

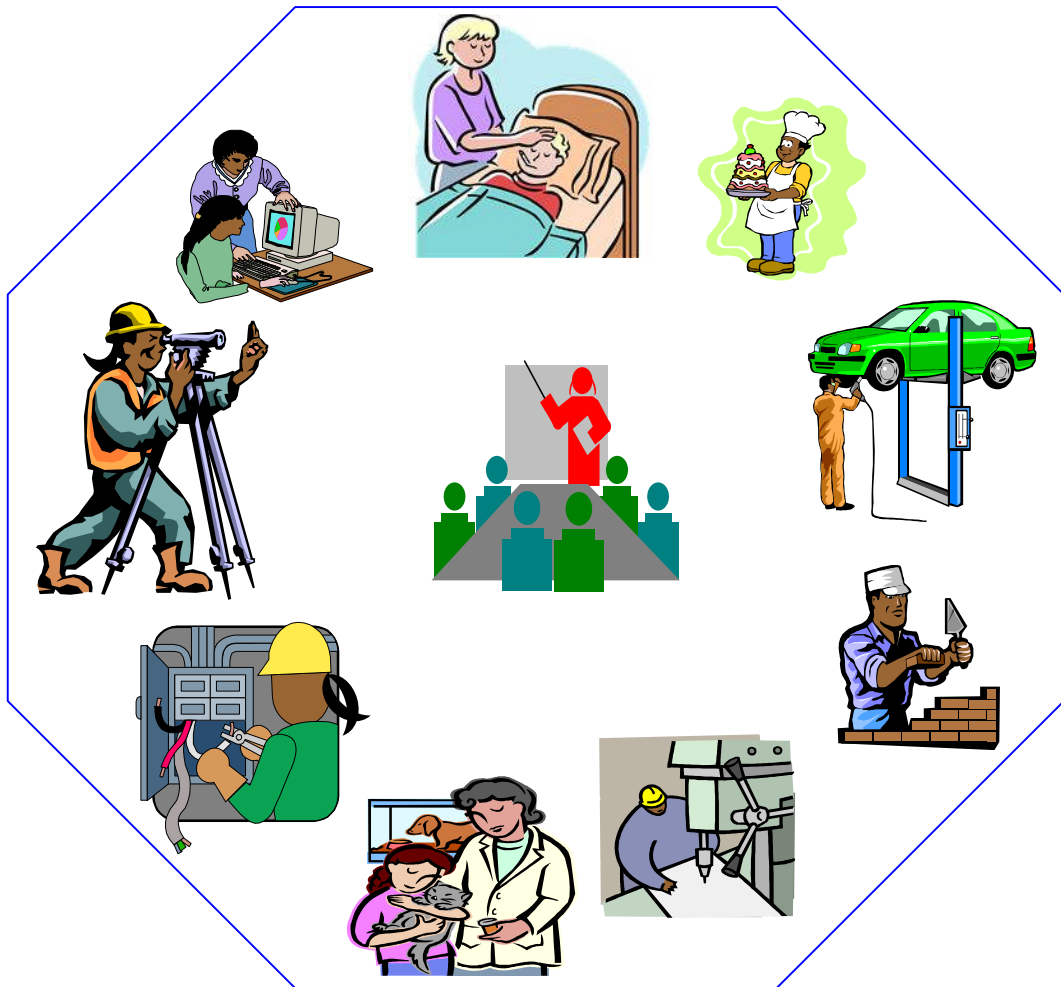
Federal Democratic Republic of Ethiopia

OCCUPATIONAL STANDARD

NURSING ASSISTANCE



NTQF Level III



*Ministry of Education
June 2011*

Introduction

Ethiopia has embarked on a process of reforming its TVET-System. Within the policies and strategies of the Ethiopian Government, technology transformation – by using international standards and international best practices as the basis, and, adopting, adapting and verifying them in the Ethiopian context – is a pivotal element. TVET is given an important role with regard to technology transfer. The new paradigm in the outcome-based TVET system is the orientation at the current and anticipated future demand of the economy and the labor market.

The Ethiopia Occupational Standards (EOS) is the core element of the Ethiopian National TVET-Strategy and an important factor within the context of the National TVET-Qualification Framework (NTQF). They are national Ethiopian standards, which define the occupational requirements and expected outcome related to a specific occupation without taking TVET delivery into account.

This document details the mandatory format, sequencing, wording and layout for the Ethiopia Occupational Standard which comprised of Units of Competence.

A Unit of Competence describes a distinct work activity. It is documented in a standard format that comprises:

- Occupational title and NTQF level
- Unit title
- Unit code
- Unit descriptor
- Elements and Performance criteria
- Variables and Range statement
- Evidence guide

Together all the parts of a Unit of Competence guide the assessor in determining whether the candidate is competent.

The ensuing sections of this EOS document comprise a description of the occupation with all the key components of a Unit of Competence:

- Chart with an overview of all Units of Competence for the respective level (Unit of Competence Chart) including the Unit Codes and Unit Titles
- Contents of each Unit of Competence (competence standard)
- Occupational map providing the technical and vocational education and training (TVET) providers with information and important requirements to consider when designing training programs for this standards and for the individual, a career path

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UNIT OF COMPETENCE CHART

| Occupational Standard: Nursing Assistance | | |
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| Occupational Code: HLT NUA | | |
| NTQF Level III | | |
| HLT NUA3 01 0611 Implement Basic Nursing Care | HLT NUA3 02 0611 Administer Range of Medication | HLT NUA3 03 0611 Undertake Basic Wound Care |
| HLT NUA3 04 0611 Provide Nursing Care to the Mothers and Babies | HLT NUA3 05 0611 Provide and Maintain Nursing Care to Aged and Disabled Patients | HLT NUA3 06 0611 Provide Nursing Care in First Line Emergency |
| HLT NUA3 07 0611 Provide Palliative Care and Maintain a Mortuary Service | HLT NUA3 08 0611 Organize Personal Work Priorities and Development | HLT NUA3 09 0611 Cleaning of Reusable Medical Devices and Pack Items |
| HLT NUA3 10 0611 Transport Emergency Patients | HLT NUA3 11 0611 Communicate Effectively in Nursing Role | HLT NUA3 12 0611 Contribute to Organizational Effectiveness in the Health Industry |
| HLT NUA3 13 0611 Work Effectively with Others in Nursing Profession | HLT NUA3 14 0611 Improve Business Practice | HLT NUA3 15 0611 Apply Quality Control |
| HLT NUA3 16 0611 Lead Small Team | HLT NUA3 17 1012 Maintain Quality System and Continuous Improvement | |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Implement Basic Nursing Care |
| Unit Code | HLT NUA3 01 0611 |
| Unit Descriptor | This unit describes the skills and knowledge required to contribute to the nursing care of clients in a range of health environments. |
| Elements | Performance Criteria |
| 1. Identify client's needs related to individualized nursing care | <p>1.1 Therapeutic relationship with client's e.g. self introduction, use appropriate language, and recognize cultural, spiritual and religious backgrounds are established and maintained.</p> <p>1.2 Necessary information is collected using different techniques under the supervision of register nurse e.g. interview, physical examination by using activities of daily living model.</p> <p>1.3 Actual and potential nursing problem of the client is identified.</p> <p>1.4 Situations of risk or potential risk and risk prevention/minimisation strategies are identified and implemented and referred to the registered nurse as appropriate.</p> |
| 2. Contribute to nursing plan in consultation/collaboration with the registered nurse | <p>2.1 In consultation/collaboration with other and health team members, problem solving framework to plan appropriate nursing management strategies are used.</p> <p>2.2 Developing nursing care plan is assisted.</p> <p>2.3 Work activities are prioritized to meet client's needs.</p> <p>2.4 The availability of resources need for the provision of nursing care is checked.</p> |

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| | <p>2.5 Safe work place procedures are identified as per the OHS policies, organization policies and procedures.</p> |
| <p>3. Provide basic nursing care in line with the guidelines/ manual</p> | <p>3.1 To achieve health outcome and prepare the clients, the importance of the procedures is explained.</p> <p>3.2 To promote comfort, rest and sleep strategies are applied.</p> <p>3.3 The patient in general care is assisted e.g. hygiene, dressing, grooming, mouth care bed bath etc.</p> <p>3.4 The implementation of appropriate nursing actions is assisted to prevent and manage decubitus ulcers in consultation/collaboration with a registered nurse.</p> <p>3.5 Ongoing observation and assessment are maintained during nursing care.</p> <p>3.6 Infection control principles are identified and applied in all work activities.</p> <p>3.7 The principles and techniques of safe manual handling are applied when assisting clients with movement.</p> <p>3.8 Appropriate action is implemented to address urgent needs in consultation/collaboration with a Registered nurse.</p> <p>3.9 Document and report requirements are identified as per the organization policies and procedures</p> |
| <p>4. Monitoring and evaluation of nursing care include:</p> | <p>4.1 Monitoring health of client is assisted in accordance with the care plan and as negotiated with the client and/or caregiver(s).</p> <p>4.2 Maintaining appropriate monitoring is assisted and general condition of the patient like clinical features</p> |

| | <p>etc. is reviewed.</p> <p>4.3 Undertaking effective networking is assisted and liaison with external health care and other service providers to facilitate client access to services.</p> <p>4.4 Documenting client progress in the client's file is assisted in accordance with the organizational policies and procedure.</p> <p>4.5 Recording and reporting changes is maintained in condition/baseline data/behavior to the registered nurse, as appropriate.</p> <p>4.6 Responding risk and emergency situations are identified to the registered nurse.</p> <p>4.7 Nursing care in light of client outcomes, own contribution with the client and the multidisciplinary team is evaluated.</p> |
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| Variables | Range |
| Occupational Health and Safety (OHS) | <ul style="list-style-type: none"> • Safe working practices' include compliance on accepted policies, standard, strategies legislative and professional requirements. • Realistic plan is developed based on available resource • Ensure that your own health and hygiene does not pose threat to others. • Correct personal protective clothing is worn appropriate to nursing care • Correct handling techniques is used for assessing nursing care • Equipment and materials are stored appropriately. • Spillages and disposal of waste is dealt according to standards and guide lines |

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| Plans may include: | <ul style="list-style-type: none"> • Team/ individual plans • Operational plans • Annual plan | | |
| Client may: | <ul style="list-style-type: none"> • Adults • Children and young people • Older people • Client's recovering from an illness that has had an impact on skills required for daily living | | |
| Guidelines/ manual include: | <ul style="list-style-type: none"> • Organization policies and procedures • OHS policies and procedures • Procedure manual of nursing care | | |
| Under Supervision | <ul style="list-style-type: none"> • Instructing, advising, and monitoring by another person in order to ensure safe and effective performance in carrying out the duties of their position • The nature of supervision is flexible and may be conducted by various means including:- in person through use of electronic communications media such as telephone or video conferencing, where necessary • Frequency of supervision will be determined by factors such as: <ul style="list-style-type: none"> ➤ The task maturity of the person in that position or clinical placement ➤ The need to review and assess client conditions and progress in order to establish or alter treatment plans in case of students and assistants ➤ The need to correct and develop non clinical aspects such as time management, organization requirements, communication | | |
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| | skills, and other factors supporting the provision of clinical care and working within a team |
| Information include: | <ul style="list-style-type: none"> • Allied health professional instructions • Client record • Case notes • Other forms according to procedures of the organization |
| Skills include: | <ul style="list-style-type: none"> • personal and independence skills • Communication skills • Mobility • Work • Recreation |
| Care plan include: | <p>Clinical nursing care (from standard nursing care manuals)</p> <ul style="list-style-type: none"> • Referral for further assessment, counseling and/or care • how to provide care • Self-management for chronic conditions • Monitoring care • Evaluation of care |
| Therapeutic relationships | <ul style="list-style-type: none"> • Nurse/client helping relationships • Nurse/significant other • Nurse/multidisciplinary health care team |
| Risks or potential risks due to hospitalization/ medical | <ul style="list-style-type: none"> • Adverse reactions • Shock/haemorrhage • Deep vein thrombosis/pulmonary embolism • Nosocomial infection • Skin tears/pressure ulcer formation • Constipation |

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| | <ul style="list-style-type: none"> • Loss of muscle tone • Slips and falls • Social isolation • Sleep deprivation • Challenging behavior • Refusal of treatment • Workplace harassment , aggression and violence |
| Risk prevention strategies | <ul style="list-style-type: none"> • Recording of allergies • Monitoring of client vital sign • Other monitoring as required e.g. fluid balance, blood sugar levels • Pressure area care • Anti-emboli stockings/DVT prophylaxis • Aseptic technique/standard precautions • Passive and active exercises • Bed rails • Assistance with transferring |
| Safe manual handling mobility | <ul style="list-style-type: none"> • Body mechanics • Risk minimization and 'no-lift' policies • Back care • Ergonomics • Safe operation of equipment |
| Hygiene may include: | <ul style="list-style-type: none"> • Bed bath/sponge • Bath • Mouth care |
| Grooming may include: | <ul style="list-style-type: none"> • Brushing hair • Facial shavings • Nail care • Cleaning and applying glasses |

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| | <ul style="list-style-type: none"> • Cleaning and inserting hearing aid • Application of makeup and jewellery • Application of prostheses and orthoses |
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| Assisting a client in: | <ul style="list-style-type: none"> • Diet and fluid intake helpless patient • Comfort • Hygiene and elimination needs are met • Meal size and food preference • Placement of meal to facilitate appetite • Suitable utensils and condiments offered • Rate of eating and fluids offered • Encourage independence • Meal completion, hygiene and comfort needs are met • Visual and hearing impairment considered • Swallowing impairment • Cognitive and physical impairment • Fasting and restricted fluids |
| Strategies for the prevention and management of decubitus ulcers | <ul style="list-style-type: none"> • Pressure risk assessment scales • Use of pressure relieving devices • Regular observation of skin condition\ Repositioning |
| Recording and reporting | <ul style="list-style-type: none"> • Admission and discharge documentation • Client progress notes • Fluid balance charts • Conscious/neurological observations • Specific charting as required • Verbal handovers/case meetings • Critical incident reporting to senior staff • Incident reports • Understanding of work roles of other health team |

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| | <p>members</p> <ul style="list-style-type: none"> • Occupational health and safety hazard reporting |
| Assessment | <ul style="list-style-type: none"> • Observation • Questioning verbal and written • Interview |
| Standard basic nursing care guideline /manual include: | <ul style="list-style-type: none"> • Written guidelines or orders that support how to provide basic nursing care management of presenting health problems. • Standard guidelines for infection control and occupational health and safety |
| Monitoring and evaluation of Nursing Care include | <ul style="list-style-type: none"> • Anticipation and recognition of likely signs and to enable early intervention • Referral to a medical practitioner or other senior health staff • Assessing the outcomes on the patient after nursing care implemented |

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| Multi-Disciplinary Team include: | <ul style="list-style-type: none"> • Personnel internal to the service provider • External health care providers • Other service provider |
| Basic nursing care | Basic activities of daily living to make the patient independent in physical and psychological aspects e.g. .bed bath |
| Clinical assessment | General Health condition/status like Vital signs |

| Evidence Guide | |
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| Critical Aspects of Competence | <p>Critical evidence of knowledge and skills required include the:</p> <ul style="list-style-type: none"> • Provision of basic nursing care in line with guidelines/ |

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| | <p>manual</p> <ul style="list-style-type: none"> • Identify actual and potential nursing problem of the client • Consistency of performance should be demonstrated over the required range of situations relevant to the workplace • Working collaboratively with clients, careers and others <p>Practice activities to promote rehabilitation outcomes</p> |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge and attitudes include the:</p> <ul style="list-style-type: none"> • Compliance with current infection control practices and guidelines • Workplace health and safety • Activities of daily living • Members of health care team and their roles • Impact of cultural practices and beliefs in relation to basic nursing care • Confidentiality and privacy • Documentation principles • Availability of resources • Organization policy and procedure |
| Underpinning Skills | <p>Essential skills required include:</p> <ul style="list-style-type: none"> • Safe provision of nursing care. • Cleaning and appropriate use of cleaning chemicals • Use of personal and protective equipment • Safe handling of clinical and other wastes • Procedures for maintenance of equipment • Maintain a professional approach with key personnel and bereaved families and friends • Ability to deal with conflict • Effective telephone techniques • Use of the organization's computer and other business technology |

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| | <ul style="list-style-type: none"> • Identify and use effective stress management strategies in response to workplace issues • Time management • Reading and writing skills-literacy competence is required to fulfill job role in a safe manner and as specified by the organization. The level of skill includes reading policy and procedure manuals and documenting administrative and clinical information. • Numeracy skills may range from the ability to complete basic arithmetic calculations and recording stock levels. • Problem solving skills required include an ability to use available resources |
| Resource Implications | <p>Resource requirements include all the relevant resources commonly provided in the health service setting.</p> <ul style="list-style-type: none"> • Access to relevant workplace or appropriately simulated environment where assessment can take place • Relevant organizational policy, guidelines, procedures and protocols |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Administer Range of Medication |
| Unit Code | HLT NUA3 02 0611 |
| Unit Descriptor | This unit of competency describes the skills and knowledge required to administer a limited range of medications. |
| Elements | Performance Criteria |
| 1. Minimise potential risk to the safe administration of medications | <p>1.1 Expiry dates of medication are checked prior to administration.</p> <p>1.2 Client medication chart is checked in relation to timing and route of medication to be administered.</p> <p>1.3 Issues are raised related to drug and poison administration with the registered nurse or another appropriate person if the registered nurse is not available.</p> <p>1.4 Common contraindications and adverse reactions of prescribed medications are checked, identified and referred to the registered nurse.</p> <p>1.5 Client identity is confirmed and checked for any known allergies.</p> <p>1.6 Ensure infection control methods are applied correctly.</p> |
| 2. Prepare for administration of non-inject able medications | <p>2.1 The process of medication administration is explained to the client and ensures their readiness.</p> <p>2.2 The client is positioned appropriately prior to the administration of medication</p> <p>2.3 Administration route is correctly identified for each medication to be administered, using appropriate terminology.</p> |

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| | <p>2.4 The effect of commonly used medications is considered on the body prior to medication administration.</p> <p>2.5 Medications are prepared in accordance with the legislative requirements and organisational guidelines.</p> <p>2.6 Medication administration techniques are applied, and precautions are specified to each client's situation and as per the medication orders.</p> <p>2.7 Ensure medication is stored and disposed in accordance with the medical instructions and organisational policy and procedures.</p> |
| <p>3. Administer non-inject able medications within the legal parameters</p> | <p>3.1 Non-inject able medications are administered within scope of own role in line with the jurisdictional legislative requirements and organisational policy.</p> <p>3.2 Ensure infection control principles are applied in the administration of non-inject able medication.</p> <p>3.3 Medications are stored in a safe manner according to the legislative requirements and organisational policy.</p> |
| <p>4. Respond appropriately to the signs of pain</p> | <p>4.1 Cause of pain is identified if possible.</p> <p>4.2 The VAS score (or appropriate pain scale) is used to identify level of pain.</p> <p>4.3 Any irregular or abnormal findings are reported to Registered Nurse.</p> <p>4.4 Allay any fears or anxiety experienced by the client.</p> |
| <p>5. Monitor and report client's response to administer medication</p> | <p>5.1 Administration of medications is recorded in accordance with the relevant policy and procedures.</p> <p>5.2 Client understanding of information is provided and evaluated.</p> <p>5.3 Acute and delayed adverse reactions are recognized to</p> |

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| | <p>medications and act upon within role responsibility.</p> <p>5.4 Emergency actions are implemented to address acute and delayed adverse reactions within the role responsibility.</p> <p>5.5 Response is recorded and reported to emergency strategies.</p> <p>5.6 Client experiencing pain is monitored and undertaken appropriate medication and non-medication therapies in consultation/collaboration with Registered Nurse.</p> <p>5.7 Effectiveness of pain relieving medication is recorded and reported.</p> |
| Variables | Range |
| Health environments include: | <ul style="list-style-type: none"> • Hospitals • Health center |
| Potential risks include but are not limited to: | <ul style="list-style-type: none"> • Client identification/the five R's • Allergic reactions • Immunization status • Medication incompatibilities • Contra-indications for drug administration |
| Medication administration routes include: | <ul style="list-style-type: none"> • Oral • Intranasal (including nebulised medications) • Topical (including transdermal) • Ocular • Aural • Rectal • Vaginal administration • Enteral administration |
| Terminology associated with | <ul style="list-style-type: none"> • Medication • Administer |

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| <p>medications include:</p> | <ul style="list-style-type: none"> • Side effect/adverse reaction/allergic reaction • Anaphylaxis • Allergy • Suspension/mixture/syrup/linctus/lozenge • Ointment/cream/lotion • Tincture/emulsion • Tablet/pill • Transdermal patch • Nebuliser/aerosol/volumetric spacer |
| <p>Legal and regulatory framework include:</p> | <ul style="list-style-type: none"> • State/territory Drugs and Poisons Act • Health (Drugs and Poisons) Regulations- .competency standards, codes and guidelines • Legal requirements of documentation |
| <p>Client history may include</p> | <ul style="list-style-type: none"> • Pre-existing conditions • Admission diagnosis • Allergies • Current history • Current medication • Behavioral characteristics • Nutritional status • Hydration status • Psychological needs • Psychosocial needs • Compliance history • Concurrent medications |
| <p>Reports can be verbal or written, and may include:</p> | <ul style="list-style-type: none"> • Individual client records • Pain management plans • Fluid status management • Nutritional status management |

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| | <ul style="list-style-type: none"> • Observational documentation • Medication charts • Admission and discharge planning • Diagnostic reports/results • Clinical progress notes • Hand-over at end of shift • Medication incident reports |
| Policies and procedures relating to infection control can include: | <ul style="list-style-type: none"> • Effective hand washing and hand drying techniques • Handling of medication • Appropriate use and disposal of personal protective equipment |
| Relevant client information may include: | <ul style="list-style-type: none"> • Medication side effects • Length of treatment • Drug interactions • Consequences of non-compliance • Anatomical positioning for safe non-inject able drug • Administration e.g. rectal , aural , vaginal |
| Factors influencing medication actions may include: | <ul style="list-style-type: none"> • Rate of absorption • Distribution • Metabolism • Drug interactions • Excretion • Dosage form • Route of administration • Improper storage • Timing of administration • Client age, height, weight |
| Major medication groups include: | <ul style="list-style-type: none"> • Antacids • Antianginals |

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| | <ul style="list-style-type: none"> • Antibiotics • Anticholinergics • Antidiarrhoeals • Antiemetics • Antifungals • Antihistamines • Antihypertentives • Anti-inflammatory • Antiparkinsonion • Antipruritic • Antiseptics • Antiulcer • Antivirals • Anxiolytics • Bronchodilators • Beta blockers • Contraceptives • Corticosteroids • Diuretics • Electrolyte solutions • Hypnotics/sedatives • Laxatives/aperients • Narcotic analgesia • Neuroleptics • Hypoglycaemics | | |
| Major medication groups include: | <ul style="list-style-type: none"> • Analgesiaous history • Vitamins | | |
| Methods of storage, handling and usage | <ul style="list-style-type: none"> • Dry/moist | | |
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| <p>of medications may include:</p> | <ul style="list-style-type: none"> • Refrigeration • Away from light/heat • Separate storage of external use medications and internal use medications • Locked cupboard/trolley • Responsibility for security of drug cupboard/trolley keys • Narcotics – locked, attached to wall • Register for drugs of addiction • Routine checking of narcotic drugs in storage • Pharmacy responsibilities • Expiry dates |
| <p>Administration of oral medications and associated terminology may include:</p> | <ul style="list-style-type: none"> • Legible medication order • Preparation of medication by person administering • “Rights” of administration • Special precautions • Medication checking process • Documentation of drug administration |
| <p>Evidence Guide</p> | |
| <p>Critical Aspects of Competence</p> | <p>Critical evidence of knowledge and skills required include:</p> <ul style="list-style-type: none"> • Observation of performance in a work context is essential for assessment of this unit • Consistency of performance should be demonstrated over the required range of workplace situations and should occur on more than one occasion and be assessed by a registered nurse • Assessment must include a written calculation test with 100% mastery |
| <p>Underpinning Knowledge and Attitudes</p> | <p>Demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Relevant medical/medication terminology and approved medication abbreviations |

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| | <ul style="list-style-type: none"> • Organisation policies and procedures, guidelines and protocols, including workplace health and safety policies to ensure safe practice e.g. management of sharps • Ethical guidelines including confidentiality, duty of care and public safety • Application of guidelines to individual needs of clients (i.e. therapeutic interventions, hygiene, dignity, esteem, physical, cultural and cognitive restrictions) • Factors influencing medication actions • Major medication groups • Documentation associated with medication administration • Systems of medication delivery within the scope of own role • State/territory legislative requirements relating to medication administration • Legal requirements for practice parameters of enrolled nurse relating to the administration of medications, including legal requirements of each route of administration • Methods of storage, handling and usage of medications • Role of the health care team in the administration of medications • An awareness of the role of complementary therapies • An awareness of traditional medicine in the context of health of Aboriginal and Torres • Strait Islander people <ul style="list-style-type: none"> ➤ Relevant medication delivery devices, such as: ➤ Dosage administration aids ➤ Feeding tube infusion pumps • Scheduling of medications • Substance incompatibilities, including: |
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| | <ul style="list-style-type: none"> ➤ Anaphylactic reactions ➤ Adverse reactions ➤ Contraindications ➤ Precautions ➤ Side effects ➤ An understanding of the pharmacology of the major medication groups <ul style="list-style-type: none"> • Own role in medical emergency • People’s perception of pain and principles of pain management |
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| Underpinning Skills | <p>Essential skills required includes:</p> <ul style="list-style-type: none"> • Use language, literacy and numeracy competence required for drug administration and documentation • Apply infection control principles – hand washing, handling of medications, universal precautions • Demonstrate preparation, administration and recording of medication/s within the scope of practice of the enrolled nurse • Perform emergency nursing interventions for a client experiencing an adverse medication reaction • Use interpersonal skills, including working with others, using sensitivity when dealing with people and relating to persons from differing cultural, social and religious backgrounds • Demonstrate professional conduct, skills and knowledge • Use oral communication skills (language competence) required to fulfil job roles as specified by the organisation/service. Oral communication skills include |
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| | <p>interviewing techniques, asking questions, active listening, asking for clarification</p> <ul style="list-style-type: none"> • Apply Professional Standards of Practice: <ul style="list-style-type: none"> ➤ ENA code of conduct and code of ethics ➤ ENA national enrolled nurse competency standards ➤ State/territory Nurse Regulatory Nurses Act ➤ State/territory Nursing and Midwifery Regulatory Authority standards of practice ➤ State/Territory Drugs and Poisons Act ➤ Scheduling of medications and implications for enrolled nursing practice |
| <p>Resource Implications</p> | <p>Resource requirements for this unit include all the relevant resources commonly provided in the health service setting. Specific tools may include:</p> <ul style="list-style-type: none"> • Labelled cap • Teaspoon • Spatula • Tray • Enema can • Disposable glove • NG tube • Glass for water |
| <p>Assessment Methods</p> | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |

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| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function. |
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| Occupational Standard: Nursing Assistance Level III | | | |
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| Unit Title | Undertake Basic Wound Care | | |
| Unit Code | HLT NUA3 03 0611 | | |
| Unit Descriptor | This unit involves the principles of infection prevention, in relation to wound care processes in a variety of health care contexts. This will include assisting wound assessment and contemporary wound care working with the wound management health care team. | | |
| Elements | Performance Criteria | | |
| 1. Undertake wound assessment | <p>1.1 Necessary medical information is acquired from appropriate person.</p> <p>1.2 Wound condition is evaluated in accordance with the standard procedures.</p> <p>1.3 Feedback on the condition of the wound is given to patient.</p> <p>1.4 Client cooperation is secured following the medical manual.</p> <p>1.5 Strategies are utilized to minimise cross-infection during assessment and implementation.</p> <p>1.6 Findings are appropriately recorded.</p> <p>1.7 Wound care is identified, after the approval of registered nurse, is agreed for implementation.</p> | | |
| 2. Contribute to planning appropriate care for the client with a wound | <p>2.1 Wound care is discussed with the client in conjunction with the registered nurse.</p> <p>2.2 The sequencing, timing and client needs are taken into account when planning care.</p> <p>2.3 Primary health care principles and holistic approach is taken into account when planning care.</p> | | |
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| | <p>2.4 Knowledge of physiological processes associated with normal wound healing in planning and delivering treatments are utilized</p> <p>2.5 Client comfort needs are identified (e.g. pain relief) before undertaking wound care.</p> <p>2.6 Awareness of the potential impact of wound on client and/or family is developed.</p> |
| <p>3. Implement wound care strategies in conjunction with wound management team</p> | <p>3.1 Necessary information is delivered to the patient or relatives.</p> <p>3.2 All requirements are collected for the procedure.</p> <p>3.3 Client privacy and dignity is maintained throughout the process.</p> <p>3.4 Dressing is performed following the standard procedure.</p> <p>3.5 Follow aseptic technique for clean surgical wound and use clean techniques for clean wounds by application of the principles of infection prevention.</p> <p>3.6 Client is made comfortable.</p> <p>3.7 Hazardous waste is disposed of in line with the organisation policies and procedures.</p> <p>3.8 Used tools are cleaned and sterilized according to the infection prevention procedure and documentation is completed.</p> |
| <p>4. Assist in evaluating the outcomes of nursing actions</p> | <p>4.1 Client is involved in the evaluation process.</p> <p>4.2 Documentation records of the ongoing progress are ensured.</p> <p>4.3 Progress is reported to and discussed with a registered nurse.</p> |

| Variables | Range |
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| Common terms associated with microbiology may include: | <ul style="list-style-type: none"> • Commensal • Microflora • Normal flora • Pathogen • Symbiosis • Nosocomial infection • Endogenous • Exogenous |
| Wounds caused by microorganisms Include: | <ul style="list-style-type: none"> • Staphylococcus aureus — boils, wound infections • Clostridium — tetanus, gas gangrene, botulism • Proteus — wound infections |
| Common fungal infections Include: | <ul style="list-style-type: none"> • Tinea pedis (athlete's foot) • Tinea capitis (ringworm) |
| Common viral disease include: | <ul style="list-style-type: none"> • Herpes simplex I (cold sores) • Herpes simplex II (genital herpes) • Herpes zoster |

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| Commonly seen wounds as a result of acute/chronic conditions may include: | <ul style="list-style-type: none"> • Diabetic ulcers • Burns • Pressure (decubitus) ulcers • Tropical ulcers • Post surgical • Trauma |
| Harmful effects of microflora include: | <ul style="list-style-type: none"> • Skin — pimples, carbuncles, furuncles • Mouth — gum disease, caries |

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| | <ul style="list-style-type: none"> • Ears and eyes — otitis externa, conjunctivitis, • Trachoma |
| Components of the chain of infection: | <ul style="list-style-type: none"> • Infective agent • Portal of entry • Portal of exit • Reservoir • Susceptible host • Mode of transmission |
| Common terms associated with the spread of disease: | <ul style="list-style-type: none"> • Antibiotic • Communicable • Contagious • Epidemiology • Epidemic • Endemic • Pandemic • Host • Incubation • Infectious • Acute infection • Chronic infection • Latent • Primary infection • Secondary infection • Local infection • Generalized infection • Sterilization • Disinfection |
| Infection process may include: | <ul style="list-style-type: none"> • Inflammatory process • Histamine |

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| | <ul style="list-style-type: none"> • Kinins • Phagocytosis • Pus • Tissue repair |
| Wound assessment may include: the following classifications: | <ul style="list-style-type: none"> • Clean/dirty • Infected • Surgical/traumatic • Chronic/acute • Necrotic/sloughy • Granulating • Abrasions/skin tears • Incisions/lacerations • Punctures • Avulsions • Amputations • Burns • Pressure sores |
| Organisational protocols, guidelines, procedures include: | <ul style="list-style-type: none"> • Occupational health and safety • Infection control • First Aid • Policies and procedures related to the workplace including understanding the work roles of all staff • Wound healing protocols • Wound management strategies and contemporary wound healing practice |
| Wound care may include the use of: | <ul style="list-style-type: none"> • Hydrocolloids • Films • Gels • Foams • Alginate |

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| | <ul style="list-style-type: none"> • Low order dressings, such as dry dressing, adhesive dressing, wound closure tapes |
| Wound management team may function in a variety of health care contexts and may include: | <ul style="list-style-type: none"> • Nurses • Medical practitioners • Occupational therapists • Microbiologists • Pharmacists • Care |
| Evidence Guide | |
| Critical Aspects of Competence | <p>Critical evidence of knowledge and skills required include:</p> <ul style="list-style-type: none"> • Observation of performance in a work context is essential for assessment of this unit • Consistency of performance should be demonstrated over the required range of workplace situations and should occur on more than one occasion and be assessed by a registered nurse • Demonstrate: <ul style="list-style-type: none"> ➢ Ability to assist in maintaining aseptic or 'clean' technique as appropriate ➢ Understanding when advice and referral to appropriate health professional is required ➢ Knowledge of processes and protocols in the setting where care is being provided |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge and attitudes include the:</p> <ul style="list-style-type: none"> • Compliance with current infection control practices and guidelines • Principles of wound healing • Classification of wound • Technique of wound management • Workplace health and safety |

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| | <ul style="list-style-type: none"> • Activities of daily living • Members of health care team and their roles • Impact of cultural practices and beliefs in relation to wound care • Confidentiality and privacy • Documentation principles • Availability of resources • Organization policy and procedure |
| Underpinning Skills | <p>Essential skills required include:</p> <ul style="list-style-type: none"> • Preparing supplies and materials in wound dressing. • Application of aseptic technique • Assisting in wound dressing. • Cleaning and appropriate use of cleaning chemicals • Use of personal and protective equipment • Safe handling of clinical and other wastes • Procedures for maintenance of equipment • Maintain a professional approach with key personnel and bereaved families and friends • Ability to deal with conflict • Effective telephone techniques • Use of the organization's computer and other business technology • Identify and use effective stress management strategies in response to workplace issues • Time management • Reading and writing skills-literacy competence is required to fulfill job role in a safe manner and as specified by the organization. The level of skill includes reading policy and procedure manuals and documenting administrative and clinical information. |

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| | <ul style="list-style-type: none"> • Numeracy skills may range from the ability to complete basic arithmetic calculations and recording stock levels. • Problem solving skills required include an ability to use available resources |
| Resource Implication | <ul style="list-style-type: none"> • This unit is most appropriately assessed in the clinical workplace • Where, for reasons of safety, access to equipment and resources and space, assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Provide Nursing Care to the Mothers and Babies |
| Unit Code | HLT NUA3 04 0611 |
| Unit Descriptor | The competency unit describes the knowledge and skills required by an enrolled nurse working in the area of providing care to mothers and babies in a range of settings, such as postnatal, low risk nursery, child and family health and pediatric settings. |

| Elements | Performance Criteria |
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| 1. Work as part of a team caring for a mother and her baby | <p>1.1 The assessment of the mother and baby is assisted in consultation/collaboration with a midwife.</p> <p>1.2 Terminologies associated with pregnancy, birth, labour and antenatal care of mother are correctly used.</p> <p>1.3 The knowledge of patterns of antenatal and postpartum care of mother are worked and contributed to deliver care in line with own nursing role.</p> <p>1.4 The mother is assisted and supported with feeding of baby.</p> <p>1.5 Any difficulties with feeding baby are referred to midwife.</p> <p>1.6 Methods of contraception are discussed with the mother, as appropriate, in consultation/collaboration with the midwife.</p> <p>1.7 Safe bathing, baby safety, dressing techniques and feeding assistance for the newborn is demonstrated</p> <p>1.8 Care plans and progress notes for the newborn are reviewed and discussed observations and progress in line with enrolled nurse responsibilities.</p> |

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| | <p>1.9 Any abnormal observations are recorded and reported to midwife.</p> <p>1.10 Potential emotional, spiritual and/or specific cultural needs are identified and discussed with new mothers, as appropriate, in consultation/collaboration with the midwife.</p> |
| 2. Assist in evaluating the outcomes of planned care | <p>2.1 The mother's response and progress is evaluated towards planned care in consultation/collaboration with midwife.</p> <p>2.2 Mother is provided with contact details for available community support services.</p> <p>2.3 Guidance as required to clarify common myths and superstitions associated are provided caring for mothers and babies in consultation/collaboration with the midwife.</p> <p>2.4 The midwife is assisted to assess the mothers' ability to feeds, settle, bathe and care for her baby in preparation for discharge.</p> <p>2.5 Outcomes of care are documented and communicated to the midwife and other members of the health care team.</p> |

| Variables | Range |
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| Terminology associated with pregnancy may include: | <ul style="list-style-type: none"> • Gestation • Gravida • Parity • Still born • Termination • Viability |

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| | <ul style="list-style-type: none"> • Embryo • Placenta • Fetus • Trimesters • Signs of pregnancy • Confirmation of pregnancy • Estimation date of delivery |
| Terms commonly associated with birth include: | <ul style="list-style-type: none"> • Signs of approaching birth • True versus false labor • Contractions • Rupture of membranes • Stages of labor • Episiotomy • Types of delivery (e.g. caesarian) • Fundal • Perineum • Apgar score • Fontanelle • Meconium • Premature • Konakion |
| Common myths and superstitions may relate to, for example: | <ul style="list-style-type: none"> • Birthing • Breast feeding • Circumcision |
| Evidence Guide | |
| Critical Aspects of Competence | <p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> • Work as part of a team caring for a mother and her baby • Assist in performing an assessment of the mother and |

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| | <p>baby</p> <ul style="list-style-type: none"> • Assist in evaluating the outcomes of planned care for the mother and her baby |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge and attitudes include ability to:</p> <ul style="list-style-type: none"> • Anatomy and physiology and associated terminology related to pregnancy, birth and care of the newborn • Compliance with current infection control practices and guidelines • Workplace health and safety • Activities of daily living • Members of health care team and their roles • Impact of cultural practices and beliefs in relation to birthing • Confidentiality and privacy • Documentation principles • Availability of community resources • Organization policy and procedure |
| Underpinning Skills | <p>Essential skills include the ability to:</p> <ul style="list-style-type: none"> • Use oral communication skills (language competence) required to fulfill job roles as specified by the organization. Oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification • Use written communication skills (literacy competence) required to fulfill job roles as specified by organization - reading, writing and understanding client documentation • Use interpersonal skills including working with others, using sensitivity when dealing with people and relating to persons from differing cultural, social and religious backgrounds • Apply documentation principles – recording and reporting, |

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| | <p>abbreviations for medical terms, types of data to be collected, data collection instruments used in health care environments</p> <ul style="list-style-type: none"> • Bathe, dress and settle a baby safely • Prepare formulas and teach preparation to mothers • Provide care for umbilical cord and nipples • Apply professional standards of practice: <ul style="list-style-type: none"> ➤ ENA code of conduct and code of ethics ➤ ENA national enrolled nurse competency standards ➤ State/territory Nurse Regulatory Nurses Act ➤ State/territory Nursing and Midwifery Regulatory Authority standards of practice ➤ Scope of nursing practice decision making framework |
| Resource Implications | <p>The following resources must be provided</p> <ul style="list-style-type: none"> • A childcare workplace • Facilities, equipment, supplies and materials relevant to the unit of competency |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | | | |
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| Unit Title | Provide and Maintain Nursing Care to Aged and Disabled Patients | | |
| Unit Code | <u>HLT NUA3 05 0611</u> | | |
| Unit Descriptor | This competency unit describes the skills and knowledge required for the enrolled nurse to provide and maintain basic nursing interventions to support the health care needs of the older person and disabled patients in any environment. | | |
| Elements | Performance Criteria | | |
| 1. Respond to the special health requirements of the older adults and disabled patients | <p>1.1 Scope of practice is worked for the enrolled nurse with the aged care and disabled clients within any health care setting.</p> <p>1.2 Understanding of physical changes is worked that takes place as part of the ageing and disabling process, associated with age-related, disable-related adjustments, transitions, psychosocial needs of the older and disabled person.</p> <p>1.3 The fact that drugs and medicines have different effects is allowed in the older and disabled persons.</p> <p>1.4 Understanding of common medical conditions is reflected, and may affect older, disabled persons and their family.</p> <p>1.5 Older and disabled persons experiencing sensory loss are communicated effectively.</p> <p>1.6 Preventive health checks are performed in consultation/ collaboration with a registered nurse.</p> <p>1.7 The older and disabled persons are assisted to maintain healthy lifestyle practices.</p> | | |
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| | <p>1.8 Awareness is created about own values, social attitudes and beliefs towards the ageing and disabling persons.</p> <p>1.9 An awareness of common stereotypes are worked associated with normal ageing and disabling and the influences they can have on the care of the older and disabled adult.</p> <p>1.10 In caring for the older and disabled person, work practices are used that reflect an understanding of theories of ageing and disabling.</p> <p>1.11 Health maintenance is promoted for older, disabled person and their families.</p> <p>1.12 Action is taken to manage factors which may tend to segregate and disadvantage the older and disabled adult.</p> |
| <p>2. Contribute to care plan for the older and disabled person</p> | <p>2.1 The older and disabled clients are assessed to determine their health status in consultation/collaboration with the registered nurse.</p> <p>2.2 Health assessment tools are completed appropriately and used specifically in the aged and disabled care environment.</p> <p>2.3 The older and disabled client is assisted to identify self-care abilities and disabilities.</p> <p>2.4 The nursing care plan is implemented within the context of the health care setting using organization policies and procedures.</p> <p>2.5 Client, family and/or significant other are ensured and understood the implication of their admission to the health care setting.</p> |

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| | <p>2.6 Older and disabled client or their family representative's psychological, social and/or physical needs are discussed</p> <p>2.7 Information regarding older and disabled person's health status is shared with other members of health care team.</p> <p>2.8 Nursing care plan is implemented and monitored as per work allocated to others.</p> <p>2.9 Support, comfort for grieving family/client is provided.</p> <p>2.10 Take into account the impact of complex issues is involved in aged and disabled care on career(s).</p> |
| <p>3. Assist to evaluate the outcomes of planned nursing care of the older and disabled client</p> | <p>3.1 Responses of older client to nursing actions are documented</p> <p>3.2 Changes in older and disabled client response are reported to nursing actions to registered nurse.</p> <p>3.3 Information is conveyed clearly and accurately to appropriate staff member.</p> <p>3.4 Complex and dual diagnosis issues are taken into account in addressing aged and disabled care.</p> <p>3.5 Information on community services available is provided to older, disabled person and their family.</p> |
| <p>4. Use strategies which relate to the progressive and variable nature of dementia</p> | <p>4.1 Awareness of dementia is worked as a neurological condition.</p> <p>4.2 Activities appropriate for gender, culture and age/disabled reflecting likes and dislikes of the individual are provided.</p> <p>4.3 Activities that provide the client with opportunities for autonomy, and risk-taking where they can maintain safety, dignity and comfort are designed</p> |

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| | 4.4 A range of validation strategies is used to relieve distress and agitation/disabling in clients. |
| 5. Develop and implement strategies to minimize the impact of challenging behaviors | <p>5.1 Behaviors are observed and documented to determine triggers which may be related to physical and emotional health, environment, tasks and communication.</p> <p>5.2 The potential of the behaviors on the person or other persons is considered in determining an appropriate response.</p> <p>5.3 A range of options is considered when developing effective response for inclusion in the person's care plan.</p> <p>5.4 Best practice of strategies are implemented which minimize the impact of behaviors.</p> <p>5.5 Regularly review environmental strategies that are implemented to ensure maximum effectiveness.</p> |

| Variables | Range |
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| Health care settings may include, for example, environments involving: | <ul style="list-style-type: none"> • Acute care • Sub-acute care • Rehabilitation • Aged care • Disabled care |
| Aged/Disabled related adjustments could include: | <ul style="list-style-type: none"> • Role changes • Retirement • Multiple losses • Loneliness • Depression and suicide • Fear of death • Changes in body image |

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| Preventative health care include: | <ul style="list-style-type: none"> • Health screenings • Dental health • Vision/hearing • Cancer screenings • Immunizations |
| Social attitudes and beliefs could include: | <ul style="list-style-type: none"> • Fear of ageing/disabling • Definitions of aging/disabling • Demographics of aging/disabling • Changing attitudes • Culture • Religion |
| Normal ageing/ disabling process | <ul style="list-style-type: none"> • Normal physiological changes of aging/disabling • Aged/Disabled related laboratory values • Aged/disabled related physical changes • Aged/disabled related psychosocial changes |
| Theories of ageing/ disabling could include: | <ul style="list-style-type: none"> • Biological theories • Psychosocial theory • Disengagement theory • Social exchange theory • Wear and tear theory • Activity theory |
| Special health problems may include: | <ul style="list-style-type: none"> • Common psychiatric problems • Delirium • Dementia • Prevention of illness and injury • Risk of falls • Depression |
| Tools for functioning assessment: | <ul style="list-style-type: none"> • Katz index • Barthel index and scale |

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| | <ul style="list-style-type: none"> • Norton scale • Water low scale • Functional health patterns • Activities of daily living tool • Geriatric depression scale |
| Community services for the older / disabled person: | <ul style="list-style-type: none"> • Advocacy services • Meals on wheels • Home help • Hospice care • Respite services • Support groups and information (e.g. Council on the Ageing, Alzheimers Australia) |
| Activities of daily living include: | <ul style="list-style-type: none"> • Maintaining a safe environment • Communication • Breathing • Eating and drinking/Eliminating • Personal cleansing and dressing/grooming • Controlling body temperature • Mobilizing/Working and playing • Expressing sexuality • Sleeping • Dying • Spiritual needs |
| Ensuring safety and comfort of aged/ disabled person while addressing the risks associated with: | <ul style="list-style-type: none"> • Ability to find their own way • Wandering or other behaviors relating to agitation • Behaviors relating to psychotic experiences or mood disorders • Ability to recognize dangers in their environment |

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| Validation strategies to relieve distress and agitation/ disabling in clients may include: | <ul style="list-style-type: none"> • Acknowledgment • Allowing expressions of distress • Providing verbal and/or physical reassurance • Use reminiscences routinely to connect with clients |
| Strategies to respond to challenging behaviors include: | <ul style="list-style-type: none"> • Distraction, for example reminiscences, walking and • Music • Behavior modification • Addressing physical triggers to behavior including pain • Complementary therapies |
| Environmental strategies may include: | <ul style="list-style-type: none"> • Orientation date, time of day, place, person, career, family relationships, weather • Adequate lighting to decrease risk of misinterpreting their environment • Manipulate stimuli such as activity, noise, music, lighting, decor • Provision of safe space (to pace, wander) • Security |
| Disease processes include: | <ul style="list-style-type: none"> • Alterations in sensory function • Alterations in cardiac function • Alterations in respiratory function • Alterations in neurological function • Alterations in musculoskeletal function • Alterations in genitourinary function • Alterations in endocrine function • Alterations in renal function • Oncological disorders • Palliative care |

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| <p>Critical Aspects of Competence</p> | <p>Critical aspects for assessment and evidence required to demonstrate this competency unit:</p> <ul style="list-style-type: none"> • Observation of performance in a work context is essential for assessment of this unit • Consistency of performance should be demonstrated over the required range of workplace situations and should occur on more than one occasion and be assessed by a <u>registered nurse</u> |
| <p>Underpinning Knowledge and Attitudes</p> | <p>Essential knowledge required includes:</p> <ul style="list-style-type: none"> • Chronic health problems with older/disabled person • Acute health problems with older/disabled person • Fundamental nursing interventions • Continence management • Documentation principles • Stereotypes and influences on ageing/disabling • Nature of dementia as a neurological condition which is progressive • Common indicators and symptoms of dementia • Basic knowledge of current research or dementia including relevant statistics • Support services available • Plan of care for the client • Organization protocols and policies related to own area of work • The importance of a physical, social and emotional environment for people with dementia • Importance of relevant activities and communication in working with people with dementia • Limitations and legal ramifications of physical, chemical and psychological restraint |

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| | <ul style="list-style-type: none"> • The range of appropriate strategies to be implemented when working with people with dementia • The importance of a safe, physical environment for people with dementia • Understanding of physiology of ageing process • Confidentiality and privacy • Environment policy and procedures • Effective communication skills • Medication administration principles • Pain management • Infection control principles • Workplace health and safety • Legal frameworks/requirements e.g. RCS documentation, Aged/Disabled Care Act • An understanding of the potential impacts of dual/multiple diagnosis on identifying and prioritizing needs • Principles and practices of assessment of individuals with complex and/or special needs • Best practice guidelines to address complex and/or special needs |
| Underpinning Skills | <p>Essential skills required include the ability to:</p> <ul style="list-style-type: none"> • Work effectively with older people, careers, colleagues and other health care providers • Use oral communication skills (language competence) required to fulfill job roles as specified by the organization/ service. Advanced oral communication skills include: <ul style="list-style-type: none"> ➤ Interviewing techniques, ➤ Asking questions, ➤ Active listening, ➤ Asking for clarification from client or other persons at |

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| | <p>the scene,</p> <ul style="list-style-type: none"> ➤ Negotiating solutions, ➤ Acknowledging and responding to a range of views. <ul style="list-style-type: none"> • The work may involve using interpreters • Use written communication skills (literacy competence) required to fulfill job roles as specified by organization/service. The level of skill may range from reading and understanding incident reports and case management materials to preparing handover reports for receiving agency staff • Use interpersonal skills, including: <ul style="list-style-type: none"> ➤ working with others, ➤ empathizing with client and relatives, ➤ using sensitivity when dealing with people and relating to persons from differing cultural, ➤ social and religious backgrounds • Apply problem solving skills, including use of tools and techniques to solve problems, analyze information and make decisions that require discretion and confidentiality • Apply clinical skills related to activities of daily living: <ul style="list-style-type: none"> ➤ hygiene ➤ grooming ➤ oral hygiene ➤ nutrition ➤ fluid intake ➤ elimination ➤ dressing ➤ admission and discharge activities • Apply cognitive skills related to ageing/disabling • Prioritize and address changing service needs of clients |
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| | <p>with complex and special care needs</p> <ul style="list-style-type: none"> • Apply professional standards of practice: <ul style="list-style-type: none"> ➤ ENA code of conduct and code of ethics ➤ ENA national enrolled nurse competency standards ➤ State/territory Nurse Regulatory Nurses Act ➤ State/territory Nursing and Midwifery Regulatory Authority standards of practice ➤ Scope of nursing practice decision making framework |
| Resource Implications | <p>Context of and specific resources for assessment:</p> <ul style="list-style-type: none"> • Where, for reasons of safety, access to equipment and resources and space, assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible • Access to appropriate workplace(s) where assessment can be conducted |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • questioning or interview on underpinning knowledge • project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Provide Nursing Care in First line Emergency |
| Unit Code | HLT NUA3 06 0611 |
| Unit Descriptor | This competency unit describes the skills and knowledge required by the assistance nurse to perform nursing interventions to assist clients requiring emergency nursing care. |
| Elements | Performance Criteria |
| 1. Work as part of the emergency health care team | <p>1.1 The role of the health care team is practiced appropriately to support in managing the care of clients</p> <p>1.2 Team work and supportive group dynamics are practiced to effective health care colleagues</p> <p>1.3 Appropriate professional relationships with other members are established to the health care team</p> <p>1.4 The contributions of emergency service personnel is practiced referring agencies, hospital and community team staff to the care needs of client</p> |
| 2. Assess the emergency condition | <p>2.1 A holistic assessment is performed according to the client and Contemporary assessment tools are used accurately</p> <p>2.2 Problems and complications are identified and discussed with client and/or significant others as appropriate</p> |

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| | 2.3 The emergency needs are clarified to the client accordingly |
| 3. Contribute in planning of quality and safety of emergency care. | <p>3.1 In consultation/collaboration with other and health team members are used a problem solving framework to plan appropriate nursing management strategies</p> <p>3.2 Processes are assisted to evaluate the quality of nursing actions</p> <p>3.3 Ability to rapidly re-priorities care activities are demonstrated in temporarily changed circumstances</p> <p>3.4 Organization risk is Practiced to identification and risk management processes</p> |
| 4. Provision of emergency nursing care | <p>4.1 Pre-, intra- and post-diagnostic procedures are practiced appropriately in line with organization policies and within scope of practice</p> <p>4.2 Nursing care is provided in response to trauma and emergency conditions</p> <p>4.3 The preparation of clients is Assisted to transport by air or road ambulance or by other means such as private car to another health care facility</p> <p>4.4 First aid/emergency treatment and client response is reported and documented to the treatment</p> |

| Variables | Range |
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| Tools | .Vital sign measuring equipments, antiseptic solutions, examination couch, table and seats, recording and reporting formats and loge books, weighing scale and lab request materials. |
| Significant others | <ul style="list-style-type: none"> • Health professionals • Relatives of the client like family members |
| Emergency health | <ul style="list-style-type: none"> • Client and their significant others |

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| care team | <ul style="list-style-type: none"> • General Practitioners • Nurses • Retrieval teams |
| Nursing interventions /clinical skills include | <ul style="list-style-type: none"> • Basic nursing interventions • Wound care • Skin care • Pain management • Manual handling |
| Client may include | <ul style="list-style-type: none"> • Neonate • Infant • Child • Adult • Aged person |
| Emergency nursing care may include | <ul style="list-style-type: none"> • Assisting with: <ul style="list-style-type: none"> ➤ Resuscitation ➤ Control of bleeding ➤ Alleviation of respiratory distress ➤ Alleviation of cardiac distress ➤ Control of pain ➤ Reduction of swelling ➤ Poisoning symptoms ➤ Dehydration, ➤ Diabetic crises ➤ Eye injury |
| Diagnostic procedures may include: | <ul style="list-style-type: none"> • ECG and cardiac monitoring • Specimen collection • Peak flow meters • Oxygen saturation levels |
| Evidence Guide | |

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| <p>Critical Aspects of Competence</p> | <p>Critical evidence of knowledge and skills required include:</p> <ul style="list-style-type: none"> • Observation of performance in a work context is preferred for assessment of this unit • Consistency of performance should be demonstrated over the required range of workplace situations and should occur on more than one occasion and be assessed by a registered nurse |
| <p>Underpinning Knowledge and Attitudes</p> | <p>Essential knowledge and attitudes include ability to:</p> <ul style="list-style-type: none"> • Awareness of stress management techniques and available support • Basic anatomy and physiology relating to: <ul style="list-style-type: none"> ➤ Absence of signs of life: ➤ Unconscious ➤ Unresponsive ➤ Not moving ➤ Not breathing normally ➤ Choking/airway obstruction ➤ Severe bleeding ➤ Shock • Duty of care requirements • Emergency nursing care procedures for: <ul style="list-style-type: none"> ➤ airway management ➤ bleeding control ➤ care of unconscious ➤ casualty with no signs of life ➤ chest pain ➤ infection control as it relates to standard precautions ➤ respiratory distress, including asthma ➤ severe allergic reaction |

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| | <ul style="list-style-type: none"> ➤ shock • How to access emergency response support services/personnel • Need to be culturally aware, sensitive and respectful • Own skills and limitations • Privacy and confidentiality requirements • Relevant workplace hazards | | |
| Underpinning Skills | <p>Essential skills include ability to:</p> <ul style="list-style-type: none"> • Plan an appropriate first aid response in line with established first aid principles, policies procedures, regulations and legislation • Demonstrate emergency casualty management principles: <ul style="list-style-type: none"> ➤ Assess and minimise danger ➤ Check for response ➤ Maintain casualty's airway, breathing and ➤ Circulation ➤ Consideration of the welfare of thecasualty ➤ Correct procedures for CPR ➤ Implementation of standard precautions • Check vital signs and responses of casualty • Call an ambulance and/or medical assistance, according to circumstances and report casualty's condition • Identify and minimize hazards to health and safety of self and others in the immediate • Report details of emergency incident and first aid provided | | |
| Resource Implications | <p>The following resources must be provided:</p> <ul style="list-style-type: none"> • A child care workplace • Facilities, equipment, tools, supplies and materials relevant to the unit of competency. | | |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays | | |
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| | <ul style="list-style-type: none"> • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function. |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Provide Palliative Care and Maintain a Mortuary Service |
| Unit Code | HLT NUA3 07 0611 |
| Unit Descriptor | This unit describes the knowledge and skills required for a mortuary worker to maintain the day-to-day operation of a hospital or forensic mortuary involving the receipt and release of deceased persons, preparing deceased persons for viewing and maintaining the mortuary environment. |
| Elements | Performance Criteria |
| 1. Receive bodies at mortuary | <p>1.1 Checking processes are thorough and complete to ensure the identification and confirmation with records.</p> <p>1.2 Transfer from trolley is undertaken according to the organizational policy and procedures.</p> <p>1.3 Documentation and registration is processed in accordance with the legal requirements and established procedures.</p> <p>1.4 Body is stored in accordance with the organizational policy and procedures.</p> <p>1.5 Infection control policy and procedures are strictly followed.</p> |
| 2. Prepare bodies for viewing | <p>2.1 Equipment and materials are selected and prepared.</p> <p>2.2 Personal protective equipment is used.</p> <p>2.3 Body is prepared and presented in accordance with the organizational policy and procedures.</p> <p>2.4 Body are treated with respect and, where practicable, in accordance with the cultural requirements.</p> <p>2.5 Correct lines of communication with key personnel are</p> |

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| | <p>maintained.</p> <p>2.6 Empathy is shown to bereaved family and friends.</p> <p>2.7 Body is stored in refrigeration cabinets in accordance with the organizational policy and procedures.</p> |
| 3. Maintain the mortuary environment | <p>3.1 The mortuary environment is cleaned according to the organizational policy and procedures.</p> <p>3.2 Waste is disposed according to the organizational policy and procedures.</p> <p>3.3 Inventory of linen, consumables and stock are maintained and replenished in accordance with the organizational policy and procedures.</p> |
| 4. Release bodies to Funeral Director/Conveyors | <p>4.1 Liaison is occurred with key internal and external personnel.</p> <p>4.2 Checking processes conducted are thorough and complete to ensure identification and confirmation with records.</p> <p>4.3 Documentation is processed in accordance with the established procedures.</p> |
| 5. Follow security requirements | <p>5.1 Evidence or potential evidence is handled and safeguarded.</p> <p>5.2 Security procedures are followed.</p> <p>5.3 Liaise is done with internal and external personnel as required.</p> <p>5.4 Visitor register is maintained as required and checked to ensure the accuracy.</p> |

| Variables | Range |
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| <p>Checking processes must include:</p> | <ul style="list-style-type: none"> • Identification of body • Search of body and clothing procedures • Recording of valuables, identification documents and other items found with and on the body • Identification and recording of scars, tattoos and distinctive features |
| <p>Documentation may include or relate to:</p> | <ul style="list-style-type: none"> • Completion of Mortuary Register (computer or manual) • Legal documents (e.g. death certificates, cremation forms, Coroner's approval) • Record of Release • Overseas burials • Donation to Science documents • Medical Records • Receipts for Medical Records • Organizational documents (e.g. request for hospital autopsy form) • Records of valuables and items found with and on the body |
| <p>Legal requirements may include:</p> | <ul style="list-style-type: none"> • State/Territory laws concerning coroner's matters • Receipt, handling and storage of bodies in a mortuary |
| <p>Organizational policy and procedures may relate to:</p> | <ul style="list-style-type: none"> • Identification procedures • Safe keeping of valuables • Occupational health and safety • Waste handling and disposal • Manual handling • Cleaning and use of cleaning chemicals • Infection control • Preparation of bodies for viewing • Viewing of bodies by relatives and others • Documentation |

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| | <ul style="list-style-type: none"> • Security • Training • Confidentiality • Admission and release of bodies • Storage of deceased persons • Stock requisitions • Stock control • Stocktaking • Authority to incur expenditure |
| Infection control policy and procedures may relate to: | <ul style="list-style-type: none"> • Standard and additional precautions • Cleaning procedures • Cleaning of surfaces and equipment • Use of cleaning chemicals • Personal protective equipment • Standards of hygiene • Disposal of clinical and other wastes |
| Equipment may include: | <ul style="list-style-type: none"> • Head rests • Drapes • Sheets • Pillows • Shrouds • Cleaning materials |
| Personal protective equipment may include: | <ul style="list-style-type: none"> • Face protection • Eye protection • Gown • Apron • Surgical suits • Gloves • Protective footwear |

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| Cultural requirements may relate to: | <ul style="list-style-type: none"> • Religious beliefs and practices in relation to death • Ethnic beliefs/practices in relation to death • Beliefs and practices of Aboriginal and Torres Strait Islander persons in relation to death |
| Mortuary environment may include: | <ul style="list-style-type: none"> • Autopsy room • Viewing room • Admission Room • Refrigeration • Waiting room • Changes areas and staff room • Wet areas • Autopsy bench and drains • Tables • Floors • Walls • Storage areas • Vehicle delivery/collection bay |
| Waste may include: | <ul style="list-style-type: none"> • Human tissue • Clinical wastes • General waste • Toxic waste |
| Key internal and external personnel may include: | <ul style="list-style-type: none"> • Hospital Medical staff • Relatives • Management • Pathologist • Government Medical Officer • Other relevant Medical Practitioners • Coroner/Coroner's Officers • Nursing staff |

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| | <ul style="list-style-type: none"> • Police • Social Worker • Medical students • Funeral Director/Conveyor |
| Security procedures may relate to: | <ul style="list-style-type: none"> • Retained tissue • Specimens • Documents and Records • Information concerning the deceased • Photographs • Items found with body • Confidentiality • Entry control • Key control • Physical security • Authorization of entry |

| Evidence Guide | | | |
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| Critical Aspects of Competence | <p>Critical aspects of assessment must include:</p> <ul style="list-style-type: none"> • Follow correct checking procedures and complete relevant document in relation to the receipt and release of bodies • Communication skills for dealing with medical staff, funeral directors, police, Coroner's Court Officers and families • Work independently • Legislative requirements which directly affect the role and practice of the Mortuary Worker • Effective Liaison with health professionals and other key personnel | | |
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| | <ul style="list-style-type: none"> • Preparation of bodies for viewing • Maintenance of cleaning and infection control standards • Maintenance of security |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge must include:</p> <ul style="list-style-type: none"> • Organizational policy and procedures in relation to the operation of the mortuary • Environmental standards for the operation of a mortuary • Documentation requirements • Policy and procedures for the handling and storage of bodies • Confidentiality policy and procedure • Appreciation of cultural and religious considerations in relation to bodies • Knowledge of stock requirements and procedures |
| Underpinning Skills | <p>Essential skills must include:</p> <ul style="list-style-type: none"> • Handling of decomposing and dismembered bodies • Follow procedures for checking identification • Safe manual handling • Cleaning and appropriate use of cleaning chemicals • Use of personal and protective equipment • Safe handling of clinical and other wastes • Inventory control in the mortuary environment • Procedures for maintenance of equipment • Maintain a professional approach with key personnel and bereaved families and friends • Ability to deal with conflict • Effective telephone techniques • Use of the organization's computer and other business technology |

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| | <ul style="list-style-type: none"> • Identify and use effective stress management strategies in response to workplace issues • Time management • Reading and writing skills-literacy competence is required to fulfill job role in a safe manner and as specified by the organization. The level of skill includes reading policy and procedure manuals and documenting administrative and clinical information. • Oral communication skills-language competence required to fulfill job roles in a safe manner and as specified by the organization. Assessors should look for skills in asking questions, providing clear information, listening to and understanding workplace instructions, telephone techniques and clarifying workplace instructions when necessary. Effective verbal and non verbal communication skills with a range of internal and external persons are essential. • Numeracy skills may range from the ability to complete basic arithmetic calculations and recording stock levels. • Problem solving skills required include an ability to use available resources |
| Resources Implication | Resource requirements include:: <ul style="list-style-type: none"> • Access to appropriate workplace where assessment can take place • Relevant organizational policy, guidelines, procedures and protocols • Relevant legislation |
| Assessment Methods | Competence may be assessed through: <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge |

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| | <ul style="list-style-type: none"> • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge</p> |
| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Organize Personal Work Priorities and Development |
| Unit Code | HLT NUA3 08 0611 |
| Unit Descriptor | This unit covers the skills and knowledge required to organize own work schedules, monitor and obtain feedback on work performance, and maintain the required levels of competence. |
| Elements | Performance Criteria |
| 1. Organize and complete own work schedule | <p>1.1 Work goals and objectives are understood, negotiated and agreed in accordance with the organizational requirements.</p> <p>1.2 Workload is assessed and prioritized to ensure the completion within identified timeframes.</p> <p>1.3 Factors affecting the achievement of work objectives are identified and incorporated into work plans.</p> <p>1.4 Business technology is used efficiently and effectively to manage and monitor scheduling and completion of tasks.</p> |
| 2. Monitor own work performance | 2.1 Personal work performance is accurately monitored and adjusted to ensure maintenance of job quality and |

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| | <p>customer service.</p> <p>2.2 Feedback on performance is actively sought from colleagues and clients, and evaluated in the context of individual and group requirements.</p> <p>2.3 Variations in the quality of service and products are routinely identified and reported in accordance with the organizational requirements.</p> |
| 3. Develop and maintain own competence level | <p>3.1 Personal knowledge and skills are assessed against the competency standards performance descriptions to determine the development needs and priorities</p> <p>3.2 Opportunities for improvement are identified and planned in liaison with colleagues.</p> <p>3.3 Feedback is used to identify and develop ways to improve competence within the available opportunities.</p> <p>3.4 New skills and opportunities to develop them are identified to achieve and maintain continuous learning.</p> <p>3.5 Records and documents related to achievements and assessments are stored and maintained in accordance with own requirements.</p> |

| Variables | Range |
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| They may use legislation, codes and the national standards relevant to the workplace include: | <ul style="list-style-type: none"> • Award, enterprise agreements and relevant industrial instruments • Relevant legislation from all levels of government that affects business operation, especially in regard to OHS and environmental issues, equal opportunity, industrial relations and anti-discrimination • Relevant industry codes of practice |

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| <p>Work goals and objectives may include:</p> | <ul style="list-style-type: none"> • Sales targets • Reporting deadlines • Production targets • Budgetary targets • Team participation • Team and individual learning goals |
| <p>Organizational requirements may be included:</p> | <ul style="list-style-type: none"> • Quality assurance and/or procedures manuals • Goals, objectives, plans, systems and processes • Legal and organizational policy/guidelines and requirements • Business and performance plans • Access and equity principles and practice • Ethical standards • OHS policies, procedures and programs • Quality and continuous improvement processes and standards • Defined resource parameter |
| <p>Factors affecting the achievement of work objectives may include:</p> | <ul style="list-style-type: none"> • Competing work demands • Technology/equipment breakdowns • Unforeseen incidents • Workplace hazards, risks and controls • Environmental factors such as time, weather, etc • Resource and materials availability • Budget constraints |
| <p>Business technology may include:</p> | <ul style="list-style-type: none"> • Computers • Computer applications • Modems • Personal schedulers • Email |

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| | <ul style="list-style-type: none"> • Internet/extranet/intranet • Photocopiers • Scanners • Facsimile machines • Printers |
| Feedback on performance may include: | <ul style="list-style-type: none"> • Formal/informal performance appraisals • Obtaining feedback from supervisors and colleagues • Obtaining feedback from clients • Personal, reflective behavior strategies • Routine organizational methods for monitoring service delivery |
| Competency standards are standards which measure: | <ul style="list-style-type: none"> • All those personal and technical knowledge, skills and attitudinal aspects (competencies) required to effectively and efficiently undertake the day to day tasks and duties of the practitioner's work function |
| Opportunities for improvement may include: | <ul style="list-style-type: none"> • Coaching, mentoring and/or supervision • Formal/informal learning programs • Internal/external training provision • Work experience/exchange/opportunities • Personal study • Career planning/development • Performance appraisals • Workplace skills assessment • Quality assurance assessments and recommendations • Recognition of prior learning |
| Evidence Guide | |
| Critical Aspects of Competence | <p>Assessment requires evidence that the candidate provide evidence of:</p> <ul style="list-style-type: none"> • Preparing work plans • Prioritizing and scheduling work objectives and tasks |

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| | <ul style="list-style-type: none"> • Seeking and acting on feedback from clients and colleagues • Reviewing own work performance against achievements through self-assessment • Accessing learning opportunities to extend own personal work competencies |
| <p>Underpinning Knowledge and Attitudes</p> | <p>At this level the learner must demonstrate:</p> <ul style="list-style-type: none"> • Some relevant theoretical knowledge. • The relevant legislation from all levels of government that affects business operation, especially in regard to OHS and environmental issues, equal opportunity, industrial relations and anti-discrimination • Understanding the organization's policies, plans and procedures • Knowledge of methods to elicit, analyze and interpret feedback • Understanding techniques to prepare personal plans and establish priorities • Knowledge of the principles and techniques of goal setting, measuring performance, time management and personal assessment • Understanding processes to interpret competency standards and apply them to self • Understanding methods to identify and prioritize personal learning needs |
| <p>Underpinning Skills</p> | <p>Demonstrate skills in:</p> <ul style="list-style-type: none"> • Literacy skills for reading and understanding the organization's procedures, own work goals and objectives • Proofreading and editing skills for checking own work • Planning skills to organize work priorities and |

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| | <p>arrangements</p> <ul style="list-style-type: none"> • Problem solving skills to solve routine problems • Communication skills including giving and receiving constructive feedback on development needs • Technology skills including the ability to select and use technology appropriate to a task • Ability to relate to people from a range of social, cultural and ethnic backgrounds and physical and mental abilities |
| Resource Implications | The learner and trainer should have access to appropriate documentation and resources normally used in the workplace |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function. |

| Occupational Standard: Nursing Assistance Level III | | | |
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| Unit Title | Cleaning of Reusable Medical Devices | | |
| Unit Code | HLT NUA3 09 0611 | | |
| Unit Descriptor | This unit is concerned with the ability to follow the correct procedures for the collection of soiled items; identification, inspection, cleaning and handling of used equipment, and operation of appropriate cleaning equipment where the range of functions is prescribed around known routines; and procedures under the supervision of qualified personnel. | | |
| Elements | Performance Criteria | | |
| 1. Follow standard precaution guidelines | 1.1 Standard precautions are identified and accurately observed. 1.2 Cleaning procedures are complied with the standard precautions guidelines, health care facility policies and procedures, and OHS/AS 4187 guidelines. 1.3 Appropriate personal protection is worn. | | |
| 2. Collect contaminated items and equipment | 2.1 Trolley designated for the collection of items and equipment is prepared and stocked with the replacement collection bins. 2.2 Designated route and timetable for collecting contaminated items and equipment are followed. 2.3 Contaminated items are secured and covered prior to transport. 2.4 Contaminated goods are not left unattended en route. 2.5 Used items and equipment are transported to the cleaning area according to the departmental/health care facility policies. 2.6 Collection trolley and bins are cleaned and stored | | |
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| | appropriately after use. |
| 3. Sort and process contaminated items and equipment | <p>3.1 Items and equipment are identified and classified in accordance with the processing requirements/standards.</p> <p>3.2 Personal protective equipment is used appropriately.</p> <p>3.3 Cleaning processes are identified and implemented according to the standard.</p> <p>3.4 Items and equipment are prepared for specific cleaning.</p> <p>3.5 Items and equipment are cleaned according to the manufacturer's and health care facility specifications.</p> <p>3.6 Specific items and equipment requiring priority processing are identified and given priority.</p> <p>3.7 Delicate items are segregated and processed according to policy.</p> <p>3.8 Faulty or damaged items and equipment are identified and reported to the designated authority.</p> <p>3.9 Sharps and waste are removed and disposed of to point of use, and any variance is reported in accordance with the local regulations and health care facility guidelines.</p> <p>3.10 Instrument lubrication is used according to the departmental policy.</p> <p>3.11 Items are appropriately transferred to the packing or storage area.</p> |
| 4. Follow the required work flow processes | <p>4.1 Flows are worked in one direction only from dirty to clean.</p> <p>4.2 Designated work areas are segregated and clearly identified.</p> <p>4.3 All tasks are performed in the designated area.</p> |

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| | <p>4.4 The interruptions to work flow are identified and reported according to the departmental procedures.</p> |
| <p>5. Operate cleaning appliances safely and efficiently</p> | <p>5.1 Cleaning protocols according to standards are followed.</p> <p>5.2 All appliances selected are prepared for use the according to departmental guidelines.</p> <p>5.3 Water quality and/or temperature quality checks are performed according to the departmental policy.</p> <p>5.4 Test cycles are carried out to the appropriate international standards to ensure appliances are functioning correctly.</p> <p>5.5 Chemicals are identified, selected, stored and used according to the manufacturer's instructions and OHS guidelines, and with material safety data sheets visible for all chemicals in use.</p> <p>5.6 Faulty/damaged appliances are identified and reported to the designated authority for repair.</p> <p>5.7 Machines are operated and loaded according to the standard manufacturer guidelines.</p> <p>5.8 Standard machines and environment are cleaned in accordance with the manufacturer and departmental guidelines.</p> <p>5.9 Chemicals used for the cleaning of items and equipment are complied with the current standard and manufacturers recommendations.</p> <p>5.10 Environment and equipment are restocked according to the departmental policy.</p> <p>5.11 Processed items are checked for cleanliness, dryness and need for reprocessing if necessary.</p> |

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| 6. Follow procedures for handling and using cleaning appliances | <p>6.1 Personal protective equipment and appropriate attire is used according to the current NHMRC Infection Control Guidelines and Health Care Facility policies, procedures and AS 4187.</p> <p>6.2 Safe work practices are followed.</p> |
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| Variables | Range |
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| Cleaning procedures may involve the use of specific chemicals such as: | <ul style="list-style-type: none"> • Detergents • Enzymatic cleaners • Rinse aid • Stain remover • Use of appliances and processing of items and equipment must comply with manufacturers' and health care facility specifications. • Work flow and traffic flow processes involve movement in one direction only from dirty to clean. |
| Items and equipment may include: | <ul style="list-style-type: none"> • Reusable surgical and medical instruments and equipment • Reusable anaesthetic/respiratory equipment • Reusable hollow ware |
| Separate processing requirements apply for: | <ul style="list-style-type: none"> • Anaesthetic/respiratory equipment • Items for ultrasonic and mechanical processing • Items for manual processing • Specific cleaning may involve: <ul style="list-style-type: none"> ➤ Dismantling ➤ Soaking ➤ Brushing of cannulated equipment ➤ Non-submersibles |

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| | <p>➤ Complex specialized instrumentation</p> <ul style="list-style-type: none"> • Selection and use of personal protective equipment should comply with Australian Standard 4187 and OHS requirements. |
| Cleaning appliances may include: | <ul style="list-style-type: none"> • Washers/disinfectors • Ultrasonic washers • Cabinet washers • Tunnel washers • Drying cabinets • Compressed air guns • High pressure water equipment • Sinks, hot and cold water and brushes • Index cleaning systems |

| Evidence Guide | |
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| Critical Aspects of Competence | <p>Critical aspects of evidence to be considered:</p> <ul style="list-style-type: none"> • Knowledge and compliance with standards for sterilization procedures • Maintenance work flow processes • Documentation is complete and accurate |
| Underpinning Knowledge and Attitude | <p>Underpinning knowledge required must include:</p> <ul style="list-style-type: none"> • Fundamental knowledge of microbiology as it affects the sterilization work environment • Knowledge of the importance of sterilization technology as a contribution to patient care • Knowledge of the legal responsibilities of providers of health care in relation to confidentiality, patients rights, duty of care and the implications of negligence • Knowledge of the work flow process, reasons for design of work area |

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| | <ul style="list-style-type: none"> • Use of chemicals • Test cycle procedures • Medical and surgical items and equipment • Standard precaution procedures • OHS policies, guidelines and symbols • Basic principles and practices of cleaning and disinfection • Hazard identification and risk controls • Enterprise code of practice • Standard set and all relevant infection prevention guidelines • Relevant state/territory guidelines for sterilizing services |
| Underpinning Skills | <p>Essential skills must include:</p> <ul style="list-style-type: none"> • Machine and equipment operation • Cleaning processes • Selection and use of personal protection equipment • Ability to collect, sort and process contaminated items and equipment • Ability to follow organizational policies and procedures • Reading and writing skills – literacy competence required to fulfill job roles in a safe manner and as specified by organization. The level of skill may range from the ability to understand symbols used OHS signs, to reading workplace safety pamphlets or procedure manuals, equipment operation manuals, handling chemicals such as cleaning fluids and completing documentation. Literacy support available in the workplace may range from having access to support or assistance from expert/mentor/supervisor, to having no communication supports available. Literacy may be required in English or a |

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| | <p>community language.</p> <ul style="list-style-type: none"> • Oral communication skills – language competence required to fulfill job roles in a safe manner and as specified by the organization. Assessors should look for skills in asking questions, providing clear information, listening to and understanding workplace instructions, and clarifying workplace instructions when necessary. The organization may require competence in English or community language, depending on client group. • Numeracy skills - the ability to complete basic arithmetic calculations such as addition, subtraction, multiplication, division and record numbers. • Problem solving skills - the ability to use available resources and prioritize workload |
| <p>Resource Implications</p> | <p>Resource requirements include:</p> <ul style="list-style-type: none"> • Access to relevant workplace or appropriately simulated environment where assessment can take place • Access to relevant Australian Standards, government and organizational policy, guidelines, procedures and protocols • Cleaning equipment operation manuals |
| <p>Assessment Methods</p> | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| <p>Context for Assessment</p> | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other</p> |

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| | competencies relevant to the job function. |
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| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Transport Emergency Patients |
| Unit Code | HLT NUA3 10 0611 |
| Unit Descriptor | This unit involves the transportation of patients and other appropriate personnel under emergency circumstances. |
| Elements | Performance Criteria |
| 1. Convey and receive information related to emergency transport | <p>1.1 Communication with control centre is established and maintained according to the local ambulance standard operation procedure.</p> <p>1.2 Appropriate receiving facility is notified according to the local ambulance standard operation procedure.</p> |
| 2. Transport patient under emergency conditions | <p>2.1 Vehicle is driven in a manner that avoids exacerbation of patient's condition.</p> <p>2.2 Hazards are recognized and negotiated at low risk.</p> <p>2.3 Vehicle is driven according to the legal requirements governing emergency vehicles.</p> <p>2.4 Appropriate route is chosen according to the distance, time, travel and terrain.</p> <p>2.5 Communication is established and maintained as required between driver and patient care officer to ensure</p> |

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| | safe transport and effective patient care. |
| 3. Load, unload and secure patient and equipment for emergency transportation | <p>3.1 Loading/unloading is conducted smoothly in consistent with the safe work practices and local ambulance standard operation procedure.</p> <p>3.2 Patient's illness injury is not exacerbated by the .unnecessary movement during loading and unloading</p> <p>3.3 Patients are removed from the scene in a manner that is consistent with the relevant Acts, Regulations, and in accordance with the local ambulance standard operation procedure.</p> <p>3.4 Equipment is secured in accordance with the relevant Local Standards, Acts, Regulations and in accordance with local ambulance standard operation procedure.</p> |
| Variables | Range |
| Communication equipment may include, but is not limited to: | <ul style="list-style-type: none"> • Service radio equipment • Equipment of other services • Viable alternatives that support effective communication |
| Vehicle categories may include, but are not limited to: | <ul style="list-style-type: none"> • Road • Aviation • Maritime |
| Legal requirements include: | <ul style="list-style-type: none"> • State and Territory Traffic Act and Regulations and Ambulance Acts and Regulations • All lawful standing orders, policies and procedures issued by Ambulance Services pertaining to the driving and operation of Service vehicles • AS/NZ Standard 4535: 1999 Ambulance Restraint Systems |
| Securement of patients may include, | <ul style="list-style-type: none"> • Patient belongings • Items of luggage |

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| but is not limited to: | <ul style="list-style-type: none"> • Wheelchairs |
| Service and national standards for safe work practices are detailed in: | <ul style="list-style-type: none"> • Occupational Health and Safety Acts, Regulations and Standards • Local Ambulance Service standard operation policy and procedures • Safe lifting and manual handling procedures • Acts, Regulations service policy and procedures include those relating to the operation of radio and electronic communication equipment |
| Equipment may include, but is not limited to: | <ul style="list-style-type: none"> • Standard inventory of ambulance equipment • Number of personnel in vehicle follows relevant state/territory practice |
| Evidence Guide | |
| Critical Aspects of Competence | <p>Critical aspects of assessment must include:</p> <ul style="list-style-type: none"> • Observation of performance in the work environment or a simulation • A variety of situations involving the transport of patients in life-threatening situations • Loading/unloading patients requiring the Officer to exhibit diverse patient handling skills and knowledge • Transportation of patients over routes requiring the Officer to display a variety of driving and route selection skills |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge required includes:</p> <ul style="list-style-type: none"> • Use of communications equipment and systems, and knowledge of relevant Acts, Regulations, Service policies and procedures • Road rules and laws applying to emergency vehicles in the state or territory • Patient care and restraint during transportation • Methods of loading and unloading patients under life- |

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| | <p>threatening conditions</p> <ul style="list-style-type: none"> • Knowledge of relevant acts, regulations and procedures governing the handling/lifting of patients |
| Underpinning Skills | <p>Essential skills required include:</p> <ul style="list-style-type: none"> • Driving skills relevant to the transportation of patients in life-threatening circumstances • Oral communication skills (language competence) required to fulfill job roles as specified by the organization/service. Oral communication skills include asking questions, active listening, asking for clarification of instructions if required, acknowledging and responding to a range of views. • Written communication skills (literacy competence) required to fulfill job roles as specified by organization/service. The level of skill may range from reading and understanding vehicle maintenance manuals and manufacturer specifications and preparing reports. • Interpersonal skills required include working with others, and an ability to relate to persons from differing cultural, social and religious backgrounds • Problem solving skills required include an ability to use available resources, assess and analyze available driving routes, patient handling requirements and transportation needs. Make decisions to ensure the safe driving of vehicles under operational conditions |
| Resource Implications | <p>Resource implications may include:</p> <ul style="list-style-type: none"> • Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted • Access to equipment and resources normally used in the workplace |
| Methods of Assessment | <p>Competency must be assessed through:</p> |

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| | <ul style="list-style-type: none"> • Interview/Written Test • Demonstration/Observation with Oral Questioning |
| Context of Assessment | <ul style="list-style-type: none"> • This unit is most appropriately assessed in the workplace or in a simulated workplace and under the normal range of workplace conditions. • Assessment may be conducted on more than one occasion to cover a variety of situations. • Competency may be assessed in the workplace or in a simulated work setting. |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Communicate Effectively in Nursing Role |
| Unit Code | HLT NUA3 11 0611 |
| Unit Descriptor | This unit covers the skills and knowledge required to communicate in the nursing role effectively. It covers the activities of gathering, conveying and receiving information together with completing routine written correspondence. |
| Elements | Performance Criteria |
| 1. Gather, convey and receive information and ideas | <p>1.1 Information to achieve work responsibilities is collected from appropriate sources.</p> <p>1.2 The method(s)/equipment to communicate ideas and information is/are used to the appropriate audience.</p> <p>1.3 Effective listening and speaking skills are used in oral communication.</p> <p>1.4 Input from internal and external sources is sought, and used to develop and refine new ideas and approaches.</p> <p>1.5 Instructions or enquiries are responded to promptly and in accordance with the organizational requirements.</p> |
| 2. Draft routine correspondence | <p>2.1 Written information and ideas are presented in clear and concise language and the intended meaning of correspondence is understood by recipient</p> <p>2.2 Correspondence is drafted and presented within designated timelines</p> <p>2.3 Presentation of written information meets organizational standards of style, format and accuracy</p> |

| Variables | Range |
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| <p>Communication equipment may include but is not limited to:</p> | <ul style="list-style-type: none"> • Network systems • Telephones • Keyboard equipment including mouse, touch pad, • Keyboard • Pens, pencils • Information technology components including • hardware, software and communication packages • Facsimile machines | | |
| <p>Oral communication may include but is not limited to:</p> | <ul style="list-style-type: none"> • Answering telephone calls • Requests from colleagues • Use of voice mail • Informal discussions • Answering enquiries from clients | | |
| <p>Written information may include but is not limited to:</p> | <ul style="list-style-type: none"> • Handwritten and printed materials • Electronic mail • Internal memos • Briefing notes • Facsimiles • General correspondence • Telephone messages | | |
| <p>Organizational requirements may be included in:</p> | <ul style="list-style-type: none"> • Quality assurance and/or procedures manual • Goals, objectives, plans, systems and processes • Business and performance plans • Legal and organization policy/guidelines and requirements • Access and equity principles and practice • Ethical standards • Occupational health and safety policies, procedures and programs • Quality and continuous improvement processes and standards | | |
| <p>Page 81 of 120</p> | <p>Ministry of Education Copyright</p> | <p>Nursing Assistance Ethiopian Occupational Standard</p> | <p>Version 1 June 2011</p> |

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| | <ul style="list-style-type: none"> • Defined resource parameters |
| Correspondence may include but is not limited to: | <ul style="list-style-type: none"> • Memorandums • Messages • Proformas • Emails • Standard/form letters |
| Standards may include: | <ul style="list-style-type: none"> • Standards set by work group • Organizational policies and procedures • Specified work standards • Legislation |
| They may use legislation, codes and national standards relevant to the workplace including: | <ul style="list-style-type: none"> • Award and enterprise agreements and relevant industrial instruments • Relevant legislation from all levels of government that affects business operation, especially in regard to occupational health and safety and environmental issues, equal opportunity, industrial relations and anti-discrimination • Relevant industry codes of practice |
| Evidence Guide | |
| Critical Aspects of Competence | <p>A person who demonstrates competency in this unit must be able to provide evidence of:</p> <ul style="list-style-type: none"> • Communication methods used are appropriate to the audience • Messages and written communication are clear, concise and correct • Requests for information are responded to promptly • Information is given to clients in a clear and concise format • Correspondence produced is relevant to request |

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| <p>Underpinning Knowledge and Attitudes</p> | <p>At this level the learner must demonstrate basic operational knowledge in a moderate range of areas:</p> <ul style="list-style-type: none"> • The relevant legislation from all levels of government that affects business operation, especially in regard to Occupational Health and Safety and environmental issues, equal opportunity, industrial relations and anti-discrimination • Knowledge of the organization's policies, plans and procedures, especially style guide • Knowledge of and attention to standard turnaround times • Knowledge of spelling, grammar and punctuation • Principles of effective communication in relation to listening, questioning and non-verbal communication |
| <p>Underpinning Skills</p> | <p>Demonstrate skills required include:</p> <ul style="list-style-type: none"> • Literacy skills to identify work requirements and understand and process basic, relevant workplace documentation • Communication skills to request advice, receive feedback and work with a team • Planning skills to organize work priorities and arrangements • Problem solving skills to solve routine problems • Technology skills including the ability to select and use technology appropriate to a task • Reading skills sufficient to understand basic workplace documentation • Ability to relate to people from a range of social, cultural and ethnic backgrounds and physical and mental abilities |
| <p>Resource Implications</p> | <ul style="list-style-type: none"> • Competency in this unit should be assessed using all the relevant resources commonly provided in the health service setting. • The learner and trainer should have access to appropriate |

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| | documentation and resources normally used in the workplace |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function. |

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| Occupational Title: Nursing Assistance Level III | |
| Unit Title | Contribute to Organizational Effectiveness in the Health Industry |
| Unit Code | <u>HLT NUA3 12 0611</u> |
| Unit Descriptor | This unit is concerned with the skill and knowledge required to work effectively in the health care industry, the ability to understand relevant patient/client care issues of a legal nature, the relationships between the organization and other health industry organizations and participants, and contribution to improving the performance of the organization. |
| Elements | Performance Criteria |
| 1. Promote ethical work practice | <p>1.1 Ensure client confidentiality is maintained in accordance with the organizational policy and procedure.</p> <p>1.2 Respect for rights and responsibilities of clients in the organization is promoted.</p> <p>1.3 Colleagues/team members are encouraged appropriately to comply with the confidentiality requirements, and maintain client rights and responsibilities</p> <p>1.4 All work undertaken reflects and promotes the understanding of compliance with the principles of duty of care, legal responsibilities and related organizational goals and objectives are ensured</p> |
| 2. Contribute to client and organizational outcomes | <p>2.1 The work undertaken that reflects the role of the organization and the range of services are ensured</p> <p>2.2 The work undertaken that reflects in the nature and needs of client groups accessing the services of the organization are ensured.</p> <p>2.3 The work with an awareness of how the organization's</p> |

| | <p>operations to be done are financed.</p> <p>2.4 The role of other relevant organizations and individuals that contribute to client's outcomes are recognized.</p> <p>2.5 Positive relationships between own organization and other organizations and individuals that contribute to client's outcomes are maintained and encouraged.</p> |
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| 3. Contribute to the organizational improvements | <p>3.1 Organizational improvement strategies are contributed.</p> <p>3.2 Organizational improvement activities and functions are participated.</p> <p>3.3 Own work practice that contributes to the improvement of the organizational practice and performance is monitored.</p> |
| Variables | Range |
| Issues relevant to client rights and responsibilities may include: | <ul style="list-style-type: none"> • Access to appropriate and equitable care • Personal dignity • Privacy, confidentiality and consent • Personal safety and security • Knowledge of the identity and professional status of individuals providing services • Behavior of relatives and friends • Provision of accurate information • Keeping appointments • Complying with instructions • Respect for the rights of other clients and staff |
| Legal issues relevant to position and role may include: | <ul style="list-style-type: none"> • Privacy of personal health information • Trade Practices Act • Consent to medical treatment • Duty of care • Release of medical and other clinical records • Coroners Act |

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| | <ul style="list-style-type: none"> • Client autonomous right of self-determination • Industrial relations |
| The organizational operations may be financed by: | <ul style="list-style-type: none"> • State, Territory and Federal governments • Department of Veterans' Affairs • Medicare Plus • Health funds • General and workers' compensation insurers • Church funding sources • Donations, trusts and bequests • Client co-payments • Fees for services provided • Contract payments • Episodic, per diem or block grant funding arrangements |
| Important relationships with other organizations and individuals may include: | <ul style="list-style-type: none"> • Contracts with health funds • Contracts with the Department of Veterans' Affairs • Relationships between and with general practitioners and specialists • Allied health professionals • Contractors/suppliers of goods and services • Community and church organizations • Research organizations • State, territory and federal departments of health • Local government • Health Insurance Commission • Health Care Complaints Commission • Accreditation bodies • Divisions of general practice • Industrial, employer and professional organizations • Networks with other hospitals and community |

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| | <ul style="list-style-type: none"> • services • Non-government organizations • Church and charitable organizations • Police • Ambulance • Fire Brigade • Diagnostic services • Environmental Protection Agencies • Referral hospitals • Referring organizations |
| <p>Activities, functions and strategies contributing to the organizational improvement may include:</p> | <p>Those aiming to improve the performance of the organization in areas of finance, operations and service delivery, such as:</p> <ul style="list-style-type: none"> • Customer service initiatives • Quality improvement projects • Environmental surveys • Efficiency audits • Public relations and marketing • OHS programs • Team development • Infection control measures • Human resource and industrial relations projects • Use of key performance indicators for efficiency and effectiveness |
| | <ul style="list-style-type: none"> • Budgeting and variance analysis • Use of clinical indicators • Benchmarking • Process improvements • Relationship development with external organizations and service providers |

| Evidence Guide | |
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| Critical Aspects of Competence | <p>Assessment requires that the candidate provide evidence of:</p> <ul style="list-style-type: none"> • Demonstrated application of the legal and ethical issues in relation to client care, as relevant to the worker's specific role and responsibilities • Appreciation of the role of the organization, its relationship to the community and with other industry organizations, and ability to communicate this knowledge to team members and others when appropriate • Active involvement in improving the performance of the organization in line with of the scope of the worker's role and responsibilities |
| Underpinning Knowledge and Attitudes | <p>Essential knowledge and attitudes include the ability to:</p> <ul style="list-style-type: none"> • General knowledge of legal and ethical issues related to client care and client safety • Specific legal issues related to client care relevant to own and team roles and responsibilities, including child protection • Role of the organization and services it provides • Service profile and catchment area of organization • Awareness of relevant organization or department structure and/or any associated agencies • Awareness of organizational policies / procedures related to own work role • Awareness of sources of funding and funding mechanisms relevant to organization in line with own work functions • Awareness of organization's budgeting and budget monitoring processes as they relate to own work functions |

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| | <ul style="list-style-type: none"> • Importance and basic nature of significant organizational relationships with external industry organizations and individuals • Performance measures used by the organization for measuring clinical, operational and financial performance relevant to worker's role and responsibility • Elementary quality improvement principles and processes |
| Underpinning Skills | <p>Demonstrate skills include:</p> <ul style="list-style-type: none"> • Comply with legal requirements specific to worker's role and responsibilities • Accurately communicate information to others • Encourage other team members and promote good practice • Identify external organizations and other industry participants of importance to the organization • Identify the services provided by the organization • Use key performance indicators relevant to worker's role and responsibilities • Participate in accreditation, quality improvement, infection control, OHS projects, service and process improvements, public relations, marketing, environmental surveys or customer service projects and initiatives relevant to role and responsibilities of the worker |
| Resource Implications | <ul style="list-style-type: none"> • This unit is most appropriately assessed in the workplace or in a simulated workplace and under the normal range of workplace conditions. • Assessment may be conducted on more than one occasion to cover a variety of situations • A diversity of assessment tasks is essential for holistic assessment |

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| | <ul style="list-style-type: none"> • Resources that may be required for assessment include any documents specific to the work context such as: <ul style="list-style-type: none"> ➤ Organization policies and procedures concerning client care legal issues ➤ Strategic plan, business plan, directory of services, marketing or public relations plan, annual report as appropriate ➤ Organizational policies and procedures concerning funding, budgeting and use of key performance indicators ➤ Accreditation guidelines and standards ➤ Other relevant organization policies and procedures ➤ Duty statements and/or job descriptions |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Work Effectively with Others in Nursing Profession |
| Unit Code | HLT NUA3 13 0611 |
| Unit Descriptor | This unit covers the skills and knowledge required to work in a group environment such as promoting team commitment and cooperation, and supporting team members. |
| Elements | Performance Criteria |
| 1. Develop effective workplace relationships | <p>1.1 Responsibilities and duties are undertaken in a positive manner to promote cooperation and good relationships.</p> <p>1.2 Assistance from workgroup members when difficulties arise and addressed through discussions is sought.</p> <p>1.3 Constructive feedback provided by others in the workgroup is encouraged, acknowledged and acted upon.</p> <p>1.4 Differences in personal values and beliefs are respected, and their value is acknowledged in the development of relationships.</p> |
| 2. Contribute to the workgroup activities | <p>2.1 Support is provided to team members to ensure workgroup's goals are met.</p> <p>2.2 Constructive contributions to workgroup goals and tasks are made according to the organizational requirements.</p> <p>2.3 Information relevant to work is shared with the workgroup to ensure the designated goals are met.</p> <p>2.4 Strategies/opportunities for the improvement of the</p> |

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| | workgroup are identified and planned in liaison with workgroup. |
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| Variables | Range |
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| Responsibilities and duties may include: | <ul style="list-style-type: none"> • Job description and employment arrangements • Organization's policy relevant to work role • Team structures • Supervision and accountability requirements including OHS • Skills, training and competencies • Code of conduct |
| Workgroup members may include but are not limited to: | <ul style="list-style-type: none"> • Coach/mentor • Supervisor or manager • Peers/work colleagues/team/enterprise • Other members of the organization |
| Feedback on performance may include: | <ul style="list-style-type: none"> • Formal/informal performance appraisals • Obtaining feedback from supervisors and colleagues • Obtaining feedback from clients • Personal, reflective behavior strategies • Routine organizational methods for monitoring service delivery |
| Providing support to team members may include: | <ul style="list-style-type: none"> • Explaining/clarifying • Helping colleagues • Problem solving • Providing encouragement • Providing feedback to another team member • Undertaking extra tasks if necessary |
| Organizational requirements | <ul style="list-style-type: none"> • Goals, objectives, plans, systems and processes • Legal and organization policy/guidelines and requirements |

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| <p>may be included in:</p> | <ul style="list-style-type: none"> • OHS policies, procedures and programs • Business and performance plans • Anti-discrimination and related policy • Access equity principles and practice • Ethical standards • Quality and continuous improvement processes and standards • Defined resource parameters |
| <p>Information to be shared may include:</p> | <ul style="list-style-type: none"> • Assisting a colleague • Clarifying the organization's preferred task completion methods • Open communication channels • Encouraging colleagues • Acknowledging satisfactory performance • Workplace hazards, risks and controls • Acknowledging unsatisfactory performance |
| <p>Strategies/opportunities for improvement may include:</p> | <ul style="list-style-type: none"> • Coaching, mentoring and/or supervision • Formal/informal learning programs • Internal/external training provision • Work experience/exchange/opportunities • Personal study • Career planning/development • Performance appraisals • Workplace skills assessment • Recognition of prior learning/RCC/initial assessment |
| <p>They may use legislation, codes and national standards relevant</p> | <ul style="list-style-type: none"> • Award and enterprise agreements and relevant industrial instruments • Relevant legislation from all levels of government that affects business operation, especially in regard to OHS and environmental issues, equal opportunity, industrial relations |

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| to the workplace including: | and anti-discrimination <ul style="list-style-type: none"> • Relevant industry codes of practice |
| Evidence Guide | |
| Critical Aspects of Competence | A person who demonstrates competency in this unit must be able to provide evidence of: <ul style="list-style-type: none"> • Provides support to team members to ensure goals are met • Seeks and acts on feedback from clients and colleagues • Accesses learning opportunities to extend own personal work competencies to enhance team goals and outcomes |
| Underpinning Knowledge and Attitudes | At this level the learner must demonstrate basic operational knowledge in a moderate range of areas. <ul style="list-style-type: none"> • The relevant legislation from all levels of government that affects business operation, especially in regard to OHS and environmental issues, equal opportunity, industrial relations and anti-discrimination • Reasons why cooperation and good relationships are important • Knowledge of the organization's policies, plans and procedures • Understanding how to elicit and interpret feedback • Techniques to develop personal plans and establish priorities • Understanding of how to identify and prioritize personal development opportunities and options • Knowledge of workgroup member's responsibilities and duties • Importance of demonstrating respect and empathy in dealings with colleagues |

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| Underpinning Skills | <p>Essential skills required include:</p> <ul style="list-style-type: none"> • Literacy skills to read and understand the organization's policies and work procedures; write simple instructions for particular routine tasks; interpret information gained from correspondence • Communication skills to request advice, receive feedback and work with a team • Planning skills to organize work priorities and arrangements • Technology skills including the ability to select and use technology appropriate to a task • Ability to relate to people from a range of social, cultural and ethnic backgrounds and physical and mental abilities |
| Resource Implications | <p>Resource requirements include:</p> <ul style="list-style-type: none"> • The learner and trainer should have access to appropriate documentation and resources normally used in the workplace |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Improve Business Practice |
| Unit Code | HLT NUA3 14 0611 |
| Unit Descriptor | This unit covers the knowledge, skills and attitudes required in promoting, improving and growing business operations. |
| Elements | Performance Criteria |
| 1. Diagnose the business | 1.1 Data required for diagnosis is determined and acquired. 1.2 Competitive advantage of the business is determined from the data. 1.3 SWOT analysis of the data is undertaken. |
| 2. Benchmark the business | 2.1 Sources of relevant benchmarking data are identified. 2.2 Key indicators for benchmarking are selected in consultation with the key stakeholders. 2.3 Like indicators of own practice are compared with benchmark indicators. 2.4 Areas for improvement are identified. |
| 3. Develop plans to improve business performance | 3.1 A consolidated list of required improvements is developed. 3.2 Cost-benefit ratios for required improvements are determined. 3.3 Work flow changes resulting from proposed improvements are determined. 3.4 Proposed improvements are ranked according to the |

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| | <p>agreed criteria.</p> <p>3.5 An action plan to implement the top ranked improvements is developed and agreed.</p> <p>3.6 Organizational structures are checked to ensure they are suitable.</p> |
| 4. Develop marketing and promotional plans | <p>4.1 The practice vision statement is reviewed.</p> <p>4.2 Practice objectives are developed/reviewed.</p> <p>4.3 Target markets are identified/refined.</p> <p>4.4 Market research data is obtained.</p> <p>4.5 Competitor analysis is obtained.</p> <p>4.6 Market position is developed/reviewed.</p> <p>4.7 Practice brand is developed.</p> <p>4.8 Benefits of practice/practice products/services are identified.</p> <p>4.9 Promotion tools are selected/developed</p> |
| 5. Develop business growth plans | <p>5.1 Plans to increase yield per existing client are developed.</p> <p>5.2 Plans to add new clients are developed.</p> <p>5.3 Proposed plans are ranked according to the agreed criteria.</p> <p>5.4 An action plan to implement the top ranked plans is developed and agreed.</p> <p>5.5 Practice work practices are reviewed to ensure they support growth plans.</p> |
| 6. Implement and monitor plans | <p>6.1 Implementation plan is developed in consultation with all relevant stakeholders.</p> <p>6.2 Indicators of success of the plan are agreed.</p> <p>6.3 Implementation is monitored against the agreed indicators.</p> |

| | 6.4 Implementation is adjusted as required. |
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| Variable | Range |
| Data required includes: | <ul style="list-style-type: none"> • Organization capability • Appropriate business structure • Level of client service which can be provided • Internal policies, procedures and practices • Staff levels, capabilities and structure • Market, market definition • Market changes/market segmentation • Market consolidation/fragmentation • Revenue • Level of commercial activity • Expected revenue levels, short and long term • Revenue growth rate • Break even data • Pricing policy • Revenue assumptions • Business environment • Economic conditions • Social factors • Demographic factors • Technological impacts • Political/legislative/regulative impacts • Competitors, competitor pricing and response to pricing • Competitor marketing/branding • Competitor products |

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| Competitive advantage includes: | <ul style="list-style-type: none"> • Services/products • Fees • Location • Timeframe |
| Objectives should be 'SMART' , that | <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Realistic • Time defined |
| Market research data includes: | <ul style="list-style-type: none"> • Data about existing clients • Data about possible new clients • Data from internal sources • Data from external sources such as: <ul style="list-style-type: none"> • Trade associations/journals • Yellow Pages small business surveys • Libraries • Internet • Chamber of Commerce • Client surveys • Industry reports • Secondary market research • Primary market research such as: <ul style="list-style-type: none"> • Telephone surveys • Personal interviews • Mail surveys |
| Competitor | <ul style="list-style-type: none"> • Competitor offerings |

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| analysis | <ul style="list-style-type: none"> • Competitor promotion strategies and activities • Competitor profile in the market place |
| SWOT analysis includes: | <ul style="list-style-type: none"> • Internal strengths such as staff capability and recognized quality • Internal weaknesses such as poor morale, under-capitalization, poor technology • External opportunities such as changing market and economic conditions • External threats such as industry fee structures, strategic alliances, competitor marketing |
| Key indicators may include: | <ul style="list-style-type: none"> • Salary cost and staffing • Personnel productivity (particularly of principals) • Profitability • Fee structure • Client base • Size staff/principal • Overhead/overhead control |
| Organizational structures include: | <ul style="list-style-type: none"> • Legal structure (partnership, Limited Liability Company, etc.) • Organizational structure/hierarchy • Reward schemes |
| Market position should include data on: | <ul style="list-style-type: none"> • Product • The good or service provided • Product mix • The core product - what is bought • The tangible product - what is perceived • The augmented product - total package of consumer • Features/benefits • Product differentiation from competitive products |

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| | <ul style="list-style-type: none"> • New/changed products • Price and pricing strategies (cost plus, supply/demand, ability to pay, etc.) • Pricing objectives (profit, market penetration, etc.) • Cost components • Market position • Distribution strategies • Marketing channels • Promotion • Promotional strategies • Target audience • Communication • Promotion budget |
| Practice brand may include: | <ul style="list-style-type: none"> • Practice image • Practice logo/letter head/signage • Phone answering protocol • Facility decor • Slogans • Templates for communication/invoicing • Style guide • Writing style • AIDA (attention, interest, desire, action) |
| Benefits may include: | <ul style="list-style-type: none"> • Features as perceived by the client • Benefits as perceived by the client |
| Promotion tools include: | <ul style="list-style-type: none"> • Networking and referrals • Seminars • Advertising • Press releases |

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| | <ul style="list-style-type: none"> • Publicity and sponsorship • Brochures • Newsletters (print and/or electronic) • Websites • Direct mail • Telemarketing/cold calling |
| Yield per the existing client may be increased by: | <ul style="list-style-type: none"> • Raising charge out rates/fees • Packaging fees • Reduce discounts • Sell more services to existing clients |

| Evidence Guide | |
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| Critical Aspects of Competence | <p>The candidate must be able to demonstrate:</p> <ul style="list-style-type: none"> • Ability to identify the key indicators of business performance • Ability to identify the key market data for the business • Knowledge of a wide range of available information sources • Ability to acquire information not readily available within a business • Ability to analyze data and determine areas of improvement • Ability to negotiate required improvements to ensure implementation • Ability to evaluate systems against the practice requirements and form recommendations and/or make recommendations • Ability to assess the accuracy and relevance of information |

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| Underpinning Knowledge and Attitudes | <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Data analysis • Communication skills • Computer skills to manipulate data and present information • Negotiation skills • Problem solving • Planning skills |
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| | <ul style="list-style-type: none"> • Marketing principles • Ability to acquire and interpret relevant data • Current product and marketing mix • Use of market intelligence • Development and implementation strategies of promotion and growth plans |
| Underpinning Skills | <p>Demonstrate skills on:</p> <ul style="list-style-type: none"> • Data analysis and manipulation • Ability to acquire and interpret required data • Current practice systems and structures • Sources of relevant benchmarking data • Methods of selecting relevant key benchmarking indicators • Communication skills • Working and consulting with others when developing plans for the business • Negotiation skills and problem solving • Using computers to manipulate, present and distribute information • Planning skills |
| Resource Implications | Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices. |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and</p> |

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| | correctly interpret and apply the essential underpinning knowledge |
| Context for Assessment | Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function. |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Apply Quality Control |
| Unit Code | HLT NUA3 15 0611 |
| Unit Descriptor | This unit covers the knowledge, skills and attitudes required in applying quality control to apparel production. |

| Elements | Performance Criteria |
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| 1. Determine quality standards | <p>1.1 Quality standard documents are acquired and reviewed.</p> <p>1.2 Quality standards and procedures are introduced to staff personnel.</p> <p>1.3 Quality standard procedures are ensured to be implemented in accordance with the organizational workplace policy.</p> <p>1.4 Standard procedures are revised / updated when necessary.</p> |
| 2. Assess the quality of work and product delivered | <p>2.1 Products/work outputs and work performance are checked against the organizational quality standards and specifications.</p> <p>2.2 Work outputs and performance delivered are evaluated using the appropriate evaluation parameters and in accordance with the organizational standards.</p> <p>2.3 Causes of any identified faults are identified and corrective actions are taken in accordance with the organizational policies and procedures.</p> |
| 3. Record information | <p>3.1 Basic information on the quality performance is recorded in accordance with the organizational procedures.</p> <p>3.2 Records of work quality are maintained according to the requirements of the organization.</p> |

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| 4. Study causes of quality deviations | <p>4.1 Causes of deviations from final outputs or services are investigated and reported in accordance with the organizational procedures.</p> <p>4.2 Suitable preventive action is recommended based on the organizational quality standards, and identified causes of deviation from specified quality standards of final service or output.</p> |
| 5. Complete documentation | <p>5.1 Information on quality and other indicators of service performance is recorded.</p> <p>5.2 All service processes and outcomes are recorded.</p> |

| Variable | Range |
|--------------------|---|
| Quality check | <ul style="list-style-type: none"> • Visual inspection • Physical measurements • Check against design/specifications |
| Quality standards | <ul style="list-style-type: none"> • Materials • Component parts • Final product • Production process • Conformity to specifications |
| Quality parameters | <ul style="list-style-type: none"> • Finish • Size • Durability • Product variations • Materials • Alignment • Color • Damage and imperfections |

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| Evidence Guide |
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| <p>Critical Aspects of Competence</p> | <p>Assessment requires evidence that the candidate:</p> <ul style="list-style-type: none"> • Checked completed work continuously against organization standard • Identified and isolated faulty or poor product/output • Checked service delivered against organization standards • Identified and applied corrective actions on the causes of identified faults or error • Recorded basic information regarding quality performance • Investigated causes of deviations of services against standard • Recommended suitable preventive actions |
| <p>Underpinning Knowledge and Attitudes</p> | <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Relevant quality standards, policies and procedures • Characteristics of products/outputs • Safety environment aspects of production processes • Relevant evaluation techniques and quality checking procedures • Workplace procedures and reporting procedures |
| <p>Underpinning Skills</p> | <p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Interpret work instructions, specifications and standards appropriate to the required work or product • Carry out relevant performance evaluation • Maintain accurate work records in accordance with procedures • Meet work specifications and requirements • Communicate effectively within defined workplace procedures |
| <p>Resource Implications</p> | <p>The following resources should be provided:</p> <ul style="list-style-type: none"> • Access to relevant workplace or appropriately simulated environment and materials relevant to the activity/ task |

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| <p>Assessment Methods</p> | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| <p>Context for Assessment</p> | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Lead Small Team |
| Unit Code | HLT NUA3 16 0611 |
| Unit Descriptor | This unit covers the knowledge, skills and attitudes to lead small teams including setting and maintaining team and individual performance standards. |

| Elements | Performance Criteria |
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| 1. Provide team leadership | <p>1.1 Work requirements are identified and presented to team members.</p> <p>1.2 Reasons for instructions and requirements are communicated to team members</p> <p>1.3 Team members' queries and concerns are recognized, discussed and dealt with</p> |
| 2. Assign responsibilities | <p>2.1 Duties and responsibilities are allocated having regard to the skills, knowledge and aptitude required to properly undertake the assigned task and according to the company policy</p> <p>2.2 Duties are allocated having regard to the individual preference, domestic and personal considerations, whenever possible.</p> |
| 3. Set performance expectations for team members | <p>3.1 Performance expectations are established based on the client's needs and according to the assignment requirements.</p> <p>3.2 Performance expectations are done based on individual team member's duties and area of responsibility.</p> <p>3.3 Performance expectations are discussed and disseminated to individual team members.</p> |
| 4. Supervise team performance | <p>4.1. Monitoring of performance takes place against the defined performance criteria and/or assignment instructions, and corrective action taken if required.</p> <p>4.2. Team members are provided with feedback, positive support and advice on strategies to overcome any deficiencies.</p> <p>4.3. Performance issues which cannot be rectified or addressed within the team are referenced to appropriate personnel according to the employer policy.</p> <p>4.4. Team members are kept informed of any changes in the priority allocated to the assignments or tasks which might impact on client/customer needs and satisfaction.</p> <p>4.5. Team operations are monitored to ensure that employer/client needs and requirements are met.</p> <p>4.6. Follow-up communication is provided on all issues</p> |

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| | <p>affecting the team.</p> <p>4.7.All relevant documentation is completed in accordance with the company procedures.</p> |
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| Variable | Range |
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| Work requirements | <ul style="list-style-type: none"> • Client Profile • Assignment instructions |
| Team member's concerns | <ul style="list-style-type: none"> • Roster/shift details |
| Monitor performance | <ul style="list-style-type: none"> • Formal process • Informal process |
| Feedback | <ul style="list-style-type: none"> • Formal process • Informal process |
| Performance issues | <ul style="list-style-type: none"> • Work output • Work quality • Team participation • Compliance with workplace protocols • Safety • Customer service |

| Evidence Guide | |
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| Critical Aspects of Competence | <p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Maintained or improved individuals and/or team performance given a variety of possible scenario • Assessed and monitored team and individual performance against set criteria • Represented concerns of a team and individual to next level of management or appropriate specialist and to negotiate on their behalf • Allocated duties and responsibilities, having regard to individual's knowledge, skills and aptitude and the needs of the tasks to be performed • Set and communicated performance expectations for a range of tasks and duties within the team and provided feedback to team members |

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| Underpinning Knowledge and Attitudes | <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Company policies and procedures • Relevant legal requirements • How performance expectations are set • Methods of Monitoring Performance • Client expectations • Team member's duties and responsibilities |
| Underpinning Skills | <p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Communication skills required for leading teams • Informal performance counseling skills • Team building skills • Negotiating skills |
| Resource Implications | <ul style="list-style-type: none"> • Access to relevant workplace or appropriately simulated environment where assessment can take place • Materials relevant to the proposed activity or task |
| Assessment Methods | <p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Practical assessment by direct observation of tasks through simulation/Role-plays • Written exam/test on underpinning knowledge • Questioning or interview on underpinning knowledge • Project-related conditions (real or simulated) and require evidence of process • Portfolio Assessment (e.g. Certificate from training providers or employers) <p>Assessment methods must confirm the ability to access and correctly interpret and apply the essential underpinning knowledge.</p> |
| Context for Assessment | <p>Competence may be assessed in the work place or in a simulated work place setting. This competence standard could be assessed on its own or in combination with other competencies relevant to the job function.</p> |

| Occupational Standard: Nursing Assistance Level III | |
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| Unit Title | Maintain Quality System and Continuous Improvement Processes (Kaizen) |
| Unit Code | HLT NUA3 17 1012 |
| Unit Descriptor | This unit of competence covers the skills and knowledge required to prevent process improvements in their own work from slipping back to former practices or digressing to less efficient practices. It covers responsibility for the day- to-day operation of the work/functional area and ensuring that quality system requirements are met and that continuous improvements are initiated and institutionalized. |

| Elements | Performance Criteria |
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| 1. Develop and maintain quality framework within work area | 1.1 Distribute and explain information about the enterprise's quality system to personnel 1.2 Encourage personnel to participate in improvement processes and to assume responsibility and authority 1.3 Allocate responsibilities for quality within work area in accordance with quality system 1.4 Provide coaching and mentoring to ensure that personnel are able to meet their responsibilities and quality requirements |
| 2. Maintain quality documentation | 2.1 Identify required quality documentation, including records of improvement plans and initiatives 2.2 Prepare and maintain quality documentation and keep accurate data records 2.3 Maintain document control system for work area 2.4 Contribute to the development and revision of quality manuals and work instructions for the work area 2.5 Develop and implement inspection and test plans for quality controlled products |
| 3. Facilitate the application of standardized procedures | 3.1 Ensure all required procedures are accessible by relevant personnel 3.2 Assist personnel to access relevant procedures, as required 3.3 Facilitate the resolution of conflicts arising from job 3.4 Facilitate the completion of required work in accordance with standard procedures and practices |

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| <p>4. Provide training in quality systems and improvement processes</p> | <p>4.1 Analyze roles, duties and current competency of relevant personnel</p> <p>4.2 Identify training needs in relation to quality system and continuous improvement processes (kaizen)</p> <p>4.3 Identify opportunities for skills development and/or training programs to meet needs</p> <p>4.4 Initiate and monitor training and skills development programs</p> <p>4.5 Maintain accurate training record</p> |
| <p>5. Monitor and review performance</p> | <p>5.1 Review performance outcomes to identify ways in which planning and operations could be improved</p> <p>5.2 Use the organization's systems and technology to monitor and review progress and to identify ways in which planning and operations could be improved</p> <p>5.3 Enhance customer service through the use of quality improvement techniques and processes</p> <p>5.4 Adjust plans and communicate these to personnel involved in their development and implementation</p> |
| <p>6. Build continuous improvement process</p> | <p>6.1 Organize and facilitate improvement team</p> <p>6.2 Encourage work group members to routinely monitor key process indicators</p> <p>6.3 Build capacity in the work group to critically review the relevant parts of the value chain</p> <p>6.4 Assist work group members to formalize improvement suggestions</p> <p>6.5 Facilitate relevant resources and assist work group members to develop implementation plans</p> <p>6.6 Monitor implementation of improvement plans taking appropriate actions to assist implementation where required.</p> |
| <p>7. Facilitate the identification of improvement opportunities</p> | <p>7.1 Analyze the job completion process</p> <p>7.2 Ask relevant questions of job incumbent</p> <p>7.3 Encourage job incumbents to conceive and suggest improvements</p> <p>7.4 Facilitate the trying out of improvements, as appropriate</p> |
| <p>8. Evaluate relevant components of quality system</p> | <p>8.1 Undertake regular audits of components of the quality system that relate to the work area</p> <p>8.2 Implement improvements in the quality system in accordance with own level of responsibility and workplace</p> |

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| | <p>procedures</p> <p>8.3 Facilitate the updating of standard procedures and practices</p> <p>8.4 Ensure the capability of the work team aligns with the requirements of the procedure</p> |
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| Variable | Range |
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| Coaching and mentoring | <p>May refer to:</p> <ul style="list-style-type: none"> • providing assistance with problem-solving • providing feedback, support and encouragement • teaching another member of the team, usually focusing on a specific work task or skill |
| Continuous improvement processes may include: | <p>May include:</p> <ul style="list-style-type: none"> • cyclical audits and reviews of workplace, team and individual performance • evaluations and monitoring of effectiveness • implementation of quality systems, such as International Standardization for Organization (ISO) • modifications and improvements to systems, processes, services and products • policies and procedures which allow the organization to systematically review and improve the quality of its products, services and procedures • seeking and considering feedback from a range of stakeholders • Kaizen • Enterprise-specific improvement systems |
| Technology | <p>May include:</p> <ul style="list-style-type: none"> • computerized systems and software such as databases, project management and word processing • telecommunications devices • any other technology used to carry out work roles and responsibilities |
| Customer service | <p>May be:</p> <ul style="list-style-type: none"> • internal or external • to existing, new or potential clients |
| Key process indicators | <p>Key process indicators may include:</p> <ul style="list-style-type: none"> • statistical process control data/charts • orders • lost time, injury and other OHS records • equipment reliability charts, etc. |

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| Continuous improvement tools | <p>May include:</p> <ul style="list-style-type: none"> • statistics • cause and effect diagrams • fishbone diagram • Pareto diagrams • run charts • X bar R charts • PDCA • Sigma techniques • balanced scorecards • benchmarking • performance measurement • upstream and downstream customers • internal and external customers immediate and/or final |
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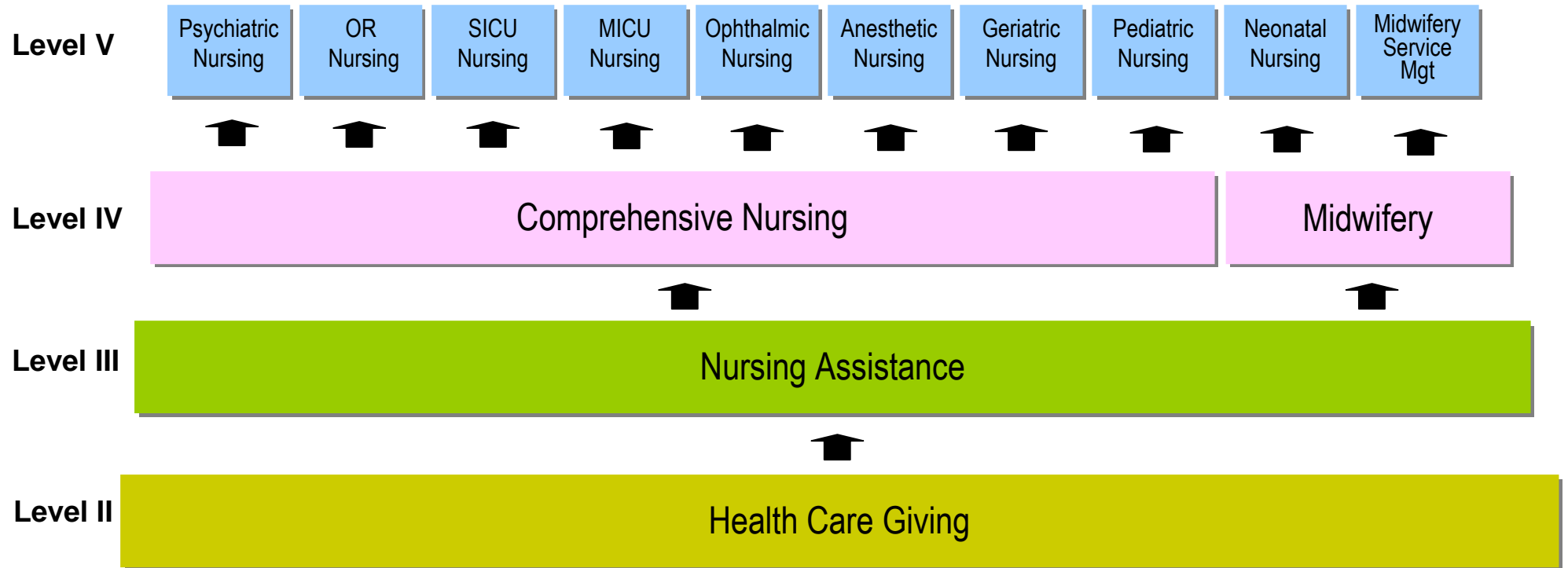
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| Evidence Guide |
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| Critical Aspects of Competence | <p>Evidence of the following is essential:</p> <ul style="list-style-type: none"> • taking active steps to implement, monitor and adjust plans, processes and procedures to improve performance • supporting others to implement the continuous improvement system/processes, and to identify and report opportunities for further improvement • knowledge of principles and techniques associated with continuous improvement systems and processes • assist others to follow standard procedures and practices • assist others make improvement suggestions • standardize and sustain improvements <p>Assessors should ensure that candidates can:</p> <ul style="list-style-type: none"> • implement and monitor defined quality system • requirements and initiate continuous improvements within the work area • apply effective problem identification and problem solving techniques • strengthen customer service through a focus on continuous improvement • implement, monitor and evaluate quality systems in the work area • initiate quality processes to enhance the quality of performance of individuals and teams in the work area • gain commitment of individuals/teams to quality principles and practices • implement effective communication strategies • encourage ideas and feedback from team members when developing and refining techniques and processes • analyze training needs and implement training programs • prepare and maintain quality and audit documentation |
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| <p>Underpinning Knowledge and Attitudes</p> | <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • principles and techniques associated with: <ul style="list-style-type: none"> – benchmarking – best practice – change management – continuous improvement systems and processes – quality systems • range of procedures available and their application to different jobs • applicability of takt time and muda to jobs • identification and possible causes of variability in jobs • continuous improvement process for organization • questioning techniques • methods of conceiving improvements • suggestion and try out procedures • relevant OHS • quality measurement tools for use in continuous improvement processes • established communication channels and protocols • communication/reporting protocols • continuous improvement principles and process • enterprise business goals and key performance indicators • enterprise information systems management • enterprise organizational structure, delegations and responsibilities • policy and procedure development processes • relevant health, safety and environment requirements • relevant national and international quality standards and protocols • standard operating procedures (SOPs) for the technical work performed in work area • enterprise quality system |
| <p>Underpinning Skills</p> | <p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • coach and mentor team members • gain the commitment of individuals and teams to continuously improve • innovate or design better ways of performing work • communicate with relevant people • prioritize and plan tasks related to encouraging and improving use of standardized procedures • negotiate with others to resolve conflicts and gain commitment to standardized procedures • facilitate other employees in improvement activities • implement and monitor defined quality system requirements • initiate continuous improvements within the work area • apply effective problem identification and problem solving |

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| | <p>techniques</p> <ul style="list-style-type: none"> • strengthen customer service through a focus on continuous improvement • implement, monitor and evaluate quality systems • implement effective communication strategies • encourage ideas and feedback from team members when developing and refining techniques and processes • analyze training needs and implementing training programs • prepare and maintain quality and audit documentation |
| Resources Implication | <p>Access may be required to:</p> <ul style="list-style-type: none"> • workplace procedures and plans relevant to work area • specifications and documentation relating to planned, currently being implemented, or implemented changes to work processes and procedures relevant to the candidate • documentation and information in relation to production, waste, overheads and hazard control/management • enterprise quality manual and procedures • quality control data/records |
| Methods of Assessment | <p>Competence in this unit may be assessed by using a combination of the following to generate evidence:</p> <ul style="list-style-type: none"> • demonstration in the workplace • suitable simulation • oral or written questioning to assess knowledge of procedures and contingency management; principles and techniques associated with change management • review of the audit process and outcomes generated by the candidates <p>Those aspects of competence dealing with improvement processes could be assessed by the use of suitable simulations and/or a pilot plant and/or a range of case studies and scenarios.</p> <p>In all cases, practical assessment should be supported by questions to assess underpinning knowledge and those aspects of competence which are difficult to assess directly.</p> |
| Context of Assessment | <p>Competence may be assessed in the work place or in a simulated workplace setting / environment.</p> |

Sector: Health
Sub-Sector: Nursing Care



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This occupational standard was developed on June 2011 at Addis Ababa, Ethiopia.

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