



# COMPETENCY STANDARD

## Dementia Care

Level: 03

(Informal Sector)

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



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



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

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

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

## Introduction

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

NSDA has targeted key priority economic growth sectors identified by the government to improve current job skills, and the existing workforce to ensure required skills to industry standards. Training providers are encouraged, and supported to work with the industry to address identified skills, and knowledge to enable industry growth, and increased employment through the provision of the market-responsive, inclusive skills training programme. **"Dementia Care"** Level-3 is selected as one of the priority occupations of Informal Sector. This standard is developed to adopt a demand driven approach to training with effective inputs from Industry Skills Councils (ISC's), employer associations, and employers.

Generally, a competency standard informs Curriculum, learning materials, assessment, and certification of trainees enrolled in Skills Training. Trainees who successfully pass the assessment will receive a qualification in the National Skills Qualification Framework (NSQF) under Bangladesh National Qualification Framework, and be listed on the NSDA's online portal.

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

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

# Overview

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

The purpose of a competency standards is to:

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

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

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

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

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

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

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

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

Together, all the parts of a unit of competency:

- describe a work activity
- guide the assessor to determine whether the candidate is competent or not yet competent

The ensuing sections of this document comprise of a description of the relevant occupation, trade or job with all the key components of a unit of competency, including:

- a chart with an overview of all Units of Competency for the relevant occupation, trade or job including the Unit Codes, and the Unit of Competency titles, and corresponding Elements
- the Competency Standard that includes the Unit of Competency, Unit Descriptor, Elements, and Performance Criteria, Range of Variables, Curricular Content Guide, and Assessment Evidence Guide.

## Competency Standards for National Skills Certificate – Level-3 in Dementia Care in Informal Sector

### Level Descriptors of NSQF (BNQF 1-6)

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

## List of Abbreviations

<b>General</b>	
NSDA	National Skills Development Authority
ISC	Industry Skills Council
NSQF	National Skills Qualifications Framework
BNQF	Bangladesh National Qualification Framework
PPP	Public Private Partnership
SCVC	Standards, and Curriculum Validation Committee
STP	Skills Training Provider
UoC	Unit of Competency
KSA	Knowledge, Skills, and Attitudes
<b>Occupation Specific</b>	
PPE	Personal protective equipment
OSH	Occupational Safety, and Health
CV	Curriculum Vitae
PC	Personal Computer
IT	Information Technology
COVID	Coronavirus disease
STD	Sexually Transmitted Diseases
ASD	Autism spectrum disorder
BP	Blood Pressure
CPR	Cardiopulmonary resuscitation
AHA	American Heart Association
PHH	Personal Health, And Hygiene
DEI	Diversity, Equity, and Inclusion
ADL	Activities Of Daily Living
BPSD	Behavioral, and Psychological Symptoms of Dementia



**Approval of Competency Standard:**

Approved by  
25<sup>th</sup> Authority Meeting of NSDA  
Held on 11.04.2023



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**Competency Standards for National Skill Certificate, Level-3 in  
Dementia Care in the Informal Sector**

**Course Structure**

SL No	Unit code, and Title	UOC Level	Nominal (hours)
<b>Generic Units of Competencies</b>			
1.	GU02L2V1	Apply OSH procedures in the workplace	1 15
2.	GU06L3V1	Apply basic IT skills	3 20
<b>Sub Total</b>			<b>35</b>
<b>Sector-Specific Units of Competencies</b>			
3.	SUIS01L2V1	Interpret the ground rules of caregiving	2 20
4.	SUIS02L2V1	Interpret legal, and ethical issues in caregiving	2 20
5.	SUIS03L2V1	Carry out basic first aid	2 30
<b>Sub Total</b>			<b>70</b>
<b>Occupation-Specific Units of Competencies</b>			
6.	OUISDC01L3V1	Acquire knowledge, and understanding of Dementia	3 15
7.	OUISDC02L3V1	Prepare to work as a Dementia caregiver	3 28
8.	OUISDC03L3V1	Provide person-centred care	3 152
9.	OUISDC4L3V1	Communicate to persons living with Dementia	3 60
<b>Sub Total</b>			<b>255</b>
<b>Total Duration</b>			<b>360</b>

## Units & Elements at Glance

### Generic Competencies

Code	Unit of Competency	Elements of Competency	Duration (Hours)
GU002L2V1	Apply OSH Procedure in the Workplace	<ol style="list-style-type: none"><li>1. Identify OSH policies, and procedures.</li><li>2. Follow OSH procedure</li><li>3. Report hazards, and risks</li><li>4. Respond to emergencies</li><li>5. Maintain personal well-being</li></ol>	15
GU006L3V1	Apply Basic IT Skills	<ol style="list-style-type: none"><li>1. Identify, and use the most commonly used IT Tools</li><li>2. Operate Computer.</li><li>3. Work with word processing software.</li><li>4. Use a spreadsheet to create /prepare worksheets</li><li>5. Use presentation packages to create/prepare a presentation</li><li>6. Print the documents</li><li>7. Use the Internet, and Access E-Mail</li></ol>	20
<b>Total Hour</b>			<b>35</b>

## Sector-Specific Competencies

Code	Unit of Competency	Elements of Competency	Duration (Hours)
SUINF001L2V1	Interpret the fundamentals of caregiving	<ol style="list-style-type: none"> <li>1. Interpret basic knowledge of caregiving</li> <li>2. Interpret the roles, and responsibilities of a caregiver</li> <li>3. Explain caregiving rules, and ethics</li> <li>4. Ensure a safe working environment</li> <li>5. Interpret communicable &amp; non-communicable diseases</li> <li>6. Interpret caregiver's basic right</li> <li>7. Enable caregivers</li> </ol>	20
SUINF002L2V1	Interpret legal, and ethical issues in caregiving	<ol style="list-style-type: none"> <li>1. Legal &amp; ethical issues</li> <li>2. Understanding client rights</li> <li>3. The rights of the caregivers</li> <li>4. Privacy, and confidentiality</li> <li>5. Caregiver conduct-regulations, co-workers, and families</li> </ol>	20
SUINF003L2V1	Carry out basic first aid	<ol style="list-style-type: none"> <li>1. The accidental situations</li> <li>2. Perform primary responses to the victim</li> <li>3. Perform secondary response to a casualty</li> </ol>	30
<b>Total Hours</b>			<b>70</b>

## Occupation-Specific competencies

Code	Unit of competency	Elements of competency	Duration (hours)
OUISDC01L3V1	Acquire knowledge, and understanding of Dementia	<ol style="list-style-type: none"> <li>1. Interpret Dementia</li> <li>2. Assist in the early detection of Dementia</li> <li>3. Assist to reduce the risks of Dementia</li> <li>4. Explain living well with Dementia</li> </ol>	15
OUISDC02L3V1	Prepare to work as a Dementia caregiver	<ol style="list-style-type: none"> <li>1. Prepare for Dementia care</li> <li>2. Develop Dementia-friendly behaviours</li> <li>3. Manage inconsistency, and incontinence</li> <li>4. Maintain personal health, and hygiene (PHH)</li> <li>5. Ensure time management</li> </ol>	28
OUISDC03L3V1	Provide Person-Centred Care	<ol style="list-style-type: none"> <li>1. Prepare for Person-Centred Care</li> <li>2. Explain premorbid personality</li> <li>3. Provide support to activities of daily living (ADL)</li> <li>4. Assist with cognitive skills and emotional wellbeing</li> </ol>	152
OUISDC4L3V1	Communicate to persons living with Dementia	<ol style="list-style-type: none"> <li>1. Prepare for communication to persons with Dementia</li> <li>2. Communicate to persons who have Dementia</li> <li>3. Assist in Medication</li> <li>4. Perform creative approaches to care for/manage behavioural, and psychological syndromes of Dementia (BPSD)</li> </ol>	60
<b>Total Hours</b>			<b>255</b>



# **Generic Units of Competencies**

<b>Unit Code, and Title</b>	<b>GC002L2V1: Apply OSH Procedure in the Workplace</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills, and attitudes (KSA) required in applying OSH procedures in the workplace. It includes explicitly identifying OHS policies, and procedures, following OSH procedure, reporting to emergencies, and maintaining personal well-being.
<b>Nominal Hours</b>	<b>15 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Identify OSH policies, and procedures.	1.1. <b><u>OSH policies, and safe operating procedures</u></b> are accessed, and stated 1.2. <b><u>Safety signs, and symbols</u></b> are identified, and followed 1.3. Emergency response, evacuation procedures, and other contingency measures are determined according to workplace requirements
2. Follow OSH procedure	2.1 <b><u>Personal protective equipment (PPE)</u></b> is selected, and collected as required 2.2 Personal protective equipment (PPE) is correctly used following organisation's OSH procedures, and practices 2.3 A clear, and tidy workplace is maintained as per workplace standard 2.4 PPE is maintained to keep them operational, and compliant with OSH regulations
3. Report hazards, and risks.	3.1 <b><u>Hazards</u></b> , and risks are identified, assessed, and controlled 3.2 Incidents arising from hazards, and risks are reported to the designated authority
4. Respond to emergencies	4.1 Alarms, and warning devices are responded 4.2 Workplace <b><u>emergency procedures</u></b> are followed 4.3 <b><u>Contingency measures</u></b> during workplace accidents, fire, and other emergencies are recognised, and followed following organisation procedures 4.4 First aid procedures are applied during emergencies situations
5. Maintain personal well-being	5.1 OSH policies, and procedures are adhered to 5.2 OSH awareness programs are participated in as per workplace guidelines, and procedures 5.3 Corrective actions are implemented to correct an unsafe condition in the workplace

	5.4 <b>“Fit to work” records</b> are updated, and maintained according to workplace requirements
<b>Range of Variables</b>	
<b>Variables</b>	<b>Range</b> (may include but not limited to):
1. OHS Policies	1.1. Bangladesh standards for OHS 1.2. Fire Safety Rules, and Regulations 1.3. Code of Practice 1.4. Industry Guidelines
2. Safe Operating Procedures	2.1 Orientation on emergency exits, fire extinguishers, fire escapes, etc. 2.2 Emergency procedures 2.3 First Aid procedures 2.4 Tagging procedures 2.5 Use of PPE 2.6 Safety procedures for hazardous substances
3. Safety Signs, and symbols	3.1 Direction signs (exit, emergency exit, etc.) 3.2 First aid signs 3.3 Danger Tags 3.4 Hazard signs 3.5 Safety tags 3.6 Warning signs
4. Personal Protective Equipment (PPE)	4.1 Gas Mask 4.2 Gloves 4.3 Safety boots 4.4 Face mask 4.5 Overalls 4.6 Goggles, and safety glasses 4.7 Sunblock 4.8 Chemical/Gas detectors
5. Hazards	5.1 Chemical hazards 5.2 Biological hazards 5.3 Physical Hazards 5.4 Mechanical, and Electrical Hazard 5.5 Mental hazard 5.6 Ergonomic hazard
6. Emergency Procedures	6.1 Fire fighting 6.2 Earthquake 6.3 Medical, and first aid 6.4 Evacuation
7. Contingency measures	7.1 Evacuation 7.2 Isolation

	7.3 Decontamination
8. "Fit to Work" records	8.1 Medical Certificate every year 8.2 Accident reports, if any 8.3 Eye vision certificate
<b>Evidence Guide</b>	
The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency	
1. The critical aspects of competency	Assessment required evidence that the candidate: 1.1 Stated OHS policies, and safe operating procedures 1.2 followed safety signs, and symbols 1.3 used personal protective equipment (PPE) 1.4 maintained workplace clean, and tidy 1.5 assessed, and Controlled hazards 1.6 followed emergency procedures 1.7 followed contingency measures 1.8 implemented corrective actions
2. Underpinning knowledge	2.1 Define OHS 2.2 OHS Workplace Policies, and Procedures 2.3 Work Safety Procedures 2.4 Emergency Procedures 2.5 Hazard control procedure 2.6 Different types of Hazards 2.7 PPE, and there uses 2.8 Personal Hygiene Practices 2.9 OHS Awareness
3. Underpinning skills	3.1 Accessing OHS policies 3.2 Handling of PPE 3.3 Handling cleaning tools, and equipment 3.4 Writing report 3.5 Responding to emergency procedures
4. Required attitude	4.1 Commitment to occupational health, and safety 4.2 Sincere, and honest to duties 4.3 Promptness in carrying out activities 4.4 Environmental concerns 4.5 Eagerness to learn 4.6 Tidiness, and timeliness 4.7 Respect of peers, and seniors in the workplace 4.8 Communicate with peers, and seniors for workplace
5. Resource implications	5.1 Workplace 5.2 Equipment, and outfits appropriate in applying safety measures

	5.3 Tools, materials, and documentation required 5.4 OHS Policies, and Procedures
6. Methods of assessment	Competency should be assessed by: 6.1 Written test 6.2 Demonstration 6.3 Oral Questioning 6.4 Portfolio
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre 7.2 Assessment should be done by an NSDA certified/nominated assessor
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code, and Title</b>	<b>GU006L3V1: Apply Basic IT Skills</b>
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Unit Descriptor</b>	This unit covers the basic knowledge, skills, and attitude required to work with IT Tools. It includes explicitly identifying, and using the most commonly used IT tools, operating a computer, working with word processing software, using a spreadsheet to create /prepare worksheets, using presentation packages to create/prepare a presentation, printing the documents, and using the internet, and accessing e-mails.
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold, and Underlined</u></b> terms are elaborated in the range of variables.
1. Identify, and use the most commonly used IT tools	1.1 Context of IT is interpreted 1.2 Commonly used <b><u>IT tools</u></b> are identified 1.3 Safe work practice, and OSH Standards are followed
2. Operate Computer.	2.1 <b><u>Peripherals</u></b> are checked, and connected with a computer as per standard 2.2 Power cords/adapters are safely connected to the computer, and power outlets socket. 2.3 Computer is switched on gently. 2.4 PC <b><u>desktop/GUI</u></b> settings are arranged, and customised as per requirement. 2.5 Files, and folders are created, opened, copied, renamed, deleted, and sorted as per requirement. 2.6 Properties of files, and folders are viewed, and searched. 2.7 Disks are defragmented and formatted as per requirement.
3. Work with word processing software.	3.1 Word Processing software is selected, and started 3.2 Basic typing technique is demonstrated 3.3 <b><u>Documents</u></b> are created as per requirement in personal use, and office environment 3.4 <b><u>Contents</u></b> are entered. 3.5 Documents are <b><u>formatted</u></b> .
4. Use spreadsheets to create/prepare worksheets	4.1 Spreadsheets are selected, and started. 4.2 Worksheets are created as per requirement in personal use, and office environment. 4.3 Data are entered 4.4 <b><u>Functions</u></b> are used for calculating, and editing logical operation 4.5 Sheets are formatted as per requirement.

	<p>4.6 Charts are created.</p> <p>4.7 Charts/ Sheets are previewed</p>
5. Use presentation-packages to create/prepare a presentation	<p>5.1 Appropriate presentation software packages are selected, and started</p> <p>5.2 Presentation is created as per requirement in personal use, and office environment</p> <p>5.3 Image, Illustrations, text, table, symbols, and media are entered as required.</p> <p>5.4 Presentations are formatted, and animated.</p> <p>5.5 Presentations are previewed.</p>
6. Print the documents	<p>6.1 Printer is connected to the computer, and power outlet properly.</p> <p>6.2 Power is switched on at both the power outlet, and printer.</p> <p>6.3 Printer is installed, and added.</p> <p>6.4 Correct printer settings are selected, and documents are printed.</p>
7. Use the Internet, and Access E-Mail	<p>7.1 Appropriate internet <b>browsers</b> are selected</p> <p>7.2 Search engines are used to access information</p> <p>7.3 Video / Information are Shared /downloaded/uploaded from / to website/social media.</p> <p>7.4 Web-based resources are used</p> <p>7.5 Email services are identified, and selected to create a new email address</p> <p>7.6 Document is prepared, attached, and sent to different types of recipients.</p> <p>7.7 Email is read, forwarded, replied, and deleted as per requirement.</p> <p>7.8 Custom email folders are created, and manipulated.</p> <p>7.9 Email message is printed.</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. IT tools	<p>1.1 Phone</p> <p>1.2 Cell Phone</p> <p>1.3 TABs</p> <p>1.4 Radio</p> <p>1.5 Television</p> <p>1.6 Computers</p> <p>1.7 Laptops</p> <p>1.8 Notebooks</p> <p>1.9 Internet</p>

	1.10 Software 1.11 Satellite
2. Peripherals	2.1. Monitor 2.2. Keyboard 2.3. Mouse 2.4. Modem 2.5. Scanner 2.6. Printer
3. Desktop / GUI settings	3.1 Icons 3.2 Taskbar 3.3 View 3.4 Resolutions
4. Documents	4.1 Word documents 4.2 Standard CV/Bio-Data with different text & fonts, image, and table. 4.3 Application/official letter with proper paragraph, and indenting, spacing, styles, Illustrations, Tables, Header & Footers, and symbols. 4.4 Standard report/newspaper items with column, footnote, and endnote, drop cap, indexing, and page numbering.
5. Contents	5.1 Illustrations, and styles 5.2 Text 5.3 Table 5.4 Symbols 5.5 Header & Footer
6. Formatted.	6.1 Bold 6.2 Italic 6.3 Underline 6.4 Font size, colour, 6.5 Change case 6.6 Alignment, and intend
7. Functions	7.1. Mathematics 7.2. Logical 7.3. Simple Statistical
8. Browsers	8.1 Internet Explorer 8.2 Firefox 8.3 Google Chrome 8.4 Opera 8.5 Safari 8.6 Omni Web
<b>Evidence Guide</b>	



The evidence must be authentic, valid, sufficient, reliable, consistent, and recent, and meet the requirements of the current version of the Unit of Competency.	
1. The critical aspects of Competency	<p>Assessment required evidence that the candidate:</p> <ul style="list-style-type: none"> <li>1.1 created, opened, copied, renamed, deleted, and sorted files, and folders as per requirement.</li> <li>1.2 completed application software Installations as per standard</li> <li>1.3 performed simple troubleshooting with Computer</li> <li>1.4 Created email accounts.</li> <li>1.5 used email account for online platforms purpose</li> </ul>
2. Underpinning Knowledge	<ul style="list-style-type: none"> <li>2.1 Basic competent of PC</li> <li>2.2 IT, and IT Tools</li> <li>2.3 Types of software, and application packages</li> <li>2.4 Use of word processor, spreadsheet, and presentation software</li> <li>2.5 Types of math, and logical functions</li> <li>2.6 Computer Trouble Shooting</li> <li>2.7 Techniques to access the internet</li> </ul>
3. Underpinning Skills	<ul style="list-style-type: none"> <li>3.1 Identifying, and using IT tools</li> <li>3.2 Demonstrating typing on word processing software</li> <li>3.3 Saving, and retrieving documents on word processing software.</li> <li>3.4 Demonstrated ability to create email accounts</li> <li>3.5 Opening an email account, and using it for different purposes.</li> <li>3.6 Configured appropriate printer settings, and printed the document</li> <li>3.7 Used functions for calculating, and editing logical operations in a spreadsheet</li> </ul>
4. Underpinning Attitudes	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational health, and safety</li> <li>4.2 Environmental concerns</li> <li>4.3 Eagerness to learn</li> <li>4.4 Tidiness, and timeliness</li> <li>4.5 Respect for the rights of peers, and seniors in the workplace</li> <li>4.6 Communication with peers, and seniors in the workplace</li> </ul>
5. Resource Implications	<p>The following resources must be provided:</p> <ul style="list-style-type: none"> <li>5.1 Workplace (simulated or actual)</li> <li>5.2 IT tools</li> <li>5.3 Computers with word processing application</li> <li>5.4 Internet connection</li> </ul>

	5.5 Presentations 5.6 Learning manuals
6. Methods of Assessment	6.1 Written Test 6.2 Demonstration 6.3 Oral Questioning 6.4 Portfolio
7. Context of Assessment	7.1 Competency assessment must be done in an NSDA accredited assessment centre 7.2 Assessment should be done by an NSDA certified/nominated assessor
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

# Sector-specific Units of Competencies



<b>Unit Code and Title</b>	<b>SUINF001L2V1: Interpret the ground rules of caregiving</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills, and attitudes required to interpret the ground rule of caregiving. It includes interpreting basic knowledge of caregiving, interpreting the roles and responsibilities of a caregiver, explaining caregiving rules and ethics, ensuring a safe working environment, interpreting communicable & non-communicable diseases, interpreting caregiver's fundamental rights, and interpreting enabling conditions for caregivers.
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Elements of competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Interpret basic knowledge of caregiving	1.1 Principles of caregiving are recognised. 1.2 Basics of caregiving are identified. 1.3 Common medical terminologies are stated. 1.4 <b><u>Common medical equipment</u></b> are identified. 1.5 <b><u>Components of a patient-file</u></b> are interpreted. 1.6 Communicable and non-communicable diseases are distinguished.
2. Interpret the roles and responsibilities of a caregiver	2.1 The working environment is recognised. 2.2 Standards of caregiving are identified. 2.3 Duties of a caregiver are explained. 2.4 Problems are prioritized and solved. 2.5 The client is advocated. 2.6 Day-to-day activity management is outlined.
3. Explain caregiving rules and ethics	3.1 Legal and ethical aspects of caregiving are interpreted. 3.2 Caregiver code of ethics is recognised. 3.3 Rights of clients are recognised. 3.4 Fundamentals of professionalism in caregiving are interpreted. 3.5 Standard caregiving rules are identified.
4. Ensure a safe working environment	4.1 Physical working environment is recognised. 4.2 Care of appliances is taken to prevent accidents. 4.3 Causes and prevention of fall risks are identified. 4.4 Necessary medication is taken as per organization standard.
5. Interpret communicable & non-communicable diseases	5.1 <b><u>Communicable &amp; non-communicable diseases</u></b> are identified and differentiated. 5.2 Appropriate measures to protect clients from communicable diseases are illustrated.

	5.3 Supports requirements for clients with non-communicable diseases are interpreted.
6. Interpret caregiver's fundamental rights	6.1 Fundamental rights of caregiver are explained. 6.2 <b>Aspects of caregivers</b> are identified. 6.3 Rights and dignity of caregiver are interpreted.
7. Interpret enabling conditions for caregivers	7.1 Counseling needs for individual/group/family are explained. 7.2 Early signs of caregiver's distress are recognised. 7.3 Coping with stress & need for support of the caregivers 7.4 Positive attitude and leadership are interpreted. 7.5 Importance of interpersonal relationships are explained. 7.6 Needs of disabled persons are differentiated.
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Common medical equipment	1.1 Thermometer 1.2 Catheter 1.3 Syringe (50ccs, 20ccs, 6ccs, 3ccs) 1.4 Dressing equipment/ trolley 1.5 Cotton ball 1.6 Wound dressing set 1.7 Nebulizer 1.8 Crutches 1.9 Blood glucose meter 1.10 Walker 1.11 Pulse Oximeter 1.12 Feeding tube 1.13 Surgical suture 1.14 Assistive cane 1.15 Speculum 1.16 Scalpel 1.17 Scissors 1.18 Forceps 1.19 Bandages 1.20 First Aid Kits 1.21 Compression stockings 1.22 Urinal 1.23 Bedpan 1.24 Apron 1.25 Stethoscope 1.26 Sphygmomanometer

<p>2. Components of patient's file</p>	<p>2.1 Medical history  2.2 Physician's prescription  2.3 Care Plan  2.4 Different charts (Temperature/Pulse/Diet/Medication chart)  2.5 Pathological reports  2.6 Blood pressure chart  2.7 Intake output  2.8 Diabetic chart</p>
<p>3. Communicable disease</p>	<p>3.1 Chikungunya  3.2 COVID – 19 (Corona)  3.3 Dengue fever  3.4 Diphtheria  3.5 Guillain-Barre' Syndrome  3.6 STDs (Gonorrhea, Syphilis, HIV/AIDS)  3.7 Hepatitis A  3.8 Hepatitis B  3.9 Hepatitis C  3.10 Leprosy  3.11 Malaria  3.12 Measles (rubella)  3.13 Mumps  3.14 Pertussis (whooping cough)  3.15 Plague (human)  3.16 Poliovirus  3.17 Tetanus  3.18 Tuberculosis  3.19 Typhoid carrier  3.20 Typhoid and Paratyphoid fever  3.21 Varicella (chickenpox)  3.22 Yellow fever  3.23 Dengue</p>
<p>4. Non-communicable diseases</p>	<p>4.1 Alzheimer's disease  4.2 Asthma  4.3 Cataracts  4.4 Chronic kidney disease  4.5 Diabetes  4.6 Heart disease  4.7 Osteoporosis  4.8 Arthritis  4.9 Autism spectrum disorder (ASD)  4.10 Bipolar disorder  4.11 Congenital disabilities  4.12 Cerebral palsy</p>

	<ul style="list-style-type: none"> <li>4.13 Down's syndrome</li> <li>4.14 Epilepsy</li> <li>4.15 Hemophilia</li> <li>4.16 Obesity</li> <li>4.17 Psoriasis</li> <li>4.18 Vision impairment</li> <li>4.19 Cardiovascular disease</li> <li>4.20 Cancer</li> </ul>
5. Aspects of caregivers	<ul style="list-style-type: none"> <li>5.1 Caregiver as an individual</li> <li>5.2 Caregiver as a citizen</li> <li>5.3 Caregiver as a member of an organisation</li> </ul>
<b>Evidence Guide</b>	
The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency.	
1. Critical aspects of competency	<p>Assessment required evidence that the candidate:</p> <ul style="list-style-type: none"> <li>1.1 Interpreted the roles and responsibilities of a caregiver.</li> <li>1.2 Explained caregiving rules and ethics.</li> <li>1.3 Interpreted communicable &amp; non-communicable diseases.</li> <li>1.4 Interpreted enabling conditions human for caregivers.</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Basics of anatomy, physiology, and development.</li> <li>2.2 Types and scopes of caregiving.</li> <li>2.3 Common diseases and physical conditions.</li> <li>2.4 Common drugs.</li> <li>2.5 Common pathological terms.</li> <li>2.6 Common physiological conditions.</li> <li>2.7 Safety, security, and rights of caregivers at the work place.</li> <li>2.8 Networking skills</li> </ul>
3. Underpinning skills	<ul style="list-style-type: none"> <li>3.1 Recognising healthy body systems, functions, and joint conditions.</li> <li>3.2 Identifying and differentiating common communicable and non-communicable diseases.</li> <li>3.3 Organising patients' files.</li> <li>3.4 Identifying common drugs and medical equipment.</li> </ul>
4. Required attitudes	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational safety and health.</li> <li>4.2 Promptness in carrying out activities.</li> <li>4.3 Sincere and honest to duties.</li> <li>4.4 Eagerness to learn.</li> <li>4.5 Tidiness and timeliness.</li> <li>4.6 Environmental concerns.</li> <li>4.7 Respect the rights of peers and seniors at the workplace.</li> <li>4.8 Communication with peers and seniors at the workplace.</li> </ul>



5. Resources implication	<p>The following resources must be provided:</p> <p>5.1 Workplace (actual or simulated)</p> <p>5.2 Required tools and equipment's, facilities, and relevant accessories for caregiving</p> <p>5.3 Required teaching aids</p> <p>5.4 Competency-based learning materials</p>
6. Methods of assessment	<p>Methods of assessment may include but are not limited to:</p> <p>6.1 Written test</p> <p>6.2 Demonstration</p> <p>6.3 Oral questioning</p> <p>6.4 Portfolio/Case Study</p>
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment centre</p> <p>7.2 Assessment should be done by an NSDA certified/nominated assessor</p>
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code, and Title</b>	<b>SUINF002L2V1: Interpret legal, and ethical issues in caregiving</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills, and attitudes required to interpret legal, and ethical issues in caregiving. It includes explicitly interpreting legal, and ethical issues, recognising rights in caregiving, and assessing caregiver conduct-regulations.
<b>Nominal Hours</b>	<b>20 Hours</b>
<b>Elements of competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; italicized</u></b> terms are elaborated in the Range of Variables
1. Interpret legal, and ethical issues	1.1 Legal issues for caregivers are recognised 1.2 <b><u>Legal terms</u></b> , and definitions are stated 1.3 Caregiving rules, and ethics are explained 1.4 <b><u>Ethical principles, and actions</u></b> 1.5 Reporting <b><u>abuse</u></b> , Unethical Behavior & Misconduct 1.6 Caregiver Responsibility 1.7 Safety & self defense
2. Recognise rights in caregiving	2.1 <b><u>Rights of clients</u></b> are interpreted 2.2 <b><u>Rights of the Caregivers</u></b> are described 2.3 Privacy, and confidentiality are maintained
3. Assess caregiver conduct-regulations	3.1 Managing behavior Challenges is performed 3.2 Caregiving offer is assessed, and care planning is prepared 3.3 Clients' independence is promoted 3.4 Risks are analyzed for a troubled, and remote work area 3.5 Offer letter is assessed against negotiation
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):
1. Legal terms	1.1 Patient Consent 1.2 Assault 1.3 Battery 1.4 False imprisonment 1.5 Fraud 1.6 Invasion of privacy 1.7 Malpractice 1.8 Negligence 1.9 Liability 1.10 Abandonment 1.11 Autonomy

2. Ethical principles, and actions	<ul style="list-style-type: none"> <li>2.1 Keep personal information confidential.</li> <li>2.2 Only perform work assigned</li> <li>2.3 Do not do less work than assigned</li> <li>2.4 Avoid doing careless or low-quality work</li> <li>2.5 Report abuse</li> <li>2.6 Honesty</li> <li>2.7 Respect</li> <li>2.8 Reliability</li> <li>2.9 Code of conducts</li> </ul>
3. Abuse	<ul style="list-style-type: none"> <li>3.1 Mental &amp; emotional abuse</li> <li>3.2 Physical abuse</li> <li>3.3 Sexual abuse</li> <li>3.4 Neglect</li> <li>3.5 Self-neglect</li> <li>3.6 Financial abuse</li> <li>3.7 Discriminatory abuse</li> <li>3.8 Consequence of abuse</li> <li>3.9 Detecting abuse</li> <li>3.10 Reporting abuse</li> </ul>
4. Rights of clients	<ul style="list-style-type: none"> <li>4.1 Have right to ask questions</li> <li>4.2 Have right to have special needs addressed</li> <li>4.3 Have right to know caregivers</li> <li>4.4 Right to choose &amp; refuse treatment</li> <li>4.5 Have right to informed consent</li> <li>4.6 Have right to receive quality care</li> <li>4.7 Have right to respect</li> <li>4.8 Have right to privacy, and confidentiality</li> <li>4.9 Have right to access medical records &amp; lab reports</li> </ul>
5. Rights of the caregivers	<ul style="list-style-type: none"> <li>1.1 Respect for their individual human worth, and dignity.</li> <li>1.2 Respect for their privacy.</li> <li>1.3 Respect for their confidentiality.</li> <li>1.4 Comprehensive information, education, training, and support to facilitate their care, and support roles.</li> </ul>
<p><b>Evidence Guide</b> The evidence must be authentic, valid, sufficient, reliable, consistent, and recent, and meet all requirements of the current version of the Unit of Competency.</p>	
1. The critical aspect of competency	<ul style="list-style-type: none"> <li>1.1 Interpreted legal, and ethical issues</li> <li>1.2 Recognised rights in caregiving</li> <li>1.3 Assessed caregiver conduct-regulations</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Code of conduct</li> <li>2.2 Legal issues for caregivers</li> <li>2.3 Care giving rules, and ethics</li> </ul>

	<ul style="list-style-type: none"> <li>2.4 Ethical principles &amp; actions</li> <li>2.5 Privacy rights</li> <li>2.6 Ethical principles &amp; actions</li> <li>2.7 Ways to protect confidentiality</li> </ul>
3. Underpinning Skills	<ul style="list-style-type: none"> <li>3.1 Maintaining privacy &amp; confidentiality</li> <li>3.2 Explaining caregiving rules, and ethics</li> </ul>
4. Required attitudes	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational safety, and health.</li> <li>4.2 Promptness in carrying out activities.</li> <li>4.3 Sincere, and honest to duties.</li> <li>4.4 Eagerness to learn.</li> <li>4.5 Tidiness, and timeliness.</li> <li>4.6 Environmental concerns.</li> <li>4.7 Respect the rights of peers, and seniors at the workplace.</li> <li>4.8 Communicate with peers, and seniors at the workplace.</li> </ul>
5. Resource implication	<p>The following resources must be available:</p> <ul style="list-style-type: none"> <li>5.1 Workplace (actual or simulated)</li> <li>5.2 Facilities, and relevant accessories for caregiving</li> <li>5.3 Required teaching aids</li> <li>5.4 Learning materials</li> </ul>
6. Methods of assessment	<p>Methods of assessment may include but are not limited to:</p> <ul style="list-style-type: none"> <li>6.1 Written test</li> <li>6.2 Demonstration</li> <li>6.3 Oral questioning</li> <li>6.4 Portfolio/Case Study</li> </ul>
7. Context of assessment	<ul style="list-style-type: none"> <li>7.1 Competency assessment must be done in NSDA accredited assessment centre</li> <li>7.2 Assessment should be done by an NSDA certified/nominated assessor</li> </ul>
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code, and Title</b>	<b>SUINF003L2V1: Carry out basic first aid</b>
<b>Unit Descriptor</b>	This unit covers the knowledge, skills, and attitudes required to carry out basic first aid. It includes assessing the accidental situations, performing primary responses to the victim, and performing secondary responses to a casualty.
<b>Nominal Hours</b>	<b>30 Hours</b>
<b>Elements of competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; underline</u></b> terms are elaborated in the Range of Variables
1. The accidental situations	<p>1.1 <b><u>Emergency action principle of First Aid</u></b> is applied based on established procedure</p> <p>1.2 <b><u>Physical hazards</u></b> to self, and casualty's health, and safety are identified based on established procedure</p> <p>1.3 <b><u>Immediate risks to self, and casualty</u></b> are minimised by controlled following OHS requirements</p> <p>1.4 <b><u>First Aid kit</u></b> must be available at all times based on OSH Law, and First Aid manual</p>
2. Perform primary responses to the victim	<p>2.1 <b><u>Principles of Body Substance Isolation</u></b> is applied based on standard First Aid procedure</p> <p>2.2 Responses, and <b><u>level of consciousness</u></b> of the victim or casualty is checked based on established standard first aid procedure</p> <p>2.3 <b><u>Potential life-threatening condition</u></b> is identified, and then appropriate treatment is begun based on the first aid standard procedure</p> <p>2.4 <b><u>Activate medical assistance</u></b> is applied based on established first aid procedure</p> <p>2.5 <b><u>Basic life support</u></b> is applied based on the established first aid procedure</p>
3. Perform secondary responses to a casualty	<p>3.1 <b><u>Detailed history of casualty</u></b> is obtained based on the established standard procedure of first aid</p> <p>3.2 <b><u>Physical examination</u></b> of the casualty is done based on established procedure</p> <p>3.3 <b><u>Vital signs of casualty</u></b> are obtained based on the established standard procedure of first aid</p> <p>3.4 Casualty is endorsed to physician or paramedic based on the standard procedure of first aid</p> <p>3.5 <b><u>Written incident report</u></b> is submitted based on the standard procedure of the company or home facility</p>
<b>Range of Variables</b>	
<b>Variable</b>	<b>Range</b> (may include but not limited to):

1. Emergency action principles of first aid	<ul style="list-style-type: none"> <li>1.1 Concept of first aid</li> <li>1.2 Objectives of first aid</li> <li>1.3 Role of the first aider</li> <li>1.4 Survey the scene</li> <li>1.5 Is the scene safe?</li> <li>1.6 What happened?</li> <li>1.7 How many people are injured?</li> <li>1.8 Are there bystanders who can help?</li> <li>1.9 Is there available equipment to be used?</li> <li>1.10 Identify yourself as a First Aider with your PPEs on</li> <li>1.11 Wear masks, and gloves</li> <li>1.12 Get consent to give care</li> </ul>
2. Physical hazards	<ul style="list-style-type: none"> <li>2.1 Quick assessment of the surroundings to identify</li> <li>2.2 physical hazards like</li> <li>2.3 Falls</li> <li>2.4 Slips</li> <li>2.5 Working from heights</li> <li>2.6 Collapsed building</li> <li>2.7 Fire</li> <li>2.8 Presence of toxic chemicals, etc.</li> </ul>
3. The immediate risk to self, and casualty	<ul style="list-style-type: none"> <li>3.1 Injury of the first aider, and further injury to the casualty</li> <li>3.2 Death which may occur either or both first aider, and casualty</li> </ul>
4. First aid kit	<ul style="list-style-type: none"> <li>4.1 Digital BP apparatus</li> <li>4.2 Digital thermometer</li> <li>4.3 Pulse oximeter</li> <li>4.4 Cotton balls</li> <li>4.5 Alcohol</li> <li>4.6 Disposable gloves (1 box)</li> <li>4.7 Disposable mask (1 box)</li> <li>4.8 Cervical collar</li> <li>4.9 Surgical scissors</li> <li>4.10 Bandage scissors</li> <li>4.11 Forceps</li> <li>4.12 Splint</li> <li>4.13 Sterile gauze pads</li> <li>4.14 Spine board</li> <li>4.15 Icecap</li> <li>4.16 Hot water bag</li> </ul>
5. Principles of body substance isolation	<ul style="list-style-type: none"> <li>5.1 Definition of Body substance Isolation (BSI)</li> <li>5.2 Mode of transmission methods</li> <li>5.3 Blood or fluid splash</li> <li>5.4 Surface contamination</li> <li>5.5 Needle stick exposure</li> <li>5.6 Oral contamination due to improper handwashing</li> <li>5.7 Proper handwashing (WHO standard)</li> <li>5.8 Proper wearing, removal, and disposal of masks, and Gloves (PPE)</li> </ul>

	<p>5.9 Wearing of HazMat (Hazardous material suit) as needed</p> <p>5.10 Use of disinfectant</p>
6. Level of consciousness	<p>6.1 Awake</p> <p>6.2 Confused</p> <p>6.3 Disoriented</p> <p>6.4 Lethargic</p> <p>6.5 Obtunded</p> <p>6.6 Stuporous</p> <p>6.7 Comatose</p> <p>6.7.1 Protect spine if necessary</p> <p>6.7.2 Check C-A-B</p> <p>6.7.3 Circulation</p> <p>6.7.4 Airway</p> <p>6.7.5 Breathing</p>
7. Potential life-threatening condition	<p>7.1 Types of the unconscious victim (* B-breathing: *P – pulse)</p> <p>7.1.1 +B +P = Syncope</p> <p>7.1.2 –B + P = Respiratory arrest</p> <p>7.1.3 –B – P = Cardiac arrest</p> <p>7.2 TRIAGE (TRIAGE PRIORITY)</p> <p>7.3 Casualty who has life-threatening condition that involves C-A-B. Treat this victim first, and transport them as soon as possible</p> <p>1.1.1 Airway, and breathing difficulties</p> <p>1.1.2 Choking</p> <p>1.1.3 Uncontrolled, and severe bleeding</p> <p>1.1.4 Decreased level of consciousness</p> <p>1.1.5 Shock (different types)</p> <p>1.1.6 Severe burns (2nd, and 3rd degree) with difficulty of breathing</p> <p>1.2 Person/casualty who is injured but the condition is not life-threatening. Treatment can be delayed temporarily</p> <p>1.2.1 Burns without airway problem</p> <p>1.2.2 Major or multiple or joint injuries</p> <p>1.2.3 Back injuries with or without spinal cord injury</p> <p>1.3 Person who is injured but only minor. Treatment can be delayed</p> <p>1.3.1 Minor fracture</p> <p>1.3.2 minor soft tissue injury</p> <p>1.4 Lowest priority (Black) person who is already dead or has little chance of survival</p> <p>1.4.1 Obvious death</p> <p>1.4.2 Obviously non-survivable injury</p> <p>1.4.2.1 Major open brain trauma</p> <p>1.4.2.2 Full cardiac arrest</p>
8. Activate medical assistance	<p>8.1 Arrange transfer facilities</p> <p>8.2 Phone first – activate or call medical assistance then return to the victim</p> <p>8.3 Phone fast – CPR first before calling for medical assistance</p>

<p>9. Basic life support</p>	<p>9.1 Basic life support definition  9.2 Respiratory arrest  9.3 Cardiac arrest  9.4 Artificial respiration or rescue breathing  9.5 Cardiopulmonary resuscitation  9.6 CPR for infant  9.7 CPR for children  9.8 CPR for adult  9.9 Follow CPR under AHA (American Heart Association C-A-B procedure)  9.10 Check Circulation – Airway - Breathing  9.11 Carotid pulse for adult  9.12 Brachial pulse for infant  9.13 Open airway  9.14 Head tilt chin lift maneuver  9.15 Jaw thrust maneuver  9.16 Modified jaw thrust maneuver  9.17 When to stop CPR  9.18 Spontaneous breathing, and pulse have occurred  9.19 Turned over to the physician or paramedics  9.20 Operator or first aider is already exhausted  9.21 Physician assumed responsibility, and if the casualty has been declared dead</p>
<p>10. The detailed history of casualty</p>	<p>10.1 Signs, and symptoms of the episode  10.2 What occurred at the onset of accident  10.3 Any known allergies  10.4 Present medication  10.5 Name of medication  10.6 Frequency of medication  10.7 Dosage  10.8 Time when last taken  10.9 History of casualty’s medical condition  10.10 Last oral intake, last meal, drink or medication that was taken prior to the accident  10.11 Events leading to injury or illness</p>
<p>11. Physical examination</p>	<p>11.1 Begin care, and assessment in the order of  11.2 importance:  11.2.1 A – Airway  11.2.2 B – Breathing  11.2.3 C – Circulation  11.2.4 D – Disabilities, which include mental status  11.2.5 E - Expose any body part that is fractured like extremities but still maintain casualty’s privacy, and dignity  11.3 Techniques of physical examination  11.3.1 Inspection  11.3.2 Palpation  11.3.3 Auscultation  11.3.4 Percussion</p>



	<ul style="list-style-type: none"> <li>11.4 Examine the following: <ul style="list-style-type: none"> <li>11.4.1 D - Deformity</li> <li>11.4.2 C - Contusion</li> <li>11.4.3 A - Abrasion</li> <li>11.4.4 P – Punctured</li> <li>11.4.5 B – Bleeding, and burns</li> <li>11.4.6 T – Tenderness</li> <li>11.4.7 L - Laceration</li> <li>11.4.8 S – Swelling</li> </ul> </li> <li>11.5 For casualty - fall from heights <ul style="list-style-type: none"> <li>11.5.1 Don’t move the casualty</li> <li>11.5.2 Wait for the paramedics</li> <li>11.5.3 Keep the casualty calm, and well ventilated</li> </ul> </li> </ul>
<p>12. Vital signs of causality</p>	<ul style="list-style-type: none"> <li>12.1 Baseline vital signs</li> <li>12.2 Body temperature</li> <li>12.3 Pulse rate</li> <li>12.4 Respiratory rate</li> <li>12.5 Blood pressure</li> <li>12.6 Assessment of pain</li> <li>12.7 Use of pain scale</li> </ul>
<p>13. written incident report</p>	<ul style="list-style-type: none"> <li>13.1 Definition of the term</li> <li>13.2 Accident report</li> <li>13.3 Incident report</li> <li>13.4 Find the factor</li> <li>13.5 Date, time, and specific location of the incident</li> <li>13.6 Name, job title, and department the employee is involved</li> <li>13.7 Names, and accounts of witness</li> <li>13.8 Events leading up to the incident</li> <li>13.9 Exactly what was the casualty doing at the moment of the incident</li> <li>13.10 Environmental conditions e.g., slippery, wet floor, lighting, noise, etc.</li> <li>13.11 Circumstances like tools, equipment, PPE</li> <li>13.12 Specific injuries of casualty</li> <li>13.13 Type of treatment given</li> <li>13.14 Damage equipment if there are tools, and equipment involved in the accident</li> <li>13.15 Determine the sequence</li> <li>13.16 Events involved in the incident</li> <li>13.17 Events after the incident</li> <li>13.18 Analyze</li> <li>13.19 Recommend</li> <li>13.20 Name, signature, date, and time of the person who wrote the incident report</li> </ul>
<p><b>Evidence Guide</b></p> <p>The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency.</p>	

1. The critical aspect of competency	<p>1.1 Assessed accidental situation</p> <p>1.2 Performed primary responses to the victim</p> <p>1.3 Performed secondary responses to a casualty</p>
2. Underpinning knowledge	<p>2.1 First Aid standard operating procedure</p> <p>2.2 Physical hazards</p> <p>2.3 Solid Waste Management</p> <p>2.4 Principles of body substance isolation</p> <p>2.5 Basic Life Support</p> <p>2.6 Therapeutic communication</p> <p>2.7 Physical examination of the casualty</p> <p>2.8 Vital signs paraphernalia</p> <p>2.9 Incident report writing procedure</p>
3. Underpinning Skills	<p>3.1 Identifying physical hazards</p> <p>3.2 Applying the principle to activate medical assistance</p> <p>3.3 Using the computer for report writing</p>
4. Required attitudes	<p>4.1 Commitment to occupational safety, and health.</p> <p>4.2 Promptness in carrying out activities.</p> <p>4.3 Sincere, and honest to duties.</p> <p>4.4 Eagerness to learn.</p> <p>4.5 Tidiness, and timeliness.</p> <p>4.6 Environmental concerns.</p> <p>4.7 Respect the rights of peers, and seniors at the workplace.</p> <p>4.8 Communicate with peers, and seniors at the workplace.</p>
5. Resource implication	<p>The following resources should be provided:</p> <p>5.1 Access to relevant workstation</p> <p>5.2 Relevant institutional policies, guidelines, procedure, and protocol</p> <p>5.3 Equipment, and materials relevant to the proposed activities</p>
6. Methods of assessment	<p>6.1 Written test</p> <p>6.2 Demonstration</p> <p>6.3 Oral questioning</p> <p>6.4 Portfolio/Case Study</p>
7. Context of assessment	<p>7.1 Competency assessment must be done in NSDA accredited assessment center</p> <p>7.2 Assessment should be done by an NSDA certified/nominated assessor</p>

**Accreditation Requirements**

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



# **Occupation-specific Units of Competencies**



<b>Unit Code, and Title</b>	<b>OUISDC01L3V1: Acquire knowledge, and understanding of Dementia</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills, and attitudes required to acquire knowledge, and understanding of Dementia.</p> <p>It includes explicitly the skills for interpreting Dementia, assisting in the early detection of Dementia, assisting to reduce the risk of Dementia, and explaining living well with Dementia.</p>
<b>Nominal Hours</b>	<b>15 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Interpret Dementia	1.1 Dementia is defined 1.2 <b><u>Major Types of Dementia</u></b> are recognised 1.3 <b><u>Risk Factors</u></b> of Dementia are recognised 1.4 <b><u>Symptoms</u></b> of Dementia are explained 1.5 <b><u>Misconceptions</u></b> about Dementia are recognised 1.6 <b><u>Stigma</u></b> , shame, concealments, social isolation, and discrimination related to Dementia are interpreted
2. Assist in the early detection of Dementia	2.1 Dementia symptoms are identified 2.2 Dementia risk factors are identified with the client 2.3 Detected symptoms, and risks are reported to respective personnel
3. Assist to reduce the risks of Dementia	3.1 Lifestyle modification is encouraged 3.2 Care is taken for a healthy heart 3.3 Physical exercise is encouraged 3.4 Activities for improving memory are introduced
4. Explain living well with Dementia	4.1 <b><u>Three Stages of Dementia</u></b> are explained 4.2 Dementia, and Nutrition are interpreted 4.3 Dying well with dignity is interpreted
<b>Range of Variables</b>	
<b>Variables</b>	<b>Range</b> (may include but not limited to):
1. Major Types of Dementia	1.1 Alzheimer's disease 1.2 Vascular Dementia 1.3 Frontotemporal Dementia 1.4 Mixed Dementia 1.5 Lewy body Dementia 1.6 Parkinson's Disease
2. Risk Factors	2.1 Age

	<ul style="list-style-type: none"> <li>2.2 Head Injury</li> <li>2.3 Stroke</li> <li>2.4 Diabetes</li> <li>2.5 Hypertension</li> <li>2.6 Excessive Alcohol consumption</li> <li>2.7 Physical Inactivity</li> <li>2.8 Overall brain health</li> <li>2.9 Smoking</li> <li>2.10 Air pollution</li> <li>2.11 Depression</li> <li>2.12 Infrequently Social Contact</li> <li>2.13 Obesity</li> <li>2.14 Hearing Impairment</li> <li>2.15 Family history, and genetic</li> </ul>
3. Symptoms of Dementia	<ul style="list-style-type: none"> <li>3.1 Memory loss</li> <li>3.2 Difficulty performing familiar tasks</li> <li>3.3 Problems with language, and articulation</li> <li>3.4 Disorientation of time, and place</li> <li>3.5 Poor or decreased judgement</li> <li>3.6 Problem keeping track of things</li> <li>3.7 Misplacing things</li> <li>3.8 Changes in mood and behaviour</li> <li>3.9 Trouble with images and spatial relationships</li> <li>3.10 Withdrawal from work or social activities</li> <li>3.11 Difficulties in planning, and problem-solving</li> <li>3.12 Fail to recognise own home address, and direction</li> <li>3.13 Fail to recognise the traffic, and traffic signal</li> </ul>
4. Misconceptions	<ul style="list-style-type: none"> <li>4.1 Believing Dementia as a mental health problem</li> <li>4.2 Superstitions a myths: believing Dementia is caused by the possessions of supernatural entities like jinn, ghosts, karma, black magic, etc.</li> <li>4.3 Beliefs that Dementia is a natural part of aging.</li> </ul>
5. Stigma	<ul style="list-style-type: none"> <li>5.1 Self-stigma</li> <li>5.2 Social-stigma</li> <li>5.3 Institutional stigma</li> </ul>



	5.4 Stigma by associations
6. Three Stages of Dementia	6.1 Early stage 6.2 Mid stage 6.3 Late stage
<b>Evidence Guide</b>	
The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency	
1. The critical aspects of competency	Assessment required evidence that the candidate: 1.1 Assisted in the early detection of Dementia 1.2 Reduced the risks of Dementia
2. Underpinning knowledge	4.1 Dementia 4.2 Major types of Dementia 4.3 Risk factors of Dementia 4.4 Symptoms of Dementia 4.5 Misconceptions of Dementia 4.6 Stigma, shame, concealments, social isolation, and discrimination related to Dementia 4.7 Dementia diagnosing process 4.8 Lifestyle modification 4.9 Healthy heart 4.10 Physical exercise 4.11 Memory retrieving activities 4.12 Three stages of Dementia 4.13 Dementia, and nutrition 4.14 Dying well with dignity
3. Underpinning skills	3.1 Assisting in the early detection of Dementia 3.2 Reducing the risks of Dementia
4. Required attitude	4.1 Commitment to occupational health, and safety 4.2 Sincere, and honest to duties 4.3 Promptness in carrying out activities 4.4 Environmental concerns 4.5 Eagerness to learn 4.6 Tidiness, and timeliness 4.7 Respect of peers, and seniors in the workplace 4.8 Communicate with peers, and seniors in the workplace
5. Resource implications	5.1. Workplace (actual or simulated) 5.2. Tools, equipment, and facilities 5.3. Materials
6. Methods of assessment	Competency should be assessed by: 6.1 Written test 6.2 Demonstration 6.3 Oral Questioning

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

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

<b>Unit Code, and Title</b>	<b>OUISDC02L3V1: Prepare to work as a Dementia caregiver</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills, and attitudes required to prepare to work as a Dementia caregiver.</p> <p>It includes explicitly the skills for preparing for Dementia care, developing Dementia-friendly behaviours, managing inconsistency, and incontinence, maintaining personal health and hygiene (PHH), and ensuring time management.</p>
<b>Nominal Hours</b>	<b>28 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Prepare for Dementia care	1.1 Roles, and responsibilities are identified 1.2 <b><u>Ethical issues related to Dementia</u></b> caregiving are recognised 1.3 Positive attitude as a Dementia caregiver is recognised 1.4 Client history is interpreted 1.5 Care plan for Dementia is interpreted, and prepared 1.6 Confidentiality is maintained
2. Develop Dementia-friendly behaviours	2.1 <b><u>Dementia-friendly Behaviours</u></b> are interpreted 2.2 Dementia-Friendly behaviours are exercised 2.3 Rapport building with persons with Dementia is exercised. 2.4 Reflective listening is exercised 2.5 Open ended questioning is exercised 2.6 Role with resistance skill is exercised
3. Manage inconsistency, and incontinence	3.1 <b><u>Causes of inconsistency</u></b> are interpreted 3.2 Approaches to incontinences are applied 3.3 Support with clothing during incontinence is provided 3.4 Support with skin care during incontinence is provided 3.5 Support with bathroom aid during incontinence is provided
4. Maintain personal health, and hygiene (PHH)	4.1 <b><u>Personal health, and hygiene issues</u></b> are interpreted 4.2 Personal <b>health, and hygiene norms are applied</b> 4.3 Self-care, and safety are ensured. 4.4 <b><u>Self-care issues</u></b> are identified 4.5 Self-care issues are addressed 4.6 Nutritious food, and healthy living are ensured.
5. Ensure time management	5.1 Regularity is maintained on duty 5.2 Punctuality is ensured 5.3 Immediate response to client's need is addressed

	5.4 Daily scheduled tasks are completed accordingly 5.5 Personal schedule is prepared, and maintained
<b>Range of Variables</b>	
<b>Variables</b>	<b>Range</b> (may include but not limited to):
1. Ethical issues related to Dementia	1.1 Respect human rights 1.2 Use informed consent (written/ verbal) before collecting any personal information from someone. 1.3 Oblige by the general data protection regulation 1.4 Keep all personal information saved anonymously using coding. 1.5 Confidentiality 1.6 Adopt equality, diversity, and inclusion principles.
2. Dementia-friendly behaviours	2.1 Behave gently 2.2 Be kind/compassionate 2.3 Be friendly 2.4 Be respectful 2.5 Be empathetic 2.6 Affirming 2.7 Use gentle language 2.8 Maintain courtesy, manners, and etiquette 2.9 Show sincerity 2.10 Show a good personality 2.11 Have stable emotion 2.12 Be honest 2.13 Diversity, Equity, and Inclusion (DEI)
3. Causes of inconsistency	3.1 Physical causes 3.2 Environmental causes 3.3 Other causes
4. Personal health, and hygiene issues	4.1 Oral hygiene 4.2 Hand wash 4.3 Nail cutting 4.4 Hair trimming 4.5 Well dressed
5. Self-care issues	5.1 Sorrows 5.2 Guilt 5.3 Anger 5.4 Embarrassment 5.5 Loneliness 5.6 Frustration 5.7 Family crisis 5.8 Depression 5.9 Anxiety

	<p>5.10 Stress</p> <p>5.11 Chronic health problems</p>
<p><b>Evidence Guide</b></p> <p>The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency</p>	
1. The critical aspects of competency	<p>Assessment required evidence that the candidate:</p> <p>1.1 Prepared for Dementia care</p> <p>1.2 Ensured time management</p> <p>1.3 Developed Dementia-friendly behaviours</p> <p>1.4 Maintained personal health, and hygiene (PHH)</p> <p>1.5 Managed inconsistency, and incontinence</p>
2. Underpinning knowledge	<p>2.1 Roles, and responsibilities of Dementia caregiver</p> <p>2.2 Ethical issues related to Dementia</p> <p>2.3 Client history</p> <p>2.4 Care Plan</p> <p>2.5 Confidentiality</p> <p>2.6 Personal schedule</p> <p>2.7 Dementia-Friendly behaviours</p> <p>2.8 Personal health, and hygiene</p> <p>2.9 Self-care, and safety</p> <p>2.10 Nutritious food, and healthy living</p> <p>2.11 Causes of inconsistency</p> <p>2.12 Approaches to incontinences</p>
3. Underpinning skills	<p>3.1 Preparing for Dementia care</p> <p>3.2 Ensuring time management</p> <p>3.3 Developing Dementia-friendly behaviours</p> <p>3.4 Maintaining personal health, and hygiene (PHH)</p> <p>3.5 Managing inconsistency, and incontinence</p>
4. Required attitude	<p>4.1 Commitment to occupational health, and safety</p> <p>4.2 Sincere, and honest to duties</p> <p>4.3 Promptness in carrying out activities</p> <p>4.4 Environmental concerns</p> <p>4.5 Eagerness to learn</p> <p>4.6 Tidiness, and timeliness</p> <p>4.7 Respect of peers, and seniors in the workplace</p> <p>4.8 Communicate with peers, and seniors in the workplace</p>
5. Resource implications	<p>5.1 Workplace (actual or simulated)</p> <p>5.2 Tools, equipment, and facilities appropriate to the process or activity</p> <p>5.3 Materials relevant to the proposed activity.</p>
6. Methods of assessment	<p>Competency should be assessed by:</p> <p>6.1 Written test</p> <p>6.2 Demonstration</p>

	6.3 Oral Questioning
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre 7.2 Assessment should be done by an NSDA certified/nominated assessor
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code, and Title</b>	<b>OUISDC03L3V1: Provide Person-Centred Care</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills, and attitudes required to provide person-centred care.</p> <p>It includes explicitly the skills for preparing for Person-Centred Care, explaining premorbid personality, providing support to activities of daily living (ADL), and assisting with cognitive skills and emotional wellbeing.</p>
<b>Nominal Hours</b>	<b>152 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Prepare for Person-Centred Care	<p>1.1 Person-Centred Care is explained</p> <p>1.2 <b><u>Six principles</u></b> of Person Centred Care by Kitwood are interpreted</p> <p>1.3 Bio-Psycho-Social Models of Dementia Care are interpreted</p> <p>1.4 Layout of the home is rearranged according to the needs of the client.</p>
2. Explain premorbid personality	<p>2.1. Premorbid cognitive ability of the client is identified</p> <p>2.2. Premorbid emotional state of the client is recognised</p> <p>2.3. Premorbid behavioural characteristics of the client identified</p>
3. Provide support to activities of daily living (ADL)	<p>3.1 Required <b><u>tools, equipment, and materials</u></b> are selected</p> <p>3.2 Home environment is recognised</p> <p>3.3 Care plan is prepared, and followed</p> <p>3.4 Support is provided to <b><u>wakeup/ morning activities</u></b></p> <p>3.5 Support is provided for <b><u>bathroom activities and personal hygiene</u></b></p> <p>3.6 Support is provided for <b><u>kitchen activities</u></b></p> <p>3.7 Assistance is provided <b><u>for daily meals</u></b></p> <p>3.8 Assistance is provided in <b><u>physical, and mental activities</u></b></p>
4. Assist with cognitive skills and emotional wellbeing	<p>4.1 <b><u>Various cognitive therapies</u></b> are introduced</p> <p>4.2 Emotions of a person with dementia are recognised</p> <p>4.3 Fundamental emotion regulation skills are practiced</p> <p>4.4 Reflective diaries are maintained</p>
<b>Range of Variables</b>	
<b>Variables</b>	<b>Range</b> (may include but not limited to):

<p>1. Person-centred values</p>	<p>1.1 Kitwood's Equation: Dementia =P+B+H+NI+SP  1.2 Individuality  1.3 Rights  1.4 Choice  1.5 Privacy  1.6 Independence  1.7 Dignity  1.8 Respect to Religions  1.9 Respect  <b>1.10</b> Partnership</p>
<p>2. Six principles</p>	<p>2.1 Love  2.2 Attachment  2.3 Comfort  2.4 Identity  2.5 Occupation  2.6 Inclusion</p>
<p>3. Tools, and equipment, and materials</p>	<p><b>3.1 Equipment to help people with memory</b>  3.1.1 Whiteboard  3.1.2 Clocks with large faces  3.1.3 Talking button clock  3.1.4 Dairies, and calendars  3.1.5 Dossett boxes  <b>3.2 Equipment to help with household tasks</b>  3.2.1 A kettle tipper  3.2.2 Grip extensions for controls on appliances e.g., ovens, and taps  3.2.3 Timer  3.2.4 Tray trolley  3.2.5 Signs / labels for cooking items  3.2.6 Non-slip rubber gloves  <b>3.3 Equipment to help with washing, bathing, and using the toilet</b>  3.3.1 Transfer benches, grab rails, and bath chair</p>



	<ul style="list-style-type: none"> <li>3.3.2 Bath seats, and bath board</li> <li>3.3.3 Long-handled bath sponges</li> <li>3.3.4 Safety clocks</li> <li>3.3.5 Raised toilet seat</li> <li>3.3.6 Commodes, and bed pans</li> <li>3.3.7 Water proof mattress, and pillows</li> <li>3.3.8 Pads, and pull-up incontinence pants</li> </ul> <p><b>3.4 Equipment to help with walking, and moving</b></p> <ul style="list-style-type: none"> <li>3.4.1 Walking sticks</li> <li>3.4.2 Walking cribs</li> <li>3.4.3 Wheelchair</li> <li>3.4.4 Grab-rails</li> <li>3.4.5 Ramps for wheelchairs</li> <li>3.4.6 Height adjustable beds</li> <li>3.4.7 Bed hand locks</li> </ul> <p><b>3.5 Equipment to help with eating, and drinking</b></p> <ul style="list-style-type: none"> <li>3.5.1 Dementia-friendly crockeries</li> <li>3.5.2 Cutlery with cushioned handles</li> <li>3.5.3 Non-spilled cups with large handles</li> <li>3.5.4 One-way straws</li> </ul> <p><b>3.6 Equipment for bedroom</b></p> <ul style="list-style-type: none"> <li>3.6.1 Weighted blanket</li> <li>3.6.2 Fidget blanket / Nakshi Kantha</li> <li>3.6.3 Cellular blanket</li> <li>3.6.4 Fidget pillow</li> <li>3.6.5 Waterproof mattress and mattress cover</li> <li>3.6.6 Waterproof bedsheet</li> <li>3.6.7 Appropriate sound and lightning</li> <li>3.6.8 Colourful cushion</li> <li>3.6.9 Sensory dolls</li> <li>3.6.10 Dodow glowing timer</li> <li>3.6.11 Photo frame</li> </ul> <p><b>3.7 Dementia-friendly technologies</b></p>
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	<p>3.7.1 Dementia-friendly mobile phone</p> <p>3.7.2 Radio</p> <p>3.7.3 GP trackers</p>
4. Wakeup/ morning activities	<p>4.1 Taking Consent</p> <p>4.2 Transferring</p> <p>4.3 Ambulation</p> <p>4.4 Enable room environment</p> <p>4.5 Taking vital signs, and record</p> <p>4.6 Assist in reading materials</p> <p>4.7 Assist in communication (mail check, cell phone, fax, TV news)</p>
5. Bathroom activities and personal hygiene	<p>5.1 Toileting</p> <p>5.2 Denture</p> <p>5.3 Eye care</p> <p>5.4 Hearing-aid</p> <p>5.5 Shower</p> <p>5.6 Grooming</p> <p>5.7 Dressing</p> <p>5.8 Personal hygiene</p>
6. Bedroom activities	<p>6.1 Tiding Cloths</p> <p>6.2 Writing Diaries</p> <p>6.3 Keeping a routine in the wall with pictures of Activities of Daily Life (ADL)</p>
7. Kitchen activities	<p>7.1 Prepare kitchen</p> <p>7.2 Cooking</p> <p>7.3 Put levels on every objects</p>
8. Daily meals	<p>8.1 Meal preparing</p> <p>8.2 Feeding/ dining assistance</p>

9. Physical, and mental activities	<ul style="list-style-type: none"> <li>9.1 Reflexology</li> <li>9.2 Mobility, and freehand exercise</li> <li>9.3 Mindfulness</li> <li>9.4 Mental games</li> <li>9.5 Art, and drawing</li> <li>9.6 Making room</li> <li>9.7 Gardening</li> <li>9.8 Showing albums</li> <li>9.9 Cloth folding</li> <li>9.10 Storytelling, and talking</li> </ul>
10. Various Cognitive Therapies	<ul style="list-style-type: none"> <li>10.1 Cognitive Stimulation Therapy (CST)</li> <li>10.2 Cognitive Rehabilitation Therapy (CRT)</li> <li>10.3 Reminiscence Therapy (RT)</li> <li>10.4 Occupational Therapy (OT)</li> </ul>
<p><b>Evidence Guide</b></p> <p>The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency</p>	
1. The critical aspects of competency	<p>Assessment required evidence that the candidate:</p> <ul style="list-style-type: none"> <li>1.1 Prepared for Person-Centred Care</li> <li>1.2 Provided support to activities of daily living</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Person-Centred Care</li> <li>2.2 Person-Centred Values</li> <li>2.3 Bio-Medical, and psycho-Social Models of Dementia</li> <li>2.4 Person-Centred Care Approach</li> </ul>
3. Underpinning skills	<ul style="list-style-type: none"> <li>5.12 Preparing for Person-Centred Care</li> <li>5.13 Providing support to activities of daily living</li> </ul>
4. Required attitude	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational health, and safety</li> <li>4.2 Sincere, and honest to duties</li> <li>4.3 Promptness in carrying out activities</li> <li>4.4 Environmental concerns</li> <li>4.5 Eagerness to learn</li> <li>4.6 Tidiness, and timeliness</li> <li>4.7 Respect of peers, and seniors in the workplace</li> <li>4.8 Communicate with peers, and seniors in the workplace</li> </ul>
5. Resource implications	<ul style="list-style-type: none"> <li>5.1 Workplace (actual or simulated)</li> <li>5.2 Tools, equipment, and facilities appropriate to the process or activity</li> <li>5.3 Materials relevant to the proposed activity</li> </ul>
6. Methods of assessment	<p>Competency should be assessed by:</p> <ul style="list-style-type: none"> <li>6.1 Written test</li> </ul>

	6.2 Demonstration 6.3 Oral Questioning
7. Context of assessment	7.1 Competency assessment must be done in NSDA accredited assessment centre 7.2 Assessment should be done by an NSDA certified/nominated assessor
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	

<b>Unit Code, and Title</b>	<b>OUISDC04L3V1: Communicate to persons living with Dementia</b>
<b>Unit Descriptor</b>	<p>This unit covers the knowledge, skills, and attitudes required to communicate to persons living with Dementia.</p> <p>It includes explicitly the skills for preparing for communication with persons with Dementia, communicating to persons who have Dementia, assisting in medication, performing creative approaches to care for/manage behavioural, and psychological syndromes of Dementia.</p>
<b>Nominal Hours</b>	<b>60 Hours</b>
<b>Elements of Competency</b>	<b>Performance Criteria</b> <b><u>Bold &amp; Underlined</u></b> terms are elaborated in the Range of Variables
1. Prepare for communication to persons with Dementia	1.1 Choices of persons with Dementia are recognised, and respected 1.2 Mindset preparation is taken. 1.3 Orientation to time, place and person are taken care of. 1.4 Self-orientation is ensured mentally, and physically
2. Communicate to persons who have Dementia	2.1 <b><u>Communication methods</u></b> are applied 2.2 Changes in communication ability as Dementia Progresses are noted, and reported to relevant personnel. 2.3 <b><u>Specific needs</u></b> are assessed and addressed 2.4 Causes of inconsistency are identified 2.5 Management of inconsistencies are introduced
3. Assist in Medication	3.1 Prescribed medicines are administered as per the required procedure 3.2 Side effects of medicines are recognised 3.3 Any side effect of drugs is reported to respective personnel
4. Perform creative approaches to care for/manage behavioural, and psychological syndromes of Dementia (BPSD)	1.1 Behavioral, and psychological symptoms of Dementia (BPSD) is defined 1.2 <b><u>Abnormal behaviour/behavioural syndromes</u></b> are interpreted 1.3 Challenging behaviours are explored, and identified 1.4 Person-Centred Plan is developed, and implemented with creative approaches.
<b>Range of Variables</b>	
<b>Variables</b>	<b>Range</b> (may include but not limited to):
1. Communication methods	1.1 Support with clothing during incontinence 1.2 Support with skin care during incontinence 1.3 Support with bathroom aid during incontinence

2. Specific needs	<ul style="list-style-type: none"> <li>2.1 Food management</li> <li>2.2 Outing</li> <li>2.3 Incontinence</li> </ul>
3. Abnormal behaviour/ behavioural syndromes	<ul style="list-style-type: none"> <li>3.1 Repetitive talk, questioning</li> <li>3.2 Confabulation</li> <li>3.3 Suspicion</li> <li>3.4 Denial</li> <li>3.5 Fear, anxiety/agitation</li> <li>3.6 Sundowning (Restlessness)</li> <li>3.7 Aggression</li> <li>3.8 Hallucinations</li> <li>3.9 Illusion</li> <li>3.10 Delusion</li> <li>3.11 Sleeplessness</li> <li>3.12 Wandering</li> <li>3.13 Sexuality and intimacy</li> <li>3.14 Disinhibition</li> <li>3.15 Suicidal ideation</li> </ul>
<p><b>Evidence Guide</b> The evidence must be authentic, valid, sufficient, reliable, consistent, recent, and meet all requirements of the current version of the Unit of Competency</p>	
1. The critical aspects of competency	<p>Assessment required evidence that the candidate:</p> <ul style="list-style-type: none"> <li>1.1 Prepared for communication with people with Dementia</li> <li>1.2 Communicated to persons who have Dementia</li> <li>1.3 Assisted in Medication</li> <li>1.4 Performed creative approaches to care for/manage BPSD</li> </ul>
2. Underpinning knowledge	<ul style="list-style-type: none"> <li>2.1 Client's choice</li> <li>2.2 Mindset preparation</li> <li>2.3 Communication Methods</li> <li>2.4 Inconsistency</li> <li>2.5 Approaches to incontinence</li> <li>2.6 Behavioral, and psychological symptoms of Dementia (BPSD)</li> <li>2.7 Challenging behaviours</li> <li>2.8 Person-centred plan</li> </ul>
3. Underpinning skills	<ul style="list-style-type: none"> <li>3.1 Preparing for communication with people with Dementia</li> <li>3.2 Communicating to persons who have Dementia</li> <li>3.3 Assisting in Medication</li> <li>3.4 Performing creative approaches to care for/manage BPSD</li> </ul>

4. Required attitude	<ul style="list-style-type: none"> <li>4.1 Commitment to occupational health, and safety</li> <li>4.2 Sincere, and honest to duties</li> <li>4.3 Promptness in carrying out activities</li> <li>4.4 Environmental concerns</li> <li>4.5 Eagerness to learn</li> <li>4.6 Tidiness, and timeliness</li> <li>4.7 Respect of peers, and seniors in the workplace</li> <li>4.8 Communicate with peers, and seniors in the workplace</li> </ul>
5. Resource implications	<ul style="list-style-type: none"> <li>5.1. workplace (actual or simulated)</li> <li>5.2. tools, equipment, and facilities</li> <li>5.3. Paper</li> <li>5.4. Pen</li> </ul>
6. Methods of assessment	<p>Competency should be assessed by:</p> <ul style="list-style-type: none"> <li>6.1 Written test</li> <li>6.2 Demonstration</li> <li>6.3 Oral Questioning</li> </ul>
7. Context of assessment	<ul style="list-style-type: none"> <li>7.1 Competency assessment must be done in NSDA accredited assessment centre</li> <li>7.2 Assessment should be done by an NSDA certified/nominated assessor</li> </ul>
<p><b>Accreditation Requirements</b></p> <p>Training Providers must be accredited by the National Skills Development Authority (NSDA), the National Quality Assurance Body, or a body with delegated authority for quality assurance to conduct training, and assessment against this unit of competency for credit towards the award of qualification under NSQF. Accredited providers assessing against this unit of competency must meet the quality assurance requirements set by NSDA.</p>	





## Development of Competency Standard

The Competency Standards for National Skills Certificate in Dementia Care, Level-03 is developed by the following experts in the development workshop during 12-14 February 2023 at NSDA.

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## Validation of Competency Standard

The Competency Standards for National Skills Certificate in Dementia Care, Level-03 is validated by NSDA on 28 February 2023.

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