



COMPETENCY STANDARD

Caregiving for Persons with Special Needs

Level: 03

(Informal Sector)

Competency Standard Code: CS-IS-CPSN-L3-EN-V2



জাতীয় দক্ষতা উন্নয়ন কর্তৃপক্ষ বাংলাদেশ
NATIONAL SKILLS DEVELOPMENT AUTHORITY BANGLADESH

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Chief Adviser's Office
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This Competency Standard for **Caregiving for Persons with Special Needs** 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 reviewed and validated 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 operationalize 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 Persons with Special Needs"** 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, recognizing, and assessing people's skills, and may also have optional support materials
- enable industry recognized 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.

Competency Standards for National Skill Certificate – 3 in Caregiving for Persons with Special Needs in Informal Sector

Level Descriptors of Skills Sector, BNQF Level 1-6

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 analysis, compare, relate, and evaluate.	Specialized, 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, contents, 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, contents, 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 Specific

PPE	Personal protective equipment
OSH	Occupational Safety, and Health
IT	Information Technology
COVID	Coronavirus disease
ASD	Autism spectrum disorder
BP	Blood Pressure
CPR	Cardiopulmonary resuscitation
CPSN	Caregiving for Persons with Special Needs
ADL	Activities of Daily Living

**Approval of Competency Standard
(Reviewed)**

Approved by
46th Authority Meeting of NSDA
Held on 01.01.2026

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Competency Standards for National Skill Certificate, Level-3 in Caregiving for Persons with Special Needs in the Informal Sector

Course Structure

SL	Unit Code and Title		UoC Level	Nominal Hours
Generic Competencies				15
1.	GU-02-L1-V1	Apply Occupational Safety and Health Procedure in the workplace.	1	15
Sector Specific Competencies				40
2	SU-IS -01-L3-V2	Practice Workplace Professionalism, Ethics & Safeguarding	3	20
3	SU-IS-02-L3-V2	Apply Basic First Aid & Emergency Response in Care	3	20
Occupation Specific Competencies				290
4	OU-IS-CPSN-01-L3-V2	Identify Symptom of Disabilities & developmental Problem	3	40
5.	OU-IS-CPSN-02-L3-V2	Provide Daily Living Support to Persons with Special Needs	3	80
6.	OU-IS-CPSN-03-L3-V2	Communicate Effectively with Persons with Diverse Support Needs	3	40
7.	OU-IS-CPSN-04-L3-V2	Support Social Participation & Community Inclusion	3	40
8.	OU-IS-CPSN-05-L3-V2	Support Positive Behaviors & Emotional Well-Being	3	40
9	OU-IS-CPSN-06-L3-V2	Provide End-of-Life & Palliative Support	3	50
Learning Hours				345
Workplace Visit				20
Total Learning Hours				365

Units & Elements at a Glance:

Generic Competencies (15 Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
GU-02-L1-V1	Apply Occupational Health and Safety (OSH) Procedure in the Workplace	<ol style="list-style-type: none"> 1. Identify OSH policies and procedures 2. Follow OSH procedure 3. Report hazards and risks 4. Respond to emergencies 5. Maintain personal well-being 	15
Total Hour			15

Sector Specific Competencies (40 Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
SU-IS-01-L3-V2	Practice Workplace Professionalism, Ethics & Safeguarding	<ol style="list-style-type: none"> 1. Apply workplace ethics and professional behavior 2. Practice disability etiquette and respectful communication 3. Ensure safeguarding, protection, and prevention of abuse 4. Maintain confidentiality, consent, and boundaries 5. Apply gender, cultural, and rights-based sensitivity 	20
SU-IS-02-L3-V2	Apply Basic First Aid & Emergency Response in Care	<ol style="list-style-type: none"> 1. Manage choking, bleeding, burns, and falls 2. Respond to seizures, asthma, and allergic reactions 3. Apply basic CPR and recovery position 4. Follow emergency referral and reporting procedures 	20
Total Hours			40

Occupation Specific Competencies (290 Hours)

Code	Unit of Competency	Elements of Competency	Hours
OU-IS-CPSN-01-L3-V2	Identify Symptom of Disabilities & Developmental Problem	<ol style="list-style-type: none"> 1. Recognize early warning signs and refer appropriately 2. Identify neuro developmental disabilities 3. Identify disabilities and risks of disabilities 4. Identify cerebral palsy, Down syndrome, and multiple disabilities 5. Interpret psychosocial disabilities 	40
OU-IS-CPSN-02-L3-V2	Provide Daily Living Support to Persons with Special Needs	<ol style="list-style-type: none"> 1. Provide daily living support to persons with physical disabilities 2. Provide support to persons neurodevelopmental disabilities 3. Provide support to persons with psychosocial related disabilities 4. Provide support to persons with sensory disabilities (visual, hearing, dual sensory, basic sign language) 5. Provide support to pregnant women with special care needs 6. Provide support to lactating women with special care needs 7. Promote dignity, safety, and independence across all special needs 	80
OU-IS-CPSN-03-L3-V2	Communicate Effectively with Persons with Diverse Support Needs	<ol style="list-style-type: none"> 1. Apply person-centered communication approaches 2. Support alternative and augmentative communication (AAC) 3. Communicate with families and multidisciplinary teams 4. Manage communication barriers safely and respectfully 	40
OU-IS-CPSN-04-L3-V2	Support Social Participation & Community Inclusion	<ol style="list-style-type: none"> 1. Support social interaction and recreation 2. Facilitate community access and mobility 3. Support social interaction and recreation 	40
OU-IS-CPSN-05-L3-V2	Support Positive Behaviors & Emotional Well-Being	<ol style="list-style-type: none"> 1. Identify triggers of challenging behavior 2. Apply positive behavior support strategies (non-therapeutic) 3. Provide emotional reassurance and stress reduction 	40

		4. Refer complex cases to professionals	
OU-IS-CPSN-06-L3-V2	Provide End-of-Life & Palliative Support	<ol style="list-style-type: none"> 1. Support comfort, dignity, and emotional needs 2. Communicate with families and care teams 3. Respect cultural, spiritual, and personal preferences 	50
Total Hours			290

Generic Unit of Competency

Unit Code and Title	GU-02-L1-V1: Apply Occupational Safety (OSH) and Health Procedure in the Workplace
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to apply occupational health and safety (OSH) procedure in the workplace.</p> <p>It specifically includes identifying OSH policies and procedures, following OSH procedure, reporting hazards and risks, responding to emergencies, and maintaining personal well-being.</p>
Nominal Hours	15 Hours
Elements of Competency	Performance Criteria <u>Bold & Underlined</u> terms are elaborated in the Range of Variables
1. Identify OSH policies and procedures	<p>1.1. <u>OSH policies</u> and <u>safe operating procedures</u> are accessed and stated</p> <p>1.2. <u>Safety signs and symbols</u> are identified and followed</p> <p>1.3. Emergency response, evacuation procedures and other contingency measures are determined according to workplace requirements</p>
2. Follow OSH procedure	<p>2.1 <u>Personal protective equipment (PPE)</u> is selected and collected as required</p> <p>2.2 Personal protective equipment (PPE) is correctly used in accordance with organization OSH procedures and practices</p> <p>2.3 A clear and tidy workplace is maintained as per workplace standard</p> <p>2.4 PPE is maintained to keep them operational and compliant with OSH regulations</p>
3. Report hazards and risks.	<p>3.1 <u>Hazards</u> and risks are identified, assessed and controlled</p> <p>3.2 Incidents arising from hazards and risks are reported to designated authority</p>
4. Respond to emergencies	<p>4.1 Alarms and warning devices are responded</p> <p>4.2 Workplace <u>emergency procedures</u> are followed</p> <p>4.3 <u>Contingency measures</u> during workplace accidents, fire and other emergencies are recognized and followed in accordance with organization procedures</p> <p>4.4 First aid procedures is applied during emergency situations</p>
5. Maintain personal well-being	<p>5.1 OSH policies and procedures are adhered to</p> <p>5.2 OSH awareness programs are participated in as per workplace guidelines and procedures</p> <p>5.3 Corrective actions are implemented to correct unsafe condition in the workplace</p> <p>5.4 <u>“Fit to work” records</u> are updated and maintained according</p>

	to workplace requirements
Range of Variables	
Variables	Range (may include but not limited to):
1. OSH policies	1.1. Bangladesh standards for OSH 1.2. Fire Safety Rules and Regulations 1.3. Code of Practice 1.4. Industry Guidelines
2. Safe operating procedures	2.1 Orientation on emergency exits, fire extinguishers, fire escape, etc. 2.2 Emergency procedures 2.3 First Aid procedures 2.4 Tagging procedures 2.5 Use of PPE 2.6 Safety procedures for hazardous substances
3. Safety signs and symbols	3.1 Direction signs (exit, emergency exit, etc.) 3.2 First aid signs 3.3 Danger Tags 3.4 Hazard signs 3.5 Safety tags 3.6 Warning signs
4. Personal Protective Equipment (PPE)	4.1 Gas Mask 4.2 Gloves 4.3 Safety boots 4.4 Face mask 4.5 Overalls 4.6 Goggles and safety glasses 4.7 Sun block 4.8 Chemical/Gas detectors
5. Hazards	5.1 Chemical hazards 5.2 Biological hazards 5.3 Physical Hazards 5.4 Mechanical and Electrical Hazard 5.5 Mental hazard 5.6 Ergonomic hazard
6. Emergency Procedures	6.1 Fire fighting 6.2 Earthquake 6.3 Medical and first aid 6.4 Evacuation
7. Contingency measures	7.1 Evacuation 7.2 Isolation 7.3 Decontamination
8. "Fit to Work" records	8.1 Medical Certificate every year 8.2 Accident reports, if any 8.3 Eye vision certificate

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. Critical aspects of competency	<p>Assessment required evidence that the candidate:</p> <ol style="list-style-type: none"> 1.1 stated OSH policies and safe operating procedures 1.2 followed safety signs and symbols 1.3 used personal protective equipment (PPE) 1.4 maintained workplace clear and tidy 1.5 assessed and Controlled hazards 1.6 followed emergency procedures 1.7 followed contingency measures 1.8 implemented corrective actions
2. Underpinning knowledge	<ol style="list-style-type: none"> 2.1 Define OSH 2.2 OSH Workplace Policies and Procedures 2.3 Work Safety Procedures 2.4 Emergency Procedures 2.5 Hazard control procedure 2.6 Different types of Hazards 2.7 PPE and there uses 2.8 Personal Hygiene Practices 2.9 OSH Awareness
3. Underpinning skills	<ol style="list-style-type: none"> 3.1 Accessing OSH policies 3.2 Handling of PPE 3.3 Handling cleaning tools and equipment 3.4 Writing report 3.5 Responding to emergency procedures
4. Required attitude	<ol style="list-style-type: none"> 4.1 Commitment to occupational health and safety 4.2 Sincere and honest to duties 4.3 Promptness in carrying out activities 4.4 Environmental concerns 4.5 Eagerness to learn 4.6 Tidiness and timeliness 4.7 Respect of peers and seniors in workplace 4.8 Communicate with peers and seniors in workplace
5. Resource implications	<ol style="list-style-type: none"> 5.1 Workplace 5.2 Equipment and outfits appropriate in applying safety measures 5.3 Tools, materials and documentation required 5.4 OSH Policies and Procedures
6. Methods of assessment	<p>Competency should be assessed by:</p> <ol style="list-style-type: none"> 6.1 Written test 6.2 Demonstration

	6.3 Oral Questioning
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assess</p>

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 BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Sector Specific Units of Competency

Unit Code and Title	SU-IS-01-L3-V2: Practice Workplace Professionalism, Ethics & Safeguarding
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to practice workplace professionalism, ethics and safeguarding.</p> <p>It specifically includes the tasks of applying workplace ethics and professional behavior, practicing disability etiquette and respectful communication, ensuring safeguarding, protection, and prevention of abuse, maintain confidentiality, consent, and boundaries and applying gender, cultural, and rights-based sensitivity</p>
Nominal Hours	20 Hours
Elements of competency	Performance Criteria <u>Bold & underlined</u> terms are elaborated in the Range of Variables
1. Apply workplace ethics and professional behavior	<p>1.1 Workplace policies, <u>codes of conduct</u>, and <u>ethical guidelines</u> are followed at all times.</p> <p>1.2 <u>Professional behavior</u> is demonstrated through punctuality, honesty, and accountability.</p> <p>1.3 Duties are performed within defined roles, responsibilities, and scope of practice.</p> <p>1.4 Conflicts of interest and unethical practices are identified and reported according to workplace procedures.</p> <p>1.5 Respectful and <u>non-judgmental attitudes</u> are maintained toward persons with special needs and colleagues.</p>
2. Practice disability etiquette and respectful communication	<p>2.1 Appropriate <u>disability etiquette</u> is applied when interacting with persons with special needs.</p> <p>2.2 <u>Communication methods</u> are adapted according to the individual's ability and preference.</p> <p>2.3 <u>Respectful language</u> and <u>positive body language</u> are used at all times.</p> <p>2.4 <u>Assistive devices</u> and <u>communication aids</u> are used correctly when required.</p> <p>2.5 Dignity, independence, and personal choice of the individual are respected.</p>
3. Ensure safeguarding, protection, and prevention of abuse	<p>3.1 Risks of abuse, neglect, and exploitation are identified and minimized.</p> <p>3.2 <u>Safeguarding procedures</u> are followed to ensure the safety of persons with special needs.</p> <p>3.3 <u>Signs of abuse</u> or neglect are recognized and reported promptly.</p> <p>3.4 Appropriate actions are taken to protect individuals from harm.</p> <p>3.5 Confidential reporting procedures are followed in line with legal and organizational requirements.</p>

4. Maintain confidentiality, consent, and boundaries	4.1 Personal and sensitive information is kept confidential according to workplace policy. 4.2 Informed consent is obtained before providing care or sharing information. 4.3 Professional boundaries are maintained at all times. 4.4 Information is shared only with authorized persons on a need-to-know basis. 4.5 Records are handled, stored, and disposed of securely.
5. Apply gender, cultural, and rights-based sensitivity	5.1 Care is provided in a manner that respects gender, culture, religion, and personal identity. 5.2 Discrimination, bias, and stereotypes are avoided in caregiving practices. 5.3 Human rights and dignity of persons with special needs are upheld. 5.4 Individual choices, beliefs, and values are respected in daily care activities. 5.5 Equal access to care and participation is promoted.
Range of Variables	
Variable	Range (may include but not limited to):
1. Codes of conduct	1.1 Organizational code of conduct 1.2 Professional standards of behavior 1.3 Duty of care requirements 1.4 Confidentiality obligations 1.5 Anti-harassment and respectful workplace rules 1.6 Compliance with laws and regulations
2. Ethical guidelines	2.1 Ethical decision-making principles 2.2 Integrity and honesty standards 2.3 Respect for autonomy and dignity 2.4 Beneficence and non-maleficence 2.5 Accountability and transparency 2.6 Ethical reporting requirements
3. Professional behavior	3.1 Punctuality and attendance 3.2 Honesty and integrity 3.3 Accountability for actions 3.4 Professional appearance 3.5 Respectful communication 3.6 Adherence to workplace policies
4. Non-judgmental attitudes	4.1 Respect for diversity and individuality 4.2 Cultural sensitivity 4.3 Inclusive and unbiased behavior 4.4 Avoidance of assumptions and stereotypes 4.5 Acceptance of personal choices and values

5. Disability etiquette	<ul style="list-style-type: none"> 5.1 Person-first interaction 5.2 Seeking permission before providing assistance 5.3 Respect for personal space 5.4 Appropriate verbal and non-verbal behavior 5.5 Awareness of accessibility needs 5.6 Maintaining dignity and independence
6. Communication methods	<ul style="list-style-type: none"> 6.1 Verbal communication 6.2 Non-verbal communication 6.3 Written communication 6.4 Visual communication 6.5 Simplified language 6.6 Alternative and augmentative communication (AAC)
7. Respectful language	<ul style="list-style-type: none"> 7.1 Polite and inclusive terms 7.2 Person-first language 7.3 Clear and age-appropriate language 7.4 Non-discriminatory expressions 7.5 Professional tone and wording
8. Positive body language	<ul style="list-style-type: none"> 8.1 Appropriate eye contact 8.2 Open posture 8.3 Friendly facial expressions 8.4 Active listening behaviours 8.5 Calm and reassuring gestures
9. Assistive devices	<ul style="list-style-type: none"> 9.1 Mobility aids (wheelchairs, walkers, canes) 9.2 Hearing aids 9.3 Visual aids 9.4 Adaptive equipment 9.5 Daily living support devices
10. Communication aids	<ul style="list-style-type: none"> 10.1 Communication boards 10.2 Picture exchange systems 10.3 Sign language 10.4 Electronic communication devices 10.5 Speech-generating devices
11. Safeguarding procedures	<ul style="list-style-type: none"> 11.1 Risk identification and assessment 11.2 Protective and preventive measures 11.3 Incident reporting procedures 11.4 Emergency response processes 11.5 Legal and organizational safeguarding requirements
12. Signs of abuse	<ul style="list-style-type: none"> 12.1 Physical indicators (injuries, bruises) 12.2 Emotional indicators (fear, withdrawal) 12.3 Behavioural changes 12.4 Sexual abuse indicators 12.5 Financial exploitation indicators 12.6 Neglect indicator

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. Critical aspect of competency	<p>Assessment required evidence that the candidate</p> <ul style="list-style-type: none"> 1.1 applied workplace ethics 1.2 demonstrated professional behaviour, 1.3 applied appropriate disability etiquette 1.4 used respectful language and positive body language 1.5 adapted communication methods to suit individual abilities preferences, and support needs 1.6 identified and minimized of safeguarding risks 1.7 recognized and prompted reporting of signs of abuse or neglect 1.8 maintained professional boundaries 1.9 applied gender, cultural, religious, and identity sensitivity 1.10 ensured inclusive, respectful, and person-centred care
2. Underpinning knowledge	<ul style="list-style-type: none"> 2.1 Workplace policies and procedures 2.2 Principles of professional behavior 2.3 Roles, responsibilities, and scope of practice 2.4 Ethical principles in care and support 2.5 Disability awareness and disability etiquette 2.6 Effective communication principles 2.7 Use and purpose of assistive devices and communication aids 2.8 Safeguarding principles 2.9 Types of abuse and neglect 2.10 Signs and indicators of abuse and neglect 2.11 Safeguarding procedures and reporting requirements 2.12 Confidentiality and privacy requirements 2.13 Informed consent 2.14 Professional boundaries 2.15 Human rights principles 2.16 Cultural competence and diversity 2.17 Anti-discrimination laws and inclusive practices 2.18 Risk identification and risk minimization strategies 2.19 Organizational and legal consequences of unethical or unprofessional practice.
3. Underpinning skills	<ul style="list-style-type: none"> 3.1 Rapport building skills 3.2 Communication skills 3.3 Applying workplace policies, codes of conduct, and ethical guidelines 3.4 Demonstrating professional behaviour 3.5 Working within defined roles, responsibilities, and scope of practice 3.6 Using respectful, non-judgmental attitudes

	<p>3.7 Applying disability etiquette</p> <p>3.8 Communicating effectively</p> <p>3.9 Adapting communication methods</p> <p>3.10 Identifying safeguarding risks</p> <p>3.11 Recognizing and reporting signs of abuse or neglect</p> <p>3.12 Maintaining confidentiality and privacy</p> <p>3.13 Obtaining and respecting informed consent</p> <p>3.14 Applying gender, cultural, and rights-based sensitivity.</p>
4. Required attitudes	<p>4.1 Commitment to occupational safety and health.</p> <p>4.2 Promptness in carrying out activities.</p> <p>4.3 Sincere and honest to duties.</p> <p>4.4 Eagerness to learn.</p> <p>4.5 Tidiness and timeliness.</p> <p>4.6 Environmental concerns.</p> <p>4.7 Communicate with peers and seniors in workplace.</p> <p>4.8 Respect for rights of peers and seniors in workplace.</p>
5. Resource implications	<p>The following resources must be provided:</p> <p>5.1 Workplace (actual or simulated)</p> <p>5.2 Relevant standards and reference manual</p> <p>5.3 Workplace policies and procedures on ethics, professional behaviour, and safeguarding</p> <p>5.4 Code of conduct, confidentiality, and consent guidelines</p> <p>5.5 Documentation and reporting tools (incident reports, logs, communication forms)</p>
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <p>6.1 Written test</p> <p>6.2 Demonstration</p> <p>6.3 Oral questioning</p> <p>6.4 Portfolio/Case study</p>
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>

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 BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Unit Code & Title	SU-IS-02-L3-V2: Apply Basic First Aid & Emergency Response in Care
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to apply basic first aid and emergency response in disability care.</p> <p>It includes the tasks of managing choking, bleeding, burns, and falls; responding to seizures, asthma, and allergic reactions; applying basic CPR and recovery position and following emergency referral and reporting procedures</p>
Nominal Hours	20 Hours
Elements of competency	Performance Criteria <u>Bold & italicized</u> terms are elaborated in the Range of Variables
1. Manage choking, bleeding, burns, and falls	<p>1.1 The <u>individual's condition</u> is assessed promptly and <u>scene safety</u> is ensured.</p> <p>1.2 Signs and severity of choking, bleeding, burns, or falls are accurately identified.</p> <p>1.3 Appropriate <u>first aid techniques</u> are applied according to the type of emergency and organisational guidelines.</p> <p>1.4 The individual's response is monitored and reassurance is provided throughout care.</p> <p>1.5 Additional assistance is sought when the condition is beyond the scope of basic first aid.</p>
2. Respond to seizures, asthma, and allergic reactions	<p>2.1 Early <u>warning signs</u> of seizures, asthma attacks, or allergic reactions are recognised.</p> <p>2.2 A prompt and calm response is provided to prevent further harm to the individual.</p> <p>2.3 Prescribed <u>emergency management plans</u> are supported, where available.</p> <p>2.4 Comfort are maintained during and after the episode.</p> <p>2.5 Medical support is arranged if symptoms escalate or do not resolve.</p>
3. Apply basic CPR and recovery position	<p>3.1 Responsiveness and breathing are checked according to first aid procedures.</p> <p>3.2 Basic CPR is performed correctly and safely within training limitations.</p> <p>3.3 The recovery position is used for individuals who are breathing but unconscious.</p> <p>3.4 <u>Life-saving measures</u> are continued until help arrives or the individual recovers.</p> <p>3.5 The dignity and safety of the individual are ensured throughout the procedure.</p>

4. Follow emergency referral and reporting procedures	<p>4.1 Types of emergencies are identified.</p> <p>4.2 Emergency response procedures are activated in line with organisational policy.</p> <p>4.3 The individual is referred promptly to appropriate emergency or medical services.</p> <p>4.4 Accurate information is provided during handover to emergency personnel.</p> <p>4.5 Incident reports are completed clearly and within required time frames.</p> <p>4.6 Follow-up actions are participated in to reduce future risk.</p>
Range of Variables	
Variable	Range (may include but not limited to):
1. Individual's condition	<p>1.1 Conscious or unconscious</p> <p>1.2 Breathing normal, laboured, or absent</p> <p>1.3 Presence of pain, distress, or shock</p> <p>1.4 Visible injuries or bleeding</p> <p>1.5 Pre-existing disability or medical condition</p> <p>1.6 Use of assistive or medical devices</p> <p>1.7 Response to first aid interventions</p>
2. Scene safety	<p>2.1 Environmental hazards (fire, smoke, water, traffic)</p> <p>2.2 Electrical or mechanical hazards</p> <p>2.3 Unsafe equipment or sharp objects</p> <p>2.4 Infection control risks (blood, bodily fluids)</p> <p>2.5 Behavioural risks (agitation, crowding)</p> <p>2.6 Safe access and exit pathways</p>
3. First aid techniques	<p>3.1 DRABCD procedure</p> <p>3.2 Pressure application and bandaging</p> <p>3.3 Recovery position</p> <p>3.4 CPR</p> <p>3.5 Use of prescribed medication (e.g. inhaler, EpiPen)</p> <p>3.6 Cooling with running water</p> <p>3.7 Reassurance and positioning</p>
4. Warning signs	<p>4.1 Seizures: aura, jerking movements, loss of awareness</p> <p>4.2 Asthma: wheezing, chest tightness, shortness of breath</p> <p>4.3 Allergic reactions: swelling, hives, difficulty breathing</p> <p>4.4 Shock: pale skin, dizziness, rapid pulse</p> <p>4.5 Deterioration in consciousness or breathing</p>
5. Emergency management plans	<p>5.1 Individual health care plans</p> <p>5.2 Seizure management plans</p> <p>5.3 Asthma action plans</p> <p>5.4 Anaphylaxis action plans</p> <p>5.5 Behaviour support or crisis response plans</p> <p>5.6 Organisational emergency procedures</p>
6. Life-saving measures	<p>6.1 Individual health care plans</p> <p>6.2 Seizure management plans</p> <p>6.3 Asthma action plans</p>

	6.4 Anaphylaxis action plans 6.5 Behaviour support or crisis response plans 6.6 Organisational emergency procedures
7. Types of emergencies	7.1 Choking 7.2 Bleeding 7.3 Burns 7.4 Falls 7.5 Seizures 7.6 Asthma attacks 7.7 Allergic reactions (anaphylaxis) 7.8 Cardiac arrest
8. Emergency response procedures	8.1 Raising alarm 8.2 Evacuation procedures 8.3 Calling emergency numbers 8.4 Following workplace emergency chain of command
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. Critical aspects of competency	Assessment required evidences that the candidate: <ol style="list-style-type: none"> 1.1 assessed the individual's condition promptly and accurately 1.2 identified signs and severity of choking, bleeding, burns, falls, seizures, asthma, or allergic reactions 1.3 applied appropriate first aid techniques according to the type of emergency and organizational guidelines 1.4 recognized early warning signs of seizures, asthma attacks, or allergic reactions. 1.5 perform basic CPR correctly and safely within training limitations 1.6 used recovery position for individuals who are breathing but unconscious 1.7 continued life-saving measures until help arrives or the individual recovers 1.8 activated emergency response procedures 1.9 referred the individual to appropriate emergency or medical services promptly

<p>2. Underpinning knowledge</p>	<p>2.1 Individual’s condition 2.2 Purpose, priorities, and limitations of basic first aid in disability care settings. 2.3 First aid techniques 2.4 Scene safety 2.5 Warning signs 2.6 Assessment of the individual’s condition 2.7 Normal vs abnormal breathing, airway obstruction, and circulation support. 2.8 Causes, signs, severity, and approved first aid responses for partial and complete obstruction. 2.9 Life-saving measures 2.10 Control of bleeding and wound care 2.11 Burns and scalds management 2.12 Common injuries from falls, spinal precautions, and safe handling principles. 2.13 Types of seizures, warning signs, first aid care, and post-seizure support. 2.14 Asthma and allergic reactions (including anaphylaxis) 2.15 Cardiopulmonary resuscitation (cpr) 2.16 Recovery position principles 2.17 Emergency management plans 2.18 Emergency referral and escalation procedures 2.19 Types of emergencies 2.20 Emergency response procedures</p>
<p>3. Underpinning skills</p>	<p>3.1 Assessing the individual’s condition promptly and ensuring scene safety 3.2 Identifying signs and severity 3.3 Performing hand wash and sanitization 3.4 Applying appropriate first aid techniques 3.5 Performing basic CPR correctly and safely 3.6 Emergency response and life-saving skills 3.7 Teamwork and coordination skills 3.8 Using emergency equipment and medications 3.9 Documentation and reporting skills 3.10 Problem-solving skills</p>
<p>4. Required attitudes</p>	<p>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 Respect for rights of peers and seniors at workplace 4.8 Communication with peers and seniors at workplace.</p>

5. Resources implication	<p>The following resources must be provided:</p> <p>5.1 workplace (actual or simulated);</p> <p>5.2 tools, equipment and facilities appropriate to the process or activity; and</p> <p>5.3 materials relevant to the proposed activity.</p>
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <p>6.1 written test;</p> <p>6.2 demonstration;</p> <p>6.3 oral questioning; and</p> <p>6.4 portfolio.</p>
7. Context for assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre;</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>

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 qualification under BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Occupation Specific Units of Competency

Unit Code and Title	OU-IS-CPSN-01-L3-V2: Identify Symptoms of Disabilities & developmental Problem
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to identify symptom of disabilities and developmental problem.</p> <p>It includes the tasks of recognizing early warning signs and refer appropriately, identifying neuro developmental disabilities, identifying disabilities and risks of disabilities, identifying cerebral palsy, down syndrome, and multiple disabilities and interpreting psychosocial disabilities</p>
Nominal Hours	40 Hours
Elements of Competency	Performance Criteria <u>Bold & underlined</u> terms are elaborated in the Range of Variables
1. Recognize early warning signs and refer appropriately	<p>4.1 <u>Early warning signs</u> of developmental or functional difficulties are recognized.</p> <p>4.2 Impact of Pregnancy related issues on disabilities are recognized</p> <p>4.3 Changes in behavior, communication, or physical abilities are observed and documented.</p> <p>4.4 Situations requiring referral are identified according to guidelines.</p> <p>4.5 Concerns are reported to appropriate professionals promptly.</p> <p>4.6 Caregiver actions are maintained within scope to support referral processes.</p>
2. Identify neuro developmental disabilities	<p>2.1 <u>Neurodevelopmental disabilities</u> are detected based on functional, learning, and adaptive characteristics.</p> <p>2.2 <u>Mental health problems</u> are interpreted</p> <p>2.3 <u>Common causes</u> and <u>risk factors</u> are described in simple terms.</p> <p>2.4 Developmental limitations affecting communication, learning, and daily living are recognized.</p> <p>2.5 The impact of intellectual and developmental disabilities on care needs is explained.</p> <p>2.6 Appropriate support approaches are identified within the caregiver's role.</p>

3. Identify disabilities and risks of disabilities	<p>3.1 disabilities affecting mobility and motor function are identified.</p> <p>3.2 disabilities affecting vision, hearing, or touch are recognized.</p> <p>3.3 <u>Risks of disabilities</u> are identified</p> <p>3.4 The <u>functional impact</u> of disabilities on daily activities is interpreted</p> <p>3.5 <u>Assistive devices</u> commonly used by individuals with disabilities are identified.</p> <p>3.6 Environmental and communication adjustments are interpreted.</p>
4. Identify cerebral palsy, Down syndrome, and multiple disabilities	<p>4.1 <u>Key characteristics of cerebral palsy</u> are identified.</p> <p>4.2 <u>Common features of Down syndrome</u> are identified.</p> <p>4.3 The <u>multiple disabilities</u> are recognized.</p> <p>4.4 Individual strengths and limitations associated with disabilities are interpreted.</p> <p>4.5 Care implications related to disabilities are identified within scope of practice.</p>
5. Interpret psychosocial issues	<p>5.1 <u>Psychosocial issues</u> affecting behavior and social interaction are identified.</p> <p>5.2 <u>Emotional, behavioral, and social impacts</u> of psychosocial disabilities are explained.</p> <p>5.3 <u>Stigma and misconceptions</u> related to psychosocial disabilities are identified and avoided.</p> <p>5.4 <u>Supportive and respectful approaches</u> are described.</p>
Range of Variables	
Variable	Range (may include but not limited to):
1. Early warning signs	<p>1.1 Delayed motor skills (e.g., crawling, walking)</p> <p>1.2 Speech or language delays</p> <p>1.3 Difficulty with social interaction or communication</p> <p>1.4 Repetitive behaviours or restricted interests</p> <p>1.5 Learning difficulties or attention issues</p> <p>1.6 Poor adaptive or self-care skills</p> <p>1.7 Sensory processing difficulties</p>
2. Neurodevelopmental disabilities	<p>2.1 Intellectual disability</p> <p>2.2 Autism spectrum disorder (ASD)</p> <p>2.3 Cerebral palsy</p> <p>2.4 Down syndrome</p> <p>2.5 Attention Deficit Hyperactivity Disorder (ADHD)</p> <p>2.6 Learning disabilities</p>
3. Mental health problems	<p>3.1 Anxiety-related conditions (excessive worry, phobias, panic symptoms)</p> <p>3.2 Mood disorders (persistent sadness, irritability, loss of interest)</p>

	<p>3.3 Attention and impulse control problems (inattention, impulsivity, hyperactivity)</p> <p>3.4 Developmental and cognitive conditions (intellectual disability, developmental delay)</p> <p>3.5 Trauma-related symptoms (nightmares, regression, heightened alertness)</p> <p>3.6 Behavioural and conduct disorders (rule-breaking, defiance, antisocial behaviour)</p> <p>3.7 Early signs of severe mental health conditions (hallucinations, severe withdrawal, disorganized behaviour)</p>
4. Common causes	<p>4.1 Genetic factors</p> <p>4.2 Prenatal exposures (alcohol, drugs, infections)</p> <p>4.3 Birth complications or prematurity</p> <p>4.4 Traumatic brain injury or infection</p> <p>4.5 Environmental factors (neglect, malnutrition)</p>
5. Risk factors	<p>5.1 Family history of disability</p> <p>5.2 Maternal health issues during pregnancy</p> <p>5.3 Premature birth or low birth weight</p> <p>5.4 Environmental toxins</p> <p>5.5 Lack of early stimulation or education</p>
6. Risks of disabilities	<p>6.1 Physical injury due to mobility or coordination difficulties</p> <p>6.2 Social isolation or exclusion</p> <p>6.3 Educational underachievement</p> <p>6.4 Emotional and behavioral challenges</p> <p>6.5 Reduced employment opportunities in adulthood</p>
7. Functional impact	<p>7.1 Mobility and self-care difficulties</p> <p>7.2 Communication challenges</p> <p>7.3 Learning and cognitive limitations</p> <p>7.4 Participation in social and recreational activities</p> <p>7.5 Dependence on caregivers for daily tasks</p>
8. Assistive devices	<p>8.1 Wheelchairs, walkers, and crutches</p> <p>8.2 Hearing aids and cochlear implants</p> <p>8.3 Communication boards or speech devices</p> <p>8.4 Orthotic devices</p> <p>8.5 Adaptive utensils, switches, or modified furniture</p>
9. Key characteristics of cerebral palsy	<p>9.1 Muscle tone abnormalities (spasticity, hypotonia)</p> <p>9.2 Impaired motor coordination and posture</p> <p>9.3 Speech and swallowing difficulties</p> <p>9.4 Seizures in some cases</p> <p>9.5 Learning or cognitive challenges</p>
10. Common features of Down syndrome	<p>10.1 Distinct facial features (flat face, almond-shaped eyes)</p> <p>10.2 Intellectual disability</p> <p>10.3 Delayed physical development</p>

	<p>10.4 Hypotonia (low muscle tone)</p> <p>10.5 Increased risk of heart defects and hearing issues</p>
11. Multiple disabilities	<p>11.1 Behavioural changes (withdrawal, aggression, hyperactivity, non-compliance)</p> <p>11.2 Emotional difficulties (fear, anxiety, low self-esteem, mood instability)</p> <p>11.3 Social interaction problems (poor peer interaction, isolation, lack of empathy)</p> <p>11.4 Family-related stressors (neglect, abuse, domestic conflict, separation)</p> <p>11.5 School or learning environment stress (bullying, academic pressure, exclusion)</p> <p>11.6 Coping difficulties (poor stress management, frustration intolerance)</p> <p>11.7 Communication and attachment issues (insecure attachment, limited emotional expression)</p>
12. Psychosocial issues	<p>12.1 Anxiety, depression, or mood swings</p> <p>12.2 Social withdrawal or difficulty forming relationships</p> <p>12.3 Aggressive or self-harming behavior</p> <p>12.4 Challenges in following social norms and routines</p> <p>12.5 Low self-esteem or stigma experiences</p>
13. Emotional, behavioral, and social impacts	<p>13.1 Negative attitudes or discrimination from society</p> <p>13.2 Belief that disability is caused by personal weakness</p> <p>13.3 Myths about dangerousness or unpredictability</p> <p>13.4 Social exclusion or labelling</p>
14. Stigma and misconceptions	<p>14.1 Person-centered communication and active listening</p> <p>14.2 Promoting independence and self-determination</p> <p>14.3 Inclusive participation in education, work, and community</p> <p>14.4 Positive reinforcement and encouragement</p> <p>14.5 Addressing stigma and fostering understanding</p>
<p>Evidence Guide</p> <p>The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.</p>	
1. Critical aspect of competency	<p>Assessment required evidences that the candidate:</p> <p>1.1 observed and recognized early signs of developmental or behavioural issues.</p> <p>1.2 identified neurodevelopmental and specific disabilities</p> <p>1.3 assessed risks and contributing factors for disabilities.</p> <p>1.4 interpreted psychosocial and emotional difficulties affecting functioning.</p> <p>1.5 documented observations accurately and refer to appropriate professionals timely.</p> <p>1.6 maintained ethical communication and confidentiality with families and caregivers.</p>

<p>2. Underpinning knowledge</p>	<p>2.1 Typical developmental milestones 2.2 Early warning signs of developmental or functional difficulties 2.3 Neurodevelopmental Disabilities 2.4 Common causes 2.5 Referral pathways and professional roles 2.6 Neurodevelopmental disabilities 2.7 Causes and risk factors of disabilities 2.8 Common causes and risk factors of disabilities 2.9 Functional impact of disabilities on daily living 2.10 Key characteristics of cerebral palsy 2.11 Common features of Down syndrome 2.12 Characteristics and functional impacts of multiple disabilities 2.13 psychosocial disabilities 2.14 Risk factors 2.15 risks of disabilities 2.16 Stigma and misconceptions related to psychosocial disabilities 2.17 Assistive Devices and Supportive Strategies 2.18 Psychosocial Disabilities 2.19 Multiple Disabilities 2.20 Emotional, behavioral, and social impacts 2.21 Stigma and misconceptions</p>
<p>3. Underpinning skills</p>	<p>3.1 Observing and monitor developmental and behavioral signs. 3.2 Distinguishing between typical and atypical development. 3.3 Identifying neurodevelopmental, physical, and multiple disabilities. 3.4 Assessing risks and contributing factors for disabilities. 3.5 Interpreting psychosocial and emotional difficulties. 3.6 Documenting and reporting observations clearly. 3.7 Referring appropriately to health or disability professionals. 3.8 Communicating ethically with individuals and caregivers.</p>
<p>4. Required attitudes</p>	<p>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 Respect for rights of peers and seniors at workplace. 4.8 Communication with peers and seniors at workplace.</p>
<p>5. Resource implication</p>	<p>The following resources must be available: 5.1 workplace (actual or simulated) 5.2 tools, equipment and facilities appropriate to the process or activity; and</p>

	5.3 materials relevant to the proposed activity.
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <p>6.1 written test</p> <p>6.2 demonstration</p> <p>6.3 oral questioning</p> <p>6.4 portfolio</p>
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>
<p>Accreditation Requirements</p> <p>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 qualification under BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

Unit Code and Title	OU-IS-CPSN-02-L3-V2: Provide Daily Living Support to Persons with Special Needs
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to provide daily living support to persons with special needs.</p> <p>It includes the tasks of providing daily living support to persons with physical disabilities, providing support to persons neurodevelopmental disabilities, providing to persons with psychosocial related disabilities, providing support to persons with sensory disabilities, providing support to pregnant women with special care needs, providing support to lactating women with special care needs and promoting dignity, safety, and independence across all special needs</p>
Nominal Hours	80 Hours
Elements of Competency	Performance Criteria <u>Bold & underlined</u> terms are elaborated in the Range of Variables
1. Provide support to persons with physical disabilities	<p>1.1 Mobility, transfers, positioning, and the use of <u>assistive devices</u> are assisted safely and correctly.</p> <p>1.2 Personal hygiene, dressing, toileting, feeding, and grooming are supported according to individual ability using necessary <u>tools and equipment</u>.</p> <p>1.3 Comfort, skin integrity, and pressure care are maintained through appropriate positioning.</p> <p>1.4 The physical environment is adapted to reduce <u>barriers</u> and prevent falls or injury.</p> <p>1.5 Independence and participation in daily routines are encouraged.</p> <p>1.6 <u>Discomfort</u>, pain, or functional changes are observed and reported to the appropriate authority.</p>
2. Provide support to persons neurodevelopmental disabilities	<p>2.1 <u>Structured daily routines</u> are supported to promote predictability and emotional security.</p> <p>2.2 Self-care activities are assisted using effective communication.</p> <p>2.3 Development of self-help and independent living skills is encouraged.</p> <p>2.4 Safe eating, hydration, and <u>medication adherence</u> are supported strictly as instructed by professionals.</p> <p>2.5 Changes in behavior, mood, or functional ability are observed and reported.</p>

<p>3. Provide Support to persons with psychosocial related disabilities</p>	<p>3.1 Daily activities are assisted during periods of emotional distress or reduced functioning.</p> <p>3.2 Calm, respectful, and effective communication skills are maintained.</p> <p>3.3 Routine, personal hygiene, nutrition, rest, and social interaction are encouraged.</p> <p>3.4 <u>Early warning signs</u> of emotional or behavioral deterioration are recognized.</p> <p>3.5 Basic de-escalation and reassurance strategies are applied within caregiver scope.</p> <p>3.6 Immediate referral to professionals is made in cases of crisis, self-harm risk, or safety concerns.</p>
<p>4. Provide support to persons with sensory disabilities (visual, hearing, dual sensory, basic sign language)</p>	<p>4.1 Orientation, mobility, and navigation in familiar environments are assisted.</p> <p>4.2 Daily living activities are supported using appropriate adapted <u>communication methods.</u></p> <p>4.3 Safety is ensured during Activities of Daily Living (ADL).</p> <p>4.4 Use and care of assistive devices are supported as instructed.</p> <p>4.5 Independence is promoted while environmental safety is maintained.</p> <p>4.6 Support needs are communicated with family and <u>relevant service providers.</u></p>
<p>5. Provide support to pregnant women with special care needs</p>	<p>5.1 Daily activities are assisted considering fatigue, balance, and comfort needs.</p> <p>5.2 Nutrition, hydration, rest, and hygiene are supported according to medical advice.</p> <p>5.3 Adherence to <u>antenatal guidance</u> is encouraged without clinical procedures being performed.</p> <p>5.4 A safe home environment is maintained to reduce the risk of falls or injury.</p> <p>5.5 <u>Danger signs</u> are recognized and timely referral to healthcare providers is ensured.</p> <p>5.6 Privacy, dignity, and <u>emotional support</u> are maintained.</p>
<p>6. Provide support to lactating women with special care needs</p>	<p>6.1 Daily routines are assisted while breastfeeding and infant care demands are accommodated.</p> <p>6.2 Adequate rest, hydration, and nutrition are supported.</p> <p>6.3 <u>Comfortable positioning</u> during breastfeeding is assisted in a non-clinical manner.</p> <p>6.4 Hygiene and infection prevention practices are maintained.</p> <p>6.5 Signs of <u>physical discomfort and emotional distress</u> are observed and reported.</p> <p>6.6 Culturally sensitive and respectful support is provided.</p>

7. Promote dignity, safety, and independence across all special needs	<p>7.1 Dignity, privacy, consent, and confidentiality are upheld at all times.</p> <p>7.2 Independence and participation in daily living activities are encouraged.</p> <p>7.3 Occupational safety, infection prevention, and safe manual handling practices are applied.</p> <p>7.4 Accurate observation, documentation, and reporting are maintained.</p> <p>7.5 Work is performed within the defined caregiver scope, and needs beyond role boundaries are referred appropriately.</p>
Range of Variables	
Variable	Range (may include but not limited to):
1. Assistive devices	<p>1.1 Mobility aids (wheelchairs, walkers, crutches, canes)</p> <p>1.2 Sensory aids (hearing aids, visual aids, magnifiers)</p> <p>1.3 Daily living aids (adaptive cutlery, dressing aids, grab rails)</p> <p>1.4 Communication aids (picture boards, AAC devices)</p> <p>1.5 Orthotic and prosthetic devices</p>
2. Necessary tools and equipment	<p>2.1 Personal care equipment (gloves, wipes, hygiene kits)</p> <p>2.2 Feeding and nutrition aids (adaptive cups, spoons, feeding tubes)</p> <p>2.3 Monitoring tools (thermometers, BP monitors)</p> <p>2.4 Transfer and positioning equipment (hoists, slide sheets)</p> <p>2.5 Cleaning and safety equipment</p>
3. Barriers	<p>3.1 Physical barriers (stairs, narrow doorways, uneven surfaces)</p> <p>3.2 Communication barriers (language, speech, hearing limitations)</p> <p>3.3 Environmental barriers (noise, lighting, crowding)</p> <p>3.4 Social and attitudinal barriers (stigma, discrimination)</p> <p>3.5 Cognitive and behavioral barriers</p>
4. Discomfort	<p>4.1 Physical discomfort (pain, fatigue, stiffness)</p> <p>4.2 Emotional discomfort (anxiety, fear, frustration)</p> <p>4.3 Sensory discomfort (noise, temperature, lighting)</p> <p>4.4 Health-related discomfort (illness, side effects of medication)</p>
5. Structured daily routines	<p>5.1 Personal hygiene routines</p> <p>5.2 Meal and hydration schedules</p> <p>5.3 Medication schedules</p> <p>5.4 Therapy and exercise routines</p> <p>5.5 Rest, sleep, and leisure routines</p>
6. Medication adherence	<p>6.1 Correct dosage and timing</p> <p>6.2 Method of administration (oral, topical, injectable)</p> <p>6.3 Supervision or assistance needs</p> <p>6.4 Monitoring side effects and reactions</p> <p>6.5 Documentation and reporting compliance</p>
7. Early warning signs	<p>7.1 Changes in behavior or mood</p> <p>7.2 Changes in appetite or sleep patterns</p> <p>7.3 Physical symptoms (fever, pain, weakness)</p> <p>7.4 Communication changes</p>

	7.5 Reduced participation in daily activities
8. Communication methods	8.1 Verbal communication 8.2 Non-verbal communication (gestures, facial expressions) 8.3 Sign language 8.4 Visual aids and symbols 8.5 Assistive and augmentative communication (AAC) tools
9. Relevant service providers	9.1 Doctors and nurses 9.2 Therapists (physiotherapists, occupational therapists, speech therapists) 9.3 Psychologists and counselors 9.4 Social workers 9.5 Community health and disability support services
10. Antenatal guidance	10.1 Nutritional and dietary advice 10.2 Health monitoring and check-ups 10.3 Risk identification and referral 10.4 Lifestyle and safety guidance
11. Danger signs	11.1 Severe pain or bleeding 11.2 Difficulty breathing 11.3 Loss of consciousness 11.4 High fever or seizures 11.5 Sudden behavioral or physical changes
12. Emotional support	12.1 Empathetic listening 12.2 Reassurance and comfort 12.3 Encouragement and motivation 12.4 Support during stress or crisis
13. Comfortable positioning	13.1 Correct sitting and lying positions 13.2 Pressure relief techniques 13.3 Use of cushions and supports 13.4 Repositioning schedules 13.5 Alignment for comfort and safety
14. Prevention practices	14.1 Infection control measures 14.2 Fall and injury prevention 14.3 Pressure sore prevention 14.4 Medication safety practices 14.5 Environmental safety checks
15. Signs of physical discomfort	15.1 Facial expressions and body language 15.2 Restlessness or reduced movement 15.3 Vocal or behavioral cues 15.4 Changes in appetite or sleep
16. Emotional distress	16.1 Anxiety or fear responses 16.2 Withdrawal or isolation 16.3 Mood instability or irritability 16.4 Emotional outbursts 16.5 Loss of interest or motivation
Evidence Guide The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.	

<p>1. Critical aspect of competency</p>	<p>Assessment required evidences that the candidate:</p> <ul style="list-style-type: none"> 1.1 assisted individuals with daily living activities using appropriate assistive devices, tools, and equipment safely and correctly 1.2 identified and respond appropriately to barriers, discomfort, early warning signs, and danger signs 1.3 supported and followed structured daily routines 1.4 used effective and appropriate communication methods 1.5 provided emotional support, recognized emotional distress, 1.6 applied safe positioning, comfort measures, and prevention practices 1.7 worked collaboratively with relevant service providers, 1.8 maintained accurate documentation, 1.9 demonstrated consistency of performance across routine and non-routine situations
<p>2. Underpinning knowledge</p>	<ul style="list-style-type: none"> 2.1 Impact of physical disabilities on mobility, self-care, and daily living activities 2.2 Assistive devices 2.3 Necessary tools and equipment 2.4 Barriers and prevent falls or injury 2.5 Discomfort 2.6 Safe transfer, positioning, and manual handling principles 2.7 Workplace safety procedures and injury prevention 2.8 Types of neurodevelopmental disabilities 2.9 Developmental milestones and variations 2.10 Structured daily routines 2.11 Medication adherence 2.12 Sensory processing differences 2.13 Early warning signs of emotional distress and mental health deterioration 2.14 Types and levels of visual and hearing impairments 2.15 Communication methods 2.16 Relevant service provider 2.17 Effects of sensory loss on communication, mobility, and safety 2.18 Basic antenatal care principles 2.19 Nutritional and rest requirements during pregnancy 2.20 Common pregnancy-related discomforts and danger signs 2.21 Importance of regular health check-ups 2.22 Safe activity and positioning during pregnancy 2.23 Antenatal guidance 2.24 Danger signs 2.25 Emotional support 2.26 Nutritional and hydration needs during lactation 2.27 Hygiene and infection prevention practices

	<p>2.28 Safe positioning and comfort during feeding</p> <p>2.29 Signs of physical discomfort and emotional distress</p>
3. Underpinning skills	<p>3.1 Assisting with daily living activities for individuals with physical disabilities.</p> <p>3.2 Supporting persons with neurodevelopmental and psychosocial disabilities.</p> <p>3.3 Aiding individuals with sensory disabilities, including basic sign language use.</p> <p>3.4 Providing care for pregnant and lactating women with special needs.</p> <p>3.5 Promoting dignity, safety, and independence in all support activities.</p> <p>3.6 Observing and responding to individual needs effectively.</p> <p>3.7 Communicating appropriately with individuals and caregivers.</p> <p>3.8 Adapting support strategies according to specific disabilities or conditions.</p>
4. Required attitudes	<p>4.1 Commitment to occupational safety and health.</p> <p>4.2 Promptness in carrying out activities.</p> <p>4.3 Sincere and honest to duties.</p> <p>4.4 Eagerness to learn.</p> <p>4.5 Tidiness and timeliness.</p> <p>4.6 Environmental concerns.</p> <p>4.7 Respect for rights of peers and seniors at workplace.</p> <p>4.8 Communication with peers and seniors at workplace.</p>
5. Resource implication	<p>The following resources must be available:</p> <p>5.1 workplace (actual or simulated)</p> <p>5.2 tools, equipment and facilities appropriate to the process or activity; and</p> <p>5.1 materials relevant to the proposed activity.</p>
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <p>6.1 written test</p> <p>6.2 demonstration</p> <p>6.3 oral questioning</p> <p>6.4 portfolio</p>
7.Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>

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 qualification under BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.

Unit Code and Title	OU-IS-CPSN-03-L3-V2: Communicate Effectively with Persons with Diverse Support Needs
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to communicate effectively with persons with diverse support needs. It includes the tasks of applying person-centered communication approaches, supporting alternative and augmentative communication (AAC), communicating with families and multidisciplinary teams, managing communication barriers safely and respectfully.
Nominal Hours	40 Hours
Elements of Competency	Performance Criteria <u>Bold & underlined</u> terms are elaborated in the Range of Variables
1. Apply person-centered communication approaches	<ul style="list-style-type: none"> 1.1 Communication is adapted to the individual’s needs, preferences, abilities, and cultural background. 1.2 <u>Active listening techniques</u> are used to confirm understanding and encourage participation. 1.3 Respectful language, tone, and body language are consistently demonstrated. 1.4 Individual choice, dignity, and autonomy are promoted during all communication interactions. 1.5 Feedback is sought and <u>communication methods</u> are adjusted accordingly.
2. Support alternative and augmentative communication (AAC)	<ul style="list-style-type: none"> 2.1 Appropriate <u>AAC systems</u> are identified according to individual communication needs. 2.2 <u>AAC tools</u> are used correctly and consistently to support understanding and expression. 2.3 Individuals are encouraged and supported to use AAC independently where possible. 2.4 Limitations and effectiveness of <u>AAC methods</u> are monitored and reported.
3. Communicate with families and multidisciplinary teams	<ul style="list-style-type: none"> 3.1 Information is shared clearly, accurately, and confidentially with families and <u>multidisciplinary teams</u>. 3.2 Communication reflects respect for family roles, values, and cultural practices. 3.3 Relevant observations and concerns are documented and reported promptly. 3.4 Feedback from families and multidisciplinary team members is acknowledged and acted upon. 3.5 Communication follows organizational and professional rules and regulation

<p>4. Manage communication barriers safely and respectfully</p>	<p>4.1 Communication barriers are identified and acknowledged promptly.</p> <p>4.2 Strategies are applied to minimize or overcome communication barriers.</p> <p>4.3 Safety, dignity, and emotional wellbeing are maintained during communication.</p> <p>4.4 Assistance is sought when communication difficulties exceed own role or competence.</p> <p>4.5 Challenging communication situations are managed calmly and professionally.</p>
<p>Range of Variables</p>	
<p>Variable</p>	<p>Range (may include but not limited to):</p>
<p>1. Active listening techniques</p>	<p>1.1 Maintaining appropriate eye contact</p> <p>1.2 Using verbal affirmations and encouragers</p> <p>1.3 Reflecting and paraphrasing messages</p> <p>1.4 Asking open-ended and clarifying questions</p> <p>1.5 Observing non-verbal cues and body language</p> <p>1.6 Allowing adequate response time</p> <p>1.7 Minimizing interruptions and distractions</p> <p>1.8 Confirming understanding and summarizing key points</p>
<p>2. Communication methods</p>	<p>2.1 Verbal spoken communication</p> <p>2.2 Non-verbal communication (gestures, facial expressions, posture)</p> <p>2.3 Written communication (notes, forms, symbols)</p> <p>2.4 Visual communication (pictures, charts, schedules)</p> <p>2.5 Sign-supported communication</p> <p>2.6 Digital or technology-based communication</p> <p>2.7 Tactile communication (for dual sensory loss)</p>
<p>3. AAC systems</p>	<p>3.1 No-tech AAC systems</p> <p>3.2 Low-tech AAC systems</p> <p>3.3 Mid-tech AAC systems</p> <p>3.4 High-tech electronic AAC systems</p> <p>3.5 Symbol-based communication systems</p> <p>3.6 Text-based communication systems</p>
<p>4. AAC tools</p>	<p>4.1 Picture exchange communication systems (PECS)</p> <p>4.2 Communication boards or books</p> <p>4.3 Symbol cards and visual schedules</p> <p>4.4 Alphabet and word boards</p> <p>4.5 Speech-generating devices</p> <p>4.6 Tablet-based AAC applications</p> <p>4.7 Switch-activated communication devices</p> <p>4.8 Eye-gaze or head-pointer systems</p> <p>4.9 Tactile symbols and objects of reference</p>

5. AAC methods	<ul style="list-style-type: none"> 5.1 Pointing and selection methods 5.2 Eye-gaze selection 5.3 Scanning (manual or electronic) 5.4 Gesture-based communication 5.5 Signing and key word signing 5.6 Text entry and typing methods 5.7 Object-based communication
6. Multidisciplinary teams.	<ul style="list-style-type: none"> 6.1 Speech and language therapists 6.2 Occupational therapists 6.3 Physiotherapists 6.4 Psychologists or mental health professionals 6.5 Special educators or inclusive teachers 6.6 Medical practitioners 6.7 Social workers or case managers 6.8 Family members and primary caregivers
7. Communication barriers	<ul style="list-style-type: none"> 7.1 Language and literacy differences 7.2 Cognitive or intellectual limitations 7.3 Sensory impairments (hearing, vision, dual) 7.4 Physical or motor impairments 7.5 Emotional distress or anxiety 7.6 Cultural and social differences 7.7 Environmental noise or distractions 7.8 Lack of appropriate AAC tools 7.9 Time constraints or rushed interactions 7.10 Attitudinal barriers and stigma
8. Challenging communication	<ul style="list-style-type: none"> 8.1 Limited or absent speech 8.2 Inconsistent communication responses 8.3 Challenging or distressed behaviours 8.4 Echolalia or repetitive communication 8.5 Difficulty understanding abstract concepts 8.6 Emotional or trauma-related responses 8.7 Resistance or withdrawal from interaction 8.8 Rapid mood or communication changes 8.9 Communication during crisis or high-stress situations
<p>Evidence Guide The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.</p>	
1. Critical aspect of competency	<p>Assessment required evidences that the candidate:</p> <ul style="list-style-type: none"> 1.1 applied person-centered communication consistently 1.2 demonstrated respectful and inclusive communication 1.3 selected and supported appropriate AAC systems, tools, and methods 1.4 facilitated effective use of AAC 1.5 communicated clearly and professionally with families 1.6 collaborated effectively with multidisciplinary teams 1.7 identified and managed communication barriers

<p>2. Underpinning knowledge</p>	<p>2.1 Principles of person-centered practice 2.2 Types of disabilities and diverse support needs, 2.3 Active listening techniques 2.4 Communication methods, 2.5 Alternative and Augmentative Communication (AAC) system 2.6 Common AAC tools and methods, 2.7 Factors influencing AAC selection and use 2.8 Communication development and functional communication, 2.9 Roles and responsibilities of families and multidisciplinary team members, 2.10 Confidentiality, consent, and privacy requirements, 2.11 Common communication barriers, 2.12 Strategies to minimize or overcome communication barriers 2.13 Safe and respectful communication strategies 2.14 Challenging communication situations</p>
<p>3. Underpinning skills</p>	<p>3.1 Applying active listening skills 3.2 Adapting communication techniques 3.3 Using AAC systems, tools, and methods effectively 3.4 Observing and interpret communication cues 3.5 Communicating professionally with families and teams 3.6 Collaborating and coordinating with multidisciplinary teams 3.7 Identify and respond to communication barriers 3.8 Maintaining ethical and professional communication standards</p>
<p>4. Required attitudes</p>	<p>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 Respect for rights of peers and seniors at workplace. 4.8 Communication with peers and seniors at workplace.</p>
<p>5. Resource implication</p>	<p>The following resources must be available: 5.1 workplace (actual or simulated) 5.2 tools, equipment and facilities appropriate to the process or activity; and 5.2 materials relevant to the proposed activity.</p>
<p>6. Methods of assessment</p>	<p>Methods of assessment may include but not limited to: 6.1 written test 6.2 demonstration 6.3 oral questioning 6.4 portfolio</p>
<p>7.Context of assessment</p>	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre. 7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>

Accreditation Requirements

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Unit Code and Title	OU-IS-CPSN-04-L3-V2: Support Social Participation & Community Inclusion
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to support social participation and community inclusion.</p> <p>It includes the tasks of supporting social interaction and recreation, facilitating community access and mobility and supporting social interaction and recreation</p>
Nominal Hours	40 Hours
Elements of Competency	Performance Criteria <u>Bold & underlined</u> terms are elaborated in the Range of Variables
1. Support social interaction and recreation	<p>1.1 Opportunities for <u>social interaction</u> and <u>recreational activities</u> are identified in line with individual needs and abilities.</p> <p>1.2 Individuals are supported to interact with others in a respectful, inclusive, and safe manner.</p> <p>1.3 Recreation activities are adapted to promote participation, enjoyment, and confidence.</p> <p>1.4 Positive social behaviors are encouraged and reinforced during activities.</p> <p>1.5 Support provided maintains dignity, choice, and independence.</p>
2. Facilitate community access and mobility	<p>2.1 Community access needs and <u>potential barriers</u> are identified in consultation with the individual.</p> <p>2.2 Safe and appropriate transport options are selected and arranged as required.</p> <p>2.3 Individuals are supported to move safely within community environments.</p> <p>2.4 Community participation is facilitated in accordance with individual support plans.</p> <p>2.5 <u>Risks</u> associated with community access are identified and managed.</p>
3. Support social interaction and recreation	<p>3.1 Individual interests, preferences, and goals are identified through consultation.</p> <p>3.2 Participation opportunities are offered in line with individual choice and capacity.</p> <p>3.3 Individuals are encouraged to make informed decisions about participation.</p> <p>3.4 <u>Support strategies</u> are adjusted to respect changing preferences and needs.</p> <p>3.5 Participation is promoted without pressure or discrimination.</p>
Range of Variables	

Variable	Range (may include but not limited to):
1. Social interaction	<ul style="list-style-type: none"> 1.1 One-to-one interactions 1.2 Small group interactions 1.3 Large group or community interactions 1.4 Structured social activities 1.5 Informal social situations 1.6 Peer-to-peer interactions 1.7 Family-based social interaction 1.8 Online or digital social interaction
2. Recreational activities	<ul style="list-style-type: none"> 2.1 Indoor leisure activities 2.2 Outdoor recreational activities 2.3 Sports and physical activities 2.4 Creative and artistic activities 2.5 Cultural and community events 2.6 Educational or skill-based activities 2.7 Faith-based or spiritual activities 2.8 Volunteer or civic engagement activities 2.9 Technology-based recreational activities
3. Potential barriers	<ul style="list-style-type: none"> 3.1 Physical accessibility barriers 3.2 Communication and language barriers 3.3 Social stigma or discrimination 3.4 Lack of transport or mobility support 3.5 Financial or economic limitations 3.6 Cultural or religious restrictions 3.7 Environmental barriers (noise, crowding) 3.8 Lack of confidence or social skills 3.9 Limited availability of inclusive programs 3.10 Attitudinal barriers within the community
4. Risks	<ul style="list-style-type: none"> 4.1 Physical injury or health risks 4.2 Emotional distress or anxiety 4.3 Social exclusion or bullying 4.4 Exploitation or abuse 4.5 Fatigue or over-stimulation 4.6 Behavioural escalation 4.7 Environmental safety hazards 4.8 Breach of privacy or dignity
5. Support strategies	<ul style="list-style-type: none"> 5.1 Person-centered planning and goal setting 5.2 Skill development and social coaching 5.3 Use of communication and AAC supports 5.4 Environmental modifications and accessibility support 5.5 Supervision and risk management strategies 5.6 Positive behaviour support approaches 5.7 Peer support and mentoring 5.8 Community awareness and inclusion advocacy

	5.9 Collaboration with families and community services
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. Critical aspect of competency	<p>Assessment required evidences that the candidate:</p> <ol style="list-style-type: none"> 1.1 Plan and implement social and recreational activities 1.2 Encourage and facilitate active participation i 1.3 Support safe and independent community access and mobility, 1.4 Identify and address barriers to participation 1.5 Apply risk management and safety strategies 1.6 Support strategies to promote participation 1.7 Collaborate with families, peers, and community resources
2. Underpinning knowledge	<ol style="list-style-type: none"> 2.1 Principles of social participation and inclusion 2.2 Person-cantered and strengths-based approaches 2.3 Types of social interaction and recreational activities 2.4 Community access and mobility options 2.5 Potential Barriers to participation and community access 2.6 Risks and safety considerations in community settings 2.7 Support strategies to promote participation 2.8 Roles of families, community services, and networks
3. Underpinning skills	<ol style="list-style-type: none"> 3.1 Facilitating social interaction 3.2 Planning and supporting recreational activities 3.3 Assisting community access and mobility 3.4 Observing and responding to participation needs 3.5 Applying risk awareness and safety practices 3.6 Communicating and collaborating with families and community services
4. Required attitudes	<ol style="list-style-type: none"> 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 Respect for rights of peers and seniors at workplace. 4.8 Communication with peers and seniors at workplace.
5. Resource implication	<p>The following resources must be available:</p> <ol style="list-style-type: none"> 5.1 workplace (actual or simulated) 5.2 tools, equipment and facilities appropriate to the process or activity; and 5.3 materials relevant to the proposed activity.
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <ol style="list-style-type: none"> 6.1 written test 6.2 demonstration 6.3 oral questioning 6.4 portfolio

7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>
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Accreditation Requirements

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Unit Code and Title	OU-IS-CPSN-05-L3-V2: Support Positive Behavior & Emotional Well Being
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to support positive behaviors & emotional well-being.</p> <p>It specifically includes the tasks of identifying triggers of challenging behavior, applying positive behavior support strategies (non- therapeutic), providing emotional reassurance and stress reduction and referring complex cases to professionals.</p>
Nominal Hours	40 Hours
Elements of competency	Performance Criteria <u>Bold & italicized</u> terms are elaborated in the Range of Variables
1. Identify triggers of challenging behavior	<p>1.1 Behaviours of concern are observed and documented accurately and objectively.</p> <p>1.2 Possible triggers of challenging behaviour are identified through observation and communication.</p> <p>1.3 Environmental, social, and emotional factors contributing to behaviour are recognized.</p> <p>1.4 Patterns and frequency of behaviours are monitored over time.</p> <p>1.5 Findings are reported in line with organizational procedures..</p>
2. Apply positive behavior support strategies (non-therapeutic)	<p>2.1 Positive behaviour support strategies are applied in accordance with individual support plans.</p> <p>2.2 <u>Non-restrictive</u> and <u>respectful approaches</u> are used to promote positive behaviour.</p> <p>2.3 Desired behaviours are identified triggers of challenging behaviour</p> <p>2.4 positive behaviour support strategies (non- therapeutic) are applied.</p> <p>2.5 Provide emotional reassurance and stress reduction are provided</p> <p>2.6 complex cases are referred to professionals</p> <p>2.7 using appropriate <u>encouragement techniques</u> are reinforced.</p> <p>2.8 Strategies are implemented consistently and safely.</p> <p>2.9 Outcomes of strategies are monitored and documented.</p>
3. Provide emotional reassurance and stress reduction	<p>3.1 Emotional needs are recognized through <u>verbal and non-verbal cues.</u></p> <p>3.2 Calm, empathetic communication is used to reassure individuals.</p> <p>3.3 <u>Stress reduction techniques</u> are applied within scope of role.</p>

	<p>3.4 Support is provided in a manner that maintains dignity and respect.</p> <p>3.5 Responses are adapted to individual emotional states and preferences.</p>
4. Refer complex cases to professionals	<p>4.1 Indicators of complex behaviour are identified promptly.</p> <p>4.2 Situations beyond own role and competence are recognized.</p> <p>4.3 Relevant information is documented clearly and accurately.</p> <p>4.4 Referrals are made following organizational protocols.</p> <p>4.5 Confidentiality and duty of care are maintained throughout the referral process.</p>
Range of Variables	
Variable	Range (may include but not limited to):
1. Possible triggers	<p>1.1 Physical discomfort or pain</p> <p>1.2 Sensory overload (noise, light, crowding)</p> <p>1.3 Changes in routine or environment</p> <p>1.4 Communication difficulties</p> <p>1.5 Emotional distress (fear, anxiety, frustration)</p> <p>1.6 Social conflict or perceived rejection</p> <p>1.7 Fatigue, hunger, or illness</p> <p>1.8 Past trauma or negative experiences</p>
2. Challenging behaviour	<p>2.1 Verbal aggression</p> <p>2.2 Physical aggression</p> <p>2.3 Withdrawal or social isolation</p> <p>2.4 Self-injurious behavior</p> <p>2.5 Property damage</p> <p>2.6 Non-compliance or refusal</p> <p>2.7 Repetitive or disruptive behaviours</p>
3. Support strategies	<p>3.1 Person-centred planning</p> <p>3.2 Clear and consistent routines</p> <p>3.3 Skill-building and coping strategies</p> <p>3.4 Reinforcement of positive behaviours</p> <p>3.5 Environmental modification</p> <p>3.6 Communication support strategies</p> <p>3.7 De-escalation techniques</p> <p>3.8 Predictable consequences</p> <p>3.9 Collaborative problem-solving</p>
4. Non-restrictive	<p>4.1 Verbal reassurance</p> <p>4.2 Distraction and redirection</p> <p>4.3 Offering choices and control</p> <p>4.4 Time and space for calming</p> <p>4.5 Environmental adjustments</p> <p>4.6 Supportive presence without force</p>

5. Respectful approaches	<ul style="list-style-type: none"> 5.1 Dignity-focused interactions 5.2 Use of preferred name and language 5.3 Cultural and gender sensitivity 5.4 Privacy and confidentiality 5.5 Active listening 5.6 Consent-based support
6. Encouragement techniques.	<ul style="list-style-type: none"> 6.1 Verbal praise 6.2 Positive feedback 6.3 Goal achievement recognition 6.4 Motivation through interests 6.5 Strength-based reinforcement 6.6 Visual rewards or symbols 6.7 Peer encouragement
7. Verbal and non-verbal cues.	<ul style="list-style-type: none"> 7.1 Tone of voice 7.2 Choice of words 7.3 Facial expressions 7.4 Eye contact 7.5 Body posture 7.6 Gestures and signs 7.7 Proximity and personal space 7.8 Visual prompts or symbols
8. Stress reduction techniques	<ul style="list-style-type: none"> 8.1 Deep breathing exercises 8.2 Relaxation and mindfulness activities 8.3 Physical activity or movement 8.4 Sensory calming strategies 8.5 Music or art-based activities 8.6 Structured breaks 8.7 Emotional reassurance 8.8 Guided coping strategies
9. Indicators	<ul style="list-style-type: none"> 9.1 Escalating frequency or intensity 9.2 Risk of harm to self or others 9.3 Persistent behaviors despite support 9.4 Trauma-related responses 9.5 Sudden behavioral changes 9.6 Multiple contributing factors 9.7 Requirement for specialist intervention
<p>Evidence Guide: The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.</p>	
1. Critical aspect of competency	<ul style="list-style-type: none"> 1.1 observed and identified physical, emotional, environmental, and social triggers. 1.2 Recorded, interpreted, and communicated identified triggers clearly to inform appropriate support planning.

	<ul style="list-style-type: none"> 1.3 Selected and applied appropriate non-therapeutic, non-restrictive positive behaviour support strategies 1.4 Implemented strategies consistently while promoting dignity, choice, and autonomy 1.5 Demonstrated calm, empathetic verbal and non-verbal communication 1.6 Applied suitable stress-reduction techniques 1.7 Recognized indicators of complex, escalating, or high-risk behaviour 1.8 Followed organizational referral, reporting, and confidentiality.
2. Underpinning knowledge	<ul style="list-style-type: none"> 2.1 Concept of challenging behaviour 2.2 Possible triggers 2.3 Support strategies 2.4 Early warning signs, escalation, and de-escalation processes 2.5 Non-restrictive and respectful approaches 2.6 Principles of positive behaviour support (PBS) 2.7 Encouragement techniques 2.8 Non-therapeutic and non-restrictive intervention approaches, 2.9 Verbal and non-verbal communication techniques 2.10 Stress reduction and calming strategies, 2.11 Cultural, gender, and individual differences 2.12 Indicators of complex, high-risk, or persistent behaviour 2.13 Referral pathways, documentation, confidentiality, and ethical requirements
3. Underpinning skills	<ul style="list-style-type: none"> 3.1 Observing and assessing behaviour to identify triggers, early warning signs, and behaviour patterns. 3.2 Communicating effectively 3.3 Applying positive behaviour support strategies 3.4 Adapting support approaches 3.5 Implementing stress reduction techniques 3.6 Maintaining professional boundaries and role limitations 3.7 Documenting and report accurately 3.8 Identifying complexity and refer appropriately
4. Required attitudes	<ul style="list-style-type: none"> 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.

5. Resource implications	<p>The following resources must be provided:</p> <p>5.1 workplace (actual or simulated)</p> <p>5.2 tools, equipment and facilities appropriate to the process or activity; and</p> <p>5.3 materials relevant to the proposed activity.</p>
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <p>6.1 written test</p> <p>6.2 demonstration</p> <p>6.3 oral questioning</p> <p>6.4 portfolio/case study</p>
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre.</p> <p>7.2 Assessment should be done by a NSDA certified/nominated assessor.</p>
<p>Accreditation Requirements</p> <p>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.</p>	

Unit Code and Title	OU-IS-CPSN-06-L3-V2: Provide End of Life & Palliative Support
Unit Descriptor	<p>This unit covers the knowledge, skills and attitudes required to provide end of life and palliative support.</p> <p>It specifically includes the tasks of supporting comfort, dignity, and emotional needs, communicating with families and care teams, respect cultural, spiritual, and personal preferences.</p>
Nominal Hours	50 Hours
Elements of competency	Performance Criteria <u>Bold & italicized</u> terms are elaborated in the Range of Variables
1. Support comfort, dignity, and emotional needs	<p>1.1 Physical comfort of the individual is maintained through appropriate positioning, pain relief measures, and symptom management within scope of role.</p> <p>1.2 Dignity is preserved by respecting privacy, choice, and autonomy at all times.</p> <p>1.3 Emotional needs are identified through observation, communication, appropriate reassurance and support are provided.</p> <p>1.4 Changes in comfort or emotional state are reported promptly to the <u>designated person</u></p>
2. Communicate with families and care teams	<p>2.1 Clear and respectful communication is maintained with families regarding care needs and changes in condition.</p> <p>2.2 Relevant information is shared accurately with the <u>care team</u> according to organizational policies.</p> <p>2.3 Family concerns are listened to and acknowledged with empathy.</p> <p>2.4 Information is documented and reported following workplace procedures.</p>
3. Respect cultural, spiritual, and personal preferences	<p>3.1 Cultural beliefs and practices are identified and respected during care delivery.</p> <p>3.2 Spiritual needs are acknowledged and supported according to individual wishes.</p> <p>3.3 Personal preferences related to end-of-life care are followed within organizational and legal requirements.</p> <p>3.4 Any conflicts or uncertainties are referred to appropriate personnel.</p>
Range of Variables	
Variable	Range (may include but not limited to):

1. Designated person	<ul style="list-style-type: none"> 1.1 Immediate supervisor / line manager 1.2 Registered nurse or duty nurse 1.3 Medical officer / attending physician 1.4 Palliative care coordinator 1.5 Shift leader / team leader 1.6 Designated safeguarding or clinical focal person
2. Care team	<ul style="list-style-type: none"> 2.1 Palliative care physician 2.2 Registered nurse / staff nurse 2.3 Personal care worker / support worker 2.4 Social worker 2.5 Psychologist / counselor 2.6 Spiritual or religious care provider 2.7 Physiotherapist / occupational therapist 2.8 Pharmacist 2.9 Family members or primary caregivers 2.10 Community health worker / hospice volunteer
<p>Evidence Guide The evidence must be authentic, valid, sufficient, reliable, consistent, recent and meet all requirements of current version of the Unit of Competency.</p>	
1. Critical aspect of competency	<ul style="list-style-type: none"> 1.1 1.2 maintained comfort, dignity, and privacy throughout care 1.3 communicated compassionately with individuals and families 1.4 identified and reported changes promptly to designated personnel 1.5 worked collaboratively with the care team 1.6 followed ethical, cultural, and organizational requirements
2. Underpinning knowledge	<ul style="list-style-type: none"> 2.1 Principles of palliative care 2.2 Concepts of dignity, privacy, and person-centred care 2.3 Physical and emotional symptoms at end of life 2.4 Cultural and spiritual considerations 2.5 Ethical issues in end-of-life care
3. Underpinning skills	<ul style="list-style-type: none"> 3.1 Communicating sensitively and compassionately 3.2 Listening actively to verbal and non-verbal cues 3.3 Observing and recognizing changes in physical condition, pain, and emotional wellbeing. 3.4 Providing emotional reassurance and supportive presence to reduce distress and anxiety. 3.5 Maintaining dignity, privacy, and comfort at all times. 3.6 Applying cultural, spiritual, and personal sensitivity in end-of-life support. 3.7 Working collaboratively 3.8 Reporting and document

4. 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 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.
5. Resource implications	The following resources must be provided: 5.1 A real or simulated care environment 5.2 Basic comfort and care equipment 5.3 Personal Protective Equipment (PPE) 5.4 Relevant workplace policies and procedures 5.5 Documentation and reporting tools 5.6 Access to a care team and designated reporting person
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.
<p>Accreditation Requirements</p> <p>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.</p>	

References:

- CS on Caregiving for Persons with Special Needs, developed by the National Skills Development Authority (NSDA)

Review of Competency Standard

The Competency Standards for National Skills Certificate Level-3 in Caregiving for Persons with Special Needs is Reviewed and Validated by NSDA on 18 December 2025.

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