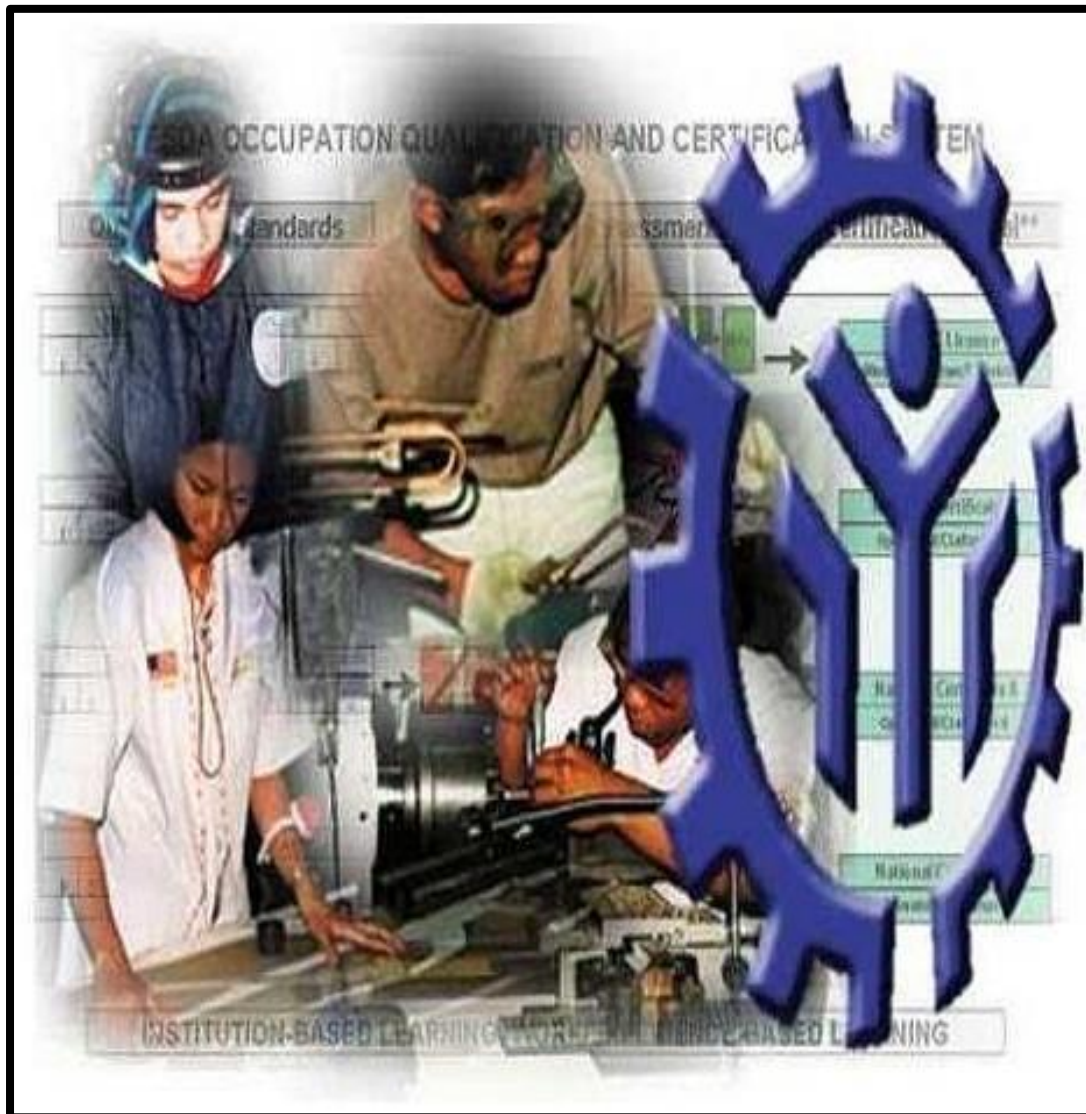# COMPETENCY STANDARDS

DEMENTIA CARE LEVEL III

HUMAN HEALTH / HEALTH CARE SECTOR

TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
TESDA Complex East Service Road, South Luzon Expressway (SLEX),
Fort Bonifacio, Taguig City

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HUMAN HEALTH / HEALTH CARE SECTOR
DEMENTIA CARE LEVEL III

COMPETENCY STANDARDS FOR
DEMENTIA CARE LEVEL III

SECTION 1 DEFINITION

The DEMENTIA CARE LEVEL III qualification consists of competencies that a person must achieve to enable him/her to be dementia carer or dementia care worker. The course includes performing health assessments on People Living with Dementia (PLwD), applying Treatment Plan based on the determined level of care, facilitating engagement in recreational and therapeutic activities, managing Behavior and Psychological Symptoms of Dementia (BPSD), carrying out end-of-life care plan preferences and advance directives, and managing self-care.

The units of competency comprising this qualification include the following:

Unit Code	BASIC COMPETENCIES
400311319	Lead workplace communication
400311320	Lead small teams
400311321	Apply critical thinking and problem-solving techniques in the workplace
400311322	Work in a diverse environment
400311323	Propose methods of applying learning and innovation in the organization
400311324	Use information systematically
400311325	Evaluate occupational safety and health work practices
400311326	Evaluate environmental work practices
400311327	Facilitate entrepreneurial skills for micro-small-medium enterprises (MSMEs)

Unit Code	COMMON COMPETENCIES
HHC325201	Implement and monitor infection control policies and procedures
HHC325202	Respond effectively to difficult/challenging behavior
HHC325203	Apply basic first aid
HHC325204	Maintain high standard of patient/client services

Unit Code	CORE COMPETENCIES
AB-HHC1381300532301	Perform health assessment on People Living with Dementia (PLwD)
AB-HHC1381300532302	Apply Treatment Plan based on the determined level of care
AB-HHC1381300532303	Facilitate engagement in recreational and therapeutic activities

AB-HHC1381300532304   Manage Behavior and Psychological Symptoms of Dementia (BPSD)

AB-HHC1381300532305   Carry out end-of-life care plan preferences and advance directives

AB-HHC1381300532306   Manage self-care

A person who has achieved this qualification is competent to be:

- Dementia Carer
- Dementia Care Worker

SECTION 2   COMPETENCY STANDARD

This section gives details of the contents of the units of competency required in **DEMENTIA CARE LEVEL III.**

BASIC COMPETENCIES

UNIT OF COMPETENCY   :   LEAD WORKPLACE COMMUNICATION

UNIT CODE   :   400311319

UNIT DESCRIPTOR   :   This unit covers the knowledge, skills and attitudes required to lead in the effective dissemination and discussion of ideas, information, and issues in the workplace. This includes preparation of written communication materials.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Communicate information about workplace processes	1.1 Relevant *communication method* is selected based on workplace procedures 1.2 Multiple operations involving several topics/areas are communicated following enterprise requirements 1.3 Questioning is applied to gain extra information 1.4 Relevant sources of information are identified in accordance with workplace/client requirements 1.5 Information is selected and organized following enterprise procedures 1.6 Verbal and written	1.1 Organization requirements for written and electronic communication methods 1.2 Effective verbal communication methods 1.3 Business writing 1.4 Workplace etiquette	1.1 Organizing information 1.2 Conveying intended meaning 1.3 Participating in a variety of workplace discussions 1.4 Complying with organization requirements for the use of written and electronic communication methods 1.5 Effective business writing 1.6 Effective clarifying and probing skills 1.7 Effective questioning techniques (clarifying and probing

	reporting is undertaken when required 1.7 Communication and negotiation skills are applied and maintained in all relevant situations		
2. Lead workplace discussions	2.1 Response to workplace issues are sought following enterprise procedures 2.2 Response to workplace issues are provided immediately 2.3 Constructive contributions are made to *workplace discussions* on such issues as production, quality and safety 2.4 Goals/ objectives and action plans undertaken in the workplace are communicated promptly	2.1 Organization requirements for written and electronic communication methods 2.2 Effective verbal communication methods 2.3 Workplace etiquette	2.1 Organizing information 2.2 Conveying intended meaning 2.3 Participating in variety of workplace discussions 2.4 Complying with organization requirements for the use of written and electronic communication methods 2.5 Effective clarifying and probing skills
3. Identify and communicate issues arising in the workplace	3.1 Issues and problems are identified as they arise 3.2 Information regarding problems and issues are organized coherently to ensure clear and effective communication 3.3 Dialogue is initiated with appropriate personnel 3.4 Communication problems and issues are raised as they arise 3.5 Identify barriers in communication to be addressed appropriately	3.1 Organization requirements for written and electronic communication methods 3.2 Effective verbal communication methods 3.3 Workplace etiquette 3.4 Communication problems and issues 3.5 Barriers in communication	3.1 Organizing information 3.2 Conveying intended meaning 3.3 Participating in a variety of workplace discussions 3.4 Complying with organization requirements for the use of written and electronic communication methods 3.5 Effective clarifying and probing skills 3.6 Identifying issues 3.7 Negotiation and communication skills

RANGE OF VARIABLES

VARIABLE	RANGE
1. Methods of communication	**May include:** 1.1. Non-verbal gestures 1.2. Verbal 1.3. Face-to-face 1.4. Two-way radio 1.5. Speaking to groups 1.6. Using telephone 1.7. Written 1.8. Internet
2. Workplace discussions	**May include:** 2.1. Coordination meetings 2.2. Toolbox discussion 2.3. Peer-to-peer discussion

EVIDENCE GUIDE

1. Critical aspects of Competency	Assessment requires evidence that the candidate: 1.1 Dealt with a range of communication/information at one time 1.2 Demonstrated leadership skills in workplace communication 1.3 Made constructive contributions in workplace issues 1.4 Sought workplace issues effectively 1.5 Responded to workplace issues promptly 1.6 Presented information clearly and effectively written form 1.7 Used appropriate sources of information 1.8 Asked appropriate questions 1.9 Provided accurate information
2. Resource Implications	The following resources should be provided: 2.1 Variety of Information 2.2 Communication tools 2.3 Simulated workplace
3. Methods of Assessment	Competency in this unit may be assessed through: Case problem 3.1. Third-party report 3.2. Portfolio 3.3. Interview 3.4. Demonstration/Role-playing
4. Context for Assessment	4.1. Competency may be assessed in the workplace or in a simulated workplace environment

UNIT OF COMPETENCY : **LEAD SMALL TEAMS**

UNIT CODE : **400311320**

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitudes to lead small teams including setting, maintaining and monitoring team and individual performance standards.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Provide team leadership	1.1 ***Work requirements*** are identified and presented to team members based on company policies and procedures 1.2 Reasons for instructions and requirements are communicated to team members based on company policies and procedures 1.3 ***Team members' and leaders' concerns*** are recognized, discussed and dealt with based on company practices	1.1 Facilitation of Team work 1.2 Company policies and procedures relating to work performance 1.3 Performance standards and expectations 1.4 Monitoring individual's and team's performance vis a vis client's and group's expectations	1.1 Communication skills required for leading Teams 1.2 Group facilitation skills 1.3 Negotiating skills 1.4 Setting performance expectation
2. Assign responsibilities	2.1 Responsibilities are allocated having regard to the skills, knowledge and aptitude required to undertake the assigned task based on company policies	2.1 Work plan and procedures 2.2 Work requirements and targets 2.3 Individual and group expectations 2.4 Ways to improve group	2.1 Communication skills 2.2 Management skills 2.3 Negotiating skills 2.4 Evaluation skills 2.5 Identifying team member's strengths and rooms for improvement

	2.2 Duties are allocated having regard to individual preference, domestic and personal considerations, whenever possible	leadership and membership	
3. Set performance expectations for team members	3.1 Performance expectations are established based on client needs 3.2 Performance expectations are based on individual team member's knowledge, skills and aptitude 3.3 Performance expectations are discussed and disseminated to individual team members	3.1 One's roles and responsibilities in the team 3.2 Feedback giving and receiving 3.3 Performance expectation	3.1 Communication skills 3.2 Accurate empathy 3.3 Congruence 3.4 Unconditional positive regard 3.5 Handling of Feedback
4. Supervise team performance	4.1 ***Performance is monitored*** based on defined performance criteria and/or assignment instruction 4.2 Team members are provided with ***feedback,*** positive support and advice on strategies to overcome any deficiencies based on company practices 4.3 ***Performance issues*** which cannot be rectified or	4.1 Performance Coaching 4.2 Performance management 4.3 Performance Issues	4.1 Communication skills required for leading teams 4.2 Coaching skills

	addressed within the team are referred to appropriate personnel according to employer policy 4.4 Team members are kept informed of any changes in the priority allocated to assignments or tasks which might impact on client/ customer needs and satisfaction		
	4.5 Team operations are monitored to ensure that employer/client needs and requirements are met 4.6 Follow-up communication is provided on all issues affecting the variables team 4.7 All relevant documentation is completed in accordance with company procedures		

RANGE OF VARIABLES

VARIABLE	RANGE
1. Work requirements	**May include:** 1.1. Client Profile 1.2. Assignment instructions
2. Team member's concerns	**May include:** 2.1 Roster/shift details
3. Monitor performance	**May include:** 3.1 Formal process 3.2 Informal process

4. Feedback	**May include**: 4.1 Formal process 4.2 Informal process
5. Performance issues	**May include:** 5.1 Work output 5.2 Work quality 5.3 Team participation 5.4 Compliance with workplace protocols 5.5 Safety 5.6 Customer service

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1 Maintained or improved individuals and/or team performance given a variety of possible scenario 1.2 Assessed and monitored team and individual performance against set criteria 1.3 Represented concerns of a team and individual to next level of management or appropriate specialist and to negotiate on their behalf 1.4 Allocated duties and responsibilities, having regard to individual's knowledge, skills and aptitude and the needs of the tasks to be performed 1.5 Set and communicated performance expectations for a range of tasks and duties within the team and provided feedback to team members
2. Resource Implications	The following resources should be provided: 2.1 Access to relevant workplace or appropriately simulated environment where assessment can take place 2.2 Materials relevant to the proposed activity or task
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1 Written Examination 3.2 Oral Questioning 3.3 Portfolio
4. Context for Assessment	4.1 Competency may be assessed in the actual workplace or at the designated TESDA Accredited Assessment Center.

UNIT OF COMPETENCY : **APPLY CRITICAL THINKING AND PROBLEM-SOLVING TECHNIQUES IN THE WORKPLACE**

UNIT CODE : **400311321**

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitudes required to solve problems in the workplace including the application of problem solving techniques and to determine and resolve the root cause/s of specific problems in the workplace.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Examine specific workplace challenges	1.1 Variances are examined from normal operating ***parameters;*** and product quality. 1.2 Extent, cause and nature of the specific problem are defined through observation, investigation and ***analytical techniques***. 1.3 ***Problems*** are clearly stated and specified.	1.1 Competence includes a thorough knowledge and understanding of the process, normal operating parameters, and product quality to recognize nonstandard situations. 1.2 Competence to include the ability to apply and explain, enough for the 1.3 identification of fundamental causes of specific workplace challenges. 1.4 Relevant equipment and operational processes. 1.5 Enterprise goals, targets and measures. 1.6 Enterprise quality OHS and environmental requirement.	1.1 Using range of analytical techniques (e.g., planning, attention, simultaneous and successive processing of information) in examining specific challenges in the workplace. 1.2 Identifying extent and causes of specific challenges in the workplace.

		1.7 Enterprise information systems and data collation 1.8 Industry codes and 1.9 standards.	
2. Analyze the causes of specific workplace challenges	2.1 Possible causes of specific problems 2.2 are identified based on experience and the use of problem-solving tools / analytical techniques. 2.3 Possible cause statements are developed based on findings. 2.4 Fundamental causes are identified per results of investigation conducted.	2.1 Competence includes a thorough knowledge and understanding of the process, normal operating parameters, and product quality to recognize nonstandard situations. 2.2 Competence to include the ability to apply and explain, sufficient for the identification of fundamental cause, determining the corrective action and provision of recommendations. 2.3 Relevant equipment and operational processes. 2.4 Enterprise goals, targets and measures. 2.5 Enterprise quality 2.6 OSH and environmental requirement. 2.7 Enterprise information systems and data collation. 2.8 Industry codes and standards.	2.1 Using range of analytical techniques (e.g., planning, attention, simultaneous and successive processing of information) in examining specific challenges in the workplace. 2.2 Identifying extent and causes of specific challenges in the workplace. 2.3 Providing clearcut findings on the nature of each identified workplace challenges.

3. Formulate resolutions to specific workplace challenges	3.1 All possible options are considered for resolution of the problem. 3.2 Strengths and weaknesses of possible options are considered. 3.3 Corrective actions are determined to resolve the problem and possible future causes. 3.4 **Action *plans*** are developed identifying measurable objectives, resource needs and timelines in accordance with safety and operating procedures	3.1 Competence to include the ability to apply and explain, sufficient for the identification of fundamental cause, determining the corrective action and provision of recommendations 3.2 Relevant equipment and operational processes 3.3 Enterprise goals, targets and measures 3.4 Enterprise quality OSH and environmental requirement 3.5 Principles of decision making strategies and techniques 3.6 Enterprise information systems and data collation 3.7 Industry codes and standards	3.1 Using range of analytical techniques (e.g., planning, attention, simultaneous and successive processing of information) in examining specific challenges in the workplace. 3.2 Identifying extent and causes of specific challenges in the workplace. 3.3 Providing clearcut findings on the nature of each identified workplace challenges. 3.4 Devising, communicating, implementing and evaluating strategies and techniques in addressing specific workplace challenges.

| 4. Implement action plans and communicate results | 4.1 Action plans are implemented and evaluated.
4.2 Results of plan implementation and recommendations are prepared.
4.3 Recommendations are presented to appropriate personnel.
4.4 Recommendations are followed-up, if required. | 4.1 Competence to include the ability to apply and explain, sufficient for the identification of fundamental cause, determining the corrective action and provision of recommendations
4.2 Relevant equipment and operational processes
4.3 Enterprise goals, targets and measures
4.4 Enterprise quality,
4.5 OSH and environmental requirement
4.6 Principles of decision making strategies and techniques
4.7 Enterprise information systems and data collation
4.8 Industry codes and standards | 4.1 Using range of analytical techniques (e.g., planning, attention, simultaneous and successive processing of information) in examining specific challenges in the workplace.
4.2 Identifying extent and causes of specific challenges in the workplace.
4.3 Providing clearcut findings on the nature of each identified workplace challenges.
4.4 Devising, communicating, implementing and evaluating strategies and techniques in addressing specific workplace challenges. |

RANGE OF VARIABLES

VARIABLES	RANGE
1. Parameters	**May include:** 1.1 Processes 1.2 Procedures 1.3 Systems

2. Analytical techniques	**May include:** 2.1. Brainstorming 2.2. Intuitions/Logic 2.3. Cause and effect diagrams 2.4. Pareto analysis 2.5. SWOT analysis 2.6. Gant chart, Pert CPM and graphs 2.7. Scattergrams
3. Problem	**May include:** 3.1. Routine, non – routine and complex workplace and quality problems 3.2. Equipment selection, availability and failure 3.3. Teamwork and work allocation problem 3.4. Safety and emergency situations and incidents 3.5. Risk assessment and management
4. Action plans	**May include:** 4.1. Priority requirements 4.2. Measurable objectives 4.3. Resource requirements 4.4. Timelines 4.5. Co-ordination and feedback requirements 4.6. Safety requirements 4.7. Risk assessment 4.8. Environmental requirements

EVIDENCE GUIDE

1. Critical aspects of Competency	Assessment requires evidence that the candidate: 1.1. Examined specific workplace challenges. 1.2. Analyzed the causes of specific workplace challenges. 1.3. Formulated resolutions to specific workplace challenges. 1.4. Implemented action plans and communicated results on specific workplace challenges.
2. Resource Implications	2.1. Assessment will require access to an operating plant over an extended period of time, or a suitable method of gathering evidence of operating ability over a range of situations. A bank of scenarios / case studies / what ifs will be required as well as bank of questions which will be used to probe the reason behind the observable action.

3. Methods of Assessment	**Competency in this unit may be assessed through:** 3.1. Observation 3.2. Case Formulation 3.3. Life Narrative Inquiry 3.4. Standardized test The unit will be assessed in a holistic manner as is practical and may be integrated with the assessment of other relevant units of competency. Assessment will occur over a range of situations, which will include disruptions to normal, smooth operation. Simulation may be required to allow for timely assessment of parts of this unit of competency. Simulation should be based on the actual workplace and will include walk through of the relevant competency components. These assessment activities should include a range of problems, including new, unusual and improbable situations that may have happened.
4. Context for Assessment	In all workplace, it may be appropriate to assess this unit concurrently with relevant teamwork or operation units.

UNIT OF COMPETENCY : **WORK IN A DIVERSE ENVIRONMENT**

UNIT CODE : **400311322**

UNIT DESCRIPTOR : This unit covers the outcomes required to work effectively in a workplace characterized by diversity in terms of religions, beliefs, races, ethnicities and other differences.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Develop an individual's cultural awareness and sensitivity	1.1 Individual differences with clients, customers and fellow workers are recognized and respected in accordance with enterprise policies and core values. 1.2 Differences are responded to in a sensitive and considerate manner 1.3 *Diversity* is accommodated using appropriate verbal and nonverbal communication.	1.1 Understanding cultural diversity in the workplace 1.2 Norms of behavior for interacting and dialogue with specific groups (e. g., Muslims and other nonChristians, nonCatholics, tribes/ethnic groups, foreigners) 1.3 Different methods of verbal and nonverbal communication in a multicultural setting	1.1 Applying cross-cultural communication skills (i.e. different business customs, beliefs, communication strategies) 1.2 Showing affective skills – establishing rapport and empathy, understanding, etc. 1.3 Demonstrating openness and flexibility in communication 1.4 Recognizing diverse groups in the workplace and community as defined by divergent culture, religion, traditions and practices

2. Work effectively in an environment that acknowledges and values cultural diversity	2.1 Knowledge, skills and experiences of others are recognized and documented in relation to team objectives. 2.2 Fellow workers are encouraged to utilize and share their specific qualities, skills or backgrounds with other team members and clients to enhance work outcomes. 2.3 Relations with customers and clients are maintained to show that diversity is valued by the business.	2.1 Value of diversity in the economy and society in terms of Workforce development 2.2 Importance of inclusiveness in a diverse environment 2.3 Shared vision and understanding of and commitment to team, departmental, and organizational goals and objectives 2.4 Strategies for customer service excellence	2.1 Demonstrating crosscultural communication skills and active listening 2.2 Recognizing diverse groups in the workplace and community as defined by divergent culture, religion, traditions and practices 2.3 Demonstrating collaboration skills 2.4 Exhibiting customer service excellence
3. Identify common issues in a multicultural and diverse environment	3.1 ***Diversity-related conflicts*** within the workplace are effectively addressed and resolved. 3.2 Discriminatory behaviors towards customers/stakeholders are minimized and addressed accordingly. 3.3 Change management policies are in place within the organization.	3.1 Value, and leverage of cultural diversity 3.2 Inclusivity and conflict resolution 3.3 Workplace harassment 3.4 Change management and ways to overcome resistance to change 3.5 Advanced strategies for customer service excellence	3.1 Addressing diversity-related conflicts in the workplace 3.2 Eliminating discriminatory behavior towards customers and coworkers 3.3 Utilizing change management policies in the workplace

RANGE OF VARIABLES

VARIABLE	RANGE
1. Diversity	**This refers to diversity in both the workplace and the community and may include divergence in :** 1.1 Religion 1.2 Ethnicity, race or nationality 1.3 Culture 1.4 Gender, age or personality 1.5 Educational background
2. Diversity-related conflicts	**May include conflicts that result from:** 2.1 Discriminatory behaviors 2.2 Differences of cultural practices 2.3 Differences of belief and value systems 2.4 Gender-based violence 2.5 Workplace bullying 2.6 Corporate jealousy 2.7 Language barriers 2.8 Individuals being differently-abled persons 2.9 Ageism (negative attitude and behavior towards old people)

EVIDENCE GUIDE

1. Critical aspects of Competency	**Assessment requires evidence that the candidate:** 1.1 Adjusted language and behavior as required by interactions with diversity 1.2 Identified and respected individual differences in colleagues, clients and customers 1.3 Applied relevant regulations, standards and codes of practice
2. Resource Implications	**The following resources should be provided:** 2.1 Access to workplace and resources 2.2 Manuals and policies on Workplace Diversity
3. Methods of Assessment	**Competency in this unit may be assessed through:** 3.1 Demonstration or simulation with oral questioning 3.2 Group discussions and interactive activities 3.3 Case studies/problems involving workplace diversity issues 3.4 Third-party report 3.5 Written examination 3.6 Role Plays
4. Context for Assessment	Competency assessment may occur in workplace or any appropriately simulated environment

UNIT OF COMPETENCY	:	PROPOSE METHODS OF APPLYING LEARNING AND INNOVATION IN THE ORGANIZATION
UNIT CODE	:	400311323
UNIT DESCRIPTOR	:	This unit covers the knowledge, skills and attitudes required to assess general obstacles in the application of learning and innovation in the organization and to propose practical methods of such in addressing organizational challenges.

ELEMENTS	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Assess work procedures, processes and systems in terms of innovative practices	1.1. R*easons* for innovation are incorporated to work procedures. 1.2. **Models of innovation** are researched. 1.3. G*aps or barriers* to innovation in one's work area are analyzed. 1.4. Staff who can support and foster innovation in the work procedure are identified.	1.1 Seven habits of highly effective people. 1.2 Character strengths that foster innovation and learning (Christopher Peterson and Martin Seligman, 2004) 1.3 Five minds of the future concepts (Gardner, 2007). 1.4 Adaptation concepts in neuroscience (Merzenich, 2013). 1.5 Transtheoretical model of behavior change (Prochaska, DiClemente, & Norcross, 1992).	1.1 Demonstrating collaboration and networking skills. 1.2 Applying basic research and evaluation skills 1.3 Generating insights on how to improve organizational procedures, processes and systems through innovation.

2. Generate practical action plans for improving work procedures, processes	2.1 Ideas for innovative work procedure to foster innovation using individual and group techniques are conceptualized 2.2 Range of ideas with other team members and colleagues are evaluated and discussed 2.3 Work procedures and processes subject to change are selected based on ***workplace requirements*** (feasible and innovative). 2.4 Practical action plans are proposed to facilitate simple changes in the work procedures, processes and systems. 2.5 ***Critical inquiry*** is applied and used to facilitate discourse on adjustments in the simple work procedures, processes and systems.	2.1 Seven habits of highly effective people. 2.2 Character strengths that foster innovation and learning (Christopher Peterson and Martin Seligman, 2004) 2.3 Five minds of the future concepts (Gardner, 2007). 2.4 Adaptation concepts in neuroscience (Merzenich, 2013). 2.5 Transtheoretical model of behavior change (Prochaska, DiClemente, & Norcross, 1992).	2.1 Assessing readiness for change on simple work procedures, processes and systems. 2.2 Generating insights on how to improve organizational procedures, processes and systems through innovation. 2.3 Facilitating action plans on how to apply innovative procedures in the organization.

3. Evaluate the effectiveness of the proposed action plans	3.1 Work structure is analyzed to identify the impact of the new work procedures 3.2 Co-workers/key personnel is consulted to know who will be involved with or affected by the work procedure 3.3 Work instruction operational plan of the new work procedure is developed and evaluated. 3.4 Feedback and suggestion are recorded. 3.5 Operational plan is updated. 3.6 Results and impact on the developed work instructions are reviewed 3.7 Results of the new work procedure are evaluated 3.8 Adjustments are recommended based on results gathered	3.1 Five minds of the future concepts (Gardner, 2007). 3.2 Adaptation concepts in neuroscience (Merzenich, 2013). 3.3 Transtheoretical model of behavior change (Prochaska, DiClemente, & Norcross, 1992).	3.1 Generating insights on how to improve organizational procedures, processes and systems through innovation. 3.2 Facilitating action plans on how to apply innovative procedures in the organization. 3.3 Communicating results of the evaluation of the proposed and implemented changes in the workplace procedures and systems. 3.4 Developing action plans for continuous improvement on the basic systems, processes and procedures in the organization.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Reasons	**May include:** 1.1 Strengths and weaknesses of the current systems, processes and procedures. 1.2 Opportunities and threats of the current systems, processes and procedures.
2. Models of innovation	**May include:** 2.1 Seven habits of highly effective people. 2.2 Five minds of the future concepts (Gardner, 2007). 2.3 Neuroplasticity and adaptation strategies.
3. Gaps or barriers	**May include:** 3.1 Machine 3.2 Manpower 3.3 Methods 3.4 Money
4. Critical Inquiry	**May include:** 4.1 Preparation. 4.2 Discussion. 4.3 Clarification of goals. 4.4 Negotiate towards a Win-Win outcome. 4.5 Agreement. 4.6 Implementation of a course of action. 4.7 Effective verbal communication. See our pages: Verbal Communication and Effective Speaking. 4.8 Listening. 4.9 Reducing misunderstandings is a key part of effective negotiation. 4.10 Rapport Building. 4.11 Problem Solving. 4.12 Decision Making. 4.13 Assertiveness. 4.14 Dealing with Difficult Situations.

EVIDENCE GUIDE

1. Critical aspects of Competency	Assessment requires evidence that the candidate: 1.1 Established the reasons why innovative systems are required 1.2 Established the goals of a new innovative system 1.3 Analyzed current organizational systems to identify gaps and barriers to innovation. 1.4 Assessed work procedures, processes and systems in terms of innovative practices. 1.5 Generate practical action plans for improving work procedures, and processes. 1.6 Reviewed the trial innovative work system and adjusted reflect evaluation feedback, knowledge management systems and future planning. 1.7 Evaluated the effectiveness of the proposed action plans.
2. Resource Implications	The following resources should be provided: 2.1 Pens, papers and writing implements. 2.2 Cartolina. 2.3 Manila papers.
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1 Psychological and behavioral Interviews. 3.2 Performance Evaluation. 3.3 Life Narrative Inquiry. 3.4 Review of portfolios of evidence and third-party workplace reports of on-the-job performance. 3.5 Sensitivity analysis. 3.6 Organizational analysis. 3.7 Standardized assessment of character strengths and virtues applied.
4. Context for Assessment	4.1 Competency may be assessed individually in the actual workplace or simulation environment in TESDA accredited institutions.

UNIT OF COMPETENCY		USE INFORMATION SYSTEMATICALLY
UNIT CODE		400311324
UNIT DESCRIPTOR		This unit covers the knowledge, skills and attitudes required to use technical information systems, apply information technology (IT) systems and edit, format & check information.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Use technical information	1.1. *Information* are collated and organized into a suitable form for reference and use 1.2. Stored information are classified so that it can be quickly identified and retrieved when needed 1.3. Guidance are advised and offered to people who need to find and use information	1.1. Application in collating information 1.2. Procedures for inputting, maintaining and archiving information 1.3. Guidance to people who need to find and use information 1.4. Organize information 1.5. classify stored information for identification and retrieval 1.6. Operate the technical information system by using agreed procedures	1.1. Collating information 1.2. Operating appropriate and valid procedures for inputting, maintaining and archiving information 1.3. Advising and offering guidance to people who need to find and use information 1.4. Organizing information into a suitable form for reference and use 1.5. Classifying stored information for identification and retrieval 1.6. Operating the technical information system by using agreed procedures

2. Apply information technology (IT)	2.1. ***Technical information*** system is operated using agreed procedures 2.2. Appropriate and valid procedures are operated for inputting, maintaining and archiving information 2.3. ***Software*** required are utilized to execute the project activities 2.4. Information and data obtained are handled, edited, formatted and checked from a range of internal and external ***sources*** 2.5. Information are extracted, entered, and processed to produce the outputs required by ***customers*** 2.6. Own skills and understanding are shared to help others 2.7. Specified ***security measures*** are implemented to protect the confidentiality and integrity of project data held in IT systems	2.1. Attributes and limitations of available software tools 2.2. Procedures and work instructions for the use of IT 2.3. Operational requirements for IT systems 2.4. Sources and flow paths of data 2.5. Security systems and measures that can be used 2.6. Extract data and format reports 2.7. Methods of entering and processing information 2.8. WWW enabled applications	2.1. Identifying attributes and limitations of available software tools 2.2. Using procedures and work instructions for the use of IT 2.3. Describing operational requirements for IT systems 2.4. Identifying sources and flow paths of data 2.5. Determining security systems and measures that can be used 2.6. Extracting data and format reports 2.7. Describing methods of entering and processing information 2.8. Using WWW applications

3. Edit, format and check information	3.1 Basic editing techniques are used 3.2 Accuracy of documents are checked 3.3 Editing and formatting tools and techniques are used for more complex documents 3.4 Proof reading techniques is used to check that documents look professional	3.1 Basic file-handling techniques 3.2 Techniques in checking documents 3.3 Techniques in editing and formatting 3.4 Proofreading techniques	3.1 Using basic file-handling techniques is used for the software 3.2 Using different techniques in checking documents 3.3 Applying editing and formatting techniques 3.4 Applying proofreading techniques

RANGE OF VARIABLES

VARIABLE	RANGE
1. Information	**May include:** 1.1. Property 1.2. Organizational 1.3. Technical reference
2. Technical information	**May include:** 2.1. paper based 2.2. electronic
3. Software	**May include:** 3.1. spreadsheets 3.2. databases 3.3. word processing 3.4. presentation
4. Sources	**May include:** 4.1. other IT systems 4.2. manually created 4.3. within own organization 4.4. outside own organization 4.5. geographically remote
5. Customers	**May include:** 5.1. colleagues 5.2. company and project management 5.3. clients

6. Security measures	**May include:** 6.1. access rights to input; 6.2. passwords; 6.3. access rights to outputs; 6.4. data consistency and back-up; 6.5. recovery plans

EVIDENCE GUIDE

1. Critical aspects of Competency	**Assessment requires evidence that the candidate:** 1.1. Used technical information systems and information technology 1.2. Applied information technology (IT) systems 1.3. Edited, formatted and checked information
2. Resource Implications	**The following resources should be provided:** 2.1. Computers 2.2. Software and IT system
3. Methods of Assessment	**Competency in this unit should be assessed through:** 3.1. Direct Observation 3.2. Oral interview and written test
4. Context for Assessment	4.1. Competency may be assessed individually in the actual workplace or through accredited institution

UNIT OF COMPETENCY	:	EVALUATE OCCUPATIONAL SAFETY AND HEALTH WORK PRACTICES
UNIT CODE	:	400311325
UNIT DESCRIPTOR	:	This unit covers the knowledge, skills and attitudes required to interpret Occupational Safety and Health practices, set OSH work targets, and evaluate effectiveness of Occupational Safety and Health work instructions

ELEMENT	PERFORMANCE CRITERIA Italicized terms are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Interpret Occupational Safety and Health practices	1.1 *OSH work practices issues* are identified relevant to work requirements 1.2 OSH work standards and procedures are determined based on applicability to nature of work 1.3 Gaps in work practices are identified related to relevant OSH work standards	1.1. OSH work practices issues 1.2. OSH work standards 1.3. General OSH principles and legislations 1.4. Company/ workplace policies/ guidelines 1.5. Standards and safety requirements of work process and procedures	1.1. Communicati on skills 1.2. Interpersonal skills 1.3. Critical thinking skills 1.4. Observation skills
2. Set OSH work targets	2.1 Relevant work information are gathered necessary to determine OSH work targets 2.2 *OSH Indicators* based on gathered information are agreed upon to measure effectiveness of workplace OSH policies and procedures 2.3 Agreed OSH indicators are endorsed for	2.1. OSH work targets 2.2. OSH Indicators 2.3. OSH work instructions 2.4. Safety and health requirements of tasks 2.5. Workplace guidelines on providing feedback on OSH and security concerns 2.6 OSH regulations Hazard control procedures	2.1. Communication skills 2.2. Collaborating skills 2.3. Critical thinking skills 2.4. Observation skills

	2.4 **OSH work instructions** are received in accordance with workplace policies and procedures*	2.7. OSH trainings relevant to work	
3. Evaluate effectiveness of Occupational Safety and Health work instructions	3.1 OSH Practices are observed based on workplace standards 3.2 Observed OSH practices are measured against approved **OSH metrics** 3.3 Findings regarding effectiveness are assessed and gaps identified are implemented based on OSH work standards	3.1. OSH Practices 3.2. OSH metrics 3.3. OSH Evaluation Techniques 3.4. OSH work standards	3.1. Critical thinking skills 3.2. Evaluating skills

2. OSH Indicators	**May include:** 2.1 Increased of incidents of accidents, injuries 2.2 Increased occurrence of sickness or health complaints/symptoms 2.3 Common complaints of workers' related to OSH 2.4 High absenteeism for work-related reasons

3. OSH Work Instructions	**May include:** 3.1 Preventive and control measures, and targets 3.2 Eliminate the hazard (i.e., get rid of the dangerous machine 3.3 Isolate the hazard (i.e. keep the machine in a closed room and operate it remotely; barricade an unsafe area off) 3.4 Substitute the hazard with a safer alternative (i.e., replace the machine with a safer one) 3.5 Use administrative controls to reduce the risk (i.e. give trainings on how to use equipment safely; OSH-related topics, issue warning signages, rotation/shifting work schedule) 3.6 Use engineering controls to reduce the risk (i.e. use safety guards to machine) 3.7 Use personal protective equipment 3.8 Safety, Health and Work Environment Evaluation 3.9 Periodic and/or special medical examinations of workers
4. OSH metrics	**May include:** 4.1 Statistics on incidence of accidence and injuries 4.2 Morbidity (Type and Number of Sickness) 4.3 Mortality (Cause and Number of Deaths) 4.4 Accident Rate

1. Critical aspects of Competency	**Assessment requires evidence that the candidate:** 1.1. Identify OSH work practices issues relevant to work requirements 1.2. Identify gaps in work practices related to relevant OSH work standards 1.3. Agree upon OSH Indicators based on gathered information to measure effectiveness of workplace OSH policies and procedures 1.4. Receive OSH work instructions in accordance with workplace policies and procedures 1.5. Compare Observed OSH practices with against approved OSH work instructions 1.6. Assess findings regarding effectiveness based on OSH work standards
2. Resource Implications	**The following resources should be provided:** 2.1 Facilities, materials, tools and equipment necessary for the activity

3. Methods of Assessment	**Competency in this unit may be assessed through:**
	3.1 Observation/Demonstration with oral questioning
	3.2 Third party report
	3.3 Written exam
4. Context for Assessment	4.1 Competency may be assessed in the work place or in a simulated work place setting

UNIT OF COMPETENCY   **EVALUATE ENVIRONMENTAL WORK PRACTICES**

UNIT CODE   **400311326**

UNIT DESCRIPTOR   This unit covers the knowledge, skills and attitude to interpret environmental Issues, establish targets to evaluate environmental practices and evaluate effectiveness of environmental practices

ELEMENTS	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Interpret environmental practices, policies and procedures	1.1 ***Environmental work practices*** issues are identified relevant to work requirements 1.2 Environmental Standards and Procedures nature of work are determined based on Applicability to nature of work 1.2 Gaps in work practices related to Environmental Standards and Procedures are identified	1.1 Environmental Issues 1.2 Environmental Work Procedures 1.3 Environmental Laws 1.4 Environmental Hazardous and Non-Hazardous Materials 1.5 Environmental required license, registration or certification	1.1. Analyzing Environmental Issues and Concerns 1.2. Critical thinking 1.3. Problem Solving 1.4. Observation Skills
2. Establish targets to evaluate environmental practices	2.1. Relevant information are gathered necessary to determine environmental work targets 2.2. ***Environmental Indicators*** based on gathered information are set to measure environmental work targets 2.3. Indicators are verified with appropriate personnel	2.1. Environmental indicators 2.2. Relevant Environment Personnel or expert 2.3. Relevant Environmental Trainings and Seminars	2.1. Investigative Skills 2.2. Critical thinking 2.3. Problem Solving 2.4. Observation Skills

3. Evaluate effectiveness of environmental practices	3.1. Work environmental practices are recorded based on workplace standards 3.2. Recorded work environmental practices are compared against planned indicators 3.3. Findings regarding effectiveness are assessed and gaps identified are implemented based on environment work standards and procedures 3.4. Results of environmental assessment are conveyed to appropriate personnel	3.1 Environmental Practices 3.2 Environmental Standards and Procedures	3.1 Documentation and Record Keeping Skills 3.2 Critical thinking 3.3 Problem Solving 3.4 Observation Skills

RANGE OF VARIABLES

VARIABLE	R A N G E
1. Environmental Practices Issues	**May include:** 1.1 Water Quality 1.2 National and Local Government Issues 1.3 Safety 1.4 Endangered Species 1.5 Noise 1.6 Air Quality 1.7 Historic 1.8 Waste 1.9 Cultural
2. Environmental Indicators	**May include:** 2.1 Noise level 2.2 Lighting (Lumens) 2.3 Air Quality - Toxicity 2.4 Thermal Comfort 2.5 Vibration 2.6 Radiation 2.7 Quantity of the Resources 2.8 Volume

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate:
	1.1. Identified environmental issues relevant to work requirements.
	1.2 Identified gaps in work practices related to Environmental Standards and Procedures.
	1.3. Gathered relevant information necessary to determine environmental works targets.
	1.4 Set environmental indicators based on gathered information to measure environmental work targets.
	1.5. Recorded work environmental practices are recorded based on workplace standards.
	1.6. Conveyed results of environmental assessment to appropriate personnel
2. Resource Implications	The following resources should be provided:
	2.1. Workplace/Assessment location
	2.2. Legislation, policies, procedures, protocols and local ordinances relating to environmental protection
	2.3. Case studies/scenarios relating to environmental protection
3. Methods of Assessment	Competency in this unit may be assessed through:
	3.1. Written/Oral Examination
	3.2. Interview/Third Party Reports
	3.3. Portfolio (citations/awards from GOs AND n
4. Context for Assessment	4.1 Competency may be assessed in actual workplace or at the designated TESDA center.

	UNIT OF COMPETENCY	:	**FACILITATE ENTREPRENEURIAL SKILLS FOR MICRO-SMALL-MEDIUM ENTERPRISES (MSMEs)**

UNIT CODE : **400311327**

UNIT DESCRIPTOR : This unit covers the outcomes required to build, operate and grow a micro/small-scale enterprise.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Develop and maintain micro-small medium enterprise (MSMEs) skills in the organization	1.1 Appropriate ***business strategies*** are determined and set for the enterprise based on current and emerging business environment. 1.2 ***Business operations*** are monitored and controlled following established procedures. 1.3 Quality assurance measures are implemented consistently. 1.4 Good relations are maintained with staff/workers. 1.5 Policies and procedures on occupational safety and health and environmental concerns are constantly observed.	1.1 Business models and strategies 1.2 Types and categories of businesses 1.3 Business operation 1.4 Basic Bookkeeping 1.5 Business internal controls 1.6 Basic quality control and assurance concepts 1.7 Government and regulatory processes	1.1 Basic bookkeeping/ accounting skills 1.2 Communication skills 1.3 Building relations with customer and employees 1.4 Building competitive advantage of the enterprise

2. Establish and maintain client-base/ market	2.1 Good customer relations are maintained 2.2 New customers and markets are identified, explored and reached out to. 2.3 Promotions /Incentives are offered to loyal customers 2.4 Additional products and services are evaluated and tried where feasible. 2.5 ***Promotional/ advertising initiatives*** are carried out where necessary and feasible.	2.1 Public relations concepts 2.2 Basic product promotion strategies 2.3 Basic market and feasibility studies 2.4 Basic business ethics	2.1 Building customer relations 2.2 Individual marketing skills 2.3 Using basic advertising (posters/ tarpaulins, flyers, social media, etc.)
3. Apply budgeting and financial management skills	3.1 Enterprise is built up and sustained through judicious control of cash flows. 3.2 Profitability of enterprise is ensured though appropriate ***internal controls***. 3.3 Unnecessary or lower-priority expenses and purchases are avoided.	3.1 Cash flow management 3.1 Basic financial management 3.2 Basic financial accounting 3.3 Business internal controls	3.1 Setting business priorities and strategies 3.2 Interpreting basic financial statements 3.3 Preparing business plans

RANGE OF VARIABLES

VARIABLE	RANGE
1. Business strategies	**May include:** 1.1. Developing/Maintaining niche market 1.2. Use of organic/healthy ingredients 1.3. Environment-friendly and sustainable practices 1.4. Offering both affordable and high-quality products and services 1.5. Promotion and marketing strategies (e. g., online marketing)
2. Business operations	**May include:** 2.1 Purchasing 2.2 Accounting/Administrative work 2.3 Production/Operations/Sales
3. Internal controls	**May include:** 3.1 Accounting systems 3.2 Financial statements/reports 3.3 Cash management
4. Promotional/ Advertising initiatives	**May include:** 4.1　Use of tarpaulins, brochures, and/or flyers 4.2　Sales, discounts and easy payment terms 4.3　Use of social media/Internet 4.4　"Service with a smile" 4.5　Extra attention to regular customers

EVIDENCE GUIDE

1. Critical aspects of competency	**Assessment requires evidence that the candidate :** 1.1　Demonstrated basic entrepreneurial skills 1.2　Demonstrated ability to conceptualize and plan a micro/small enterprise 1.3　Demonstrated ability to manage/operate a micro/small-scale business
2. Resource Implications	**The following resources should be provided:** 2.1 Simulated or actual workplace 2.2 Tools, materials and supplies needed to demonstrate the required tasks 2.3 References and manuals
3. Methods of Assessment	**Competency in this unit may be assessed through :** 3.1 Written examination 3.2 Demonstration/observation with oral questioning 3.3 Portfolio assessment with interview 3.4 Case problems

| 4. Context of Assessment | 4.1 Competency may be assessed in workplace or in a simulated workplace setting |
| | 4.2 Assessment shall be observed while tasks are being undertaken whether individually or in-group |

COMMON COMPETENCIES

UNIT OF COMPETENCY	**:**	**IMPLEMENT AND MONITOR INFECTION CONTROL POLICIES AND PROCEDURES**
UNIT CODE	**:**	**HHC325201**
UNIT DESCRIPTOR	**:**	This unit is concerned with infection control responsibilities of employees with supervisory accountability to implement and monitor infection control policy and procedures in a specific work unit or team within an organization. This unit does not apply to a role with organization-wide responsibilities for infection control policy and procedure development, implementation or monitoring.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the Range of Variable	REQUIRED KNOWLEDGE	REQUIRED SKILLS

1. Provide information to the work group about the organization's infection control policies and procedures	1.1 Relevant information about the organization's infection control policy and procedures, and applicable *industry codes of practice* are accurately and clearly explained to the work group
	
	1.2 Information about identified *hazards and the outcomes of infection risk assessments* is regularly provided to the work group
	
	1.3 Opportunity is provided for the work group to seek further information on workplace infection control issues and practices
		1.1 Literacy levels and communication skills of work group members and consequent suitable communication techniques
		
		1.2 Concepts of mode of communication
		
		1.3 Reporting, documentation and use of non-verbal and verbal communication
		
		1.4 Knowledge on OSH, infection control, environmental and institutional, rules, guidelines,
			1.1 Applying effective communication and interpersonal skills
			  1.1.1 Language competence and reading competence
			  1.1.2 Negotiating skills
			  1.1.3 Intra and interpersonal skills
			1.2 Identifying mode of communication
			1.3 Practicing communication skills with ease
			1.4 Applying principles of infection control
			1.5 Using PPE (Personal

		policies and procedures
		1.5 Respect for client's rights
		1.6 Knowledge on the use of personal protective equipment
		1.7 Basic knowledge on infectious diseases transmission
		1.8 Principles of infection control
		  1.8.1 Frequent handwashing (WHO Standard)
		  1.8.2 Body Substance Isolation (BSI) by using PPE (Personal Protective Equipment)
		1.9 Use of disinfectant
		1.10 Observe "Social Distancing"
		1.11 Stay at home as needed
		1.12 Knowledge on equipment for communication to be used (computer, telephone, cell phone etc.)
			Protective Equipment)
			1.6 Identifying transmission of infectious diseases
			1.7 Implementing OSH, infection control, environmental and institutional rules, guidelines, policies and procedures
			1.8 Operating equipment for operation
			1.9 Reporting and documentation with accuracy

2. Integrate the organization's infection control policy and procedure into work	2.1 *Therapeutic communication* is applied to ensure implementation of infection control policy in the work place 2.2 *Infection control policies and procedures* are implemented based on established procedure 2.3 *Employer's coaching and support* ensures the individuals/teams are able to practice infection control procedures 2.4 *Safe work procedures* are adopted to reflect appropriate infection control practices in the work place 2.5 Employees are encouraged to report *hazardous and infectious risks* and to suggest improvement of infection control procedures	21. Use of verbal and non-verbal therapeutic communication 2.2 RA 11058 – OSH Law 2.3 RA 9008 – Ecological Solid Waste Management Act 2.4 RA 856 – Sanitation Code of the Phil. 2.5 Hazards and infectious risks 2.6 Appropriate wearing, removal and disposal of PPE (Personal Protective Equipment) 2.7 Use of computer for documentation and reporting	2.1 Applying verbal and non-verbal communication 2.2 Implementing infection control policy and procedures 2.3 Coaching employees to ensure the practice of infection control 2.4 Adopting work procedures to reflect appropriate infection control practices 2.5 Encouraging employees to report hazards and risks in the work place 2.6 Recognizing suggestions of employees to improve infection control practices

3. Monitor infection control performance and implement improvements in practices	3.1 Infection control hazardous events are investigated promptly to identify their cause in accordance with organization policy and procedures 3.2 Work procedures to control infection risks are monitored and reviewed to ensure compliance 3.3 Training in work procedures is provided as required to ensure maintenance of *infection control standards* 3.4 Inadequacies in work procedures and infection control measures are identified, corrected or reported to *designated personnel* 3.5 Records of infection control risks and incidents are accurately maintained as required 3.6 *Aggregate infection control* information reports are used to identify hazards, to monitor and improve risk control Method and to indicate training need	3.1 Reporting, documentation and use of non-verbal and verbal communication 3.2 Knowledge on OSH, infection control, environmental and institutional, rules, guidelines, policies and procedures 3.3 Concepts on modes of communication 3.4 RA 9003 – Ecological Solid Waste Management Act 3.5 Knowledge on the use of personal protective equipment 3.6 Basic knowledge on infectious diseases transmission 3.7 Knowledge on equipment for communication to be used (computer, telephone, cell phone etc.)	3.1 Using personal protective equipment 3.2 Identifying transmission of infectious diseases 3.3 Using therapeutic communication 3.4 Implementing OSH, infection control, environmental and institutional, rules, guidelines, policies and procedures 3.5 Applying effective communication and interpersonal skills 3.6 Monitoring of incidence of infection in the workplace 3.7 Reporting and documentation with accuracy

RANGE OF VARIABLES

VARIABLE	RANGE
1. Industry Codes of Practice	May include: 1.1 National Health and Medical Research Council Guidelines for infection control 1.2 Local & National Government Guidelines and Standards 1.3 Manufacturer's recommendations and operating manuals
2. Hazards and the outcomes of infection risk assessments	May include**:** 2.1 Sharps 2.2 Glass 2.3 Waste 2.4 Human waste and human tissues 2.5 Personal contact with infectious patients / clients 2.6 Animals, insects and vermin 2.7 Stock, including food, which has passed "used-by" dates 2.8 Incorrect concentration of disinfectants and chemicals 2.9 Cleaning procedures 2.10 Linen handling procedures 2.11 Work flows 2.12 Use of personal protective clothing 2.13 Food safety 2.14 Personal hygiene
3. Therapeutic communication	May include: 3.1 Verbal communication 3.1.1 One on one dialogue 3.1.2 Orientation 3.1.3 Meeting 3.1.4 Conference 3.2 Non-verbal communication 3.2.1 Memorandum 3.2.2 Minutes of the meeting 3.2.3 Flyers 3.2.4 Billboards 3.2.5 Journals 3.2.6 Warning signs and devices
4. Infection Control Policies and Procedures	May include: 4.1 Company's manual on infection control policies and procedures 4.2 COVID 19 infection control in your workplace 4.3 RA 11058 - OSH law

	4.4 RA 9003 – Ecological Solid Waste Management
5. Employer's coaching and support	May include: 5.1 Provide a workplace free of hazards 5.2 Comply with OSH standard 5.3 Make sure employees have and use safe tools and equipment and properly maintained 5.4 Use color code poster labels and signs to warn employees of potential hazards 5.5 Provide information that work areas, machinery and equipment are kept in a safe condition 5.6 Provide information, training instructions and supervisions of employees so they can work safely 5.7 Provide new employees with specialized orientation training to help them become familiar with their new work environment

6. Safe work procedures	May include:
	6.1 DOLE manual
	6.2 OSH manual
	6.3 Company's rules and regulations manual
	6.4 Job description for each employees hand outs
	6.5 Workplace safety tips
	6.5.1 Health and safety company protocol about COVID 19
	  6.5.1.1 Keep oneself healthy thru vaccine, vitamins and healthy tips style
	  6.5.1.2 Maintain personal hygiene
	  6.5.1.3 Environmental cleaning and decontamination
	  6.5.1.4 Cover mouth when coughing and sneezing
	  6.5.1.5 Hands off on your nose and mouth
	  6.5.1.6 Frequent handwashing and use of disinfectant
	  6.5.1.7 Wear, remove and dispose PPE properly
	  6.5.1.8 Always disinfect working area
	  6.5.1.9 Reducing contact by observing social distancing
	  6.5.1.10 Observe isolation technique if you are sick to prevent spread of infection
	6.5.2 "Five S" in workplace, its purpose and benefits
	6.5.3 Follow safety procedures
	6.5.4 Don't take shortcuts
	6.5.5 Clear up 6.5.6 Clear and organized area
	6.5.7 Emergency exit location 6.5.8 Be alert on the job
	6.5.9 Take regular break
	6.5.10 Be vigilant
	6.5.11 F.A. box location
	6.5.12 Immediately report incident
	6.5.13 Safe and hygiene facilities including toilet, eating area and first aid with complete contents

7. Hazardous and infectious risks	May include:
	7.1 Categories of hazard
	   7.1.1 Safety
	   7.1.2 Health
	   7.1.3 Environment
	7.2 Classes of hazard
	   7.2.1 Natural
	   7.2.2 Man made
	   7.2.2 Technology
	   7.2.3 Behavior/attitude
	7.3 Specific hazard
	   7.3.1 Mechanical
	   7.3.2 Chemical
	   7.3.3 Physical
	   7.3.4 Biological
	   7.3.5 Psychological
	7.4 Risks in the workplace
	   7.4.1 Corona virus – accommodating high risk employee returning to work
	   7.4.2 Ergonomics
	   7.4.3 Risk examples
	  7.4.3.1 Health risk (smoking)
	   7.4.3.2 Exposure to computer
	   7.4.3.3 Working at height
	   7.4.3.4 Hazardous substances exposure
	   7.4.3.5 Slips and trips
	   7.4.3.6 Strain, sprain and pain
	7.5 Adapt best practices in the workplace
	  7.5.1 Provide clear expectations
	  7.5.2 Give people the opportunity to use their skills
	  7.5.3 Encourage people to contribute ideas and get involved in decision making
	  7.5.4 Reward effort
	  7.5.5 Stay committed
	  7.5.6 Hold regular meetings
	  7.5.7 Seek cultural cohesiveness

8. Infection control standards	May include: 8.1 Goals of infection control policy 8.2 Basic infection control 8.3 Main universal precautions 8.4 Standard infection control precautions 8.5 WHO infection prevention and control 8.6 Data analysis
9. Designated personnel	May include: 9.1 Medical team of the company or agency 9.2 Support group 9.2.1 Manager

	9.2.2 Infection Control Coordinator 9.2.3 Quality Improvement Coordinator 9.2.4 Infection Control Committee 9.2.5 Occupational Health and Safety Committee
10. Aggregate infection control information	May include: 10.1 Records of needle stick injuries 10.2 Hospital-acquired infection rates 10.3 DOH healthcare standards clinical indicators 10.4 HACCP (Hazards Analysis Critical Control Point) records 10.5 Hazard reports

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate 1.1. Communicated with team and individuals on organizational policy and procedures for infection control 1.2. Applied infection control policies and procedures which impact on work processes of the specific work unit 1.3. Applied procedures for adopting appropriate infection practices within work unit 1.4. Demonstrated appropriate handwashing technique 1.5. Demonstrated the ability to appropriately wear, remove and dispose PPE (Personal Protective Equipment) 1.6. Provided appropriate supervision of work group
2. Resource Implications	The following resources should be provided: 2.1. Workplace infection control and health and safety policies and procedures 2.2. Waste management procedures 2.3. Food safety procedures 2.4. Other organizational policies and procedures 2.5. Duties statements and/or job descriptions
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1. Observation 3.2. Interview 3.3. Portfolio 3.4. Demonstration with questioning
4. Context of Assessment	.1 Assessment may be conducted in the workplace or in a simulated work environment.

UNIT OF COMPETENCY	:	RESPOND EFFECTIVELY TO DIFFICULT/ CHALLENGING BEHAVIOR
UNIT CODE	:	HHC321202
UNIT DESCRIPTOR	:	This unit of competency covers the knowledge, skills and attitudes to effectively respond to difficult or challenging behaviour of patient / client.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the Range of Variable	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Plan responses	1.1 ***Responses are planned*** to instances of difficult or challenging behavior to maximize the availability of other appropriate staff and resources based on established standard practice 1.2 Specific manifestations of ***difficult or challenging behavior*** are identified and ***strategies appropriate*** to these behaviors are planned as required based on established procedure 1.3 Safety of self and others is given priority in responding to difficult or challenging behavior according to institutional policies and procedures	1.1 Use of therapeutic communication 1.2 RA 11058 - OSH Law 1.3 Reporting and documentation 1.4 Environmental RA 9003 (Ecological Solid Waste Management Act) 1.5 Difficult and challenging behavior 1.6 Client issues which need to be referred to an appropriate health professional 1.7 Rules of health professionals involved with the care of client	1.1 Applying therapeutic communication 1.2 Implementing environmental and institutional, rules, guidelines, policies and procedures 1.3 Identifying issues relating to difficult and challenging behavior 1.4 Identifying client issues which need to be referred to an appropriate health professional 1.5 Thinking and responding quickly and strategically 1.6 Remaining alert to potential incidents of difficult or challenging behavior

			1.7 Working with others and display empathy with client and relatives 1.8 Applying intra and interpersonal skills 1.9 Reporting and documentation with accuracy
2. Apply response	2.1 Difficult or challenging behavior is dealt with promptly, firmly and diplomatically in accordance with **institutional policies and procedures** 2.2 Communication is used effectively to achieve the desired outcomes in responding to difficult or challenging behavior 2.3 **Appropriate strategies are selected** to suit particular instances of difficult or challenging behavior	.1 Reporting and documentation 2.2 Knowledge on institutional, rules, guidelines, policies and procedures 2.3 Issues relating to difficult and challenging behavior 2.4 Client issues which need to be referred to an appropriate health professional 2.5 Knowledge on policies and rules of health professionals involved with the care of client	2.1 Applying therapeutic communication 2.2 Implementing institutional, rules, guidelines, policies and procedures 2.3 Identifying issues relating to difficult and challenging behavior 2.4 Identifying client issues which need to be referred to an appropriate health professional 2.5 Remaining alert to potential incidents of difficult or challenging behavior 2.6 Reporting and documentation with accuracy

| 3. Report and review incidents | 3.1 Incidents are ***reported and reviewed*** according to institutional policies and procedures
3.2 Incidents are reviewed with appropriate staff and suggestions appropriate to area of responsibility are made
3.3 Advice and assistance are sought from legitimate sources as needed according to agency policies and procedures | 3.1 Use of therapeutic communication
3.2 Reporting and documentation
3.3 Knowledge on environment RA 9003 – Ecological Solid Waste Management
3.4 Use of computer for documentation and reporting | 3.1 Applying therapeutic communication
3.2 Reporting and documentation with accuracy |

RANGE OF VARIABLES

VARIABLE	RANGE
1. Planned responses	May include: 1.1 Own ability and experience 1.2 Established institutional procedures 1.3 Knowledge of individual persons and underlying causes
2. Difficult or challenging behaviors	May include: 2.1 Aggression/Assaultive behavior 2.2 Confusion or other cognitive impairment 2.3 Noisiness 2.4 Manipulative 2.5 Wandering 2.6 Self-destructive 2.7 Intoxication 2.8 Withdrawn/depressed 2.9 Negativistic 2.10 Intrusive behavior 2.11 Verbal offensiveness
3. Strategies appropriate for dealing with challenging behaviors	May include: 3.1 Diversional activities 3.2 Referring to appropriate personnel e.g. supervisor, security officer 3.3 Following established emergency response procedures

4. Institutional policies and procedures	May include: 4.1 Incident reporting and documentation 4.2 Operational guidelines for handling incidents and/or cases involving difficult and challenging behavior 4.3 Debriefing of staff involved in the incident
5. Selection of appropriate strategies for dealing with challenging behaviors	May include: 5.1 The nature of the incident 5.2 Potential effect on different parties, patient / client, staff and others 5.3 Established procedures and guidelines
6. Report and review	May include: 6.1 Purposes of the incident report review 6.2 Characteristics of an incident report review 6.3 Element of an effective incident report review

7. Incident report	May include:
	7.1 Data of worker/s
	   7.1.1 Name of worker
	   7.1.2 Job title / occupation
	   7.1.3 Time and date of injury
	   7.1.4 Exact location of the worker at the time of injury
	   7.1.5 Exact description of how the injury was sustained
	   7.1.6 If any treatment was provided to the injured and if so, what kind of treatment
	   7.1.7 Nature of injury and part of the body affected
	   7.1.8 Date and time reported
	   7.1.9 Name and signature of the person making the report
	7.2 Ten essential elements of an incident report

8. Advice and assistance from legitimate source	May include: 8.1 According to company's policy 8.2 Recommendations 8.3 Employees training on safe work practice 8.4 Preventive maintenance activities that keep equipment in good operating condition 8.5 Evaluation of job procedures with recommendation for changes 8.6 Conducting a job hazard analysis to evaluate the task for any other hazards and then train employees for these hazards

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1. Identified specific manifestations of difficult or challenging behavior and strategies are planned, selected and applied as required 1.2. Maintained personal safety and the safety of others 1.3. Reported incidents, reviewed and responded quickly and effectively to contingencies 1.4. Used debriefing mechanisms
2. Resource Implications	The following resources should be provided: 2.1. Access to relevant workplace or appropriately simulated environment where assessment can take place 2.2. Relevant institutional policy, guidelines, procedures and protocols 2.3. Emergency response procedures and employee support arrangements
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1. Observation with questioning 3.2. Demonstration with questioning
4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated work environment.

UNIT OF COMPETENCY : **APPLY BASIC FIRST AID**

UNIT CODE : **HHC321203**

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitudes required to provide an initial response where First Aid is required. In this unit it is assumed that the First Aider is working under supervision and / or according to established workplace First Aid procedures and policies.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Assess the situation	1.1 *Emergency action principle of First Aid* is applied based on established procedure 1.2 *Physical hazards* to self and casualty's health and safety are identified based on established procedure 1.3 *Immediate risks to self and casualty* are minimized by controlled in accordance with OHS requirements 1.4 *First Aid kit* must be available at all times based on OSH Law and First Aid manual	1.1 First Aid standard operating procedure 1.2 OSH Law RA 11058 1.3 Physical hazards 1.4 Immediate ris 1.5 Use of gloves and mask 1.6 First aid kit	1.1 Applying emergency action principles of first aid 1.2 Identifying physical hazards 1.3 Controlling and minimizing immediate risk for self and casualty 1.4 Applying principle to activate medical assistance 1.5 Wearing of mask and gloves 1.6 Using of First Aid kit
2. Perform primary survey of the victim	2.1 *Principles of Body Substance Isolation* is applied based on standard First Aid procedure 2.2 Responses and *level of consciousness* of the victim or casualty are checked based on established standard first aid procedure	2.1 OSH Law RA 11058 2.2 RA 9003 Solid Waste Management 2.3 First Aid manual 2.4 Principles of body substance isolation	2.1 Applying OSH Law and RA 9003 2.2 Applying principles of body substance isolation 2.3 Wearing of mask and gloves 2.4 Identifying any potentially life threatening condition of casualty

	2.3 ***Potentially life threatening condition*** is identified and then appropriate treatment is began based on first aid standard procedure 2.4 ***Activate medical assistance*** is applied based on established first aid procedure 2.5 ***Basic life support*** is applied based on established first aid procedure	2.5 Basic Life Support 2.6 Wear mask and gloves	2.5 Activating medical assistance is applied 2.6 Applying basic life support
3. Apply secondary survey of casualty	3.1 ***Detailed history of casualty*** is obtained based on established standard procedure of first aid 3.2 ***Physical examination*** of the casualty is done based on established procedure 3.3 ***Vital signs of casualty*** are obtained based on established standard procedure of first aid 3.4 Casualty is endorsed to physician or paramedic based on standard procedure of first aid 3.5 ***Written incident report*** is submitted based on standard procedure of company or home facility	3.1 Therapeutic communication 3.2 OSH Law RA 11058 3.3 RA 9003 – Ecological Solid Waste Management 3.4 Detailed history of casualty 3.5 Physical examination of the casualty 3.6 Vital signs paraphernalia 3.7 Write an incident report using pen and paper 3.8 Use of computer for recording purpose	3.1 Applying therapeutic communication 3.2 Applying OSH Law RA 11058 and RA 9003 3.3 Obtaining history of casualty 3.4 Doing the physical examination 3.5 Obtaining and documenting casualty's vital signs 3.6 Documenting and reporting of incident

RANGE OF VARIABLES

VARIABLE	RANGE

1. Emergency action principles of first aid	May include:
	1.1 Concept of first aid
	1.2 Objectives of first aid
	1.3 Role of first aider
	1.4 Survey the scene
	   1.4.1 Is the scene safe?
	   1.4.2 What happened?
	   1.4.3 How many people are injured?
	   1.4.4 Are there by standers who can help?
	   1.4.5 Are there available equipment to be used?
	   1.4.6 Identify yourself as First aider with your PPEs on
	   1.4.7 Wear mask and gloves
	   1.4.8 Get consent to give care

2. Physical hazards	May include:
	2.1 Quick assessment of the surroundings to identify physical hazards like
	   2.1.1 Falls
	   2.1.2 Slips
	   2.1.3 Working from heights
	   2.1.4 Collapsed of building
	   2.1.5 Fire
	   2.1.6 Presence of toxic chemicals, etc.

3. Immediate risk to self and casualty	May include: 3.1 Injury of the first aider and further injury to casualty 3.2 Death which may occur either or both first aider and casualty
4. First aid kit	May include: 4.1 Digital BP apparatus 4.2 Digital thermometer 4.3 Pulse oximeter 4.4 Cotton balls 4.5 Alcohol 4.6 Disposable gloves (1 box) 4.7 Disposable mask (1 box) 4.8 Clinical collar 4.9 Surgical scissors 4.10 Bandage scissors 4.11 Forceps 4.12 Splint 4.13 Sterile gauze pads 4.14 Spine board 4.15 Ice cap 4.16 Hot water bag 4.17 Medical / adhesive tapes

5. Principles of body substance isolation	May include:
	5.1 Definition of Body substance Isolation (BSI)
	5.1.1 Mode of transmission methods
	   5.1.1.1 Blood or fluid splash
	   5.1.1.2 Surface contamination
	   5.1.1.3 Needle stick exposure
	   5.1.1.4 Oral contamination due to improper handwashing
	5.2 Proper handwashing (WHO standard)
	5.3 Proper wearing, removal and disposal of mask and gloves (PPE)
	5.4 Wearing of HazMat (Hazardous material suit) as needed
	5.5 Use of disinfectant

6. Level of consciousness	May include:
	6.1 Awake
	6.2 Confused
	6.3 Disoriented
	6.4 Lethargic
	6.5 Obtunded
	6.6 Stuporous
	6.7 Comatose
	   6.7.1 Protect spine if necessary
	   6.7.2 Check C-A-B
	   6.7.2.1 Circulation
	   6.7.2.2 Airway
	   6.7.2.3 Breathing

7 Potentially life-threatening condition	May include:
	7.1 Types of unconscious victim
	   7.1.1 +B +P = Syncope 7.1.2 −B + P = Respiratory arrest
	   7.1.3 −B - P = Cardiac arrest * B-breathing: *P - pulse
	7.2 TRIAGE (TRIAGE PRIORITY)
	7.3 Casualty who has life threatening condition that involves C-A-B. Treat this victim first and transport as soon as possible
	   7.3.1 Airway and breathing difficulties
	   7.3.2 Choking 7.3.3 Uncontrolled and severe bleeding
	   7.3.4 Decreased level of consciousness
	   7.3.5 Shock (different types)
	   7.3.6 Severe burns (2nd and 3rd degree) with difficulty of breathing
	7.4 Person/casualty who are injured but the condition is not life threatening. Treatment can be delayed temporarily
	   7.4.1 Burns without airway problem
	   7.4.2 major or multiple or joint injury
	   7.4.3 Back injuries with or without spinal cord injury
	7.5 Person who is injured but only minor. Treatment can be delayed
	   7.5.1 Minor fracture
	   7.5.2 minor soft tissue injury

	7.6 Lowest priority (Black) person who is already dead or have little chance of survival
	  7.6.1 Obvious death
	  7.6.2 Obviously non survivable injury
	  7.6.2.1 Major open brain trauma
	  7.6.2.2 Full cardiac arrest

8 Activate medical assistance	May include:
	8.1 Arrange transfer facilities
	  8.1.1 Phone first – activate or call medical assistance then return to the victim
	  8.1.2 Phone fast – CPR first before calling for medical assistance

9 Basic life support	May include:
	9.1 Basic life support definition
	  9.1.1 Respiratory arrest
	  9.1.2 Cardiac arrest
	  9.1.3 Artificial respiration or rescue breathing
	  9.1.4 Cardiopulmonary resuscitation
	   9.1.4.1 CPR for infant
	   9.1.4.2 CPR for children
	   9.1.4.3 CPR for adult * Follow CPR under AHA (American Heart Association C-A-B procedure)
	9.2 Check Circulation – Airway – Breathing
	  9.2.1 Carotid pulse for adult
	  9.2.2 Brachial pulse for infant
	  9.2.3 Open airway
	   9.2.3.1 Head tilt chin lift maneuver
	   9.2.3.2 Jaw thrust maneuver
	   9.2.3.3 Modified jaw thrust maneuver
	9.3 When to stop CPR
	  9.3.1 S - Spontaneous breathing and pulse has occurred
	  9.3.2 T – Turned over to the physician or paramedics
	  9.3.3 O – Operator or first aider is already exhausted
	  9.3.4 P – Physician assumed responsibility and if the casualty
	  has been declared dead

10 Detailed history of casualty	May include:
	10.1 Ask the following data:
	  10.1.1 Signs and symptoms of the episode
	  10.1.2 What occurred at the onset of accident
	  10.1.3 Any known allergies
	  10.1.4 Present medication
	   10.1.4.1 Name of medication
	   10.1.4.2 Frequency of medication
	   10.1.4.3 Dosage
	   10.1.4.4 Time when last taken

	10.1.5 Past history of casualty's medical condition 10.1.6 Last oral intake, last meal, drink or medication taken prior to accident 10.1.7 Events leading to injury or illness

11 Physical examination	May include:
	11.1 Begin care and assessment in the order of importance:
	  11.1.1 A – Airway
	  11.1.2 B – Breathing
	  11.1.3 C – Circulation
	  11.1.4 D – Disabilities which includes mental status
	  11.1.5 E - Expose any body part that is fractured like extremities
	   but still maintain casualty's privacy and dignity
	11.2 Techniques of physical examination
	  11.2.1 Inspection
	  11.2.2 Palpation
	  11.2.3 Auscultation
	  11.2.4 Percussion
	11.3 Examine the following:
	  11.3.1 D - Deformity
	  11.3.2 C - Contusion
	  11.3.3 A - Abrasion
	  11.3.4 P – Punctured
	  11.3.5 B – Bleeding and burns
	  11.3.6 T – Tenderness
	  11.3.7 L - Laceration
	  11.3.8 S – Swelling
	11.4 For casualty - fall from heights
	  11.4.1 Don't move the casualty
	  11.4.2 Wait for the paramedics
	  11.4.3 Keep the casualty calm and well ventilated

12 Vital signs	12.1 Baseline vital signs
	  12.1.1 Body temperature
	  12.1.2 Pulse rate
	  12.1.3 Respiratory rate
	  12.1.4 Blood pressure
	12.2 Assessment of pain
	  12.2.1 Use of pain scale

13 Incident report	13.1 Definition of term
	  13.1.1 Accident report
	  13.1.2 Incident report
	13.2 Find the factor
	  13.2.1 Date, Time and specific location of incident
	  13.2.2 Name, job title and department of employee involved
	  13.2.3 Names and accounts of witness

	13.2.4 Events leading up to incident
	13.2.5 Exactly what the casualty was doing at the moment of incident
	13.2.6 Environmental condition e.g. slippery, wet floor, lighting, noise, etc.
	13.2.7 Circumstances like tools, equipment, PPE
	13.2.8 Specific injuries of casualty
	13.2.9 Type of treatment given
	13.2.10 Damage equipment if there are tools and equipment involved in the accident
	13.2.11 Determine the sequence
	13.2.12 Events involved in the incident
	13.2.13 Events after the incident
	13.2.14 Analyze
	13.2.15 Recommend
	13.2.16 Name, signature, date and time of the person who wrote the incident report

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Complied with institutional requirements, OSH laws infections control and manual handling procedures and relevant health regulations 1.2 Identified physical hazards of the casualty and minimized immediate risks 1.3 Assessed and monitored the physical condition of the casualty 1.4 Responded to emergency using basic life support measures. 1.5 Provided initial response where First Aid is required 1.6 Dealt with complex casualties or incident 1.7 Prepared reports to concerned personnel in a timely manner
2. Resource Implications	The following resources should be provided: 2.1 Access to relevant work station 2.2 Relevant institutional policies, guidelines procedure and protocol 2.3 Equipment and materials relevant to the proposed activities
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1 Demonstration with questioning 3.2 Interview 3.3 Third Party report 3.4 Portfolio

4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated work environment.

UNIT OF COMPETENCY   :   **MAINTAIN HIGH STANDARDS OF CLIENT SERVICES**

UNIT CODE   :   **HHC532204**

UNIT DESCRIPTOR   :   This unit covers the knowledge, skills and attitudes required in the maintenance of high standards of patient / client services.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the Range of Variable	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Communicate appropriately with patients / clients	1.1 Effective ***communication*** strategies and techniques are identified and used to achieve best client service outcomes 1.2 Complaints are responded to in accordance with organizational policy to ensure best service to clients 1.3 Complaints are dealt with in accordance with established procedures 1.4 Interpreter services are accessed as required 1.5 Action is taken to resolve conflicts either directly, where a positive outcome can be immediately achieved, or by referral to the appropriate personnel 1.6 Participation in work team is constructive and collaborative and demonstrates an understanding of own role	1.1 Reporting, documentation and use of non-verbal and verbal communication 1.2 Management of conflict 1.3 Knowledge on cultural differences of client including rules and policies as necessary 1.4 Roles and responsibilities of self and other workers within the organization 1.5 Knowledge on client issues that need to be referred to an appropriate health professional 1.6 Organizational / institutional policies and procedures for privacy and	1.1 Calculating the cost for additional personnel equipment (ex. Interpreter, gadgets) 1.2 Identifying the mode on communication appropriate for the situation 1.3 Applying modes of communication 1.4 Operating equipment of communication needed 1.5 Establishing and maintaining relationships, taking into account individual differences 1.6 Following the instructions and guidance of health professionals involved with

		confidentiality of information provided by clients and others 1.7 Institutional policy on patient / client rights and responsibilities 1.8 Knowledge on the use mathematical operations such as addition, subtraction, division, multiplication 1.9 Concepts on modes of communication 1.10 Knowledge on the use of equipment 1.11 Knowledge on operating of equipment needed for communication (computer, cell phone, and other forms of media)	the care of client 1.7 Respecting client rights 1.8 Using effective listening techniques 1.9 Using appropriate verbal and non verbal communication styles 1.10 Using oral and written communication 1.11 Applying problem solving skills that includes using available resources while prioritizing workload 11.12 Dealing with conflict 11.13 Working with others and displaying empathy with client and relatives 11.14 Demonstrating intra and interpersonal skills 11.15 Reporting and documentation with accuracy

2. Establish and maintain good interpersonal relationship with clients	2.1 Rapport is established to ensure the service is appropriate to and in the best interests of clients 2.2 Effective listening skills are used to ensure a high level of effective communication and quality of service 2.3 Client concerns and needs are correctly identified and responded to responsibly and accordingly established procedures and guidelines 2.4 Effectiveness of interpersonal interaction is consistently monitored and evaluated to ensure best client service outcomes	2.1 Reporting, documentation and use of non-verbal and verbal communication 2.2 Management of conflict 2.3 Knowledge on cultural differences of client including rules and policies as necessary 2.4 Organizational / institutional policies and procedures for privacy and confidentiality of information provided by clients and others 2.5 Institutional policy on client rights and responsibilities 2.6 Concepts on modes of communication 2.7 Knowledge on the use of equipment 2.8 Knowledge on operating of equipment needed for communication (computer, cell phone, and other forms of media)	2.1 Identifying the mode on communication appropriate for the situation 2.2 Applying modes of communication 2.3 Operating equipment of communication needed 2.4 Establishing and maintaining relationships, taking into account individual differences 2.5 Following the instructions and guidance of health professionals involved with the care of client 2.6 Respecting for client rights 2.7 Using effective listening techniques 2.8 Using appropriate verbal and non verbal communication styles 2.9 Using oral and written communication 2.10 Working with others and displaying empathy with client and relatives

			2.11 Applying conflict management skills
			2.12 Demonstrating intra and interpersonal skills
			2.13 Reporting and documentation with accuracy
3. Act in a respectful manner at all times	3.1 ***Respect for differences*** is positively, actively and consistently demonstrated in all work	3.1 Reporting, documentation and use of non-verbal and verbal communication	3.1 Identifying the mode on communication appropriate for the situation
	3.2 ***Confidentiality and privacy of client*** is maintained	3.2 Management of conflict	3.2 Applying modes of communication
	3.3 Courtesy is demonstrated in all interactions with clients, their visitors, careers and family	3.3 knowledge on cultural differences of client including rules and policies as necessary	3.3 Operating equipment of communication needed
	3.4 Assistance with the care of clients with challenging behaviors is provided in accordance with established procedures	3.4 Organizational / institutional policies and procedures for privacy and confidentiality of information provided by clients and others	3.4 Establishing and maintaining relationships, taking into account individual differences
	3.5 Techniques are used to manage and minimize aggression	3.5 Institutional policy on client rights and responsibilities	3.5 Following the instructions and guidance of health professionals involved with the care of client
		3.6 Concepts on modes of communication	3.6 Respecting for client rights
		3.7 Knowledge on the use of equipment	3.7 Using effective listening techniques
		3.8 knowledge on operating of	3.8 Using appropriate verbal and non

		equipment needed for communication (computer, cell phone, and other forms of media)	verbal communication styles 3.9 Using oral and written communication 3.10 Working with others and displaying empathy with client and relatives 3.11 Applying conflict management skills 3.12 Demonstrating intra and interpersonal skills 3.13 Reporting and documentation with accuracy

| 4. Evaluate own work to maintain a high standard of client service | 4.1 Advice and assistance are received or sought from appropriate sources on own performance
4.2 Own work is adjusted, incorporating recommendations that address performance issues, to maintain the agreed standard of client support | 4.1 Reporting, documentation and use of non-verbal and verbal communication
4.2 Concepts on modes of communication
4.3 Knowledge on evaluation and analysis of work performance | 4.1 Identifying the mode on communication appropriate for the situation
4.2 Applying modes of communication
4.3 Identifying standards for work procedures
4.4 Implementing standards for work procedures
4.5 Maintaining standards for work procedures
4.6 Demonstrating intra and interpersonal skills
4.7 Reporting and documentation |

RANGE OF VARIABLES

VARIABLE	RANGE
1. Communication	May include: 1.1 English/Tagalog/vernacular 1.2 Sign language 1.3 Through an interpreter 1.4 Community language as required by the service / organization
2. Clients	May include: QA 2.1 Clients 2.2 Prospective clients to the service or services 2.3 Clients may be in contact with the institution through appropriate health care personnel and professionals or other advocates or agencies
3. Respect for difference	May include: 3.1 Physical 3.2 Cognitive/mental or intellectual issues that may impact on communication 3.3 Cultural and ethnic 3.4 Religious/spiritual

	3.5 Social 3.6 Age 3.7 Language literacy and numeracy abilities 3.8 Sexuality and sexual preference
4. Confidentiality and privacy of clients	May include: 4.1 Fees 4.2 Health fund entitlements 4.3 Welfare entitlements 4.4 Payment Method and records 4.5 Public environments 4.6 Legal and ethical requirements 4.7 Writing details ie medical and consent forms 4.8 Conversations on the telephone 4.9 Secure location for written records 4.10 Offering a private location for discussions 4.11 Information disclosed to an appropriate person consistent with one's level of responsibility

5. Others with whom interaction is required in regard to client services	May include:
	5.1 Other staff and team members
	5.2 Service units or departments
	5.3 Family members, careers and friends of clients
	5.4 Professional representatives or agents of clients such as:
	  5.4.1 Medical specialists
	  5.4.2 Nurses
	  5.4.3 Social workers
	  5.4.4 Dietitians
	  5.4.5 Therapists
	  5.4.6 Allied health professionals
	  5.4.7 Volunteers
	  5.4.8 Teachers and/or spiritual
	  5.4.9 Community 5.5 General public

6 Modes of communication:	May include: 6.1 Continuing interaction with clients 6.2 Verbal conversations either in person or via telephone 6.3 Written notes by post or electronic media 6.4 Worker, family member friend or professional interpreter who has relevant languages
7 Performance monitoring	May include: 7.1 Self- assessment and monitoring 7.2 Supervisor assessment 7.3 Client feedback 7.4 Co-workers' feedback / peer evaluation

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1. Communicated appropriately with clients 1.2. Handled complaints and resolved conflict, or referred matters to supervisors when required 1.3. Complied with relevant policies, protocols, guidelines and procedures of the organization 1.4. Established and maintained good interpersonal relationship with clients 1.5. Demonstrated courtesy in all interactions with clients, their visitors, and family
2.Resource Implications	The following resources should be provided: 2.1 Access to relevant workplace or appropriately simulated environment where assessment can take place 2.2 Relevant government and organizational policy, guidelines, procedures and protocols 2.3 Any relevant legislation in relation to service delivery
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1. Demonstration with questioning 3.2. Interview 3.3. Third party report
4. Context of Assessment	4.1 Competency may be assessed in actual workplace or at the designated TESDA Accredited Assessment Center

CORE COMPETENCIES

UNIT OF COMPETENCY : **PERFORM HEALTH ASSESSMENT ON PEOPLE LIVING WITH DEMENTIA (PLwD)**

UNIT CODE : AB-HHC1381300532301

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitude required to perform health assessments on People Living with Dementia (PLwD). It includes coordinating with the primary healthcare physician, conducting cognitive assessments for Dementia, performing functional assessment test to determine the level of care, assisting in the conduct of Physical Assessment, and delivering assessment test results and laboratory findings to the primary health care physician.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Coordinate with the primary health care physician.	1.1 Signs and symptoms indicative of cognitive decline are confirmed based on observations and patterns of behavior. 1.2 Appropriate communication channels are utilized in compliance with primary health care physician communication standards. 1.3 Instructions and recommendations from the health care team is followed based on workplace practices. 1.4 Collected feedback is shared in accordance with Data Privacy Act.	1.1 Signs and Symptoms indicative of Cognitive Decline 1.2 Communication Channels 1.3 Healthcare Terminologies related to dementia 1.4 Data Gathering Techniques 1.5 WHO Strategic Communications Framework for effective communication 1.6 Data Privacy Act 1.7 Documentation Procedures and Standards	1.1 Communication Skills 1.2 Identification of the appropriate Healthcare Physician 1.3 Coordination Skills 1.4 Data Gathering Skills

	1.5 Collected feedback from the primary health care physician is documented in accordance with documentation procedures and standards.		
2 Conduct Cognitive Assessment for Dementia	2.1 ***Cognitive assessment tools*** are applied according to the recommendation of the Primary Healthcare Physician. 2.2 Assessment environment is prepared based on person-centered care principles. 2.3 Accuracy in scoring cognitive assessments is maintained according to cognitive assessment procedures. 2.4 ***Ethical and cultural sensitivity*** are demonstrated according to cognitive assessment procedures. 2.5 Assessment results are reported following professional standards and Institutional policies. 2.6 Feedback is provided to ***concerned parties*** in accordance with Data Privacy Act.	2.1 Cognitive assessment tools and their appropriate application 2.1.1 Alzheimer's Dementia 8 (AD8-P) 2.1.2 Montreal Cognitive Assessment (MoCA-P) 2.1.3 Mini Mental State Exam (MMSE-P) 2.2 Standardized procedures for administering the cognitive assessment tools 2.3 Techniques for accurately scoring cognitive assessments 2.4 Simple Mathematical Calculations 2.5 Techniques for preparing a suitable assessment environment 2.6 Institutional policies and regulatory requirements for documenting and	2.1 Implementing appropriate Cognitive assessment tools 2.2 Applying Standardized Cognitive Assessment Procedure 2.3 Performing proper scoring 2.4 Adhering to institutional policies and regulatory requirement 2.5 Observing ethical and cultural sensitivity requirement 2.6 Observing confidentiality 2.7 Communication Skills

		reporting assessment results. 2.7 Ethical considerations and confidentiality requirements in cognitive assessments 2.8 Best practices for maintaining PLwD confidentiality 2.9 Data Privacy Act of 2012, Republic Act. (R.A. 10173) 2.10 Digital Literacy 2.11 Person-centered care principles	
3. Perform functional assessment test to determine the level of care	3.1 *Functional assessment tools* needed for the assessment are prepared based on Functional Assessment Protocol 3.2 Functional Assessment room is set in accordance with the Occupational Safety and Health Standards 3.1 Purpose and process of the functional assessment is explained according to Functional Assessment Protocol. 3.2 Functional Assessment Tools are utilized according to functional assessment protocol.	3.3 Functional Assessment Tools and their purpose 3.4 Functional Assessment Protocol 3.5 Occupational Safety and Health Standards (OSH) 3.6 Katz Index of Independence in Activities of Daily Living (Katz ADL) 3.7 Lawton Instrumental Activities of Daily Living (IADL) Scale 3.8 Functional Activities Questionnaire (FAQ	3.1 Communication 3.2 Listening Skills 3.3 Observation Skills 3.4 Documentation and reporting skills 3.5 Empathy and Understanding Skills 3.6 Flexibility Skills 3.7 Patience and Compassion Skills 3.8 Problem Solving 3.9 Conflict Management Skills 3.10 Observing ethical and cultural sensitivity requirements

	3.3 Consistency and accuracy are maintained following the functional assessment protocol.	3.9 Disability Assessment for Dementia (DAD)	
	3.4 Functional Assessment Scores based on the actual performance of the PLwD is documented following the functional assessment protocol.		
	3.5 All observations during the assessment are documented based on functional assessment protocol.		
	3.6 Pace and method of assessment is conducted based on the PLwD's cognitive and physical abilities.		
	3.7 Ethical and cultural sensitivity are demonstrated during the functional assessment according to workplace practices.		
4. Assist in the conduct of Physical Assessment	4.1 Room for physical assessment is set in accordance with the Occupational Safety and Health Standards	4.1 Physical Set-up and conditions of physical assessment room	4.1 Identifying physical limitations and issues of the client
	4.2 *Physical Assessment tools and equipment* are maintained according to manual.	4.2 Measurement Protocols	4.2 Communication Skills
	4.3 Measurements of physical assessments are carried out according to the established protocols.	4.3 Institutional Standards for collecting vital signs	4.3 Storing and organizing physical assessment tools and equipment
	4.4 Ethical and cultural sensitivity are demonstrated during	4.4 Identification of proper physical assessment tools and equipment	1. Identifying appropriate physical assessment
		4.5 Calibration and cleaning	

	the conduct of physical assessment according to workplace practices. 4.5 *Vital Signs* results are documented following the institutional standards 4.6 Feedback is provided to Primary-Healthcare Physician, according to workplace practices.	procedure for physical assessment tools and equipment according to institutional policy 4.6 Labelling and storage of physical assessment tools and equipment 4.7 Simple Mathematical Calculations 4.8 Institutional Policies and regulatory requirements for documenting and reporting assessment results. 4.9 Best Practices in conducting physical assessment 4.10 Basic Human Anatomy 4.11 Basic Knowledge in Assistive Devices 4.12 Cultural and Religious Sensitivity 4.13 General Occupational Safety and Health (OSH) Principles 4.14 Signs of pressure sores or other skin issues	tools and equipment 2. Reporting and documentation with accuracy 3. Demonstrating Cultural and Religious Sensitivity 4. Critical Thinking Skills
5. Deliver assessment test results and	5.1 Cognitive, behavioral, and functional assessment results are communicated	5.1 Effective Communication Techniques	5.1 Identifying Skills 5.2 Applying proper communication skills

laboratory findings to the Healthcare Team	with the healthcare team based on workplace practices. 5.2 Instructions and recommendations from the healthcare team are carried out according to workplace practices. 5.3 Laboratory results are gathered from the healthcare team based on workplace practices. 5.4 Assessment and laboratory results are filed according to workplace practices.	5.2 Knowledge of Procedures in collecting Cognitive, Behavioral, and functional Assessment and Laboratory results 5.3 Best practices for maintaining client confidentiality 5.4 Organizational Structure 5.5 Data Privacy Act of 2012, Republic Act. (R.A. 10173)	5.3 Critical thinking skills 5.4 Monitoring Skills 5.5 Conflict management skills 5.6 Analytical Skills 5.7 Reporting and Documentation Skills 5.8 Time Management Skills

RANGE OF VARIABLES

VARIABLE	RANGE
1. Cognitive assessment tools	May include but not limited to: 1.1 Alzheimer's Dementia 8 1.2 Montreal Cognitive Assessment 1.3 Mini Mental State Exam
2. Ethical and cultural sensitivity	May include but not limited to: **2.1 Respect personal beliefs**: Acknowledge and respect the PLwD's cultural and religious values during assessments. **2.2 Obtain informed consent**: Communicate clearly and appropriately, ensuring informed consent is culturally understood. **2.3 Maintain confidentiality**: Safeguard personal and medical information throughout the process. **2.4 Adapt to cultural norms**: Modify assessments to align with the PLwD's cultural background for comfort and trust. **2.5 Show empathy**: Be sensitive to emotional and cognitive needs, ensuring a calm, respectful environment.
3. concerned parties	3.1 PLwD 3.2 Health care Physician 3.3 Family members

4. Functional assessment tools	May include but not limited to: 4.1 Katz Index of Independence in Activities of Daily Living (Katz ADL) 4.2 Lawton Instrumental Activities of Daily Living (IADL) Scale 4.3 Disability assessment in Dementia (DAD)
5. Physical assessment tools and equipment	May include but not limited to: 5.1 Sphygmomanometer 5.2 Stethoscope 5.3 Weighing Scale 5.4 Tape Measure 5.5 Thermometer 5.6 Pulse Oximeter
6. Vital signs	May include but not limited to: 6.1 Pulse / heart rate 6.2 Respiration rate 6.3 Blood pressure 6.4 Oxygen saturation 6.5 Temperature

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Coordinated with the Primary Healthcare Physician 1.2 Conducted Cognitive Assessment related to Dementia 1.3 Performed Functional assessment test to determine the level of care for People Living with Dementia 1.4 Assisted in conducting Physical Assessment 1.5 Delivered assessment results and laboratory findings to the Health Care Team.
2. Resource Implications	The following resources should be provided: 2.1 Tools, Materials and Equipment appropriate for the unit of competency 2.2 Workplace environment appropriate for the unit of competency
3. Methods of Assessment	Competency in this unit must be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation 3.4 Written Examination
4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated environment

UNIT OF COMPETENCY : **APPLY TREATMENT PLAN BASED ON THE DETERMINED LEVEL OF CARE**

UNIT CODE : AB-HHC1381300532302

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitude required to apply a treatment plan based on the determined level of care. It includes verifying individualized treatment plan, coordinating the treatment plan to the healthcare team members, administering pharmacologic treatment / medication as directed by the Primary Healthcare Physician, assisting in meeting the Nutritional Needs of PLwD's, supporting Basic Activities of Daily Living (BADL) and Instrumental Activities of Daily Living (IADL) based on the determined level of care, and implementing fall prevention standards for dementia.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Verify the individualized treatment plan received from the primary healthcare physician.	1.1 *Medical Records* and *Patient's Information* are reviewed with the primary healthcare physician in accordance with the workplace practices 1.2 *Treatment plan* for the specific type of dementia is confirmed with the primary healthcare physician in accordance with the workplace practices. 1.3 Treatment plan for the specific *stages of dementia* is confirmed with the primary healthcare physician in accordance with the workplace practices	1.1 Treatment Plan Guidelines 1.2 Client's Medical History 1.3 Different types and stages of dementia 1.4 Documentation 1.5 Established Protocols and Procedures 1.6 Legal and Ethical Standards 1.7 Data Privacy Act of 2012, Republic Act. (R.A. 10173)	1.1 Communication Skills 1.2 Critical thinking skills 1.3 Reporting and Documentation Skills 1.4 Attention to Details 1.5 Understanding Clinical Knowledge/ Treatment Plan 1.6 Ethical Judgement 1.7 Coordination Skills

	1.4 Physical Confirmation of the PLwD in the treatment plan is performed in accordance with the workplace practices	1.8 Principles of Care	
	1.5 PLwD's records are endorsed to other healthcare team members in accordance with workplace practices.		
2. Coordinate the treatment plan to the healthcare team members	2.1 *Scope of work in the treatment plan* is identified through outlining tasks and timelines following the established institutional protocols 2.2 Treatment Plan is cooperated with the primary healthcare physician based on the established institutional protocols 2.3 Support in the implementation of the *Systematic Coordinated Plan* is provided in accordance with workplace practices	2.1 Knowledge of Treatment Plan - definition - treatment protocols 2.2 Familiarization of Work Parameters 2.3 Organizational Management 2.4 Treatment Plan Guidelines 2.5 System coordinated plan	2.1 Organizational Skills 2.2 Communication Skills 2.3 Time Management 2.4 Analytical Skills 2.5 Critical Thinking Skills 2.6 Adaptability Skills 2.7 Conflict Management Skills 2.8 Team Building Skills 2.9 Coordination Skills
3. Administer pharmacologic treatment/medic ation as directed by the primary healthcare physician	3.1 Identity of PLwD is confirmed prior to the administration of the prescribed medication. 3.2 Medications are administered according to the dosage, frequency, and route prescribed by the primary healthcare physician	3.1 Institutional policies and regulatory requirements 3.2 Pharmacological interventions 3.3 Drug Treatments 3.4 The Ten (10) Rights of Patient (WHO)	3.1 Observation skills 3.2 Selecting Appropriate Pharmacological interventions 3.3 Communication Skills 3.4 Time Management

	3.3 Safety protocols and procedures are adhered when administering medications to prevent adverse reactions or errors 3.4 PLwD is monitored for therapeutic effects, side effects, and any signs of complications based on workplace practices 3.5 Responses and concerns of PLwD is communicated with the primary healthcare physician based on treatment plan.	3.5 Legal Requirements and Regulations 3.6 Treatment Plan Guidelines 3.7 Data Privacy Act of 2012, Republic Act. (R.A. 10173) 3.8 Confidentiality and Ethical Standards 3.9 Communication Applications for Consent and Feedbacking 3.10 Diagnostic Procedures	3.5 Interpersonal Skills 3.6 Conflict Management Skills 3.7 Organizational Skills 3.8 Attention to Details 3.9 Recording and Documentation Skills 3.10 Observation Skills
4. Assist in meeting the Nutritional Needs of the PLwD	4.1 Food safety is observed in accordance with the Food Safety Act of 2013. 4.2 *Creative strategies* are implemented based on individualized nutritional care plan. 4.3 Regular mealtimes and routines are implemented according to meal plan schedule. 4.4 Assistance is provided to PLwD with *Eating challenges* based on PLwD's capacity and limitations. 4.5 Appropriate *Feeding Modalities* are implemented based on PLwD's current eating abilities.	4.1 Individualized Nutritional Care Plan 4.2 Republic Act No. 10611 - Food Safety Act of 2013 4.3 Republic Act No. 9994 - Expanded Senior Citizens Act of 2010 4.4 Philippine Plan of Action for Nutrition (PPAN) 4.5 Eating Challenges and Issues 4.6 Types of Feeding Modalities 4.7 Diet Plan 4.8 Balance Diet Composition 4.9 Caloric Count	1. Communication Skills 2. Observation skills 3. Communication Skills 4. Time Management 5. Meal Planning and Preparation 6. Conflict Management Skills 7. Organizational Skills 8. Attention to Details 9. Recording and Documentation Skills

	4.6 Weight of the PLwDs is monitored monthly based on workplace practices.	4.10 Effects of Dementia related to Eating and Nutrition 4.11 Meal Planning and Preparation 4.12 Micro and Macro Nutrients	10. Basic Mathematical Skills
5. Support Basic Activities of Daily Living (BADL) and Instrumental Activities of Daily Living (IADL) based on the determined level of care	5.1. Personalized treatment plans are implemented based on the PLwD's results of functional assessment 5.2. Activities of Daily Living are facilitated for PLwD in the mild stage of dementia in accordance with workplace practices 5.3. Activities of Daily Living are provided hands-on assistance to PLwD in the moderate stage of dementia in accordance with workplace practices 5.4. Activities of Daily Living are implemented for the PLwD in the severe stage of dementia in accordance with workplace practices 5.5. ***Assistive Devices and Equipment*** are provided to the PLwD when needed based on workplace practices 5.6. Safety measures in all the activities of daily living are followed in	5.1 Occupational Safety and Health (OHS) 5.2 Importance of tailoring care to each PLwD's unique needs, preferences, and history 5.3 Awareness of cultural, ethnic, and religious factors that may influence care 5.4 Techniques and procedures for helping PLwD in performing BADLs and IADLs 5.5 Safe Lifting and Transfer of PLwD Techniques 5.6 De-escalation Techniques 5.7 Use of Assistive Device and Equipment 5.8 Nutrition and Hydration 5.9 Choking and Aspiration 5.10 Dysphagia	5.1 Communication Skills 5.2 Active Listening 5.3 Application of Reassurance Techniques 5.4 Basic Care Skills 5.5 Food Preparation Skills 5.6 Mobility and Transfer skills 5.7 Interpersonal Skills 5.8 Nutrition and Feeding Skills 5.9 Observation and Reporting Skills 5.10 Applying De-escalation Techniques 5.11 Safety Skills 5.12 Organizational Skills 5.13 Observing ethical and cultural sensitivity requirements 5.14 Time Management

	accordance with Occupational Safety and Health (OSH) guidelines 5.7. ***Home safety feature*** installations are checked based on occupational and health standards.	5.11 Healthcare Terminologies 5.12 Katz Index of Independence in Activities of Daily Living (Katz ADL) 5.13 Lawton Instrumental Activities of Daily Living (IADL) Scale 5.14 Fall prevention 5.15 Home Safety Feature installation 5.16 OSH Standards	5.15 Monitoring adverse reactions 5.16 Navigation skills 5.17 Observing Non-Verbal Cues 5.18 proper use of assistive devices
6. Implement fall prevention standards for dementia	6.1 ***Fall risks*** and environmental hazards are assessed using ***fall assessment tools.*** 6.2 ***Fall prevention standards*** for dementia are applied in accordance with industry standards. 6.3 Identified Fall risks and environmental hazards are collaborated with the concerned parties.	6.1 Fall Assessment Tools 6.2 Fall prevention standards 6.3 Fall risks 6.4 Environmental hazards 6.5 Gait and Balance Evaluation 6.6 Assistive Devices	6.1 observation skills 6.2 evaluation skills 6.3 mobility assessment skills 6.4 proper use of assistive devices 6.5 Safety Skills 6.6 Documentation skills 6.7 Handling and lifting skills 6.8 Emergency skills 6.9 Prevention skills 6.10 Collaboration skills

RANGE OF VARIABLES

VARIABLE	RANGE
1. Medical records	May include but not limited to: 1.1 Patient Demographics 1.2 Medical History 1.3 Presenting Complaint or Reason for Visit 1.4 Physical Examination Findings 1.5 Diagnostic Test Results 1.6 Assessment and Diagnosis 1.7 Treatment Plan 1.8 Progress Notes 1.9 Prognosis 1.10 Informed Consent 1.11 Legal and Ethical Documentation 1.12 Follow-Up Plans
2. Patient's information	May include but not limited to: 2.1 Name 2.2 Date of birth 2.3 Gender 2.4 Address 2.5 Contact information 2.6 Emergency contacts
3. Treatment Plan	May include but not limited to: 3.1 Medication Management Plan 3.2 Non-Pharmacological Therapy Plan 3.3 Nutritional and Hydration Plan 3.4 Environmental Modification Plan 3.5 Caregiver Support and Education Plan 3.6 End-of-Life Care Plan
4. Stages of Dementia	May include: 4.1 Mild 4.2 Moderate 4.3 Severe
5. Scope of work in the treatment plan	May include but not limited to: 5.1 Non-Pharmacological Interventions 5.2 Medication Management 5.3 Nutritional Support 5.4 Monitoring and Reporting 5.5 Coordination of Care
6. Systematic coordinated plan	May include but not limited to: 6.1 Task Assignment

	6.2 Timely Implementation 6.3 Collaborative Approach 6.4 Regular Monitoring 6.5 Effective Communication

7. Creative strategies	May include but not limited to:
	
	7.1 Mealtime Engagement Strategies
	
	  7.1.1 Themed Mealtime Experiences (e.g., cultural meal nights, sensory dining)
	
	  7.1.2 Storytelling During Meals (e.g., linking food to past memories)
	
	  7.1.3 Music-Assisted Dining (e.g., playing familiar songs during meals)
	
	  7.1.4 Plating Food Creatively (e.g., colorful food arrangements)
	
	  7.1.5 Personalized Meal Presentation (e.g., serving food in favorite dishes)
	
	  7.1.6 Aromatherapy Cooking Sessions (e.g., using familiar food scents to stimulate appetite)
	
	7.2 Interactive Food Preparation
	
	  7.2.1 Simple Cooking or Baking Activities (e.g., decorating cupcakes, rolling dough)
	
	  7.2.2 Food Art Therapy (e.g., making fruit or vegetable carvings)
	
	  7.2.3 Hands-on Meal Preparation (e.g., letting PLwD mix ingredients)
	
	  7.2.4 Tactile Food Exploration (e.g., engaging in activities like shelling peas)
	
	  7.2.5 Safe Cutting and Slicing Techniques (for those with moderate abilities)
	
	  7.2.6 Creating Personalized Recipe Books (featuring past favorite meals)
	
	7.3 Adaptive Eating Techniques

	7.3.1 Handheld Foods for Independence (e.g., sandwiches, wraps, bite-sized snacks)
	7.3.2 Modified Utensils for Easier Handling (e.g., weighted spoons, angled forks)
	7.3.3 Using Contrasting Colors on Plates (to help PLwD differentiate food items)
	7.3.4 Temperature and Texture Adjustments (to suit sensory preferences)
	7.3.5 Finger Food Buffet Style Meals (for easy accessibility)
	7.3.6 Hydration-Enhancing Foods (e.g., fruit-infused water, gelatin desserts)
	7.4 Sensory Stimulation Techniques
	7.4.1 Memory-Linked Food Tasting (e.g., recreating childhood dishes)
	7.4.2 Multisensory Meal Preparation (incorporating touch, smell, and sight)
	7.4.3 Using Spices and Herbs with Recognizable Scents (to stimulate memory)
	7.4.4 Encouraging Smell Before Eating (to activate appetite)
	7.4.5 Textured Food Presentations (to enhance sensory appeal)
	7.5 Social and Emotional Engagement
	7.5.1 Mealtime with Family or Peers (to create a social environment)
	7.5.2 Virtual Mealtime Calls (for distant loved ones to join in)
	7.5.3 Incorporating Pet Therapy During Meals (for companionship)
	7.5.4 Expressive Dining (encouraging PLwD to share meal-related stories)

	7.5.5 Memory Café-Style Gatherings (group meals with interactive themes)
	
	7.6 Cultural and Personalized Dining
	
	   7.6.1 Recreating Favorite Childhood or Traditional Dishes
	
	   7.5.2 Celebratory Feasts for Special Occasions (e.g., birthdays, holidays)
	
	   7.5.3 Incorporating Cultural Rituals in Eating (e.g., traditional blessings)
	
	   7.5.4 Customizing Meals to Reflect Personal Preferences (e.g., spicy vs. mild foods)
	
	   7.5.5 Familiar Table Setting Arrangements (to provide comfort and recognition)

8. Eating Challenges	May include but not limited to: 8.1 Difficulty Chewing and Swallowing 8.2 Decreased Appetite 8.3 Aversion to Certain Foods 8.4 Forgetfulness About Eating 8.5 Difficulty Using Utensils 8.6 Loss of Interest in Food 8.7 Changes in Taste Preferences 8.8 Distractibility During Meals 8.9 Inability to Recognize Food 8.10 Choking and Aspiration Risk
9. Feeding modalities	May include but not limited to: 9.1 Oral Feeding with Assistance 9.2 Hand-over-Hand Feeding 9.3 Modified Texture Diet (e.g., pureed or soft foods) 9.4 Finger Foods 9.5 Enteral Feeding (Nasogastric or PEG tube) 9.6 Cue-Based Feeding 9.7 Small, Frequent Meals 9.8 Feeding with Adaptive Utensils 9.9 Timed Feeding Schedules 9.10 Supervised Feeding
10. Assistive Devices and Equipment	May include but not limited to: 10.1 Memory Clocks (displaying day, date, and time) 10.2 Reminder Alarms

	10.3 Simple Phones with Large Buttons 10.4 Weighted Utensils (to aid with hand tremors) 10.5 GPS Trackers (for wandering prevention) 10.6 Motion Sensors (for monitoring movement) 10.7 Grab Bars and Handrails 10.8 Non-Slip Mats (to prevent falls) 10.9 Adaptive Utensils (for easier eating) 10.10 Automatic Pill Dispensers

11. Home safety features	May include but not limited to:
	
	11.1 Fall Prevention Measures
	
	    11.1.1 Non-slip flooring and mats
	    11.1.2 Grab bars and handrails in bathrooms and
	          hallways
	    11.1.3 Proper lighting (motion-sensor or nightlights)
	    11.1.4 Stair gates or ramps for accessibility
	    11.1.5 Low-height furniture to prevent tripping
	
	11.2 Door and Window Safety
	
	    11.2.1 Door alarms or motion sensors
	    11.2.2 Automatic door locks with keyless entry
	    11.2.3 Window locks or safety screens
	    11.2.4 Color-coded doorways for easy recognition
	    11.2.5 Exit door signs to prevent wandering
	
	11.3. Kitchen Safety Features
	
	    11.3.1 Auto-shutoff appliances (stove, oven, kettle)
	    11.3.2 Lockable cabinets for hazardous items
	    11.3.3 Clearly labeled drawers and storage
	    11.3.4 Fire extinguisher and smoke detector
	    11.3.5 Sensor-based faucets to control water flow
	
	11.4 Bathroom Safety Adaptations
	
	    11.4.1 Walk-in showers or tubs with seating
	    11.4.2 Anti-scald temperature controls for water
	    11.4.3 Raised toilet seats with grab handles
	    11.4.4 Slip-resistant bath mats and flooring
	    11.4.5 Emergency pull cords or call buttons
	
	11.5. Bedroom and Living Area Safety
	
	    11.5.1 Adjustable beds with side rails
	    11.5.2 Clutter-free space with minimal furniture
	    11.5.3 Easily accessible light switches near the bed

	11.5.4 Soft-cornered furniture to prevent injuries
	11.5.5 Visual cues (contrasting colors, labels)
	
	11.6 Emergency and Monitoring Systems
	
	   11.6.1 Wearable emergency alert devices
	   11.6.2 Home monitoring cameras (for caregivers)
	   11.6.3 Smoke and carbon monoxide detectors
	   11.6.4 GPS trackers for individuals at risk of wandering
	   11.6.5 Landline or mobile phone with emergency contacts pre-programmed
	
	11.7.Electrical and Fire Safety
	
	   11.7.1 Covering unused electrical outlets
	   11.7.2 Securing loose wires and cords
	   11.7.3 Fireproof blankets in key areas
	   11.7.4 Battery-operated candles instead of real flames
	   11.7.5 Properly ventilated gas and heating systems
	
	8. Medication and Hazardous Item Safety
	
	   11.8.1 Lockable medicine cabinets
	   11.8.2 Clearly labeled medication organizers
	   11.8.3 Safe storage for cleaning chemicals and sharp objects
	   11.8.4 Timed or app-based medication reminders

12. Fall risks	May include but not limited to:
	
	12.1 Intrinsic (Personal) Risk Factors
	   12.1.1 Muscle weakness (especially in legs)
	   12.1.2 Balance or gait problems
	   12.1.3 Vision impairments (e.g., cataracts, glaucoma)
	   12.1.4 Dizziness or vertigo
	   12.1.4 Chronic health conditions (e.g., Parkinson's disease, arthritis, stroke)
	   12.1.5 Cognitive impairments (e.g., dementia, confusion)
	   12.1.6 Use of certain medications (e.g., sedatives, blood pressure meds, diuretics)
	   12.1.7 Age-related changes (e.g., slower reflexes, decreased coordination)
	   12.1.8 History of previous falls
	
	12.2 Extrinsic (Environmental) Risk Factors
	   12.2.1 Cluttered walkways
	   12.2.2 Poor lighting

	12.2.3 Slippery or wet floors
	12.2.4 Uneven or broken flooring
	12.2.5 Loose rugs or carpets
	12.2.6 Lack of handrails on stairs
	12.5.7 No grab bars in bathrooms
	12.5.8 Inappropriate footwear (e.g., slippers, high heels)
	
	12.3 Situational Risk Factors
	  12.3.1 Rushing to the bathroom (especially at night)
	  12.3.2 Improper use of assistive devices (e.g., cane, walker)
	  12.3.3 Reaching or bending awkwardly
	  12.3.4 Walking while distracted (e.g., using a phone)
	  12.3.5 Alcohol or substance use

13. fall assessment tools	13.1 General Geriatric Population (Especially in Clinical or Long-Term Care Settings)
	  13.1.1 Morse Fall Scale (MFS)
	  13.1.2 Hendrich II Fall Risk Model
	  13.1.3 Timed Up and Go (TUG) Test
	  13.1.4 Berg Balance Scale (BBS)
	
	13.2 Dementia-Specific or Cognitively Impaired Populations
	  13.2.1 Falls Risk Assessment Tool (FRAT)
	  13.2.2 Downton Fall Risk Index
	
	13.3 Hospitalized Patients
	  13.3.1 STRATIFY (St. Thomas's Risk Assessment Tool in Falling Elderly Inpatients)

14. Fall prevention standards	14.1 Comprehensive Fall Risk Assessment 14.2 Person-Centered Care Planning 14.3 Environmental Safety Modifications 14.4 Supervision and Monitoring 14.5 Medication Review 14.6 Mobility and Strength Support 14.7 Behavioral and Psychological Symptom Management 14.8 Staff Training and Education 14.9 Post-Fall Protocols 14.10 Use of Technology (where appropriate)

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Verified the individualized treatment plan received from the primary healthcare provider. 1.2 Coordinated the implementation of the treatment plan to the healthcare team members 1.3 Administered pharmacologic treatment/medication as directed by the primary healthcare provider 1.4 Assisted in meeting the Nutritional Needs of the PLwD 1.5 Supported Basic Activities of Daily Living (BADs) and Instrumental Activities of Daily Living (IADL) based on the determined level of care 1.6 Implement Fall Prevention Standards in Dementia
2. Resource Implications	The following resources should be provided: 2.1 Tools, Materials and Equipment appropriate for the unit of competency 2.2 Workplace environment appropriate for the unit of competency
3. Methods of Assessment	Competency in this unit must be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation 3.4 Written Examination
4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated environment

UNIT OF COMPETENCY : **FACILITATE ENGAGEMENT IN RECREATIONAL AND THERAPEUTIC ACTIVITIES**

UNIT CODE : AB-HHC1381300532303

UNIT DESCRIPTOR :

This unit covers the knowledge, skills and attitude required to apply recreational and therapeutic activities. It includes verifying individualized recreational and therapeutic activities based on the treatment plan received from the primary healthcare physician, . implementing recreational activities, and assisting in the implementation of therapeutic activities.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Verify individualized recreational and therapeutic activities based on the treatment plan received from the primary healthcare physician.	1.1 Recreational and therapeutic activities appropriate for the stage of dementia are confirmed following the treatment plan. 1.2 individualized recreational and therapeutic activities are coordinated with the healthcare team based on the treatment plan. 1.3 Assistance in securing Informed consent from the PLwD or family is provided when necessary, based on workplace practices.	1.1 Treatment Plan 1.2 Workflow process of treatment plan 1.3 Data Privacy 1.4 Informed Consent process	1.1 Verification Skills 1.2 Communication Skills 1.3 Critical thinking skills 1.4 Coordination Skills 1.5 Attention to Details

2. Implement recreational activities	2.1 Recommended *Recreational activities* are explained to the PLwD or family based on workplace practices. 2.2 **Recreational *tools and equipment*** are prepared according to the selected recreational activities. 2.3 PLwD vital signs are checked prior to the implementation of the recreational activities based on workplace practices. 2.4 Comfortable and safe environment is arranged following the required safety protocols of the Occupational Safety and Health Standards. 2.5 *Cultural, religious, Family dynamics and personal values* in the recreational activity are observed based on workplace practices. 2.6 *Limitations and challenges of the PLwD* are documented for the necessary adjustments on the recreational activities. 2.7 **Positive Reinforcement Techniques** are implemented based on the dynamics of selected recreational activity.	2.1 Recreational Activities 2.2 OSH and environmental requirements 2.3 Vital signs 2.4 Tools and Equipment for recreational activities 2.5 Daily Activity Planning 2.6 Basic First Aid 2.7 Positive Reinforcement Technique	2.1 Communication Skills 2.2 Coordination Skills 2.3 Organizing Skills 2.4 Observation Skills 2.5 Time Management 2.6 Interpersonal Skills 2.7 Attention to Details 2.8 Adaptability 2.9 Problem-Solving skills 2.10 Empathy 2.11 Applying First Aid 2.12 Physical Assistance Skills 2.13 Team Collaboration 2.14 Taking vital signs

	2.8 First Aid is performed in the event of untoward incident during recreational activities based on workplace emergency protocols and first aid standards. 2.9 Documented findings and observations are communicated with the primary health care physician based on workplace practices.		
3. Assist in the implementation of therapeutic activities	**3.1 *Therapeutic tools, equipment, and supplies,*** and schedule are prepared based on the instructions of the Therapist. 3.2 Comfortable and safe environment is arranged following the required safety protocols of the Occupational Safety and Health Standards. 3.3 PLwD vital signs are checked prior to the implementation of therapeutic activity based on workplace practices. 3.4 ***Therapeutic activities*** explained by the Therapist is reiterated to the PLWD and family members based on workplace practices. 3.5 Observed limitations and challenges during the implementation of the therapeutic activities are reported to Therapist for	3.1 Therapeutic activities in Dementia - Rationale - Definition - Types 3.2 Creative Engagement 3.3 Different types of Arts Therapy - Music and Sound therapy - Dance movement therapy - Kamishibai /puppetry - Visual arts / painting	3.1 Organizing skills 3.2 Observation skills 3.3 Creativity skills 3.4 Active Listening skills 3.5 Basic body rhythm 3.6 Interpersonal Skills 3.7 Communication skills 3.8 Taking vital signs 3.9 First aid skills 3.10 Coordinating skills 3.11 Team collaboration skills

	necessary adjustments based on workplace practices.	3.4 Cultural Sensitivity	3.12 Technological literacy
	3.6 Use of Positive Reinforcement Techniques is implemented when necessary, based on workplace practices.	3.5 Cognitive Function 3.6 Pet Therapy	3.13 Safety management skills 3.14 Adaptability
	3.7 Adherence to schedule is reiterated with the Therapist based on workplace practices.	3.7 Use of Technologies relevant to therapeutic activities.	
	3.8 Physical Assistance is provided as needed based on workplace practices.		
	3.9 PLwD's *engagement levels* are documented based on the completion and participation in Therapeutic activity sessions.		
	3.10 Findings and observations are communicated to the parties concerned based on workplace practices.		
	3.11 Assistance in administering First Aid is provided to Therapist in case of untoward incidents based on workplace practices.		

RANGE OF VARIABLES

VARIABLE	RANGE
1. Recreational activities	May include but not limited to: 1.1 Physical 1.2 Cognitive 1.3 Social leisure activities 1.4 Sensory 1.5 Outdoor 1.6 Educational and teambuilding activities 1.7 Mind-body 1.8 Culinary

2. Recreational tools and equipment	May include but not limited to:
	    2.1 Resistance Band
	    2.2 Hand Weights
	    2.3 Pedal Exercisers
	    2.4 Balance Balls
	    2.5 Treadmills
	    2.6 Stretching Aids
	    2.7 Yoga Mats
	    2.8 Stationary Bikes
	    2.9 Thera Bands
	    2.10 Wobble Boards

3. Cultural, religious, Family dynamics and personal values	May include but not limited to:
	    3.1 Communication styles and language
	    3.2 Personal space and physical contact
	    3.3 Rituals and traditions observed
	    3.4 Festivals, holidays, and celebrations
	    3.5 Clothing preferences
	    3.6 Dietary habits and food preferences
	    3.7 Attitudes toward health and illness
	    3.8 Gender roles and expectations
	    3.9 Respect for elders and authority
	    3.10 Time orientation (punctuality, routines)
	    3.11 Approaches to leisure and recreation

4. Limitations and challenges of the PLwD	May include but not limited to:
	    4.1 Physical limitations (mobility issues, balance, endurance)
	    4.2 Cognitive limitations (memory loss, attention span, confusion)
	    4.3 Sensory impairments (vision, hearing, tactile sensitivity)
	    4.4 Emotional or behavioral responses (agitation, withdrawal, aggression)
	    4.5 Communication difficulties (speech, language barriers, comprehension)

	4.6 Medical conditions (pain, fatigue, chronic illness)
	4.7 Medication effects (drowsiness, dizziness, reduced coordination)
	4.8 Fear or anxiety during group activities
	4.9 Cultural or personal preferences
	4.10 Safety concerns (risk of falls, injury)
	4.11 Environmental factors (lighting, noise, unfamiliar settings)
	4.12 Social limitations (difficulty engaging with peers, social withdrawal)
5. Positive Reinforcement Techniques	May include but not limited to:
	5.1 Verbal Praise
	5.2 Tangible Rewards
	5.3 Social Recognition
	5.4 Token Systems
	5.5 Encouraging Gestures
	5.6 Extra Privileges
	5.7 Activity-Based Rewards
	5.8 Non-Verbal Reinforcement
	5.9 Personalized Notes
	5.10 Goal-Based Rewards
	5.11 Peer Recognition
	5.12 Physical Reinforcement
	5.13 Time-Based Incentives
	5.14 Encouraging Independence
	5.15 Small Gifts or Tokens of Appreciation
6. Therapeutic tools, equipment, and supplies	6.1 Art Supplies (e.g., paints, brushes, markers, and paper)
	6.2 Music Instruments (e.g., tambourines, drums, or other simple instruments)
	6.3 Exercise Equipment (e.g., resistance bands, light weights, yoga mats)
	6.4 Sensory Items (e.g., textured balls, fidget toys, weighted blankets)
	6.5 Gardening Tools (e.g., small pots, soil, seeds, watering cans)
	6.6 Craft Materials (e.g., beads, clay, fabrics, and scissors)
	6.7 Reminiscence Items (e.g., photo albums, memory cards, old magazines)
	6.8 Puzzles and Games (e.g., large-piece puzzles, board games, memory games)
	6.9 Pet Therapy Resources (e.g., soft stuffed animals, robotic pets)
	6.10 Interactive Technology (e.g., tablets for cognitive games, music apps)

7. Therapeutic Activities	May include but not limited to: 7.1 Music and Sound Therapy 7.2 Dance Movement Therapy 7.3 Kamishibai /Puppetry 7.4 Visual Arts/Painting 7.5 Memory Exercises 7.6 Problem-Solving Activities 7.7 Mind-Stimulating Games 7.8 Pet Therapy 7.9 Animal-Assisted Therapy 7.10 Cultural Sensitivity-Based Activities 7.11 Digital Cognitive Engagement Tools 7.12 Assistive Technologies for Dementia 7.13 Yoga and Stretching 7.14 Resistance Band Exercises 7.15 Balance and Coordination Training 7.16 Treadmill or Stationary Bike Exercises 7.17 Culinary Therapy 7.18 Cooking or Baking for Sensory Stimulation
8. Engagement levels	Active Participation 8.1 Emotional Response 8.2 Attention Span 8.3 Interaction 8.4 Non-verbal Cues 8.5 Duration of Engagement 8.6 Physical Movement 8.7 Eye Contact 8.8 Interest Shown in Activity 8.9 Social Interaction with Others 8.10 Facial Expressions 8.11 Ability to Follow Instructions

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Verified recreational and therapeutic activities based on the treatment plan received from the primary healthcare physician. 1.2 Implemented recreational activities. 1.3 Assisted in the Implementation of therapeutic activities 1.4 Observed safety practices during the implementation of recreational and therapeutic activities.
2. Resource Implications	The following resources should be provided: 2.1 Tools, Materials and Equipment appropriate for the unit of competency 2.2 Workplace environment appropriate for the unit of competency
3. Methods of Assessment	Competency in this unit must be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation 3.4 Written Examination
4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated environment

UNIT OF COMPETENCY : **MANAGE BEHAVIOR AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)**

UNIT CODE : AB-HHC1381300532304

UNIT DESCRIPTOR :

This unit covers the knowledge, skills and attitude required to manage Behavioral and Psychological Symptoms of Dementia (BPSD). It includes assessing causes of behavioral changes, responding to Behavioral and Psychological Symptoms of Dementia, applying targeted symptom-specific Interventions, and monitoring the applied BSPD interventions

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Assess Behavioral and Psychological Symptoms of Dementia (BPSD)	1.1 Behavior of PLwD is described in terms of What, When, Where, Who, Why, How, Frequency and Periodicity of symptoms occurred based on the Comprehensive Geriatric Assessment (CGA). 1.2 Identified **Potential triggers** associated with the PLwD's behavior are investigated based on workplace practices. 1.3 The correct symptom domain of BPSD is identified based on the detailed description of the behavior. 1.4 The **BPSD assessment tools** appropriate to the symptoms domain are administered in	1.1 Behavior and Psychological Symptoms of Dementia (BPSD) 1.2 Describe, Investigate Create, and Evaluate (DICE) approach 1.3 Dementia Pathophysiology 1.4 Types of Dementia 1.5 Potential Triggers 1.6 Delirium Signs / Delirium assessment 1.7 BPSD Assessment Tools - Cohen-Mansfield Agitation	1.1 Observation Skills 1.2 Communication Skills 1.3 Analytical Skills 1.4 Flexibility Skills 1.5 Health Acuity Skills 1.6 Interpersonal Skills 1.7 Assessment skills 1.8 Documentation Skills

	accordance with industry standards.

1.5 Documented BPSD assessment is reported to the healthcare team based on workplace practices. | Inventory (CMAI)
- Confusion Assessment Method (CAM)
- Neuropsychiatric Inventory (NPI)
- Geriatric Depression Scale (GDS)
- Hamilton Anxiety Rating Scale (HAM – A)
- Hamilton Depression Rating Scale (HAM – D)

1.8 Scoring Techniques for behavioral and psychological assessment

1.9 Simple Mathematical Calculations

1.10 Standardized procedures for administering the behavioral and psychological assessment tools

1.11 Comprehensive Geriatric Assessment (CGA). | |
| 2. Respond to Behavioral and Psychological Symptoms of | 2.1 *De-escalation techniques* **and non-pharmacological remedies** are used to | 2.1 Behavior and Psychological Symptoms of Dementia (BPSD) | 2.1 Communication Skills |

Dementia (BPSD)	manage BPSD based on workplace practices. 2.2 ***Potential triggers*** are addressed to alleviate inappropriate behavior based on workplace practices. 2.3 ***Safe and reassuring environment*** is created in accordance with care plan and workplace practices. 2.4 ***Potential hazards*** are removed from immediate reach of the PLwDs based on safety protocols. 2.5 BPSD is addressed using ***evidence-based behavioral and psychological interventions.*** 2.6 Post-incident support is provided based on workplace practices. 2.7 Documented BPSD management is collaborated with the concerned parties.	2.2 DICE 2.3 De-escalation Techniques 2.4 Crisis Protocols 2.5 Person-Centered Care 2.6 Ethical and Legal Considerations 2.7 Self-Care, Resilience and Respite Care/Temporary Relief Care of Dementia Care Worker 2.8 Non-pharmacological remedies 2.9 Pharmacological remedies 2.10 Environmental modification 2.11 Occupational Safety and Health (OSH) 2.12 Up-to-Date Knowledge of Best Practices and Research in Dementia Care and BPSD 2.13 First Aid 2.14 Communication strategies based on the cognitive and	2.2 Crisis Management Skills 2.3 Adaptability 2.4 Affective and Temper Control 2.5 Resilience 2.6 First Aid Skills 2.7 Collaboration Skills 2.8 Observation Skills 2.9 Documentation / Reporting Skills 2.10 Health Acuity Skills 2.11 Patience and Empathy 2.12 Problem Solving Skills 2.13 Self care skills

		emotional state of the PLwD	
3. Apply Targeted Symptom-specific Interventions	3.1 Symptom-specific and personalized strategies to address BPSD are implemented following the orders of the primary healthcare physician. 3.2 The PLwD's' social and physical environment are adjusted in accordance with OSH guidelines and safety standards. 3.3 *Available* **technologies and tools** recommended by the primary healthcare physician are utilized to support interventions of BPSD based on workplace practices.	3.1 Rationale, frequency and duration of the interventions. 3.2 Person-Centered Care 3.3 Impact of Environment on Behavior 3.4 OSH Guidelines and Safety Standards 3.5 Communication Strategies 3.6 Behavioral Assessment Tools 3.7 Ethical and cultural sensitivity 3.8 Behavioral Theories and Models 3.9 Technologies and Tools relevant to BPSD 3.10 Symptom-specific and personalized strategies	3.1 Empathy and Understanding Skills 3.2 Communication Skills 3.3 Crisis Management Skills 3.4 De-escalation Skills 3.5 Risk Management skills 3.6 Resilience 3.7 Observation Skills 3.8 Team Collaboration Skills 3.9 Adaptability 3.10 Technological literacy
4. Monitor the applied BSPD interventions	4.1 **Changes in behavior** are monitored based on the expected effectiveness of the interventions. 4.2 Care approaches are adjusted based on the	4.1 Behavior and Psychological Symptoms of Dementia (BPSD) 4.2 Describe, Investigate Create,	4.1 Monitoring Skills 4.2 Observation Skills 4.3 Analytical Skills 4.4 Communication Skills

	response to the interventions.	and Evaluate (DICE) approach	4.5 Problem-Solving Skills
	4.3 Other identified triggers are managed based on workplace practices.	4.3 Behavior Tracking	4.6 Empathy and Patience
		4.4 Potential Triggers	4.7 Documentation skills
	4.4 Documented behaviors, adjustment in interventions, and outcomes are discussed with the PLwd and family members based on workplace practices.	4.5 Intervention Strategies	
		4.6 Documentation	

RANGE OF VARIABLES

VARIABLE	RANGE
1. Potential triggers	May include but not limited to: 1.1 Environmental Triggers 1.2 Changes in Environment 1.3 Overstimulation - i.e: noise, crowds, or chaos... 1.4 Under-stimulation- i.e: Boredom, Isolation... 1.5 Lighting Conditions 1.6 Temperature and Comfort 1.7 Physical Triggers 1.8 Physical Triggers 1.9 Pain or Discomfort 1.10 Hunger or Thirst 1.11 Fatigue 1.12 Illness or Infection 1.13 Medication Side Effects 1.14 Psychological and Emotional Triggers 1.15 Stress or Anxiety 1.16 Depression or Loneliness 1.17 Frustration 1.18 Fear or Paranoia 1.19 Memory Loss and Confusion 1.20 Routine and Activity Triggers 1.21 Disruption of Routine 1.22 Lack of Structure 1.23 Challenging Tasks 1.24 Unmet Needs 1.25 Social Triggers 1.26 Miscommunication 1.27 Social Isolation 1.28 Conflicts with Others
2. BPSD assessment tools	May include but not limited to: 2.1 Neuropsychiatric Inventory 2.2 Vital Signs 2.3 Medication Reviews 2.4 Physical Health Examinations 2.5 Blood Tests 2.6 Neurological Examinations 2.7 Mental Health Evaluations 2.8 Vision and Hearing Tests 2.9 Nutritional Assessments 2.10 Imaging Studies 2.11 Cohen-Mansfield Agitation Inventory (CMAI) 2.12 Confusion Assessment Method (CAM) 2.13 Neuropsychiatric Inventory (NPI) 2.14 Geriatric Depression Scale (GDS) 2.15 Hamilton Anxiety Rating Scale (HAM – A) 2.16 Hamilton Depression Rating Scale (HAM – D)

3. De-escalation techniques and non-pharmacological remedies	May include but not limited to:
	
	3.1 De-escalation techniques
	   3.1.1 Active Listening: Paying close attention to what the other person is saying without interrupting, showing empathy, and validating their feelings.
	   3.1.2 Calm and Non-Threatening Communication: Speaking in a calm, slow, and clear voice without raising your voice, and avoiding aggressive or confrontational language.
	   3.1.3 Maintaining a Safe Distance: Keeping a comfortable physical distance to avoid making the person feel threatened or cornered.
	   3.1.4 Using Body Language: Using open, non-threatening body language (e.g., open palms, relaxed posture) to convey calmness and approachability. Avoid threatening body language e.g. crossed arms, clenched fist, intense eye contact, clenched teeth, frowning, raised eyebrows, smirking, clenched jaw.
	   3.1.5 Apply Empathy and Validation: Acknowledging the other person's feelings and showing understanding, which can help them feel heard and less defensive.
	   3.1.6 Offering Solutions: Suggesting options or alternatives to address the issue at hand, helping to shift the focus away from conflict and towards resolution.
	   3.1.7 Distraction and Redirection
	   3.1.8 Create Space: respect the person's personal space
	   3.1.9 Tactile Approach: e.g. Hand-under-hand Technique
	
	3.2 Non-pharmacological remedies
	   3.2.1 Environmental modifications (reduce noise, improve lighting, remove clutter)
	   3.2.2 Meaningful activities and engagement (music, art, gardening, storytelling, sensory stimulation)
	   3.2.3 Kamishibai (therapeutic storytelling for reminiscence and cognitive engagement)
	   3.2.4 Validation therapy
	   3.2.5 Reminiscence therapy
	   3.2.6 Reality orientation
	   3.2.7 Structured routines and consistent schedules
	   3.2.8 Social interaction and companionship
	   3.2.9 Physical exercise and movement programs
	   3.2.10 Relaxation techniques (breathing exercises, massage)
	   3.2.11 Aromatherapy
	   3.2.12 Pet therapy or doll therapy
	   3.2.13 Providing safe and calming spaces
	   3.2.14 De-escalation techniques
	   3.2.15 Effective communication techniques (verbal and non-verbal)

	3.2.16 Individualized behavioral interventions based on life history and preferences

4. Potential triggers	May include but not limited to:
	    4.1 Physical discomfort (pain, hunger, thirst, fatigue)
	    4.2 Environmental stressors (noise, clutter, temperature, lighting)
	    4.3 Changes in routine or environment (new carers, unfamiliar settings)
	    4.4 Overstimulation (crowded spaces, loud TV, multiple conversations)
	    4.5 Under-stimulation (boredom, isolation)
	    4.6 Communication difficulties or misunderstandings
	    4.7 Unmet emotional needs (loneliness, fear, frustration)
	    4.8 Personal care activities that cause distress (bathing, dressing)
	    4.9 Illness or infection
	    4.10 Medication side effects
	    4.11 Sleep disturbances
	    4.12 Fear or paranoia (misidentification of people or objects)
	    4.13 Loss of control or autonomy
	    4.14 Lack of meaningful activities
	    4.15 Changes in relationships (loss of family member, separation)
	    4.16 Cultural, religious, or personal preference conflicts

5. Safe and reassuring environment	May include but not limited to:
	    5.1 Predictable and Familiar Layout
	    5.2 Clear Signage and Cues
	    5.3 Adequate Lighting
	    5.4 Minimized Noise and Stimulation
	    5.5 Safety-Oriented Design
	    5.6 Supervision Without Restriction
	    5.7 Person-Centered and Culturally Sensitive Environment
	    5.8 Emotional Comfort

6. Potential hazards	May include but not limited to:
	    6.1 Environmental Hazards
	    6.2 Bathroom and Kitchen Hazards
	    6.3 Bedroom Hazards
	    6.4 Wandering and Exit-Seeking Risks
	    6.5 Medication and Toxic Substance Hazards
	    6.6 Fire and Electrical Hazards
	    6.7 Cognitive and Behavioral Hazards
	    6.8 Mobility and Balance Hazards

7. Evidence-based behavioral and psychological interventions.	7.1 Person-Centered Care (PCC) 7.2 Reminiscence Therapy 7.3 Validation Therapy 7.4 Music Therapy 7.5 Multisensory Stimulation (Snoezelen Therapy) 7.6 Cognitive Stimulation Therapy (CST)

	7.7 Exercise and Physical Activity 7.8 Behavioral Therapy/ABC Approach 7.9 Environmental Modification 7.10 Dementia worker Education and Training

8. technologies and tools	May include but not limited to:
	8.1 Wandering and Safety Monitoring Technologies
	    8.1.1 GPS Tracking Devices (ex. AngelSense, GPS SmartSole)
	    8.1.2 Door and Bed Exit Alarms
	
	8.2 Environmental Control and Safety Tools
	    8.2.1 Smart Lighting Systems4
	    8.2.2 Fall Detection Sensors (ex. Philips Lifeline with AutoAlert)
	8.3 Assistive Communication and Engagement Tools
	    8.3.1 Tablets with Dementia-Friendly Apps (Example: MindMate, Memory Lane TV, My House of Memories)
	    8.3.2 Voice-Activated Assistants (e.g., Alexa, Google Home)
	
	8.4 Telehealth and Remote Monitoring
	    8.4.1 Telemedicine Platforms (Example: Doxy.me, Amwell (used in senior living or rural care).
	    8.4.2 Electronic Health Records (EHRs) with Behavioral Monitoring
	
	8.5 Calming Sensory and Therapeutic Tools
	    8.5.1 Interactive Robotic Pets or Dolls
	    8.5.2 Digital Sensory Rooms
	
	8.6 Behavior Tracking and Decision Support Systems
	    8.6.1 Behavioral Analytics Platforms (Example: CarePredict, SafelyYou)

9. Changes in behavior	9.1 May include but not limited to: 9.2 ecrease in frequency of aggressive outbursts 9.3 Reduction in agitation and restlessness 9.4 Improved sleep patterns 9.5 Increased social engagement and participation 9.6 Decrease in verbal aggression or inappropriate vocalization 9.7 Reduction in wandering or exit-seeking behavior 9.8 Increased cooperation with personal care activities 9.9 Improvement in mood (reduced depression, anxiety, or apathy) 9.10 Fewer episodes of hallucination or delusion 9.11 Decrease in repetitive behaviors 9.12 Greater participation in meaningful activities 9.13 Increased tolerance for environmental stimuli 9.14 Reduction in self-harm tendencies 9.15 Improved orientation to time, place, or person 9.16 Stabilization of emotional responses

| | 9.17 | Enhanced ability to communicate needs |
| | 9.18 | Overall improved quality of life indicators |

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Assessed Behavioral and Psychological Symptoms of Dementia (BPSD) using assessment tools. 1.2 Responded to Behavioral and Psychological Symptoms of Dementia (BPSD) 1.3 Applied Targeted Symptom-specific Interventions. 1.4 Monitored the applied BSPD interventions.
2. Resource Implications	The following resources should be provided: 2.1 Tools, Materials and Equipment appropriate for the unit of competency 2.2 Workplace environment appropriate for the unit of competency
3. Methods of Assessment	Competency in this unit must be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation 3.4 Written Examination
4. Context of Assessment	4.1 Assessment may be conducted in the workplace or in a simulated environment

UNIT OF COMPETENCY : CARRY OUT END-OF-LIFE CARE PLAN PREFERENCES AND ADVANCE DIRECTIVES

UNIT CODE   : AB-HHC1381300532305

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitude required to carry out end-of-life care plan preferences and advance directives. It includes acknowledging the End-of-Life Care preferences and advance directives from the parties concerned, carrying out the recommended End-of-Life care plan preferences and advance directives, documenting the results of the implemented End-of-Life Care preferences and Advance Directives, and monitoring the implemented End-of-Life care plan and advance directives.

ELEMENT	PERFORMANCE CRITERIA *Italicized* terms are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Acknowledge the End-of-Life Care preferences and advance directives from the parties concerned.	1.1 ***Observable Signs and symptoms of End-of-Life*** are identified according to the **stages of End-of-Life.** 1.2 **Types of advance directives** for PLwD are initiated based on the reported observable signs and symptoms of End-of-Life. 1.3 A supportive environment is arranged to foster open dialogue with parties concerned in accordance with workplace practices. 1.4 Attentive listening with the parties concerned is demonstrated based on workplace	1.1 Stages of End-of-Life care 1.2 End-of-Life Care Principles 1.3 Types of Advance Directives 1.4 Gentle prompts 1.5 Attentive Listening techniques 1.6 Structured Questioning Techniques 1.7 Common Spiritual Belief Systems and Their Influence on Advance Directives 1.8 Unbiased Communication Practices 1.9 Cultural and Spiritual Sensitivity considerations 1.10 Ethical and Legal Considerations 1.11 Confidentiality / Data Privacy Act	1.1 Communication Skills 1.2 Active listening skills 1.3 Structured Questioning Skills 1.4 Interdisciplinary Coordination skills 1.5 Cultural and Spiritual Sensitivity skills

	communication protocols.		
	1.5 Gentle prompts and **structured questioning techniques** are used with the PLwd or Family members to explore End-of-Life care preferences and advance directives in accordance with ethical standards of practice.		
	1.6 Received recommendations from the Primary Health Care Physician are coordinated to the concerned parties.		
2. Carry out the recommended End-of-Life care plan preferences and advance directives	2.1 The environment is adjusted to a safe and comfortable atmosphere based on workplace practices. 2.2 ***Medical equipment and tools*** needed to implement the End-of-Life care plan preferences are prepared based on the recommendations of Primary Healthcare Physician. 2.3 Schedule of End-of-Life care preferences and advance directives are implemented based on recommendations of the Primary	2.1 Stages of End-of-Life care 2.2 Types of Advance Directives 2.3 Palliative and hospice care 2.4 Confidentiality / Data Privacy Act 2.5 Emotional Support Techniques 2.6 Comfort-enhancing interventions 2.7 Pain management 2.8 Repositioning and relaxation techniques. 2.9 Pain and symptoms assessment 2.10 Hydration and Oral Care 2.11 Religious and Cultural practices	2.1 Facilitation skills 2.2 Analytical / Critical Thinking Skills 2.3 Active Listening skills 2.4 Compassionate Care 2.5 Empathy

	healthcare physician.	2.12 Breathing difficulties management	
	2.4 Life care plan preferences and advanced directives are carried out based on the recommendations of Primary healthcare physician.	2.13 Calming techniques	
	2.5 Observable signs and symptoms of End of Life and dementia progression are reported to the parties concerned based on workplace practices.		
	2.6 Pain and discomfort are regularly assessed using **pain and symptoms assessment tools** based on the recommendation of the Primary healthcare Physician.		
	2.7 Hydration and oral care are performed as ordered by the Primary healthcare Physician.		
	2.8 Prescribed medications for symptom relief are administered as ordered by the Primary healthcare Physician.		
	2.9 Breathing difficulties are managed based on the		

	recommendations of the Primary Healthcare Physician. 2.10 Changes in comfort levels and responses to interventions are reported to the Primary Healthcare Physician based on the PLWD's condition for necessary adjustments.		
3. Document the results of the implemented End-of-Life Care preferences and Advance Directives.	3.1. ***Forms and templates*** are prepared based on the preferred advance directives of the PLwD or family members. 3.2. Recommended changes in comfort levels and responses to interventions for necessary adjustments by the Primary Healthcare Physician are documented based on workplace practices. 3.3. Changes in the end-of-life care plan and advance directives are reported to the parties concerned based on the recommendation of the Primary Healthcare Physician. 3.4. Documented end-of-life care plan and	2.1 Care Plan 2.2 Guardianship 2.3 Durable Powers of Attorney 2.4 Types of Advance Directives 2.5 Religious and Cultural sensitivity Considerations 2.6 Data Privacy law application (Confidentiality)	2.1 Communication skills 2.2 Writing skills / Documentation skills 2.3 Legal and ethical understanding skills 2.4 Confidentiality skills 2.5 Organizing skills 2.6 Safekeeping skills

	advanced directives are maintained in a secure and accessible format in accordance with workplace practices for safekeeping.		

4. Monitor the End-of-Life care plan and advance directives.	4.1. Changes in the End-of-Life care plan and advanced directives are updated based on the order of attending primary healthcare physician.
	4.2. Documented significant changes in the Advance Directive are coordinated with the parties concerned based on workplace practices.
	4.3. Health acuity is applied during the monitoring of the status of End-of-Life care based on workplace practices.
	4.4. Selected ***Documentation and Communication Tools***, and/or ***Emergency and Crisis Management Tools*** are utilized based on workplace practices.
		3.1 Stages of End-of-Life monitoring frequency
		
		3.2 Health Acuity
		
		3.3 Monitoring tools
		   3.3.1 Documentation and Communication Tools
		   3.3.2 Emergency and Crisis Management Tools
		3.4 Confidentiality
		3.5 Legal and ethical considerations
			3.1 Observation Skills
			3.2 Communication Skills
			3.3 Coordination skills
			3.4 Documentation Skills
			3.5 Symptoms and comfort assessment skills

RANGE OF VARIABLES

VARIABLE	RANGE

1. Observable Signs and symptoms of End-of-Life	May include but not limited to:
	1.1 Physical signs
	    1.1.1 Decreased Appetite and Thirst
	    1.1.2 Changes in Breathing (Cheyne-Stokes Respiration)
	    1.1.3 Weakness and Fatigue
	    1.1.4 Skin Changes
	    1.1.5 Decreased Urinary Output
	    1.1.6 Drop in Blood Pressure and Body Temperature
	
	1.2 Neurological and Cognitive Signs
	    1.2.1 Decreased Consciousness
	    1.2.2 Disorientation and Confusion
	    1.2.3 Withdrawal from Social Interaction
	
	1.3 Emotional and Psychological Signs
	    1.3.1 Peacefulness or Resolution
	    1.3.2 Anxiety or Fear
	    1.3.3 Unfinished Business or Spiritual Needs
	
	1.4 Final Moments (Imminent Death Signs)

2. stages of End-of-Life	May include but not limited to: 2.1 Pre-Active Stage of Dying (Weeks to Days Before Death) 2.2 Active Stage of Dying (Last Days to Hours) 2.3 Moment of Death 2.4 Bereavement Phase (For Loved Ones and Dementia workers)
3.types of advance directives	May include but not limited to: 3.1 Living Will: A document that outlines a person's preferences for medical treatments and procedures in situations where they are unable to communicate their wishes. 3.2 Durable Power of Attorney for Healthcare (DPOA-HC): A document that designates a specific person (agent or proxy) to make healthcare decisions on behalf of the individual if they become incapacitated. 3.3 Do Not Resuscitate (DNR) Order: A medical order that indicates a person does not want to receive cardiopulmonary resuscitation (CPR) if their heart stops or if they stop breathing.

	3.4 Physician Orders for Life-Sustaining Treatment (POLST)
	3.5 Do Not Intubate (DNI) Order: Similar to a DNR, this order specifies that a person does not want to be intubated (placed on a ventilator) if they are unable to breathe on their own.
	3.6 No Blood Transfusion Order: A specific directive indicating that the individual does not want to receive blood transfusions under any circumstances.
	3.7 Advance Mental Health Directive (In jurisdictions that recognize it)
4. Structured questioning techniques	May include but not limited to:
	4.1 Open-Ended Questions: Encourage detailed responses (e.g., "What are your preferences for end-of-life care?").
	4.2 Closed-Ended Questions: Require simple answers (e.g., "Hospital or home?").
	4.3 Probing Questions: Explore responses further (e.g., "Why do you feel that way?").
	4.4 Clarification Questions: Clear up confusion (e.g., "What do you mean by 'comfort care'?").
	4.5 Sequential Questions: Follow a logical order (e.g., general to specific details).

5. Medical equipment and tools	May include the following but not limited to:
	
	 5.1 Comfort and Mobility Equipment
	   5.1.1 Hospital Bed (Adjustable)
	   5.1.2 Pressure-Relieving Mattress or Overlay
	   5.1.3 Overbed Table
	   5.1.4 Wheelchair or Geriatric Chair
	   5.1.5 Lift or Transfer Devices (e.g., Hoyer lift)
	
	 5.2 Respiratory Support Tools
	   5.2.1 Oxygen Concentrator or Portable Oxygen Tank
	   5.2.2 Nebulizer
	   5.2.3 Suction Machine
	   5.2.4 Humidifier
	
	 5.3 Medication and Pain Management Tools
	   5.3.1 Syringe or Medication Pumps (e.g., PCA pumps)

	5.3.2 Medication Dispensers
	5.3.3 Subcutaneous Butterfly Needle (for home infusion)
	
	5.4 Basic Care and Hygiene Tools
	   5.4.1 Incontinence Supplies (pads, adult diapers)
	   5.4.2 Disposable Gloves and Aprons
	   5.4.3 Oral Care Kits (swabs, moisturizers)
	   5.4.4 Skin Care Products (barrier creams, moisturizers)
	   5.4.5 Linen Protectors and Wipes
	
	5.5 Monitoring and Communication Tools
	   5.5.1 Vital Signs Monitor (optional)
	   5.5.2 Call Bell or Alert System
	   5.5.3 Communication Boards (for non-verbal patients)
	
	5.6 Spiritual and Emotional Comfort Tools
	   5.6.1 Music Players or White Noise Machines
	   5.6.2 Aromatherapy Diffusers
	   5.6.3 Personal Items (photos, religious items)

6. pain and symptoms assessment tools	May include the following but not limited to:
	
	6.1 Pain Assessment Tools
	   6.1.1 Numeric Rating Scale (NRS)
	   6.1.2 Visual Analog Scale (VAS)
	   6.1.3 Wong-Baker FACES Pain Rating Scale
	   6.1.4 FLACC Scale (Face, Legs, Activity, Cry, Consolability)
	   6.1.5 PAINAD (Pain Assessment in Advanced Dementia)
	
	6.2 Comprehensive Symptom Assessment Tools
	   6.2.1 Edmonton Symptom Assessment System (ESAS)
	   6.2.2 Memorial Symptom Assessment Scale (MSAS)
	
	6.3 End-of-Life-Specific Tools
	   6.3.1 Palliative Performance Scale (PPS)
	   6.3.2 Integrated Palliative Care Outcome Scale (IPOS)
	   6.3.3 Symptom Management at End-of-Life in Dementia (SM-EOLD)
	
	6.4 Other Relevant Tools
	   6.4.1 Brief Pain Inventory (BPI)
	   6.4.2 Richmond Agitation-Sedation Scale (RASS)

7. Forms and templates	May include but not limited to:
	7.1 Advance Directive Form (General)
	7.2 Durable Power of Attorney for Healthcare (Medical Power of Attorney)
	7.3 Living Will Template
	7.4 Do Not Resuscitate (DNR) Order
	7.5 POLST / MOLST Form (Physician/Medical Orders for Life-Sustaining Treatment)
	7.6 Psychiatric or Mental Health Advance Directive (Optional in Some Jurisdictions
	7.7 Advance Directive Summary Sheet (For Care Teams)
	7.8 Documentation Templates for Institutional or Workplace Settings
	7.8.1 Nursing Notes Template: Includes checkboxes or free-text sections to confirm that the advance directives were reviewed and honored
	7.8.2 Care Plan Template: Links medical orders to patient goals (especially in hospice or long-term care)
	7.8.3 Family Meeting Documentation Form: Records discussions around care preferences and decision-making
8. Documentation and Communication Tools	May include but not limited to:
	8.1 Electronic Health Records (EHRs) with Advance Care Planning Modules
	8.2 Advance Directive and POLST Forms (Hardcopy and Digital)
	8.3 End-of-Life Care Plan Template
	8.4 SBAR Communication Tool (Situation, Background, Assessment, Recommendation)
	8.5 Palliative Care Assessment Tools (Integrated into EHR or paper)
	8.6 Daily Monitoring and Nursing Flow Sheets
	8.7 Family Meeting Documentation Template
	8.8 Secure Messaging and Alert Systems (In EHR or Standalone)
	8.9 Home/Hospice Communication Kit (For non-hospital settings)
	8.10 Audit and Compliance Checklists
9. Emergency and Crisis Management Tools	May include but not limited to:
	9.1 Emergency Care Protocol Sheets (ECPs)
	9.2 DNR / DNAR Orders (Do Not Resuscitate / Attempt Resuscitation)
	9.3 POLST / MOLST Forms (Physician/Medical Orders for Life-Sustaining Treatment)

	9.4 Crisis Medication Kit (Comfort or Emergency Box) 9.5 24/7 On-Call Palliative Hotline 9.6 Rapid Response Communication Tools (e.g., SBAR, Mobile Apps) 9.7 Home Emergency Plan Template (for Family/Carers) 9.8 Emergency Documentation Binder / Packet 9.9 Medical Alert Systems / Wearables (Optional)

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Acknowledge the End-of-Life Care preferences and advance directives from the parties concerned. 1.2 Carried out the recommended End-of-Life care plan preferences and advance directives 1.3 Documented the results of the implemented End-of-Life Care preferences and Advance Directives. 1.4 Monitored the End-of-Life care plan.
2. Resource Implications	2.1 The following resources should be provided: a. Tools, Materials and Equipment appropriate for the unit of competency b. Workplace environment appropriate for the unit of competency
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation
4. Context of Assessment	4.1 Competency may be assessed either in the aging-in-place setting or at the designated Institutional Training Center.

UNIT OF COMPETENCY : **MANAGE SELF-CARE**

UNIT CODE : AB-HHC1381300532306

UNIT DESCRIPTOR : This unit describes the knowledge and skills required for dementia carers to manage one's self-care. It includes assessing self-care needs, developing, applying, and evaluating self-care plans.

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Assess self-care needs	1.1 ***Signs and symptoms of stress and burnout.*** are identified by dementia carer based on respite care's workplace practices. 1.2 ***Stress levels*** are assessed using self-administered ***stress and burnout assessment tools*** in accordance with mental health standards. 1.3 ***Stressors in the care environment*** and ***triggers of stress and burnout*** are recognized based on workplace practices. 1.4 ***Personal barriers*** are acknowledged based on the self-reflection of the Dementia carer.	1.1 Stress 1.2 Burnout 1.3 Signs and symptom of stress and burnout 1.4 Stress levels 1.5 Stress and burnout assessment tools, scoring, and interpretation. 1.6 Triggers of stress and burnout 1.7 Stressors in the care environment 1.8 Personal barriers 1.9 Impact of care giving responsibilities on personal health and well-being. 1.10 Organization in the workplace	1.1 Self-awareness Skill 1.2 Analytical skills 1.3 Self-assessment skills 1.4 Basic mathematical skills
2. Develop self-care plan	2.1 Stress Assessment results are utilized in developing a ***self-care plan*** based on self-assessment.	2.1 Self-care plan 2.2 SMART goals 2.3 DICE method to identify, plan, and refine self-care strategies for	2.1 Planning Skills 2.2 Analytical Skills 2.3 Adaptability 2.4 Decision-Making Skills 2.5 Reliability

	2.2 Self-care plan is written following SMART goals. 2.3 Identified **Support services, relevant programs,** and **support networks** are integrated into the self-care plan based on self-assessment results.	evolving caregiving needs. 2.4 Principles of developing and maintaining regular self-care routines. 2.5 Methods for effectively managing stress and overcoming emotional challenges 2.6 Changes in caregiving needs 2.7 Strategies to maintain the effectiveness of self-care plan 2.8 Prevention of caregiver stress 2.9 Balanced nutrition 2.10 Role of physical activity in reducing stress 2.11 Importance of consistency in applying self-care practices. 2.12 Effective documentation practices 2.13 Support services 2.14 Relevant programs, and 2.15 Support networks	2.6 Self-Limitation 2.7 Reflective Skills 2.8 Writing / Journaling skills
3. Apply self-care plan	3.1 Acknowledged Personal barriers are addressed with **practical self-care solutions** following the self-care plan.	3.1 Self-care plan 3.2 Personal barriers 3.3 Practical self-care solutions. 3.4 Support services, relevant	3.1 Time management skills 3.2 Adaptability 3.3 Resilience

	3.2 Self-care is implemented according to plan. 3.3 Accessed resources from support services, relevant programs, and support networks are utilized based on workplace practices.	programs, and support networks	3.4 Self-awareness skills 3.5 Reflection skills 3.6 Decision making skills 3.7 Collaboration skills 3.8 Communication skills 3.9 Positive Assertiveness
4. Evaluate a Self-Care Plan	4.1 Stress levels are monitored based on received feedback and self-awareness. 4.2 Progress is documented to track the effectiveness of self-care strategies based on the implemented self-care plan. 4.3 Monitored stress levels in terms of physical, emotional, and behavioral symptoms are evaluated through journaling based on self-awareness. 4.4 A comprehensive health assessment is conducted by a primary health care physician based on the implemented self-care plan. 4.5 Areas for improvement are addressed promptly to improve the effectiveness of the self-care plan based on the recommendation of the	4.1 Familiarity with the process of reviewing and updating self-care plans in collaboration with healthcare professionals. 4.2 Understanding the role of consistent monitoring in ensuring the effectiveness of self-care plans. 4.3 Knowledge of stress management techniques and their integration into daily routines. 4.4 Familiarity with evidence-based strategies to adjust self-care plans according to changing caregiving demands.	4.1 Scheduling Skills 4.2 Analytical Skills 4.3 Collaboration Skills 4.4 Problem-Solving Skills 4.5 Adaptability 4.6 Emotional Resilience

	Primary Healthcare Physician.		
	4.6 **New resources and strategies** are explored for possible integration into the self-care plan based on the recommendation of the Primary Healthcare Physician.		

RANGE OF VARIABLES

VARIABLE	RANGE

1. Signs and symptoms of stress and burnout.	May include but not limited to:
	
	1.1 Physical Symptoms:
	    1.1.1 Fatigue
	    1.1.2 Sleep disturbances
	    1.1.3 Headaches
	    1.1.4 Muscle tension or aches
	    1.1.5 Gastrointestinal issues
	    1.1.6 Frequent illnesses
	    1.1.7 Changes in appetite
	
	1.2 Emotional and Mental Symptoms:
	    1.2.1 Feelings of overwhelm
	    1.2.2 Irritability or mood swings
	    1.2.3 Anxiety
	    1.2.4 Depression
	    1.2.5 Sense of failure
	    1.2.6 Guilt
	    1.2.7 Cognitive difficulties
	
	1.3 Behavioral Symptoms:
	    1.3.1 Social withdrawal
	    1.3.2 Neglecting self-care
	    1.3.3 Overworking
	    1.3.4 Increased use of substances
	
	1.4 Emotional Symptoms of Burnout:
	    1.4.1 Emotional detachment
	    1.4.2 Loss of interest in caregiving

2. Stress Levels	May include but not limited to: 2.1 Mild Stress (Positive Stress / Eustress) 2.2 Moderate Stress 2.3 High Stress 2.4 Severe Stress / Chronic Stress 2.5 Acute Traumatic Stress

3. Stress and Burnout Assessment Tools	May include but not limited to:
	
	3.1 Perceived Stress Scale (PSS)
	    ● Suitability: Fully self-administered.
	    ● How: Answer 10 simple questions about stress perception on a 5-point scale.
	3.2 Holmes and Rahe Stress Scale
	    ● Suitability: Fully self-administered.
	    ● How: Check off life events from a list and calculate the total score.
	3.3 Caregiver Strain Index (CSI)
	    ● Suitability: Fully self-administered.
	    ● How: Answer "yes" or "no" to 13 questions about caregiving challenges.
	3.4 Daily Stress Inventory (DSI)
	    ● Suitability: Fully self-administered.
	    ● How: Log daily stressors and rate their emotional impact on a scale.
	3.5 Job Stress Survey (JSS)
	    ● Suitability: Fully self-administered.
	    ● How: Respond to questions about work-related stress frequency and intensity.
	3.6 Depression Anxiety Stress Scales (DASS-21)
	    ● Suitability: Fully self-administered.
	    ● How: Complete 21 questions across three subscales for stress, anxiety, and depression.
	3.7 Burnout Self-Test (Maslach Burnout Inventory - Short Form)
	    ● Suitability: Fully self-administered.
	    ● How: Answer questions on emotional exhaustion, depersonalization, and personal accomplishment.
	3.8 Work-Life Stress Checklist
	    ● Suitability: Fully self-administered.
	    ● How: Evaluate statements about time management, work demands, and personal time.
	3.9 Quick Stress Check
	    ● Suitability: Fully self-administered.
	    ● How: Answer yes/no questions about immediate physical or emotional stress symptoms.

4. Stressors in the care environment	May include but not limited to:
	
	4.1 Environmental Stressors
	  4.1.1 Noise pollution (alarms, machinery, loud conversations)
	  4.1.2 Bright or flickering lights

	4.1.3 Overcrowded spaces
	4.1.4 Unfamiliar surroundings (disorientation in hospitals or l
	long-term care)
	4.1.5 Lack of privacy
	4.2 Time Pressure and Workload Stressors
	4.2.1 Short staffing
	4.2.2 High patient-to-staff ratios
	4.2.3 Tight schedules and multitasking
	4.2.4 Documentation and administrative overload
	4.2.5 Lack of rest or break times
	4.3 Communication Stressors
	4.3.1 Language or cultural barriers
	4.3.2 Inconsistent handovers or shift reports
	4.3.3 Misunderstanding of care preferences or advance
	directives
	4.3.4 Lack of interdisciplinary coordination
	4.4 Emotional and Psychological Stressors
	4.4.1 Grief, anxiety, or depression
	4.4.2 Caregiver burnout
	4.4.3 Fear of death or disease progression
	4.4.4 Feelings of helplessness or guilt
	4.4.5 Ethical dilemmas (e.g., prolonging life vs. respecting
	patient dignity)
	4.5 Clinical and Safety Stressors
	4.5.1 Risk of falls, infections, or medication errors
	4.5.2 Aggressive or resistant behaviors (e.g., in dementia)
	4.5.3 Invasive or painful procedures
	4.5.4 Fear of medical complications
	4.6 Resource and Systemic Stressors
	4.6.1 Limited medical equipment or medications
	4.6.2 Delayed diagnostics or treatments
	4.6.3 Lack of access to specialist care
	4.6.4 Financial constraints or insurance issues
	4.7 Patient-Specific Stressors
	4.7.1 Loss of independence
	4.7.2 Cognitive decline or confusion
	4.7.3 Changes in routine
	4.7.4 Loss of control or autonomy
	4.7.5 Social isolation
5. triggers of stress and burnout	May include but not limited to:
	5.1 Unrealistic expectations
	5.2 Self-neglect
	5.3 Emotional overload

	5.4 Limited coping skills 5.5 Excessive workload 5.6 Lack of resources 5.7 Challenging behavior from care recipients 5.8 Social isolation 5.9 Time constraints 5.10 Sudden changes in care needs 5.11 Medical crises 5.12 Conflicts with family or healthcare providers
6. Personal barriers	May include but not limited to: 6.1 Guilt: Feeling guilty about taking time for self-care or not being able to provide perfect care. 6.2 Time Constraints: Lack of time due to caregiving responsibilities, making it difficult to focus on personal well-being. 6.3 Perfectionism: The belief that caregiving should be done perfectly, leading to burnout and neglecting personal needs. 6.4 Lack of Knowledge: Not knowing how to care for oneself or what self-care strategies are effective. 6.5 Emotional Strain: Feelings of sadness, anxiety, or frustration that hinder the ability to care for oneself. 6.6 Self-Neglect: Prioritizing the needs of others over one's own, leading to physical and emotional exhaustion. 6.7 Fear of Asking for Help: Hesitancy to seek support from others, whether out of pride or fear of being judged.
7. self-care plan	May include but not limited to: 7.1 Mental and Emotional Self-Care Plan Goal: Reduce stress, improve emotional regulation, and support mental health. 7.2 Physical Self-Care Plan Goal: Support physical health and energy through lifestyle habits. 7.3 Spiritual Self-Care Plan (Religious or Secular) Goal: Find meaning, purpose, and inner peace. 7.4 Social Self-Care Plan Goal: Maintain healthy relationships and avoid social isolation. 7.5 Professional or Academic Self-Care Plan Goal: Prevent burnout and maintain healthy boundaries at work or school. 7.6 Personal and Recreational Self-Care Plan Goal: Reconnect with joy, creativity, and identity beyond responsibilities.

8. Support services	May include but not limited to: 8.1 Respite care programs, 8.2 Counseling services, 8.3 Support groups, and 8.4 Educational materials 8.5 Care coordination services 8.6 Online communities or helplines
9. relevant programs	May include but not limited to: 9.1 PhilHealth: offers financial assistance for medical and healthcare services, including some that may be beneficial for dementia care. It helps cover hospitalization, outpatient services, and medications for individuals with dementia, easing the financial burden on carers. 9.2 Department of Social Welfare and Development (DSWD): offers programs like the Social Amelioration Program (SAP), which provides financial aid to low-income households. This can assist caregivers who are financially struggling while providing care to individuals with dementia. 9.3 Senior Citizens' Discount and Benefits: The Expanded Senior Citizens Act provides senior citizens, including those with dementia, various discounts on medications, healthcare services, and utilities. This indirectly reduces caregiving expenses by making care more affordable. 9.4 Pantawid Pamilyang Pilipino Program (4Ps): This government conditional cash transfer program provides financial assistance to low-income families, including those caring for elderly members with conditions like dementia. 9.5 Non-Governmental Organizations (NGOs): Some NGOs may offer financial support, resources, or guidance to caregivers in need, although these are often more focused on awareness and training rather than direct financial aid. 9.6 Charitable and private institutions: Various charitable organizations may offer grants or financial assistance to dementia carers, either directly or through partnerships with local government units (LGUs).
10. support networks	May include but not limited to: 10.1 Family and Friends: Relatives, close friends, or neighbors who can provide companionship, help with tasks, or emotional encouragement.

	10.2 Community Organizations: Local groups or associations, such as memory cafes, church groups, or volunteer networks, that offer support tailored to carers' needs.
	10.3 Professional Services: Healthcare providers, social workers, or respite care services that provide specialized help.
	10.4 Support Groups: Groups of other dementia carers who meet in person or online to share experiences, advice, and emotional support.
	10.5 Online Resources and Forums: Websites, apps, or online communities that provide information, training, or peer interaction for carers.

11. practical self-care solutions.	May include but not limited to:
	
	11.1 Barrier: Lack of Time
	Solution:
	    11.1.1 Micro self-care: Practice short, 5-minute activities (e.g., deep breathing, stretch breaks, walking around the block).
	    11.1.2 Schedule it like an appointment: Block 10–15 minutes in your daily planner or phone calendar for self-care.
	    11.1.3 Combine tasks: Listen to a podcast while cleaning, stretch while watching TV.
	    11.1.4 Say "no" to non-essential tasks: Prioritize your own needs sometimes without guilt.
	
	11.2 Barrier: Lack of Energy / Fatigue
	Solution:
	    11.2.1 Start small: Choose low-effort self-care (e.g., warm bath, relaxing music).
	
	    11.2.2 Focus on sleep hygiene: Create a wind-down routine (no screens 30 min before bed, consistent bedtime).
	    11.2.3 Eat energy-supportive snacks: Keep healthy snacks (nuts, fruit, yogurt) accessible.
	    11.2.4 Ask for help: Delegate tasks to family or friends to conserve your energy.
	
	11.3 Barrier: Financial Constraints
	Solution:
	    11.3.1 Use free resources: Meditation apps (Insight Timer), home workouts on YouTube, public libraries.
	    11.3.2 Access community programs: Look for local support groups, free clinics, or church wellness groups.
	    11.3.3 Practice no-cost self-care: Journaling, walking, resting, or mindful breathing cost nothing.
	    11.3.4 Use employee benefits: EAP programs or insurance-covered counseling sessions.

	11.4 Barrier: Low Motivation or Mental Health Issues
	Solution:
	    11.4.1 Use a buddy system: Partner with a friend to check in
	          on self-care goals.
	    11.4.2 Break tasks into micro-steps: Instead of "exercise," try
	          "put on workout clothes" or "walk to mailbox."
	    11.4.3 Set compassionate goals: Acknowledge that even small
	          actions are wins.
	
	    11.4.4 Seek professional help: Don't hesitate to consult a
	          counselor or therapist for guidance.
	
	11.5 Barrier: Caregiver or Work Overload
	Solution:
	    11.5.1 Set boundaries: Learn to say "no" or delegate when
	          possible.
	    11.5.2 Use respite services: Even short breaks from caregiving
	          responsibilities can be rejuvenating.
	    11.5.3 Ask for flexible work arrangements: If possible, request
	          part-time or remote options.
	    11.5.4 Practice "pause rituals": 1-minute reset rituals like a
	          gratitude list, deep breath, or mantra before resuming
	          tasks.
	
	11.6 Barrier: Feeling Guilty About Prioritizing Self
	Solution:
	    11.6.1 Reframe self-care as care for others: You can't pour
	          from an empty cup.
	    11.6.2 Start with small permissions: "I deserve 10 minutes to
	          myself."
	    11.6.3 Use affirmations: "Taking care of myself helps me take
	          better care of others."
	    11.6.4 Set an example: Model self-care as a healthy behavior
	          for family or coworkers.

12. New resources and strategies	May include but not limited to:
	
	12.1 New Resources
	    12.1.1 Updated guidelines
	    12.1.2 Emerging care techniques
	    12.1.3 New assistive devices
	    12.1.4 Evidence-based interventions
	
	12.2 Strategies
	    12.2.1 Stress reduction approaches
	    12.2.2 Time management tools
	    12.2.3 Wellness programs
	    12.2.3 Peer support initiatives

EVIDENCE GUIDE

1. Critical Aspects of Competency	Assessment requires evidence that the candidate: 1.1 Assessed self-care needs 1.2 Developed self-care plan 1.3 Applied self-care plan 1.4 Evaluated a self-care plan
2. Resource Implications	The following resources should be provided: 2.1 tools, materials, and equipment appropriate for the unit of competency. 2.2 A workplace environment appropriate for the unit of competency.
3. Methods of Assessment	Competency in this unit may be assessed through: 3.1 Interview 3.2 Demonstration with Questioning 3.3 Observation 3.4 Written Examination
4. Context of Assessment	4.1 Competency may be assessed either in the aging-in-place setting or at the designated Institutional Training Center.

GLOSSARY OF TERMS

Adult Day Care Centers	Facilities offering daytime supervision and activities for individuals with dementia, enabling caregivers to attend to personal tasks or work.
Burnout	A state of physical, emotional, and mental exhaustion caused by prolonged and excessive stress, often experienced by caregivers.
Balanced Nutrition	A diet that supports overall health, providing energy and helping caregivers manage physical and mental stress.
Caregiving Responsibilities	The duties and tasks involved in caring for individuals with dementia, including physical, emotional, and medical support.
Community Organizations	Local groups, such as memory cafés or church networks, providing resources and support tailored to caregiver needs.
Dementia	Refers to progressive brain disorders that impair memory, thinking, behavior, and daily functioning. It is caused by diseases that damage the brain. Although age increases risk, dementia is not a normal part of aging. The most common type is Alzheimer's disease, followed by vascular dementia, Lewy body dementia, and frontotemporal dementia.
Emotional Detachment	A symptom of burnout where caregivers feel disconnected from their caregiving duties or loved ones.
Evidence-Based Strategies	Approaches and methods supported by research to enhance caregiving practices and personal well-being.
Expanded Senior Citizens Act	A law offering discounts and benefits to senior citizens, reducing caregiving expenses through affordable medications and services.
Financial Assistance Programs	Government or private initiatives like PhilHealth, DSWD programs, or NGO support that help reduce caregiving-related expenses.
First Aid	Immediate care provided to a person experiencing injury or sudden illness, aimed at stabilizing their condition before professional medical treatment is available.

Guilt	A common emotion among caregivers, often related to perceived inadequacies in caregiving or prioritizing personal needs.
Health acuity	The level of severity of an individual's health condition, indicating how serious or complex their medical needs are at a given time.
Hobbies or Enjoyable Activities	Leisure pursuits that provide relaxation and joy, helping caregivers relieve stress and improve mood.
Journaling	Regular practice of recording thoughts, emotions, physical symptoms, stress triggers, and self-care activities to reflect on experiences, identify patterns, and assess the effectiveness of stress management strategies.
Mindfulness or Meditation	Practices that involve focusing the mind to manage anxiety and emotional strain, promoting mental well-being.
Overnight Respite Care	Nighttime care services allowing caregivers to rest while individuals with dementia receive professional supervision.
Pantawid Pamilyang Pilipino Program (4Ps)	A conditional cash transfer program supporting low-income families with elderly members, including those with dementia.
Perfectionism	The belief in delivering flawless care, which may lead to neglecting self-care and increasing caregiver stress.
Person/People Living with Dementia (PLwD)	A respectful term for individuals diagnosed with dementia, emphasizing their personhood and life experience, rather than defining them by their condition.
PhilHealth	A government healthcare program in the Philippines offering financial assistance for medical and healthcare services, easing caregiving costs.
Primary Healthcare Physician	A medical doctor who serves as the first point of contact for a person's healthcare needs, providing continuous and comprehensive care, and coordinating treatment with other specialists as needed.

Reflective Skills	The ability of caregivers to introspect and analyze their emotional and physical well-being for continuous self-improvement.
Respite Care Services	Temporary care services provided to individuals with dementia, allowing caregivers to take a break and reduce burnout risk.
Self-Assessment	A caregiver's evaluation of their physical and emotional state to identify stress symptoms and personal care needs.
Self-Care Plan	A structured approach created by caregivers to manage stress, maintain physical and mental health, and balance caregiving responsibilities.
SMART Goals	A method for setting effective objectives, where each goal is: Specific, Measurable, Achievable, Relevant, and Time-bound — used to guide care planning and self-management strategies.
Social Amelioration Program (SAP)	A DSWD initiative providing financial aid to low-income households, including those caring for individuals with dementia.
Stress Levels	The degree of mental, emotional, or physical strain or tension a person is experiencing, which can affect overall well-being and may be monitored to inform self-care or interventions.
Stressors in the Caregiving Environment	Factors such as physical demands, emotional challenges, behavioral issues, and financial strain that contribute to caregiver stress.
Support Networks	Groups or individuals, such as family, friends, or community organizations, offering emotional or practical assistance to caregivers.
Symptoms domain	A category or group of physical, emotional, or cognitive indicators associated with a particular condition or state of health, used to track and manage care effectively.
Triggers of Stress and Burnout	Events or circumstances such as excessive workload, social isolation, or conflicts that increase caregiver stress levels.
Time Constraints	Challenges caregivers face in balancing caregiving responsibilities with personal and professional obligations.

Vital Signs	Basic measurements of essential body functions, including heart rate, blood pressure, respiratory rate, and body temperature, used to monitor a person's physical health and detect potential medical issues.

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