Maldives National Skills Development Authority

National Competency Standard for School Health Officer

Standard Code: SOC19S17V1

PREFACE

Technical and Vocational Education and Training (TVET) Authority was established with the vision to develop a TVET system in the Maldives that is demand driven, accessible, beneficiary financed and quality assured, to meet the needs of society for stability and economic growth, the needs of Enterprise for a skilled and reliable workforce, the need of young people for decent jobs and the needs of workers for continuous mastery of new technology.

TVET system in the Maldives flourished with the Employment Skills Training Project (ESTP) funded by ADB with the objective of increasing the number of Maldivians, actively participating in the labor force, employed and self-employed. The Project supported expansion of demand driven employment-oriented skills training in priority occupations and to improve the capacity to develop and deliver Competency Based Skill Training (CBST). The project supported delivery of CBST programs to satisfy employer demand-driven needs. The National Competency Standards (NCS) provide the base for this training. Currently CBST is offered for five key sectors in the Maldives: Tourism, Fisheries and Agriculture, Transport, Construction and the Social sectors. These sectors are included as priority sectors that play a vital role in the continued economic growth of the country.

The NCS are developed in consultation with Employment Sector Councils representing employers. They are designed using a consensus format endorsed by the Maldives Qualifications Authority (MQA) to maintain uniformity of approach and the consistency of content amongst occupations. This single format also simplifies benchmarking the NCS against relevant regional and international standards. NCS specify the standards of performance of a competent worker and the various contexts in which the work may take place. NCS also describes the knowledge, skills and attitudes required in a particular occupation. They provide explicit advice to assessors and employers regarding the knowledge, skills and attitudes to be demonstrated by the candidates seeking formal recognition for the competency acquired following training or through work experience. By sharing this information, all participants in the training process have the same understanding of the training required and the standard to be reached for certification. Certification also becomes portable and can be recognized by other employers and in other countries with similar standards. NCS are the foundation for the implementation of the TVET system in Maldives. They ensure that all skills, regardless of where or how they were developed can be assessed and recognized. They also form the foundation for certifying skills in the Maldives National Qualification Framework (MNQF).

SOC19S17v1 is the first version of the NCS for School Health Officer, and has been developed and endorsed in the year 2017. This standard includes one Qualification at Level 4 of Maldivian National Qualifications Framework.

Coding Competency Standards and Related Materials

DESCRIPTION	REPRESENTED BY
Industry Sector as per ESC (Three letters)	Construction Sector **(CON)** Fisheries and Agriculture Sector **(FNA)** Transport sector **(TRN)** Tourism Sector **(TOU)** Social Sector **(SOC)** Foundation **(FOU)**
Competency Standard	**S**
Occupation with in a industry Sector	**Two digits 01-99**
Unit	**U**
Common Competency	**1**
Core Competency	**2**
Optional/ Elective Competency	**3**
Assessment Resources Materials	**A**
Learning Resources Materials	**L**
Curricula	**C**
Qualification	**Q1, Q2 etc.**
MNQF level of Qualification	**L1, L2 etc.**
Version Number	**V1, V2 etc.**
Year of endorsement of standard, qualification	**By two digits Example- 07**

2. NATIONAL CERTIFICATE IV in School Health Officer

3. Qualification code: SOC19S1v1	Total Number of Credits: 120

4. Purpose of the qualification

The holders of the level four qualifications are designed to enable graduates acquire in-depth knowledge, practical skills and competencies that will be useful in facilitating schools to plan and manage their own health and development. The candidates are expected to provide leadership in planning and management of health services, and especially at the school and community levels.

Completion of the programs, the graduates will be able to undertake effectively the following functions and responsibilities: Manage School Health programs at various levels, plan and implement surveillance and control of common diseases, plan and conduct school health diagnosis ,develop and implement training programs for community education, mobilization and advocacy for both the health workers and the communities, participate in the management of disasters and emergencies and advocate for promotion and maintenance of good health

5. Regulations for the qualification	National Certificate IV in School Health Officer will be awarded to those who are competent in unit 1+2+3+4+5+6+7+8+9+10+11+12+13+14+15+16+17+18+19

6. Schedule of Units

Unit Title	Unit Title	Code
1	Basic Human Anatomy and Physiology	SOC19S1U01V1
2	First Aid and Emergency Care	SOC19S1U02V1
3	Psychological First Aid	SOC19S1U03V1
4	Community Health	SOC19S1U04V1
5	Management of Outbreak of Communicable Disease	SOC19S1U05V1
6	Controlling Outbreak	SOC19S1U06V1
7	Management of Sick Child and Children with Disability	SOC19S1U07V1
8	Policy and Equipment	SOC19S1U08V1
9	Preventing Communicable Disease	SOC19S1U09V1
10	Physical Education	SOC19S1U10V1
11	School Based Health Promotion and Health Program	SOC19S1U11V1
12	Mental Health	SOC19S1U12V1
13	Monitoring Assessment	SOC19S1U13V1
14	Oral Checkup,	SOC19S1U14V1
15	Visual Check up	SOC19S1U15V1
16	Hearing Check up	SOC19S1U16V1
17	Reproductive Health	SOC19S1U17V1
18	Physical and Sexual abuse in Schools.	SOC19S1U18V1
19	Effective communication skills and school health officer	SOC19S1U19V1

8. Recommended sequencing of units	As appearing under the section 06

Unit	Unit Title	Code	Level	No of Credits
1	Basic Human Anatomy and Physiology	SOC19S1U01V1	IV	6
2	First Aid and Emergency Care	SOC19S1U02V1	IV	6
3	Psychological First Aid	SOC19S1U03V1	IV	6
4	Community Health	SOC19S1U04V1	IV	6
5	Management of Outbreak of Communicable Disease	SOC19S1U05V1	IV	6
6	Controlling Outbreak	SOC19S1U06V1	IV	6
7	Management of Sick Child and Children with Disability	SOC19S1U07V1	IV	6
8	Policy and Equipment	SOC19S1U08V1	IV	6
9	Preventing Communicable Disease	SOC19S1U09V1	IV	6
10	Physical Education	SOC19S1U10V1	IV	6
11	School Based Health Promotion and Health Program	SOC19S1U11V1	IV	6
12	Mental Health	SOC19S1U12V1	IV	6
13	Monitoring Assessment	SOC19S1U13V1	IV	6
14	Oral Checkup,	SOC19S1U14V1	IV	6
15	Visual Check up	SOC19S1U15V1	IV	6
16	Hearing Check up	SOC19S1U16V1	IV	6
17	Reproductive Health	SOC19S1U17V1	IV	8
18	Physical and Sexual abuse in Schools.	SOC19S1U18V1	IV	8
19	Effective communication skills and school health officer	SOC19S1U19V1	IV	8

Packaging of National Qualifications:

National Certificate IV in school health officer will be awarded to those who are competent in units 1+2+3+4+5+6+7+8+9+10+11+12+13+14+15+16+17+18+19

Qualification Code: SOC19SQ1L417

Description of a School Health Officer

Education sector of both government and private sectors are seeking health officers who are professionally-qualified in understanding of accepted principles and practices in all aspects of school health and well-being of school children and school personnel education,

UNIT- 01

UNIT TITLE	Human Anatomy and Physiology				
DESCRIPTOR	This unit involves the basic human anatomical and physiological knowledge required by a health officer in the field of their work				
CODE	SOC19S1U01V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Skeletal system	1.1. Know the components of human skeleton - Bones - Cartilages - Joints 1.2. Know the division of human skeleton - Axial skeleton - Appendicular skeleton 1.3. Know the functions of human skeleton
2. Muscular system	2.1. Know the components of muscles 2.2. Type of muscles - Skeletal Muscle - Smooth Muscle\ - Cardiac Muscle 2.3. Functions of muscular system
3. Nervous System	3.1. Know the components of nervous system - Brain - Spinal Cord - Nerves - Nerve Endings 3.2. Know the divisions of nervous system - Central Nervous System (CNS) - Peripheral Nervous System (PNS)

	3.3. Know the functions of the nervous system
4. Respiratory System	4.1. Know the components of the respiratory system - Nose - Larynx - Trachea - Bronchi - Lungs 4.2. Know the parts of the respiratory system - Conductive Parts - Respiratory Parts 4.3. Know the functions of the respiratory system
5. Cardiovascular System	5.1. Know the components of the Cardiovascular system - Heart - Blood Vessels - Blood 5.2. Know the functions of the Cardiovascular system
6. Anatomical positions	6.1. Know the anatomical position of the human body 6.2. Know the parts of the body symmetrically arranged 6.3. Know the anatomical position of the human body

7. Digestive System	7.1. Know the components of the Digestive System - Necessary Organs - Accessory Organs 7.2. Know the functions of the Digestive System
8. Urinary System	8.1. Know the components of the Urinary System - Kidneys - Ureters - Urinary Bladder - Urethra 8.2. Know the functions of the Urinary System

Range statement

- Skeletal system
- Muscular system
- Nervous system
- Respiratory system
- Cardiovascular system
- Anatomical position
- Digestive System
- Urinary System

Assessment context
- Assessment of this unit must be completed on the job or in a simulated work environment

Critical aspects
It is essential that competence is demonstrated in the knowledge and skills defined in this unit. These may include the ability to:
- Identify the important organs and vital system of human body
- Know anatomical position of the human body
- Know measures to take as psychological first aid

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic knowledge on: • The important system of human body • Anatomical position of the body	The ability to: • know how the different system of the body work • Identify different position of the human body

UNIT- 02

UNIT TITLE	First Aid and Emergency Care				
DESCRIPTOR	This unit describes the skills and knowledge required to promote school health and work with community leaders to help them understand how the community contributes to, or undermines, health and education. At the end of this unit candidates will acquire skill required to provide direct care for injuries, acute illness and emergency situation. It also describes and outlines the responsibilities of school health officer and how these responsibilities must be carried out.				
CODE	SOC19S1U02V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. First Aid Kit and Priorities of first aider	1.1. Make sure the following things are in the first aid kit and it is ready - Sterile bandages in assorted sizes - Sterile gauze pads in assorted sizes - Hypoallergenic adhesive tape - Scissors - Tweezers - Moistened towelettes - Thermometer - Petroleum jelly - Assorted sizes of safety pins - Anti-bacterial soap - Latex gloves and face mask - Aspirin and/or ibuprofen - Ice Pack - Hydrogen Peroxide 1.2. Assess a situation quickly and calmly. 1.3. Protect yourself and any casualties from danger— never put yourself at risk. 1.4. Prevent cross-contamination between yourself and the casualty as best as possible.

	1.5. Comfort and reassure casualties.
	1.6. Assess the casualty: identify, as best as you can, the injury or nature of illness affecting a casualty
	1.7. Give early treatment, and treat the casualties with the most serious (life-threatening) conditions first.
	1.8. Arrange for appropriate help: call 911 for emergency help if you suspect serious injury or illness; take or send the casualty to the hospital
	1.9. transfer him into the care of a healthcare professional, or to a higher level of medical care
	1.10. Stay with a casualty until care is available
2. Principles, purpose and the action plan of the first aider	2.1. Principles of first aid - Call for help - Calmly take charge - Check the scene and the casualty - Carefully apply first aid 2.2. Purpose of the first aid - Sustain the life - Prevent suffering - Prevent secondary complications - Promote speedy recovery 2.3. Action plan - Assess the situation - Safety of yourself and the casualty - Assess the casualty - Treat the casualty - Arrange the removal of the casualty to hospital or safe area

	- Write a report/communicate the status
3. Protection from infection	3.1 When you give first aid, it is important to protect yourself (and the casualty) from infection as well as injury. Take measures such as: 3.2 Washing hands 3.3 Wearing disposable gloves 3.4 A face shield or pocket mask is available, it should be used when you give rescue breaths. 3.5 Latex-free disposable gloves 3.6 To minimize the risk of cross contamination - Do wash hand and wear latex-free disposable gloves (in case first aider or the casualty are allergic to latex - If gloves are not available ask the casualty to dress his or her own wound, or enclose hands in clean plastic bags - Do cover cuts ad scrapes on the hands with waterproof dressings. - Do wear a plastic apron if dealing with large quantities of body fluids and wear glasses or goggles to protect the eyes - Do dispose of all waste safely - Do not touch a wound or any part of a dressing that will come into contact with a wound with the bare hands

	- Do not breath, cough, or sneeze over a wound while you are treating a casualty.
4. Nose bleeding	4.1 In case of nose bleeding: - Sit the casualty down with her head tilted forwards - Don not let head tip back, blood may run down the throat and induce vomiting - Ask the casualty to breathe through her mouth and to pinch her nose just below the bridge - Tell her not to speak, swallow, cough, spit or sniff - After 10 mins tell the casualty to release the pressure and if it is still bleeding reapply the pressure for two further periods of 10 minutes - If the nose bleeds persist send the casualty to hospital for further treatment
5. Bleeding	If a student cuts follow these steps in preventing bleeding 5.1. Apply direct pressure to the wound' 5.2. Elevate 5.3. Apply additional pressure to a pressure point to help reduce bleeding
6. Asthma	6.1. Know what is happening to the body during an asthma attack 6.2. Recognize the signs of asthma 6.3. Carry out the First aid procedures to relieve asthma

	(As given in First Aid Module by Ministry of Education page 72)
7. Heart attach	7.1. Know how heart attack occurs. 7.2. Recognize the signs of heart attack. 7.3. Carry out the first aid procedure for heart attack (As given in First Aid Module by Ministry of Education page 73)
8. Stroke	8.1. Know what is happening to the body stroke 8.2. Recognize the signs of stroke 8.3. Carry out the first aid procedure in case of stroke (As given in First Aid Module by Ministry of Education page 74)
9. Strains and fractures	In case of strain 9.1. Identify the signs of strain and fractures 9.2. Ice: apply a cold pack and do not apply ice directly to skin 9.3. Compress: Use an elastic or conforming wrap but not too tight 9.4. Elevate: above heart level to control internal bleeding In case Fractures of fracture 9.5. Immobilize area: Use pillows jackets, blankets etc. Stop any movement by supporting injured area
10. Sprains and Strains	10.1. Identify/recognize the signs of sprains and strains 10.2. Follow the R.I.C.E procedure

	- R: Rest - Ice: Ice - C: Compression - E: Elevate 10.3. Identify and recognize knee injury 10.4. Identify and recognize Cramps 10.5. Carry out the first aid procedures - Help the casualty to lie down - If she has already fainted open her airway and check her breathing - Raise her leg above heart (chest) level - Loosen any tight clothing around neck, chest or waist - Open the windows and ask bystanders not to crowd around the casualty to allow fresh air to casualty - Once the casualty starts to recover, reassure her constantly and help her to sit up slowly
11. Fainting	11.1. Know why fainting occurs 11.2. Identify and recognize the signs of Fainting 11.3. Carry out the first aid procedure for fainting
12. Heat Exhaustion and Heatstroke	12.1. Identify the signs and symptoms of heat exhaustion and heat stroke 12.2. If the casualty is unconscious, place them in the recovery position 12.3. Remove most of the casualties clothing and sponge down the body with a cool and wet cloth 12.4. Ice packs to the head, neck, armpits and groin to reduce the casualties' temperature

	12.5. Provide them with cool water to sip if conscious and able.
13. Burns and Scalds	13.1. Identify the signs of burns and scalds - Redness - Swelling - Blisters - Blisters - Charred skin 13.2. What should be dine in case if burn and scald - Remove any jewelry - Apply a sterile dressing or cling film - Treat the casualty for shock if necessary - Seek medical help if necessary 13.3. Identify symptoms or problems that might experience dude to allergies include: - Runny nose - Burning, water eyes - Sinus congestion - Postnasal drip - Sore throat - Skin rash - Ear infection - Chest congestion - Coughing - Headaches - Fatigue - Asthma 13.4. Take measures to suppress the allergy

14. Bites and Stings	14.1. Remove the sting by scraping sideways using blunt knife or edge of card 14.2. Place icepack on affected area to reduce pain 14.3. Apply pressure immobilization and seek urgent medical help
15. Controlling severe bleeding	15.1. Immerse wound in hot water around 45 degrees to reduce pain for around 30-39 minutes. Repeat if need be. 15.2. Apply ice pack if hot water doesn't relieve pain 15.3. Treat for shock 15.4. Clean wound by scrubbing with soap 15.5. Apply local antiseptics 15.6. Get medical advice

16. Choking	16.1. Encourage the individual to cough
	
	16.2. Give 5 back blows
	  - Stand slightly behind the victim
	  - Place one arm diagonally across the victims' chest for support and lean him forward
	  - With the hell of your other hand strike the victim firmly between the shoulder blades
	
	16.3. Give 5 abdominal thrusts:
	  - Place the thumb side of the fist just above the victim's belly button
	  - Grab the fist with the free hand

	- Pull quick upward thrusts to dislodge the object - Repeat back blows and abdominal thrust until the object is forced out, the victim can breathe, or the victim become unconscious
17. Electric shock	17.1. In the event of electric shock do NOT rush to assist the victim until you are certain that he is no longer in contact with electricity 17.2. If at all possible, turn off the source of electricity (i.e. light switch, circuit breaker, etc.) 17.3. If this is not an option, use non-conductive material such as plastic or dry wood to separate the source of electricity from the victim. 17.4. check the victim's vital signs such as: the depth of his breathing and regularity of his heart beat. 17.5. If the victim is responsive and does not appear seriously injured but looks pale or faint, he may be at risk of going into shock.υ Gently lay him down with his head slightly lower than his chest and his feet elevated.
18. Head injury	18.1. Although most minor head injuries caused by a fall or a strike to the head may result in a bruise or a bump and are not dangerous, it is extremely important to pay close attention to the following symptoms:

	- Excessive bleeding from an open wound
	- Loss of consciousness
	- Interruption of breathing
	- Prolonged disorientation or apparent memory loss
	
	18.2. If you detect any of the above, the victim may have sustained serious head trauma and will require professional medical attention.
	
	18.3. If that's the case, dial 9-1-1 immediately. Until the ambulance arrives:
	
	    - If possible, place the victim in a dim, quiet area.
	    - Lay the victim down with his head and shoulders slightly elevated.
	    - If the wound is bleeding, dress it with gauze or clean cloth.
	    - Do not leave the victim unattended.υ If the victim loses consciousness, you may need to perform CPR.
	    - If the injury does not appear serious or extend beyond minor bruising, it should be treated accordingly.

19. Cardiopulmonary resuscitation	19.1. Follow the 3 steps of CPR
	    - Chest compressions
	    - Airway

	- Breathing
	19.2. Position for CPR is as follows:
	- CPR is most easily and effectively performed by laying the patient supine on a relatively hard surface, which allows effective compression of the sternum
	- Delivery of CPR on a mattress or other soft material is generally less effective
	- The person giving compressions should be positioned high enough above the patient to achieve sufficient leverage, so that he or she can use body weight to adequately compress the chest
	19.3. For an unconscious adult, CPR is initiated as follows:
	- Give 30 chest compressions
	- Perform the head-tilt chin-lift maneuver to open the airway and determine if the patient is breathing
	- Before beginning ventilations, look in the patient's mouth for a foreign body blocking the airway

	19.4. The chest compression provider should do the following:
	- Place the heel of one hand on the patient's sternum and the other hand on top of the first, fingers interlaced
	- Extend the elbows and the provider leans directly over the patient (see the image below)
	- Press down, compressing the chest at least 2 in
	- Release the chest and allow it to recoil completely
	- The compression depth for adults should be at least 2 inches (instead of up to 2 inches, as in the past)
	- The compression rate should be at least 100/min
	- The key phrase for chest compression is, "Push hard and fast"
	- Untrained bystanders should perform chest compression–only CPR (COCPR)
	- After 30 compressions, 2 breaths are given; however, an intubated patient should receive continuous compressions while ventilations are given 8-10 times per minute

	- This entire process is repeated until a pulse returns or the patient is transferred to definitive care
	- To prevent provider fatigue or injury, new providers should intervene every 2-3 minutes (i.e., providers should swap out, giving the chest compressor a rest while another rescuer continues CPR)
	19.5. To perform ventilation the provide must
	- Ensure a tight seal between the mask and the patient's face
	- Squeeze the bag with one hand for approximately 1 second, forcing at least 500 mL of air into the patient's lungs
	19.6. To perform the mouth-to-mouth technique, the provider must do the following:
	- Pinch the patient's nostrils closed to assist with an airtight seal
	- Put the mouth completely over the patient's mouth
	- After 30 chest compression, give 2 breaths (the 30:2 cycle of CPR)

	- Give each breath for approximately 1 second with enough force to make the patient's chest rise - Failure to observe chest rise indicates an inadequate mouth seal or airway occlusion - After giving the 2 breaths, resume the CPR cycle

20. Breathing and Circulation	20.1. Understand how oxygen is drawn in to the blood and carbon dioxide is released into the air
	20.2. Understand the breathing process
	20.3. Know the risks of depriving oxygen
	20.4. Carry out the Resuscitation technique
	20.5. Carry Resuscitation accordingly as follows
	    - Check Response
	    - Check Breathing
	    - Arrange for medical help
	    - Arrange for transfer to a health care facility
	    - Give 30 compressions followed by 2 rescue breaths for adults
	    - For children give FIVE rescue breaths and then give 30 compressions followed by 2 rescue breaths. Resuscitate for 1 minute before calling for help.

	20.6. Understand the signs of unconscious casualty
	
	 20.7. Take the first priority step (opening the airway which allow oxygen to flow to the lungs that will be sent to the heart which will pump the oxygen to all the organs especially the most vital organ which is the brain)
	
	 20.8. In case of unconscious casualty
	     - Check for casualty's response
	     - Open casualty's airway
	     - Check breathing

21. Unconscious and breathing casualty	21.1. Recovery position
	     - Remove bulky objects from the casualty pocket
	     - Move arm nearest to you
	     - Move the other arm and raise leg
	     - Pull knee towards you
	     - Position leg at right angle
	     - Position leg at right angle
	     - Keep airway open
	     - Arrange for medical help OR arrange for transfer to a health care facility
	     - Monitor casualty

Range statement

- Procedures included
  - In case of nose bleeding
  - student cuts herself
  - student fractures and strain
  - in case of heat exhaustion and heatstroke
  - in case of burns and scald
  - in case of bites and stings
  - in case of choking
  - in case of severe bleeding
  - in case of head injury
  - in case of electric shock
- First Aid box and required equipment and medicine in case of emergency situation
- Apply the principles and purpose of first aid during an emergency situation
- Measures to protect oneself and the casualty from contamination or infection

Tools, equipment and materials required may include:

- Emergency care equipment (acute injury and acute illness) and emergency treatment equipment.

- First Aid kit

Assessment guide

Form of assessment

- Assessment for the unit needs to be holistic and must be observed through real or simulated workplace activities

Assessment context

Assessment of this unit must be completed on the job or in a simulated work environment which reflects candidates' ability and knowledge in handling emergency health issue (acute injury /acute illness) that arise in a school environment.

Critical aspects

It is essential that competence is fully observed and there is ability to transfer competence to changing circumstances and to respond to unusual situations in the critical aspects of:

- Identifying what needs to be done during an incident such as when a student cuts herself/ fractures and strain/ heat exhaustion and heatstroke/ in case of burns and

scald/ in case of bites and stings/ in case of choking/ in case of severe bleeding/ in case of head injury and in case of electric shock

- Able to assess the situation and take the first aid measures calmly, and carefully apply first aid procedures
- Able to take measures for the safety of oneself and the casualty simultaneously
- Prevent secondary complications and promote speedy recovery of the casualty.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills

General Knowledge on
 	
• The equipment required in a first aid box or pouch
 	
• Principles and purpose of first aid
 	
• Measures to take during an emergency care situation such as
 	
  - In case of nose bleeding
  - student cuts herself
  - student fractures and strain
  - in case of heat exhaustion and heatstroke
  - in case of burns and scald
  - in case of bites and stings
  - in case of choking
  - in case of severe bleeding
  - in case of head injury
  - in case of electric shock
	Ability to
	
	• Stay calm
	• Act confidently
	• Offer assistance whenever necessary
	• Be Patient
	• Effectively communicate to participate, exchange and to interact with school personnel, local health service and community regarding improving the health of students
	
	• Handle and treat acute injuries and acute illness
	
	• Handle medical equipment and emergency medical situation
	
	• Assess the casualty: identify, as best as you can, the injury or nature of illness affecting a casualty
	• Give early treatment, and treat the casualties with the most serious (life-threatening) conditions first.
	• Arrange for appropriate help: call 911 for emergency help if suspect serious injury or illness; take or send the casualty to the hospital

UNIT- 03

UNIT TITLE	Psychological First aid				
DESCRIPTOR	This unit involves skills and knowledge required to provide psychological first aid. People suffer from a wide range of mental health problems during and long after emergencies. People will be more likely to recover if they feel safe, connected, calm and hopeful; have access to social, physical and emotional support; and find ways to help themselves				
CODE	SOC19S1U03V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
• Promote safety	1.1 Help people meet basic needs for food and shelter, & obtain medical attention 1.2 Provide repeated, simple and accurate information on how to get these basic needs met
2. Promote Calm	2.1 Listen to people who wish to share their stories and emotions, & remember that there is no right or wrong way to feel 2.2 Be friendly & compassionate even if people are being difficult. 2.3 Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.
3. Promote CONNECTEDNESS:	3.1Help people contact friends and loved ones

	3.2 Keep families together. Keep children with parents or other close relatives whenever possible.
4. Promote self-efficacy	4.1 Give practical suggestions that steer people toward helping themselves 4.2 Engage people in meeting their own needs.
5. Promote HELP	5.1 Find out the types and locations of government & non-government services and direct people to those services that are available. 5.2 When they express fear or worry, remind people (if you know) that more help and services are on the way.
6. Don't	6.1 Force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences). 6.2 Give simple reassurances like "everything will be ok", or "at least you survived" (statements like these tend to diminish calmness). 6.3 Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (this decreases self-efficacy). 6.4 Tell people why you think they have suffered by giving reasons about their personal behaviors or beliefs (this also decreases self-efficacy).
7. Elements of De-escalation	7.1 Don't make global statements about the person's character 7.2 Use "I" statements 7.3 Lavish praise / support / encouragement is not believable

	7.4 Establish a relationship: Introduce yourself if they do not know you • Ask the person what they would like to be called 7.5 Use concrete questions to help the person focus • Use closed ended questions (yes/no) • If the person is not too agitated, briefly explain why you are asking the question 7.6 Come to an agreement on something • Establishing a point of agreement will help solidify your relationship and help gain their trust • Positive language has more influence than negative language • Active listening will assist you in finding a point of agreement 7.7 Speak to the person with respect • This is communicated with: • Words • Para-verbal Communication (how we say the words – e.g. tone, pitch) • Non-verbal behavior • Use of words like please and thank you
8. Psychological Symptoms and Coping	8.1 Recognize the possible emotional psychological symptoms 8.2 Take measures to help coping such as • Seek help from others or offering to help others • Use natural support systems • Talk about their experiences and trying to make sense of what happened • Hide until the danger has passed

	• Seek information about the welfare of loved ones • Gather remaining belongings 8.3 Help them to use self-help techniques such as • Know the normal reactions to stressful events • Be aware of your tension and consciously try to relax • Use the buddy system • Talk to someone you trust and with whom feel at ease • Listen to what people close to you say and think about the event • Reconcile expectations with results • Work on routine tasks if it is too difficult to concentrate on demanding duties • If you cannot sleep or feel too anxious, discuss this with someone you can trust • Express your feelings in ways other than talking: • Draw • Paint • Play music • Journal
9. Cognitive/Behavioral Approaches to Stress Reduction	9.1 Adequate Rest 9.2 Exercise / Movement 9.3 Diet / Balanced Nutrition 9.4 Enough H2O 9.5 Moderate Chemical Use 9.6 Laughter / Tears

	9.7 Time Away from Work Role
	9.8 Religious / Spiritual
	9.9 Relaxation Techniques / Breathing
	9.10 Yoga
	9.11 Meditation
	9.12 Social Support / Discuss Feelings
	• Allow yourself to receive as well as give

Range statement

- Promote safety
- Promote calm
- Promote correctness
- Promote self-efficacy
- Promote HELP
- Establish a relationship with the person and establish a point of agreement
- Psychological symptoms and measures to take for coping

Assessment context
- Assessment of this unit must be completed on the job or in a simulated work environment

Critical aspects
It is essential that competence is demonstrated in the knowledge and skills defined in this unit. These may include the ability to:
- Identifying symptoms of psychological trauma
- Take appropriate measures to help them coping with the psychological trauma
- Know measures to take as psychological first aid

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic knowledge on: • What is psychological trauma • Symptoms of psychological trauma • Measures to take dealing with psychological trauma	The ability to: • Communicate effectively • Communicate with empathy • Understand others situation • Give reassurance • Ask concrete questions • Actively listen

UNIT- 04

UNIT TITLE	Management of Outbreak of Communicable Disease				
DESCRIPTOR	This unit involves the skills and knowledge required to identify infectious diseases in school environment and how it is spread. The skills required to implement preventive strategies in preventing infectious diseases. It describes hand washing techniques, awareness strategies in implementing hand washing technique and principles of good practice of protective clothing to reduce opportunities for cross infection/contamination. In addition to this the unit gives knowledge on safety procedures and methods in disposing wastes.				
CODE	SOC19S1U04V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. How the infectious is spread	1.1. Infectious diseases spread in many ways. Identify how the infectious is spread. Infectious can be spread in many ways such as: - ***Respiratory route Sneezing***, coughing: singing or even just talking may spread respiratory droplets from an infected person to someone else close - Droplets from the mouth and nose may also contaminate hands, cups, toys or other items and spread infection to others who may use or touch those items - Examples of infections spread by the respiratory route are the common cold, measles, chicken pox, scarlet fever, mumps, influenza, whooping cough and meningococcal infection - ***Intestinal (faecal oral) route***, the bacteria and viruses that cause

	these infections are present in the intestinal tract of affected persons who usually have diarrhea but they may be symptom-less carriers
	- They spread in their faces to others either directly on hands or indirectly via food or objects like toys or toilet flush handles
	- Examples of infections spread in this way are dysentery, food poisoning, gastroenteritis and hepatitis A
	- *Direct contact* Infections of the ski mouth and eye may be spread by direct contact by touching an infected area on another person's body or through a contaminated object such as a shared towel or hat
	- Early medical treatment and close attention to hygiene will usually prevent the spread of these infections. E
	- Examples are scabies, head lice, ringworm and impetigo
	- *Blood borne virus infections*
	- Blood borne virus infections are uncommon in school children. They include infection with HIV hepatitis B and C infections
	- For infection to occur there has to be transfer of blood or body fluids from an infected person to another person through a break in the skin such as a bite or cut or through splashes in the eye or injection
	- For infection to occur there has to be transfer of blood or body fluids from an infected person to another person through a break in the skin such as a bite or cut or through splashes in the eye or injection

2.	Hand washing	2.1.	Make students and school personnel aware when hands should be washed
			- Before serving, preparing or eating food
			- Before undertaking a first aid procedure
			- After changing a nappy
			- After cleaning up a mess (e.g. vomit, urine or feces)
			- After visiting the toilet, even if only to supervise a child
			- After playing in sand-pits
			- After touching pets and animals School nurses can carry out personal hygiene and hand washing education sessions
		2.2.	Ensure all parts of the hand are washed, paying particular 19 attentions to the thumbs, fingertips, spaces between the fingers and the center of the palm
		2.3.	Ample access to hand washing facilities at all times. Hot and cold running water, soap and a means of drying hands are essential
		2.4.	Plan and implement handwashing program.
		2.5.	Ensure availability of liquid soap (liquid soap should be available for use via soap dispenser), and supply of paper towels for hand drying.
		2.6.	Bathroom and toilets:
3.	Personal Protective clothing is to reduce opportunities for cross infection/contamination	3.1.	Adhere to the principles of good practice of Protective clothing (e.g. gloves, aprons, eye protection) should be worn whenever there is a risk of exposure with blood or body fluids
		3.2.	Advise apron to be used any direct contact with actual or potential blood, body fluids or chemicals
		3.3.	Advise apron to be changed between each child and hand hygiene after removal of the apron
		3.4.	Enforce school teachers and children to use gloves when handling chemicals and play involving soil
4.	Disposable of waste	4.1.	Schools and nurseries and childcare settings may produce differing types of waste. All waste generated should be segregated appropriately into:
		4.2.	Domestic waste (household waste)-black

	4.3.	Offensive waste (used nappies/pads, gloves, apron or sanitary waste) – yellow bag
	4.4.	Contents of these bags must be disposed in a proper way.
	4.5.	Waste disposal must be away from children play ground
	4.6.	Dustbins labelled (separate bins for combustibles and non-combustibles) must be kept in children playgrounds, kitchen area and in bathrooms.

Range statement

- Identify whether there is a spread of infection among children
- Identify how infectious is spread
- Spread of infectious through respiratory route
- Spread of infectious Intestinal route
- Spread of infectious through direct contact
- Blood borne virus infectious
- General measures to control and prevent the spread of infection
- Proper handwashing techniques and the requirement of it.

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration of measures taken to prevent spread of infectious diseases and proper handwashing techniques

Assessment context
- Assessment of this unit must be completed on the job or in a simulated work environment
Critical aspects
It is essential that competence is demonstrated in the knowledge and skills defined in this unit. These may include the ability to:
- Identifying an infectious disease
- Identify how the disease is spread
- Based on school environment proper measures taken to prevent spread of diseases
- Implement proper waste disposal methods
- Implement hand washing techniques to prevent infectious diseases.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic knowledge on: • Infectious diseases • Respiratory route infections, Intestinal rout infections, Direct contact infections and blood borne infections • measures such as hand washing techniques and proper waste disposable techniques.	The ability to: • Identify the spread of infectious diseases • implement measures to prevent res Respiratory route infections, Intestinal rout infections, Direct contact infections and blood borne infections • effectively communicate and transmit handwashing techniques • Implement proper waste disposable techniques.

UNIT- 05

UNIT TITLE	Controlling Outbreak				
DESCRIPTOR	This unit describes the skills and knowledge required by a healthcare worker in effectively controlling outbreak				
CODE	SOC19S1U05V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Isolating cases and minimizing the spread of infection	1.1. Contacting parents and advising them to remover the affected child from the setting 1.2. Isolate affected children from other children until collected by parent. 1.3. Strategies to prevent staff and children from diarrhea and vomiting should not return to school/nursery/childcare setting until they have been symptom free for 48 hours. 1.4. Restriction of staffs and children movement as far as possible 1.5. Take measures to prevent joint group activities such as assembly and group activities. 1.6. Enforce proper hand washing techniques specially for people visiting the setting eg: social workers, welfare officers and health officers. 1.7. Use personal protective clothing
2. Play Equipment and play activities with children	2.1. Wash and disinfect toys with sterilizing fluid

	2.2. Stop sand and water play until after the outbreak is over and the sand is thrown away
	2.3. Throw away play items such as play dough and plasticine which were used infected children
	2.4. Use personal protective clothing to prevent the transfer of bacteria and viruses.
	2.5. School, nursery or childcare setting must be closed to control outbreak of communicable disease.
	2.6. Ensure cleanliness and general hygiene are essential in limiting the spread of infection in schools, nurseries and childcare settings.
	2.7. Use hot water and detergent to remove soiling and reduce bacteria and viruses to safe level.
	2.8. Cleaning should be undertaken at least once a day in bathrooms and toilets and should include attention to taps, flush handles, toilet seats and door handles
3. Cleaning of specific equipment in schools, nurseries and childcare settings	3.1. Ball Pools/Pits: Visually check before and after each use. Cleaning must occur every three months.
	3.2. Food play: Supervise dried or cooked products of play to ensure the items are not consumed
	3.3. Play dough: Ensure hand hygiene before and after using play dough

	3.4. Change play dough on a monthly basis and more frequently if contamination occurs between these items
	3.5. Play sand: Cover play sand when not in use with ventilated lid. Wash toys used within the sand at the end of the session and stored separately from the sand
	3.6. Soft play equipment: Wipe surfaces weekly with hot water and detergent solution or a multi-surface wipe and allow to dry.
	3.7. Storage of toys: Store toys in a rigid, washable and preferably lidded container.
4. Strategies and tools for infection control and treatment	4.1 Infection control: Identification of and adherence to infection control measures is essential for preventing development and spread of antimicrobial resistance
	4.2 Strengthen individual and community-based infection control measures such has hand-washing, respiratory hygiene
	4.3 Treatment: Disseminate clinical guidance is critical for preventing increased severity and further spread of infectious
	4.4 Intervention to reduce disease by insects
	4.5 Use proven tools and interventions to reduce high-burden infectious diseases.

Range statement

- Isolate affected children from other children until collected by parent
- Take measures to prevent joint group activities such as assembly and group activities
- Enforce proper hand washing techniques
- Ensure cleanliness and general hygiene are essential in limiting the spread of infection in schools, nurseries and childcare settings

- Implement measures to clean specific equipment in schools, nurseries and childcare settings
- Identification of and adherence to infection control measures
- Interventions to reduce high-burden infectious diseases

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation

- Questioning

- Practical demonstration

Assessment context

- Assessment of this unit must be completed on the job or in a simulated work environment which reflects applying appropriate measures and actions in preventing and protecting school personnel in an infectious disease spread.

Critical aspects

It is essential that competence is demonstrated in the knowledge and skills defined in this unit. These may include the ability to:

- Takes responsibility in taking appropriate measures to prevent infectious diseases
- Promote and enforce important procedures in maintaining the cleanliness of play equipment and play activities with children
- Enforce hand washing techniques and general hygiene measures within the school environment
- Follow clinical guidance in case of outbreak infection
- Promote and adhere to strategies of infection control methods and infection treatment methods.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
Candidates must have basic knowledge of - What needs to be done to prevent staff and children from diarrhea and vomiting further spreading the disease - When to prevent joint group activities such as assembly and group activities - Proper hand washing techniques - Identifying infectious disease	The ability to: - Effectively communicate restriction of movement and activities in time of infectious spread - Identify the spread of infectious disease - Implement strategies to prevent spread of common infectious diseases

• Cleanliness measures in limiting the spread of infection in schools, nurseries and childcare settings • Infection control measures and treatment	• Implement cleanliness and hygiene measures to maintain proper cleanliness of children toys and school equipment. • Disseminate clinical guidance

UNIT- 06

UNIT TITLE	Community Health				
DESCRIPTOR	This unit describes the skills and knowledge required to promote school health and work with community leaders to help them understand how the community contributes to, or undermines, health and education.				
CODE	SOC19S1U06V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1.Smoking and health risks	1.1 Give information on the health risks associated with smoking such as lung cancer and oral cancer 1.2 Put posters and information cards visible to all kids, teachers and parents on the health risks of smoking 1.3 Conduct information session for parents on how parents smoking can affect children's health 1.4 Conduct awareness session for teachers and parents on how to quit smoking and discuss strategies that work such as - **Set a quit date.** - Throw away cigarettes - Wash all your clothes to get rid of the smell of cigarettes - Think about triggers and try to break/change these triggers such as break the line, change the place, substitute something else for cigarettes. 1.5 Dangers of the second-hand smoke

		- respiratory infections (like pneumonia)
		- asthma
		- coughing, sore throats, sniffling, and sneezing
		- cancer
		- heart disease
	1.6	Measures to take about secondhand smoke
	1.7	Measures smokers must take to prevent people around them being affected
		- Take all their smoke breaks outside — away from other people, especially kids and anyone who's pregnant. Smoke lingers in the air for hours after cigarettes are put out. That means if a smoker is puffing away anywhere inside, other people are inhaling that smoke too. Because smoke sticks to people and their clothing, when smokers come back inside, they should wash their hands and change their clothing, especially before holding or hugging children.
		- Never smoke in a car with other people. Even exhaling out the window does little, if anything, to reduce smoke exposure.
	1.8	Make the community aware of the dangers of e-cigarettes
		- an e-cigarette, still puts nicotine — which is absorbed through lungs — into the system. In addition to being an addictive drug, nicotine is also

		toxic in high doses. It was once even used as an insecticide to kill bugs.
		- Nicotine affects: brain, nervous system, and heart and it raises blood pressure and heart rate. The larger the dose of nicotine, the more a person's blood pressure and heart rate go up.
	1.9	Conduct information session on how smoking and passive smoking make asthma worse
2 Food and Fitness	2.1	Give information on ways to reach a healthy weight - **Exercise.** Regular physical activity burns calories and builds muscle — both of which help you look and feel good and keep weight off. - **Reduce screen time.** People who spend a lot of time in front of screens are more likely to be overweight. - **Watch out for portion distortion.** Big portions pile on extra calories that cause weight gain. Sugary beverages, such as sodas, juice drinks, and sports drinks, are empty calories that also contribute to obesity. - **Eat 5 servings of fruits and veggies a day.** Fruits and veggies are about more than just vitamins and minerals. - **Don't skip breakfast.** Breakfast kickstarts

	2.2	your metabolism, burning calories from the get-go and giving you energy to do more during the day. Give information on ways to spot a fad diet
	2.3	Conduct sessions for parents and kids on healthy breakfast and lunch
	2.4	Give information and makes parents aware of the dangers of energy drinks and fizzy drinks on health
3 Easy Exercises for teens	3.1	Conduct health exercise programs for school children
	3.2	Work with teachers to have fitness activities of fitness clubs for students as co-curricular activities
	3.3	Give information on simple strength building exercises that teens could do at home - Sit backs - Chair squats - Butterfly breath
4 Taking care of body	4.1	Most teens need 8 to 10 hours of sleep each night. But many teens have trouble sleeping. Lack of sleep can affect everything from our emotions to how well we focus on tasks like studying. Make teens aware of how to get better sleep such as: - Being active during the day - Saying goodnight to electronics - Keeping a sleep routine
	4.2	Provide information for parents, teachers and school children how backpack cause problems

		- People who carry heavy backpacks sometimes lean forward. Over time this can cause the shoulders to become rounded and the upper back to become curved. - Developing shoulder, neck, and back pain.
	4.3	Give information on how to identify if the backpack is a problem - Struggle to get your backpack on or off - Have to lean forward to carry your pack - Have back pain - Suggest parents to talk the doctor if the student have back pain or numbness or weakness in arms or legs
5 Hygiene	5.1	Make school children aware of the importance of personal hygiene and how personal hygiene habits enable your children to: - stay healthy, free from illnesses and diseases caused due to bacteria. - feel good about themselves. - maintain and enjoy a healthy body image - develop a healthy personality
	5.2	Teach kids about hygiene habits and how to take such measures - Washing Hands Before Touching or Handling Food - wash hands before eating if they have been to the toilet or were playing outside. - use a clean cloth to wipe your hands and mouth.
	5.3	Teach them about the foods that should be stored in the fridge and those that can stay out.
	5.4	Teach children the hygiene rules they should follow when they help out in the kitchen
	5.5	Teach children about sleep hygiene and developing a set of habits or a routine

	that helps your children get a good night's sleep
	5.6 Teach children about taking care of the body.
	- Body hygiene is about keeping every part of your body clean to stay healthy and presentable.
	- Healthy body hygiene habits include taking care of the skin, hair, feet, and the pubic region
	5.7 Teach children how to maintain hygiene when they are at home such as
	- wearing clean clothes every day.
	- keeping their surroundings clean and everything in its place
	- Making them put the bowl or plate in the sink after they eat a meal, and wash their hands.
	5.8 Clean if they spill or drop something on the floor or any other surface

Range statement

- Smoking and Passive smoking dangers
- Measures to minimize smoking and passive smoking risks
- Secondhand smoke dangers and measures to prevent
- Smoking and its effect on asthma
- Health weight management habits
- Spotting a fad diet
- Exercises for teens which can be done at home
- Measures to take care of body, sleep habits and measures to take regarding heavy backpacks
- Hygiene measures: body, hair, skin, washing hands, handling food, storing food,

Assessment guide

Form of assessment

- Assessment for the unit needs to be holistic and must be observed through real or simulated workplace activities

Assessment context

Assessment of this unit must be completed on the job or in a simulated work environment which reflects candidates' ability and knowledge in rendering knowledge and effectively communicating health related issues to the school community

Critical aspects

It is essential that competence is fully observed and there is ability to transfer competence to changing circumstances and to respond to unusual situations in the critical aspects of:

- Conducting and communicating common community health issues that effects school children and their development such as: smoking and passive smoking, e-cigarettes, bad sleeping behavior and unhealthy foods
- Conduct nutrition and fitness session for children and provide information on managing weight and hygiene habits such as keeping body clean and free from odor and infection.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
General Knowledge on • The dangers of smoking, passive smoking, e-cigarettes and unhealthy foods • Food and fitness • Age related fitness activities that will promote the health of students • Take care of body such as clean body, skin, nail and hair • Hygiene measures that students must take in order to keep themselves clean and healthy within the school and outside the school.	Ability to • Effectively communicate with teachers, students and parents and conduct awareness session • Demonstrate simple fitness activities for kids and teens

UNIT- 07

UNIT TITLE	Managing Sick child and children with Disability				
DESCRIPTOR	This unit describes the skills and knowledge in managing sick child and procedures to follow in case of presence of a sick child in a classroom. It also describes measures to implement to cater for children with disabilities.				
CODE	SOC19S1U07V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Management of the sick child	1.1. Segregate the child, as far as possible from others, (preferably out of the room), but do not leave the child alone in a room. 1.2. Contact the parents, to collect the child. 1.3. Ask the child to cover nose and mouth when coughing 1.4. Cover skin lesions, which are discharging with a waterproof dressing 1.5. Staff and other children should wash their hands after touching the ill child. 1.6. Exclusion: advise a head teacher that a child should be excluded 1.7. Review any child who is at school, nursery or childcare setting with the following: diarrhea, vomiting, severe and strange sounding cough, yellowish skin or eyes,

	conjunctivitis, skin rash, infected skin patches or severe itching
2. Children vulnerable to infection	2.1. Schools, nurseries and childcare settings must be told about vulnerable children by their parents 2.2. ensure information about is accurate and treated in confidence. Details should include the name of the child, illnesses from which the child is to be protected and the circumstances under which the parents are to be notified
3. Children with special needs	3.1. Keep a record of all the necessary information of children with special needs easily accessible 3.2. Schools, nurseries and childcare settings must be told about special need children by their parents 3.3. Maintain high standards of hygiene for special need children 3.4. Removing child from the setting in case of an infectious disease on a child with disability make sure the child is rem 3.5. Toilets provided for children with disable children
4. Mental Health or Pupil Services	4.1. Work directly with students and families to help solve conflicts related to learning and adjustment. Provide psychological counseling, social skills training, behavior management, and other interventions.

	4.2. Be aware and cautious of what mental health will lead to such as school drop outs, difficulties in learning, behavioral difficulties, difficulties in performance and school failure.
	4.3. Work closely with parents and teachers, using a variety of techniques, to evaluate academic skills, social skills, self-help skills, and personality and emotional development
	4.4. Collaborate with teachers, parents, and other school personnel about learning, social, emotional, and behavioral problems
	4.5. Sensitize school children to mental health issues and how to overcome such conditions.

Range statement

- Segregation of the sick child and following what's needs to be done after segregation

  - Contacting the parent
  - Advising child to cover nose and mouth when coughing
  - Covering skin lesions, which are discharging with a waterproof dressing
  - Maintain proper hygienic measures

- Inform schools, nurseries and childcare settings about children vulnerable to infection and enforce to take preventive measures
- Collect details of child, illness from which the child is to be protected and the circumstances under which the parents are to be notified
- solve conflicts related to learning and adjustment

- Provide psychological counseling, social skills training, behavior management, and other interventions
- variety of techniques, to evaluate academic skills, social skills, self-help skills, and personality and emotional development
- Sensitize school children to mental health issues and how to overcome such conditions

Assessment guide

Form of assessment

3. The assessor may use the following assessment methods to objectively assess the candidate:
4. Observation
5. Questioning
6. Practical demonstration

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Assessment context

- Assessment must ensure knowledge and skills required to attend situations such as sick child, acute injury and mental health issue case if performed

- Assessment must ensure access to:

Equipment and materials required to perform and act simulated working environment of a heath officer

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills

• Procedure to follow and measures to take in case of presence of sick child in school environment
 	
   - Contacting the parent
   - Advising child to cover nose and mouth when coughing
   - Covering skin lesions, which are discharging with a waterproof dressing
   - Maintain proper hygienic measures
 	
• Appropriate procedures to follow in case of children vulnerable to infection and children with special needs.
 	
   - Inform schools, nurseries and childcare settings
   - Collect details of child, illness from which the child is to be protected
   - solve conflicts related to learning and adjustment
 	
• Sound knowledge of how to deal and work for mentally healthy school environment and mentally stable children
 	
   - Provide psychological counseling,
   - social skills training
   - behavior management, and other interventions
   - variety of techniques, to evaluate academic skills, social skills, self-help skills, and personality and emotional development
   - Sensitize school children to mental health issues and how to overcome such conditions
	• Ability to perform required procedures in case of sick child and acute injury with confidence and promptly
	
	• Ability to show empathy and provide care for children with love and affection
	
	• Effective communication skills, facilitation skills required to sensitize school population about mental health

UNIT- 08

UNIT TITLE	Policy and Equipment				
DESCRIPTOR	This unit is concerned with the performance outcomes, skills and knowledge required to interpret current health policies to formulate school-based health policies and managing and maintaining school health room equipment and first aid equipment.				
CODE	SOC19S1U08V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA

1. First aid box and equipment	1.1. Make sure First Aid boxes have required tools and materials
	
	1.2. Check the expiry dates of ointments and medicine and re-new the stock if required
	
	1.3. Make sure the tools and materials of the first box are well maintained and replaced with new stuffs in case of break or damage
	
	1.4. Health officer must keep an additional first aid kit (Mini-first aid kit) which can be used in field trips and outings.
	
	1.5. Mini first aid kit must include material identified through risk assessment which may include:
	
	   - Sterile eye wash bottles (only if tap water is not available)
	   - Calcium gluconate gel available in areas where hydrofluoric acid is used
	   - Tablets for nausea and sea sickness if the children are takin sea transport

	- Pain killers and ice bags in case of injury or headache due to prolong exposure to sun - Insect repellent creams and insect bite creams
2. Fire Equipment	2.1. Access to all fire safety equipment unobstructed 2.2. Mount fire extinguishers on walls with signs located above them and fully charged and accessible 2.3. Test, Tag and make sure emergency equipment such fire extinguishers are current 2.4. Ensure availability of fire blankets and easy access to blankets in case of emergency 2.5. Ensure Sprinkler heads are functioning and out of obstruction 2.6. Display Clear instructions for evacuation 2.7. Display adequate direction signs for emergency exits 2.8. Ensure Fire doors and emergency exits are clear of obstruction 2.9. Ensure Correct operation of fire doors
3. Medicines and genera medical equipment in health room	3.1. Ensure recommended drug for school health clinic • Toothache solution. • Ear-ache drops. • Eye drops. • First aid kit for treatment of minor injuries. • Mixture: carminative, cough mixture.

	• Anti-biotic • Vitamin tablets. 3.2. Pack drugs into clean, dry containers, e.g. plastic or paper tablet bags, cardboard boxes or plastic or glass bottles. Self-sealing bags can be opened and re-sealed as required. Plastic bags keep drugs clean and moisture proof. Paper envelopes do not protect against moisture. Dispensing using a piece of screwed up paper or dirty bottles is not good practice. Wash and re-use old medicine bottles (remember to remove old labels). 3.3. Keep dispensary register 3.4. For registration of drugs dispensed. Write the date, list the drugs in columns or rows, record quantities of each drug given to each patient. 3.5. Ensure that a mechanism is in place locally to ensure that the boxes are also restocked according to need.
4. Planning health policies	4.1. Formation of first aid policy and following the first aid policy by school personnel. - trained in first aid available during school sessions and a health room with facilities for providing first aid. - - Clear procedures in providing care, referral - recording of behavioral and medical information will be in place to support students' health condition, with a respect for confidentiality ensured 4.2. Formulate school health services policy and identify the services provided by the health policy

	- ensure all students have a health screening on school entry and every 2 years following the initial check up - this can be done by can be done by School Health Assistants, trained teachers and/ or in partnership with local health service providers and NGOs - establish a referral mechanism to the health service will be established to provide appropriate care for students and staff with serious illness, emotional health problems and those requiring emergency medical care following injury - preventive health care activities such as nutrient supplementation, immunization and counselling - provide psycho-social support to those with special requirements in partnership with local social services -establish a mechanism in collaboration with the health sector and NGOs to access Information, Education and Communication (IEC), other resource materials and expert assistance in carrying out health programs 4.3. Formulate a safe and healthy school environment policy - make safe drinking water available for all students - enough toilets for both genders with hand washing facilities that are properly maintained

	- a mechanism for dealing with litter and environmentally safe waste disposal facilities
	- ensure the physical school environment is clean and safe for students to play and study
	- ensure that the classroom environment is health enhancing
	- facilitate learning through the provision of adequate lighting, air circulation, noise control
	- seating arrangements that prevent postural problems
	- ensure that they have support mechanisms in place to assist students who are disadvantaged and with special needs
	
	4.4. Formulate policy/guideline on how and what to extend community will participate in promoting the health of school and the school community
	
	    - provide opportunities for parents and teachers to actively participate in education and training programs in health
	    - Carry projects in partnership with the wider school community, and local community members which encouraged to expand their role in school health

Range statement

7. Requirements for first aid box such as checking expiry dates and renewing the stock

8. The steps to be taken regarding fire equipment to be ready for an outbreak of fire in school

9. Knows the recommended drugs for school health clinic and ensure its availability

10. Ways in packing, storing safely and dispensing medicines in school health room

11. Procedure to follow for registration of drugs

12. Implement first aid policy and follow first policy requirements

13. Formulate and implement school health service policy and the requirements of this policy

14. Formulate and implement school healthy environment policy and the requirements of this policy

15. Formulate policy/guideline on how and what to extend community will participate in promoting the health of school and the school community

Assessment guide

Form of assessment

16. The assessor may use the following assessment methods to objectively assess the candidate:
17. Observation
18. Questioning
19. Practical demonstration

Assessment context

Assessment of this unit must be completed on the job or in a simulated industry work environment which helps candidates to demonstrate skills required to maintain and health and safety of school community such as procedures in relation to first aid and fire / successfully implementing and integrating policy requirements

Underpinning Knowledge	Underpinning Skills
General knowledge of: - Requirements of a first aid box and its maintenance - Checking for: required tools and materials, expiry dates of ointments and medicines - What must be in the first aid box and mini first aid box. - Necessary information on maintain school fire equipment - Access and availability of fire equipment - Displaying clear instruction for evacuation - Displaying adequate directions for emergency exit - Ensure emergency doors without obstruction and correct operation of fire doors - How to store medicine and maintain medical equipment in health room - ways to pack drugs and store drugs - dispensing used - Procedure for registration of drugs dispensed - List and quantities of each drug	An ability to: - first aid box equipment and tools when required - Use fire equipment and act accordingly - Ability to translate health related laws and government policies to formulate school specific health guidelines/procedures - Effectively communicate with school children, school staffs, teachers and community in implementing health related polices - Act promptly and implement procedures and transmit health information in confidence

• How to formulate school health policies such as school healthy environment policy, community will participate in promoting the health of school and the school community and school health policy	

UNIT- 09

UNIT TITLE	Preventing Communicable Diseases				
DESCRIPTOR	This unit describes the practical skills and knowledge required to prepare and prevent communicable disease. It requires the ability to emphasize the global burden of communicable and infectious disease and be aware of the most common communicable diseases in Maldives				
CODE	SOC19S1U09V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Concepts in communicable diseases	1.1. Educate school staffs, teachers and community about communicable disease - The main causes of communicable diseases which include morbidity and mortality - The main cause of morbidity and mortality in emergencies which include diarrheal diseases, acute respiratory infections and measles - The difference between communicable diseases and non-communicable disease - Communicable Disease is one that can have transmitted from one person to another and is caused by an infectious agent that is transmitted from a source or reservoir to a susceptible host.

	- Infectious diseases are one that caused by infectious agent.
2. Primary and secondary prevention	2.1. Enforce preventive measures to prevent communicable diseases. This include primary and secondary prevention.
	2.2. Communicable diseases can be prevented by appropriate preventive measures which include
	Primary Preventive measures:
	2.3. Increasing the resistance of the host
	2.4. Inactivating the agent
	2.5. Interrupt the chain of infection
	2.6. Restricting spread of infection
	2.7. Isolation
	2.8. Quarantine
	2.9. Segregation
	2.10. Personal surveillance
	Secondary Preventive measures:
	2.11. Activities targeted at detecting disease at earliest possible time to: begin treatment stop progression protect others in the community Examples of activities: case finding, health screening, health education
	2.12. Integrate of healthy lifestyle programs on non-communicable diseases prevention in schools through curricular or non-curricular approaches
	2.13. Advocate for ban of food with high trans-fat and physical activity

	Trans-fat food includes: cakes, pies, cookies (specially cookies with frosting), biscuits, microwave popcorn, frozen pizza, fried fast food, doughnuts and cream filled candies.
	2.14. Dissuade children from consuming tobacco and other harmful substances
3. Major communicable diseases in Maldives	3.1. Be aware of the major communicable diseases. This include: neonatal disorders, diarrhea, lower respiratory. Common infectious diseases include HIV/AIDS and tuberculosis.
	3.2. Educate and aware school children, staffs, and school community about possible preventive measures that can be taken in relation to specific communicable disease.
4. Global and ethical issues in communicable disease control	4.1. Emphasize the global burden communicable and infectious disease - One-death in three of the 54 million deaths worldwide is form of infectious disease - Virtually of all these deaths are in developing areas of the world - Communicable and Infectious disease disproportionately affect children

	4.2. Provides information and projections about diseases burden on a global scale.
	4.3. Press the seriousness of communicable disease stating which include:
	- 49% of the world population are infected by communicable disease.
	- Communicable Diseases responsible for 60% of
	4.4. Enforce and identify leading factors which lead to communicable diseases such as childhood underweight, unsafe water and sanitation and high blood pressure which is responsible for one quarter of all deaths in the world, and one fifth of all days
	4.5. Measures taken to prevent communicable disease must be ethical. The decisions taken must be ethical.
	4.6. Individual liberty: Isolation and quarantine a sick child or a school staff must be necessary and relevant
	4.7. Isolation and quarantine of school must be proportional and done by least restrictive means
	4.8. Protect the child, staff and the school from public harm such as labelling and shaming.

| | 4.9. Officials must weigh the imperative for compliance and review decisions. |
| | 4.10. Must maintain the privacy and must be a necessity to prevent overriding the publics protection |

Range statement

• Educating school staffs, teachers and community about communicable disease

- Cause of communicable disease which include morbidity and mortality

- Difference between communicable disease and infectious disease

• Enforcing preventive measures to prevent communicable disease.

• Primary preventive measures: Increasing the resistance of the host, inactivating the agent, interrupt the chain of infection, restricting spread of infection, Isolation, Quarantine, Segregation and surveillance

• Secondary preventive measures: begin treatment stop progression protect others in the community Examples of activities: case finding, health screening, health education

• Advocating for ban of food with high trans-fat and physical activity.

• Enforce dissuading children from consuming tobacco and other harmful substances.

• Updated information on major communicable disease in Maldives and how it spread.

• Emphasize global burden of infectious disease

• Seriousness communicable diseases globally

• Implement ethical standards such as isolation and quarantine relevant and proportional to the situation

• Taking decisions, which protect the child and school staff from public harms

Assessment guide

Form of assessment
The assessor may use the following assessment methods to objectively assess the candidate:
- Observation
- Questioning
- Practical demonstration and application of the what is learned in each element

Assessment context
- Assessment of this unit must be completed on the job or in a simulated work environment where skills must be demonstrated skills such as educating school staffs teachers and

community about communicable disease, appropriate measures in preventing communicable disease.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
Working knowledge of: - Communicable disease and infectious disease - How communicable and infectious disease is spread - Cause of morbidity and mortality in emergencies such as - Diarrheal diseases - Acute respiratory infections and measles - Preventive measures which include primary preventive and secondary preventive measures - Primary preventive measures: increasing the resistance of the host, inactivating the agent, interrupt the chain of infection, restricting spread of infection, isolation, quarantine, Segregation and personal surveillance. - Secondary Preventive measures: activities to detect disease at earliest possible time, health screening and health education - Lifestyle programs which can be taught through curricular or non-curricular approaches to prevent communicable diseases - Major communicable diseases. This include: neonatal disorders, diarrhea, lower respiratory. Common infectious	Skills such as - Communication skill in conducting awareness session for teachers, school staffs and children about communicable disease and infectious disease. - Utilize preventive measures appropriate to the situation of disease - Advocacy skill in banning trans- fat food and unhealthy habits which lead to communicable and infectious disease - Persuade school community the seriousness of communicable disease and infectious disease on health and the seriousness of it globally. - Wisely chose preventive measures in relation to communicable and infectious disease which will prevent ethical problems.

| diseases include HIV/AIDS and tuberculosis.

• Global burden and seriousness of communicable and infectious disease

• Ethical issues that may arise due to a measure taken to prevent communicable and infectious disease. | |

UNIT TITLE	**Physical Education**				
DESCRIPTOR	This unit describes the performance outcomes, skills and knowledge required to plan health awareness programs /sessions on general hygiene measures, handwashing techniques and healthy life style behaviors, importance and benefits of physical activity and consequences of physical in-activity. Also, it describes effective approaches to physical education in schools.				
CODE	SOC19S1U10V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. School health education	1.1. Plan health awareness programs /sessions on general hygiene measures, handwashing techniques and healthy life style behaviors 1.2. Conduct the planed age specific awareness programs. 1.3. Practically demonstrate proper handwashing techniques. 1.4. Educate support staff on the importance of keeping school toilet, kitchen, classrooms and playground clean and about the appropriate hygienic measures to be taken 1.5. Educate children about the risk and dangers associated

	with unhealthy food, unhealthy eating pat
	1.6. Explain parents and teacher's responsibility to be a good role model by eating healthy foods yourself tern and behaviors such as smoking
	1.7. Pass messages such as always eat breakfast on time. have regular meal-times, eat more fruits and vegetables: at least 5 servings of fruits and vegetables per day
	1.8. Advice to choose water as a favorite drink. Water is the best drink to use as a sports drink.
	1.9. Emphasize parents to eat healthy if you want your children to choose healthy food and drinks.
	1.10. Advice to choose healthy foods for fun-times as well. That way, your children and you will learn to actually enjoy being healthy. It may help to influence their choices positively in the future
	1.11. Advise to reduce second-hand smoke exposure to the child
	1.12. Emphasize making home smoke-free, and banning smoking even at the doorway, stairs, balcony and toilets.

	1.13. Implement smoke free school environment including near the gates.
	1.14. Choose smoke-free places for fun-times such as family outings, games, picnics, parties, etc. and insist that everyone keep the event smoke-free.
	1.15. Advice to avoid smoking near children until parents manage to quit
	1.16. Insist that other people do not smoke near children too
2. Physical education and awareness	2.1. Conduct awareness session for teachers, school staffs, parents and for school children the importance and benefits of physical activity
	Benefits of physical activity: improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing health conditions such as Heart disease.
	Cancer.
	Type 2 diabetes.
	High blood pressure.
	Osteoporosis.
	Obesity.

	2.2. Make parents and children aware of the consequences of physical in -activity
	Consequences of physical in-activity:
	- Lead to energy imbalance (e.g., expend less energy through physical activity than consumed through diet) and can increase the risk of becoming overweight or obese.
	- Increase the risk of factors that cause cardiovascular disease, including hyperlipidemia (e.g., high cholesterol and triglyceride levels), high blood pressure, obesity, and insulin resistance and glucose intolerance
	- Increase the risk for developing breast, colon, endometrial, and lung cancers
	- Lead to low bone density, which in turn, leads to osteoporosis
	2.3. Stick wall posters in school kitchen and canteen area about unhealthy food and how its effects children health to stop unhealthy eating habits
	2.4. Stick wall posters demonstrating how hands must be washed after toilet
	2.5. Stick wall posters within the school premises emphasizing

		the importance of good hygiene practices.
		2.6. Prepare Leaflets for the parents, and referrals for nutritional assessment and counseling, tobacco cessation, etc.
3. Approaches to physical education in schools		3.1. Conduct training session for school teachers and guide them in planning age appropriate physical activities - Emphasize on providing cognitive content and learning experiences through variety of activity areas, such as basic movement skills; physical fitness, rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. 3.2. Make sure physical education is taught by qualified teachers - Well-prepared physical education specialists teach longer and higher-quality lessons than those not professionally prepared in physical education. 3.3. Make sure elementary schools are provided with daily periods of supervised recess 3.4. Make sure middle school and high schools are provided with multiple opportunities for all students to voluntarily participate in intramural programs, sports and recreation clubs and interscholastic athletics

Range statement

- Plan and conduct school bases awareness session on general hygiene measures, handwashing techniques and healthy life style behaviors
- Demonstrate proper handwashing techniques
- Educate support staffs about safe waste disposable methods and garbage collection
- Conduct awareness session for teachers, school staffs, parents and school children about the importance of physical activities and at the same time the consequences of physical inactivity
- Prepare information material and put on areas where teachers, school children and parents can see and access
- Educate teachers conducting age appropriate physical activities
- Emphasize on providing cognitive content and learning experiences through a variety of variety of activity areas, such as basic movement skills; physical fitness, rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics.

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration and application of the what is learned in each element

Assessment context

Assessment of this unit must be completed on the job or in a simulated work environment where candidates can demonstrate skills required in planning and conducting awareness programs, demonstrations and physical educational activities.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
Basic knowledge of: • Planning awareness programs on - hygiene measures, - handwashing techniques - healthy life style behaviors - importance of keeping school toilet kitchen, classrooms and playground - the risk and dangers associated with unhealthy food, unhealthy eating pattern and behaviors such as smoking - importance and benefits of physical activity - consequences of physical in - activity • Demonstrating proper handwashing techniques • Preparing awareness materials such as posters and flyers • Conducting training session for school teachers and guide them in planning age appropriate physical activities • Emphasizing school teachers on providing cognitive content and	• Planning skill for planning awareness programs • Facilitation skill in conducting and facilitating information sessions • Effective communication skill for effectively transmitting the target message to the audience • Demonstrating skill and confidence in conducting awareness session and physical activities.

learning experiences through a variety of activity areas • Emphasizing school management and teachers on providing daily recess times for elementary schools and	

UNIT- 11

UNIT TITLE	School based health promotion and health program				
DESCRIPTOR	This unit describes the performance outcomes, skills and knowledge required prepare school health action plan in accordance to Ministry of Education's school health policy, include programs and actions which helps in achieving MoE's school health policy's objectives and outcomes. It also describes skills and knowledge required in establishing health club , planning and conducting school vector program.				
CODE	SOC19S1U11V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. School health action plan	1.1. Prepare school health action plan in accordance to Ministry of Education's school health policy 1.2. Include programs and actions which helps in achieving MoE's school health policy's objectives and outcomes 1.3. Communicate and Discuss with school academic coordinators, teachers and parents about the health action plan 1.4. Include health professionals' ideas in formulating the action plan 1.5. Include outcome-based activities and these activities must be achievable with the available resources and human resource 1.6. Prepare health program calendar, which outlines the specific health

	related days and planed activities for that specific day
2. School nutritional program	2.1. Plan School nutritional program 2.2. Implement school nutritional program together with teachers and school parents 2.3. Train teachers and use teachers to deliver simple health and nutritional interventions in collaboration with relevant stakeholders and with the involvement of local community 2.4. Regulate food vendors and the quality, hygiene and standards of the food provided 2.5. Advocate and aware parents to send their children with healthy intervals and healthy breakfast 2.6. Plan a way to provide breakfast/lunch for kids who come to school without breakfast/lunch. 2.7. Make sure all teachers are sensitive to the nutritional and health status of all learners in order to give appropriate advice to parents and guardians 2.8. Carry out vitamin in-take day and deworming day
3. School Health Club	3.1. Establish school health club which must be led by a school teacher and school health officer 3.2. Mark health days in schools 3.3. Encourage and guide health club to carry out activities such as

	- To come up with health promotion artwork to decorate the school of community centers with. - -Give assembly speech on healthy food and common health issues faced. - -Plan one day a week to be a fizz free day where no fizzy drinks are allowed to be brought to or consumed in schools. - Fizz free schools; promote the consumption of healthy drinking by only selling juice, un-carbonated soft drinks, milk and water - Start breakfast clubs in schools. - Encourage children to bring breakfast with them to school and allow a 'breakfast break' during the morning at approximately 8 o'clock to allow children to have breakfast before their lessons continue. Children are required to bring to school roshi, mashuni, or sandwiches for breakfast together with water, milk or juice to drink. - Plan Parents Day. Parents are invited to come to school with children without breakfast and experience a day in the lives of their children. The aim being to make parents/guardians aware of a day in school and how children cope with the school day on an empty stomach, what they eat, and how this affects their health and academic ability

4. School vector control program	4.1 Ensure Long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS) are used by school staffs to protect humans from the bites of mosquitoes carrying the malaria parasite. 4.2 Work towards *Environmental modification* – long-lasting physical transformations to reduce vector larval habitats, such as installation of a reliable piped water supply to communities, including household connections 4.3 Temporarily changes vector habitats involving the management of "essential" containers, such as frequent emptying and cleaning by scrubbing of water-storage vessel flower vases and desert room coolers; cleaning of gutters; sheltering stored tires from rainfall recycling or proper disposal of discarded containers and tires Management or removal from the vicinity of homes of plants such as ornamental or wild bromeliads that collect water in the leaf axils. 4.4 Take actions to reduce human–vector contact, such as installing mosquito screening on windows, doors and other entry points, and using mosquito nets while sleeping during daytime. 4.5 Advice and implement Mosquito-proofing of water-storage containers place

	4.6 Advice and encourage to collect solid waste in plastic sacks and disposed of regularly. The frequency of collection is important: twice per week is recommended for housefly and rodent control in warm climates

Range statement

- Prepare school health action plan in accordance to MoE's school health policy
- Plan out activities and programs to achieve the goals of the school health action plan
- Plan school nutritional program and implement nutritional plan
- Train teachers use teachers to deliver simple health and nutritional interventions in collaboration with relevant stakeholders and with the involvement of local community
- Advocate and aware parents to send their children with healthy intervals and healthy breakfast
- Sensitize teachers about nutritional and health status of all learners
- Establish school health club and plan activities to be carried out under health club with details of activities, time line of these activities and the outcome of these activities
- Conduct school vector program and promote school healthy and safe environment

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context

- Assessment of this unit must be completed on the job or in a simulated work environment which reflects the skills and knowledge required in a school environment promoting health and nutrition of school community, preventing formation and spread of vector in school environment

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic working knowledge of: • Important milestone of Education Ministries' school health policy • Formulating achievable health action plan • Effective and creative activities to be carried under school health action plan which is suitable for school children • Importance of nutrition for children health • Conducting nutritional program • Training school teachers and making school children aware of healthy and unhealthy habits of eating • Healthy foods and unhealthy food and how it impact children health • Long lasting school vector control methods	Ability to • Discuss and communicate with school staffs in formulating polices • Plan achievable activities • Training skill to conduct nutrional programs awareness for teachers, students and parents • Team work skill in working with school staffs and local community in implementing school nutritional program • Advocacy skill to advocate and aware parents about the importance of healthy meals • Plan interactive and interesting activities under health club • Pass important messages and information in controlling vectors

- Environmental modification method to prevent vector formation and spreading

- Actions that must be implemented and followed by school cleaning staffs in order to prevent vector growth and spreading

- Regulate and enforce vector preventive methods

- Effectively communicate how to carry vector preventive methods within the school environment

UNIT- 12

UNIT TITLE	Mental Health				
DESCRIPTOR	This unit describes the skills and knowledge in managing the mental health of school children.				
CODE	SOC19S1U12V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Social and Physical Environment	1.1. Allow and encourage students to participate in decision-making. 1.2. Foster an atmosphere of trust, tolerance, co-operation and empathy. 1.3. Have a welcoming, student-centered environment (e.g. sofas, decorative plants, student artwork, 1.4. quotes and photos on display). 1.5. Showcase student achievement and unity. 1.6. Design physical spaces so that students can access facilities, maneuver within them, and participate fully in planned learning activities.
2. Teaching and Learning	2.1. Provide students with an enhanced understanding and appreciation of diversity. 2.2. Incorporate culturally-relevant themes into instructional practices and activities. 2.3. Offer students the chance to learn and practice social skills. 2.4. Accommodate individual learning needs and preferences. 2.5. Support autonomy by minimizing control, listening to and validating student perspectives
3. Healthy School Policy	3.1. Provide alternatives to zero-tolerance policies that allow for continued

	school connectedness and restoration.
	3.2. Ensure that all students and staff members are held accountable for upholding and modeling rules
	3.3. pertaining to respectful behavior.
	3.4. Have policies that contribute to the physical and emotional safety of all students.
	3.5. Accommodate the learning and social needs of all students, including those with exceptionality
	3.6. Offer ongoing professional development related to positive mental health.
	3.7. Establish a Healthy Schools Committee to look at creating healthy school policy, including priority health topics such as positive mental health
4. Partnerships and Services	4.1. Interact with the home regarding student learning issues.
	4.2. Collaborate with families in the design of school improvement and learning initiatives.
	4.3. Adopt policy to ensure collaboration with community and government organizations.
	4.4. Offer opportunities for participation in school-community action groups or committees.
5. Bullying and effects of bullying	5.1. Know what is bullying and the behaviors associated with bullying
	5.2. Know the types of bullying, where and when bullying happens such as
	Verbal bullying is saying or writing mean things. Verbal bullying includes:
	- Teasing
	- Name-calling

	- Inappropriate sexual comments - Taunting **Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes: - Leaving someone out on purpose - Telling other children not to be friends with someone - Spreading rumors about someone - Embarrassing someone in public **Physical bullying** involves hurting a person's body or possessions. Physical bullying includes: - Hitting/kicking/pinching - Spitting - Tripping/pushing - Taking or breaking someone's things - Making mean or rude hand gestures Threatening to cause harm
6. Effects of bullying	6.1. Understand how bully victims will feel and will go through to better understand and help them - Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood. - Health complaints - Decreased academic achievement—GPA and standardized test scores—and school

	participation. They are more likely to miss, skip, or drop out of school.
7. Bully and bystanders	7.1. Recognize the behaviors of students who bully other students - Get into fights, vandalize property, and drop out of school - Engage in early sexual activity - Have criminal convictions and traffic citations as adults - Be abusive toward their romantic partners, spouses, or children as adults 7.2. Recognize the signs shown by the bully bystanders - Have increased use of tobacco - Have increased mental health problems, including depression and anxiety - Miss or skip school
8. Support to kids who are being bullied	8.1 Listen and focus on the child. Learn what's been going on and show you want to help. 8.2 Assure the child that bullying is not their fault. 8.3 Know that kids who are bullied may struggle with talking about it. Consider referring them to a school counselor,

	psychologist, or other mental health service.
	8.4 Give advice about what to do. This may involve role-playing and thinking through how the child might react if the bullying occurs again.
	8.5 Work together to resolve the situation and protect the bullied child. The child, parents, and school or organization may all have valuable input. It may help to:
	- Ask the child being bullied what can be done to make him or her feel safe. Remember that changes to routine should be minimized. He or she is not at fault and should not be singled out. For example, consider rearranging classroom or bus seating plans for everyone. If bigger moves are necessary, such as switching classrooms or bus routes, the child who is bullied should not be forced to change.
	- Develop a game plan. Maintain open communication between schools, organizations, and parents. Discuss the steps that are taken and the limitations around what can be done based on policies and laws. Remember, the law does not allow school personnel to discuss discipline, consequences, or services given to other children. B- e persistent. Bullying may not end overnight. Commit to making it stop and consistently support the bullied child.
	8.6 Avoid these mistakes:

	- Never tell the child to ignore the bullying.
	- Do not blame the child for being bullied. Even if he or she provoked the bullying, no one deserves to be bullied.
	- Do not tell the child to physically fight back against the kid who is bullying. It could get the child hurt, suspended, or expelled.
	- Parents should resist the urge to contact the other parents involved. It may make matters worse. School or other officials can act as mediators between parents.
	- Follow-up. Show a commitment to making bullying stop. Because bullying is behavior that repeats or has the potential to be repeated, it takes consistent effort to ensure that it stops.
	8.7 Address Bullying Behavior
	- Parents, school staff, and organizations all have a role to play.
	- Make sure the child knows what the problem behavior is. Young people who bully must learn their behavior is wrong and harms others.
	- Show kids that bullying is taken seriously. Calmly tell the child that bullying will not be tolerated. Model respectful behavior when addressing the problem.

	- Work with the child to understand some of the reasons he or she bullied. For example:
	- Lead a class discussion about how to be a good friend.
	Write a story about the effects of bullying or benefits of teamwork.
	- Role-play a scenario or make a presentation about the importance of respecting others, the negative effects of gossip, or how to cooperate.
	- Do a project about civil rights and bullying.
	Read a book about bullying.
	- Make posters for the school about cyberbullying and being smart online.
	- Involve the kid who bullied in making amends or repairing the situation. The goal is to help them see how their actions affect others. For example, the child can:
	- Write a letter apologizing to the student who was bullied.
	Do a good deed for the person who was bullied or for others in your community.
	- Clean up, repair, or pay for any property they damaged.
	Avoid strategies that don't work or have negative consequences.
	- Follow-up. After the bullying issue is resolved, continue finding ways to help the child who bullied to understand how what they do affects other people. For

	example, praise acts of kindness or talk about what it means to be a good friend

Range statement

Creating social and physical environment for the improvement of mental health

Teaching and Learning practices that promote mental health

Healthy School Policy for improving mental health

Partnerships and Services to improve school community mental health

Different types of bullying

Effects of bullying

Recognize the student who bullies other kids and bystanders

Measures to take as mean of supporting bully victim

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:
Observation
Questioning
Practical demonstration

Assessment context

- Assessment must ensure knowledge and skills required to attend situations such as bullying situation

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
Basic knowledge on - How to create social physical environment to foster an atmosphere of trust, tolerance, co-operation and empathy - Different types of bullying - The behaviors associated with bullying	Ability to - Have a welcoming, student-centered environment - Design physical spaces - **Offer students the chance to learn and practice social skills.**

- The symptoms of students who are being bullied - Measures to take enforce mentally healthy school environment	- **Accommodate individual learning needs and preferences.** - **Support autonomy by minimizing control, listening to and validating student perspectives** - Ensure that all students and staff members are held accountable for upholding and modeling rules - Offer ongoing professional development related to positive mental health. - Offer opportunities for participation in school-community action groups or committees - Identify students who bully and victims of bullying - Help students to cope with bullying

UNIT- 13

UNIT TITLE	**Growth Monitoring and Assessment**				
DESCRIPTOR	This unit describes the performance outcomes, skills and knowledge required in conducting growth assessment, ability to use BMI measuring equipment and calibrate these equipment and monitoring skills to monito school health policies and strategies				
CODE	SOC19S1U13V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA	
1. Growth Assessment	1.1	Check height in cm,
	1.2	Check weight in kg,
	1.3	Calculate BMI
	1.4	Assess whether the child is under-weight, overweight normal weight or obese. BMI does not differentiate between body fat and lean muscle mass. For example, a fit athlete may have extensive muscle mass that skews the body mass index to a high value without high body fat.
	1.5	Use BMI screening to assess the weight status of individual students to identify those at risk
	1.6	Provide parents with information.
	1.7	Have the appropriate expertise and training to obtain accurate and reliable results and minimize the potential for stigmatization

	1.8 Use equipment that can accurately and reliably measure height and weight
	1.9 Develop efficient data collection procedures
	1.10 provide parents with a
	1.11 Establish systematic processes and criteria for
	1.12 referring students to external medical care providers
	1.13 clear explanation of the results and health risks
	1.14 associated with obesity
	1.15
	1.16 Refer students with signs of underweight, overweight, obesity, disordered eating or other diet-related health conditions (e.g., sudden weight loss, eating disorders) to a local medical care provider for diagnosis
	1.17
	1.18 Receive guidance on how to recognize early signs of health risks that require urgent attention such as hunger or disordered eating
	1.19
	1.20 Establish a referral system, School Health Assistant should identify health-care services and school or community-based programs that encourage healthy eating and physical activity and address obesity and eating disorders
	1.21

		1.22	assess which services are available at the
		1.23	school and which require outside referral. If feasible, arrangement can be made to bring community-based services to the school
		1.24	
		1.25	respond to requests from families seeking guidance and increase access to care among students
		1.26	
		1.27	Provide all parents with a clear and respectful
		1.28	explanation of the BMI results and a list of appropriate follow-up actions
2.	BMI results and a list of appropriate follow-up actions.	2.1	Parents should be notified of student's BMI results by secure means.
		2.2	Pass consistent notification to all parents to reduce the risk of stigmatizing
		2.3	Avoid giving the impression that a diagnosis has been made, the letters to parents about students who need further evaluation—those classified as underweight, overweight
		2.4	strongly encourage parents to consult a medical care provider to determine if the student's weight presents a health risk
		2.5	Communicate to all parents, including those whose children have been classified as normal weight, should include scientifically sound

	and practical tips designed to promote health-enhancing physical activity and dietary behaviors
	2.6 encourage families to consume a healthy diet based on Nutritional Guideline (2013) of the International Federation of Red Cross and Red Crescent Societies
	2.7 If written, the communication should be written in appropriate languages and at appropriate reading levels to be understood by parents
	2.8 The communication should include:
	- Contact information for the School Health Assistant or other school-linked medical care provider - Educational resources for weight, nutrition, and physical activity - Contact information for community-based health programs or medical care providers who treat weight-related health problems (including programs for those without health insurance) - Information on school and community-based programs that promote nutrition and physical activity
3. BMI measuring equipment	3.1 Scale: - properly calibrate the scale - Use high quality electronic balance - Do not use spring balance scales such as bathroom scales 3.2 Use a scale that must be able to - Weigh in 0.1kg or 100-gram increments

	- Have a stable platform.
	- Have the capacity to be "zeroed" after each weight is taken
	- Have the capacity to be calibrated.
	
	    3.3 Use a Stadiometer
	    3.4 Make sure the Stadiometer is able to:
	
	- Read the measurement and record the child's height in centimeters to the last completed 0.1 cm or 1mm.
	- Has a large stable base
	- Has a horizontal headpiece that is at least 3 inches wide that can be brought into contact with the most superior part of the head (i.e., the crown).

4. Process for Height and weight measurement	4.1 Follow these steps prior to screen - Calibrate the scales and maintain a record - Set up measurement stations with the appropriate equipment. - Check that all data is recorded on data collection form. - For all children, there is a need to respect privacy. Privacy includes where the measurements are taken, clothing removal, describing the measuring process, and interpreting the numbers. - Have appropriate gender specific WHO growth charts available to plot measurements 4.2 To measure weight: - Set the scale at zero reading. - Have the student remove shoes, heavy outer clothing (jacket, vest, hat), and empty

	pockets (cell phones, iPods) to extent possible.
	- Have the student step on center of the scale, facing away from the read out ensuring they cannot see their test results; with body weight evenly distributed on both feet, arms hanging naturally at side with palms facing thighs and head is up and facing straight ahead.
	- Make note of the first weight value to the nearest 0.1kg or 100 grams.
	- Have the student step off the scale and take a second measurement, repeating the steps above.
	- The measures are compared; they should agree within 0.1kg or 100 grams
	4.3 To measure height:
	- Remove the child's shoes, hats, and bulky clothing, such as coats.
	- Undo or adjust hairstyles and remove hair accessories that interfere with measurement. Have the student stand erect, with shoulders level, hands at sides, knees or thighs together and weight evenly distributed on both feet.
	- Feet should be flat on the floor or foot piece, with both heels at base of the vertical board.
	- Position the student's head by placing a hand on the student's chin to move the head into the Frankfort Plane
	- Assure student's legs are straight, arms are at sides, and shoulders are relaxed.

	- Ask the child to look straight ahead, inhale deeply and to stand fully erect without altering the position of the heels. 4.4 Use Children's BMI Tool for Schools to calculate BMI/BMI calculation computer software/ BMI Table, WHO standard tables/ electronic health records, the program may calculate and plot BMI on the growth chart/ calculation by mathematical equation
5. Monitoring school-based health policies and strategies	5.1. Develop mechanisms to monitor the development of health promoting schools 5.2. Evaluate the development of health promoting schools 5.3. Examining outcomes of school-based health activities 5.4. Prepare reports based on Information from Schools Management Information System and reports of School health activities and supervision reports to inform the future direction of the school health policy, promoting school's initiative and school level activities. 5.5. Monitor and evaluate whether health and well-being are recognized as an integral part of education system in the country (Health and wellbeing is made as an integral part of the national curriculum in K- 10) 5.6. Calculate the percentage of secondary schools with teachers trained in skill-based health education deliver health and wellbeing syllabus

	5.7. Calculate the percentage of the school community (school management, teachers, other staff, parents and students) that believes health and wellbeing as an important aspect of school education
	5.8. ensure physical education as an integral part of the curriculum and facilitate training of teachers to deliver the curriculum to achieve the objective of physical fitness and continued engagement of students in physical activities
	5.9. ensure all students, including those with disabilities to access to these facilities and materials
	5.10. Inspect school environment for vector breeding sources
	5.11. Inspect canteens and testing of drinking water sources
	5.12. Inspect school grounds, infrastructure and furniture for possible sources of injury and accidents at regular intervals.
	5.13. Ensure all students have a health screening on school entry covering physical, sensory and mental health aspects and every 2 years following the initial checkup.
	5.14. Monitor and identify students who come to school without breakfast and those with nutritional deficiencies and liaise with their families and public health officials for providing dietary guidance and supplementation

Range statement
Procedures included

- Check height, weight and calculate BMI of students
- Assess whether the child is under-weight, overweight normal weight or obese
- Appropriate expertise and training to obtain accurate and reliable results and minimize the potential for stigmatization
- How to use BMI measuring equipment and take reliable measurements
- BMI results and its association with obesity
- Guidance and knowledge on care among students regarding BMI result
- Identify health-care services and school or community-based programs that encourage healthy eating and physical activity and address obesity and eating disorders
- Explanation of the BMI results and a list of appropriate follow-up actions
- Sending letters to parents about students who need further evaluation—those classified as underweight, overweight
- Practical tips designed to promote health-enhancing physical activity and dietary behaviors
- Written, communication should be written in appropriate languages and at appropriate reading levels to be understood by parents
- Calibrate the BMI measuring scale and use the scale
- Steps taken prior to BMI screening
- Appropriate procedures to follow using scale to Measure weight of a student
- Appropriate procedures to follow using height measuring equipment
- Develop and evaluate whether the school is a health promoting school not
- Prepare reports based on evaluation made
- Ensure physical education as an integral part of the curriculum
- ensure all students, including those with disabilities to access to these facilities and materials
- Inspect school environment for vector breeding sources
- Ensure all students have a health screening on school entry covering physical, sensory and mental health aspects and every 2 years following the initial checkup

Tools, equipment and materials required may include:
- Measuring scale, height measuring vertical stand

Assessment guide

Form of assessment
- Assessment for the unit needs to be holistic and must be observed through real or simulated workplace activities.

Assessment context
Assessment of this unit must be completed on the job or in a simulated work environment

Critical aspects

It is essential that competence is fully observed and there is ability to transfer competence to changing circumstances and to respond to unusual situations in the critical aspects of:

- Calculating BMI and determine whether the child is underweighted or over weight
- Communicate with parents effectively such as written letter
- Identify health-care services and school or community-based programs that encourage healthy eating and physical activity and address obesity and eating disorders
- Inspect school environment for vector breeding sources

Assessment conditions
- Assessment must reflect and events processes that occur in a simulated work environment which reflects planning and conducting BMI measurement, communicating the result and implementing vector control techniques

Underpinning Knowledge	Underpinning Skills
General knowledge on • How to measure weight and height using BMI equipment • Use BMI measuring equipment accurately • How to calculate BMI and interpret the result whether the child is overweight or underweight • Systematic processes and criteria for referring students to external medical care providers • Health risks associated with obesity • Recognizing early signs of health risks that require urgent attention such as hunger or disordered eating • Identifying health-care services and school or community-based programs that encourage healthy eating and physical activity and address obesity and eating disorders	• Ability to • Use weighing scale and height measuring vertical stand appropriately • Assess whether the child is under-weight, overweight normal weight or obese • Assess the weight status of individual students to identify those at risk • Obtain accurate and reliable results and minimize the potential for stigmatization • Develop efficient data collection procedures • Explain the result and the health risk associated with obesity • Recognize early signs of health risks that require urgent attention such as hunger or disordered eating • Establish a referral system

- Respectful explanation of the BMI results and a list of appropriate follow-up actions

- Scientifically sound and practical tips designed to promote health-enhancing physical activity and dietary behaviors

- Nutritional Guideline (2013) of the International Federation of Red Cross and Red Crescent Societies

- Vector breeding and vector spreading

- Screening on school entry covering physical, sensory and mental health aspects and every 2 years following the initial checkup.

- Pass consistent notification to all parents to reduce the risk of stigmatizing

- Effectively communicate parents, including those whose children have been classified as normal weight

- Develop written documents with appropriate languages and at appropriate reading levels to be understood by parents

- Properly calibrate the scale

- Use high quality electronic balance

- Use a Stadiometer

- Develop mechanisms to monitor the development of health promoting schools

- Evaluate the development of health promoting schools

- Examine outcomes of school-based health activities

UNIT- 14

UNIT TITLE	Oral Checkup				
DESCRIPTOR	This unit describes skills and knowledge required to effectively conduct oral screening, handle oral screening, detect oral diseases early and identify symptoms, give preventive advise, particularly for dental caries and poor oral hygiene and dental conditions and what the parent should do and how to proceed				
CODE	SOC19S1U14V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Oral Health Screening	1.1. Conduct routine dental screenings to assist in securing every child dental services and education for children to prevent or detect pain, infection, premature loss of teeth and/or malocclusion 1.2. Detect the early symptoms of oral disease 1.3. Refer for early treatment before problems become magnified will keep the cost of dental care to a minimum 1.4. Equipment used: Use appropriate oral screening equipment - Disposable Tongue depressors - Light source: penlight (and batteries) - Light source: penlight (and batteries) - Surface disinfectant - Paper towels.

	- Forms for documentation
	1.5. For infection control make sure hand is washed thoroughly at the beginning and end of each screening session
	1.6. Gloves must be removed and hands must be washed or cleaned with disinfecting hand sanitizer or wipes before putting on a new pair of gloves and screening the next student
2. Disposable procedure and screening procedure	2.1. Dispose of used gloves, tongue depressors, paper towels or gauze in the trash bag
	2.2. At the end of the screening, dispose of any trash in the bag
	2.3. Waste from the screening should be disposed of properly and away from children
	2.4. Stick to the oral screening procedure steps which include
	- Wash hands.
	- Put on gloves.
	- Place student in a chair facing you so her mouth is as close to your eye level as possible.
	- An alternative position for smaller children is to have them stand in front of you.
	- Use a tongue depressor and flashlight to check teeth, gums and soft tissues.
	- Look at all surfaces of the teeth (front, back and chewing surfaces).
	- Throw tongue depressor into bin.

	- Document findings on health record
3. Oral Screening Technique	3.1. Check for swollen and tender lymph nodes in the neck and/or jaw.
	3.2. Ask the child to open his mouth and look at the inside of the cheeks
	3.3. Check the roof of the mouth - tilt head to look at the roof of the mouth
	3.4. Check the throat and tonsillar area and surfaces of the tongue
	3.5. Visually inspect the teeth following sequence Upper right - upper teeth, on student's right side (your left), start in the back and move toward the front. Upper front. Upper left - move from upper front teeth toward the back on the student's left side (your right). Lower left - lower teeth on student's left side (your right), start in the back and move toward the lower front. Lower front. f. Lower right - move from lower front teeth toward the back on the student's right side (your left)
	3.6. Do not display expression of dismay at the odor of breadth.
	3.7. Be aware of the signs and symptoms for referral which include:

	- Visibly decayed and/or fractured teeth, broken filling(s) and/or missing permanent teeth. - Toothache, swelling and/or bleeding gums. Gingivitis. - Protrusion of upper/lower jaw; deviate swallowing (tongue thrust). - Broken or ill-fitting orthodontic appliance - Difficulty in eating; e.g. chewing or swallowing of food. - Dental-related injuries obviously requiring treatment. - Unusual lip conditions such as fissures, drooping, or color (e.g. pale or bluish). - Nasal voice quality can suggest a health problem such as enlarged adenoids. - Other considerations like Aphthous ulcers
4. Explanation to parents:	4.1. Give preventive advise, particularly for dental caries and poor oral hygiene, including: - Brushing teeth at least twice a day - Proper brushing technique - Cut-down on sugary drinks and sweets and restrict any sweets to regular meal times. - Eat meals at regular times - Avoid chewing arecanut and supari. 4.2. Explain any dental conditions, whether you are referring the patient, what the parent should do and how to proceed.

Range statement

- Dental screenings to assist in securing every child dental service

- Education for children to prevent or detect pain, infection, premature loss of teeth and/or malocclusion

- Detect the early symptoms of oral disease

- Infection control methods during oral screening

- Disposable procedure to follow such as disposing used gloves, tongue depressors, paper towels or gauze in the trash bag

- Oral screening procedure steps

- Documenting findings of oral screening on health record

- Oral screening techniques such as check for swollen and tender lymph, check the throat and tonsillar area and surfaces of the tongue

- aware of the signs and symptoms for referral which include: Visibly decayed and/or fractured teeth, broken filling(s) and/or missing permanent teeth, toothache, swelling and/or bleeding gums. Gingivitis etc.

- Give preventive advise, particularly for dental caries and poor oral hygiene, including: Brushing teeth at least twice a day and proper brushing technique

- Explain any dental conditions, whether you are referring the patient, what the parent should do and how to proceed.

Assessment guide

Form of assessment
The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context
Assessment must be carried in an operational school oral screening environment where candidates conduct oral screening
.Assessment must ensure access to:
- Disposable Tongue depressors
- Light source: penlight (and batteries)
- Light source: penlight (and batteries)
- Surface disinfectant
- Paper towels.
- Forms for documentation

Underpinning Knowledge	Underpinning Skills
A basic working knowledge of: • How to conduct routine dental screenings • Detect the early symptoms of oral disease • Early treatment before problems become magnified will keep the cost of dental care to a minimum • Appropriate oral screening equipment • Oral screening procedure and steps • Infection control techniques to be followed at the beginning and end of each screening session • Oral screening techniques which include: Check for swollen and tender lymph nodes, Check the throat and tonsillar area and surfaces of the tongue • Visually inspect the teeth • The signs and symptoms for referral which include: Visibly decayed and/or fractured teeth, broken filling(s) and/or missing permanent teeth, toothache, swelling and/or bleeding gums and ulcers • • Preventive advice, particularly for dental caries and poor oral hygiene, including: • Brushing teeth at least twice a day • Proper brushing technique • Cut-down on sugary drinks and sweets and restrict any sweets to regular meal times. • Eat meals at regular times • Avoid chewing arecanut and supari	Ability to • Conduct routine dental screenings • Educate children to prevent or detect pain, infection, premature loss of teeth and/or malocclusion • Use appropriate oral screening equipment • Follow oral screening procedure step by step • Document findings on health record • Visually inspect the teeth • Work professionally and ethically when oral screening students • Effectively communicate and empathetically advise on preventive for dental caries and poor oral hygiene

• Dental conditions, whether you are referring the patient, what the parent should do and how to proceed.	

UNIT- 15

UNIT TITLE	**Visual Checkup**				
DESCRIPTOR	This unit describes skills and knowledge required for caring for vision and health, signs, symptoms, and relevant history as reported by the student, parent/guardian, and/or school staff that may indicate visual problems, vision screening procedure and appropriate notification and follow up procedure.				
CODE	SOC16S1U15V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Caring for vision and health	1.1. ensure whether the school has a record of the student's eye examination
	1.2. obtain the results of a professional eye examination and any recommendations that might affect school performance
	1.3. Engage in direct student counseling regarding eye health and safety
	1.4. Emphasize the importance of continued follow-up by the student's eye care professional. Reinforce with the student the reasons for regular eye examinations
	1.5. Teach the student the importance of keeping his/her lenses clean and properly adjusted. Demonstrate how to do this as needed
	1.6. Some students have visual impairments that cannot be fully corrected through treatment. In

	these cases, school health personnel should do the following
	1.7 Counsel parents/guardian regarding severe vision loss.
	1.8 Refer to the special education specialist within the school.
	1.9 Review the professional eye exam report for information to determine if any adjustments or accommodations need to be made to the student's education program (including participation in physical education, and interscholastic sports). Maintain identification procedures for students with severe visual impairment as well as referral and follow-up services at periodic intervals.
	1.10 Make certain that the student is following the eye care professional's recommendations regarding the wearing of protective eyewear for activities at school with a risk of eye injury
	1.11 Assist the student in obtaining appropriate eyewear and explaining to school staff the importance of the student wearing the eyewear at school
2. Vision Screening	2.1. Record any signs, symptoms, and relevant history as reported by the student, parent/guardian, and/or school staff that may indicate visual problems.

	2.2.	Observe and record of any unusual features or eye movement of the student during screening.
	2.3.	Observe and record of the student's behavior during screening (i.e., squinting, rubbing eyes, moving forward).
	2.4.	Screening and recording of the following visual tests: a. Distance visual acuity. b. Near visual acuity (Optional). c. Color perception (Optional).
	2.5.	Use Eye Chart –The Snellen chart is preferred, but other charts may be used depending on the student's age and level of maturity
	2.6.	Use Occluder - Pirate style or occlusive patches (which can be as simple as a piece of 2-inch paper tape, use new piece for each student) are preferred to having a student or an assistant hold their hand over the student's eye.
	2.7.	Ensure that the student is not peeking around the occluder.
	2.8.	Use Pseudoisochromatic plates d to check red-green color vision /may be used with a paint brush or cotton swab (this is useful with younger students).
3. Students Interaction when screening vision	3.1.	Explain the purpose of the vision screening and their role in the activity

	3.2.	plan time to review the purpose of periodic vision screening
	3.3.	demonstrate screening procedures prior to the screening for the students
	3.4.	emphasize the value of early and periodic screening, the relationship of health and safety practices to the prevention of eye diseases and injuries
	3.5.	instructions to students should be simple and clear
	3.6.	Teaching may be enhanced by notifying families of the upcoming screening, and asking them to discuss the process with their child, particularly with younger students
	3.7.	For success of screening activities conduct Orientation, familiar personnel, and establish relationship with the student
4. Visual Screening procedure	4.1.	Distance from the front of student's face to the chart should be 6 meters for Snellen charts. In cases of limited spaces, a mirror can be used within 3meters to view the eye chart from behind the student
	4.2.	Check student to be sure he/she understands how to respond to the figures on the displayed chart.
	4.3.	Ensure he/she can describe the letters or symbols.
	4.4.	Test right (R) eye first; then left (L) eye. Both eyes must be tested individually

	4.5. Cover student's left eye with occluder without pressing tightly
	4.6. Have the student identify the first letter or symbol on each of the rows until he or she finds it difficult to do so or the lowest acuity line is reached, then he or she should be asked to attempt all letters/symbols from left to right on that row
	4.7. Use the pointer to point from below to each letter
	4.8. Should not block out or cover the other letters or symbols on the same line
	4.9. If the student fails to read a line, repeat the line in the reverse order. If the line is failed twice, identify the visual acuity as the next higher line read correctly
	4.10. Repeat the above procedure with right eye occluded and record the results as near visual acuity for the left eye.
5. Parent/Guardian and Teacher Notification	5.1. The success of the program is dependent on the implementation of a systematic follow-up procedure including notification to parent/guardian in writing (refer to Appendix D for sample form)
	5.2. Consult with teachers and recommend necessary educational adjustments or accommodations to meet individual needs (e.g. color perception impairment).

Range statement

- Obtain the results of a professional eye examination and any recommendations that might affect school performance
- direct student counseling regarding eye health and safety
- Teach the student the importance of keeping his/her lenses clean and properly adjusted
- Counsel parents/guardian regarding severe vision loss
- Review the professional eye exam report for information to determine if any adjustments or accommodations need to be made to the student's education program
- referral and follow-up services at periodic intervals.
- Record any signs, symptoms, and relevant history as reported by the student, parent/guardian, and/or school staff that may indicate visual problems
- Screening and recording of the following visual tests: a. Distance visual acuity. b. Near visual acuity (Optional). c. Color perception
- Use Eye Chart and Occluder
- Conduct orientation to familiarize students and families about the vision screening procedure
- Systematic visual screening procedure
- Implementation of a systematic follow-up procedure including notification to parent/guardian in writing (refer to Appendix D for sample form)
- Consult with teachers and recommend necessary educational adjustments or accommodations to meet individual needs (e.g. color perception impairment).

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context

Candidates must be assessed in an operational school environment where visual screening of students is conducted

Assessment must ensure access to:

Visual screening equipment such as Occluder and Eye chart

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic working knowledge of • Obtaining the results of a professional eye examination • Student counseling regarding eye health and safety • Importance of continued follow-up by the student's eye care professional • The importance of keeping his/her lenses clean and properly adjusted • Counsel parents/guardian regarding severe vision loss. • The importance of the student wearing the eyewear at school • Possible unusual features or eye movement of the student • Possible student's behavior during screening (i.e., squinting, rubbing eyes, moving forward). • Visual tests: a. Distance visual acuity. b. Near visual acuity (Optional). c. Color perception (Optional). • Eye chart, Occluder • Purpose of the vision screening and their role in the activity • Screening procedures prior to the screening for the students	The ability to: • Obtain the results of a professional eye examination and any recommendations that might affect school performance • Counsel regarding eye health and safety • Reinforce with the student the reasons for regular eye examinations • Teach and demonstrate the student the importance of keeping his/her lenses clean and properly adjust • Counsel parents/guardian regarding severe vision loss • Maintain identification procedures for students with severe visual impairment as well as referral and follow-up services at periodic intervals. • Able to Screen and record the following visual tests: a. Distance visual acuity. b. Near visual acuity (Optional). c. Color perception (Optional) • Use Eye Chart • Use Occluder • Explain the purpose of the vision screening and their role in the activity • Demonstrate screening procedures prior to the screening for the students • Implement systematic follow-up procedure including notification to parent/guardian

• Value of early and periodic screening, the relationship of health and safety practices to the prevention of Eye diseases and injuries • Visual screening procedure Necessary educational adjustments or accommodations to meet individual needs (e.g. color perception impairment).	in writing (refer to Appendix D for sample form) • • Recommend necessary educational adjustments or accommodations to meet individual needs (e.g. color perception impairment)

UNIT- 16

UNIT TITLE	**Hearing Checkup**				
DESCRIPTOR	This unit describes the skills and knowledge required to identify students with hearing loss in order to refer for diagnosis and management, carry out procedure for hearing screening and procedure for notification and follow the referral procedure.				
CODE	SOC16S1U16V1	LEVEL	4	CREDIT	6

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Hearing Screening and health	1.1. Identify students with hearing loss in order to refer for diagnosis and management 1.2. Make parents, children and teachers aware of the importance of hearing screening and how it impacts communication, development, and classroom learning 1.3. Explain how hearing impairment is an increased risk for academic, speech and language, social, emotional and behavioral problems. 1.4. Explain even mild or unilateral hearing loss can be impactful, and it is reported that more than one-third of children with minimal or unilateral hearing loss fail a grade
2. Procedure for hearing screening	2.1. Carry out whisper voice test: 2.2 stands at arm's length (0.6 m) behind (to prevent lip-reading) the seated student

	2.3 whisper a combination of three numbers or letters or name of fruits (for example, 4-K-2 or Apple-Orange-Strawberry), and then asks the student to repeat the sets
	• quietly exhale before whispering to ensure as quiet a voice as possible
	• repeat the test using a different set of pictures of fruits/vegetables or number/letter combination if the student repeats incorrectly
	2.2. Test each ear separately
	2.3. Mask the non-test ear by gently occluding the auditory canal with a finger and rubbing the tragus in a circular motion.
	2.4. Interpret screening result
	2.5. Conclude **Normal** if student repeat at least three out of six letters/ numbers or name of a fruit correctly
	2.6. Conclude **Abnormal** if the students repeat they repeat less than or equal to two out of six letters/ numbers or name of a fruit correctly.
3. Parent/Guardian and Teacher Notification	3.1. Give a referral letter to the student who fails the hearing screening.
	3.2. The letter must recommend the student be seen by ENT Specialist or an audiologist, which may require a physician referral
	3.3. Maintain contact with the parent/guardian to determine if the student has received the needed examination and necessary care

	3.4. Notify the child's teacher(s) if a child refers on the hearing screening
	3.5. Reinforce the need to follow through on the referral
	3.6. Monitor the child closely and to document any concerns the teacher may have regarding the impact of the suspected hearing impairment on the child's education
	3.7. Explore the reason for failure to follow-up on a hearing screening referral.
	3.8. Ensure the following steps are taken by teachers until the student's hearing status is clearly defined by medical and/or audio logical evaluation
	3.9 Give preferential seating so that he/she is in direct line of the teacher's/speaker's voice. Optimum distance is four to six feet from the teacher. If a better ear has been identified, the student's better ear should be closest to the teacher
	3.10 Use appropriate clarification strategies to ensure that the student understands oral information (repeat, rephrase, speak louder or closer, etc.)
	3.11 Avoid standing in front of a bright window while speaking
	3.12 Speaking while writing on the board (back to class)
	3.13 Positioning themselves so that their faces are not visible to students

	3.14 Minimize or avoid Noisy learning environments

Range statement

Implement and monitor adherence to workplace health and safety procedures in three of the following real or simulated situations:

- Identify students with hearing loss in order to refer for diagnosis and management
- Aware teachers, children and parents the importance of hearing screening and how it impacts communication, development, and classroom learning
- Explain how hearing impairment is an increased risk for academic, speech and language, social, emotional and behavioral problems
- Carry out whisper voice test
- Conclude the result of hearing screening test result as normal or abnormal
- Prepare referral letter to the students who fails the hearing screening
- Maintain contact with the parent/guardian to determine if the student has received the needed examination and necessary care
- document any concerns the teacher may have regarding the impact of the suspected hearing impairment on the child's education
- Ensure appropriate steps are taken by teachers until the student's hearing status is clearly defined by medical and/or audio logical evaluation such as: preferential seating, appropriate clarification strategies, avoid standing in front of a bright window, minimize or avoid Noisy learning environments

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context

Candidates must be assessed in an operational school environment where visual screening of students is conducted

Assessment must ensure access to:

Visual screening equipment such as Occluder and Eye chart

Assessment conditions

- Assessment must reflect and events processes that occur in a simulated work environment which reflects planning and conducting a successful hearing screening

UNIT- 17

UNIT TITLE	**Promoting adolescent sexual and reproductive health**				
DESCRIPTOR	Educational experiences that develop the capacity of adolescents to understand their sexuality in the context of biological, psychological, sociocultural and reproductive dimensions and to acquire skills in managing responsible decisions and actions with regard to SRH behavior SRH education aims to achieve a range of behavioral and health outcomes, including reduced sexual activity (including postponing age at first intercourse and promoting abstinence, lower rates of child marriage; lower rates of early, unwanted pregnancy and resulting abortions; lower rates sexually transmitted infections (STIs); and improved nutritional status This includes sexual and reproductive health. Health-promoting school. Educational establishment where all members of the school community work together to provide students with integrated and positive experiences and structures that promote their health, including skills-based curricula in health, safe and healthy environments, appropriate health services and the involvement of families and the wider community in efforts to promote health.				
CODE	SOC16S1U17V1	LEVEL	4	CREDIT	8

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. sexual health and well-being	1.1. Talk to children of 10-14 years about puberty, growth and changes during puberty 1.2. Advice on importance of healthy eating habits well-balanced diet, and some physical activity each day to ensure continued growth and proper development during these years.

	1.3. Talk to kids about menstruation and talk to girls about a bra that fits and what to do if they get their first period at school. 1.4. Offer re-assurance to overcome the insecurity about boys' and girls' appearance as they go through puberty 1.5. Talk to students about hygiene measures to take during puberty such as preventing odor and hygiene measures to take during menstruation
2. Reproductive health promotion in schools	2.1. Plan and conduct health program as a strategic mean to address important reproductive health risks among young people and to engage the education sector in efforts to change the educational, social and economic conditions that put adolescents at risk. 2.2 Conduct reproductive health program to: 2.3 Prevent/reduce risky behavior and improve knowledge, attitudes and skills for prevention of STIs including HIV 2.4 Prevent sexual harassment, gender-based violence and aggressive behavior 2.5 Promote girls' right to education.

3. Peer Education Program	3.1. Plan and conduct pa participatory and involve young people in discussions and activities to educate and share information and experiences with each other
	3.2. In group discussions create a relaxed environment for young people to ask questions on taboo subjects without the fear of being judged and/or teased.
	3.3. Equip young people with basic but comprehensive sexual and reproductive health information and skills vital to engage in healthy behaviors.
	3.4. Help the young person to obtain clear information about sensitive issues such as sexual behavior, reproductive health, STIs including HIV
	3.5. Inspire young people to adopt health seeking behaviors by sharing common experiences, weaknesses, and strengths.
	3.6. Become a role model; a peer educator should demonstrate behaviors that promote risk reduction within the community in addition to informing about risk reduction practices.
	3.7. Understand and relate to the emotions, feelings, thoughts and "language" of young people.

4. communication between parents, teachers and school children	4.1. Use of existing channels like parents' meetings to discuss about sexual and reproductive health and rights, including early pregnancy, STIs. 4.2. Encourage children to discuss certain issues related to sexuality with parents or other trusted adults might help to increase parent-children-teacher communication

Range statement

- Information on puberty and menstruation
- Body changes and personal hygiene measures to take during puberty and menstruation
- Conduct reproductive health program to prevent/reduce risky behavior and improve knowledge, attitudes and skills for prevention of STIs including HIV
- Comprehensive sexual and reproductive health information and skills vital to engage in healthy behaviors through peer group discussion
- Certain issues related to sexuality with parents or other trusted adults might help to increase parent-children-teacher communication

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context

Assessment of this unit must be completed in an operational school environment where the candidate plan and conduct safe sexual health programs, parent -teacher programs and peer group discussions for adolescents.

Assessment conditions

Assessment must be carried in a school-based environment

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic working knowledge of - Secondary sexual characteristics of boys and girls - Body changes during puberty - Hygiene measures to take during puberty and menstruation	The ability to: - Effectively communicate with children, teachers and parents about sexual health

• sexual and reproductive health information and skills vital to engage in healthy behaviors	• Create free environment for children to discuss issues related to puberty and sexual health • Plan and conduct parent teacher programs on sexual health • Demonstrate and teach students about good touch and bad touch • Plan and conduct peer group discussions

UNIT- 18

UNIT TITLE	Physical and Sexual abuse in schools				
DESCRIPTOR	This unit describes the performance outcomes, skills and knowledge required to create a preventive and safe environment for school children to prevent abuse, preventing and tackling bullying and signs of physical and behavioral changes due to physical abuse, sexual abuse and neglect.				
CODE	SOC16S1U18V1	LEVEL	4	CREDIT	8

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA
1. Primary Prevention of Child Sexual Abuse	1.1 Create a preventative environment 1.2 Work with the whole of the community (not just those at risk) to help create an environment where child sexual abuse is less likely to happen and more likely to be detected quickly when it does. 1.3 Make it ok to talk about child sexual abuse prevention by putting up posters and magnets in staff rooms and learning environments 1.4 Create a violence-free school environment by addressing bullying and encouraging staff and students to develop healthy and respectful relationship skills 1.5 Develop a culture of being an ethical bystander 1.6 Teach sexual violence prevention/ ethical relationships in schools and Early Childhood Education 1.7 Ensure students receive this education every year at intermediate and high school level

	1.8 Talk to younger children about what touch is ok for someone to do to them, and what touch is not OK to do to others. Include education about sexual abuse prevention in online and offline environments
	1.9 Develop school policies and programs, and provide training and ongoing support so all school staff understand the social context of sexual abuse and can recognize and act early to stop child sexual abuse (for both victims and children with concerning sexual behaviors)
	1.10 Regularly make touching rules and expectations of staff's behavior clear to all volunteers and paid staff
	1.11 Provide information for caregivers and the school community about child sexual abuse prevention (tips in school newsletters, posters up at school, and links to material on school websites etc.)
	1.12 Encourage students to 'be the boss of their own body
	1.13 Encourage children to talk about what's bothering them by listening and taking their concerns seriously. Offer a range of support options in and outside of the school (including helplines etc.) and to trust their own intuition.
	1.14 Include education for staff and students about child sexual abuse in the online environment (e.g. objectionable material, child pornography and

	keeping safer on Facebook etc.) and ensure use agreements are in place for staff, volunteers and children/ young people 1.15 Take part in any network of social service agencies or community networks set up to share information about child sexual abuse prevention 1.16 Encourage children and young people to protect their personal information online and talk with them about their 'digital footprint' (you can cover topics like, choosing an online name, what counts as 'personal information', sexting etc.)
2 Preventing and tackling bullying	2.1 Formulate policies in place to deal with bullying and poor behavior which are clear to parents, pupils and staff so that, when incidents do occur, they are dealt with quickly 2.2 define bullying for the purposes of its own behavior policy which should be clearly communicated and understood by pupils, parents, and staff 2.3 Create an environment that prevents bullying from being a serious problem in the first place 2.4 Develop a more sophisticated approach in which school staff proactively gather intelligence about issues between pupils which might provoke conflict and develop strategies to prevent bullying occurring in the first place

	2.5 Determine what will work best for their pupils, depending on the particular issues they need to address.
	2.6 Emphasize and promote Values of respect for staff and other pupils, an understanding of the value of education, and a clear understanding of how our actions affect others permeate the whole school environment and are reinforced by staff and older pupils who set a good example to the rest
	2.7 Involve parents to ensure that they are clear that the school does not tolerate bullying and are aware of the procedures to follow if they believe that their child is being bullied.
	2.8 Make all pupils understand the school's approach and are clear about the part they can play to prevent bullying, including when they find themselves as bystanders
	2.9 Implement disciplinary sanctions. The consequences of bullying reflect the seriousness of the incident so that others see that bullying is unacceptable
	2.10 Use specific organizations or resources for help with particular problems. Schools can draw on the experience and expertise of anti-bullying organizations with a proven track record and / or specialized expertise in dealing with certain forms of bullying

	2.11 Work with the wider community such as the police and children's services where bullying is particularly serious or persistent and where a criminal offence may have been committed. Successful schools also work with other agencies and the wider community to tackle bullying that is happening outside school 2.12 create an inclusive environment which is safe where pupils can openly discuss the cause of their bullying, without fear of further bullying or discrimination
3 Signs of physical and sexual abuse	3.1 Be quick in identifying the warning signs of physical and sexual abuse **Physical abuse signs** 3.2 Multiple wounds in different stages of healing. 3.3 Bruises in clustered patterns 3.4 Injuries appear after weekends or absences 3.5 Suspicious fractures (especially to the nose or face) 3.6 Overall appears to be in poor health **Behavioral indicators of physical abuse** 3.7 child may be either aggressive or withdrawn 3.8 child is jumpy, on edge, or fearful 3.9 child is uncomfortable undressing in front of peers

	3.10 child seems overly eager to please adults or wary of adults
	3.11 Child seems very afraid to go home or frightened of their parents
	3.12 child seems very afraid of getting in trouble
	Common physical indicators of sexual abuse
	3.13 Pain, itching, bleeding, swelling, or bruising in the genital or anal area
	3.14 Blood in the child's underwear
	3.15 Frequent bladder infections
	3.16 child complains about headaches and sickness
	Common behavioral indicators of sexual abuse
	3.17 Sudden change in the child's normal behavior; starts acting different.
	3.18 Depression or suicidality; running away.
	3.19 Regression to more childlike behavior
	3.20 Changes in relationships to adults, such as becoming clingier or more avoidant.
	3.21 Lower school engagement and lower achievement.
	3.22 Exhibits sexually provocative behavior or becomes promiscuous.
	3.23 The child has or talks about friends that are unusually older.
	3.24 The child talks about having sex or being touched.

	3.25 The child is extremely avoidant of undressing or physical contact at school.
	3.26 Be able to identify the warning signs of child neglect
	Common Physical Indicators of neglect
	3.27 Gaunt, underweight, bloated stomach, pale, flaky skin.
	3.28 Unattended health concerns or medical problems, such as skin infections or coughs.
	3.29 Poor hygiene, body odor, or unkempt appearance.
	3.30 Inappropriate clothes based on the weather (e.g., doesn't own a jacket in a snowy climate).
	3.31 Lack of supervision or abandonment.
	Common Behavioral Indicators of Neglect
	3.32 Frequent hunger at school.
	3.33 Fatigue; falls asleep in class or seems listless.
	3.34 Clinginess.
	3.35 Depression.
	3.36 Begs and steals (food or property).
	3.37 Comes to school early and leaves late.
	3.38 Says there is no one home to take care of them
	3.39 Follow the school reporting procedure when there is a suspicious abuse sign

- Work with the whole of the community (not just those at risk) to help create an environment where child sexual abuse is less likely to happen and more likely to be detected quickly when it does.
- Create a violence-free school environment by addressing bullying and encouraging staff and students to develop healthy and respectful relationship skills
- Teach sexual violence prevention/ ethical relationships in schools and Early Childhood Education
- Talk to younger children about what touch is ok what touch is not OK
- Include education about sexual abuse prevention in online and offline environments
- provide training and ongoing support so all school staff understand the social context of sexual abuse
- recognize and act early to stop child sexual abuse (for both victims and children with concerning sexual behaviors)
- Provide information for caregivers and the school community about child sexual abuse prevention (tips in school newsletters, posters up at school, and links to material on school websites etc.)
- Encourage children to talk about what's bothering them by listening and taking their concerns seriously
- Include education for staff and students about child sexual abuse in the online environment
- Take part in any network of social service agencies or community networks set up to share information about child sexual abuse prevention
- Formulate policies in place to deal with bullying and poor behavior
- Create an environment that prevents bullying from being a serious problem in the first place
- Emphasize and promote Values of respect for staff and other pupils, an understanding of the value of education
- Involve parents to ensure that they are clear that the school does not tolerate bullying and are aware of the procedures to follow if they believe that their child is being bullied
- Implement disciplinary sanctions
- Use specific organizations or resources for help with particular problems
- identifying the warning signs of physical and sexual abuse which include physical and behavioral indicators of abuse.
- Follow the school reporting procedure when there is a suspicious abuse sign

Assessment guide

Form of assessment

The assessor may use the following assessment methods to objectively assess the candidate:

- Observation
- Questioning
- Practical demonstration

Assessment context

Assessment of this unit must be completed in an operational school environment where the candidate is able to identify physical abuse and behavioral change of students, determine the underline reason behind it, and procedures to follow in case of abuse case.

Assessment conditions

Assessment must be carried in a physical examination room or in school health room.

UNDERPINNING KNOWLEDGE AND SKILLS

Underpinning Knowledge	Underpinning Skills
A basic working knowledge of - Creating abuse preventative environment where child sexual abuse is less likely to happen and more likely to be detected quickly when it does. - Creating a violence-free school environment by addressing bullying - Encouraging staff and students to develop healthy and respectful relationship skills - Developing a culture of being an ethical bystander - Teaching sexual violence prevention/ ethical relationships in schools and Early Childhood Education - Teaching children about good touch and bad touch - Developing school policies and programs, and provide training and ongoing support so all school staff	The ability to: - Effectively communicate with children, teachers and parents about child abuse - Intervene abuse cases by maintaining ethical standards - Create safe environment for children which is abuse free - Build children confidentiality to be open and freely communicate in case of abuse - Demonstrate and teach students about good touch and bad touch - Conduct awareness session for students, parents and staffs about child sexual abuse in the online environment - Build relationship with social service agencies or community networks set up to share

- understand the social context of sexual abuse and can recognize and act early to stop child sexual abuse
- Providing information for caregivers and the school community about child sexual abuse prevention
- Including education for staff and students about child sexual abuse in the online environment

- Encouraging children and young people to protect their personal information online and talk with them about their 'digital footprint.
- Formulating policies in place to deal with bullying and poor behavior
- Creating an environment that prevents bullying from being a serious problem in the first place
- Emphasizing and promote Values of respect for staff and other pupils, an understanding of the value of education, and a clear understanding of how our actions affect others
- Using specific organizations or resources for help with particular problems
- Creating an inclusive environment which is safe where pupils can openly discuss the cause of their bullying, without fear of further bullying or discrimination.
- Identifying the warning signs of physical and sexual abuse
- Identifying the physical and behavioral indicators of physical abuse, sexual abuse and neglect
- Following the school reporting procedure when there is a suspicious abuse sign

- information about child sexual abuse prevention
- Work collaboratively with social service agencies or community to make children, teachers and parents aware of child abuse and formulate policies and follow up procedures
- Proactively gather intelligence about issues between pupils which might provoke conflict and develop strategies to prevent bullying occurring in the first place
- Promote Values of respect for staff and other pupils
- Work with the wider community such as the police and children's services
- Quickly identify the warning signs of physical abuse, sexual abuse and neglect

UNIT- 19

UNIT TITLE	**Effective Communication and Health Officer**				
DESCRIPTOR	This unit describes the effective communication skills which is fundamental to success in school health officers work. This unit will describe how to build effective communication and effective listening skills.				
CODE	SOC19S1U19V1	LEVEL	4	CREDIT	8

ELEMENTS OF COMPETENCIES	PERFORMANCE CRITERIA		
1 Learn to Listen	1.1	Use the techniques of clarification and reflection to confirm what the other person has said and avoid any confusion	
	1.2	Try not to think about what to say next whilst listening; instead clear your mind and focus on the message being received.	
	1.3	Pay attention not only to the story, but how it is told, the use of language and voice, and how the other person uses his or her body	
	1.4	Be aware of both verbal and non-verbal messages	
2 Other people's emotions	2.1	Be sympathetic to other people's misfortunes and congratulate their positive landmarks.	

		2.2	Make and maintain eye contact and use first names where appropriate
		2.3	Do not be afraid to ask others for their opinions as this will help to make them feel valued.
		2.4	Consider the emotional effect of what you are saying and communicate within the norms of behavior acceptable to the other person
3	Empathies	3.1	When communicating with others, try not to be judgmental or biased by preconceived ideas or beliefs
		3.2	view situations and responses from the other person's perspective.
		3.3	Stay in tune with your own emotions to help enable you to understand the emotions of others.
		3.4	If appropriate, offer your personal viewpoint clearly and honestly to avoid confusion. Bear in mind that some subjects might be taboo or too emotionally stressful for others to discuss.
4	Encourage	4.1	Offer words and actions of encouragement, as well as praise, to others.

	4.2	Make other people feel welcome, wanted, valued and appreciated in your communications.
	4.3	Let others know that they are valued, they are much more likely to give you their best
	4.4	Try to ensure that everyone involved in an interaction or communication is included through effective body language and the use of open questions.

Range statement

Effective communication building skills such as
- techniques of clarification and reflection to confirm what the other person has said and avoid any confusion
- Make and maintain eye contact and use first names where appropriate
- Consider the emotional effect of what you are saying and communicate within the norms of behavior acceptable to the other person
- Offer words and actions of encouragement, as well as praise, to others.
- Make other people feel welcome, wanted, valued and appreciated in your communication

Assessment guide
Form of assessment
- Assessment for the unit needs to be holistic and must be observed through real or simulated workplace activities

Assessment context
Assessment of this unit must be completed on the job or in a simulated work environment which reflects

Underpinning Knowledge	Underpinning Skills
General Knowledge on - How to effectively communicate - How to actively listen - How to actively engage and promote group discussion - How to make the listeners more confident and open for discussion and sharing information	Ability to - Stay calm - Act confidently - Effectively communicate to participate, exchange and to interact with school personnel, local health service and community regarding improving the health of students

UNDERPINNING KNOWLEDGE AND SKILLS