



# COMPETENCY STANDARD

## Caregiving For Elderly Persons

Level: 03

(Informal Sector)

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



National Skills Development Authority  
Chief Advisor's Office  
Government of the People's Republic of  
Bangladesh





## Copyright

National Skills Development Authority  
Prime Minister's Office  
Level: 10-11, Biniyog Bhaban,  
E-6 / B, Agargaon, Sher-E-Bangla Nagar Dhaka-1207, Bangladesh.  
Email: [ec@nsda.gov.bd](mailto:ec@nsda.gov.bd)  
Website: [www.nsd.gov.bd](http://www.nsd.gov.bd).  
National Skills Portal: <http://skillsportal.gov.bd>

National Skills Development Authority (NSDA) is the owner of this document. Other interested parties must obtain written permission from NSDA to reproduce the information in any manner, in whole or part, of this Competency Standard, in English or other languages.

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

This document has been 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 operationalise a responsive skills ecosystem, and delivery mechanism through a well-defined set of mechanisms, and necessary technical supports.

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

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

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

## Overview

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

The purpose of a competency standards is to:

- provide a consistent, and reliable set of components for training, 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 Elderly Person in Informal Sector  
Level Descriptors of Skills Sector, BNQF Level 1-6**

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

## List of Abbreviations

### General

NSDA	National Skills Development Authority
ISC	Industry Skills Council
NSQF	National Skills Qualifications Framework
BNQF	Bangladesh National Qualification Framework
PPP	Public Private Partnership
SCVC	Standards, and Curriculum Validation Committee
STP	Skills Training Provider
UoC	Unit of Competency
KSA	Knowledge, Skills, and Attitudes

### Occupation Specific

PPE	Personal protective equipment
OSH	Occupational Safety, and Health
BMI	Body Mass Index
IT	Information Technology
COVID	Coronavirus disease
ASD	Autism spectrum disorder
BP	Blood Pressure
CPR	Cardiopulmonary resuscitation
ADL	Activities of Daily Living
COPD	Chronic Obstructive Pulmonary Disease



Approved by the Authority meeting, held on .....



# Table of Contents

Copyright-----	ii
Introduction-----	iii
Overview-----	iv
Level Descriptors of Skills Sector, BNQF Level 1-6-----	v
List of Abbreviations-----	vi
Course Structure-----	1
<b>Units &amp; Elements at a Glance:-----</b>	<b>2</b>
Generic Competencies (50Hours)-----	2
Sector Specific Competencies (20 Hours)-----	3
Occupation Specific Competencies (290 Hours)-----	4
<b>Generic Units of Competencies-----</b>	<b>6</b>
GU-02-L3-V1: Practice Negotiation Skills-----	7
GU-03-L3-V1: Demonstrate Work Values-----	10
GU-04-L3-V1: Lead Small Team-----	14
<b>Sector Specific Unit of Competencies-----</b>	<b>17</b>
SU- IS -02-L2-V1: Practice Personal Health and Hygiene-----	18
<b>Occupation Specific Units of Competencies-----</b>	<b>23</b>
OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly CareGiving-----	24
OU-IS-CEP-02-L3-V2: Support Clients in Activities of Daily Living (ADLs)-----	31
OU-IS-CEP-31-L3-V2: Perform Clinical Care Giving Activities-----	42
OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People-----	47
OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior-----	52
OU-IS-CEP-06-L3-V2: Perform Palliative Care-----	55
OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer’s, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients-----	59
<b>References:-----</b>	<b>64</b>
<b>List of Members of Review Workshop-----</b>	<b>65</b>





**Competency Standards for National Skill Certificate, Level-3 in  
Caregiving for Elderly Persons in the Informal Sector**

**Course Structure**

SL	Unit Code and Title		UoC Level	Nominal Hours
<b>Generic Competencies</b>				<b>50</b>
1.	GU-02-L3-V1	Practice Negotiation Skills	3	15
2.	GU-03-L3-V1	Demonstrate Work Value	3	15
3.	GU-04-L3-V1	Lead Small Team	3	20
<b>Sector Specific Competencies</b>				<b>20</b>
4	SU- IS -02-L2-V1	Practice Personal Health and Hygiene	2	20
<b>Occupation Specific Competencies</b>				<b>290</b>
5.	OU-IS-CEP-01-L3-V2	Interpret Basic Knowledge of Elderly Care Giving	3	20
6.	OU-IS-CEP-02-L3-V2	Support Clients in Activities of Daily Living (ADLs)	3	80
7.	OU-IS-CEP-31-L3-V2	Perform Clinical Care Giving Activities	3	60
8.	OU-IS-CEP-04-L3-V2	Respond to Emergencies for Elderly People	3	40
9	OU-IS-CEP-05-L3-V2	Respond to Challenging Behavior	3	30
10	OU-IS-CEP-06-L3-V2	Perform Palliative Care	3	30
11	OU-IS-CEP-07-L3-V2	Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients	3	30
Learning Hours				360
Industry/Workplace Attachment				120
Total Learning Hours				480

## Units & Elements at a Glance:

### Generic Competencies (50Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
GU-02-L3-V1	Practice Negotiation Skills	<ol style="list-style-type: none"><li>1. Plan negotiations</li><li>2. Participate in negotiations</li></ol>	15
GU-03-L3-V1	Demonstrate Work Value	<ol style="list-style-type: none"><li>1. Define the purpose of work</li><li>2. Apply work values / ethics</li><li>3. Deal with ethical problems</li><li>4. Maintain integrity of conduct in the workplace</li></ol>	15
GU-04-L3-V1	Lead Small Team	<ol style="list-style-type: none"><li>1. Provide team leadership</li><li>2. Assign responsibilities</li><li>3. Set performance expectations for team members</li><li>4. Supervise team performance</li></ol>	20
<b>Total Hour</b>			50

## Sector Specific Competencies (20 Hours)

Code	Unit of Competency	Elements of Competency	Duration (Hours)
SU- IS -02-L2-V1	Practice Personal Health and Hygiene	<ol style="list-style-type: none"> <li>1. Follow OSH and interpret healthy living</li> <li>2. Follow safety &amp; hygiene procedures</li> <li>3. Provide Education and counselling on hygiene and sanitation</li> <li>4. Report personal safety and health issues</li> <li>5. Prevent cross- contamination</li> <li>6. Identify and prevent hygiene risks</li> </ol>	20
<b>Total Hours</b>			<b>20</b>

## Occupation Specific Competencies (290 Hours)

Code	Unit of Competency	Elements of Competency	Hours
OU-IS-CGEP-01-L3-V2	Interpret Basic Knowledge of Elderly Care Giving	<ol style="list-style-type: none"> <li>1. Interpret basics of care giving</li> <li>2. Interpret concept of ageing</li> <li>3. Interpret the physiological aspects of elderly persons</li> <li>4. Interpret medical terminologies</li> <li>5. Explain care giving rules and ethics</li> <li>6. Interpret care givers clients basic right</li> </ol>	20
OU-IS-CGEP-02-L3-V2	Support Clients in Activities of Daily Living (ADLs)	<ol style="list-style-type: none"> <li>1. Assist to maintain oral hygiene</li> <li>2. Assist in toileting and changing diapers</li> <li>3. Assist in dressing and grooming</li> <li>4. Assist in showering/bathing</li> <li>5. Perform bed making</li> <li>6. Assist clients with domestic works</li> <li>7. Feed the client</li> <li>8. Assist to perform daily exercise</li> <li>9. Assist the client in skin care</li> <li>10. Assist client in safe movement and transfer</li> </ol>	80
OU-IS-CGEP-03-L3-V2	Perform Clinical Care Giving Activities	<ol style="list-style-type: none"> <li>1. Administer drugs according to the guidelines</li> <li>2. Collect sample as per the instructions</li> <li>3. Assist to perform</li> <li>4. dressings for common wound</li> <li>5. Position and transfer the client</li> <li>6. Care of catheter, colostomy bags and tracheostomy tube</li> <li>7. Assist to use supportive devices</li> </ol>	60
OU-IS-CGEP-04-L3-V2	Respond to Emergencies for Elderly People	<ol style="list-style-type: none"> <li>1. Apply basic first aid</li> <li>2. Respond to emergencies and accidents</li> <li>3. Perform CPR</li> <li>4. Communicate details of the incident</li> <li>5. Provide mental health support</li> </ol>	40
OU-IS-CGEP-05-L3-V2	Respond to Challenging Behavior	<ol style="list-style-type: none"> <li>1. Interpret mental health issues and rapport building process</li> <li>2. Plan responses for challenging behavior</li> <li>3. Respond for challenging behavior</li> <li>4. Report and review incidents</li> </ol>	30

OU-IS-CGEP-06-L3-V2	Perform Palliative Care	<ol style="list-style-type: none"> <li>1. Assist in basic wound care</li> <li>2. Perform palliative pain care</li> <li>3. Assist in providing palliative care</li> </ol>	30
OU-IS-CGEP-07-L3-V2	Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients	<ol style="list-style-type: none"> <li>1. Prepare the client for assistance in administering medication</li> <li>2. Take care of stroke patient</li> <li>3. Provide care for dementia &amp; Alzheimer's patient</li> <li>4. Manage Parkinson patient</li> <li>5. Provide care for arthritis patient</li> <li>6. Take care of cancer patient</li> <li>7. Take care of Chronic (COPD) disease patient</li> </ol>	30
<b>Total Hours</b>			<b>290</b>

## **Generic Units of Competencies**

<b>Unit Code and Title</b>	<b>GU-02-L3-V1: Practice Negotiation Skills</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to practice negotiation skills. It specifically includes - planning negotiations and participating in negotiations.
<b>Nominal Hours</b>	<b>15 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables Training Components
1. Plan negotiations	1.1 Information on <b><u>preparing for negotiation</u></b> is identified and included in the plan; 1.2 Information on creating <b><u>non-verbal environments</u></b> for positive negotiating is identified and included in the plan; 1.3 Information on <b><u>active listening</u></b> is identified and included in the plan; 1.4 Information on different <b><u>questioning techniques</u></b> is identified and included in the plan; 1.5 Information is checked to ensure it is correct and up-to- date.
2. Participate in negotiations	2.1 Criteria for successful outcome are agreed upon by all parties; 2.2 Desired outcome of all parties is considered; 2.3 Appropriate language is used throughout the negotiation; 2.4 A variety of questioning techniques are used; 2.5 The issues and processes are documented and agreed upon by all parties; 2.6 Possible solutions are discussed and their viability assessed; 2.7 Areas for agreement are confirmed and recorded; 2.8 Follow-up action is agreed upon by all parties.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range (May include but not limited to)</b>
1. Preparing for negotiation	1.1 Background information on other parties to the negotiation 1.2 Good understanding of topic to be negotiated 1.3 Clear understanding of desired outcome/s 1.4 Personal attributes <ul style="list-style-type: none"> <li>▪ Self esteem</li> <li>▪ Self esteem</li> <li>▪ Objectivity</li> <li>▪ Empathy</li> <li>▪ Respect for others</li> </ul> 1.5 Interpersonal skills <ul style="list-style-type: none"> <li>▪ Listening / reflecting</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Non-verbal communication</li> <li>▪ Assertiveness</li> <li>▪ Behavior labeling</li> <li>▪ Testing understanding</li> <li>▪ Seeking information</li> <li>▪ Self-disclosure</li> </ul> <p>1.6 Analytic skills</p> <ul style="list-style-type: none"> <li>▪ Observing differences between content and process</li> <li>▪ Identifying bargaining information</li> <li>▪ Applying strategies to manage process</li> <li>▪ Applying steps in negotiating process</li> <li>▪ Strategies to manage conflict</li> <li>▪ Steps in negotiating process</li> </ul> <p>1.7 Options within organization and externally for resolving conflict</p>
2. Non-verbal environments	<p>2.1 Friendly reception</p> <p>2.2 Warm and welcoming room</p> <p>2.3 Refreshments offered</p> <p>2.4 Lead in conversation before negotiation begins</p>
3. Active listening	<p>3.1 Attentive</p> <p>3.2 Don't interrupt</p> <p>3.3 Good posture</p> <p>3.4 Maintain eye contact</p> <p>3.5 Reflective listening</p>
4. Questioning techniques	<p>4.1 Direct</p> <p>4.2 Indirect</p> <p>4.3 Human Open-ended</p>
<p><b>Evidence Guide</b></p> <p>The evidence must be authentic, valid, sufficient, reliable, consistent and recent and meet the requirements of the current version of the Unit of Competency.</p>	
1. Critical aspects of competency	<p>Assessment required evidences that the candidate:</p> <p>1.1 demonstrated sufficient knowledge of the factors influencing negotiation to achieve agreed outcome</p> <p>1.2 participated in negotiation with at least one person to achieve an agreed outcome.</p>
2. Underpinning knowledge	<p>2.1 Codes of practice and guidelines for the organization</p> <p>2.2 Organization policy and procedures for negotiations</p> <p>2.3 Decision making and conflict resolution strategies procedures</p> <p>2.4 Problem solving strategies on how to deal with unexpected questions and attitudes during negotiation</p> <p>2.5 Flexibility</p> <p>2.6 Empathy.</p>
3. Underpinning skill	<p>3.1 Interpersonal skills to develop rapport with other parties</p> <p>3.2 Communication skills (verbal and listening)</p> <p>3.3 Observation skills</p> <p>3.4 Negotiation skills.</p>

4. Required attitude	4.1 Commitment to occupational health and safety 4.2 Environmental concerns 4.3 Eagerness to learn 4.4 Tidiness and timeliness 4.5 Respect for rights of peers and seniors in workplace 4.6 Communication with peers and seniors in workplace
5. Resource implication	The following resources MUST be provided: 5.1 Workplace (actual or simulated). 5.2 Human resources (negotiators).
6. Methods of assessment	Assessment methods may include but not limited to: 6.1 Demonstration 6.2 Oral questioning 6.3 Written test 6.4 Portfolio
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><b>Accreditation Requirements</b></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>	

<b>Unit code and Title</b>	<b>GU-03-L3-V1: Demonstrate Work Values</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills and attitudes required to demonstrate work values.</p> <p>It specifically includes – defining the purpose of work; applying work values / ethics; dealing with ethical problems; and maintaining integrity of conduct in the workplace.</p>
<b>Nominal Hours</b>	<b>15 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables Training Components
1. Define the purpose of work	<p>1.1 One’s unique sense of purpose for working and the why’s of work are identified, reflected on and clearly defined for one’s development as a person and as a member of society;</p> <p>1.2 Personal mission is in harmony with industry values are defined;</p>
2. Apply work values / ethics	<p>2.1 <b><u>Work values / ethics / concepts</u></b> are classified and reaffirmed in accordance with the transparent industry ethical standards, policies and guidelines;</p> <p>2.2 <b><u>Work practices</u></b> are undertaken in compliance with industry work ethical standards, industry policy and guidelines;</p> <p>2.3 Personal behavior and relationships with co-workers are maintained as per standards, policy and guidelines;</p> <p>2.4 <b><u>Company resources</u></b> are used in accordance with transparent company ethical standard, policies and guidelines.</p>
3. Deal with ethical problems	<p>3.1 industry ethical standard, organizational policy and guidelines on the prevention and reporting of unethical conduct are accessed and applied in accordance with transparent company ethical standard, policies and guidelines;</p> <p>3.2 Work <b><u>incidents / situations</u></b> are reported and/or resolved in accordance with company protocol / guidelines;</p> <p>3.3 Resolution and / or referral of ethical problems identified are used as learning opportunities.</p>
4. Maintain integrity of conduct in the workplace	<p>4.1 Personal work practices and values are demonstrated consistently with acceptable ethical conduct and company’s core values;</p> <p>4.2 <b><u>Instructions</u></b> to co-workers are provided based on ethical, lawful and reasonable directives;</p> <p>4.3 Company values / practices are shares with co-workers using appropriate behavior and language.</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):

1. Work values / ethics / concepts	<ul style="list-style-type: none"> <li>1.1 Commitment / Dedication</li> <li>1.2 Sense of urgency</li> <li>1.3 Sense of purpose</li> <li>1.4 Love for work</li> <li>1.5 High motivation</li> <li>1.6 Orderliness</li> <li>1.7 Reliability</li> <li>1.8 Competence</li> <li>1.9 Dependability</li> <li>1.10 Goal-oriented</li> <li>1.11 Sense of responsibility</li> <li>1.12 Being knowledgeable</li> <li>1.13 Loyalty to work/company</li> <li>1.14 Sensitivity to others</li> <li>1.15 Compassion/Caring attitude</li> <li>1.16 Balancing between family and work</li> <li>1.17 Benjamin spirit/teamwork</li> <li>1.18 Sense of nationalism</li> <li>1.19 Gender awareness</li> </ul>
2. Work practices	<ul style="list-style-type: none"> <li>2.1 Quality of work</li> <li>2.2 Punctuality</li> <li>2.3 Efficiency</li> <li>2.4 Effectiveness</li> <li>2.5 Productivity</li> <li>2.6 Resourcefulness</li> <li>2.7 Innovativeness / Creativity</li> <li>2.8 Cost consciousness</li> <li>2.9 5S</li> <li>2.10 Attention to details</li> </ul>
3. Company resources	<ul style="list-style-type: none"> <li>3.1 Consumable materials</li> <li>3.2 Equipment / Machineries</li> <li>3.3 Human</li> <li>3.4 Time</li> <li>3.5 Financial resources</li> </ul>
4. Incidents / situations	<ul style="list-style-type: none"> <li>4.1 Violent / intense dispute or argument</li> <li>4.2 Gambling</li> <li>4.3 Use of prohibited substances</li> <li>4.4 Pilferages</li> <li>4.5 Damage to person or property</li> <li>4.6 Vandalism</li> <li>4.7 Falsification</li> <li>4.8 Bribery</li> <li>4.9 Sexual Harassment</li> <li>4.10 Blackmail</li> </ul>
5. Instructions	<ul style="list-style-type: none"> <li>5.1 Verbal</li> <li>5.2 Written</li> </ul>
<b>Evidence Guide</b>	
The evidence must be authentic, valid, sufficient, reliable, consistent and recent and meet the requirements of the current version of the Unit of Competency	
	Assessment required evidence that the candidate:

<p>1. Critical Aspects of Competency</p>	<ul style="list-style-type: none"> <li>1.1 defined one's unique sense of purpose for working</li> <li>1.2 clarified and affirmed work values / ethics / concepts consistently in the workplace</li> <li>1.3 demonstrated work practices satisfactorily and consistently in compliance with industry work ethical standards, organizational policy and guidelines</li> <li>1.4 demonstrated personal behavior and relationships with co-workers and / or clients consistent with ethical standards policy and guidelines</li> <li>1.5 used company resources in accordance with company ethical standard, policies and guidelines</li> <li>1.6 followed company ethical standards, organizational policy and guidelines on the prevention and reporting of unethical conduct / behavior</li> <li>1.7 demonstrated sufficient knowledge of the factors influencing negotiation to achieve agreed outcome</li> <li>1.8 participated in negotiation with at least one person to achieve an agreed outcome.</li> </ul>
<p>2. Underpinning Knowledge</p>	<ul style="list-style-type: none"> <li>2.1 Occupational safety and health.</li> <li>2.2 Work values and ethics.</li> <li>2.3 Company performance and ethical standards.</li> <li>2.4 Company policies and guidelines.</li> <li>2.5 Fundamental rights at work including gender sensitivity.</li> <li>2.6 Work responsibilities / job functions.</li> <li>2.7 Corporate social responsibilities.</li> <li>2.8 Company code of conduct / values.</li> <li>2.9 Balancing work and family responsibilities.</li> <li>2.10 Codes of practice and guidelines for the organization.</li> <li>2.11 Organization policy and procedures for negotiations.</li> <li>2.12 Decision making and conflict resolution strategies procedures.</li> <li>2.13 Problem solving strategies on how to deal with unexpected questions and attitudes during negotiation.</li> </ul>
<p>3. Underpinning Skills</p>	<ul style="list-style-type: none"> <li>3.1 Developing interpersonal skills to strengthen rapport with other parties.</li> <li>3.2 Communicating with others (verbal and listening).</li> <li>3.3 Self-awareness, understanding and acceptance.</li> <li>3.4 Applying good manners and right conduct.</li> <li>3.5 Observation skills.</li> <li>3.6 Negotiation skills.</li> </ul>

4. Underpinning Attitude	4.1 Commitment to occupational health and safety 4.2 Promptness in carrying out activities 4.3 Sincere and honest to duties 4.4 Environmental concerns 4.5 Eagerness to learn 4.6 Tidiness and timeliness 4.7 Respect for rights of peers and seniors in workplace 4.8 Communication with peers, sub-ordinates and seniors in workplace
5. Resource Implications	The following resources must be provided: 5.1 Tools, equipment and physical facilities appropriate to perform activities 5.2 Materials, consumables to perform activities
6. Methods of Assessment	Assessment methods may include but not limited to: 6.1 Written Test 6.2 Demonstration 6.3 Oral Questioning 6.4 Portfolio
7. Context of Assessment	7.1 Competency assessment must be done in NSDA Accredited Assessment center 7.2 Assessment should be done by NSDA certified/nominated assessor
<p><b>Accreditation Requirements</b></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>	

<b>Unit Code and Title</b>	<b>GU-04-L3-V1: Lead Small Team</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to lead small team.  It specifically includes providing team leadership, assigning responsibilities, setting performance expectations for team members and supervising team performance.
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b>Bold &amp; Underlined</b> terms are elaborated in the Range of Variables
1. Provide team leadership	1.1 <b><u>Work requirements</u></b> are identified and presented to team members; 1.2 Reasons for instructions and requirements are communicated to team members; 1.3 <b><u>Team members' queries and concerns</u></b> are recognized, discussed and dealt with.
2. Assign responsibilities	2.1 Duties, and responsibilities are allocated having regard to the skills, knowledge and attitudes required to properly undertake the assigned task; 2.2 Duties are allocated having regard to individual preference, domestic and personal considerations, whenever possible.
3. Set performance expectations for team members	3.1 Performance expectations are established based on client needs and according to assignment requirements; 3.2 Performance expectations are based on individual team members' duties and area of responsibility; 3.3 Performance expectations are discussed and directed to implement in the workplace.
4. Supervise team performance	4.1 <b><u>Monitoring of performance</u></b> are taken place against defined performance criteria and / or assignment instructions and corrective action taken if required; 4.2 Team members are provided <b><u>feedback</u></b> , positive support and advice on strategies to overcome any deficiencies; 4.3 <b><u>Performance issues</u></b> which cannot be rectified or addressed within the team are referenced to appropriate personnel; 4.4 Team members are kept informed of any changes in the priority allocated to assignments or tasks which might impact on clients' / customers' needs and satisfaction; 4.5 Team operations are monitored to ensure that employer / client needs and requirements are met; 4.6 Follow-up communication is provided on all issues affecting the team;

	4.7 All relevant documentation is completed.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but are not limited to):
1. Work requirements	1.1 Client Profile 1.2 Assignment instructions
2. Team member's queries and concerns	2.1 Roster 2.2 Shift details
3. Monitoring of performance	3.1 Formal process 3.2 Informal process
4. Feedback	4.1 Formal process 4.2 Informal process 4.3 Sandwich process
5. Performance issues	5.1 Work output 5.2 Work quality 5.3 Team participation 5.4 Compliance with workplace protocols 5.5 Safety 5.6 Customer service
<b>Evidence Guide</b>	
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 evidence that the candidate: 1.1 maintained or improved individuals and / or team performance given a variety of possible scenario 1.2 assessed and monitored team and individual performance against set criteria 1.3 represented concerns of a team and individual to next level of management or appropriate specialist and to negotiate on their behalf 1.4 allocated duties and responsibilities, having regard to individual's knowledge, skills and attitude and the needs of the tasks to be performed 1.5 set and communicated performance expectations for a range of tasks and duties within the team and provided feedback to team members.
2. Underpinning knowledge	2.1 Company policies and procedures 2.2 Relevant legal requirements 2.3 How performance expectations are set 2.4 Methods of Monitoring Performance 2.5 Client expectations 2.6 Team members' duties and responsibilities.
3. Underpinning skills	3.1 Informal performance counselling skills 3.2 Team building skills

	3.3 Negotiating skills.
4. Required attitudes	4.1 Commitment to occupational health and safety 4.2 Promptness in carrying out activities 4.3 Sincere and honest to duties 4.4 Environmental concerns 4.5 Eagerness to learn 4.6 Tidiness and timeliness 4.7 Respect for rights of peers and seniors in workplace 4.8 Communicate with peers and seniors in workplace.
5. Resource implications	The following resources must be provided: 5.1 Workplace (actual or simulated) 5.2 Tools, equipment and facilities appropriate to processes or activity 5.3 Materials relevant to the proposed activity 5.4 Equipment and outfits appropriate in applying safety measures 5.5 Relevant drawings, manuals, codes, standards and reference material.
6. Assessment methods	Assessment methods may include but not limited to: 6.1 Written test 6.2 Demonstration 6.3 Oral Questioning 6.4 Portfolio
7. Context of assessment	7.1 Competency assessment must be done in a training centre or in an actual or simulated workplace after completion of the training module 7.2 Assessment should be done by NSDA certified assessor.

**Accreditation Requirements**

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 Unit of Competency**

<b>Unit Code &amp; Title</b>	<b>SU-IS-02-L2-V1: Practice Personal Health and Hygiene</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills and attitudes required to practice personal health and hygiene.</p> <p>It includes the tasks of following OSH and interpret healthy living, following safety &amp; hygiene procedures' providing education and counselling on hygiene and sanitation, reporting personal safety and health issues; preventing cross- contamination and identifying and prevent hygiene risks.</p>
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Follow OSH and interpret healthy living	<p>1.1 Occupational Safety and Health (OSH) is identified and observed;</p> <p>1.2 Safe work practices are followed when using equipment in work environment;</p> <p>1.3 <b><u>Personal Protective Equipment (PPE)</u></b> is collected and worn as required for the work performed;</p> <p>1.4 Physical, mental and social health conditions are interpreted</p> <p>1.5 <b><u>Keys for healthy living</u></b> are interpreted.</p>
2. Follow safety & hygiene procedures	<p>2.1 Safety and hygiene procedures are followed as per workplace requirement;</p> <p>2.2 Unsafe practices of hygiene procedures and accidental issue are reported as per workplace standard;</p> <p>2.3 Hazards are identified that may affect health and safety of patient, colleagues and self;</p> <p>2.4 Hygiene hazard are removed or minimized as appropriate and reported to designated person.</p>
3. Provide Education and counselling on hygiene and sanitation	<p>3.1 Hygiene is defined;</p> <p>3.2 Importance of hygiene is recognized;</p> <p>3.3 <b><u>Components of personal hygiene</u></b> are interpreted;</p> <p>3.4 <b><u>Community hygiene</u></b> is interpreted;</p> <p>3.5 Sanitation is described;</p> <p>3.6 Importance of safe water and sanitation are interpreted;</p> <p>3.7 <u>Counselling is provided for using safe water and sanitation.</u></p>
4. Report personal safety and health issues	<p>4.1 <b><u>Personal health hazard</u></b> issues are reported likely to cause a hygiene risk;</p> <p>4.2 <b><u>Incidents</u></b> are reported, resulting from personal health issues;</p> <p>4.3 Hygienic personal contact is maintained with equipment surfaces.</p>
5. Prevent cross-	5.1 Hand washing and disinfection procedures is

contamination	<p>consistently followed as per Standard Operating Procedure (SOP);</p> <p>5.2 Sanitizer and <b><u>disinfecting agent</u></b> is used to prevent contamination;</p> <p>5.3 Work is performed without <b><u>contamination media</u></b> as per industry rules;</p> <p>5.4 Inter room movement is controlled as per workplace requirement.</p>
6. Identify and prevent hygiene risks	<p>6.1 Potential <b><u>hygiene risks</u></b> are identified as per workplace hygiene procedures;</p> <p>6.2 Actions are taken to <b><u>minimize or remove risks</u></b> within the scope of individual responsibility as per workplace requirements;</p> <p>6.3 Hygiene risks are reported to the appropriate person, which are beyond the control of individual staff members.</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range (may include but not limited to):</b>
1. Personal Protective Equipment (PPE)	<p>1.1 Hand gloves</p> <p>1.2 Overall</p> <p>1.3 Headgear</p> <p>1.4 Foot wear</p> <p>1.5 Beard cover</p> <p>1.6 Mask</p> <p>1.7 Shoe cover</p> <p>1.8 Eye protector</p> <p>1.9 Ear plug/muff</p> <p>1.10 Protective hood/ Dust master</p>
2. Keys for healthy living	<p>2.1 Healthy environment</p> <p>2.2 Healthy food habits</p> <p>2.3 Sleeping regularly</p> <p>2.4 Abstinence from tobacco and alcohol/substance abuse</p> <p>2.5 Taking regular physical exercise</p> <p>2.6 Recreational activities</p> <p>2.7 Reduce stress</p>
3. Components of personal hygiene	<p>3.1 Hand washing</p> <p>3.2 Skin hygiene</p> <p>3.3 Regular bathing</p> <p>3.4 Hair and Nail cutting</p> <p>3.5 Clean wearable</p> <p>3.6 Not to spit anywhere</p> <p>3.7 Usage of sandal/foot hygiene</p> <p>3.8 Menstrual hygiene</p> <p>3.9 Waste disposal</p>

4. Community hygiene	<ul style="list-style-type: none"> <li>4.1 Safe water supply</li> <li>4.2 Sanitation facilities</li> <li>4.3 Hygiene promotion</li> <li>4.4 Waste management</li> <li>4.5 Vector control</li> <li>4.6 Environment hygiene</li> <li>4.7 Health education</li> <li>4.8 Monitoring</li> </ul>
5. Personal healthhazard	<ul style="list-style-type: none"> <li>5.1 Skin diseases</li> <li>5.2 Communicable diseases</li> <li>5.3 Contagious diseases</li> <li>5.4 Cut and wound</li> </ul>
6. Incident	<ul style="list-style-type: none"> <li>6.1 Drowsiness</li> <li>6.2 Nausea</li> <li>6.3 Penicillin sensitivity</li> <li>6.4 PPE sensitivity</li> </ul>
7. Disinfecting agent	<ul style="list-style-type: none"> <li>7.1 Liquid Soap</li> <li>7.2 70% filtered iso propyl alcohol</li> <li>7.3 Sodium hypochlorite solution</li> </ul>
8. Contaminationmedia	<ul style="list-style-type: none"> <li>8.1 Jewellery</li> <li>8.2 Wrist watch</li> <li>8.3 Perfume/cosmetics</li> <li>8.4 False finger nails</li> <li>8.5 Eye lashes</li> <li>8.6 Nails burnish</li> <li>8.7 Rings and studs</li> <li>8.8 Mobile phone</li> </ul>
9. Hygiene risks	<ul style="list-style-type: none"> <li>9.1 Bacterial and other contamination arising from poor handling of food</li> <li>9.2 Poor personal hygiene practices</li> <li>9.3 Poor work practices</li> <li>9.4 Cleaning</li> <li>9.5 Housekeeping</li> <li>9.6 Food handling</li> <li>9.7 Vermin</li> <li>9.8 Airborne dust</li> <li>9.9 Water contamination</li> <li>9.10 Cross-contamination through inappropriate cleaning practices</li> <li>9.11 Inappropriate handling of potentially infectious linen</li> <li>9.12 Contaminated wastes such as blood and body secretions</li> <li>9.13 Disposal of garbage and contaminated or potentially contaminated wastes</li> </ul>

10. minimize or remove risks	10.1 Regular Handwashing 10.2 Personal Protective Equipment (PPE) 10.3 Clean work attire 10.4 Sanitize work areas 10.5 Proper waste disposal 10.6 Avoid cross-contamination 10.7 Stay informed 10.8 Continuous training 10.9 Self-monitoring 10.10 Regular health check-up 10.11 Report hazards 10.12 Awareness buildup 10.13 Clear Communication
<b>Evidence Guide</b> 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"> <li>1.1 followed organizational safety and hygiene procedures</li> <li>1.2 maintained hygienic personal contact with product and product contact surfaces</li> <li>1.3 used sanitizer and disinfecting agent to prevent contamination; and</li> <li>1.4 performed work without contamination media.</li> </ol>
2. Underpinning knowledge	<ol style="list-style-type: none"> <li>2.1 Usages of personal protective equipment</li> <li>2.2 Hazards that affect health and safety of patient</li> <li>2.3 Organizational safety and hygiene procedures</li> <li>2.4 Hygiene hazard removal process</li> <li>2.5 Personal health hazard issues and incident</li> <li>2.6 Hygienic personal contact</li> <li>2.7 Good Manufacturing Practices (GMP) guidelines</li> <li>2.8 Hand disinfection procedure</li> <li>2.9 Contamination and cross contamination issues</li> <li>2.10 Keys for healthy living</li> <li>2.11 Components of personal hygiene</li> <li>2.12 Community hygiene</li> <li>2.13 Hygiene risks</li> <li>2.14 minimize or remove risks</li> <li>2.15 Safety procedure of machine</li> <li>2.16 Waste disposal procedure.</li> </ol>

3. Underpinningskills	3.1 Identifying product hazards 3.2 Maintaining Personal health issues 3.3 Performing hand wash and sanitization 3.4 Reporting health and safety issues 3.5 Applying techniques to prevent contamination 3.6 Controlling inter room movement.
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 Respect for rights of peers and seniors at workplace 4.8 Communication with peers and seniors at workplace.
5. Resources implication	The following resources must be provided: 5.1 workplace (actual or simulated); 5.2 tools, equipment and facilities appropriate to the processor activity; and 5.3 materials relevant to the proposed activity.
6. Methods of assessment	Methods of assessment may include but not limited to: 6.1 written test; 6.2 demonstration; 6.3 oral questioning; and 6.4 portfolio.
7. Context for 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.

**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 Competencies**

<b>Unit Code and Title</b>	<b>OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to interpret basic knowledge of elderly care giving. It includes the tasks of interpreting basics of care giving, interpreting concept of ageing, interpreting the physiological aspects of elderly persons, interpreting medical terminologies, explaining care giving rules and ethics and interpreting care givers clients basic right
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Interpret basics of care giving	1.1 Basics and importance of health and care giving occupation are stated; 1.2 Types and career scopes of care giving are described; 1.3 Career prospect of care giving is explained; 1.4 Critical need of caregivers is identified; 1.5 <b><u>Responsibilities</u></b> of care giver are listed; 1.6 <b><u>Legal aspects related to caregiving</u></b> are interpreted.
2. Interpret concept of ageing	2.1 Concept of <b><u>ageing</u></b> is identified and interpreted; 2.2 Age related physical and psychological changes are identified; 2.3 Rights of elder person are identified.
3. Interpret the physiological aspects of elderly persons	3.1 Different important <b><u>body parts, vital organs</u></b> are identified; 3.2 <b><u>important physiological systems</u></b> of body are identified; 3.3 Common physiological and anatomical changes are interpreted; 3.4 <b><u>Common physical problems</u></b> related to different elderly group are explained; 3.5 Normal physical movements and postures are interpreted; 3.6 <b><u>Mental problems</u></b> related to different elderly group are explained.
4. Interpret medical terminologies	4.1 Usages of drugs administration are interpreted; 4.2 Name and use of <b><u>common medical equipment</u></b> are identified; 4.3 Different <b><u>components patient's file</u></b> is interpreted.
5. Explain care giving rules and ethics	5.1 Legal and ethical aspects of care giving are interpreted; 5.2 Care giver code of ethics is recognized; 5.3 Fundamentals of professionalism in care giving are interpreted; 5.4 Standard care giving rules are identified; 5.5 Principles of health care ethics are recognized.
6. Interpret care givers clients basic right	6.1 Basic rights of care giver are explained; 6.2 Basic rights of clients are explained;

	6.3 <b><u>Different aspect of caregiver</u></b> is interpreted; 6.4 Rights and dignity of care giver are ensured.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Responsibilities	1.1 Personal Care 1.2 Medication Management 1.3 Nutrition and Meal Preparation 1.4 Household Management 1.5 Emotional Support and Companionship 1.6 Health Monitoring 1.7 Safety and Emergency Response 1.8 Transportation and Errands 1.9 Documentation and Communication 1.10 Advocacy and Support.
2. Legal aspects related to caregiving	2.1 Legal Guardianship and Power of Attorney (POA) 2.2 Consent and Privacy Laws 2.3 Elder Rights and Protection 2.4 Employment and Labor Laws (for Professional Caregivers) 2.5 Financial Management and Misuse Prevention 2.6 Safety and Liability 2.7 End-of-Life Decisions and Funeral Arrangements 2.8 Contracts and Agreements.
3. Ageing	3.1 Young old 3.2 Middle old 3.3 Old 3.4 Very old
4. body parts, vital organs	4.1 Finger 4.2 Hip 4.3 Knee 4.4 Ankle 4.5 Leg 4.6 Toe 4.7 Vital Organs <ul style="list-style-type: none"> <li>▪ Brain</li> <li>▪ Heart</li> <li>▪ Kidneys</li> <li>▪ Liver</li> <li>▪ Lungs</li> </ul>

5. Important physiological systems	5.1 Cardiovascular 5.2 Urinary 5.3 Digestive 5.4 Respiratory 5.5 Nervous 5.6 Muscular system 5.7 Skeletal system
6. Common physical Problems	6.1 urinary problem 6.2 Constipation 6.3 Allergic reaction 6.4 Backache 6.5 Joint problems 6.6 Hearing problem 6.7 Vision problem 6.8 Loss of appetite
7. Normal physical movements and postures	7.1 Movement of upper limb (shoulder, elbow, forearm, wrist, fingers) 7.2 Movement of lower limb (hip, knee, ankle, toe) 7.3 Spinal movements (cervical, thoracic & lumber) 7.4 posture (bad and good)
8. Mental problems	8.1 Cognitive disorders 8.2 <b>Dementia</b> - Progressive loss of memory, thinking, and reasoning skills. 8.3 <b>Alzheimer's Disease</b> - The most common form of dementia, affecting memory and cognitive abilities. 8.4 <b>Depression</b> - Persistent sadness, loss of interest, and mood changes, often linked with loneliness and health decline. 8.5 <b>Anxiety Disorders</b> - Excessive worry, fear, and tension, sometimes triggered by health or social changes. 8.6 <b>Delirium</b> - Sudden confusion and disorientation, often due to illness, medication, or infection. 8.7 <b>Paranoia and Hallucinations</b> - Unrealistic fears or seeing/hearing things that are not present, sometimes linked with dementia. 8.8 <b>Social Isolation and Loneliness</b> - Feeling disconnected from others, leading to emotional and mental health challenges. 8.9 <b>Sleep Disorders</b> - Insomnia or disrupted sleep, often associated with anxiety or health issues. 8.10 <b>Substance Abuse</b> - Misuse of alcohol or prescription drugs, sometimes as a coping mechanism. 8.11 <b>Grief and Bereavement Issues</b> - Emotional distress following the loss of loved ones.

<p>9. Common medical equipment</p>	<p>9.1 Thermometer  9.2 Urine catheter  9.3 Syringe (50 cc,20 cc,6cc, 3cc)  9.4 IV (Intra venous) cannula  9.5 Dressing equipment/ trolley  9.6 Cotton ball  9.7 Wound dressing set  9.8 Nebulizer  9.9 Crutches  9.10 Blood glucometer  9.11 Walker  9.12 Lumber corset  9.13 Cervical collar  9.14 Knee cap  9.15 Ankle guard  9.16 Walking stick  9.17 Wheel chair  9.18 Pulse Oximeter  9.19 Feeding tube  9.20 Surgical suture  9.21 Pneumatic bed  9.22 Suction machine  9.23 Assistive cane  9.24 First Aid Kits  9.25 Compression stockings  9.26 Urinal  9.27 Bed pan  9.28 Apron  9.29 Stethoscope  9.30 Sphygmomanometer  9.31 Oxygen cylinder  9.32 Oxygen concentrated machine</p>
------------------------------------	---

10. Components of patient file	10.1 Medical history 10.2 Physician's prescription 10.3 Care plan 10.4 Different charts <ul style="list-style-type: none"> <li>▪ Temperature &amp; Pulse</li> <li>▪ Diet &amp; nutrition</li> <li>▪ Medication chart</li> </ul> 10.5 Pathological reports 10.6 Chart <ul style="list-style-type: none"> <li>▪ Blood pressure</li> <li>▪ Intake output</li> <li>▪ Diabetic</li> </ul>
11. Different aspect of caregiver	11.1 Care giver as a 'individual' 11.2 Care giver as a 'citizen' 11.3 Care giver as a 'member of an organization'
<b>Evidence Guide</b> 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	Assessment required evidences that the candidate: <ol style="list-style-type: none"> <li>1.1 recognized healthy body systems</li> <li>1.2 interpreted physiological conditions related to different age group</li> <li>1.3 identified common medical equipment</li> <li>1.4 recognized caregivers code of ethics</li> <li>1.5 identified the component of patients file; and</li> <li>1.6 recognized the difference between communicable and non-communicable diseases</li> <li>1.7 listed the responsibilities of care giver</li> <li>1.8 interpreted the legal aspects related to caregiving</li> <li>1.9 identified different important body parts, vital organs</li> <li>1.10 identified important physiological systems of body</li> <li>1.11 explained common physical problems related to different elderly group</li> <li>1.12 explained mental problems related to different elderly group</li> <li>1.13 identified different components patient's file</li> <li>1.14 interpreted different aspect of caregiver.</li> </ol>

<p>2. Underpinning knowledge</p>	<ul style="list-style-type: none"> <li>2.1 Aging process</li> <li>2.2 Basics of anatomy, physiology and human development</li> <li>2.3 Health, healthcare, care giving</li> <li>2.4 Types and scopes of care giving</li> <li>2.5 Critical needs of caregivers</li> <li>2.6 Career prospect of care giving</li> <li>2.7 Basic functions of body system</li> <li>2.8 Name and use of medical equipment</li> <li>2.9 Common diseases and physical conditions</li> <li>2.10 Age related physical and psychological changes</li> <li>2.11 Common pathological terms</li> <li>2.12 Body parts, vital organs and anatomical planes</li> <li>2.13 Common physiological conditions</li> <li>2.14 Normal physical movements and postures</li> <li>2.15 Responsibilities of a caregiver</li> <li>2.16 Legal aspects related to caregiving</li> <li>2.17 Important physiological systems</li> <li>2.18 Mental problems</li> <li>2.19 Common medicalequipment</li> <li>2.20 Components ofpatient file</li> <li>2.21 Different aspect ofcaregiver</li> <li>2.22 Safety, security and rights of care giver at work place</li> <li>2.23 Usages of drugs administration</li> <li>2.24 Law related right of elderly person</li> <li>2.25 Principles of health care ethics</li> <li>2.26 Communicable &amp; non-communicable diseases</li> <li>2.27 Measures to protect clients from communicable diseases</li> <li>2.28 Common physical conditions relatedto different agegroup</li> <li>2.29 Care giver code of ethics</li> <li>2.30 Principles of health care ethics.</li> </ul>
<p>3. Underpinningskills</p>	<ul style="list-style-type: none"> <li>3.1 Recognizing healthy body systems, functions andcommon conditions</li> <li>3.2 Identifying and differentiating common communicable andnon-communicable diseases</li> <li>3.3 Interpreting common physiological and anatomicalchanges</li> <li>3.4 Organizing patient's files</li> <li>3.5 Identifying common drugs and medical equipment.</li> </ul>

4. Required attitudes	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational safety and health</li> <li>4.2 Promptness in carrying out activities</li> <li>4.3 Sincere and honest to duties</li> <li>4.4 Eagerness to learn</li> <li>4.5 Tidiness and timeliness</li> <li>4.6 Environmental concerns</li> <li>4.7 Respect for rights of peers and seniors at workplace</li> <li>4.8 Communication with peers and seniors at workplace.</li> </ul>
5. Resource implication	<p>The following resources must be provided:</p> <ul style="list-style-type: none"> <li>5.1 workplace (actual or simulated);</li> <li>5.2 required tools and equipment's, facilities and relevant accessories for care giving;</li> <li>5.3 required teaching aids; and</li> <li>5.4 competency based learning materials</li> </ul>
6. Methods of assessment	<p>Methods of assessment may include but not limited to:</p> <ul style="list-style-type: none"> <li>6.1 written test</li> <li>6.2 demonstration</li> <li>6.3 oral questioning</li> <li>6.4 portfolio.</li> </ul>
7. Context of assessment	<ul style="list-style-type: none"> <li>7.1 Competency assessment must be done in NSDA accredited assessment centre;</li> <li>7.2 Assessment should be done by NSDA certified assessor.</li> </ul>

**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.

<b>Unit Code and title</b>	<b>OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs)</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills and attitudes required to support clients in activities of daily living (ADLs).</p> <p>It includes assisting to maintain oral hygiene, assist in toileting and changing diapers, assisting in dressing and grooming, assisting in showering/bathing, performing bed making, assisting clients with domestic works, feeding the client, assist to perform daily exercise, assisting the client in skin care and assisting client in safe movement and transfer.</p>
<b>Nominal Hours</b>	<b>80 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; underlined</u></b> terms are elaborated in the Range of Variables
1. Assist to maintain oral hygiene	<p>1.1 <b><u>Personal Protective Equipment (PPE)</u></b> is used as per job requirement;</p> <p>1.2 Teeth are brushed using proper procedure and <b><u>tools(oral hygiene)</u></b> consultation with concern / responsible person;</p> <p>1.3 Tongue is cleaned as per the requirements;</p> <p>1.4 Dentures are cleaned;</p> <p>1.5 Dental floss is appropriately used, after every meal.</p>
2. Assist in toileting and changing diapers	<p>2.1 Patient is explained and encouraged about the overall procedure of toileting and changing diapers;</p> <p>2.2 <b><u>Different parts of Perennial/genital organs</u></b> are recognized and maintained standard infection control procedure;</p> <p>2.3 Suitable methods and tools are identified as per client's condition and preference;</p> <p>2.4 Assistance for toileting is provided;</p> <p>2.5 Diaper is changed as per standard procedure;</p> <p>2.6 Diaper and skin area is checked regularly;</p> <p>2.7 Patient is cleaned and repositioned;</p> <p>2.8 Client privacy and confidentiality is maintained about the procedure;</p> <p>2.9 Work area is cleaned.</p>
3. Assist in dressing and grooming	<p>3.1 Patient is explained and encouraged for dressing and grooming;</p> <p>3.2 <b><u>Tools for dressing and grooming</u></b> are identified;</p> <p>3.3 The needs of clients are identified;</p> <p>3.4 <b><u>Different body parts</u></b> to clean are identified;</p> <p>3.5 Suitable methods and tools are identified as per patient's condition and preference;</p> <p>3.6 Dressing <b><u>&amp; grooming activities</u></b> are performed;</p> <p>3.7 Patient is cleaned and repositioned;</p>

	3.8 Work area is cleaned.
4. Assist in showering/bathing	<p>4.1 Privacy is maintained as per patient's condition and preference;</p> <p>4.2 Patient is explained and encouraged to take showers;</p> <p>4.3 <b><u>Bathing methods &amp; techniques</u></b> and <b><u>tools</u></b> are identified as per patient's condition and preference;</p> <p>4.4 Water temperature is maintained consultation with concern / responsible person;</p> <p>4.5 Assistance for bathing/showering is provided;</p> <p>4.6 Patient is cleaned and repositioned;</p> <p>4.7 Work area is cleaned.</p>
5. Perform bedmaking	<p>5.1 Needs of different <b><u>types of bed</u></b> are identified;</p> <p>5.2 <b><u>Client positioning</u></b> are interpreted;</p> <p>5.3 Appropriate <b><u>bed making methods and tools and types of bed making</u></b> are identified as client condition and preference;</p> <p>5.4 Bed is made as per client requirement.</p>
6. Assist clients with domestic works	<p>6.1 <b><u>Domestic works</u></b> are identified;</p> <p>6.2 Cloths and dresses of the client are cleaned &amp; organized, where applicable;</p> <p>6.3 Foods are warmed and served to the client;</p> <p>6.4 Client's room is cleaned maintaining personal hygiene;</p> <p>6.5 Furniture of the client's room is organized to ensure patient's safety.</p>
7. Feed the client	<p>7.1 Special dietary needs are identified and followed;</p> <p>7.2 Client is explained and encouraged to take suitable food as per patient's condition;</p> <p>7.3 Food and fluid chart is interpreted and followed;</p> <p>7.4 Food and <b><u>nutrition</u></b> requirements are fulfilled;</p> <p>7.5 Appropriate <b><u>method &amp; techniques of feeding</u></b> and tools to feed are identified as per patient's condition and preference;</p> <p>7.6 Assistance for feeding is provided using <b><u>feeding tools</u></b> as required;</p> <p>7.7 Patient is cleaned and repositioned;</p> <p>7.8 Work area and tools are cleaned.</p>

8. Assist to perform daily exercise	8.1 Importance of basic physiotherapy is explained; 8.2 Types of daily exercise are identified; 8.3 Different daily exercises are facilitated; 8.4 <b><u>Range of joint movement</u></b> is screened; 8.5 Assistance is provided to perform active and passive exercise regularly; 8.6 Clients are encouraged to perform regular daily exercise according to the physiotherapist consultant.
9. Assist the client in skin care	9.1 Consent is taken from client before starting the procedure; 9.2 <b><u>Tools, equipment, materials</u></b> are prepared and used in an appropriate and safe manner in accordance with established procedures; 9.3 <b><u>Skin</u></b> conditions and breakdowns are <b><u>assessed</u></b> ensuring privacy and safety and documented based on established standard; 9.4 Client is assisted in performing skin care ensuring nutrition and hydration practices as per standard care procedures; 9.5 Client is assisted with physical movement and range of motion exercises as per standard procedures.
10. Assist client in safe movement and transfer	10.1 <b><u>Mobility/transfer equipment</u></b> are prepared and used in an appropriate and safe manner in accordance with care plan based on established standard procedures; 10.2 Client is assisted with movement to regain independence in accordance with established standard procedures; 10.3 Client is given positive reinforcement during movement based on established standard procedures; 10.4 Client's progress is recorded and reported to responsible Persons.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Personal Protective Equipment (PPE)	1.1 Apron 1.2 Gloves 1.3 Goggles / medical face shield 1.4 Hair cap 1.5 Mask
2. Tools (oral hygiene)	2.1 Brush 2.2 Toothpaste 2.3 Clean gauze / cloth 2.4 Finger 2.5 Mouth wash products 2.6 Dental floss 2.7 Tongue cleaner
3. Different parts of	3.1 <b><u>Main Components:</u></b>

<p>Perennial/genital organs</p>	<ul style="list-style-type: none"> <li>▪ Urogenital triangle (anterior)</li> <li>▪ Anal triangle (posterior)</li> <li>▪ Perineal body</li> <li>▪ Perineal membrane</li> <li>▪ Superficial and deep perineal pouch</li> <li>▪ Ischiocavernosus muscle</li> <li>▪ Bulbospongiosus muscle</li> <li>▪ Superficial transverse perineal muscle</li> <li>▪ External anal sphincter</li> <li>▪ Levator ani muscle</li> </ul> <p><b>3.2 Male Genital Organs</b></p> <p><b>External Genitalia:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Penis</b></li> <li>▪ Glans penis</li> <li>▪ Shaft</li> <li>▪ Prepuce (foreskin)</li> <li>▪ External urethral meatus</li> <li>▪ <b>Scrotum</b></li> <li>▪ Contains the testes and associated structures</li> </ul> <p><b>Internal Genital Organs:</b></p> <ul style="list-style-type: none"> <li>▪ Testes</li> <li>▪ Epididymis</li> <li>▪ Vas deferens (ductus deferens)</li> <li>▪ Seminal vesicles</li> <li>▪ Prostate gland</li> <li>▪ Bulbourethral glands (Cowper's glands)</li> <li>▪ Ejaculatory ducts</li> <li>▪ Urethra (prostatic, membranous, spongy)</li> </ul> <p><b>3.3 Female Genital Organs</b></p> <p><b>External Genitalia (Vulva):</b></p> <ul style="list-style-type: none"> <li>▪ Mons pubis</li> <li>▪ Labia majora</li> <li>▪ Labia minora</li> <li>▪ Clitoris (including glans and crura)</li> <li>▪ Vestibule of the vagina</li> <li>▪ External urethral orifice</li> <li>▪ Vaginal orifice</li> <li>▪ Bartholin's glands (greater vestibular glands)</li> </ul> <p><b>Internal Genital Organs:</b></p> <ul style="list-style-type: none"> <li>▪ Vagina</li> <li>▪ Uterus</li> <li>▪ Fundus</li> <li>▪ Body</li> </ul>
---------------------------------	--

	<ul style="list-style-type: none"> <li>▪ Cervix</li> <li>▪ Fallopian tubes (uterine tubes)</li> <li>▪ Ovaries</li> </ul>
4. Tools for dressing and grooming	<p>4.1 Dressing tools:</p> <ul style="list-style-type: none"> <li>▪ Clothing</li> <li>▪ Patient gown</li> <li>▪ Maxi</li> <li>▪ Towels</li> <li>▪ Cloth hangers</li> <li>▪ Iron machine</li> </ul> <p>4.2 Grooming tools:</p> <ul style="list-style-type: none"> <li>▪ Shaving kits</li> <li>▪ Hair trimmer/ scissor</li> <li>▪ Comb</li> <li>▪ Hair band / clip</li> <li>▪ Shampoo</li> <li>▪ Cotton bud</li> <li>▪ Soap</li> <li>▪ Liquid soap bottle</li> <li>▪ Body spray</li> <li>▪ Lotion</li> <li>▪ Moisturizer</li> <li>▪ Oil</li> <li>▪ Nail cutter</li> <li>▪ Nail filer</li> <li>▪ Powder</li> </ul>
5. Different bodyparts	<p>5.1 Hair</p> <p>5.2 Eye</p> <p>5.3 Ear</p> <p>5.4 Nose</p> <p>5.5 Perineal Area</p> <p>5.6 Axilla/armpit</p> <p>5.7 Back of knee</p> <p>5.8 Skin</p> <p>5.9 Face</p> <p>5.10 Foot</p>
6. Grooming activities	<p>6.1 Hair care</p> <p>6.2 Shaving</p> <p>6.3 Nail care</p> <p>6.4 Skin care</p>

7. Bathing methods & techniques	<ul style="list-style-type: none"> <li>7.1 Full bath</li> <li>7.2 Partial bath</li> <li>7.3 Sponge bath</li> <li>7.4 Bed bath</li> </ul>
8. Bathing materials/tools	<ul style="list-style-type: none"> <li>8.1 Soap</li> <li>8.2 Towels</li> <li>8.3 Plastic sheet</li> <li>8.4 Shower gel</li> <li>8.5 Shampoo</li> <li>8.6 Ear protecting equipment</li> <li>8.7 Sponge cloth</li> <li>8.8 Bathing chair</li> </ul>
9. Types of bed	<ul style="list-style-type: none"> <li>9.1 Regular</li> <li>9.2 Hospital</li> <li>9.3 Air bed / Pneumatic bed</li> </ul>
10. Client positioning	<ul style="list-style-type: none"> <li>10.1 Flat (Supine)</li> <li>10.2 Prone</li> <li>10.3 lateral</li> <li>10.4 propped up</li> <li>10.5 Special as per client need</li> </ul>
11. Bed making methods and tools	<ul style="list-style-type: none"> <li>11.1 Bed sheet</li> <li>11.2 Pillow</li> <li>11.3 Pillow cover</li> <li>11.4 Rubber sheet</li> <li>11.5 Mackintosh</li> <li>11.6 Air bed</li> <li>11.7 Mattress</li> <li>11.8 Hospital bed</li> <li>11.9 Normal bed</li> <li>11.10 Beside locker</li> <li>11.11 Air cushion</li> </ul>
12. Types of bed making	<ul style="list-style-type: none"> <li>12.1 Open</li> <li>12.2 Closed</li> <li>12.3 Occupied</li> <li>12.4 surgical</li> <li>12.5 Postoperative</li> </ul>
13. Domestic work	<ul style="list-style-type: none"> <li>13.1 Bed making</li> <li>13.2 Warming foods</li> <li>13.3 Client related housekeeping</li> <li>13.4 Rearranging furniture</li> </ul>

<p>14. Food and Nutrition</p>	<p>14.1 Vegetables and Fruits</p> <ul style="list-style-type: none"> <li>▪ Leafy greens: spinach, kale, amaranth</li> <li>▪ Carrots, broccoli, cauliflower, pumpkin</li> <li>▪ Seasonal fruits: papaya, apple, banana, guava, berries</li> <li>▪ High-fiber options: pears, prunes, oranges</li> </ul> <p><i>Benefits:</i> Rich in vitamins (A, C, K), minerals, fiber, and antioxidants.</p> <p>14.2 Dairy or Alternatives</p> <ul style="list-style-type: none"> <li>▪ Low-fat milk</li> <li>▪ Yogurt or curd</li> <li>▪ Cheese (in moderation)</li> <li>▪ Fortified plant-based milk (e.g. soy, almond, if lactose intolerant)</li> </ul> <p><i>Benefits:</i> Calcium and vitamin D for bone health, protein for muscle maintenance.</p> <p>14.3 Protein Sources</p> <ul style="list-style-type: none"> <li>▪ Eggs</li> <li>▪ Fish (especially oily fish like salmon, sardines)</li> <li>▪ Chicken (lean cuts)</li> <li>▪ Lentils, beans, chickpeas</li> <li>▪ Tofu, tempeh</li> <li>▪ Nuts and seeds (e.g., almonds, flaxseeds, chia seeds)</li> </ul> <p><i>Benefits:</i> Protein for maintaining muscle mass and strength; omega-3 for heart and brain health.</p> <p>14.4 Whole Grains and Fiber-Rich Carbohydrates</p> <ul style="list-style-type: none"> <li>▪ Brown rice</li> <li>▪ Oats</li> <li>▪ Whole wheat roti or bread</li> <li>▪ Barley, millet (bajra, jowar)</li> <li>▪ Sweet potatoes</li> </ul> <p><i>Benefits:</i> Energy, fiber for digestion, and blood sugar control.</p> <p>14.5 Healthy Fats</p> <ul style="list-style-type: none"> <li>▪ Olive oil, mustard oil</li> <li>▪ Avocado (if available)</li> <li>▪ Nuts (in small portions)</li> <li>▪ Fatty fish</li> </ul> <p><i>Benefits:</i> Heart health, anti-inflammatory properties.</p> <p>14.6 Hydration</p> <ul style="list-style-type: none"> <li>▪ Clean drinking water</li> <li>▪ Herbal teas (e.g., ginger, chamomile)</li> <li>▪ Soups and broths</li> </ul>
-------------------------------	---

	<ul style="list-style-type: none"> <li>▪ Coconut water (occasionally)</li> </ul> <p><i>Benefits:</i> Prevents dehydration, supports kidney and skin function.</p> <p>14.7 Vitamins and Minerals</p> <ul style="list-style-type: none"> <li>▪ Vitamin D (via sunlight and food/supplements)</li> <li>▪ Vitamin B12 (from animal products or supplements)</li> <li>▪ Calcium (dairy, leafy greens)</li> <li>▪ Iron and folate (legumes, greens)</li> <li>▪ Zinc (nuts, seeds, meat)</li> </ul> <p>14.8 Important Nutrition Tips for the Elderly:</p> <ul style="list-style-type: none"> <li>▪ Eat small, frequent meals</li> <li>▪ Avoid too much salt, sugar, and processed foods</li> <li>▪ Ensure adequate fiber to prevent constipation</li> <li>▪ Limit red meat and fried food</li> <li>▪ If chewing is difficult: choose soft-cooked foods, soups, and mashed items</li> </ul>
15. Method and techniques of feeding	<p>15.1 Oral</p> <p>15.2 Tube feeding</p>
16. Feeding tools	<p>16.1 Cup / Measuring cup</p> <p>16.2 Spoon / fork</p> <p>16.3 Plate / bowl</p> <p>16.4 Jug</p> <p>16.5 Glass</p> <p>16.6 NG tub syringe</p> <p>16.7 Feeding gown</p> <p>16.8 Towels</p> <p>16.9 Tissue</p>

<p>17. Range of joint movement</p>	<p>17.1 Limb exercise</p> <p>a. Upper Limb</p> <ul style="list-style-type: none"> <li>➤ Shoulder joint <ul style="list-style-type: none"> <li>▪ Flexion</li> <li>▪ Extension</li> <li>▪ Abduction</li> <li>▪ Adduction</li> <li>▪ Circumduction</li> </ul> </li> <li>➤ Elbow joint <ul style="list-style-type: none"> <li>▪ Flexion</li> <li>▪ Extension</li> </ul> </li> <li>➤ Wrist joint <ul style="list-style-type: none"> <li>▪ Flexion</li> <li>▪ Extension</li> <li>▪ Medial deviation</li> <li>▪ Lateral deviation</li> </ul> </li> <li>➤ Finger <ul style="list-style-type: none"> <li>▪ Flexion</li> <li>▪ Extension</li> <li>▪ Abduction</li> <li>▪ Adduction</li> </ul> </li> </ul> <p>b. Lower Limb</p> <ul style="list-style-type: none"> <li>▪ Extension</li> <li>▪ Rotation</li> </ul> <p>17.2 Back /lumber</p> <ul style="list-style-type: none"> <li>▪ Flexion</li> <li>▪ Extension</li> </ul>
------------------------------------	--

**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> <ol style="list-style-type: none"> <li>1.1 identified and utilized proper tools and standard procedure for oral hygiene</li> <li>1.2 provided assistance for toileting</li> <li>1.3 identified and performed suitable methods and tools for dressing and grooming activities as per patient's condition</li> <li>1.4 identified bathing / showering methods and tools as per patient's condition</li> <li>1.5 performed bed making by using appropriate method and tools</li> <li>1.6 interpreted and followed nutrition chart; and</li> <li>1.7 facilitated different home exercises</li> <li>1.8 assisted clients with domestic works</li> <li>1.9 fed the client</li> <li>1.10 assisted the client in skin care</li> <li>1.11 assisted client in safe movement and transfer.</li> </ol>
---	---

<p>2. Underpinningknowledge</p>	<p>2.1 Procedure of maintaining oral hygiene, bathing, feeding, dressing and grooming, positioning</p> <p>2.2 Techniques of dressing base on patient condition</p> <p>2.3 Interpret personal hygiene</p> <p>2.4 Maintaining oral hygiene</p> <p>2.5 Use of diaper</p> <p>2.6 Cleaning and positioning the client</p> <p>2.7 Tools for dressing and grooming</p> <p>2.8 Nutrition chart Personal Protective Equipment (PPE)</p> <p>2.9 Tools (oral hygiene)</p> <p>2.10 Different parts of Perennial/genital organs</p> <p>2.11 Tools for dressing and grooming</p> <p>2.12 Different body parts</p> <p>2.13 Grooming activities</p> <p>2.14 Bathing methods &amp; techniques</p> <p>2.15 Bathing materials/tools</p> <p>2.16 Types of bed</p> <p>2.17 Client positioning</p> <p>2.18 Bed making methods and tools</p> <p>2.19 Types of bed making</p> <p>2.20 Domestic work</p> <p>2.21 Food and Nutrition</p> <p>2.22 Proper feeding tools.</p> <p>2.23 Types of home exercise.</p> <p>2.24 Method and techniques of feeding</p> <p>2.25 Feeding tools</p> <p>2.26 Range of joint movement.</p>
<p>3. Underpinningskills</p>	<p>3.1 Maintaining the oral hygiene</p> <p>3.2 Assisting in bathing</p> <p>3.3 Assisting in toileting</p> <p>3.4 Changing the diaper</p> <p>3.5 Cleaning body parts</p> <p>3.6 Implementing the appropriate methods and tools of bedmaking</p> <p>3.7 Interpreting the nutrition chart</p> <p>3.8 Providing assistance to facilitate home exercise</p> <p>3.9 Performing bed making</p> <p>3.10 Assisting clients with domestic works</p> <p>3.11 Feeding the client</p> <p>3.12 Assisting to perform daily exercise</p> <p>3.13 Assisting the client in skin care</p> <p>3.14 Assisting client in safe movement and transfer.</p>

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 Respect for rights of peers and seniors at workplace 4.8 Communicate with peers and seniors at workplace.
5. Resource implication	The following resources must be available: 5.1 workplace (actual or simulated); 5.2 tools, equipment and physical facilities appropriate to perform activities; and 5.3 materials, consumables to perform activities.
6. Methods of assessment	Methods of assessment may include but not limited to: 6.1 written test; 6.2 demonstration; 6.3 oral questioning; and 6.4 portfolio.
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre; 7.2 Assessment should be done by NSDA certified assessor.

**Accreditation Requirements**

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

<b>Unit Code and Title</b>	<b>OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills and attitudes required to perform clinical care giving activities.</p> <p>It includes administering drugs according to the guidelines, collecting samples as per the instructions, assisting to perform dressing for common wound, positioning and transferring the client, caring of catheter and colostomy bags and assisting to use supportive devices.</p>
<b>Nominal Hours</b>	<b>40 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Administer drugs according to the guidelines	<p>1.1 Need of administering drugs is identified.</p> <p>1.2 Drugs are administered through different <b><u>routes of drug administration</u></b> according to the organizational policies and legislative requirements.</p> <p>1.3 Drug are provided based on daily medication chart according to the doctor's prescription.</p> <p>1.4 Drugs are stored according to the requirements.</p> <p>1.5 Drugs are checked routinely for name, instructions and expiry date.</p> <p>1.6 All administered medications are documented and preserved in designated formats in client's file.</p>
2. Collect sample as per the instructions	<p>2.1 Instructions are followed and reviewed for sample collection.</p> <p>2.2 Different <b><u>sample collection instruments</u></b> are identified and organized.</p> <p>2.3 <b><u>Samples</u></b> are collected and preserved for medical diagnosis.</p>
3. Assist to perform dressings for common wound	<p>3.1 <b><u>Personal Protective Equipment (PPE)</u></b> is worn and safety precaution is followed.</p> <p>3.2 <b><u>Common wounds</u></b> are identified.</p> <p>3.3 Pressure sore is explained and preventive measures are taken.</p> <p>3.4 <b><u>Dressing materials</u></b> are selected to apply dressings.</p> <p>3.5 Dressing is applied following proper procedures.</p> <p>3.6 Client is placed in a comfortable position.</p> <p>3.7 Area is cleaned and used items are disposed as per SOP</p>

4. Position and transfer the client	4.1 Importance of comfortable body positions is explained. 4.2 Normal body positions are identified. 4.3 Patient is positioned as per need. 4.4 Importance of transferring the client is explained. 4.5 <b><u>Different methods and tools and equipment</u></b> for positioning and transferring the patient are identified 4.6 Positioning techniques are applied as per client condition. 4.7 Client is transferred in a safe, comfortable & respectful manner.
5. Care of catheter, colostomy bags and tracheostomy tube	5.1 Personal Protective Equipment (PPE) is worn. 5.2 Basics about catheter/ Uro bag, catheter care, colostomy bag are explained. 5.3 Catheter bag is cleaned and readjusted. 5.4 Colostomy bag is cleaned and disposed. 5.5 Standard precaution is maintained. 5.6 Color and smell of the urine and stool are checked. 5.7 Urine output is measured and documented. 5.8 Basics tracheostomy care is explained 5.9 the tracheostomy tube is cleaned and maintained as per standard procedure
6. Assist to use supportive devices	6.1 Different <b><u>supportive devices</u></b> are identified. 6.2 Clients are encouraged and motivated to properly use supportive device. 6.3 Supportive devices are used accordingly. 6.4 Safety measures are followed. 6.5 Cleaning & maintenance of supportive devices are performed.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Routes of drugs administration	1.1 Oral 1.2 Sublingual 1.3 Rectal 1.4 Subcutaneous 1.5 Inhalation 1.6 Nasal 1.7 Eye 1.8 Nebulization 1.9 Parenteral [Only administered by authorized person] <ul style="list-style-type: none"> <li>▪ Intravenous</li> <li>▪ Intramuscular</li> <li>▪ Intradermal</li> </ul>

2. Sample collection instrument	<ul style="list-style-type: none"> <li>2.1 Container with lid</li> <li>2.2 Cotton Roll</li> <li>2.3 Labeling</li> <li>2.4 Spatula</li> <li>2.5 Micropore</li> <li>2.6 Gauge piece</li> <li>2.7 Test tube</li> <li>2.8 Tourniquet</li> <li>2.9 Syringe destroyer</li> </ul>
3. Sample	<ul style="list-style-type: none"> <li>3.1 Urine</li> <li>3.2 Stool</li> <li>3.3 Sputum</li> <li>3.4 Saliva</li> <li>3.5 Pus</li> </ul>
4. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>4.1 Apron</li> <li>4.2 Gloves</li> <li>4.3 Goggles</li> <li>4.4 Hair cap</li> <li>4.5 Mask</li> </ul>
5. Common wounds	<ul style="list-style-type: none"> <li>5.1 Burn</li> <li>5.2 Blunt injury</li> <li>5.3 Cut injury</li> <li>5.4 Pressure sores</li> </ul>
6. Dressing materials	<ul style="list-style-type: none"> <li>6.1 Sterile gauge</li> <li>6.2 Cotton</li> <li>6.3 Roller bandage</li> <li>6.4 Band aid</li> <li>6.5 Povidone solution</li> <li>6.6 Ointment</li> <li>6.7 Antiseptics</li> <li>6.8 Scissor</li> <li>6.9 Forceps</li> <li>6.10 Splint</li> <li>6.11 Micropore</li> </ul>
7. Different methods and tools and equipment	<ul style="list-style-type: none"> <li>7.1 Supine position</li> <li>7.2 Prone position</li> <li>7.3 Lateral position</li> <li>7.4 Propped up position</li> <li>7.5 Tools and equipment for patient positioning</li> <li>7.6 Positioning pillows and cushions</li> <li>7.7 Wedge cushions</li> <li>7.8 Body positioners</li> <li>7.9 Transfer boards and sliding sheets</li> <li>7.10 Gait belts</li> <li>7.11 Adjustable hospital beds</li> <li>7.12 Arm and leg support</li> </ul>

8. Supportive devices	<ul style="list-style-type: none"> <li>8.1 Beds / medical bed</li> <li>8.2 Chairs</li> <li>8.3 Stretcher</li> <li>8.4 High commode</li> <li>8.5 For positioning and transferring the patient walker</li> <li>8.6 Adjustable table</li> <li>8.7 Wheel chair</li> <li>8.8 IV stand</li> <li>8.9 Ryle's tube</li> <li>8.10 Urine pot</li> <li>8.11 Bed pan</li> <li>8.12 Cane/Crutches</li> <li>8.13 Visual aid</li> <li>8.14 Communication aid</li> <li>8.15 Hearing aid</li> </ul>
<p><b>Evidence Guide</b> 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"> <li>1.1 identified and administered drugs properly following health and safety issues according to the instructions of the physician</li> <li>1.2 collected the samples using proper techniques as per the instructions</li> <li>1.3 identified the common wounds related materials/tools for dressing</li> <li>1.4 applied dressings using proper techniques as per the instructions</li> <li>1.5 identified the normal body positions</li> <li>1.6 transferred the client safely and comfortably</li> <li>1.7 performed catheter care and care of colostomy bags maintaining universal standard precautions</li> <li>1.8 assisted clients with different supportive devices.</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Type and techniques of positioning.</li> <li>2.2 Different types of drugs and their routes of administration.</li> <li>2.3 Understanding the guideline prescribed or instructed by physician.</li> <li>2.4 Sample collection and preservation technique.</li> <li>2.5 Wounds dressing technique.</li> <li>2.6 Anatomical positions and normal body postures.</li> <li>2.7 Normal and comfortable body repositioning and transferring.</li> <li>2.8 Importance of regular physical activities and body movements.</li> <li>2.9 Basics about catheter, colostomy bags and tracheostomy tube with their care.</li> <li>2.10 Supportive devices use and maintaining.</li> </ul>

3. Underpinning skills	3.1 Implementing proper drugs administration 3.2 Applying appropriate wound dressing. 3.3 Identifying proper body positioning and transferring skills. 3.4 Implementing catheter, colostomy bag and tracheostomy tube care and management. 3.5 Selecting and applying appropriate supportive device.
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 Respect for rights of peers and seniors at workplace. 4.8 Communicate with peers and seniors at workplace.
5. Resource implication	The following resources must be available: 5.1 workplace (actual or simulated); 5.2 tools, equipment and physical facilities appropriate to perform activities; and 5.3 materials, consumables to perform activities.
6. Methods of assessment	Methods of assessment may include but not limited to: 6.1 written test; 6.2 demonstration; 6.3 oral questioning; and 6.4 portfolio.
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre; 7.2 Assessment should be done by NSDA certified assessor.

### Accreditation Requirements

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

<b>Unit Code and Title</b>	<b>OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills and attitudes required to respond to first aids and emergencies.</p> <p>It includes the tasks of applying basic first aid, responding to emergencies and accidents, performing CPR, communicating details of the incident, and providing mental health support.</p>
<b>Nominal Hours</b>	<b>30 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Apply basic first aid	<p>1.1 <b><u>First aid kit/ box</u></b> is identified;</p> <p>1.2 Safety of self and others is ensured;</p> <p>1.3 <b><u>Client's condition</u></b> is monitored and responded to in accordance with effective first aid principles and workplace procedures;</p> <p>1.4 Details of client's physical condition, changes in conditions, and response are accurately recorded in line with organizational procedures.</p>
2. Respond to emergencies and accidents	<p>2.1 <b><u>Types of emergencies and accidents</u></b> incidents are identified;</p> <p>2.2 Immediate first aid is provided as required;</p> <p>2.3 Details of emergency are recorded and reported accurately;</p> <p>2.4 Information is provided to others according to established policies;</p> <p>2.5 Emergency management is finalized according to his/her needs, <b><u>first aid principles</u></b> and basic life support;</p> <p>2.6 Emergencies and accidents are responded according to the established guidelines and legislative requirements.</p>
3. Perform CPR	<p>3.1 Client condition is identified and assessed;</p> <p>3.2 Cardio-Pulmonary Resuscitation (CPR) <b><u>tools</u></b> are collected.</p> <p>3.3 CPR techniques is applied as per updated guideline.</p>
4. Communicate details of the incident	<p>4.1 Appropriate medical assistance is requested using relevant <b><u>communication</u></b> media and equipment;</p> <p>4.2 Details of casualty's condition and management activities are accurately conveyed to emergency services/relevant personnel;</p> <p>4.3 Reports to supervisors are prepared in a timely manner, presenting all relevant facts according to established company procedures.</p>
5. Provide mental health support	<p>5.1 Mental health issues are identified;</p> <p>5.2 Mental health support is provided according to clients need and preference within the scope of caregiver responsibilities;</p> <p>5.3 Clients are referred to specialist according to clients need.</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):

1. First aid kit	<ul style="list-style-type: none"> <li>1.1 Gloves</li> <li>1.2 Thermometer</li> <li>1.3 Antiseptic ointment and wipes</li> <li>1.4 Cold pack</li> <li>1.5 Band-Aids in assorted sizes including knee and elbow sizes</li> <li>1.6 Thermal patches</li> <li>1.7 Gauze (pads &amp; roll), tape, and Ace elastic wrap</li> <li>1.8 Hand sanitizer or soap</li> <li>1.9 Tweezers, scissors, safety pins and needle</li> <li>1.10 Phone numbers for emergency contact, doctors, pharmacy, poison control, and insurance information.</li> <li>1.11 Medication list with dosage and times taken.</li> <li>1.12 Antibiotic ointment</li> <li>1.13 Sterile eyewash, such as a saline solution</li> <li>1.14 Alcohol pad</li> <li>1.15 Cotton balls and swabs</li> <li>1.16 Plastic bag for disposable</li> <li>1.17 Breathing barrier</li> <li>1.18 If needed: BP monitor, blood sugar meter and/or AED</li> <li>1.19 First aid guide for reference</li> </ul>
2. Clients' condition	<ul style="list-style-type: none"> <li>2.1 Allergic reactions</li> <li>2.2 Drugs overdosage</li> <li>2.3 Bleeding</li> <li>2.4 Burns-thermal, chemical, friction, electrical</li> <li>2.5 Cardiac conditions</li> <li>2.6 Breathing difficulties</li> <li>2.7 Cold injuries</li> <li>2.8 Eye injuries</li> <li>2.9 Fractures</li> <li>2.10 Neck and spinal injuries</li> <li>2.11 Poisoning and toxic substances</li> <li>2.12 Shock</li> <li>2.13 Smoke inhalation</li> </ul>

3. Types of emergencies and accidents	<ul style="list-style-type: none"> <li>3.1 Heatstroke</li> <li>3.2 Stroke</li> <li>3.3 Heart attack</li> <li>3.4 Hypothermia</li> <li>3.5 Hyperthermia</li> <li>3.6 Hypoglycemia</li> <li>3.7 Hyperglycemia</li> <li>3.8 High blood pressure</li> <li>3.9 Low blood pressure</li> <li>3.10 Diarrhea</li> <li>3.11 Fracture</li> <li>3.12 Cut and scrapes (minor and severe)</li> <li>3.13 Falls and slip</li> <li>3.14 Poisoning</li> <li>3.15 Choking</li> </ul>
4. First aid principles and basic life support	<ul style="list-style-type: none"> <li>4.1 Checking the site for danger to self, casualty and others and minimizing the danger</li> <li>4.2 Checking and maintaining the casualty's airways, breathing and circulation</li> <li>4.3 Provide appropriate first aid and referred the client for proper management to compatible places.</li> </ul>
5. Tools	<ul style="list-style-type: none"> <li>5.1 Mouth barrier</li> <li>5.2 Airway tube</li> <li>5.3 Ambu bag</li> <li>5.4 Mouth gag</li> </ul>
6. Communication	<ul style="list-style-type: none"> <li>6.1 Mobile phone</li> <li>6.2 Flags</li> <li>6.3 Email</li> <li>6.4 Electronic equipment/Gadget</li> <li>6.5 Calling bell</li> <li>6.6 Written</li> <li>6.7 Verbal</li> </ul>
<p><b>Evidence Guide</b>  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> <ol style="list-style-type: none"> <li>1.1 applied basic first aid</li> <li>1.2 responded to emergencies and accidents</li> <li>1.3 assessed and monitored the physical and mental condition of the clients.</li> <li>1.4 identified and responded to the incidence of emergencies and accidents using basic life support measures</li> <li>1.5 interpreted and explained mental health support according to clients' needs and preference</li> <li>1.6 prepared reports to concerned personnel in a timely manner.</li> <li>1.7 identified the issue which recommend to refer the clients to a specialist.</li> <li>1.8 performed CPR</li> <li>1.9 communicated details of the incident</li> <li>1.10 provided mental health support.</li> </ol>
2. Underpinning knowledge	<ol style="list-style-type: none"> <li>2.1 Basic first aids.</li> <li>2.2 First aid principles and process.</li> <li>2.3 Possible hazards (Mental, physical, ergonomic)</li> <li>2.4 Basic knowledge of mental health.</li> <li>2.5 Company Standard Operating Procedures (SOPs)</li> <li>2.6 Dealing with confidentiality.</li> <li>2.7 Various kinds of emergencies and possible accidents.</li> <li>2.8 Clients' condition</li> <li>2.9 Common risk factors</li> <li>2.10 Procedure of handling emergency situation</li> <li>2.11 CPR techniques</li> <li>2.12 Communication.</li> </ol>
3. Underpinning skills	<ol style="list-style-type: none"> <li>3.1 Cardio-Pulmonary Resuscitation (CPR) skills</li> <li>3.2 Decision making skill under pressure</li> <li>3.3 Carrying out respond quickly and effectively</li> <li>3.4 Identifying emergency situation and take necessary action</li> <li>3.5 Interpreting importance to ensure safety and security of clients</li> <li>3.6 Interpreting and using listed documents</li> <li>3.7 Implementing professional rapport building method.</li> </ol>
4. Required attitudes	<ol style="list-style-type: none"> <li>4.1 Commitment to occupational safety and health</li> <li>4.2 Promptness in carrying out activities</li> <li>4.3 Sincere and honest to duties</li> <li>4.4 Eagerness to learn</li> <li>4.5 Tidiness and timeliness</li> <li>4.6 Environmental concerns</li> <li>4.7 Respect for rights of peers and seniors at workplace</li> <li>4.8 Communicate with peers and seniors at workplace.</li> </ol>

5. Resource implication	<p>The following resources must be available:</p> <p>5.1 workplace (actual or simulated)</p> <p>5.2 facilities, equipment, supplies and materials relevant to the unit of competency.</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 NSDA certified assessor.</p>
<p><b>Accreditation Requirements</b></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 BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code and Title</b>	<b>OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to respond to challenging behavior. It includes interpreting mental health issues and rapport building process, planning responses for challenging behavior, applying response for challenging behavior and reporting and reviewing incidents.
<b>Nominal Hours</b>	<b>30 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Interpret mental health issues and rapport building process	1.1 Mental health conditions of elderly persons are recognized and addressed; 1.2 Challenging issues from mental conditions are identified; 1.3 <b><u>Rapport building</u></b> processes are applied to face the challenges.
2. Plan responses for challenging behavior	2.1 <b><u>Responses</u></b> are planned to manage instances of difficult or challenging behavior; 2.2 <b><u>Difficult or challenging behavior</u></b> are identified and appropriate <b><u>strategies</u></b> are planned as required; 2.3 Safety of self, client and others is given priority according to institutional policies and procedures.
3. Respond for challenging behavior	3.1 Difficult or challenging behavior is dealt according to <b><u>institutional policy and procedures</u></b> ; 3.2 Appropriate communication method is used to achieve the desired outcomes in responding to difficult or challenging behavior.
4. Report and review incidents	4.1 Incidents are reported according to institutional policies and procedures; 4.2 Incidents are reviewed with appropriate staff and suggestions to area of responsibility are made; 4.3 briefing mechanisms and other activities are used and participated in; 4.4 Advice and assistance are sought from legitimate sources when appropriate.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Rapport building process	1.1 Active listening 1.2 Empathy 1.3 Finding common ground 1.4 Positive body language

	<ul style="list-style-type: none"> <li>1.5 Asking questions</li> <li>1.6 Authenticity</li> <li>1.7 Clear communication</li> <li>1.8 Building trust</li> </ul>
2. Responses	<ul style="list-style-type: none"> <li>2.1 Own ability and experience</li> <li>2.2 Established institutional procedures</li> <li>2.3 Knowledge of individual persons and underlying causes</li> </ul>
3. Difficult or challenging behaviors	<ul style="list-style-type: none"> <li>3.1 Aggression/Assaultive behavior</li> <li>3.2 Dementia sign</li> <li>3.3 Confusion or other cognitive impairment</li> <li>3.4 Noisiness</li> <li>3.5 Shyness</li> <li>3.6 Manipulative</li> <li>3.7 Wandering</li> <li>3.8 Self-destructive</li> <li>3.9 Intoxication</li> <li>3.10 Withdrawn/depressed</li> <li>3.11 Unwillingness</li> <li>3.12 Negativistic</li> <li>3.13 Intrusive behavior</li> <li>3.14 Verbal offensiveness</li> </ul>
4. Strategies	<ul style="list-style-type: none"> <li>4.1 Diversional activities</li> <li>4.2 Referring to appropriate personnel</li> <li>4.3 Follow established emergency response procedures</li> </ul>
5. Institutional policies and procedures	<ul style="list-style-type: none"> <li>5.1 Incident reporting and documentation</li> <li>5.2 Operational guidelines for handling incidents and/or cases involving difficult and challenging behavior</li> <li>5.3 briefing of staff involved in the incident</li> </ul>
<p><b>Evidence Guide</b>  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"> <li>1.1 interpreted mental health issues and rapport building process</li> <li>1.2 planned responses for challenging behavior</li> <li>1.3 applied response for challenging behavior</li> <li>1.4 reported and reviewed incidents</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Human behavior and psychology.</li> <li>2.2 Specific causes and concerns related to difficult/challenging behavior.</li> <li>2.3 Strategies to handle difficult or challenging behavior.</li> <li>2.4 Institutional policies and procedure to make reports</li> <li>2.5 Dementia.</li> </ul>

3. Underpinning skills	3.1 Observing the behavior of the client and family members. 3.2 Applying communication skills. 3.3 Remaining calm and positive in adversity. 3.4 Thinking and responding quickly and strategically. 3.5 Remaining alert to potential incidents of difficult or challenging behavior.
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 Respect for rights of peers and seniors at workplace. 4.8 Communicate with peers and seniors at workplace.
5. Resource implication	The following resources must be available: 5.1 Work place (actual or simulated) 5.2 Access to relevant workplace or appropriately simulated environment where assessment can take place 5.3 Relevant institutional policy, guidelines, procedures and protocols 5.4 Emergency response procedures and employee support arrangements.
6. Methods of assessment	Methods of assessment may include but not limited to: 6.1 Written test 6.2 Demonstration 6.3 Oral questioning 6.4 Portfolio/case study
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre; 7.2 Assessment should be done by a NSDA certified/nominated assessor.

**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.

<b>Unit Code and Title</b>	<b>OU-IS-CEP-06-L3-V2: Perform Palliative Care</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to perform palliative care. It includes assisting in basic wound care, performing palliative pain care and assisting in providing palliative care.
<b>Nominal Hours</b>	<b>30</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Assist in basic wound care	<p>1.1 The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools;</p> <p>1.2 Infection control technique is applied following standard procedure;</p> <p>1.3 Client's comfort and safety is ensured as per standard procedure;</p> <p>1.4 Wound is assessed as per standard procedure;</p> <p>1.5 <b><u>Wound dressing</u></b> techniques is applied as per physician instruction;</p> <p>1.6 Wound healing progress is monitored and recorded as per standard procedure.</p>
2. Perform palliative pain care	<p>2.1 The goals in pain management is explained to the client as prescribed by the doctor;</p> <p>2.2 <b><u>Types of palliative pains</u></b> care are interpreted;</p> <p>2.3 <b><u>Appropriate hot and cold therapy techniques</u></b> are applied to the client as per doctors' instructions.</p>
3. Assist in providing palliative care	<p>3.1 <b><u>Concepts of death, dying and other related terminologies</u></b> are explained;</p> <p>3.2 <b><u>Principles of Palliative care</u></b> is applied based on established standard;</p> <p>3.3 <b><u>Strategies</u></b> to keep clean and comfortable is applied when discussing death and dying;</p> <p>3.4 Precautions are used based on established standard;</p> <p>3.6 <b><u>Caregiver's responsibilities</u></b> are applied based on established standard;</p> <p>3.7 <b><u>Benefits of Palliative Care</u></b> is discussed based on established standard;</p> <p>3.8 Client's response to palliative is documented.</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):

1. Wound dressing	<p>1.1 Materials:</p> <ul style="list-style-type: none"> <li>▪ Forceps</li> <li>▪ Gauze dressing</li> <li>▪ Bandage</li> <li>▪ Kidney basin</li> <li>▪ dressing solution (chlorhexidine, povidone iodine, normal saline)</li> <li>▪ scissors</li> </ul> <p>1.2 Wound assessment according to:</p> <ul style="list-style-type: none"> <li>▪ Size</li> <li>▪ Depth</li> <li>▪ Location</li> <li>▪ Discharge</li> </ul>
2. Types of palliative pains	<p>2.1 Nociceptive Pain</p> <ul style="list-style-type: none"> <li>▪ Somatic Pain</li> <li>▪ Visceral Pain</li> </ul> <p>2.2 Neuropathic Pain</p> <p>2.3 Incident Pain</p> <ul style="list-style-type: none"> <li>▪ Volitional incident pain</li> <li>▪ Non-volitional incident pain</li> <li>▪ Procedural pain</li> </ul> <p>2.4 Breakthrough Pain</p> <p>2.5 Psychogenic Pain</p>
3. Appropriate hot / cold therapy techniques	<p>3.1 Applying ice packs to injury</p> <p>3.2 Wetting a towel with cold water and then placing ice inside to keep the cloth cold</p> <p>3.3 Using electric heating pads, hot water bottles, gel packs, warm towels,</p>
4. Concepts of death, dying and other related terminologies	<p>4.1 Death</p> <p>4.2 Dying</p> <p>4.3 Hospice</p> <p>4.4 Palliative care</p> <p>4.5 End of life care</p>
5. Principles of Palliative care	<p>5.1 Provide relief from and other distressing symptoms</p> <p>5.2 Affirms life and regards dying as a normal process</p> <p>5.3 Intends neither to hasten or postpone death</p> <p>5.4 Integrated the psychological and spiritual aspects of client care</p> <p>5.5 Offers a support to help clients live actively as possible until death</p>

6. Strategies	<p>6.1 Identify your personal feelings about death and how they may influence interaction with client</p> <p>6.2 Focus on the client's needs</p> <p>6.3 Establish open communication</p> <p>6.4 Make time to be available to the client to provide support, listen and respond</p>
7. Caregiver's responsibilities	<p>7.1 Following advance care planning as per instruction</p> <p>7.2 Providing opportunities especially for improved control of pain symptoms</p> <p>7.3 Offering the client and family consistent and continuous care.</p> <p>7.4 Caregiver has ethical and moral responsibility not to impose their own religion or spiritual belief on a client vice versa</p>
8. Benefits of palliative care	<p>8.1 Assists the client achieved a dignified and peaceful death</p> <p>8.2 Provide relief from fear, loneliness and depression</p> <p>8.3 Maintains client's security, dignity and self-worth</p> <p>8.4 Provide holistic support (physical, mental, social, spiritual etc.)</p> <p>8.5 Aid with mobility, nutrition, hydration and elimination.</p>
<p><b>Evidence Guide</b></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 Aspects of Competency	<p>1.1 Assisted in basic wound care</p> <p>1.2 Applied hot and cold therapy</p> <p>1.3 Assisted in providing palliative care.</p>
2. Underpinning knowledge	<p>2.1 Basic wound care process</p> <p>2.2 Basic wound dressing process</p> <p>2.3 Wound healing progress monitoring and recording process</p> <p>2.4 Precautions of palliative care</p> <p>2.5 Palliative care documentation process</p> <p>2.6 Appropriate hot / cold therapy techniques</p> <p>2.7 Concepts of death, dying and other related terminologies</p> <p>2.8 Principles of palliative care</p> <p>2.9 Caregiver's responsibilities</p> <p>2.10 Benefits of palliative care.</p>
3. Underpinning skills	<p>3.1 Assessing wounds progress</p> <p>3.2 Counselling and motivating clients</p> <p>3.3 Dressing wounds</p> <p>3.4 Providing hot and cold therapy.</p>

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 Respect for rights of peers and seniors at workplace 4.8 Communicate with peers and seniors at workplace.
5. Resource implication	The following resources must be available: 5.1 Workplace (actual or simulated) 5.2 Access to relevant workplace or appropriately simulated environment where assessment can take place 5.3 Relevant tools and materials, guidelines, procedures and protocols.
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><b>Accreditation Requirements</b></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 BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code and Title</b>	<b>OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia &amp; Alzheimer’s, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills and attitudes required to manage clients with Stroke, Dementia & Alzheimer’s, Parkinson, Arthritis, Cancer, Chronic (COPD) disease patients. It includes preparing the client for assistance in administering medication, taking care of stroke patient, providing care for dementia and Alzheimer’s patient, managing Parkinson patient, providing care for arthritis patient, taking care of cancer patient and taking care of Chronic (COPD) disease patient.
<b>Nominal Hours</b>	<b>30 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Prepare the client for assistance in administering medication	1.1 Principles of infection control is followed as per standard procedure; 1.2 Principles in giving medication is applied as per standard procedure; 1.3 <b><u>Ten (10) rights of drug administration</u></b> is recognized; 1.4 Client medications are checked according to the client’s need as prescribed; 1.5 The administration procedure is explained to the client in line with requirements and organization procedures.
2. Take care of stroke patient	2.1 Regular check-ups is ensured with neurologists and follow prescribed medication schedules; 2.2 Home exercise is assisted to regain mobility, speech, and daily living skills as per instruction; 2.3 The home environment is adapted to prevent falls (e.g., non-slip mats, grab bars); 2.4 Diet is monitored to include low-sodium, high-fiber foods, and encourage proper hydration; 2.5 Provide emotional encouragement is provided, as stroke patients often experience frustration during recovery; 2.6 Posture of the patient is changed as instruction.

3. Provide care for Dementia & Alzheimer's patient	<p>3.1 A calm, structured, and familiar environment are created to reduce confusion;</p> <p>3.2 Tasks and instructions are simplified to match the patient's cognitive ability;</p> <p>3.3 Visual cues, memory aids, and labels are used to support orientation;</p> <p>3.4 A clear, slow, and reassuring communication are provided;</p> <p>3.5 Safety is ensured by removing hazards (e.g., sharp objects, slippery floors);</p> <p>3.6 Medications are administered as prescribed to manage symptoms;</p> <p>3.7 Family members and caregivers are educated on effective communication techniques;</p> <p>3.8 <b>Memory aids</b> are used.</p>
4. Manage Parkinson patient	<p>4.1 Antiparkinsonian medications are administered on schedule;</p> <p>4.2 Regular physical and speech therapy are facilitated;</p> <p>4.3 Slow, deliberate movements and fall precautions are encouraged;</p> <p>4.4 A high-fiber, balanced diet is promoted;</p> <p>4.5 Depression, anxiety, and swallowing difficulty are assessed;</p> <p>4.6 The home is adapted for safety and independence.</p>
5. Provide care for arthritis patient	<p>5.1 Heat/cold therapy are applied as needed for pain relief;</p> <p>5.2 Joint protection techniques and exercises are taught;</p> <p>5.3 Participation in low-impact activities are encouraged;</p> <p>5.4 Prescribed anti-inflammatory medications are administered as per schedule;</p> <p>5.5 Daily tasks modified to reduce strain on joints;</p> <p>5.6 Use of <b>assistive devices</b> is promoted as per instruction;</p> <p>5.7 Physical or occupational therapy for personalized exercise and mobility support are referred as needed.</p>
6. Take care of cancer patient	<p>6.1 Pain is managed using WHO pain ladder (e.g., opioids, adjuvants);</p> <p>6.2 Nausea, constipation, and other symptoms are controlled as per instruction;</p> <p>6.3 Emotional and spiritual support are provided as needed;</p> <p>6.4 Goals of care and end-of-life preferences are discusses as per needed;</p> <p>6.5 Nutritional needs based on condition is supported as per requirement;</p> <p>6.6 Hospice and palliative care teams are coordinated;</p> <p>6.7 Caregiver's guide in assisting client in taking prescribed <b>Form of medication</b> is applied based on established standard.</p>

7. Take care of Chronic (COPD) disease patient	7.1 Inhalers and oxygen therapy are administered as prescribed; 7.2 Pursed-lip breathing and airway clearance techniques are taught as per instruction; 7.3 Smoking cessation and lifestyle changes are encouraged as per requirement; 7.4 Pulmonary rehab and breathing exercises are scheduled; 7.5 Respiratory status and signs of infection are monitored as per instruction; 7.6 Adequate hydration and nutrition are promoted as per requirement.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Memory aids	1.1 Pictures 1.2 Labels 1.3 calendars
2. Assistive devices	2.1 canes, 2.2 jar openers
3. Ten (10) rights of drug administration	3.1 Right drug. 3.2 Right patient. 3.3 Right dose. 3.4 Right route. 3.5 Right time and frequency. 3.6 Right documentation. 3.7 Right history and assessment. 3.8 Drug approach and right to refuse. 3.9 Right drug-drug interaction and evaluation. 3.10 Right education and information.
4. Form of medication	4.1 Forms of oral medications 4.2 Forms of rectal and vagina Suppositories 4.3 Forms of Ear 4.4 Forms of noise Nasal drop 4.5 Form of injections Ampule 4.6 Forms of Infusion Large solution 4.7 Forms of Topical Ointment: eye and skin 4.8 Forms of Topical Cosmetic Injection.
<b>Evidence Guide</b> 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	1.1 Prepared to assist with medication 1.2 Took care of stroke patient 1.3 Provided care for Dementia & Alzheimer's patient 1.4 Managed Parkinson patient 1.5 Provided care for arthritis patient 1.6 Took care of cancer patient

	1.7 Took care of Chronic COPD disease patient.
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Principles of infection control</li> <li>2.2 Principles in giving medication</li> <li>2.3 Legal aspect of administering medicine.</li> <li>2.4 Client's comfort and safety</li> <li>2.5 Principles of taking care of stroke patient</li> <li>2.6 Principles of providing care for Dementia &amp; Alzheimer's patient</li> <li>2.7 Principles of managing Parkinson patient</li> <li>2.8 Principles of providing care for arthritis patient</li> <li>2.9 Principles of taking care of cancer patient</li> <li>2.10 Principles taking care of Chronic (COPD) disease patient</li> <li>2.11 Memory aids</li> <li>2.12 Assistive devices</li> <li>2.13 Ten (10) rights of drug administration</li> <li>2.14 Form of medication.</li> </ul>
3. Underpinning skills	<ul style="list-style-type: none"> <li>3.1 Writing reports.</li> <li>3.2 Applying the principles of infection control</li> <li>3.3 Administering medicine.</li> <li>3.4 Applying the techniques of client's comfort and safety</li> <li>3.5 Applying the principles to care of stroke patient</li> <li>3.6 Applying the principles to provide care for Dementia &amp; Alzheimer's patient</li> <li>3.7 Applying the principles of managing Parkinson patient</li> <li>3.8 Applying the principles to Provide care for arthritis patient</li> <li>3.9 Applying the principles to care of cancer patient</li> <li>3.10 Applying the principles to care of chronic (COPD) disease patient.</li> </ul>
4. Required attitudes	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational safety and health</li> <li>4.2 Promptness in carrying out activities</li> <li>4.3 Sincere and honest to duties</li> <li>4.4 Eagerness to learn</li> <li>4.5 Tidiness and timeliness</li> <li>4.6 Environmental concerns</li> <li>4.7 Respect for rights of peers and seniors at workplace</li> <li>4.8 Communicate with peers and seniors at workplace.</li> </ul>
5. Resource implication	<p>The following resources must be available:</p> <ul style="list-style-type: none"> <li>5.1 Workplace (actual or simulated)</li> <li>5.2 Access to relevant workplace or appropriately simulated environment where assessment can take place</li> <li>5.3 Relevant tools and materials, guidelines, procedures and protocols.</li> </ul>

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><b>Accreditation Requirements</b></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 BNQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

**References:**

- CS of National Skills Development Authority (NSDA)
- CS of Bangladesh Technical Education Board (BTEB)

## Review of Competency Standard

The Competency Standards for National Skills Certificate Level-3 in Caregiving for Elderly Person with CAD and CAM is reviewed by NSDA on 18-19 May, 2025

### List of Members of Review Workshop

Sl. No.	Name and Designation	Institution Address	Mobile and E-mail	Signature
1.	Mr. Mirza Nurul Ghani Shovon Chairman	Informal Sector ISC	Cell:01711263861 Email: <a href="mailto:isiscbd2015@gmail.com">isiscbd2015@gmail.com</a>	
2.	Marzia Sultana Senior Assistant Secretary (Planning-2)	Medical Education & Family Welfare Division, Dhaka.	Mobile: 01676933668 Email: fw2@mefwd.gov.bd	
3.	Dr. A F M Radwanoor Rahman Assistant Director (Clinical Training)	National Institute of Population research & Training (NIPORT), Medical Education & Family Welfare Division	Cell: +8801552714048 Email: dr.radwan.niport@gmail.com	
4.	Dr. Shruti Deb Lecturer (PHC)	National Institute of Population research & Training (NIPORT), Medical Education & Family Welfare Division	Mobile: 01719805753 Email: Debshruti025@gmail.com	
5.	Dr. Md Abdul Mazid Osmani Deputy Director	Research, Publications and Curriculum, DGME	Mobile: 01716845868 Email: osmani11243@gmail.com	
6.	Dr. Sonali Nandi In-charge of palliative care	BIHS General hospital	Mobile: 01521108955 Email: nandisonali91@gmail.com	
7.	A F Aman Ullah Vice Principal	National Academy of Social Services, Department of Socia; Service. Dhaka.	Mobile: 01834528086 Email: <a href="mailto:vp.nass@dss.gov.bd">vp.nass@dss.gov.bd</a> ; <a href="mailto:amandss06@gmail.com">amandss06@gmail.com</a>	
8.	Dr. Nowsheen Sharmin Purabi Chairperson	Live Healthy Foundation, Dhaka.	Mobile: 01911357465 Email: dr.purabi@yahoo.com	
9.	Dr. Waliur Reja Head of training	Principal Care Skills Training Institute (CSTI), Dhaka.	Mobile: 01911314551 Email: drwreja@gmail.com	
10.	Md. Nasiruddin Principal	Kumudini Trade Training Institute, Dhaka.	Mobile: 01670040126 Email: nashiruddinrazu@gmail.com	
11.	Md. Mofajjel Hossain Process Expert	National Skills Development Authority (NSDA)	Mobile: 01722875539 Email: nsda.mofajjel@gmail.com	
12.	Md. Nazrul Islam Competency Standard Expert	National Skills Development Authority (NSDA)	Mobile: +880 1711 273708 Email: <a href="mailto:ndewli@yahoo.com">ndewli@yahoo.com</a>	

