and concerns	2.2	Shift details
3.	Monitoring of	3.1	Formal process
	performance	3.2	Informal process
	_	4.1	Formal process
4.	Feedback	4.2	Informal process
		4.3	Sandwich process
			Work output
		5.2	Work quality
5.	Performance issues	5.3	Team participation
		5.4	Compliance with workplace protocols
		5.5	Safety
_		5.6	Customer service
	idence Guide	,•	1:1 (6:1:4 1:11
			valid, sufficient, reliable, consistent, recent and meet all
req	requirements of current ver		
		1.1	Maintained or improved individuals and / or team
			performance given a variety of possible scenario
		1.2	Assessed and monitored team and individual performance
			against set criteria
		1.3	Represented concerns of a team and individual to next
			level of management or appropriate specialist and to
1.	Critical aspects of		negotiate on their behalf
	competency	1 4	_
		1.4	Allocated duties and responsibilities, having regard to
			individual's knowledge, skills and attitude and the needs
			of the tasks to be performed
		1.5	Set and communicated performance expectations for a
			range of tasks and duties within the team and provided
			feedback to team members
			10000011 to temil illelileeld

		2.1	Company policies and procedures
		2.2	Relevant legal requirements
2. Underpinning	Underpinning	2.3	How performance expectations are set
	knowledge	2.4	Methods of Monitoring Performance
		2.5	Client expectations
		2.6	Team members' duties and responsibilities
		3.1	Informal performance counselling skills
3.	Underpinning skills	3.2	Team building skills
		3.3	Negotiating skills
		4.1	Commitment to occupational health and safety
		4.2	Promptness in carrying out activities
		4.3	Sincere and honest to duties
١,	D 1 1 424 1	4.4	Environmental concerns
4.	Required attitudes	4.5	Eagerness to learn
		4.6	Tidiness and timeliness
		4.7	Respect for rights of peers and seniors in workplace
		4.8	Communicate with peers and seniors in workplace
		The	following resources must be provided:
	Resource implications	5.1	Workplace (actual or simulated)
		5.2	Tools, equipment and facilities appropriate to processes
			or activity
5.		5.3	Materials relevant to the proposed activity
		5.4	Equipment and outfits appropriate in applying safety
			measures
		5.5	Relevant drawings, manuals, codes, standards and
			reference material
			hods of assessment may include but not limited to:
6.	Methods of assessment	6.1	Written test
		6.2	Demonstration
		6.3	Oral questioning
		6.4	Portfolio
	Context of assessment	7.1	Competency assessment must be done in a training centre
7.			or in an actual or simulated workplace after completion of
			the training module
		7.2	Assessment should be done by NSDA certified assessor

Accreditation Requirements

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Sector Specific Competencies

Unit Code and Title	SUIS004L3V1: Interpret mental retardation and autism spectrum disorders (ASD) associated problems		
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to interpret mental retardation and autism spectrum disorders (ASD) associated problems. It specifically includes interpreting autism spectrum disorder (ASD), recognizing ASD in Child and adults, and following treatment suggestions for ASD in adults.		
Nominal Hours	40 Hours		
Elements of competency	Performance Criteria Bold & underlined terms are elaborated in the Range of Variables		
Interpret autism spectrum disorder (ASD)	 1.1 ASD is defined. 1.2 Sign and symptom of ASD are recognized. 1.3 Causes of autism spectrum disorder are identified. 1.4 Risk Factors of ASD are interpreted. 		
2. Recognize ASD in Child	 2.1 Development issues of a child are interpreted. 2.2 Abnormal behaviors in a child are recognized. 2.3 Presence of ASD sign in a child is reported to relevant authority. 2.4 Preventive measures against ASD in a Child is taken as prescribed by experts. 2.5 Treatment chart from expert is followed as per standard procedure. 		
3. Recognize ASD in Adult	 3.1 ASD in adult is interpreted. 3.2 Signs and symptoms of ASD in adult are recognized. 3.3 Case of ASD in an adult is reported to relevant authority. 		
4. Follow treatment suggestions for ASD in adults.	 4.1 Behavioral analysis (ABS) is applied following standard procedure. 4.2 Prescribed Suggestions from expert is followed for assisting treatment. 4.3 Client is assisted to follow suggested therapies. 4.4 Client is assisted to promote awareness of ASD 		
Range of Variables			
Variable	Range (may include but not limited to):		
Sign & symptom of autism spectrum disorder	 1.1 Unable to concentrate 1.2 Lack of eye contact 1.3 Difficulty with communication 1.4 Repetitive behaviors 		

		1.5	Fail to gain attention		
		1.6	Miss matched expression, movement, gesture etc.		
2. Causes of Autism	2.1	Family history			
	Causes of Autism	2.2	Genetic mutation		
2.	Spectrum Disorder	2.3	Low birth weight		
	Spectrum Disorder	2.4	Environmental effect		
		2.5	History of viral infection		
		3.1	Repetitive behaviors		
3.	Abnormal behaviours	3.2	Difficulty with sleeping		
	in a child	3.3	Eating non-food items		
		3.4	Abnormal social behavior		
4.	Preventive measures	4.1	Educational intervention		
٦.	against ASD in a	4.2	Medical management		
	Child	4.3	Family support		
	Cilia	4.4	Appropriate diet chart		
		5.1	Be consistent		
		5.2	Stick to a schedule		
5.	Treatment chart from	5.3	Reward good behavior		
5.		5.4	Create a home safety zone		
	expert	5.5	Nonverbal ways to communicate		
		5.6	Make time for fun		
		5.7	Pay attention to sensory sensitivities		
		6.1	Occupational therapy		
6	Suggested therenies	6.2	Speech therapy		
6.	Suggested therapies	6.3	Physical therapy		
		6.4	Pharmacological therapy		
		7.1	Embracing, respecting and supporting children with ASD		
7	Awaranass of ASD	7.2	Importance of ASD awareness		
/.	Awareness of ASD	7.3	ASD Day and Month		
		7.4	Building awareness among all.		
Ev	vidence Guide	•			
Th	ne evidence must be auti	hentio	c, valid, sufficient, reliable, consistent, recent and meet all		
rec	quirements of current ver	rsion	of the Unit of Competency.		
	-	1.1	Recognized ASD in Child		
	Critical aspect of	1.2	Recognized ASD in Adult		
	competency	1.3	Followed treatment suggestions for adults with ASD.		
		2.1	Sign & symptom of autism spectrum disorder		
		2.2	Causes of autism spectrum disorder		
		2.3	Risk factors of autism spectrum disorder		
I	Underpinning	2.4	Types of autism spectrum disorder		
	knowledge	2.5	Development Screening		
		2.6	Repetitive behaviours		
			Socialization of a ASD affected child		
		2.7	DOCIGIDATION OF A FIDE AFFORMATION OF A FIDE		

2.8 Applied behavioural analysis (ABS)
3.1 Managing of ASD Client
3.2 Helping ASD clients by providing safety
3.3 Socializing of an ASD affected child
3.4 Reporting cases with ASD.
4.1 Commitment to occupational safety and health.
4.2 Promptness in carrying out activities.
4.3 Sincere and honest to duties.
4.4 Eagerness to learn.
4.5 Tidiness and timeliness.
4.6 Environmental concerns.
4.7 Communicate with peers and seniors in workplace.
4.8 Respect for rights of peers and seniors in workplace.
The following resources must be provided:
5.1 Workplace (actual or simulated)
5.2 Relevant standards and reference manual
5.3 Sample case study documents.
Methods of assessment may include but not limited to:
6.1 Written test
6.2 Demonstration
6.3 Oral questioning
6.4 Portfolio/Case study
7.1 Competency assessment must be done in NSDA
accredited assessment centre.
7.2 Assessment should be done by a NSDA
certified/nominated assessor.

Accreditation Requirements

Training Providers must be accredited by National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Occupation Specific Competencies

Unit Code and Title	OUISCEP01L3V1: Provide care to elderly people
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to provide care to elderly people. This includes monitoring and recording vital signs of client assisting client in fluids and dietary requirements, assisting client in urine and bowel elimination, assisting client with bathing, perineal/genital care, skin care, preparing and maintaining client's bed, and assisting client in safe movement and transfer.
Nominal Hours	50 Hours
Elements of Competency	Performance Criteria Bold & Underlined terms are elaborated in the Range of Variables
Monitor and record vital signs of client	 Vital signs instruments are prepared and cleansed based on established procedures. Factors affecting vital signs of client are determined, documented and reported based on established standards. Vital signs are monitored and recorded in accordance with the standard procedures.
2. Assist client in fluids and dietary requirements	 2.1 Hygiene and cleanliness are observed in accordance with established standards. 2.2 Feeding tools, materials, and equipment are prepared and used in an appropriate and safe manner in accordance with care plan. 2.3 Well-balanced diet is followed and prepared according to dietary requirements. 2.4 Feeding is done as per standard feeding procedure. 2.5 Aspiration and regurgitation signs and symptoms, and precautions are observed as per standard procedure. 2.6 Storage and disposal of left-over food are handled in accordance with established procedures.
3. Assist client in urine and bowel elimination	 3.1 The client's bladder and bowel functioning are checked according to care plan. 3.2 Required processes, toileting equipment, aids and appliances are prepared and used in an appropriate and safe manner. 3.3 Infection control procedures are ensured as per standard procedure. 3.4 The client is positioned before elimination as per standard procedure and in consideration of client's comfort and privacy.

		The client is assisted in using the urinal, bedpan, commode and other assistive devices according to requirements.
	3.6	Urinary and bowel elimination problems (if any) are identified and recorded.
	3.7	The client is assisted in cleaning herself/himself.
	3.8	Wastes, used diapers and wipes are properly disposed
		following standard industry practice.
	3.9	Assistive devices are cleaned, sanitized and stored after
		use.
	4.1	Verbal and non-verbal therapeutic communication is applied based on established procedure.
	4.2	Bathing equipment aids and appliances are
		prepared according to established standard.
	4.3	The environment is modified or adapted to
		ensure maximum comfort and safety.
4. Assist client with	4.4	The client is prepared using appropriate <u>dressing</u>
bathing /Showering	1.5	and undressing techniques.
	4.5	The client is checked for skin rashes and / or sores following standard infection control
		sores following standard infection control practices.
	4.6	The client is assisted in bathing/showering
	4.0	maintaining the client's sense of control.
	4.7	The client is assisted in dressing following client
		preference and comfort.
	5.1	Therapeutic communication techniques are used based on
		established Standard.
	5.2	Perennial/genital care equipment are prepared
		maintaining infection control security and standard.
5. Assist client in perineal	5.3	Privacy, comfort and safety of the client is maintained as
/genital care		per established standard.
	5.4	The client is assisted in perineal/genital care
		maintaining the client's sense of control.
	5.5	Activities are documented and reported following
		established standard.
	6.1	The purpose and scope of the activity is explained to the
		client utilizing therapeutic communication tools.
	6.2	Tools, equipment and materials are prepared and used in
	0.2	an appropriate and safe manner in accordance with care
6. Assist client in oral care		plan.
	6.3	•
	0.5	Principles of infection control is practiced based on
	E 1	established procedure.
	6.4	Client is assisted in the proper way to practice oral hygiene
		according to established procedure.
	6.5	Client is assisted in the proper way to clean dentures
		according to established procedure.

	6.6	Ways to give oral hygiene to conscious/ unconscious		
	0.0	clients are applied as per standard procedure.		
	6.7	Documentation of oral care is maintained as per		
	0.,	standard procedure.		
	7.1	Consent is taken from client before starting the		
	/.1	procedure.		
	7.2	Tools, equipment, materials are prepared and used		
	7.2	in an appropriate and safe manner in		
		accordance with established procedures.		
	7.3	Skin conditions and breakdowns are assessed		
7. Assist the client in skin	,	ensuring privacy and safety and documented based		
care		on established standard.		
	7.4	Client is assisted in performing skin care ensuring		
	, , ,	nutrition and hydration practices as per standard care		
		procedures.		
	7.5	Client is assisted with physical movement and range		
		of motion exercises as per standard		
		procedures.		
	8.1	The area for bed making is cleaned and ready as per		
		standard procedure.		
	8.2	Bed, equipment and aids for bed making are prepared		
		based on established		
		Standard.		
	8.3	Comfort and safety of the client is recognized when doing		
8. Prepare and maintain		occupied bed making as per standard procedure.		
client's bed	8.4	Bed is prepared considering client's body mechanics.		
	8.5	Damaged and/or faulty beds, equipment, mattresses,		
		pillows and linen are reported to appropriate persons		
		following standard procedure.		
	8.6	Dirty linen is sent to washing house.		
	8.7	Waste is disposed as per standard procedures.		
	9.1	Mobility/transfer equipments are prepared and used in		
		an appropriate and safe manner in accordance with care		
9. Assist client in safe movement and transfer		plan based on established standard procedures		
	9.2	Client is assisted with movement to regain independence		
		in accordance with established standard procedures		
	9.3	Client is given positive reinforcement during movement		
		based on established standard procedures		
	9.4	Client's progress is recorded and reported to responsible		
		persons		
Range of Variables				

Va	riable	Range (may include but not limited to):
		1.1 Bowls and plates with high sides
		1.2 Bowls and plates with partition
		1.3 Insulated bowls and plates
1.	Feeding Tools, materials and equipment	1.4 Slip resistant bowls and plates
		1.5 Mugs and cups with straws
		1.6 Lap trays
		1.7 Strip resistant tray liners
		1.8 Non-metallic /shaped Protective clothing – aprons, bibs,
		neckerchiefs spoons and forks
		2.1 Raised toilet seats
		2.2 Commode chairs
		2.3 Toilet backrest
		2.4 Toilet rails
		2.5 Female urinals
		2.6 Male urinals
		2.7 Bedpans
2.	Toileting Equipment,	2.8 Bed rail
	aids and appliances	2.9 Incontinence aids and devices:
		2.9.1 Disposable pads, nappies, pull-on style pads and all-in-one pads
		2.9.2 Reusable bed pads, chair pads and pants
		2.9.3 Sheaths (latex and non-latex)
		2.9.4 Leg and night drainage bags
		2.9.5 Stretch pants (only supplied with non-adhesive
		shaped pads)
		3.1 Shower chairs and stools
		3.2 Hair washing basin
3.	Bathing Equipment,	3.3 Rinse free shampoo
	aids and Appliances	3.4 Shower cap
	TI	3.5 Cleansing towel
		3.6 Bathing towel`3.7 Modesty garment / bath robe
		4.1 Determine comfort and needs
		4.2 Select cloth
4.	Dressing and	4.3 Ensure privacy and safety
	undressing	4.4 Ensure adequate time to do themselves as much as she/he is
	technique	able to and on his/her comfort and needs.4.5 Assist client in dressing and undressing.
		4.6 Use Well-fitting shoes and slippers to avoid accidents and falls.

5.	Bathing Tools, materials and equipment	 5.1 Forceps 5.2 Cotton balls 5.3 Kidney basin 5.4 Cotton canister 5.5 Rubber sheet 5.6 Underpads 5.7 Hypoallergenic liquid soap 5.8 Bath Towel 5.9 Personal Protective Equipment 5.10 Hand towel 5.11 Bath blanket 5.12 Bed pan
6.	Perineal/Genital Care equipment	 6.1 Female Genital organ of a mannequin 6.1.1 Steps in cleaning the female genital organ 6.1.2 Mons pubis 6.1.3 Labia majora 6.1.4 Labia minora 6.1.5 Clitoris 6.1.6 Opening of Urethra 6.1.7 Opening of Vagina 6.1.8 Perineum 6.1.9 Anus 6.2 Male Genitalia organ of mannequin 6.2.1 Steps in cleaning the male genital organ 6.2.2 Penis 6.2.3 Urethra 6.3 Scrotum
7.	Tools, Equipment and Materials	 7.1 Toothpaste 7.2 Interdental toothbrush 7.3 Glycerin 7.4 Toothbrush 7.5 Floss Holder 7.6 Unbreakable Glass
8.	Tools, Equipment and Materials	 8.1 Mattress, bed and special cushions 8.2 Gentle cleanser 8.3 Saltwater (saline) solution 8.4 Non-steroidal anti-inflammatory drugs 8.5 Gauze 8.6 Bandage
9.	Skin	 9.1 Type or structure 9.2 Size 9.3 Shape 9.4 Texture 9.5 Color 9.6 Distribution 9.7 Configuration
10.	Bed Making	10.1 Ordinary Bed with mattress10.2 Surgical Bed with mattress10.3 Steps in bed making

		.3.1 Occupied bed
	10	.3.2 Un-occupied bed
		10.3.2.1 Open bed
		10.3.2.2 Close bed
	11.1	Hospital bed with side rails
	11.2	Linens
	11.3	bottom sheet
	11.4	top sheet
	11.5	under pads
	11.6	pillow case
11. Bed, Equipment and	11.7	pillow
aids	11.8	Over bed tables
	11.9	Bed wedge
	11.10	Slide sheet
	11.11	Foot stool
	11.12	Hospital bed with side rails
	11.13	Hamper
	11.14	Linen trolley
	12.1	Walkers
	12.2	Canes
	12.3	Crutches
12. Mobility/Transfer	12.4	Wheelchair
•	12.5	Trapeze
equipment	12.6	Transfer/gait belt
	12.7	Mobility draw sheet
	12.8	Transfer boards
	12.9	Commode chairs
Evidence Guide		

Evidence Guide

The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.

1			
	1.1	Assisted client in fluids and dietary requirements	
	1.2	Assisted client in urine and bowel elimination	
Critical aspect of	1.3	Assisted client with bathing/Showering	
competency	1.4	Assisted client in perineal/genital care	
	1.5	Assisted client in oral care	
	1.6	Assisted client in safe movement and transfer	
	2.1	Principles of progressive activities	
2. Underpinning	2.2	Purpose and scope of the bathing technique	
knowledge	2.3	Hygiene and cleanliness during feeding	
	2.4	Positive reinforcement in movement	
	3.1	Applying bathing techniques	
	3.2	Measuring vital signs	
2 11-1	3.3	Cleaning assistive devices	
3. Underpinning skills	3.4	Dressing and undressing an elder	
	3.5	Recording and documenting activities	
	3.6	Assessing conditions of a client	
	•		

	Required attitudes	4.1 Commitment to occupational safety and health.
		4.2 Promptness in carrying out activities.
		4.3 Sincere and honest to duties.
4		4.4 Eagerness to learn.
4.		4.5 Tidiness and timeliness.
		4.6 Environmental concerns.
		4.7 Respect for rights of peers and seniors at workplace.
		4.8 Communicate with peers and seniors at workplace.
		The following resources must be available:
		5.1 Workplace (actual or simulated)
		5.2 Access to relevant workplace or appropriately simulated
_	Dagayana immliaatian	environment where assessment can take place
5.	Resource implication	5.3 Relevant institutional policy, guidelines, procedures and
		protocols
		5.4 Emergency response procedures and employee support
		arrangements.
	Methods of assessment	Methods of assessment may include but not limited to:
_		6.1 Written test
6.		6.2 Demonstration
		6.3 Oral questioning
		6.4 Portfolio/case study
		7.1 Competency assessment must be done in NSDA accredited
7.	Context of	assessment center.
	assessment	7.2 Assessment should be done by a NSDA certified/
		nominated assessor.

Unit Code and Title	OUISCEP02L3V1: Respond to Challenging Behavior
	This unit covers the knowledge, skills and attitudes required to
	respond to challenging behavior.
Unit Descriptor	It includes planning responses for challenging behavior,
	applying response for challenging behavior and reporting and
	reviewing incidents.
Nominal Hours	50 Hours
Elements of	Performance Criteria
Competency	Bold & italicized terms are elaborated in the Range of Variables
	1.1 Responses are planned to manage instances of difficult or
	challenging behavior
1. Plan responses for	1.2 <u>Difficult or challenging behavior</u> are identified and
challenging behavior	appropriate strategies are planned as required
	1.3 Safety of self, client and others is given priority according
	to institutional policies and procedures
	2.1 Difficult or challenging behavior is dealt according to
2. Apply response for	institutional policy and procedures.
challenging behavior	2.2 Appropriate communication method is used to achieve the
enunenging benavior	desired outcomes in responding to difficult or challenging
	behavior.
	3.1 Incidents are reported according to institutional policies
	and procedures.
	3.2 Incidents are reviewed with appropriate staff and
3. Report and review	suggestions to area of responsibility are made.
incidents	3.3 Debriefing mechanisms and other activities are used and
	participated in.
	3.4 Advice and assistance are sought from legitimate sources
	when appropriate.
Range of Variables	
Variable	Range (may include but not limited to):
	1.1 Own ability and experience
1. Responses	1.2 Established institutional procedures
	1.3 Knowledge of individual persons and underlying causes
	2.1 Aggression/Assaultive behavior
	2.2 Dementia sign
2. Difficult or	2.3 Confusion or other cognitive impairment
challenging behaviors	2.4 Noisiness
chancinging ochaviors	2.5 Shyness
	2.6 Manipulative
	2.7 Wandering

	2.8 Self-destructive
	2.9 Intoxication
	2.10 Withdrawn/depressed
	2.11 Negativistic
	2.12 Intrusive behavior
	2.13 Verbal offensiveness
	2.14 Denial
	3.1 Diversional activities
2 Stratagies	3.2 Referring to appropriate personnel e.g. supervisor, security
3. Strategies	officer
	3.3 Follow established emergency response procedures
	4.1 Incident reporting and documentation
4. Institutional policies	4.2 Operational guidelines for handling incidents and/or cases
and procedures	involving difficult and challenging behavior
	4.3 Debriefing of staff involved in the incident
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Evidence Guide

The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.

Critical aspect of competency	1.1 Planned responses for challenging behavior1.2 Applied response for challenging behavior
	2.1 Human behavior and psychology.
	2.2 Specific causes and concerns related to
2. Underpinning	difficult/challenging behavior.
knowledge	2.3 Strategies to handle difficult or challenging behavior.
	2.4 Institutional policies and procedure to make reports
	2.5 Dementia.
	3.1 Observing the behavior of the client and family members.
	3.2 Applying communication skills.
2 Undominning skills	3.3 Remaining calm and positive in adversity.
3. Underpinning skills	3.4 Thinking and responding quickly and strategically.
	3.5 Remaining alert to potential incidents of difficult or
	challenging behavior.
	4.1 Commitment to occupational safety and health.
	4.2 Promptness in carrying out activities.
	4.3 Sincere and honest to duties.
4. Required attitudes	4.4 Eagerness to learn.
4. Required attitudes	4.5 Tidiness and timeliness.
	4.6 Environmental concerns.
	4.7 Respect for rights of peers and seniors at workplace.
	4.8 Communicate with peers and seniors at workplace.
5. Resource implication	The following resources must be available:
3. Resource implication	5.1 Workplace (actual or simulated)

	5.2 Access to relevant workplace or appropriately simulated environment where assessment can take place5.3 Relevant institutional policy, guidelines, procedures and
	protocols 5.4 Emergency response procedures and employee support arrangements.
6. Methods of assessment	Methods of assessment may include but not limited to: 6.1 Written test 6.2 Demonstration 6.3 Oral questioning 6.4 Portfolio/case study
7 Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre.7.2 Assessment should be done by a NSDA certified/nominated assessor.

Unit Code and Title	OUISCEP03L3V1: Perform palliative care		
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to perform palliative care. It includes assisting in basic wound care, applying hot and cold therapy, and assisting in providing palliative care.		
Nominal Hours	50		
Elements of Competency	Performance Criteria Bold & italicized terms are elaborated in the Range of Variables		
1. Assist in basic wound care	 The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools. Infection control technique is applied following standard procedure. Client's comfort and safety is ensured as per standard procedure. Wound is assessed as per standard procedure. Wound dressing techniques is applied following standard procedure. Wound healing progress is monitored and recorded as per standard procedure. 		
2. Apply hot and cold therapy	 2.1 The goals and benefits of hot and cold therapy in pain management is explained to the client as prescribed by the doctor. 2.2 Possible risks and complications of hot and cold therapy on the client are understood 2.3 Appropriate hot/cold therapy techniques are applied to the client 2.4 Risks and limitations are identified and reported based on established standard procedures 2.5 Progress is monitored and recorded based on established standard procedures 		
3. Assist in providing palliative care	 3.1 Concepts of death, dying and other related terminologies are explained. 3.2 The Dying Person's Bill of Rights is followed according to established standard 3.3 Principles of Palliative care is applied based on established standard 3.4 Strategies to keep clean and comfortable is applied when discussing death and dying 3.5 Precautions are used based on established standard 		

	3.6 Caregiver's responsibilities are applied based on
	established standard
	3.7 Benefits of Palliative Care is discussed based on
	established standard
	3.8 Client's response to palliative is documented
Range of Variables	
Variable	Range (may include but not limited to):
	1.1 Materials:
	1.1.1 Forceps
	1.1.2 Cotton balls
	1.1.3 Gauze dressing
	1.1.4 Bandage
	1.1.5 Kidney basin
	1.1.6 Saline solution
	1.1.7 Bandage scissors
	1.1.8 Small plastic container
	1.1.9 Trash bin
	1.2 Wound assessment according to:
	1.2.1 Size
	1.2.2 Depth
	1.2.3 Location
	1.2.4 Discharge
	1.2.5 Blood
	1.2.6 Pus
1. Wound dressing	1.2.7 Odor/ smell
	1.2.8 Types of wounds
	1.2.9 Closed wound
	1.2.10 Open wound
	1.2.11 Abrasion
	1.2.12 Incision
	1.2.13 Punctured
	1.2.14 Laceration
	1.2.15 Avulsion
	1.2.16 Amputation
	1.3 Management
	1.3.1 Minor wound
	1.3.2 Wash with soap and water
	1.3.3 Cleanse with saline solution from inner
	to outer in circular motion using one
	stroke per cotton ball
	1.3.4 Wound bleeding
	1.3.5 Apply direct pressure

	1.3.6 Elevation
	1.3.7 Apply pressure to the pulse nearest to
	the wound
	1.3.8 Cover with dressing and apply bandage
	1.3.9 Bring to the nearest hospital
	1.3.10 Proper dressing of wound
	1.3.11 Cardinal signs of infection
	1.3.12 Wound dressing
	2.1 Heat and cold application paraphernalia
	2.2 Guidelines in applying hot and cold
	2.3 Contraindication of hot and cold therapy
	2.4 Applying ice packs to injury within 48 hours
2. Appropriate hot / cold	2.5 Wetting a towel with cold water and then placing ice inside
therapy techniques	to keep the cloth cold
	2.6 Using Electric heating pads, microwavable pads, hot water
	bottles, gel packs, warm towels, and hot water baths under
	20 minutes for hot therapy
	2.7 Alternating hot and cold therapy
	3.1 Death
	3.2 Dying
	3.3 Closed Awareness
3. Concepts of death,	3.4 Mutual Pretense
dying and other	
related terminologies	1
	3.6 Hospice
	3.7 Palliative Care
	3.8 End of Life Care
	4.1 Be treated as a living human being until death
	4.2 Maintain a sense of hopefulness, however changing its focus may be
	4.3 Be cared for by those who can maintain a sense of
	hopefulness, however changing this might be
	4.4 Express feelings and emotions about approaching death
	in their own way
	4.5 Participate in decisions concerning their care
	4.6 Expect continuing medical and nursing attention even
4. Dying Person's Bill	though "cure goals" must be changed to "comfort goals"
of Rights	4.7 Not die alone
	4.8 Be free of pain
	4.9 Have their questions answered honestly
	4.10 Not be deceived
	4.11 Have help from and for their family in accepting death4.12 Die in peace and dignity
	4.13 Retain their individuality and not be judged for their
	decisions, which may be contrary to the beliefs of others
	4.14 Discuss and enlarge their religious or spiritual
	experiences, regardless of what they may mean to others

	4 1 7	
	4.15	Expect that the sanctity of the human body will be respected after death
	4 16	Be cared for by caring, sensitive, knowledgeable people
	4.10	who will attempt to understand their needs and will be
		able to gain some satisfaction in helping them to face
		death
	5.1	Provide relief from and other distressing symptoms
	5.2	Affirms life and regards dying as a normal process
5. Principles of	5.3	Intends neither to hasten or postpone death
Palliative care	5.4	Integrated the psychological and spiritual aspects of client care
	5.5	Offers a support to help clients live actively as possible until death
	6.1	Identify your personal feelings about death and how
	0.1	they may influence interaction with client
	6.2	Focus on the client's needs
	6.3	Establish open communication
6. Strategies	6.4	Provide caring touch
	6.5	Respond with honesty and directness to the client's
	0.0	question about death
	6.6	Make time to be available to the client to provide
		support, listen and respond
	7.1	Encouraging open and early discussion on death and
		dying
	7.2	Allowing for advance care planning
7. Caregiver's	7.3	Providing opportunities especially for improved control
responsibilities		of pain symptoms
	7.4	Offering the client and family consistent and continuous care
	8.1	Assists the client achieved a dignified and peaceful
		death
	8.2	Provide relief from fear, loneliness and depression
	8.3	Maintains client's security, dignity and self-worth
	8.4	Maintain physiologic and psychological comfort
	8.5	Monitor vital signs
8. Benefits of Palliative	8.6	Provide personal hygiene
Care	8.7	Provide pain control (psychologically)
	8.8	Provide relief of respiratory difficulties (elevate bed,
		deep breathing)
	8.9	Aid with mobility, nutrition, hydration and
		elimination)
	8.10	Provide spiritual support
		Ensure client's spiritual is attended
	J.11	british a spinish to attended

	0.12 Compaired has othical and moral responsibility not to
	8.12 Caregiver has ethical and moral responsibility not to impose their own religion or spiritual belief on a client
	impose their own rengion of spiritual benef on a chefit
Evidence Guide	
	nentic, valid, sufficient, reliable, consistent, recent and meet all
requirements of current ver	sion of the Unit of Competency.
1. Critical Aspects of	1.1 Assisted in basic wound care
Competency	1.2 Applied hot and cold therapy
Competency	1.3 Assisted in providing palliative care
	2.1 Basic wound care process
	2.2 Basic wound dressing process
2. Underpinning	2.3 Wound healing progress monitoring and recording
knowledge	process
Knowiedge	2.4 Dying Person's Bill of Rights
	2.5 Precautions of palliative care
	2.6 Palliative care documentation process
	3.1 Assessing wounds progress
3. Underpinning skills	3.2 Counselling and motivating clients
5. Chacipining skins	3.3 Dressing wounds
	3.4 Providing hot and cold therapy
	4.1 Commitment to occupational safety and health.
	4.2 Promptness in carrying out activities.
	4.3 Sincere and honest to duties.
4. Required attitudes	4.4 Eagerness to learn.
4. Required attitudes	4.5 Tidiness and timeliness.
	4.6 Environmental concerns.
	4.7 Respect for rights of peers and seniors at workplace.
	4.8 Communicate with peers and seniors at workplace.
	The following resources must be available:
	5.1 Workplace (actual or simulated)
5. Resource implication	5.2 Access to relevant workplace or appropriately simulated
3. Resource implication	environment where assessment can take place
	5.3 Relevant tools and materials, guidelines, procedures and
	protocols.
	Methods of assessment may include but not limited to:
	6.1 Written test
6. Methods of assessment	6.2 Demonstration
	6.3 Oral questioning
	6.4 Portfolio/case study
	7.1 Competency assessment must be done in NSDA accredited
7. Context of assessment	assessment centre.
7. Comeat of assessment	7.2 Assessment should be done by a NSDA
	certified/nominated assessor.

Unit Code and Title	OUISCEP04L3V1: Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients	
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to manage clients with stroke, dementia, Parkinson & Alzheimer's disease patients. It includes preparing to assist with medication, preparing the client for assistance in administering medication, assisting medication administration, providing record and report of the client, complying with industry procedures for raised issues, and completing administration of prescribed medication.	
Nominal Hours	50	
Elements of	Performance Criteria	
Competency	<u>Bold & italicized</u> terms are elaborated in the Range of Variables	
Prepare to assist with medication	 1.1 Personal hygiene and disinfection control procedures are carried out according to standard practice. 1.2 Therapeutic communication is applied based on established standard. 1.3 Related medical terminologies are used in assisting client in administering prescribed medication based on established standard. 1.4 Legal aspects in assisting client in administering his prescribed medication is recognized based on established standard 1.5 Client's medication order is Recognized and prepared for medication considering culture, beliefs and practices as per standard procedure. 1.6 Any circumstances or changes in the client's condition or personal needs that may impact on assisting the client with their medication is identified and reported to the related authority. 1.7 Dispensing aids are prepared as per established standard. 	
2. Prepare the client for assistance in administering medication	 2.1 Principles of infection procedure. 2.2 Principles in giving medication is applied as per standard procedure. 2.3 Ten (10) rights of drug administration is recognized. 2.4 Client medications are checked according to the client's need as prescribed. 2.5 The administration procedure is explained to the client in line with requirements and organization procedures. 	

		2.6 The medication is prepared as per standard practice.
		2.7 The client is observed prior to giving medication following
		organization policies and procedures.
		3.1 Infection control and therapeutic communication is ensured
		following standard procedure.
		3.2 Privacy, safety and comfort of the client is maintained based
		on established standard.
		3.3 Caregiver's guide in assisting client in taking prescribed
		form of medication is applied based on established standard
		3.4 Administering medications is supported following written
		prescription instructions.
	Assist medication	3.5 All necessary checks are instigated to ensure the right
3.		medication is given at the right time, to the right person, in
	administration	the right amount, via the right route.
		3.6 The client is assisted to take the medications as prescribed.
		3.7 The client is observed when taking the medication and
		their ingestion or completion is confirmed with the client.
		3.8 The client is observed for any untoward signs and
		symptoms and any possible medication effects and then
		reported to a supervisor or health professional.
		3.9 Used equipment, discarded medications / applicators and
		rubbish are collected and placed in appropriate/ designated
		receptacle as per standard process.
		3.10 Prescribed medication given to client is documented.
		4.1 Purpose of client's documentation is applied based on
		established standard
4.	Provide record and	4.2 Characteristics of good documentation is used based on the
	report of the client	established standard
	1	4.3 Problem, Etiology, Symptoms (PES) method of
		documentation is applied based on established standard
		5.1 Details of medication administration and medication
		not being administered or absorbed are
		documented and reported to relevant authority.
	Comply with	5.2 Individual's reactions to medication are
5.		identified, recorded and reported as per standard
-	industry procedures	procedure.
	for raised issues	5.3 Contaminated or expired medication are identified
	101 141504 155405	and reported as per standard procedure.
		5.4 Inconsistencies observed with the medication or
		client are reported to relevant authority as per
		standard procedure.
		sandaru procedure.

6. Complete administration of prescribed medication	 6.1 Unused and/or used medications, containers and administration aids are cleaned and stored as per standard safety procedure. 6.2 Organization's arrangements and procedures to replenish dose administration aids and supplies of medications are followed. 6.3 Medication charts/care plans are stored following organization procedures 6.4 Medications are stored following government 	
	regulations and manufacturer's instructions.	
Range of Variables		
Variable Range (may include but not limited to):		
1. Ten (10) rights of drug administration	 Right Drug. Right Patient. Right Dose. Right Route. Right Time and Frequency. Right Documentation. Right History and Assessment. Drug approach and Right to Refuse. Right Drug-Drug Interaction and Evaluation. Right Education and Information. 	
2. Form of medication	 2.1 Forms of oral medications 2.2 Forms of rectal and vagina Suppositories 2.3 Forms of Ear 2.4 Forms of noise Nasal drop 2.5 Form of injections Ampule 2.6 Forms of Infusion Large solution 2.7 Forms of Topical Ointment: eye and skin 2.8 Forms of Topical Cosmetic Injection 	
3. medication not being administered	3.1 Incomplete ingestion3.2 Expelling /vomiting,3.3 refusal or damage to medication,	
Evidence Guide The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.		
Critical aspect of competency	 1.1 Prepared to assist with medication 1.2 Prepared the client for assistance in administering medication 1.3 Assisted medication administration 	

	1.4 Provided record and report of the client
	2.1 Principles of infection control
	2.2 Principles in giving medication
2. Underpinning	2.3 Legal aspect of administering medicine.
knowledge	2.4 Client's comfort and safety
	2.5 Wound assessment
	2.6 Problem, Etiology, Symptoms (PES) method
	3.1 Documenting with PES method.
3. Underpinning skills	3.2 Writing reports.
	3.3 Using computer for documentation.
	4.1 Commitment to occupational safety and health.
	4.2 Promptness in carrying out activities.
	4.3 Sincere and honest to duties.
1 Degrined attitudes	4.4 Eagerness to learn.
4. Required attitudes	4.5 Tidiness and timeliness.
	4.6 Environmental concerns.
	4.7 Respect for rights of peers and seniors at workplace.
	4.8 Communicate with peers and seniors at workplace.
	The following resources must be available:
	5.1 Workplace (actual or simulated)
5 Description	5.2 Access to relevant workplace or appropriately simulated
5. Resource implication	environment where assessment can take place
	5.3 Relevant tools and materials, guidelines, procedures and
	protocols.
	Methods of assessment may include but not limited to:
6. Methods of	6.1 Written test
assessment	6.2 Demonstration
assessment	6.3 Oral questioning
	6.4 Portfolio/case study
	7.1 Competency assessment must be done in NSDA accredited
7. Context of	assessment centre.
assessment	7.2 Assessment should be done by a NSDA certified/nominated
	assessor.

Development of Competency Standard by Technical Sub-Committee

The Competency Standards for National Skills Certificate in **Caregiving for Elderly Persons** is developed by the Technical sub-committee of NSDA on June 13–21, 2021.

List of members:

1.	Alif Rudaba, Member (Planning & Skills Standard) Joint Secretary, National Skills Development Authority	Chairperson
2.	Brig. Ge. (Rtd.) Md Bashidul Islam, Chairman, CIB Foundation, 0171130914	Member
3.	Dr. Nowsheen Sharmin Purabi, Chairperson, Live Healthy Foundation, dr.purabi@yahoo.com, 01911357465	Member
4.	Md. Abu Salhe (Forkan), Proprietor, Israt Care Givers provides, <u>isratnursing.bd@gmail.com</u> , +880 1911-545552, +880 1716-021021	Member
5.	Shariat Rahman CEO and MD, Amar Astha Ltd. , shariat.rahman@gmail.com , 01760892444	Member
6.	Sk. Moniruzzaman, Associate Professor and head Department of OT, Bangladesh Health Professional Institute (BHPI).	Member
7.	. Dr. W Reza, Head of Training, CIB Foundation, drwreja@gmail.com , 01911314551	Member
8.	Sadia Shamim, Caregiver Co-ordinator, Songjog Care Giver Team, sadiashamim02@gmail.com , 01911549519	Member
9.	Md. Foyejur Rahman Reza, Senior Executiver, Clara Care Services Ltd., claracareservicesltd@gmail.com , 01618155582	Member
10.	Munna Sultana, Instructor, CIB Foundation, <u>munnasultana.du@gmail.com</u> , 01629720447	Member
11.	Ko Kya Mya Marma, Instructor, CIB Foundation, kokyamyamarma3@gmail.com , 01785211141	Member
12.	S Khatun, Instructor, CIB Foundation, cibmohammadpur@gmail.com , 01921598784	Member
13.	Sadika islam popy, Caregiver, Songjog caregiver team, sadikaislampopy84@gmail.com , 01819532343	Member
14.	Md. Amir Hossain, Process Expert (CS and Curriculum), NSDA. Cell: 01631670445, Email: razib.consultant@yahoo.com	Member
15.	Mahbub Ul Huda, Specialist (CS, CAD, CBC, CBLM, AT), sp3.nsda@gmail.com, 01735490491	Member
16.	Md. Quamruzzaman, Director (Skills Standard), NSDA, Cell: 01819189320 Email: <u>qzaman40@yahoo.com</u>	Member
17.	Iffat Jahan, Deputy Director (Skills Standard), National Skills Development Authority, dd.skillsstandard@nsda.gov.bd, 8801811458150	Member
18.	Saida Khanam, Assistant Director (Skills Standard), National Skills Development Authority, ad.skillsstandard@nsda.gov.bd, +8801763083438	Member

Validation of Competency Standard by Standard and Curriculum Validation Committee

The Competency Standards for National Skills Certificate in **Caregiving for Elderly Persons** Standard is validated by SCVC on June 23-24, 2021.

List of members:

1.	Mirza Nurul Gani Shovon, Chairman, Informal Sector ISC	Chairperson
2.	Mst. Benuara Khatun, Deputy Director (Day care), Department of Women Affairs, Bangladesh.	Member
3.	Md. Mostafizur Rahman, Deputy Director, Department of Social Services, Bangladesh.	Member
4.	Brig. Ge. (Rtd.) Md Bashidul Islam, Chairman, CIB Foundation, 0171130914	Member
5.	Dr. Nowsheen Sharmin Purabi, Chairperson, Live Healthy Foundation, dr.purabi@yahoo.com, 01911357465	Member
6.	Sk. Moniruzzaman, Associate Professor and head Department of OT, Bangladesh Health Professional Institute (BHPI).	Member
7.	Dr. Waliur Reja, Head of Training, CIB Foundation, drwreja@gmail.com , 01911314551	Member
8.	Ko Kya Mya Marma, Instructor, CIB Foundation, kokyamyamarma3@gmail.com , 01785211141	Member
9.	Dr.Sams Tabraz, Shin Shin Japan Hospital, Phone: 01715686714, Email: Dr.Samstabraz@gmail.com	Member
10.	Nasima akter kona- Patients Care Incharge, Shin Shin Japan Hospital, Phone: 01304778584, Email: konajalina@gmail.com	Member
11.	Md. Amir Hossain, Process Expert (CS and Curriculum), NSDA. Cell: 01631670445, Email: razib.consultant@yahoo.com	Member
12.	Mahbub Ul Huda, Specialist (CS, CAD, CBC, CBLM, AT), NSDA. sp3.nsda@gmail.com, 01735490491	Member
13.	Md. Quamruzzaman, Director (Skills Standard), NSDA, Cell: 01819189320 Email: <u>qzaman40@yahoo.com</u>	Member
14.	Iffat Jahan, Deputy Director (Skills Standard), National Skills Development Authority, dd.skillsstandard@nsda.gov.bd, 8801811458150	Member