



Established in terms of Act 56 of 1995

SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

In accordance with regulation 24(c) of the National Standards Bodies Regulations of 28 March 1998, the Standards Generating Body (SGB) for

Hygiene and Cleaning

Registered by NSB 11, Services, publishes the following qualifications and unit standards for public comment.

This notice contains the titles, fields, sub-fields, NQF levels, credits, and purpose of the qualifications and unit standards. The qualifications and unit standards can be accessed via the SAQA web-site at www.saga.org.za. Copies may also be obtained from the Directorate of Standards Setting and Development at the SAQA offices, Hatfield Forum, 1067 Arcadia Street, Hatfield.

Comment on the qualifications and unit standards should reach SAQA at the address **below and no later than 13 March 2004**. All correspondence should be marked **Standards Setting – SGB for Hygiene and Cleaning** and addressed to

The Director: Standards Setting and Development
SAQA

Attention: Mr. D Mphuthing

Postnet Suite 248

Private Bag X06

Waterkloof

0145

or faxed to 012 – 431 5144

e-mail: dmphuthing@saga.co.za

JOE SAMUELS

DIRECTOR: STANDARDS SETTING AND DEVELOPMENT

TITLE: Supervision of children, while interacting with pets .

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to maintain a safe environment for children with pets.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Ensure the safety of the pet and the children.

ASSESSMENT CRITERIA

1. The safety precautions regarding pets and children is named. (Range: Children must not be left alone near aggressive dogs, children must not play in cat's litter box, small children must not be left alone near large fish tanks or fishponds, children must not be left with birds that bite, hamsters or rodents).
2. The reason(s) why small children must be guided in how and when to play with pets is explained.
3. The reason(s) why the child and the pet must be separated if there is no direct supervision is explained.
4. The action that will be taken if the child or the pet injures one another is explained.

SPECIFIC OUTCOME 2

Supervise the playtime of the pet and children.

ASSESSMENT CRITERIA

1. The time and activity is explained.
2. The correct conditions under which it would be safe for the child and the pet is explained(Range: fish remains in fishbowl, if bird is let out ensure cat is not around, if dog is played with ensure gate / and or door is closed; ensure the child does not hurt the pet and vice versa).
3. The reason(s) for the child washing his/her hands after the interaction with the pet is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to supervise a child and a pet.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards feeding pets includes but is not limited to feeding dogs, cats, pet rodents, birds and fish.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets refers** common household pets including but not limited to dogs, cats, rodents including hamsters, birds and fish.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Pet:** Include but not limited to dogs, birds, rodents, cats and fish.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1 and 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2,
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2,

ESSENTIAL EMBEDDED KNOWLEDGE

The learner must be familiar with the terms in the range statement.

TITLE: Feed pets.

NUMBER:

LEVEL 1

CREDITS 1

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to feed a pet in accordance with best practices in pet care.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for feeding the pet.

ASSESSMENT CRITERIA

1. The learners can show which containers are used to feed the pet.
2. The reason(s) for using dedicated, suitable containers for the pet is explained.
3. The learner can identify the differences between commercial and home-made pet food.
4. The reason(s) for selecting specific food for a specific pet is explained.
5. The reason(s) why the containers are cleaned before every feed is explained.
6. The reason(s) for measuring the correct amount of food per feed is explained.
7. The reasons for not overfeeding and or underfeeding is explained.
8. The reason(s) for preparing the food as per the household's instructions is explained.
9. The reason(s) for feeding the pet at times, as prescribed by the household is explained.

SPECIFIC OUTCOME 2

Feed the pet.

ASSESSMENT CRITERIA

1. The reason(s) for selecting a suitable location for feeding the pet is explained.
2. The correct conditions under which the pet is fed are explained.
3. The reason(s) for taking seasonal changes into consideration when feeding a pet is explained.
4. Learners show that clean, fresh water is served to the pet.
5. The reason(s) for serving clean fresh water is explained.
6. The reason(s) why the learner checks whether the food was eaten by the pet, is explained.
7. The reason(s) for reporting unusual eating behaviour of the pet is explained.
8. The learners can show which preventative measures are taken to prevent ants and other insects from infesting the food.
9. Learners can show which foods are not suitable for pets.
10. The reason(s) why these foods are not suitable for pets is explained.
11. The reason(s) why humans and pets eat different foods is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to feed a pet.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards feeding pets includes but is not limited to feeding dogs, cats, pet rodents, birds and fish.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets refers** common household pets including but not limited to dogs, cats, rodents including hamsters, birds and fish.
2. **Feeding needs** of pets includes but is not limited to feeding frequency, quantity and may include commercial and home –made pet food.
3. **Watering needs** refers to the amount of water the freshness of the water and how often it is provided.
4. **Commercial Pet Food** refers to branded pet food package for different kinds and sizes of pets.
5. **Home-made Pet Food** refers to food prepared, cooked or raw as allocated and prescribed by the household.
6. **Specific food for a specific pet refers** to dog food for dogs, cat food for cats, hamster food for hamsters, etc.
7. **Seasonal changes refer** to protecting food and water from freezing temperatures in winter or direct sunlight in summer.
8. **Foods not suitable to pets refer** to chocolate, sweets, chicken bones for dogs, alcoholic drinks, soft drinks, human pills and medication.
9. **Different eating behaviour** refers to not eating, difficulty swallowing, vomiting, choking.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Pet:** Include but not limited to dogs, birds, rodents, cats and fish.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1 and 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2,
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.

- 7.2 Being culturally and aesthetically sensitive across a range of social contexts.
Evident in Specific Outcome 1, 2,

ESSENTIAL EMBEDDED KNOWLEDGE

1. As per range statement.

TITLE: Identify and categorize pets and their needs.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to effectively identify and categorize pets and their needs.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/ the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify the pet and the needs of the pet to be taken care of.

ASSESSMENT CRITERIA

1. Identifies the pet and explains the characteristics of the specific pet.(Range: e.g.Dogs do not need a litter box, cats do. Fish should always be immersed in water, the cage of a bird should always be closed, the cage of hamsters / rodents should always be closed). not limited to dogs, cats, hamsters, birds and fish.
2. The feeding need(s) of the pet is explained.(Range: refers to specific feeding need of animal which would be how many times per day, quantity and may include commercial and household food).
3. The watering need(s) of the pet is explained.(Range: refers to the amount of water and how many times per day).
4. The shelter need(s) of the pet is explained.
5. The reason(s) why the feeding and sheltering needs may change depending on the various seasons is explained.
6. The exercise need(s) of the pet is explained.
7. The security and safety measures regarding the pet are explained.
8. The problems that may happen if the safety and security measures are not met is named.

9. The law regarding keeping the specific pet is explained.

SPECIFIC OUTCOME 2

Categorizes different pets.

ASSESSMENT CRITERIA

1. Four different types of common household pets are named.
2. The differences in the requirements of keeping the pet is explained.
3. The different food and feeding of the pets are explained.
4. The reason(s) why each category of pet receives water but not the same type of food is explained.
5. The different type of parasites that are common to each pet is explained.(Range: internal parasites; worms. External parasites; fleas, ticks, skin mites, lice.
6. The preventative measures to reduce the risk of parasites for each pet is explained.(Range: De wormer, application of ectoparasitocides(drops, powder or shampoo external to prevent fleas, lice etc.).
7. The reason(s) why pets should be vaccinated is explained. (Range: Catflu, Distemper, Kennel Cough, Rabies).
8. The reason(s) why each pet should be treated according to it's own needs is explained.
9. The reason(s) why pets should be spayed and not be allowed to multiply is explained.
10. The impact on the household and on the pet when it is not spayed is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.

Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to supply care to a pet.

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards pet care includes but is not limited to taking care of dogs, cats, hamsters, birds and fish.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets refers** common household pets including but not limited to dogs, cats, hamsters, birds and fish.
2. **Feeding needs** refers to specific feeding need of animal which would be how many times per day, quantity and may include commercial and household food.
3. **Watering needs** refers to the amount of water and how many times per day.
4. **Shelter** refers to a specific place for the animal inside or outside and may include but is not limited to birdcages, dog houses.
5. **Security and Safety Measures** refers to all measures taken to ensure that the animal does not harm himself or others.
6. **The Law** refers to the legal implication for keeping a dog, cat or any other animal (mostly city bylaws).
7. **Four common types of household pets** refers to dogs, cats, birds and rodents
8. **Differences in being kept** refers to the security, exercise, food and areas the animal may frequent.
9. **Different type of parasites** refers to two categories of parasites **Ecto** = fleas, ticks, lice and skin mites. **Endo** = worms.
10. **Preventative Measures** refers to de-worming, regular bathing, good pet hygiene, application of ectoparasitocides.
11. **Spayed-** Sterilization of the pet not to reproduce.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Pet** : Include but not limited to dogs, birds, rodents and cats
2. **De-worm**: Process of regular medication for prevention of Endo parasites

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2.

6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2.

ESSENTIAL EMBEDDED KNOWLEDGE

As per range statement.

TITLE: Pet and care of pet environment hygiene.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to hygienically care for a pet's environment in accordance with best practices in pet care.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/ the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify the pet areas to be cleaned.

ASSESSMENT CRITERIA

1. The learners can show which are pet areas that needs cleaning and care.
2. The reason(s) for cleaning these areas is explained.
3. The learners can show the dedicated cleaning tools that will be used to clean the areas.
4. The reasons for using dedicated cleaning tools are explained.
5. The learners can identify the areas that needs daily, weekly and monthly cleaning.
6. The reason(s) for cleaning the areas on different times is explained.
7. The reasons for cleaning pet urine and feces immediately in a home environment is explained.
8. The reason(s) for following safety measures when cleaning cat litter boxes, urine and feces of pets is explained.
9. The reason(s) for washing hands after cleaning and touching pets is explained.
10. The reason(s) why un-cleaned areas spreads disease is explained.
11. The learners can show how these areas are cleaned hygienically and according to households instruction.

12. The reason(s) for removing unwanted pet hair from all surfaces in the home is explained.
13. The most effective way of removing the pet hair is explained.
14. The learners explains how allergens can be aggravated by poor cleaning of pet areas.

SPECIFIC OUTCOME 2

Identifies the cleaning requirements of the pet.

ASSESSMENT CRITERIA

1. The learners can identify the cleaning requirements of the pet.
2. The reason(s) and necessity for cleaning certain pets is explained.
3. The learners can show which pets clean themselves (cats) and which pets needs to be cleaned.
4. The reason(s) why some pets require brushing and application of ectoparasiticides is explained.
5. The learners can explain how regularly the pet should be cleaned.
6. The reason(s) for following the households instructions is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to clean the area of use by a pet.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.

3. In the **context** of this unit standards pet's environment hygiene includes but is not limited to the pet itself, the home and all areas used by pets inside and outside, e.g. couches where cats, dogs sleep, dog and cat's baskets, dog coats, pet's blankets.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets refers** common household pets including but not limited to dogs, cats, rodents including hamsters, birds and fish.
2. **Environment hygiene refers** to all areas used by pet, and the hygienic cleaning there of.
3. **Cleaning tools** refers to the cleaning cloths and consumables that are used exclusively for pet and pet area cleaning.
4. **Safety measures** refers to the learner preventing direct contact with the feces and urine of a pet.
5. **Un- clean areas** refers to pet cages and areas used by pets that have not been cleaned.
6. **Disease** refers to zoonotic disease- a zoonosis is a disease common to animals and humans, including but not limited to Rabies, Ticks, Toxoplasmosis, Roundworms, Ringworm, Scabies or Sarcoptic Mange.
7. **Allergens** refers to pet allergens [cat and dog hair, saliva and dander].
8. **Household instructions** refers to instructions given by the employer in terms of the care of the pet.
9. **Most effective way of removing pet hair** refers to vacuumation.
10. **Unwanted pet hair** refers to any pet's hair in the home, on clothes or any area used by the family.
11. **Cleaning requirements of pets** refers to bathing of dogs, brushing of dogs
12. **Ectoparasiticides** refers to a toxic powder or liquid rubbed or poured over the pet to kill and prevent external parasites such as ticks, fleas, mites.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Pet:** Include but not limited to dogs, birds, rodents, cats and fish.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.

3. Organize and manage oneself and one's activities responsibly and effectively.
Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1 and 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2,
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts.
Evident in Specific Outcome 1, 2,

ESSENTIAL EMBEDDED KNOWLEDGE

1. The learner must be familiar with the terms in the range statement.

TITLE: **Sensitivity, care and safety of pets.**

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to show sensitivity and care towards pets.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify good/sensitive pet care practice.

ASSESSMENT CRITERIA

1. The rights of any animal is explained. (Range: refer to right to be treated humanly, right to food, water, shelter , the right to live free of fear of being abused).
2. The duties of a pet owner is explained.(Range:refer to the basic responsibility of care towards the pet, the duty to health treatment of the pet when required, the duty of feeding and correct shelter, the duty of not leaving the animal alone during holidays or illness, but to ensure safe keeping of the animal).
3. The reason(s) for extending care and sensitivity towards the pet is explained.
4. The learners can identify un-sensitive and abusive treatment towards pets.
5. The methods and requirements of the owner towards the care of the pet are explained.

SPECIFIC OUTCOME 2

Identify the safety requirements of the pet.

ASSESSMENT CRITERIA

1. The learners can identify the safety requirements regarding the pet.(Range: Dogs needs to be behind gates to ensure own and others safety, a window must be left open for a cat, birds and fish must not be placed in direct sunlight in the summer, hamsters and rodents must be kept in their cage).
2. The risks of not applying the safety requirements for the pet is explained.
3. The major safety issues is identified and explained(Range: Poison in any form, specifically aerosols sprayed in the vicinity of birds, fish; Paint and paint removers being left open and accessible to the pets, plastic bags that may be eaten, chemicals that are not stored properly).
4. The reason(s) why dogs should receive special shelter during festivities where fire works is used is explained. (Range: Halloween, Guy Fawkes, Old year parties).

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to care for a pet.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards pet's safety and care includes the direct care of the pet.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets refer** common household pets including but not limited to dogs, cats, rodents including hamsters, birds and fish.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1 and 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2,
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2,

ESSENTIAL EMBEDDED KNOWLEDGE

TITLE: Demonstrate knowledge of basic health care of pets.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a pet care environment. Qualifying learners are able to provide basic health care for pets.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 / or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify and deal with emergencies as a first step and measure pet health emergencies.

ASSESSMENT CRITERIA

1. The learner can identify the ten pet health emergencies. (Range: refer to e.g. noisy breathing, blue tongue, gasping for breath, bleeding that does not stop from any part of the body, bloated abdomen, inability to urinate and move bowels, blood stools or painful defecation or urination, [heavy panting-extreme weakness- high body temperature] heatstroke, inability to deliver young, loss of balance or consciousness or seizures including out of character withdrawal or aggression).
2. The reason(s) for reporting these symptoms immediately is explained.
3. The learners can identify injury or shock classified as major trauma.(Range: e.g. refers to injury or shock from falls, vehicle accidents, wounds, cuts, broken bones
4. The learners can show the household's emergency procedure in case of major trauma to pets. (Can show how to stop major bleeding and how to clear airway of obstruction).
5. The learners can identify the common diseases that should be reported.(Range: e.g.refers to Sniffles, Diarrhoea, Kennel cough, Billiary, skin conditions-itching-severe hair loss-upper respiratory disease in birds and strange lumps in hamsters, cracked paws).

6. The reason(s) for reporting immediately when the pet is not eating is explained.
7. The reason(s) for reporting different behavior from the pet is explained.
8. The reason(s) for reporting minor injuries is explained.
9. The reason(s) why pet's numbers should be controlled and why pets should not be allowed to multiply uncontrollably is explained.

SPECIFIC OUTCOME 2

Identify the general health condition of the pet(s).

ASSESSMENT CRITERIA

1. The learners can identify what the behavior of the pet should be when it is healthy.
(Range: e.g. refer to healthy eating, drinking, active, normal stools).
2. The learners can identify what the appearance of the pet should be when healthy.
3. The learners can identify minor injuries to pets.(Range: e.g. refers to cuts, bruises, cracked paws or skin, limping).
4. The reason(s) for reporting other appearances and behavior is explained.
5. The learners can show what food, drink and medication should not be given to pets.
(Range: e.g. refer to refers to chocolates, sweets, alcohol, pills).
6. The learners can show the best position for housing the pet, within household capacity and instruction. (Range: e.g. to best positioning of housing of pet taking into account factors such as draughts, safety, security, seasonal changes, direct sunlight).
7. The learners shows evidence that information regarding the general well being of the pet is regularly communicated to the household.
8. The learners shows evidence of understanding what pet abuse is.(Range: e.g. refers to kicking, withholding food and water, chaining or restricting the pet severely, beating, neglect, stoning, exposing the pet to harmful substances.
9. The reason(s) for reporting and stopping the abuse is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to care for a pet.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards pet's healthcare includes but is not limited to the conditions that shows the pet is in good health, ten pet health care emergencies, major trauma to pets, good eating habits, good habitation habits, prevention of abuse.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pets** refers to common household pets including but not limited to dogs, cats, rodents including hamsters, birds, reptiles and fish.
2. **Ten Pet Health Emergencies** refers to noisy breathing, blue tongue, gasping for breath, bleeding that does not stop from any part of the body, bloated abdomen, inability to urinate and move bowels, blood stools or painful defecation or urination, [heavy panting-extreme weakness- high body temperature] heatstroke, inability to deliver young, loss of balance or consciousness or seizures including out of character withdrawal or aggression.
3. **Major trauma** refers to injury or shock from falls, vehicle accidents, wounds, cuts, broken bones.
4. **Household refers** to the owner's/employer's rules and expectations regarding care of the pets.
5. **Household Emergency Procedure** refers to the action that will be taken in an emergency situation including but not limited to – emergency telephone numbers, veterinarian numbers, contact numbers when owner is on holiday.
6. **Common Disease** refers to Sniffles, Diarrhoea, Kennel cough, Billiary, skin conditions-itching-severe hair loss-upper respiratory disease in birds and strange lumps in hamsters, cracked paws.
7. **Different behavior refers** to pet behaving out of character-withdrawal or severe aggression, limping e.g. thorns in foot, not eating, shivering for no apparent reason.
8. **Minor injuries refers** to cuts, bruises, cracked paws or skin, limping.
9. **Healthy behavior** refers to the behavior the pet displays when healthy and well cared for.
10. **Healthy appearance** refers to shiny coats, eating, drinking, normal stools.
11. **Food / Drink / Medication** not for consumption by pets refers to chocolates, sweets, alcohol, pills.
12. **Ectoparasitocides** refers to a toxic powder or liquid rubbed or poured over the pet to kill and prevent external parasites such as ticks, fleas, mites.

13. **Housing of pet** refers to but is not limited to any cage, basket, area prepared for use and sleeping of the pet.
14. **Best Position** refers to best positioning of housing of pet taking into account factors such as draughts, safety, security, seasonal changes, direct sunlight.
15. **Communication** refers to identifying the expectations of the owner for pet care within the household, regular feedback on availability of pet food, health and care of pet, notification of abuse.
16. **Abuse** refers to kicking, withholding food and water, chaining or restricting the pet severely, beating, neglect, stoning, exposing the pet to harmful substances.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Pet:** Any animal kept in a domestic environment.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1 and 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2,
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2,

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

Basic Care of Pets.

TITLE: Administer medication to the frail in a homecare environment.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Service

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies in this standard will be, voluntary community workers, domestic workers working towards a national qualification and /or will be involved in a frail care environment or perform home care for the frail. Qualifying learners are able to administer medicines to frail people in their care.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved communication competencies equal to an **ABET Level 4/ NQF level 1** or any other equivalent skill that will enable him/her to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Store medicines.

(Range: Storing medicines include identification, storage conditions and safe storage such as cupboards, lockable containers or cupboards, refrigerators, high access area etc, where it is out of reach of children or mentally handicapped persons. Storage conditions require medicines to be cool, dry and out of reach for children and refrigeration when required.)

ASSESSMENT CRITERIA

1. Where and how to store medicines is explained. See range.
2. The reason(s) for keeping medicine out of reach of children is explained.
3. Ways in which pills can be identified is explained.
4. The right conditions for storing medicines are explained.
5. The action taken when treatment is changed is explained.

SPECIFIC OUTCOME 2

Administer prescribed medicines.

(Range: Prescribed medicines refer to medicines prescribed by a doctor and include Schedule 1 to schedule 4 drugs, Administering medicines include medicines taken orally including pills,

capsules, and syrups; medication taken by inhalation such as asthma pumps, inhalation solutions, gas, nasal sprays; Instilling medication into ears, eyes; inserting suppositories, inunction)

ASSESSMENT CRITERIA

1. The term “prescribed medicine” is explained.
2. The dangers of not adhering to instructions when administering medicine are explained.
3. The reasons for prescribed medicines to be given on doctor’s orders are explained.
4. The reasons and importance for accurate measurement of medicine is important is explained.
5. The reasons for giving medication at precise intervals are explained.
6. The reason for sometimes giving medicine 4 times a day and sometimes 6 times a day when the a label indicates medicines to be given four-hourly is explained.
7. The way to identify that the correct medication is given, at the correct time to the correct patient according to a medicine schedule is explained.
8. The reasons why unidentifiable medicines must not be used are explained.
9. The reasons why medicines that have expired should not be used are explained.
10. The circumstances when the course of medicine needs to be completed are described.
11. 6 Methods of giving medicines are named and described. See range
12. Preparation for administration of medication is demonstrated.

SPECIFIC OUTCOME 3

Give medicine by mouth.

(Range: Medicine by mouth includes pill, tablets, capsules, syrups, elixirs, suspensions, chewable tablets)

ASSESSMENT CRITERIA

1. Administering (giving) medicine at the correct time, dosage and for correct patient is demonstrated.
2. Preparation of the medicine is demonstrated.
3. Measurement of the correct dosage and closure of container are demonstrated.
4. The reasons why medicine container must be closed are explained.
5. The reasons and the ways to check that the patient swallowed the medicine are explained.
6. The action to take if the patient has difficulties swallowing the medication is explained.

SPECIFIC OUTCOME 4

Give medicine by inhalation.

(Range: Inhalation includes nebulising, steam inhalation, oxygen treatment, asthma pumps, nasal sprays. It is used for patients with respiratory (breathing) conditions to open the airways and/or aid breathing)

ASSESSMENT CRITERIA

1. The preparation of equipment to give medicine by inhalation is explained. See range.
2. The purpose and operation of inhalation equipment are explained.
3. Placement of the patient in a comfortable position is demonstrated.
4. Explaining the inhalation procedure to patient is demonstrated.
5. Preparation of the medication for inhalation is demonstrated.

6. Clear instructions to the patient on how to inhale, are demonstrated.
7. Overseeing the inhalation of the required amount of medication is demonstrated.
8. The length of time the patient should be left to inhale the medication, is explained.
9. The method of inhalation that can be used in an emergency if commercial equipment is not available is described.
10. End-of task duties are demonstrated.

SPECIFIC OUTCOME 5

Administer medicine by rectum.

(Range: Medicines administered by rectum include suppositories used for condition such as arthritis, asthma, anti-inflammatories, fever and vomiting in children, to clear patient from constipation, for rectal pain such as haemorrhoids)

ASSESSMENT CRITERIA

1. The conditions this kind of medication is used for, are named.
2. When a suppository should be used instead of oral medication is explained.
3. A suppository is described.
4. Preparation for administering suppositories is demonstrated.
5. The reasons why hands need to be washed beforehand are explained.
6. The ways to protect him/herself from contact with the patient body fluids are explained.
7. The reasons why it is to instruct the patient not to have a bowel movement during or after the administration of the suppository, are explained.
8. The ability to explain to the patient what will happen and what it will feel like when the suppository is administered, is demonstrated.
9. The reasons for informing the patient of what will happen when the suppository is administered are explained.
10. The correct of the patient for inserting a suppository is demonstrated.
11. The method to insert the suppository into the rectum is explained.
12. The reasons why the suppository must be lubricated and inserted as far as possible into the rectum are explained.
13. The reasons for washing hands after the procedure are explained.
14. The action to take in the event that the suppository did not take effect, is explained.

SPECIFIC OUTCOME 6

Instilling eye, ear and nose drops.

(Range: Instilling drops of liquid medicine into includes the eyes, ear or nose and ensuring the correct position of and instructions to the patient to aid entry of the medication)

ASSESSMENT CRITERIA

1. Washing of hands before the procedure is demonstrated and reasons explained.
2. Following of Universal precautions are demonstrated.(see range).
3. Giving medicine at the correct time, dosage and for correct patient is demonstrated.
4. The position the patient must be in for the instilling of eye, ear, nose drops are demonstrated.
5. Swabbing of a patient's eyes is demonstrated.

6. The reasons why eyes need to be swabbed from the inside to the outside and why a new swab is needed for each eye are explained.
7. The method for inserting eye drops is demonstrated.
8. The reasons for closing and covering eyes after instilling eye drops are explained.
9. The reasons why the ear drops need to stand in warm water, are explained.
10. The protection of the patients clothing is demonstrated.
11. Preparation of and inserting of ear drops is demonstrated.
12. The instructions for the patient after administering ear drops, are explained.
13. Administering nose drops is explained and demonstrated.
14. The instructions to the patient after administering of nose drops, are explained.

ACCREDITATION PROCESS

1. Anyone assessing a learner against this unit standards must be registered as an assessor by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
3. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.
5. Questions and answers must determine the theoretical knowledge.
6. Observation can be direct or in simulated conditions.
7. The practical demonstration of the competencies required in this unit standard can be direct or in simulated conditions.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to administer medicine to patients including children, the frail and mentally disabled in a home care environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards administering medicine is done in the homecare environment for the aged, frail, sick, disabled, mentally disabled.

Range statements that refer to assessment criteria in this unit standard

1. **Universal precautions refer to:** a method of infection control in which all human blood and other potentially infectious body fluids are treated as if known to be infectious with HIV and HBV. The learner will therefore use the protection of latex glove where available ,otherwise a clean plastic bag over the hand secured with an elastic at the wrist .
2. **Conditions for which suppositories are used may include but are not limited to** Arthritis, asthma, anti-inflammatories, fever and vomiting in children, to clear patient from constipation, for rectal pain such as haemorrhoids.
3. **Inhalation** includes but is not limited to any method such as nebulising, steam inhalation, oxygen treatment, asthma pumps, inhalation solutions, gas, nasal sprays. It is used for patients with respiratory (breathing) conditions to open the airways and/or aid breathing.

4. **Items necessary for the preparation of administering medicine may include but are not limited to:** Tray, cloth, medicine, medicine glass, jug of water, swabs, teaspoon on saucer, napkin .
5. **Items necessary for the simple inhalation method include but are not limited to:** Table, enamel jug or Nelson's inhaler, small towel to place around inhaler, Tray on which to stand inhaler, boiling water and the medication, bath towel to cover patient's head.
6. **Patient :** Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children
7. **Care giver:** Include but not limited to any person voluntary or not who gives care to any person that is confined to bed and needs looking after
8. **Storing medicines** includes but is not limited to conditions and place for storage of medicines i.e. in medicine cupboards, lockable containers or cupboards, high access area etc, refrigerators. Storage conditions include medicines to be cool, dry and out of reach for children or mentally handicapped persons. It also refers to refrigeration when required.
9. **Inserting drops includes** the whole range of instilling drops of liquid medicine into the eyes, ear or nose and ensuring the correct position of and instructions to the patient to aid entry of the medication.
10. **Instructions for the patient** include sniffing or "yawning" of instilled drops to aid entry of the medication into the nose and ear respectively.
11. **Prepare the medication for inhalation** includes preparation of any of the following, nebulising, steam inhalation.
12. **The 6 methods of giving medicines** are by mouth, rectum, inhalation, inunction (absorption through the skin), instillation (drops), and injection.
13. **Swabbing of eyes** includes eyes swabbed from the inside to the outside and using a new swab for each eye.
14. **Correct position of the patient** refers to the patient lying on left side with right knee well drawn up for administering suppositories; patient lying down with affected ear facing up or sit in a chair with the head tilted for instilling ear drops; patient sitting/ or lying with head tilted backwards for instilling nose or eye drops.

NOTES

Essential embedded knowledge

When assessing against this unit standard, the assessor should be familiar with the following subject matter :

1. The different methods of administering medication
2. The levels or schedules of prescribed medication
3. Requirements of storage conditions for medication

Supplementary information – References

When assessing against this unit standard, the assessor should be familiar with the contents of

1. Learner handbook for the training of community based home care givers-Hospice South Africa
2. Home Nursing – Hospice South Africa

Supplementary Information - Definition of terms within this unit standard

Inhalation refers to breathing in gas (oxygen) or medication (steam mixed with drugs).

Inunction refers to the absorption of medication through the skin, by using an ointment.

Instillation refers to the giving of medicine through drops into the nose, eyes or ears.

Suppository refer to a large, cone or bullet shaped “tablet” with a greasy feel. It is made with a chemical that melts at body temperature inside the rectum and is intended to be inserted into the rectum.

Critical cross-field outcomes

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1, 3, 5.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one’s activities responsibly and effectively. Evident in Specific Outcome 2,3 4 and 6.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 3,4, 5, and 6.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in all outcomes.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 5.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities. Evident in all outcomes.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 3,4,5 and 6.

TITLE: Care of the HIV Positive Patient at home/ till end-of life stage.

NUMBER:

LEVEL 1

CREDITS 4

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to care for HIV Positive Patients at home.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

Unit Standards:

Perform basic life support and/or First Aid Procedures in Emergencies.

Demonstrate an understanding of HIV/Aids and its implications – ID 8494

Serving of meals, fluids and special diets.

Lifting and turning of the patient.

Pressure care and the prevention of bedsores.

Shower and bath a patient.

SPECIFIC OUTCOME 1

Apply Safety Precautions for the patient and family.

(Range: safety precautions includes laundry, waste, body fluids, crockery, cutlery, toothbrushes, razors).

ASSESSMENT CRITERIA

1.The safety precautions regarding body fluids is identified and the precautionary clean up method explained.

(Range: blood spills, semen, diarrhea, vaginal discharges, vomit).

2.The Safety Precautions regarding cutlery and crockery is identified and the cleaning method explained. (Range: All cutlery, crockery used by the patient. If

soiled with discharges of the mouth and or vomit, it should be rinsed first and then washed in warm water with a normal soapy solution).

3. The Safety Precautions regarding laundry is identified and the cleaning method explained.

(Range: bed linen, clothes worn by the patient- if visibly soiled by body fluids, should be handled with gloves(plastic bags over hands) , not to expose skin to it, rinsed and washed separately with bleach solution: if no visible fluids wash as per normal).

4. The Safety Precautions regarding toothbrushes and razors are identified and the cleaning methods explained. (Toothbrushes and razors must at no time be shared / and or used by the rest of the household. It must be secured away to ensure against incidental use by children. Wear gloves / plastic bag over hands when working with it.(The Razors blades must be disinfected in a bleach solution and when thrown away it must be done in a secured plastic bag).

5. The Safety Precautions when needles/and or sharps are used is identified and the safe disposal manner is explained. (Range: If needles are used by the patient extreme care must be taken to avoid a needle stick injury, wear gloves/ plastic bag over hands/ and dispose of by placing in a hard, sealed container (such as an old glass mayonnaise jar with a lid/ jam bottle- the lid must be tin / not plastic. Close the lid **TIGHTLY**. Write on the bottle or lid **infected needles**- to ensure that children playing on a disposal site will not be incidentally infected. The ideal manner is to contact a local near- by clinic and to take the jar with needles to them for incineration)

6. The reason(s) why hands must be washed after working with all the above is explained.

SPECIFIC OUTCOME 2

Identify and manage the symptoms of the patient.

ASSESSMENT CRITERIA

1. The symptoms evident in the AIDS patient that needs to be managed is named.
(Range: Poor appetite, fatigue, Nausea and vomiting, numbness in legs and feet, skin problems, oral thrush/ sores in mouth, dementia (cannot think as fast as normal- short term memory loss), headaches, blurred vision, fever and chills, excessive pain)
2. The manner in which poor appetite can be managed is explained.(Range: Several small meals a day, Meals in a glass/ just a few sips of the right food every hour or two, eating solid foods and avoiding filling up on liquids at meal times, provide nutritious food-high in kilojoules, protein and vitamins(eggnog, cheese, peanut butter, yogurt, fruits, vegetables).
3. The manner in which fatigue can be managed is explained.(Keep easily accessible healthy snack food on hand, get eight hours sleep, alternate rest and activities).
4. The manner in which diarrhea can be managed is explained.(Range: adherence to doctors orders in taking or stopping ant diarrhea medicine, keeping liquids to a minimum at meal times but drinking between meals to replace fluids, eat small frequent meals slowly, have low fiber foods, avoid fatty foods, caffeine, highly spiced foods, adhere to **STRICT FOOD SAFETY RULES**: wash hands before preparing

foods, wash fruit and vegetables thoroughly, cook meat and maintain food at correct temperatures).

5. The manner in which nausea and vomiting can be managed is explained. (Range: adhere to doctors advice and to eating habits that will minimize nausea and vomiting e.g. eat slowly and chew food completely, rest or recline after eating, activity can stimulate vomiting, avoid strong smelling foods such as tuna, cabbage, onions, avoid alcohol, eat food at moderate temperatures. Do not eat or drink anything for two hours after vomiting, start with small sips of fluids when feeling better, when these foods are tolerated move on to solid food, drink cool clear liquids that is not highly acidic such as orange or tomato. Liquids are important to prevent dehydration. Suck a piece of candy. Stick to clear fluid and liquid diets. Low fat diets are better since fat takes longer to leave the stomach and therefore aggravate nausea and vomiting. If it becomes uncontrollable report it immediately to- household, doctor or area sister and ask for help.
6. The manner in which numbness and pain in legs and feet can be managed is explained. (Medication may be helpful, do not wear shoes or slippers, try to keep blankets of legs and feet, ask the doctor or sister for a cream that may help)
7. The manner in which skin problems can be managed is explained. (Range: Skin problems includes cold sores or genital sores caused by the herpes simplex virus, shingles- painful localized skin eruptions, waxy painless skin-colored bumps, small fuzzy white patches usually seen on the sides of the tongue, oral thrush, psoriasis- reddened, scaly, itchy patches, itchy rashes, Kaposi's sarcoma- a cancer that appears as small oval red spots on the skin.- The doctor or sister will advise and prescribe medicine and treatment for skin conditions.
8. The reason(s) why the patient must be wiped and washed very well (in case of diarrhea) and should preferably be showered and not bathed (if bathed not allowed to sit and lay in bath is given. (The organisms that causes infection floats to other areas of the skin) THE CLOTH USED to wash the patient MUST BE Rinsed in bleach solution AFTER EACH wipe on the body – TO PREVENT BACTERIA CROSSING FROM ONE AREA TO THE OTHER. (Fungal infections becomes constant and starts in one area and rapidly spread to the other- can go from anus to genitals and to urethra- THIS CAUSE THE PATIENT SUCH PAIN they cannot sit, lie down or stand. (the cloth should be washed and rinsed afterwards, then left in bleach solution for 10 minutes to disinfect.

SPECIFIC OUTCOME 3

Monitoring the signs of opportunistic infections.

ASSESSMENT CRITERIA

1. The signs and symptoms of these infection are named. (Range: New fever or change in fever pattern, Cough, shortness of breath, chest tightness, signs of central nervous system infections; severe headache, stiff neck, visual changes, problems with balance ,walking or speech, weakness of an arm or a leg, changes in moods or memory. Also: Difficulty swallowing, severe weight loss, diarrhea – mucous or bloody stools, dehydration, worsening fatigue.
2. The actions and people to whom it will be reported and when it will be reported are named.
3. The results that can happen if patient is not observed correctly and if symptoms are not reported immediately is named.

SPECIFIC OUTCOME 4

Care of the Aids patient on a daily basis.

ASSESSMENT CRITERIA

1. The food and or feeding needs of the patient is assessed according to the condition of the patient and the correct food and feeding is supplied. (Range: Patient can feed him/ herself or must be fed, different diet needs according to health- nausea, diarrhea, normal).
2. The medication needs is assessed and met.(Range: Liquids, Pills, anti-fungal and or other creams as prescribed by doctor or sister)
3. The personal hygiene and grooming of the patient is assessed and met.(Range: washing and showering for patients with diarrhea may be required up to six times per day, time of washing, hair care, nail and feet care).
4. The comfort and pain level of the patient is assessed and met. (Range: Continues observation and care of the patient in final stages of live will be necessary, toilet needs, sipping or wetting of lips, emotional support, pain relief where possible, lifting and turning to prevent bed sores and pain).
5. The requests of the patient is met as far as possible and visitors allowed, called as per the needs and request of the patient.(Range: in the event of a person with no close relatives, contact must be kept with the relatives telephonically, where it is a single parent the needs and care of the children after the patients death must be discussed and the new care givers notified-if the second parent is also bed ridden notify the social worker immediately, in case of no existing family the case must be reported to a social worker immediately to ensure that food and care will be available for the children).

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to care for Aids patients at home.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards Aids care is given in the homecare environment.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Pre cautionary clean up method refer to:** Making a solution of one part household bleach to 10 parts water, using latex gloves/ and or plastic bags secured at the wrists over the hands, wipe up diarrhea, vomit, blood spills with paper , wash area with bleach solution. Discard paper and gloves by putting it in a plastic bag, tying it securely and throwing it away and or burning it.
2. **Fatigue** refers to: the patient being tired.
3. **Diarhea** refers to: frequent passing of watery bowel movement.
4. **Opportunistic infections** refers to: infections resulting from a weakened immune system are called opportunistic infections because they are caused by common organisms(germs) that only cause infection when the body's defenses are down. These organisms are often acquired from the environment. They are carried in the body as part of the normal organisms kept in balance by the immune system – if the immune system is not operating 100% the body cannot respond when these organisms become too much – and infection occurs.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.
2. **Care giver:** Include but not limited to any person voluntary or not who gives care to any person that is confined to bed and needs looking after.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.

6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learner should be familiar with the terms in the range statement and their applications.
2. Home Nursing – Hospice South Africa

TITLE: Clothing of the frail and aged.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Domestics

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to clothe the frail and aged.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for clothing the patient.

ASSESSMENT CRITERIA

1. The necessary steps to ensure that no interruptions will occur in which the task will have to be interrupted is taken and the reason(s) for preparing like this explained.
2. The patient is informed that s/he will be clothed and the privacy of the patient is respected.
3. The patient is asked (if and when applicable) which clothing s/he would select to wear.
4. The reason(s) why the patient must be clothed slowly and with great care is given.
5. The method of clothing when the patient has a catheter and or a drip is explained.
6. The reason(s) for ensuring the patient is dressed in clean and suitable clothes for the occasion/weather conditions is explained.
7. The preventative measures and actions to be taken when the weather changes and/or a patient suffer from incontinence and the effect it has on the dressing requirements of the patient are explained.

SPECIFIC OUTCOME 2

Identify special precautions and requirements for clothing.

ASSESSMENT CRITERIA

1. The clothing that would not be suitable and practical for a patient that needs to be clothed everyday is named and the reason(s) why these clothes are not selected is given.
2. The special precautions that must be taken while dressing a patient that has a catheter and/or a drip is explained.
3. The method of dressing a patient that is totally incapacitated is explained and the precautions that must be taken is given.

SPECIFIC OUTCOME 3

Respond to emergency situations while clothing.

ASSESSMENT CRITERIA

1. The emergency situations that may arise while clothing the patient is named.
2. The preventative measures for each of these situations are explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to dress the patient, or any patient who are confined to bed and or disabled and needs to be dressed.

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards clothing is done in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Not suitable clothing** refers to clothing that has no opening in the front or back and needs to be pulled over the head, clothes that are too tight or loose fitting to be comfortable, clothing that has loose strings that may hook on items and strangle the patient. Clothing that has numerous small buttons or hooks that are too time consuming to be practical. Clothes that may cause eczema or other irritations or allergies in the old and frail – or for people with sensitive skin conditions.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1,2,3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. The terms in the range statement and their application.

2. Home Nursing – Hospice South Africa

TITLE: Communicating with the impaired and frail.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively communicate with the impaired.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Communicate with a person who is hard of hearing/ deaf.

ASSESSMENT CRITERIA

1. The reason(s) why it is necessary for the person to see your face when you are communicating with him/her is explained.
2. The reason(s) why your voice must be directed towards the person is explained.
3. The reason(s) why you should speak loud and clear, but why you must never shout is given.
4. The reason(s) for using short, simple sentences is given.
5. The effect(s) of becoming impatient with a person hard of hearing is explained and the reason(s) why a short message must be written if the person do not understand is given.

SPECIFIC OUTCOME 2

Communicating with a person with poor vision/loss of sight.

ASSESSMENT CRITERIA

1. The reason(s) why giving the person a fright must be avoided is given and the manners in which you might give a person a fright is named.
2. The reason(s) why continuous conversation and explanation of what is going on should be given to the person is explained.
3. The reason(s) why no whispering and our shouting must happen is explained.
4. The reason(s) why the person should be made aware of obstacles is given.

SPECIFIC OUTCOME 3

Communicating with a person who is unconscious

ASSESSMENT CRITERIA

1. The reason(s) for talking to the person and for encouraging others to talk to him/her is explained.
2. The reason(s) for not discussing his/her condition with others near him/her is explained.
3. The reason(s) why physical contact is encouraged is explained.

SPECIFIC OUTCOME 4

Communicating with a person with speech loss.

ASSESSMENT CRITERIA

1. The reason(s) why understanding and patience must be shown to this person is explained.
2. The reason(s) why this person should be encouraged to write a message if possible is given.
3. The function of a word chart is explained and the use and how it makes it easier for the person to communicate is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to communicate with a patient who is impaired (hearing, speech, sight, unconscious)
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards communication with the impaired is given in the homecare environment for the aged, frail, sick, disabled.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in all outcomes.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 4.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 4.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2,3,4
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2,3,4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners must be familiar with the terms in the range.
2. Dealing with and handling impaired people
3. Home Nursing – Hospice South Africa

TITLE: **Assisting the frail in leisure time.**

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively assist the patient in planning and enjoying leisure time.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Plan for leisure time.

(Range: Leisure time includes books, hobbies, radio, television)

ASSESSMENT CRITERIA

1. The interests, needs, likes and dislikes of the patient are established and the reason(s) for doing so explained.
2. The necessary equipment, books, is obtained.
(Range: equipment would include- TV, radio, knitting requirements, articles for hobbies)
3. The necessary permission and arrangements is made and the reason(s) for following these procedures is explained.
4. The reason(s) for setting a routine and an activity plan for leisure time is given.
5. The effect(s) of not having constructive and enjoyable leisure time is explained.
6. Different activity plans for leisure time is planned and the benefit of each plan is explained.

SPECIFIC OUTCOME 2

Prevent fatigue and injury during leisure time.

ASSESSMENT CRITERIA

1. The patient is helped into suitable and comfortable positions.
2. The objects and items the patient required is placed in easy reachable places and the reason(s) for doing so is explained.
3. The patient is observed for signs of irritability, fatigue and irritation.
4. A bell or other calling device is placed within reach of the patient and the reason(s) for doing so is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to assist a patient who are confined to bed and or disabled and needs to be assisted with leisure time.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards leisure time is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Necessary equipment refers** to books, radio, television, knitting requirements, photo albums, items to complete hobbies, a telephone or any requirement the patient has in terms of leisure time.
2. **Comfortable position** refers to patient lying or sitting in a position as to the preference and comfort level of the patient.
3. **Fatigue** refers to tiring out of the patient while the process is being completed

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1,2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2..
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learner handbook for the training of community based home care givers- Hospice South Africa
2. Home Nursing – Hospice South Africa

TITLE: Serving of meals, fluids and special diets to the frail.

NUMBER:

LEVEL 1

CREDITS 4

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to identify, prepare and serve meals, fluids and special diets, and prescribed diets to the frail and disabled.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify healthy food groups and habits.

(Range: Energy foods(Carbohydrates- maize meal, bread, rice, margarine, oil) body building foods (proteins – animal and vegetable) Protective foods(foods rich in vitamins and minerals).

ASSESSMENT CRITERIA

1. The three basic food groups and foods within these groups are identified and the reason(s) why these foods are necessary is given.
2. The golden rules for eating for health is named and the principles of each rule is explained.(Range: Golden rules refer to Eat whole unrefined food,Eat natural unprocessed foods, Eat indigenous food (in season) Drink clean water (where necessary boil for 10 minutes) Eat little and often.
3. Healthy food habits is named and the reason(s) for applying them is explained.

(Range; refers to Good hand washing practices , using clean equipment and utensils for food preparation, keeping food at the correct temperatures, not serving raw or

undercooked meat, chicken or fish. Not using eggs with cracked shells, washing fruit and vegetables before serving. Not over boiling food and serving as soon as possible after preparation, keeping food covered at all times.

4. The role of water in the body is explained.
5. The effects of dehydration are explained and the ways to manage it is explained.

SPECIFIC OUTCOME 2

Identify the most significant problems influencing nutrition.

ASSESSMENT CRITERIA

1. The most common problems influencing nutrition and the manner in which these can be physically identified is named. (Range: refers to dry mouth, no appetite, feeling full quickly, tiredness and fatigue, taste changes, swallowing difficulties, sore throat/mouth, candida, nausea and vomiting, diarrhoea, weight loss, malnutrition and wasting).
2. The changes that can be made to solve the problems of a dry mouth, no appetite, feeling full quickly, tiredness and fatigue are given.
3. The changes that can be made to solve the problems of taste changes, swallowing difficulties, sore dry mouth, candida (thrush) are given.
4. The changes that can be made to solve the problems of nausea and vomiting, diarrhoea, weight loss, malnutrition and wasting are given.

SPECIFIC OUTCOME 3

Identify special diets.

(Range: refers to Clear fluid diets, fluid diets, soft diets, light diets.

ASSESSMENT CRITERIA

1. The factors on which the patient's diet is dependant in disease is mentioned and examples given. (Range: refers to the fact that the digestive system must not be strained, foods that are difficult to digest must be avoided, overfeeding causes strain, certain diseases require certain foods to be included or excluded from diets, certain medication may exclude the use of certain food groups.
2. The classification for diets and prescribed diets is given and food groups acceptable for each type of diet is named and the function(s) for each group is given. (Range: Prescribed diets refers to Diabetic diets, low cholesterol diet, low salt diet, high fiber diet, gastro diet, renal diet, diabetic renal diet.
3. Menus are compiled for each group of diets.
4. The reason(s) for identifying meal and tea times for the patient is given.

SPECIFIC OUTCOME 4

Prepare special diets.

ASSESSMENT CRITERIA

1. The hands are washed and the reason(s) for doing so is given.
2. The fluid diets, soft diets, light diets and prescribed diets are prepared and the reason(s) for preparing each diet differently is explained.
3. The planning for the next day's diets are done and the reason(s) for ensuring that all ingredients are available is given.
4. Post activity procedures is performed.

SPECIFIC OUTCOME 5

Serve meals and special diets.

ASSESSMENT CRITERIA

1. The patient who receives a tray in bed is made as comfortable as possible and the reason(s) why it is identified if the patient needs a bedpan, mouthwash, hand wash before serving of the meal is explained.
2. The reason(s) for serving the meal in a calm atmosphere, using clean utensils is explained.
3. The reason(s) why the patient must be fed using a feeding cup when s/he is very ill or on a fluid diet is explained.
4. The reason(s) why large food must be cut to smaller pieces is explained.
5. The reason(s) why food should not be too hot or cold and why the plate must not be overloaded is explained.
6. The reason(s) why the amount eaten should be monitored, and no eating reported is explained.
7. The reason(s) why the patient might need a mouthwash, hand wash or a bedpan after the meal is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to serve meals and fluids to a frail care patient, or any patient who are confined to bed and or disabled and needs feeding.

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards serving of meals and fluids happens in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

5. **The basic food groups** refers to Energy foods(Carbohydrates- maize meal, bread, rice, margarine, oil) body building foods (proteins – animal and vegetable) Protective foods(foods rich in vitamins and minerals).
6. **The Golden Rules for eating for health** refers to Eat whole unrefined food, Eat natural unprocessed foods, Eat indigenous food (in season) Drink clean water (where necessary boil for 10 minutes) Eat little and often.
7. **Healthy food habits** refer to Good hand washing practices , using clean equipment and utensils for food preparation, keeping food at the correct temperatures, not serving raw or undercooked meat, chicken or fish. Not using eggs with cracked shells, washing fruit and vegetables before serving. Not over boiling food ad serving as soon as possible after preparation, keeping food covered at all times.
8. **Common problems influencing nutrition** refers to dry mouth, no appetite, feeling full quickly, tiredness and fatigue , taste changes, swallowing difficulties, sore throat/mouth, candida, nausea and vomiting, diarrhoea, weight loss, malnutrition and wasting.
9. **The factors on which a patient's diet is dependant** refers to the fact that the digestive system must not be strained, foods that are difficult to digest must be avoided, overfeeding causes strain, certain diseases require certain foods to be included or excluded from diets, certain medication may exclude the use of certain food groups.
10. **Classification of special diets** refers to Clear fluid diets (clear juice, broth, water, tea,) fluid diets (Skim milk, low fat custard, fruit juice, jelly, soft, runny boiled oats, soups) soft diets (Mashed vegetables, soft porridge) light diets.
11. **Prescribed diets** refers to Diabetic diets, low cholesterol diet, low salt diet, high fibre diet, gastro diet, renal diet, diabetic renal diet.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4,5.

4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1,4.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4,5.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4,5
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4,5.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners should be familiar with the terms and their applications as explained in the range statement.
2. Home Nursing – Hospice South Africa

TITLE: Shower and bath the frail in a homecare environment.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Service

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies in this standard will be, voluntary community workers, domestic workers working towards a national qualification and /or will be involved in a frail care environment or perform home care for the frail. Qualifying learners are able to shower, bath or bed bath a patient or frail people in their care.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved communication competencies equal to an **ABET Level 4/ NQF level 1** or any other equivalent skill that will enable him/her to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Bath a patient in a bath or shower.

(Range: Bathing a patient includes assisting a patient or washing a patient in a shower, bath or washing basin)

ASSESSMENT CRITERIA

1. The sequence of activities for bathing a patient is explained.
2. Steps are taken to ensure that the bath area is warm.
3. The reasons and ways for warming the bath area, are described.
4. All items necessary for the bath are collected beforehand.
5. Gloves or a plastic bag secured at wrist is worn over hands.
6. The correct procedure to run the bath or shower is demonstrated.
7. The reasons for checking if the patient needs to go to the toilet before the bath or shower are explained.
8. Steps to prevent the patient from slipping in the bath or shower are explained.
9. Helping a patient into and out of the bath or shower is demonstrated.
10. The ways to decide if the patient needs help with washing.
11. The action to take when the patient does not need help with washing, is explained.

12. The reasons why the door should not be locked are explained.
13. The reasons why s/he should not move far from the bath area, are explained.
14. The way to check that all is well with the patient is demonstrated.
15. Knowledge regarding patients who should not be left alone in a bath is demonstrated.
16. The washing sequence is demonstrated.
17. The reasons and method for drying a patient's body are explained.
18. The patient is assisted with getting dressed if needed.
19. Tidying of the bathroom (when and how) is explained.

SPECIFIC OUTCOME 2

Prepare for the bed bath.

(Range: A bed bath includes washing a patient who is bedridden or unable to get out of bed or unable to get into a shower or a bath)

ASSESSMENT CRITERIA

1. Steps are taken to prevent interruptions.
2. Steps are taken to ensure that the bath area is warm.
3. The required linen, hygiene items for the bed bath are collected and placed in easy reach.
See range.
4. The purpose of using two towels is explained.
5. The purpose of using two wash cloths is explained.
6. The ways to ensure the privacy of the patient are explained. Placement of a bedpan is demonstrated.
7. The reason why the bedpan is offered before the bath is explained.
8. Preparation of the bed for the bed bath is demonstrated.

SPECIFIC OUTCOME 3

Bed bath a patient.

(Range: A bed bath includes washing a patient who is bedridden or unable to get out of bed or unable to get into a shower or a bath)

ASSESSMENT CRITERIA

1. The sequence of steps for a bed bath is described.
2. Undressing of the patient is demonstrated.
3. Towels are correctly placed to protect the sheets and the blankets.
4. The purpose of the towel beneath the patient's heads and shoulders is explained.
5. The ways to determine if the patient wants to wash his/her own face are explained.
6. The correct technique for washing the face is demonstrated.
7. Washing and drying of arms from shoulder to wrist as well as massage of pressure areas are demonstrated.
8. Washing , rinsing and drying the chest and abdomen is demonstrated.
9. Folding of blankets and placement of towels for washing the leg is demonstrated.
10. Washing , rinsing and drying of legs from the groin to the toes are demonstrated.
11. The areas to pay special attention to during washing the legs are named.
12. Massaging and drying of ankle, heel and knee with soapy lather, is demonstrated.
13. The stages at which to attend to finger nails and toe nails are described.

14. Turning the patient on his/her back and washing back and buttocks is demonstrated.
15. Application/massaging of pressure points with methylated spirits is demonstrated.
16. The purpose of massage of pressure areas with methylated spirit is explained.
17. The reasons why the patient needs to be covered with the blanket at all times are explained.
18. The ways to determine if the patient is able to wash his/her own genital area are explained.
19. The reasons why cleansing the genitals are essential, are explained.
20. The steps to take when the patient can wash his/her own genital area are demonstrated.
21. The way to wash the genital area is explained.
22. The differences in the procedure of washing the genitals for male and female patients are explained.
23. The reasons why one should wash the genital area from the front to the back are explained.
24. The ways to prevent chilling of the patient are described.
25. Patients are dressed and towels removed at the end of a bed bath procedure.

SPECIFIC OUTCOME 4

Performs post bed bath activities.

ASSESSMENT CRITERIA

1. The necessary steps are taken to ensure that the patient is warm and comfortable after the bath.
2. Emptying and cleaning of wash basin is demonstrated.
3. Places towels, face cloth and body cloths in a place to dry or to be laundered.
4. Clean, disinfect and store personal hygiene items.
5. Deals with patients soiled clothing, lined, face cloths.
6. Hands are washed after the bathing procedure.
7. The reasons for washing hands after the bathing procedure are given.
8. Observations made of the patient's condition during the bed bath are reported.

ACCREDITATION PROCESS

1. Anyone assessing a learner against this unit standards must be registered as an assessor by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
3. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.
5. Questions and answers must determine the theoretical knowledge.
6. Observation can be direct or in simulated conditions.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to oversee the bathing of patients in a home care environment.

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards bathing is done in the homecare environment for the aged, frail, sick, disabled.

Range statements that refer to assessment criteria in this unit standard

1. **Bath** refers to a bath, a shower or a basin large enough for the patient
2. **Items necessary for the bath includes but is not limited to:** soap, towels, face cloths, sponges, ointments, clean clothes, wash basin and water jug.
3. **Linen for a bed bath** refers to: two large towels, face cloth, body cloth, clean clothing or night wear.
4. **Personal hygiene items for a bed bath** can include but is not limited to soap , talcum powder, methylated spirits, nail brush, nail scissors, file, brush and comb, tooth mug in a receiver, tooth brush and tooth paste and bed pan.
5. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children
6. **Care giver:** Include but not limited to any person voluntary or not who gives care to any person that is confined to bed and needs looking after
7. **Preparing the bed for the bed bath** refers to setting out towels and water proof items to keep the mattress, bed linen and patient as dry as possibly.
8. **Deal with clothing** include but is not limited to washing items, placing it in a laundry basket, sending it off to be laundered .
9. **Pressure areas** include but are not limited to Arms: elbows, wrists, shoulders; legs: hips, knees, ankles
10. **Steps to prevent slipping** include any of the following ; use of a rubber suction mat minimizes the danger of slipping in the bath. A plastic chair can prevent the patient from slipping in the shower.
11. **Stages for cleaning finger and toe nails include:-** toe nails: after washing the limbs. Finger nails: soak after washing hands and arms, and trim after the bed bath.
12. **Patients that should not be left alone in a bath** include toddlers, children and patients who cannot bath themselves.
13. **Ways to achieve privacy include any of the following:** closing a door, putting up a sheet, putting up a screen, closing curtains].

NOTES

Essential embedded knowledge

When assessing against this unit standard, the assessor should be familiar with the following subject matter:

1. Home care
2. Bathing patients

Supplementary Information - references

When assessing against this unit standard, the assessor should be familiar with the contents of :

1. Learner handbook for the training of community based home care givers-Hospice South Africa
2. Home Nursing – Hospice South Africa

Supplementary Information - Definition of terms within this unit standard

Axilla refers to where the patient's shoulder and torso meets

Chilling refers to the patient being cold during the procedure

Critical crossfield outcomes

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1 and 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 2 and 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, and 3.
6. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities. Evident in all outcomes.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

TITLE: Lifting and turning of the patient /frail.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to move and lift patients .

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify the 5 different positions of a patient in a bed.

(Range: 5 Different positions include Dorsal or recumbent position-Patient flat on back with one pillow, Semi-recumbent position –head or back supported by two or three pillows, Fowlers or upright position-Patient sits up in bed supported by a number of pillows, one pillow is placed at the feet to prevent the patient from slipping down, Prone position – Patient lies face down with one or no pillows ,the chest, pelvic area and hollow at the ankles are each supported with a pillow, Semi prone position- Patient lies on one side with lower leg stretched and the upper leg flexed and supported by a pillow, the shoulders are tilted with the aid of a pillow ,the lower arm lying behind the patient and the upper arm bent in front, the head is kept to one side).

ASSESSMENT CRITERIA

1. The dorsal or recumbent position is identified, and the manner in which the patient lies when in this position is shown and when this position will be most comfortable for patient is explained.

(Range: Dorsal or recumbent position-Patient flat on back with one pillow, Semi-recumbent position –head or back supported by two or three pillows, Fowlers or

upright position-Patient sits up in bed supported by a number of pillows, one pillow is placed at the feet to prevent the patient from slipping down.

2. The semi-recumbent position is identified, and the manner in which the patient lies when in this position is shown and when this position will be most comfortable for patient is explained.
(Range: Semi-recumbent position –head or back supported by two or three pillows).
3. The Fowlers or the upright position is identified, and the manner in which the patient lies when in this position is shown and when this position will be most comfortable for patient is explained.(Range: Fowlers or upright position-Patient sits up in bed supported by a number of pillows, one pillow is placed at the feet to prevent the patient from slipping down).
4. The prone position is identified, and the manner in which the patient lies when in this position is shown and when this position will be most comfortable for patient is explained.(Range: Prone position – Patient lies face down with one or no pillows ,the chest, pelvic area and hollow at the ankles are each supported with a pillow).
5. The semi prone position is identified, and the manner in which the patient lies when in this position is shown and when this position will be most comfortable for patient is explained.(Range: Patient lies on one side with lower leg stretched and the upper leg flexed and supported by a pillow, the shoulders are tilted with the aid of a pillow ,the lower arm lying behind the patient and the upper arm bent in front, the head is kept to one side).

SPECIFIC OUTCOME 2

Turn a patient lying on his back, to his right side.

ASSESSMENT CRITERIA

1. The patient's right hand is placed on the edge of the bed with the elbow slightly bent and the left arm brought across the body.
2. The patient's head is turned to the right side and the pillow moved.
3. The left leg is lifted over the right one.
4. The reason(s) for standing on the right side with feet apart is explained.
5. The reason(s) for leaning forward and rolling the patient towards him/her while supporting under the shoulders and hips is explained.
6. The reason for lifting the patient to the middle of the bed after it was identified that the patient should remain lying on the right side is explained.
7. The reason(s) why the procedure is done in this order and in this exact manner is explained and the consequences of not doing it correctly is explained.

SPECIFIC OUTCOME 3

Lifts a patient who is lying flat.

ASSESSMENT CRITERIA

1. The reason(s) why this procedure should be carried out by two people is explained and a second person is called to help with the procedure.
2. The patient is lifted using the “lifting a patient who is lying flat” procedure and the reason(s) why the hands must be clasped under the patient’s shoulders and hips is explained.
3. The reason(s) why the patient is lifted at the exact same time by both parties is explained.
4. The precaution(s) taken to ensure that the patient and the caregivers are not injured is named.

SPECIFIC OUTCOME 4

Lifts a patient who is sitting up (Shoulder lift)

ASSESSMENT CRITERIA

1. The reason(s) why this procedure should be carried out by two people is explained and a second person is called to help with the procedure.
2. The patient is lifted using the “shoulder lift” procedure.
3. The reason(s) why hands should be clasped under the patient’s thighs and as close as possible to buttocks is explained.
4. The word axilla and where it is found on the patient’s body is explained.
5. The reason(s) why the patient rests his arms on the caregivers back is explained.
6. The reason(s) why the caregiver should have one hand free is explained.
7. The reason(s) why the patient is lifted at the exact same time by both parties is explained.
8. The precaution(s) taken to ensure that the patient and the caregivers are not injured is named.

SPECIFIC OUTCOME 5

Lifting a patient who can help him/herself

ASSESSMENT CRITERIA

1. The reason(s) why this procedure should be carried out by two people is explained and a second person is called to help with the procedure.
2. The patient is asked to tuck his chin into his chest, bend his knees and press his feet into the bed.
3. The patient is lifted.
4. The precaution(s) taken to ensure that the patient and the caregivers are not injured is named.

SPECIFIC OUTCOME 6

Lift a patient out of bed and sitting him/her in a chair

ASSESSMENT CRITERIA.

1. The chair is prepared and the reason(s) for doing so is given.
2. The reason(s) why a small blanket and pillow is placed on the chair is explained.
3. The reason(s) for helping the patient into his/her dressing gown is given.
4. The bed-clothes is turned down neatly to the end of the bed and the patient's leg lifted over the side of the bed.
5. The socks and slippers of the patient is put on and the patient supported while s/he is getting up slowly.
6. The patient is lowered gently into the chair and the blanket wrapped over the legs.
7. The reason(s) for ensuring that the patient is comfortable and in reach of items s/he may require is given.
8. The reason(s) why the patient should not be left up to long is explained.
9. The reason(s) for checking the patients color and behavior for signs of unease or fatigue is explained.
10. The bed is made while the patient is in the chair and the reason(s) for doing it then is given.

SPECIFIC OUTCOME 7

Lifting a patient up from a chair

ASSESSMENT CRITERIA

1. The patient is lifted using the "lifting a patient from the chair procedure".
2. The reason(s) for following the exact procedure is given.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to lift or move patients from bed to chairs.

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards lifting is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Five Basic Positions** refer to: Dorsal or recumbent position-Patient flat on back with one pillow, Semi-recumbent position –head or back supported by two or three pillows, Fowlers or upright position-Patient sits up in bed supported by a number of pillows, one pillow is placed at the feet to prevent the patient from slipping down, Prone position – Patient lies face down with one or no pillows ,the chest, pelvic area and hollow at the ankles are each supported with a pillow, Semi prone position- Patient lies on one side with lower leg stretched and the upper leg flexed and supported by a pillow, the shoulders are tilted with the aid of a pillow ,the lower arm lying behind the patient and the upper arm bent in front, the head is kept to one side.
2. **Lifting a patient who is lying flat procedure** refers to: two people are essential, each person stands at a side of the bed with feet apart and knees bend.The back is kept straight and the weight taken by the thigh muscles.Hands are clasped under the patients shoulders and hips, the caregiver now tightens her own diaphragm, stomach and buttock muscles, breathes in and hold tight, on the count of three the patient is lifted and carried to the required position.
3. **Shoulder lift procedure** refers to lifting a patient while he/her is sitting up. Two care givers are essential. Each stands on a side of the bed facing the head of the bed ,feet apart, knees bent and backs straight. They clasp their hands under the patient's thighs as near the buttocks as possible, each caregiver puts her shoulder into the patient's axilla, the patient rests his arms on the care giver's back, each caregiver has one hand free which she can place on the patient's back or on the mattress to provide leverage if the patient is heavy. The care giver tightens her diaphragm, stomach and buttock muscles, breathes in and on the count of three the patient is lifted backwards. This is also called the Australian lift procedure.
4. **Lifting a patient up from a chair procedure** refers to
 Stands slightly to the one side of the patient
 Position one foot in front of the patients feet
 Explains why one foot is placed in front of patients feet
 Position wrists under patients armpits and bend knees
 Rocks the patient gently forwards and backwards
 Explains what the rocking movements creates and why it is necessary
 Swing the patient up into a standing position
 Explains why he/she must check that the patient is steady before removing foot and allowing patient to walk
5. **Fatigue** refers to tiring out of the patient while the process is being completed
6. **Chilling** refers to the patient being cold during the procedure
7. **Axilla** refers to where the patient's shoulder and torso meets
8. **Rocking the patient** refers to rocking the patient forward and backwards to create the correct momentum to swing the patient into a standing position

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.
2. **Care giver**: Include but not limited to any person voluntary or not who gives care to any person that is confined to bed and needs looking after.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. The terms and definitions and their application as seen in the range statement.
2. Home Nursing – Hospice South Africa

TITLE: Mouth Care for the patient/ frail.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively provide mouth care for the frail/ patient.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for care and cleaning of the patient's mouth.

ASSESSMENT CRITERIA

1. The necessary steps to ensure that no interruptions will occur in which the task will have to be interrupted is taken and the reason(s) for preparing like this explained.
2. The patient is informed that the mouth needs to be cared for and the reason(s) for doing so is explained.
3. The reason(s) for assessing whether the patient is very weak and needs mouth cleaning several times a day, before and after feeds or not, is given.
4. The reason(s) when a patient's mouth only needs to be cleaned after meals is given. The necessary equipment for the chosen task is selected and the reason(s) for selecting the items explained.

(Range: Equipment include tray covered with a clean cloth, bowl of cotton wool swabs or 4 cm squares of lint or old linen, a cup of water to which half a teaspoon of bicarbonate of soda is added, mouth wash in a mug, diluted lemon juice, 2 pairs of tongs, a wooden spatula, orange sticks, two receivers one for used swabs, other for

patient to expel mouth wash, container to hold dentures if necessary, Vaseline or Lip ice, a towel to place under the chin).

5. The washing of the hands in a manner consistent with health care professionals is demonstrated and the reason(s) for doing so is explained.

6. Protection in the form of gloves or a plastic bag tied with an elastic band on the wrists is worn and the term “**universal precautions**” is explained.

(Range: Universal Precautions: a method of infection control in which all human blood and other potentially infectious body fluids(Saliva) are treated as if known to be infectious for HIV and HBV. The learner will therefore use the protection of latex gloves if available otherwise a clean plastic bag over the hand secured with an elastic band at the wrists).

SPECIFIC OUTCOME 2

Cleans the patient's mouth.

ASSESSMENT CRITERIA

1. The patient is helped into a suitable position and a towel placed under the patient's chin, the reason(s) for placing the towel is given.
2. The cotton wool or a piece of clean linen is wrapped around the tongs in such a manner that the tongs will not hurt the patient's mouth, and the reason(s) why it is done as well as how one ensures the linen stays on is explained.
3. The reason(s) why the swab is dipped in the bicarbonate solution and why it is squeezed out is given.
4. The patient's mouth is cleaned using the correct procedure.(Range refers to commencing at the back of the mouth, cleaning the insides of the cheeks, the gums of the upper and lower jaw, the palate (roof of the mouth) and finally the tongue using a fresh swab for each movement. Used swabs are removed with the second dissecting tongs).
5. The reason(s) why cleaning starts at the back of the mouth and why the used swab is removed with the second pair of tongs is given.
6. The reason(s) why the mouth cleaning procedure is repeated using the diluted lemon juice/ mouthwash is explained.
7. The reason(s) why the receiver is placed in front of the patient's mouth is given.
8. The teeth are cleaned with a prepared orange stick using the correct procedure and the reason(s) for using this procedure is explained.
9. The reason for applying diluted lemon juice to the tongue is explained.
10. The reason why Vaseline or lip ice is applied to the lips is explained.
11. The reason(s) for making the patient comfortable after the procedure is given.

SPECIFIC OUTCOME 3

Clean all utensils.

ASSESSMENT CRITERIA

1. All swabs are disposed of in a safe and environmental friendly manner and the reason(s) for doing so is given. (Range: **Environmental disposal** refers to not

washing the swabs down the drain or toilet but disposing of it in such a manner that contamination is contained. If no save method of disposal is available the swabs may be burned).

2. All utensils is washed thoroughly and then boiled, the reason(s) for doing so is given.
3. Utensils are packed and stored properly and the reason(s) for doing so explained.
4. Hands are washed and the consequences of not washing the hands are explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to supply mouth care to a frail care patient, or any patient who are confined to bed and or disabled and needs mouth care.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards mouth care is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

5. **Necessary equipment refers** to a tray covered with a clean cloth, bowl of cotton wool swabs or 4 cm squares of lint or old linen, a cup of water to which half a teaspoon of bicarbonate of soda is added, mouth wash in a mug, diluted lemon juice, 2 pairs of tongs, a wooden spatula, orange sticks, two receivers one for used swabs, other for patient to expel mouth wash, container to hold dentures if necessary, Vaseline or Lip ice, a towel to place under the chin.

6. **Comfortable position** refers to patient lying or sitting in a position as to the preference and comfort level of the patient.
7. **Fatigue** refers to tiring out of the patient while the process is being completed
8. **Chilling** refers to the patient being cold during the procedure
9. **Mouth wash** refers to a commercial mouthwash or 1 teaspoon of salt dissolved in a liter of boiled ,cool water. A tablespoon of spirit vinegar or lemon juice in a cup of water.
10. **Tongs** refers to a instrument that has two handles coming together.
11. **Correct Procedure** refers to commencing at the back of the mouth, cleaning the insides of the cheeks, the gums of the upper and lower jaw, the palate (roof of the mouth) and finally the tongue using a fresh swab for each movement. Used swabs are removed with the second dissecting tongs.
12. **Correct procedure for cleaning teeth** refers to wrapping a piece of cotton wool around an orange stick and cleaning the crevices between the teeth, the soiled cotton wool is removed by the tongs.
13. **Utensils** refers to all items used in mouth that were not disposed of and will be used again
14. **Universal Precautions** refers to a method of infection control in which all human blood and other potentially infectious body fluids(Saliva) are treated as if known to be infectious for HIV and HBV. The learner will therefore use the protection of latex gloves if available otherwise a clean plastic bag over the hand secured with an elastic band at the wrists.
15. **Safe disposal** refers to disposing of the swabs in a closed container such as plastic bags secured tightly.
16. **Environmental disposal** refers to not washing the swabs down the drain or toilet but disposing of it in such a manner that contamination is contained. If no save method of disposal is available the swabs may be burned.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.

6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners should be familiar with the terms in the range and their applications.
2. Home Nursing – Hospice South Africa

TITLE: Observations of the frail.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services.

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively observe the frail.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Read and interpret vital signs.

(Range: Vital signs includes Temperature, Respiration, Pulse).

ASSESSMENT CRITERIA

1. The different vital signs are named.
2. The way in which these signs are measured to establish the condition of the patient is explained.
3. The normal and abnormal range of each of the vital signs is explained.
(Range: Temperature; normal 37 degrees, Respiration; normal rate for adults 15-18 times per minute, Pulse; normal rates-adults 60-80 beats per minute, children about 100 beats per minute, infants 140 beats per minute).
4. The action that must be taken when the vital signs are out of normal range is explained.

SPECIFIC OUTCOME 2

Identify abnormal situations/special observations.

(Range: Discharges; from ears, nose, vagina, bloodstained or not, Vomiting, Cough, Pain ,Sleep, Abnormalities of sensation, abnormal movements, size of pupils).

ASSESSMENT CRITERIA

1. The general observations are named and the reason(s) for using them explained.
(Range: Appearance of patient, tension, listless or bright-eyed, feverish, puffiness around eyes, paralysis of the face, swelling or paralysis of the limbs , scars on the body: Colour; pale or flushed, blueness around mouth, nose, fingernails: State of the skin; cold and clammy,hot and dry, rash, discharge or offensive smell).
2. The abnormal/ special observations are named and the way in which they will be dealt with is explained.
3. The reason(s) why general observations should be ongoing is explained.
4. The reason(s) why abnormal/ special observations should be reported immediately is explained.
5. The person it will be reported to is named and what should be done if the person is not available is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to observe a patient for signs of not being well.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards observing the frail is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Different vital signs** refers to: Temperature, Respiration, Pulse.
2. **General areas of observation** refers to: Appearance of patient: thin or well covered, facial expression tense or relaxed, listless or bright eyed or feverish, puffiness around the eyes, paralysis of the face, swelling or paralysis of limbs, scars on the body.
 Colour: Pale or flushed, blueness of the lips, around the nose or finger nails.
 State of the skin: cold and clammy, hot and dry, rash , discharge or offensive smell.
 Position in bed: Knees drawn up, lying on the affected side.
3. **Special observations** refers to: Discharges from ears, nose, vagina
 Vomiting
 Cough
 Pain
 Sleep patterns
 Abnormalities of sensation
 Abnormal movements
 Pupils of the eyes

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in all outcomes.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in all outcomes.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in all outcomes.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities. Evident in all outcomes.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in all outcomes.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners must be familiar with the terms explained in the range and their application
2. Home Nursing – Hospice South Africa

TITLE: Planning the day and routine of the frail.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE:

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively plan the day of the patient.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify the needs of the patient.

(Range: needs refer to eating, drinking needs, toileting, bathing, communication, mobility, medication needs, physiotherapy, leisure and stimulation needs).

ASSESSMENT CRITERIA

1. The needs of the patient in different categories is identified and the reasons why all needs must be catered for is given.
2. The implication(s) of not meeting the needs as identified is explained.
3. The way that difficult or immediately inaccessible needs will be dealt with is explained.

SPECIFIC OUTCOME 2

Ensure that administrative needs are met.

ASSESSMENT CRITERIA

1. The letters are written for or read to the patient if needed.
2. The payments/ administrative communications that the patient requires is taken care of.

SPECIFIC OUTCOME 3

Ensure that personal needs are met.

ASSESSMENT CRITERIA

1. The eating/drinking/ needs of the patient is planned and met and the reason(s) for adhering to routine eating and drinking times is given.
2. The toileting needs of the patient are planned and the manner in which it will be done is explained.
3. The bathing needs of the patient are planned, the way in which it will be done is explained and the reason(s) for doing it in this way is given.
4. The communication needs of the patient are planned and the way in which the needs will be met is explained.
5. The mobility needs of the patient are planned and when, where and how assistance will be given is explained.
6. The medication needs of the patient is planned and the times and way it will be given is explained.
7. The resting times of the patient is adhered to and the reason(s) why rest is very important is given.
8. The possible other needs of the patient is named and ways in which it will be met is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to plan the day and routine of the patient, or any patient who are confined to bed and or disabled and needs catheter care.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards planning of the day and routine is done in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Different categories of needs** refers to eating, drinking needs, toileting, bathing, communication, mobility, medication needs, physiotherapy, leisure and stimulation needs.
2. **Other needs** refers to: Physiotherapy, doctors appointments, leisure and stimulation needs

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1,2,3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners must be familiar with the terms as explained in the range.
2. Home Nursing – Hospice South Africa

TITLE: Pressure Care and the Prevention of bed sores for the frail.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services.

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively apply pressure care to the frail/patient.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/ the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify the reasons why bed sores develop.

ASSESSMENT CRITERIA

1. The reasons why bed sores form and how weight, lying in one position and length of time add to the development of bedsores is explained.
2. The manner in which moisture and creases in a bed aggravates the problem is explained.
3. The reason(s) why bedsores take so long to heal is given.
4. The main areas subject to pressure are named.
5. The pre-disposing causes and the direct causes of bedsores is named.
 1. (Range: pre-disposing causes refer to Old age, Very thin or very fat patients, paralysed patients ; have no control over their bladders, feel no pain, are unable to move) Diseases of the heart and kidneys produce swelling caused by retention of fluid ,nutritional disease results in poor condition of skin tissue, friction of the head in young babies or in delirium. **Direct Causes** refer to refers to pressure-patient lying to long in one position; Moisture-patient may be lying in a wet bed from urine or excessive perspiration; Friction if the patient is restless or

incorrectly lifted, there are creases in the sheets or bedclothes are too heavy
Injury to the skin – scratches or septic spots).

SPECIFIC OUTCOME 2

Prevent bedsores to develop.

ASSESSMENT CRITERIA

1. The reason(s) for regular attention to pressure areas by rubbing them with ointment is given.
2. The reason(s) why circulation must be improved in these areas is given and the ointments to be used is named.
3. The reason(s) why the pressure should be relieved every two hours and why the patient should be lifted and or turned into a different position is given.
4. The reason(s) why the skin over the pressure areas should be kept clean and dry is given.
5. The reason(s) why the bottom sheet should be kept taught and free from creases is given.
6. The manner in which pressure on affected areas can be relieved with the use of sheepskins, air rings, pads or carefully placed pillows, or an air bed is explained.
7. The reason(s) why the patient must be lifted correctly and dragging over sheet should be prevented is given.
8. The impact of a mediocre diet is explained.

SPECIFIC OUTCOME 3

Provides routine care of the pressure areas

ASSESSMENT CRITERIA

1. The reason(s) why stale perspiration and urine must be removed is given.
2. The reason(s) why the back and thighs is washed and why pressure areas is firmly massaged with the palm of the hand is given.
3. The reason(s) why the palm of hand is used and why circular movements are effective is given.
4. The reason(s) why the sheets must be kept taut and free of creases and why patched or mended sheets should best not be used is given.
5. The reason(s) why two skin surfaces should no be in contact with one another is given.
6. The reason(s) why pressure sores , once formed is treated as a wound is given.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.

3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to care for a bed confined patient.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards preventing bed sores and care of pressure areas is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

2. **Main Areas subject to pressure** refer to: shoulders, buttocks, lower back, hips, heels, knees, elbows, back of the head
3. **Ointment** refers to baby shampoo, spirits, barrier cream
4. **Pre-disposing causes** refers to: Old age, Very thin or very fat patients, paralysed patients 1) have no control over their bladders, feel no pain, are unable to move) Diseases of the heart and kidneys produce swelling caused by retention of fluid ,nutritional disease results in poor condition of skin tissue, friction of the head in young babies or in delirium.
5. **Direct causes** refers to pressure-patient lying to long in one position; Moisture-patient may be lying in a wet bed from urine or excessive perspiration; Friction if the patient is restless or incorrectly lifted, there are creases in the sheets or bedclothes are too heavy Injury to the skin – scratches or septic spots.
6. **Sheepskin** refers to a sheepskin cover placed under the patient.
7. **Air rings** refers to a ring placed under the patient.
8. **Air Mattress** refers to a mattress placed under patient.
9. **Carefully placed pillows** refers to placing pillows in correct places to prevent pressure on the same places.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners should be familiar with the terms as explained in the range and their applications.
2. Home Nursing – Hospice South Africa

TITLE: Assist a frail care patient to relieve him/herself using a bedpan.

NUMBER:

LEVEL

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to provide and assist the patient with a bedpan.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Hand and assist a patient who can place the bedpan him/herself.

ASSESSMENT CRITERIA

1. The necessary steps to ensure that no interruptions will occur in which the task will have to be interrupted is taken and the reason(s) for preparing like this explained.
2. The privacy of the patient is ensured and the reason(s) why privacy is important is explained.
3. The bedpan/container is warmed with water and covered with a paper towel and the reason(s) for doing so is explained.
4. The reason(s) for assessing whether the patient needs help in placement of the bed pan is given.
5. The bedpan is handed to the patient , after completion the bedpan is received from the patient and the reason(s) for covering it and removing it from the room is explained.
6. The bedpan is washed and rinsed and the reason(s) for doing so is explained.
7. The reason(s) why hands are washed is explained.

SPECIFIC OUTCOME 2

Giving a bed pan and assisting a patient who cannot place bedpan him/herself.

ASSESSMENT CRITERIA

1. Takes the necessary steps to ensure that no interruptions will occur and the reason(s) for doing so is explained.
2. Collects all items needed for the task and the use of each item is explained.
3. The privacy of the patient is ensured and the reason(s) for doing so is explained.
4. The bedpan/container is warmed with water, dried and cover with a cloth or paper towel, the reason(s) for doing so explained.
5. The bedclothes are turned back and the reason(s) for not exposing the patient is given.
6. One hand is used to raise the patient and to slip the bedpan under the patient's buttocks, the correct procedure to follow if the patient is helpless is explained.
7. The patient is assisted after the bowel movement by wiping the patient with toilet paper, the reason(s) why the anus and buttocks is washed and dried is given.
8. The reason(s) why the patient should be wiped / washed from the front to the back, and wiped very thoroughly is explained.
9. The reason(s) why the bed pan is removed and covered is explained.
10. The reason(s) why the patient's hands are washed and why the patient is made comfortable is given.
11. The reason(s) why the content of the bed pan must be disposed of in a safe manner is given.
12. The bedpan is emptied, rinsed and washed in a designated basin and the reason(s) for doing so is explained.
13. The reason(s) for washing the hands are explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to assist a patient, or patient who is confined to bed and or disabled and needs help with a bed pan

2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards a bedpan is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Necessary equipment refers** to a bedpan or container, toilet paper, washing cloth, towel
2. **Bedpans** refers to stainless steel, enamel or plastic commercial bed pans or a dedicated container used for this purpose
3. **Comfortable position** refers to patient lying or sitting in a position as to the preference and comfort level of the patient.
4. **Correct Procedure when patient is helpless** refers to rolling the patient onto one side, pushing the side of the pan well into the bed, while holding the pan in position gently roll the patient back onto the pan. To remove the pan gently roll the patient to the side again while holding the pan firmly to avoid tipping, remove pan and while holding patient onto side clean and dry the anus and buttocks.
5. **Safe disposal** refers to disposing of the content of the bedpan into a toilet or container dedicated for this purpose

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global

- communities.
- 7.2 Being culturally and aesthetically sensitive across a range of social contexts.
Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learner should be familiar with the terms and their application as explained in the range statement.
2. Home Nursing – Hospice South Africa

TITLE: Providing assistance to the frail in basic emergency situations.

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail. Qualifying learners are able to effectively provide assistance in an emergency situation.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

Unit standard: Perform basic life support and/or First Aid Procedures in Emergencies

SPECIFIC OUTCOME 1

Plan for emergencies.

(Range: Emergencies refer to shock, blood loss, fainting, stroke, heart attack, choking, falls with fractures of bones; intake of wrong medication; burglary).

ASSESSMENT CRITERIA

1. The telephone numbers of emergency services, direct family members are displayed in an area by the telephone and the reasons for it is given.
2. The emergency plan is described in a sequence of events starting with the discovery of the emergency to the time the patient is in hospital/ or stable.
3. The alternative plan is described should services not be available, phones not working and the reason(s) for having such a plan is explained.

4. The different types of emergencies that can arise are named and the emergency plan for each described. (Shock, blood loss, fainting, stroke, heart attack, choking, intake of wrong medication)
5. The consequences of not being prepared and of not knowing what to do is described.

SPECIFIC OUTCOME 2

Assist the patient during short term memory loss / similar
(Range; short term memory includes memory loss because of medication, Alzheimer's, injury).

ASSESSMENT CRITERIA

1. The most common effects of memory loss are described.
2. The way to deal with it is described and the reason(s) for each action is explained.
3. The extended care and special precautions to take for a period after the event are explained, and the reason(s) for doing so is given.

SPECIFIC OUTCOME 3

Assist the patient during/after a fall.

ASSESSMENT CRITERIA

1. The factors that may cause the patient to fall is named and the precautions to ensure that all possible measures is taken to prevent a fall is explained.
2. The immediate steps to take after the discovery of the fall is explained.
3. The actions that may cause injury and should be avoided is explained.
4. The reason(s) for immediate action is explained.

SPECIFIC OUTCOME 4

Assist the patient during /after a burglary or similar event.

ASSESSMENT CRITERIA

1. The reason(s) for not confronting the burglars and complying with their demands is explained.
2. The reason(s) why the emergency button (alarm) should be sounded as soon as possible is given.
3. The reason(s) for staying calm and in control is given.
4. The treatment / counselling after the event is explained and the reason(s) why it is necessary is given.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to look after a patient and who carries the responsibility to react calmly and professionally in case of any emergency that may arise.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards providing assistance in basic emergency situations in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **The basic emergencies** refers to shock, blood loss, fainting, stroke, heart attack, choking, falls with fractures of bones.
2. **The Emergency plans** refers to the exact procedure in sequence that would be followed in any of these events including a fire in the house.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in all outcomes.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3 and 4.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3 and 4.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3 and 4.

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learner should be familiar with the terms and their application as seen in the range statement.
2. Home Nursing – Hospice South Africa

TITLE: Provide Catheter Care for the frail.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to provide catheter care for the frail and or aged.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for catheter care.

ASSESSMENT CRITERIA

1. The necessary steps to ensure that no interruptions will occur in which the task will have to be interrupted is taken and the reason(s) for preparing like this explained.
2. The necessary equipment is selected and the reason(s) for the choice is given.
(Range: Equipment refers to a bowl of warm water. Soap. Plastic gloves or plastic bags to be placed over hands and secured with an elastic at the wrists.
A plaster , a linen saver or plastic sheet to place under patient's buttocks, cotton wool swabs or clean cloth, plastic bag for used swabs).
3. The hands are washed and the reason(s) for doing so is given
4. The privacy of the patient is ensured and the reason(s) for doing so is given.
5. Gloves or a plastic cover for the hands is used and the reason(s) for doing so is explained.

SPECIFIC OUTCOME 2

Apply catheter care.

ASSESSMENT CRITERIA

1. The bed and the patient is prepared for catheter care and the reason(s) why it is done in a specific manner is named.
2. The special precautions that must be taken while doing catheter care is named. (DO NOT PULL ON THE CATHETER)
3. The genitals of the male and female patient is washed in the correct manner, with a swab or cloth soaked in soap and water and the reason(s) for applying this technique is explained.
4. The genitals of the male and female patient is rinsed in the same manner and the reason(s) for doing so is explained.
5. The catheter is cleaned from top to bottom with a swab or cloth soaked in soap and water.
6. The catheter is rinsed in the same manner and the reason(s) for doing so is explained.
7. The reason why the catheter must not be pulled at any time is explained.
8. The plaster on the patient's thigh is replaced and the reason(s) for doing so is given.
9. The bedclothes is restored and the patient is made comfortable, the reason(s) for doing so is given.

SPECIFIC OUTCOME 3

Complete the process of catheter care.

ASSESSMENT CRITERIA

1. The glove or plastic cover on hands is removed and disposed of in a environmentally safe manner. (Range: Environmentally safe manner refers to not washing the swabs down the drain or toilet but disposing of it in such a manner that contamination is contained. If no save method of disposal is available the swabs may be burned.
2. The linen saver or plastic is removed from under the patient's buttocks and disposed of in a environmentally safe manner.
3. The equipment used is cleaned and disinfected and stored in a appropriate manner and the reason(s) for doing so is explained.
4. Hands are washed and the reason(s) for washing hands after the procedure is given.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.

3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide catheter care for a patient, or any patient who are confined to bed and or disabled and needs catheter care.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards catheter care is done in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Necessary equipment** refers to a bowl of warm water. Soap. Plastic gloves or plastic bags to be placed over hands and secured with an elastic at the wrists. A plaster , a linen saver or plastic sheet to place under patient's buttocks, cotton wool swabs or clean cloth, plastic bag for used swabs.
2. **Washing of the genitals in the correct manner** refers to: Use a swab or cloth soaked in soap and water ,and with one downward stroke, wash the side of the vulva in the female and the penis in the male. Repeat the procedure down the other side and down the center until the whole area has been cleaned.
3. **Environmentally safe** refers to not washing the swabs down the drain or toilet but disposing of it in such a manner that contamination is contained. If no save method of disposal is available the swabs may be burned.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.
- 2.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in all outcomes.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 1,2,3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2, 3.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2, 3

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Learners must be familiar with the terms as explained in the range statement and their applications.
2. Catheter Care
3. Home Nursing – Hospice South Africa

TITLE: Providing general hygiene-care for the frail.

NUMBER:

LEVEL 1

CREDITS 2

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this standard will be, voluntary community workers, domestic workers and /or will be involved in a frail care environment, home care for the frail.

Qualifying learners are able to care for hands/ feet and skin of the frail.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3/or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Provide hand and foot care.

ASSESSMENT CRITERIA

1. The necessary equipment for the chosen task is selected and the reason(s) for the choice of equipment is given.(Range: equipment refers to small bowl with warm soapy water to soak hand or feet in. Nail files, orange stick ,cotton wool, nail clippers/nail scissors, cuticle cream or any similar cream or lotion to treat the cuticles.(areas around nails). Ointments and creams preferred by the patient and/or prescribed by a doctor).
2. The patient is informed that hand and/or foot care will be performed.
3. The reason(s) why regular care must be given to nails and their surrounding areas is given.
4. The reason(s) why a patient's nails should be kept short and clean is given.
5. The nails are cut and the surrounding area (cuticles) is treated and the reasons for not pushing or prodding the cuticles with a sharp metal instrument is given.
6. A cream or ointment is massaged into the hands/ feet and the reason(s) for doing so given.

SPECIFIC OUTCOME 2

Care for the skin.

ASSESSMENT CRITERIA

1. The importance of caring for the skin is explained.
2. The precautions to be taken when treating delicate, paper thin skin is named and the reason(s) for this extra care is given.
3. The ointments / creams that may be used is named and the reason(s) for not using perfumed creams is explained.
4. The number of times the skin should be cared for and the best time to do it is named.
5. The method of massaging the cream into the skin is explained and the reason(s) for doing it this way is given.
6. The reason(s) why different types of ointments/creams may have to be used on different parts of the body is explained.
7. The reason(s) why the privacy and preferences of the patient must be respected is given.
8. The action to be taken when an allergic reaction/ or rash is noted is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to care for the hands, feet and skin of the frail.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards hand/feet and skin care is given in the homecare environment for the aged, frail, sick, disabled.

RANGE STATEMENTS THAT REFER TO ASSESSMENT CRITERIA IN THIS UNIT STANDARD

1. **Necessary equipment refers** to small bowl with warm soapy water to soak hand or feet in. Nail files, orange stick ,cotton wool, nail clippers/nail scissors, cuticle cream or any similar cream or lotion to treat the cuticles.(areas around nails). Ointments and creams preferred by the patient and/or prescribed by a doctor.
2. **Paper thin skin** refers to the skin of the elderly.

DEFINITION OF TERMS WITHIN THIS UNIT STANDARD

1. **Patient** : Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children.

CRITICAL CROSSFIELD OUTCOMES

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1.
2. Work effectively with others as a member of a team, group, organization or community. Evident in all outcomes.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcome 1, 2
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 2.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 2

ESSENTIAL EMBEDDED KNOWLEDGE

When assessing against this unit standard /the assessor should be familiar with the following subject matter:

1. Hand and Foot care
2. Skin Care
3. Home Nursing – Hospice South Africa

TITLE: **Make beds and assist with setting up a sick room in a homecare environment.**

NUMBER:

LEVEL 1

CREDITS 3

FIELD: NSB 11: Services

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Service

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies in this standard will be, voluntary community workers, domestic workers working towards a national qualification and /or will be involved in a frail care environment or perform home care for the frail. Qualifying learners are able to set up sick rooms, make beds and care for bedding for frail or sick people in their care.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved communication competencies equal to an ***ABET Level 3/ NQF level 1*** or any other equivalent skill that will enable him/her to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Assist with setting up (a bed) in a sickroom.

(Range: A sick room includes a bedroom, dedicated room, an area in a house or room that is prepared for the frail or sick individual. Setting up the sick room includes placing bed, bedside table seating, waste containers, bedding, lighting, basins, bedpans, urinals, water jugs, drinking glass, sputum cup)

ASSESSMENT CRITERIA

1. The factors to consider when selecting the best position for a sickroom in a home are explained.
2. Positioning of the bed is explained.
3. The precautions to take, if candles or lamps are used in the sickroom as a light source, are explained.
4. The 4 basic items an ideal sickroom should contain are described. (See range - includes bed, bedside table, seating, container for waste)
5. Ideal place for storage of basins, buckets bedpans and urinals, is explained.
6. The frequency the sickroom should be cleaned is explained.
7. The ideal cleaning methods for the sickroom, including rugs, is explained.
8. The frequency water jug, glass and sputum cup should be cleaned and replaced, are explained.

9. The disposal method of tissues and soiled dressings is explained.
10. 3 ways in which visitors need to be managed are explained.
11. The type of patient who will not be allowed to smoke, is explained.

SPECIFIC OUTCOME 2

Prepare a bed for a patient.

(Range: Making a bed includes using plastic sheets, draw sheets, mattress, bottom sheets, top sheets, pillows, pillowcases, blankets duvets)

ASSESSMENT CRITERIA

1. The bedding/linen necessary for the making the bed is selected and stored off the floor in the order of use.
2. Covering the mattress with plastic sheeting is demonstrated.
3. The use of large plastic sheeting is explained.
4. Placement of sheets is demonstrated. See range
5. The purpose of the plastic draw-sheet is explained.
6. The top sheet is placed in away bottom making room for the patient's feet and folded back after placing blankets.
7. Placement, pleating and tucking of the blankets is demonstrated.
8. The reasons why sheets and blankets need to be pleated at the lower end are explained.
9. How and when a counterpane is needed, is explained.
10. Covering and placing of pillows is demonstrated
11. The way to determine the number of pillows is explained.

SPECIFIC OUTCOME 3

Change bed lined with the patient in the bed when the patient may be turned on his/her side.

(Range: Making a bed includes using plastic sheets, draw sheets, mattress, bottom sheets, top sheets, pillows, pillowcases, blankets duvets)

ASSESSMENT CRITERIA

1. The reason for checking the temperature of the room for before starting is explained.
2. The reasons and the ways the room can be warmed are explained.
3. The procedure of changing the bed is explained to the patient.
4. The reasons for informing the patient that the bed is going to be made, are explained.
5. Reasons for selecting bedding items and storing bedding off the floor are explained.
6. A container for soiled linen is provided at the foot of the bed.
7. Stripping the bed is demonstrated.
8. The reasons why one pillow needs to remain, are explained.
9. Folding of a blanket that needs to be reused is demonstrated.
10. Removal and folding of the top sheet from under the blanket is demonstrated.
11. Folding of the remaining blanket tightly around the patient is demonstrated.
12. The reasons for wrapping the blanket around the patient are explained.
13. Rolling the patient onto his/her side is demonstrated.
14. Cleaning of the mattress is demonstrated.
15. Rolling of soiled sheet up against patient's back is demonstrated.
16. Placement of clean sheet and mackintosh is demonstrated.

17. Rolling up of soiled draw-sheet is demonstrated.
18. Informing the patient that there will be a bump in the bed when s/he is turned over is demonstrated.
19. Rolling the patient over to the other side and keeping him/her covered is demonstrated.
20. Removal of soiled draw-sheet and soiled sheet is demonstrated.
21. Positioning of mackintosh/ waterproof sheet and the draw-mackintosh is demonstrated.
22. Rolling of the patient on his/her back onto fluffed pillows is demonstrated.
23. Unfolding of the top sheet over the patient and removal of blanket is demonstrated.
24. Pleating and tucking of the top sheet and placement of blankets are demonstrated.

SPECIFIC OUTCOME 4

Change bed lined with the patient in the bed when the patient may not be turned onto his/her side.

(Range: Making a bed includes using plastic sheets, drawsheets, mattress, bottom sheets, top sheets, pillows, pillowcases, blankets duvets)

ASSESSMENT CRITERIA

1. The circumstances when this method will be used, are explained. See range.
2. The reasons why more than one person ideally needs to be involved in this procedure, are explained.
3. Preparation of the room and selection of bedding is demonstrated. See range.
4. The procedure for changing the bedding is explained to the patient.
5. Preparation of linen for making the bed is demonstrated.
6. Ends of the draw-sheet and sheets are folded over the patient.
7. Rolling down of the soiled bottom sheet to the natural hollow of the spine and inserting the clean sheet from the top, is demonstrated
8. Lifting of the patient using the draw sheet and mackintosh, and removal of soiled sheet are demonstrated. This is done with 2 assistants.
9. Instructing assistants to raise the patient slightly from the bed by passing hands across the thighs and lower part of the back gripping each other's wrists, is demonstrated.
10. Removal of soiled mackintosh and sheet and placing clean ones is demonstrated.
11. Tucking in the draw-mackintosh and sheet is demonstrated.
12. Dirty linen is dealt with.

SPECIFIC OUTCOME 5

Strip an unoccupied bed

ASSESSMENT CRITERIA

1. Preparation for stripping the bed is done.
2. Removal of pillows and un-tucking of bedding is demonstrated.
3. Folding in thirds and removal of quilts, blankets, sheets, is demonstrated.
4. Removal of draw-sheet and mackintosh is demonstrated.
5. Turning of mattress from end to end is demonstrated.
6. The reasons for turning the mattress are explained.
7. How often the mattress needs to be turned, is explained.

SPECIFIC OUTCOME 6

Demonstrate knowledge of bed accessories and care for bedding.

(Range: Bed accessories include under-sheets, plastic sheets, Mackintosh, draw mackintosh, sheep skin, electric blankets, hot water bottles, bed cradle, counterpane)

ASSESSMENT CRITERIA

1. The ways to deal with stains on linen are explained. See range.
2. The way to clean the bedstead is explained.
3. The purpose and way to care for a Mackintosh are explained.
4. The reasons why a Mackintosh should be rolled rather than folded, is explained.
5. The purpose and care of a sheep skin is explained.
6. The conditions and reasons when electric blankets may not be used, are explained
7. The conditions when hot water bottles may not be used are explained. See range
8. Filling and placement of a hot water bottle is explained or demonstrated.
9. The purpose of a bed cradle is explained.
10. The way to make a home made bed cradle is explained.
11. Steps to take to prevent the mattress from sagging are explained.

ACCREDITATION PROCESS

1. Anyone assessing a learner against this unit standards must be registered as an assessor by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 2.
3. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.
5. Questions and answers must determine the theoretical knowledge.
6. Observation can be direct or in simulated conditions.
7. The practical demonstration of the competencies required in this unit standard can be direct or in simulated conditions.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to make and change beds for patients in a home care environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards making beds is done in the homecare environment for the aged, frail, sick, disabled.

Range statements that refer to assessment criteria in this unit standard

1. **Items necessary making a bed include but is not limited to:** Pillows, pillowslips, draw sheet, 2 sheets, plastic or rubber sheeting, 2 blankets, counterpane, 2 chairs.
2. **Items necessary for the ideal sick room include** a clean bed of a good height, a small bedside table, a chair, a waste bag/bins next to the side of the bed for the patient's use.
3. **Patient :** Include but not limited to any person who for a period of time needs to remain in the bed, the disabled, the frail, the aged, children
4. **Care giver:** Include but not limited to any person voluntary or not who gives care to any person that is confined to bed and needs looking after.
5. **Conditions when patients may not be turned onto his/her side include** but are not limited to patient with a broken pelvis, heart disease, chest injuries and side injuries.
6. **Hot water bottles may not be used** includes babies or paralysed or unconscious patients due to the risk of burns.
7. **The factors affecting the selection of the sick room** include but are not limited to the position in the home, temperature and ventilation, and access to washing and toilet facilities, noise levels.
8. **Preparation of the room** includes but is not limited to check that the room is warm, selection of the necessary clean linen/ bedding for the making the bed is demonstrated , container for soiled linen and a chair at the foot of the bed.
9. **The basic items in a sick room** include but are not limited to bed, bedside table, seating, container for waste.
10. **Ways to manage visitors** include but are not limited to the number, length of stay, position, habits such as smoking.
11. **Stripping the bed** refers to removal of all but one pillow, counterpane, one blanket.
12. **Stains include all of the following;** blood stains, fruit stains, ink, tea & coffee with milk.
13. **Sheets include all of the following** bottom sheet, plastic draw sheet and normal draw sheet, top sheet.

NOTES

Essential embedded knowledge

When assessing against this unit standard, the assessor should be familiar with the following subject matter:

1. Home care for the frail
2. Items necessary making a bed and bedding accessories
3. Conditions when patients may not be turned onto his/her side

Supplementary information – References

When assessing against this unit standard, the assessor should be familiar with the contents of :

1. Learner handbook for the training of community based home care givers-Hospice South Africa
2. Home Nursing – Hospice South Africa

Supplementary Information - Definition of terms within this unit standard

Bed cradle refers to a structure to keep the weight of the bed linen off the sensitive areas of the patient.

Counterpane refers to an outer covering of a bed

Draw-sheet refers to a long narrow sheet 1x2metres long placed over the draw-mackintosh reaching from the patient's shoulders to the knees. It serves to bring a cool fresh portion of sheet beneath the patient and reduced the need for stripping and changing the bed.

Draw-mackintosh refers to plastic under sheeting, placed between the bottom and the draw-sheet, to cover the area beneath the patient's buttocks to protect the sheets.

Ideal cleaning method for sick room refers to a cleaning method that will prevent spreading dust like vacuum clean or damp sweep. Rugs must be cleaned outside the sick room.

Plastic or rubber sheeting refers to under-sheeting to protect the mattress. Full sized sheets are placed under the bottom sheet in case of incontinent patients (mackintosh). The smaller size is placed on top of the bottom sheet beneath the patient's buttocks (draw-mackintosh).

Sheepskins refer to a flat fleece of a sheet, used to relieve pressure on the patient's buttocks.

Critical cross-field outcomes

1. Identify and solve problems in which response displays that responsible decisions, using critical and creative thinking, have been made. Evident in Specific Outcome 1 and 6.
2. Work effectively with others as a member of a team, group, organization or community. Evident in outcomes 1,3,4.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcome 1,2,3 and 4.
4. Communicate effectively by using mathematical and/or language skills in the modes of oral and/or written presentation. Evident in Specific Outcome 3 and 4.
5. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving contexts do not exist in isolation. Evident in Specific Outcome 1.
6. Contribute to the full personal development of each learner and the social and economic development of the society at large by:
 - 7.1 Participating as a responsible citizen in the life of local, national and global communities all outcomes.
 - 7.2 Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcome 1, 3 and 4.

TITLE: **Provide nutritious and interesting food for the grade R child in the home.**

(Range: a grade R child is 5 to 6 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby- sitters, in-home child- minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to provide nutritious and interesting food to the grade R child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Establish good eating habits with the grade R child.

ASSESSMENT CRITERIA

- 1.1 The nutritional food that needs to be included into the daily diet plan of the grade R child is explained.
- 1.2 The aspects that have a positive effect on the eating habits of the grade R child are named and the reason(s) is explained.
(Range: aspects with appositive effect refer to e.g. sufficient carbohydrates and vegetables in regular meals, suitable snacks, meals prepared in an appetizing and interesting way, an enjoyable and relaxed atmosphere during meals and meals not interfering with favourite television programmes).
- 1.3 The aspects that could have a negative effect on the eating habits of the grade R child are named and the reasons are given.

(Range: The aspects that have a negative effect refer to e.g junk food used as a bribe, drink/ food containing caffeine and non- beneficial snacks).

- 1.4 The way milk could be included as a snack to ensure no interference on the main meals of the grade R child, is explained.
- 1.5 The correct way to introduce food and regular meals to the grade R child after an illness, is explained.
- 1.6 The reason(s) why food labels on food containers need to be checked, is explained.

SPECIFIC OUTCOME 2

Prepare interesting and nutritious meals and/ or lunch boxes.

ASSESSMENT CRITERIA

- 2.1 The nutrients important for the diet of the grade R child are named and interesting ways to introduce them into the diet are explained.
(Range: nutrients refer to e.g. calcium, iron, vitamins and minerals).
- 2.2 Ways to introduce dairy products into breakfasts for the grade R child are explained
- 2.3 Ways to provide interesting breakfasts when time is a problem are explained.
- 2.4 Different categories of food that could be selected when packing a lunch box for the grade R child are named and the reasons for the choice given.
- 2.5 Two different types of interesting sandwiches are prepared for lunch boxes.
- 2.6 Two different shakes are prepared and the nutritional value of shakes is explained.
- 2.7 Progress and/ or irregularities on the eating habits of the grade R child are reported to the employer/ parent.
- 2.8 The reason(s) why progress/ irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide nutritious and interesting food to the grade R child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard nutritious and interesting food is provided to the grade R child in a domestic, home- care and/ or child minding in home environment
4. **Caffeine** containing drinks refer to e.g. coffee, tea, cola and chocolate drinks.
5. **Categories of food for a lunch box** refer to e.g. protein rich food, fruit and vegetables and something extra for a desert, something to chew on and something to drink.
6. **Interesting sandwiches** refer to e.g. bread slices cut into different shapes, fillings and rolls/ bread packed separately in the lunch box, sandwiches with different fillings, fun sandwiches and bunny chows.
7. **Different fillings** refer to e.g. sliced lettuce, cucumber slices, tomato slices, meat slices, boiled eggs, leftover chicken and tinned fish mixed with onion/ parsley.

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Kids Food Health
2. How Children Develop and Learn
3. Book of Child Care

Supplementary information

1. **Shakes** refer to milk and/ or yogurt blended with fruit.
2. **Fun sandwiches** refer to sandwiches prepared with 2 different kinds of bread e.g. combining a slice of white and brown bread.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2.

TITLE: Provide a safe and secure environment for the pre-school child in and around the home.

(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to provide a safe and secure environment for the pre-school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Ensure safety in the play park.

ASSESSMENT CRITERIA

1.1 Safety measures are implemented when visiting the play park with the pre-school child.

(Range: safety measures refer to e.g. ensuring the toddler is not dressed in loose clothes, keeping to special areas for young children, checking that shoes are non-slippery, checking that play equipment is stable, not allowing sand to be thrown in the sand pit and checking that the sand pit is not too shallow).

1.2. The requirements for a safe slide and swing are explained.

1.3 The reason(s) why the child should be guided to understand his/ her limitations in the play park is explained.

1.4 The reason(s) why constant adult supervision in the play park is

important is explained.

1.3 The required safety measures are put in place for each activity undertaken.

SPECIFIC OUTCOME 2

Ensure safety in and around the swimming pool.

ASSESSMENT CRITERIA

2.1 Safety measures are implemented at the swimming pool.

(Range: safety measures refer to not allowing swimming during thunder storms, keeping swimming times short, ensuring that the gate of the swimming pool is locked at all times, not allowing running around the swimming pool and ensuring that the child wear personal flotation devices).

2.2 The reason(s) why the employer/ parent should be urged to provide for swimming lessons for the child- minder AND the pre- school child is explained.

2.3 The importance of constant adult supervision at the swimming pool is explained.

2.4 The reason(s) why the child- minder needs to be skilled in C. P.R. is explained.

SPECIFIC OUTCOME 3

Implement safety in and around the car.

ASSESSMENT CRITERIA

3.1 The safety measures that need to be implemented are explained.

(Range: safety measures refer to e.g. not leaving the child unattended in the car, ensuring that child locks are secure, checking that windows are closed, fastening seat belts and not allowing the child to sit in the front of the car).

3.2 The importance of checking that the pre-school child is not present in the drive way when vehicles are in transit is explained.

3.3 The dangers of putting the child in the same safety belt with another person are explained.

3.4 The reason(s) for constant adult supervision of the pre-school child in and around vehicles is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.

3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide a safe and secure environment for the pre-school child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard a safe and secure environment is provided for the pre- school in a domestic, home- care and/ or child minding in home environment.
4. **Safety measures** regarding clothes refer to e.g. the child wearing clothes without drawstrings, not wearing loose clothes and removing sweatshirts.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Dr.Spock's Baby and Child Care
2. The Child and Baby Medical Book

Supplementary information

1. **Personal flotation devices** refer to devices that are attached to the bodies/ arms of children to prevent them from drowning.
2. **C.P.R.** (cardiopulmonary resuscitation) refers to the emergency treatment that needs to be applied when a person has stopped breathing due to choking, smothering, drowning, etc.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1,2,3
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.

4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: **Provide a safe and secure environment for the grade R child in a home.**

(Range: a grade R Child is 5 to 6 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to provide a safe and secure environment for the grade R child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Sensitise the grade R child for pedestrian safety.

ASSESSMENT CRITERIA

1.1 Implement measures to ensure the safety of the grade R child as a pedestrian.

(Range: safety measures refer to e.g. not allowing the child to cross the road on his/her own, walking on the side of the traffic when accompanied by the child, instructing the child not to step off the pavement, reminding the child that the pavement is not a safe area and teaching the child the correct way to cross the street).

1.2 The skills necessary for the child to cross the street are explained.

1.3 The reasons are explained why places away from traffic need to be selected to play

in the neighbourhood.

1.3 The importance of repeatedly telling the child not to run into the street when playing is explained.

1.4 The ways to “discover” the safest routes to the shops and/ or play parks with the grade R child are explained.

SPECIFIC OUTCOME 2

Protect the grade R child against dog bites.

ASSESSMENT CRITERIA

2.1 Safety measures are implemented to protect the grade R child.

(Range: safety measures refer to e.g. teaching the child not to reach out to a tied up dog and/ or strange dog, teaching the child to ask permission from the owner of a dog before playing with the dog, teaching the child never to tease a dog or to stare into the eyes of a dog).

2.2 The correct protective action when being knocked over by a dog is explained

2.3 The dangers of disturbing a dog that is sleeping, feeding and/ or caring for puppies are explained.

2.4 The importance of constant adult supervision when the grade R child in the presence of dogs is explained.

SPECIFIC OUTCOME 3

Provide safety and security in the daily activities of the grade R child.

ASSESSMENT CRITERIA

3.1 Safety measures are implemented in the daily activities of the grade R child.

(Range: safety measures refer to e.g. warning the child against playing on building sites, safely storing garden tools and removing possible causes of burns and electrical shocks).

3.2 The correct way of supervision when the child is climbing trees are explained.

3.3 The grade R child is warned against the dangers of experimenting with chemicals.

3.4 The danger of the presence of a gun in the home and the correct way of storing a gun is explained.

3.5 The threat to the safety of the grade R child when playing in out of order refrigerators and/ or freezers is explained.

3.6 The reason(s) why irregularities and/ or emergency situations need to be reported immediately to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide a safe and secure environment for the grade R child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard a safe and secure environment is provided for the grade R child in a domestic, home- care and/ or child minding in home environment.
4. **Chemicals** refer to e.g. detergents, drain cleaners, oven cleaners, paraffin, benzene, paint remover, thinners.
5. **Correct manner to cross the street** refers to e.g. pointing out how the traffic lights and crosswalks work, why it is important to look left, right and left again even if the traffic light is in favour of the person crossing and even when the person crossing has progressed into the cross walk.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Ailments: A practical Guide for Parents
2. Dr. Spock's Baby and Child Care
3. The Baby and Child Medical Handbook

Supplementary information

1. **Correct protective action** when the dog knocks a child over refers to curling up in a ball and stay still.
2. **Correct manner of supervision when the child climbs a tree** refers to checking that the clothes of the child cannot hook, ensuring that the branches can carry the weight of the child, guarding the child step by step while supervising the tree climbing.
3. **Correct methods to store guns and ammunition** refer to storing guns unloaded with ammunition locked away in a separate place, storage for guns and ammunition must not be accessible to children.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1,2,3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1,2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcomes 1, 2,3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2,3.
6. Demonstrate an understanding of the world as a set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: **Provide health care for babies in the home.**
(Range: a baby is a child 0 to 18 months of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/ or will be involved in minding children. Qualifying learners are able to provide health care for babies.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Administer medication to a baby.

ASSESSMENT CRITERIA

1.1 Hands are washed and the selected equipment prepared.

(Range: equipment refers to e.g. liquid medicine, eye drops, ear drops, nose drops, eye dropper, ear dropper, nose dropper, dinky feeder, medicine spoon, bib, cotton wool and tissues).

1.2 The baby is placed in the correct position and the reasons for the preferred position given.

(Range: position refers the different positions of the baby when e.g. liquid medicine

is administered, eye drops/ ointment applied, eardrops inserted and nose drops inserted).

- 1.3 The medication is administered according to the selected method.
- 1.4 Steps are explained that could be implemented should the baby refuse to take the liquid medicine.
- 1.5 The symptoms of choking are given and the suitable actions to be taken are explained.
- 1.6 Post activity procedures are performed.
- 1.7 The reason(s) why progress/ and or irregularities need to be reported to the employer/ parent is explained.

SPECIFIC OUTCOME 2

Identify ordinary health problems of babies and provide treatment.

(Range: health problems refer to e.g. diarrhea, nappy rash, cutting teeth, middle ear infection, constipation, stomach ache, colic, vomiting, fever and ear ache).

ASSESSMENT CRITERIA

- 2.1 The health problem of the baby is identified according to different symptoms and and reported to the employer/ parent.
(Range: symptoms refer to e.g. runny tummy, bright red spots on the skin of the baby over the nappy area, severe pain in the stomach, white, spots on the top and/ or sides of the tongue, higher temperature than normal and choking).
- 2.2 Hands are washed and the selected equipment prepared.
- 2.3 The baby is comforted and the health problem/ ailment is treated in the prescribed way.
- 2.4 The consequences are explained should diarrhea not be treated immediately.
- 2.5 Post treatment procedures are performed.
- 2.6 The reason(s) why progress / and or irregularities need to be reported to the employer/ parent is explained.

SPECIFIC OUTCOME 3

Take the temperature of the baby.

ASSESSMENT CRITERIA

- 3.1 Hands are washed and the appropriate method to take the temperature of the baby is selected.
(Range: method refers to the armpit and the rectum methods).
- 3.2. The suitable equipment is selected and the baby prepared for the process.
- 3.3 The thermometer is prepared and the selected method implemented.
- 3.4 The way to prepare the thermometer is explained and the reason(s) for the procedure is given.
- 3.5 Post activity procedures are performed.
- 3.6 The reason(s) why progress/ and or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

- 1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
- 2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- 3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
- 4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

- 1. The **scope** of this unit standard is for any person who needs to provide health care for babies in a domestic, home- care and/ or child minding environment.
- 2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.

3. In the **context** of this unit standards health care is provided for babies in a domestic, home- care and/ or child minding in home environment.
4. **Post activity performance** refers to e.g. storing all equipment in a safe place, ensuring and monitoring the comfort of the baby and reporting progress and/ or irregularities to the employer/ parent.
5. **Prescribed way** refers to e.g. the instructions of the employer/ parent and/ or the medical practitioner.
6. **Symptoms** of choking refer to e.g. the baby spluttering, coughing, gasping for breath, blueness around the lips and unconsciousness.
6. **Equipment** refers to e.g. the thermometer, cotton wool, disinfecting chemical, cotton wool, gloves, towel and petroleum.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Dr. Spock's Baby and Child Care
2. Babies: Health Basics
3. Child Ailments: A Practical Guide for Parents

Supplementary information

1. **Shake down** the thermometer refers to shaking the thermometer and ensuring that the mercury is driven down to its lowest level.
2. **Prepare** the thermometer refers to disinfecting the thermometer, dipping the bulb into petroleum and shaking it down.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2,3
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2,3
6. Demonstrate an understanding of the world as set of related systems by recognizing that

problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3

7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts.
Evident in Specific Outcomes1, 2, 3

TITLE: Provide health care for the pre-school child in the home.
(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/ or will be involved in minding children. Qualifying learners are able to provide health care for the pre- school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 4/ NQF level 1 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Identify infectious diseases and nurse the pre- school child.

(Range: infectious diseases refer to e.g. chickenpox, measles, glandular fever, rubella/ German measles, HIV/ AIDS).

ASSESSMENT CRITERIA

1.1 The infectious disease affecting the pre-school child is identified according to the different symptoms and reported to the employer.

(Range: symptoms refer to e.g. swollen glands, abnormal temperature, red itchy spots on skin and unenergetic behaviour).

- 1.2. The appropriate treatment of the disease is selected and the equipment and room for nursing the child are prepared.
- 1.3. The treatment is implemented and the selected periods of isolation and/ or ways to prevent spreading of the disease explained.
- 1.4 The feeding of the child is conducted according to best practice.

SPECIFIC OUTCOME 2

Manage emergency health situations.

(Range: emergency health situations refer to e.g. poisoning, burns, foreign body in the eye, cuts and grazes).

ASSESSMENT CRITERIA

- 2.1 The emergency health condition and the possible causes are identified and removed if possible.
(Range: possible causes of poisoning refer to e.g. intake of bleach, caustic soda, weed killer and poisonous plants).
(Range: possible causes of burns refer to e.g. to sun burn, acidic liquids, heat and electricity).
- 2.2 The reason(s) why the condition of the child needs to be reported to the employer/ parent, is explained.
- 2.3 The symptoms of different emergency health conditions are named and the treatment of these conditions explained.
- 2.4 The way to determine the seriousness of a wound caused by a cut and the treatment of the identified cut is explained.

SPECIFIC OUTCOME 3

Perform the post treatment procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used to treat the infectious disease and emergency health condition is stored.
- 3.2 The comfort of the pre-school child is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent are explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs provide health care for the pre- school child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard health care is provided for the pre- school child in a domestic, home- care and/ or child minding in home environment
4. **Equipment** refers to e.g. medication, favourite drink, medication spoon, cotton wool, tissues, bowl, books and puzzles.
5. **Prepare the room** refers to e.g. keeping the room warm and preventing draughts, leaving a box of tissues on the bedside table, cover bed with cotton sheets, provide for toys and/ or puzzles.
6. **Best practice** refers to e.g. offering small amounts of food to the child, not forcing the child unwilling to eat, providing the child with favourite foods, giving ice-cream/ ice lolly to the child with a sore throat, encouraging the child to drink a lot of water.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the

following subject matter:

1. Child Health.
2. Dr. Spock's: Baby and Child Care
3. Child Ailments: A Practical Guide for Parents

Supplementary information

1. **Infectious disease** refers to a disease that can be passed on easily from the one child/ person to the other and is caused by a virus / bacteria.
2. **Applicable treatment** refers to the instructions of the employer/ parent and/ or a medical practitioner.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: Provide health care for toddlers in the home.
(Range: a toddler is a child 18 months to 3 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to provide health care for toddlers.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Administer medication to toddlers.

ASSESSMENT CRITERIA

1.1 Hands are washed and the selected equipment prepared.

(Range: equipment refers to e.g. liquid medicine, tablets, eye drops, ear drops nose drops, eye dropper, ear dropper, nose dropper, clean syringe, dinky feeder, medicine spoon, bib, cotton wool and tissues).

1.2 The toddler is positioned correctly and the reasons for the preferred position explained.

(Range: position refers to the different positions of the toddler e.g. when liquid medicine is administered, eye drops,/ ointment applied, eardrops and nose drops inserted).

1.3 The appropriate medication is selected and administered in the applicable way.

1.4 Methods to ensure medication is administered successfully to the toddler are explained.

SPECIFIC OUTCOME 2

Identify possible health problems of toddlers and provide treatment.

(Range: health problems refer to e.g. asthma, tonsillitis, common colds, constipation, and croup).

ASSESSMENT CRITERIA

2.1 The health problem of the toddler is identified according to the different symptoms and reported to the employer/ parent.

(Range: symptoms refer e.g. to breathing with difficulty, tonsils swollen and sore, difficulty to get rid of the waste of the bowels easily, coughing excessively).

2.2 The reason(s) why the condition of the child needs to be reported to the employer/ parent is explained.

2.2 Hands are washed and the selected equipment prepared.

2.3 The toddler is comforted and the disease/ ailment treated in the prescribed way.

2.4 The reasons are given why anxiety should not be shown while treatment is provided to the toddler suffering from an asthma attack.

2.5 The reasons are explained why gagging for the sore throat should not be allowed when the toddler is affected by tonsillitis.

SPECIFIC OUTCOME 3

Perform the post administering medication and treatment procedures.

ASSESSMENT CRITERIA

3.1 Equipment used for the administering of medication and treatment is stored.

3.2 The comfort of the toddler is ensured and monitored.

3.3 Progress and/ or irregularities are reported to the employer/ parent.

3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide health care for toddlers in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard health care is provided for toddlers in a domestic, home- care and/ or child minding in home environment.
4. **Methods to ensure success** refers to explaining the reasons for administering the medicine to the toddler, checking that the correct medicine is selected and mixing the liquid medicine with another syrup/ favourite drink of the toddler.
5. **Post administering medicine procedures** refer to storing all equipment in a safe place, ensuring and monitoring the comfort of the toddler and reporting progress and/ or irregularities with the employer/ parent.
6. **Prescribed** way refers to the instructions of the employer/ parent and/ or the medical practitioner.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Dr. Spock's Baby and Child Care

2. Child Health
3. Toddler Care for Beginners

Supplementary information

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1,2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Provide nutritious and balanced meals for the pre-school child in the home.

(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to provide nutritious and balanced meals for the pre- school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Provide a nutritious and balanced diet for the pre-school child.

ASSESSMENT CRITERIA

1.1 The necessary food groups are combined to make up a balanced diet for the pre-school child.

(Range: Food groups refer to proteins, carbohydrates, oils/ fats, vitamins and minerals).

1.2 Foods for energy, growth and protection are incorporated into the diet in an interesting way .

1.3 Snacks are included into the diet plan and the correct methods explained.

1.4 Interesting ways are explained to include oils/ fats into the diet of the pre-school

child.

- 1.4 The benefits of the intake of water for the health of the pre-school child and methods to sensitise the child to drink enough water, are explained.
- 1.5 The reason(s) why non-foods and fast foods are excluded from the diet of the pre-school child is explained.

SPECIFIC OUTCOME 2

Provide nutritious snacks between meals.

(Range: snacks refer to e.g. yogurt, milk, drinking yogurt, fruit, vegetables, biscuits, dried fruits and nuts).

ASSESSMENT CRITERIA

- 2.1 Nutrients that need to be contained by snacks are named and the reasons for including them given.
- 2.2 Fruits and vegetables suitable for snacks are selected and prepared.
- 2.3 Milk is included correctly into the daily meal plan as a snack.
- 2.4. The reasons are explained why biscuits with a low sugar content need to be used as snacks.
- 2.5 The reason(s) why fast- foods and non- foods must not be used for snacks is explained.

SPECIFIC OUTCOME 3

Create an environment conducive for healthy eating and enjoyment during meal time.

(Range: conducive refers to e.g. food prepared in an interesting and appetising way, orderly but relaxed atmosphere, food dished up in small portions, consulting the pre-school child on food needs).

ASSESSMENT CRITERIA

- 3.1 Food is presented in an appetizing and attractive way and the reason(s) are explained.
- 3.2 The correct atmosphere is created and meals are served according to requirements.
- 3.3 The pre-school child is encouraged to assist with chores around meal times and the reasons are explained.
- 3.4 Progress and/ or irregularities regarding the eating habits of the pre- school child are reported to the employer/ parent.

3.5 The reason(s) why progress and/ or why progress and irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to provide nutritious and balanced meals for the pre-school in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard nutritious and balanced meals are provided for the pre-school child in a domestic, home- care and/ or child minding in home environment.
4. **Foods for energy** refer to e.g. mealies, bread, rice, potatoes and margarine.
5. **Foods for growth** refer to e.g. milk, eggs, cheese, fish, meat and beans.
6. **Foods for protection** refer to e.g. vegetables and fruit.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Kids Food Health 2

2. How Children Develop and Learn
3. Super Immunity for Kids

Supplementary information

1. **Milk included correctly** refers to not serving the milk too close to main meals.
2. **Non- foods** refer to **foods** that are not good for the health if consumed in large quantities, e.g. sweets, cold drinks salt, tea and coffee.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Practice nutritious feeding for toddlers in the home.
(Range: a toddler is a child 18 months to 3 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice nutritious feeding for toddlers.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare a diet for the daily nutritional requirements of the toddler.

(Range: nutritional requirements refer to e.g. a diet containing the basic food groups of proteins, carbohydrates, oils/ fats, vitamins and minerals).

ASSESSMENT CRITERIA

1.1 The employer/ parent is consulted regarding the diet plan for the toddler and the reason(s) is explained.

1.2 The selected foods containing proteins are included in the diet plan and the benefits of these food for the toddler explained.

1.3 The selected foods containing carbohydrates are included in the diet plan and the benefits of these foods to the toddler explained.

- 1.4 The selected foods containing vitamins and minerals are included in the diet plan and the benefits of these foods for the toddler explained.

SPECIFIC OUTCOME 2

Prepare and serve food for the toddler.

ASSESSMENT CRITERIA

- 2.1 Hands are washed and the necessary equipment to prepare and serve the food selected.
(Range: equipment refers to e.g. pots, pans, spoons, stove, chair, table, bib, covering for the table, placemats, feeding spoon, plate and drinking cup).
- 2.2 The correct atmosphere is created and the toddler prepared for the meal.
- 2.3 The food is prepared and served and the required safety measures are put in place for each activity undertaken.
- 2.4 Activities are facilitated and supervised to ensure good eating habits with the toddler.
- 2.5 The required safety measures are put in place for each activity undertaken.

SPECIFIC OUTCOME 3

Perform the post feeding activity procedures.

ASSESSMENT CRITERIA

- 3.1 The work area and the equipment used are cleaned and the equipment stored.
- 3.2 The comfort of the toddler is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice nutritional feeding for toddlers in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard nutritious feeding for toddlers is practiced in a domestic, home- care and/ or child minding in home environment
4. **Correct atmosphere** refers to e.g. a friendly, relaxed atmosphere, encouraging the toddler to feed him/ herself, avoiding bullying the toddler, a battle of wills and dealing with food fads without conflict.
5. **Good eating habits** refer to e.g. the toddler feeding him/ herself, cleaning up some of the food spills, washing hands before and after meals.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. Kids Food Health
3. Educare
4. Book of Child Care

Supplementary information

1. **Diet plan** refers to a schedule containing the different meals and snacks that the toddler has to eat daily.
2. **Proteins, vitamins and minerals** refer to natural substances in food essential for growth and good health.
3. **Carbohydrates** refer to foods containing the substances sugar/ starch and provide the body with energy.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Practice hygiene principles for toddlers in the home.
(Range: a toddler is a child 18 months to 3 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice hygiene principles for toddlers.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for potty training.

(Range: potty refers to e.g. a round plastic/ metal container, colourful, with a flat rigid base, without rough edges and with a splash guard for boys).

ASSESSMENT CRITERIA

1.1 The readiness of the toddler to be potty trained is assessed and the related activities conducted.

1.2 The selected equipment for potty training is prepared in the correct environment created.

(Range: equipment refers to e.g. a potty, toilet, pants, trainer pant, toys, books, plastic cover for the floor, soap and a towel).

1.3 The toddler is dressed in the appropriate clothing for the activities.

SPECIFIC OUTCOME 2

Potty train the toddler.

ASSESSMENT CRITERIA

- 2.1 The correct process to introduce potty training to the toddler is implemented.
(Range: Correct process refers to e.g. explaining and/ or demonstrating to the toddler what needs to be done, encouraging the toddler to sit down on potty, not forcing the toddler to sit down or stay on the potty).
- 2.2 The successful/ unsuccessful efforts of the toddler are handled correctly.
- 2.3 The difference in training a boy and a girl toddler is explained and the reason(s) are given.

SPECIFIC OUTCOME 3

Perform the post potty training procedures.

ASSESSMENT CRITERIA

- 3.1 The toddler is assisted to wash his/ her hands and the comfort of the child ensure and monitored.
- 3.2 The potty is disinfected and stored in a place accessible to the toddler.
- 3.3 Hands are washed and the reason(s) is explained.
- 3.4 Progress and/ or irregularities are reported to the employer/ parent.
- 3.5 The reason(s) why progress/ and or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

- 1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
- 2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- 3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice hygiene principles for toddlers in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard hygiene principles for toddlers are practiced in a domestic, home- care and/ or child minding in home environment.
4. **Appropriate clothing** refer to e.g. training pants with a waterproof lining and/ or towelling inside, ordinary cotton pants, tracksuit pants and clothes that can be removed easily.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. Baby and Child Care Handbook
3. Early Childhood Development 0- 3 years
4. Book of Child Care

Supplementary information

1. **Potty training** refers to the process when the toddler is trained to use a toilet.
2. **Readiness** refers to the ability of the toddler to understand the meaning of using the potty/ toilet; the toddler's nervous system is sufficiently developed to recognise the signs of a full bladder.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1,2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.

4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: Implement activities to enhance language and communication development of the pre- school child in the home.
(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to implement activities to enhance the language and communication development of the pre- school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Stimulate the communication skills of the pre- school child during routine activities.

(Range: routine activities refer to e.g. preparing meals, serving meals, bath bathing and dressing the pre- school child).

ASSESSMENT CRITERIA

- 1.1 The level of language and communication development of the pre-school child is assessed and the appropriate activities and equipment are selected.
- 1.2 The selected equipment is distributed and language development activities are facilitated and supervised.
- 1.3 Different activities to solve articulation difficulties are demonstrated and conducted

with the child.

- 1.4 Rhymes are used for the development of the auditory skills of the pre-school child and the importance of these skills explained.

SPECIFIC OUTCOME 2

Stimulate the communication skills of the pre- school child through music and books.

ASSESSMENT CRITERIA

- 2.1 Suitable equipment for the music and book activities is selected.
(Range: equipment refers to e.g. sound makers, rattles, drums, blocks, symbols, tape recorder, tapes, compact discs, pictures, magazines and books).
- 2.2 The reason(s) why the pre-school child needs to be encouraged to imitate different actions and sounds is explained.
- 2.3. The importance of auditory perception for the language and communication development of the pre- school child is explained.
- 2.4 Different activities to stimulate conversation with the pre-school child are explained.
- 2.5 Methods are explained to stimulate the visual perception of the pre- school child.
- 2.6 The importance of visual perception for language and communication development of the child is explained.
- 2.7 Language and communication development activities are conducted in an enjoyable manner and the reasons are explained.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the language and communication development activities is stored.
- 3.2 Progress and/ or irregularities are reported to the employer/ parent.
- 3.3 The reason(s) why progress and /or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to implement activities to enhance the language and communication development of the pre-school child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard activities are implemented to enhance language and communication development of the pre-school child in a domestic, home- care and/ or child minding in home environment
4. **Language development activities** refer to e.g. articulation games, blowing games, rhymes for grammar and auditory skills and designing rhymes.
5. **Actions and sounds** refer to e. g. to imitating sound makers, singing and dramatising action songs, imitating sounds of animals.
6. **Activities to stimulate conversation** refer to e.g. discussing pictures, questions are asked about content of the book, the child re-tells the story, fantasy play.
7. **Auditory perception** refers to e.g. auditory discrimination and auditory memory.
8. **Visual perception** refers to e.g. visual discrimination and visual memory.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Bridging with a Smile
4. Growing up with a Smile

Supplementary information

1. **Level** refers to the different milestones that the child should achieve at a certain age.
2. **Auditory discrimination** refers to the ability to distinguish between different sounds and categorizing sounds into loud/ soft, high/ low, fast/ slow.
3. **Auditory memory** refers to listening to sounds and to reproduce them in the same order.
4. **Visual discrimination** refers to the ability to see the difference between different images/ pictures.
5. **Visual memory** refers to the ability of the brain to understand what the eyes see.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: Implement activities to enhance language communication development of babies in the home.

(Range: a baby is a child 0 to 18 months of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to implement activities to enhance language and communication development of babies.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Stimulate the communication skills of the baby during routine activities.

(Range: routine activities refer to e.g. feeding, bathing, dressing the baby and changing nappies).

ASSESSMENT CRITERIA

1.1 Interactions to be conducted during routine activities are planned and conducted.

(Range : interactions refer to e.g. facial and physical gestures: expressions of happiness, surprise, laughing, smiling and large movement of arms).

1.2 The sounds of the baby are imitated during routine activities and the reasons explained.

1.3 The importance of auditory perception for the development of language and communication skills of the baby is explained.

SPECIFIC OUTCOME 2

Stimulate the communication skills of the baby through music and books.

ASSESSMENT CRITERIA

- 2.1 The suitable equipment for the music and book activities is selected.
(Range: equipment refer to e.g. home-made sound makers, music instruments, tape recorder, tapes, compact discs, pictures and books).
- 2.2 The baby is prepared for the planned activities and the reason(s) for the process is explained.
- 2.3 The selected equipment is distributed and the related activities are facilitated and supervised.
- 2.4 Equipment that could be used for music and reading activities should commercial items not be available, are explained.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the music and book I activities is stored.
- 3.2 The comfort of the baby is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) are explained why progress and/ or irregularities need to be reported to the employer/ or parent.

ACCREDITATION PROCESS

- 1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
- 2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- 3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs implement activities to enhance language and communication development of babies in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards activities are implemented to enhance language and communication development of babies in a domestic, home- care and/ or child minding in home environment.
4. **Manipulate and self-reading** refers to e.g. the baby handling, touching, opening and tasting the books.
5. **Sound makers** refer to e.g. tightly closed containers containing different objects, bottles/ and/ tins that could be tapped against , elastic around a match box, wooden blocks.
6. **Suitable books** refer to e.g. books made of soft, thick, durable materials, colourful, non- toxic, without sharp corners and accommodate the culture of the baby.
7. **Songs and music** refer to e.g.nursery rhymes, finger play, action songs, action songs, country, pop, rock, jazz and African music..

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Early Childhood Development 0- 3 years

Supplementary information

1. **Auditory perception** refers to auditory discrimination and auditory memory.
2. **Auditory discrimination** refers to the ability to distinguish between different sounds and to categorise these sounds into loud/ soft/ high/ low/ fast/ slow.

3. **Auditory memory** refers to the ability to listen to sounds and to reproduce them in the same order.
4. **Stimulate** refers to developing the skills of the baby.
5. **Prepare** the baby refers to placing the baby in a comfortable position, lying down/ sitting, relaxed and without any anxiety.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: Implement activities to enhance language and communication development of toddlers in the home.

(Range: a toddler is a child 18 months to 3 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to implement activities to enhance language and communication development of toddlers.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Stimulate the communication skills of the toddler during routine activities.

(Range: routine activities refer to e.g. preparing meals, feeding, bathing and clothing the toddler).

ASSESSMENT CRITERIA

- 1.1 The level of the language and communication of the toddler is assessed and the appropriate activities and equipment are selected.
- 1.2 Communication activities are planned and implemented.
- 1.3 Communicative interactions are conducted and positive response given to the toddler during activities.
- 1.4 The importance of stimulation of auditory skills of the toddler for language and communication development is explained.

SPECIFIC OUTCOME 2

Stimulate the communication skills of the toddler through music and books.

ASSESSMENT CRITERIA

- 2.1 Suitable equipment for the music and book activities is selected.
(Range: equipment refer to e.g. sound makers, rattles, drums, blocks, symbols, tape recorder, tapes, compact discs, pictures, magazines and books).
- 2.2 The toddler is prepared for the planned activities and reasons for the process are explained.
- 2.3 The selected equipment is distributed and the related activities are facilitated and supervised.
- 2.4 Music and book activities are demonstrated to the toddler.
- 2.5 The importance of the stimulation of visual skills for language and communication development is explained.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the developmental activities is stored.
- 3.2 The comfort of the toddler is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

- 1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
- 2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- 3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.

4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs implement activities to enhance the language and communication development of toddlers in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard activities are implemented to enhance language and communication development of toddlers in a domestic, home- care and/ or child minding in home environment.
4. **Communication activities** refer to e.g. the toddler imitating vocabulary and sentences, the toddler adding new vocabulary to existing vocabulary in playful way, extending telegraphic speech to proper sentences and designing new phrases and sentences.
5. **Communicative interactions** refer to e.g. smiling to the toddler, expressing pleasure/ excitement/ surprise, smiling, laughing and talking to the toddler, making large movements with arms.
6. **Sound makers** refer e.g. to tightly closed containers containing different objects, bottles and/ or tins that could be tapped against, elastic around a match box and wooden blocks.
7. **Prepare** refers to e.g. ensuring that the toddler is in a comfortable position, relaxed and without anxiety, sitting in front of the book and able to see pictures without straining of eyes and/ or neck muscles.
8. **Suitable** books refer to e.g. books made of durable materials, colourful, non- toxic, without sharp corners, and accommodate the culture of the toddler.
9. **Manipulate and self- reading** refer to e. g. the toddler handling touching, opening and tasting the books.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Early Childhood Development 0- 3 years

Supplementary information

1. **Auditory discrimination** refers to the ability to distinguish between different sounds and to categorise these sounds into loud/ soft, high/ low, fast/ slow.
2. **Auditory memory** refers to listening to sounds and to reproduce them in the same order.
3. **Level** refers to the different communication milestones that the child should achieve at a certain age.
4. **Auditory skills** refer to auditory discrimination and auditory memory.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Implement physical development activities for babies in the home.
(Range: a baby is a child 0- 18 months of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice effective developmental activities for babies.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare and practice play activities for gross motor development of the baby.

(Range: play activities refer to e.g. massaging, manipulating, rolling, sitting, crawling, standing, hide- and seek and copying).

ASSESSMENT CRITERIA

1.1 The level of gross motor development of the baby is assessed and the appropriate activities and equipment is selected.

(Range: equipment refers to e.g. books, colourful objects, music instruments, balls, rattles, baby cups, spoons plates and bottles).

1.2 The comfortable environment is created for play activities and suitable safety measures are put in place for each activity undertaken.

1.3 The selected equipment is distributed and activities related to the physical level of

the baby are facilitated and supervised.

- 1.4 The different interactions that need to be undertaken during play activities are conducted and monitored.

SPECIFIC OUTCOME 2

Prepare and practice play activities for fine motor development of the baby.

(Range: play activities refer to e.g. picking up small objects, picking up finger foods, turning pages of a book, modelling and drawing/ colouring with thick wax crayons).

ASSESSMENT CRITERIA

- 2.1 The level of fine motor development of the baby is assessed and the appropriate activities and equipment is selected.

(Range: equipment refer to e.g. a play telephone, shape sorters, blocks, pencils, crayons and play dough).

- 2.2 The selected equipment is distributed and the related activities are facilitated and supervised.
- 2.2 The required safety measures are put in place for each activity undertaken.
- 2.3 Fine motor activities are demonstrated and facilitated.
- 2.4 The different interactions that need to be undertaken during play activities are conducted and monitored.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the fine and gross motor developmental activities is stored.
- 3.2 The comfort of the baby is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice physical developmental activities for babies in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards physical developmental activities for babies are implemented in a domestic, home- care and/ or child minding in home environment
4. **Developmental activities** refer to e.g. games, different skills, movements, body exercise, ball skills, books, interactions.
5. **Safety measures** refer to e.g. prevention of accidents, supervision and first aid.
6. **Equipment** refer to e.g. colourful objects, music instruments, boxes, pillows, balls, baby walkers, rattles, bottles, containers, telephones, crayons, shape sorters, puzzles, blocks, play dough, baby cups, spoons, plates and toys for stacking.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Early Childhood Development 0- 3 years

Supplementary information

1. **Gross motor co-ordination** refers to the co-ordination movements of the large muscles and joints of the body.
2. **Fine motor co-ordination** refers to the movement of small muscles of the body including the eyes, wrists, hands, fingers, toes and tongue.
3. **Physical level** refers to the different milestones that the child should achieve at a certain age.
4. **Balance** refers to the control of the body when moving.
5. **Manipulate** refers to skilful handling a tool or object.
6. **Interacting** with the baby refers to talking to the baby, smiling, laughing and singing while implementing developmental activities.
7. **Comfortable environment** refers to room temperature comfortable for the naked body of the baby.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: **Implement physical development activities for toddlers in the home.**
(Range: a toddler is a child 18 months to 3 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice effective developmental activities for toddlers.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare and practice play activities for gross motor development of the toddler.
(Range: play activities refer to e.g. walking, running, climbing, stepping, riding, jumping, somersaulting, balancing, swinging, sliding and galloping)

ASSESSMENT CRITERIA

1.1 The level of gross motor development of the toddler is assessed and the appropriate activities and equipment is selected.

(Range: equipment refer to e.g. balancing apparatus, scooter, bicycle, tricycle, balls, books, beanbags and bats).

1.2 The selected equipment is distributed and the related activities are facilitated and supervised.

1.3 The required safety measures are put in place for each activity undertaken.

- 1.4 The different interactions that need to be undertaken to develop co-ordination skills of the toddler are conducted and monitored.

(Range: Co-ordination skills refer to e.g. eye- hand, eye- foot and special awareness).

SPECIFIC OUTCOME 2

Prepare and practice play activities for fine motor development for the toddler.

(Range: play activities refer to e.g. stringing, dressing, modelling, tearing, cutting, snipping drawing, painting, pasting, stacking and building).

ASSESSMENT CRITERIA

- 2.1 The level of fine motor development of the toddler is assessed and the appropriate activities and equipment is selected.
- 2.2 The selected equipment is distributed and the related activities are facilitated and supervised.
- 2.2 The required safety measures are put in place for each activity undertaken.
- 2.3 The fine motor activities are demonstrated to the toddler.
- 2.4 The different interactions that need to be undertaken during play activities are conducted and monitored.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the fine and gross motor developmental activities is stored.
- 3.2 The comfort of the toddler is ensured and monitored.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) are explained why progress and/ or irregularities need to be reported to the employer/ parent.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.

3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice physical developmental activities for the toddler in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards physical developmental activities for the toddler are implemented in a domestic, home- care and/ or child minding in home environment
4. **Developmental activities** refer to e.g. games, different skills, movements, body exercise, ball skills, reading and interactions.
5. **Safety measures** refer to prevention of accidents, supervision and first aid.
6. **Equipment** refers to e.g. to scooters, tricycles, bicycles, balancing apparatus, balls, beanbags, bats, rackets, music instruments, radios, boxes, pillows, scissors, objects, paper, crayons, paint, paintbrushes, play dough, glue, building blocks, stacking blocks, puzzles, beads, sand, toys, water toys, buttons and zips to fasten, books, and objects to classify.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Early Childhood Development 0- 3 years

Supplementary information

1. **Gross motor co-ordination** refers to the co-ordination movements of the large muscles and joints of the body.

2. **Fine motor co-ordination** refers to the movement of small muscles of the body including the eyes, wrists, hands, fingers, toes and tongue.
3. **Level** refers to the different milestones that the toddler should achieve at a certain age.
4. **Balance** refers to the control of the body when moving.
5. **Eye-hand/ foot co-ordination** refers to the co-ordination movements of eyes and hand/ foot.
6. **Manipulate** refers to skilful handling a tool or object.
7. **Spatial awareness** refers to an awareness of the position of one's body in the environment.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2,3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2 , 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Implement physical developmental activities for the pre- school child in the home.

(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice effective developmental activities for the pre - school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare and practice play activities for gross motor development of the pre-school child.

(Range: play activities refer to e.g. running, climbing, stepping, riding, jumping, somersaulting, balancing, swinging, sliding, and galloping).

ASSESSMENT CRITERIA

1.1 The level of gross motor development of the pre-school child is assessed and the appropriate activities and equipment is selected.

(Range: equipment refers to e.g. scooter/bicycle/tricycle, balls, beanbags, bats, racquets, obstacle books and toys).

1.2 The selected equipment is distributed and the related activities are facilitated and supervised.

1.3 The required safety measures are put in place for each activity undertaken.

1.4 The different interactions that need to be undertaken during play activities are conducted and monitored.

SPECIFIC OUTCOME 2

Prepare and practice play activities for fine motor development for the pre- school child.

(Range: play activities refer to e.g. dressing, modelling, tearing, cutting, drawing, painting, pasting, stacking and building).

ASSESSMENT CRITERIA

2.1 The level of fine motor development of the pre-school child is assessed and the appropriate activities and equipment are selected.

2.2 The selected equipment is distributed and the related activities are facilitated and supervised.

2.2 The required safety measures are put in place for each activity undertaken.

2.3 Demonstrate fine motor activities to the child.

2.4 The different interactions that need to be undertaken during play activities are conducted and monitored.

SPECIFIC OUTCOME 3

Perform the post activity procedures.

ASSESSMENT CRITERIA

3.1 Equipment used for the fine and gross motor developmental activities is stored.

3.2 The comfort of the child is ensured and monitored.

3.3 Progress and/ or irregularities are reported to the employer/ parent.

3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.

3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice physical developmental activities for the pre- school in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards physical developmental activities for the pre- school child are implemented a domestic, home- care and/ or child minding in home environment.
4. **Developmental activities** refer to e.g. games, different skills, movements, body exercise, ball skills, books and interactions.
5. **Safety rules** refer to e.g. prevention of accidents, supervision and first aid.
6. **Equipment** refer to e.g. scooters, tricycles, bicycles, balancing apparatus, balls, beanbags, bats, rackets, music instruments, radios, boxes, pillows, scissors, objects, paper, crayons, paint, paintbrushes, play dough, glue, building blocks, stacking blocks, puzzles, beads, sand, toys, water toys, buttons and zips to fasten, books, and objects to classify.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Care
2. How Children Develop and Learn
3. Early Childhood Development 0- 3 years

Supplementary information

1. **Gross motor co-ordination** refers to the co-ordination movements of the large muscles and joints of the body.

2. **Fine motor co-ordination** refers to the movement of small muscles of the body including the eyes, wrists, hands, fingers, toes and tongue.
3. **Level** refers to the different milestones that the child should achieve at a certain age.
4. **Balance** refers to the control of the body when moving.
5. **Eye-hand/foot co-ordination** refers to the co-ordination movements of eyes and hand/foot.
6. **Manipulate** refers to skilful handling of a tool or object.
7. **Spatial awareness** refers to an awareness of the position of one's body in the environment.
8. **Classification** refers to arranging things in related groups or categories.

Critical Crossfield Outcomes.

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcomes 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

TITLE: Instil an independent hygiene routine with the pre-school child in the home.

(Range: a pre-school child is 3 to 5 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to instill an independent hygiene routine with the pre- school child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare for daily hygiene routine activities.

(Range: routine activities refer e.g. to taking a bath, brushing teeth, using the toilet, washing hands, keeping the environment clean).

ASSESSMENT CRITERIA

1.1 The daily time table chart of the pre-school child is consulted and activities planned.

1.2 The necessary equipment is selected and the appropriate atmosphere created for the activities.

(Range: equipment refers to e.g. a towel, disinfectant soap, shampoo, wash cloth, bath mat, toys, nail brush, toilet paper, tissues, hair comb and/ or brush, tooth brush, and toothpaste).

1.3 The selected equipment is prepared for the related activities and the pre-school child is guided to assist with the preparation activities.

1.4 The required safety measures are put in place for activities undertaken.

SPECIFIC OUTCOME 2

Daily hygiene activities are conducted.

ASSESSMENT CRITERIA

2.1 The selected equipment is distributed and the related activities facilitated.

(Range: equipment refers to e.g. a towel, disinfectant soap, shampoo, wash cloth, bath mat, toys, nail brush, toilet paper, tissues, hair comb and/ or brush, tooth brush, toothpaste).

2.2 The activities are supervised and monitored without interfering with the child's sense of independence.

2.3 Positive appreciation for the co-operation of the child is expressed.

2.4 The reason(s) why positive appreciation for the co-operation of the child needs to be expressed is explained.

SPECIFIC OUTCOME 3

Perform the post daily hygiene activity procedures.

ASSESSMENT CRITERIA

3.1 The areas where activities were implemented are tidied up and the support of the child ensured.

3.2 Equipment used for the activities is stored in a suitable storage place.

3.3 The comfort of the child is ensured and monitored.

3.4 Progress and/ or irregularities are reported to the employer/ parent.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.

2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to instil an independent hygiene routine with the pre- school child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard an independent hygiene routine is instilled with the pre- school child in a domestic, home- care and/ or child minding in home environment.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. How Children Develop and Learn
2. Book of Child Care
3. Baby and Child Care Handbook

Supplementary information

- 1 **Daily time chart** refers to a piece of paper or a note pad containing information supplied by the employer/ parent regarding the daily routine of the pre-school child.
2. **Suitable storage** refers to a clean and hygienic place accessible to the pre- school child.
3. **Correct atmosphere** refers to a friendly and relaxed atmosphere.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.

2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes1, 2, 3.

TITLE: Practice hygiene principles for babies in the home.

(Range: a baby is a child 0 to 18 months of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to practice hygiene principles for babies.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Prepare and disinfect/ “sterilize” bottles and dummies.

(Range: prepare refers to e.g. bottles, teats, teat covers being rinsed, washed and rubbed with dry salt on the inside and outside).

ASSESSMENT CRITERIA

1.1 The selected equipment and chemicals are prepared for disinfecting/ “sterilizing” according to the requirements of the chosen method.

(Range: equipment refers to e.g. containers with lids, chemicals, water, bottles, teats, rims, teat covers, dummies, bottle brush, liquid soap, salt and microwave).

1.2. The bottles and dummies are disinfected/ “sterilized” according to the requirements of the method chosen.

1.3 The required safety measures are put in place for each method used.

- 1.4 The reason(s) why a fresh 24 hourly disinfecting / “sterilization” solution needs to be prepared for the cold/ chemical method is explained.

SPECIFIC OUTCOME 2

Prepare and disinfect/ “sterilize” nappies and/ or toys.

ASSESSMENT CRITERIA

- 2.1 The selected equipment and chemicals are prepared according to the requirements method used.
(Range: Equipment refers to containers with a lids, chemicals, cold water, nappies and toys).
- 2.2 The nappies and/ or toys are disinfected/ “sterilized” according to the requirements of the method used.
- 2.3 The measures necessary for safety are put in place.
- 2.4 The reason(s) why a fresh 24 hourly disinfecting/ “sterilization” solution needs to be prepared, is explained.

SPECIFIC OUTCOME 3

Perform the post disinfecting/ ‘sterilization” procedures.

ASSESSMENT CRITERIA

- 3.1 Hands are washed before the ‘equipment/ items are removed from the container with the disinfecting/ “sterilizing” solution.
- 3.2 The items disinfected/ “sterilized” are prepared for storing and stored.
- 3.3 The chemicals used are safely stored in the applicable storing area.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs to practice hygiene principles for babies in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standard hygiene principles for babies are practiced in a domestic, home- care and/ or child minding in home environment.
- 4 **Method** refers to e.g. the cold/ chemical, the steaming and the microwave method.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Child Health
2. Baby's First Year
3. Dr Spock's Baby and Child Care

Supplementary information

1. **Prepare for storing** refers to drying the nappies and the toys thoroughly.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.

8. Being culturally and aesthetically sensitive across a range of social contexts.
Evident in Specific Outcomes 1, 2, 3.

TITLE: Implement activities to enhance the language and communication development of the grade R child in the home.
(Range: a grade R child is 5 to 6 years of age).

NLRD ID:

LEVEL: 2

CREDITS: 2

FIELD: NSB 11 SERVICES

SUB FIELD: Cleaning, Domestic, Hiring, Property and Rescue Services

ISSUE DATE:

REVIEW DATE:

PURPOSE

Learners wishing to acquire the competencies of this unit standard will be domestic workers, au pairs, baby-sitters, in-home child-minders working towards a national qualification and/or will be involved in minding children. Qualifying learners are able to implement activities to enhance language and communication development of the grade R child.

LEARNING ASSUMED TO BE IN PLACE

The learner would have achieved numeracy and communication competencies at a minimum level of ABET level 3 or the equivalent. This will enable the learner to confirm the knowledge and skills required by this unit standard.

SPECIFIC OUTCOME 1

Stimulate the language skills of the grade R child during routine activities.

(Range: routine activities refer to e.g. activities during meals, bath time and dressing time).

ASSESSMENT CRITERIA

1.1 Language development activities are selected and the ways to conduct these activities planned.

(Range: language development activities refer to e.g. explaining meanings of words, constant informal conversation, introducing new vocabulary, naming people and

objects on outings, visiting the library, memorising of poems and songs, reading books to and with the grade child).

- 1.2 Suitable books are selected and opportunities for self- reading and to read with the child explained.
- 1.3 Stories and rhymes are introduced into the daily activities with the child and the activities are supervised.
- 1.3 The ways positive appreciation can be expressed for all efforts of the child to be creative in the use of vocabulary and the construction of sentences.
- 1.4 The reasons are explained why positive appreciation of the language activities of the grade R child needs to be expressed.

SPECIFIC OUTCOME 2

Enhance pre- reading and -writing skills for effective language development.

ASSESSMENT CRITERIA

- 2.1 The suitable equipment is selected for pre- reading and – writing and the different activities planned.
(Range: equipment refers to e.g. paper for writing, newspapers, magazines, pictures, posters, pencils, colouring pencils, pictures and books).
- 2.2 The selected equipment is distributed and the related activities are facilitated and supervised.
(Range: related activities refer to e.g. scribbling exercises, printing letters on copying/ tracing letters in magazines, naming and repeating of letters and/ or sounds, reinforcement of sounds and/ or shapes of letters using lips and observation games).
- 2.3 Ways to create an effective environment to encourage pre- reading and -writing with the grade R child in the home are explained.
- 2.4 Writing and reading difficulties that might arise are named and the correct way to handle these situations explained.

SPECIFIC OUTCOME 3

Perform post activity procedures.

ASSESSMENT CRITERIA

- 3.1 Equipment used for the language and communication activities is stored.
- 3.2 The co-operation of the child in post activity procedures are encouraged and the reason(s) is explained.
- 3.3 Progress and/ or irregularities are reported to the employer/ parent.
- 3.4 The reason(s) why progress and/ or irregularities need to be reported to the employer/ parent is explained.

ACCREDITATION PROCESS

1. Any institution or provider offering learning that will enable achievement of this unit standard must be accredited by the relevant ETQA.
2. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
3. Anyone assessing a learner against this unit standard must be a registered assessor with the relevant competence at NQF level 3.
4. Both internal and external moderation of the assessment will be overseen by the relevant ETQA according to the moderation guidelines outlined in the relevant qualification and agreed ETQA procedures.

RANGE STATEMENTS

1. The **scope** of this unit standard is for any person who needs implement activities to enhance language and communication development of the grade R child in a domestic, home- care and/ or child minding environment.
2. The **level assigned** to this unit standard is appropriate because the process is limited in range, very repetitive and familiar, no generation of new ideas is needed and the person has no responsibility for the learning of others.
3. In the **context** of this unit standards activities are implemented to enhance language and communication development of the grade R child in a domestic, home- care and/ or child minding in home environment.
4. **Suitable** books refer to e.g. books with expanded construction of sentences, introducing new vocabulary, introducing new facts and interests.
5. **Creative** use of language refers to e.g. expanding sentences, using new words, designing new rhymes and poems, using vocabulary in new and interesting ways.
6. **Difficulties** refer to e.g. backwards writing of letters, incorrect pencil grip and confusing letter shapes.

NOTES

Essential Embedded Knowledge

When assessing against this unit standard/ the assessor should be familiar with the following subject matter:

1. Human Development
2. Book of Child Care
3. Learning Through Play

Supplementary information

1. **Manipulate and self- reading** refer to the child handling, touching, opening and paging books.
2. **Pre- reading and –writing activities** refer to informal reading and writing to create a positive environment for school readiness of the child.
3. **Observation games** refer to the identifying of letters or letter combinations in newspapers or magazines.

Critical Crossfield Outcomes

1. Identify and solve problems in which response displays that responsible decisions using critical and creative thinking have been made. Evident in Specific Outcome 1, 2, 3.
2. Work effectively with others as a member of a team, group, organization or community. Evident in Specific Outcomes 1, 2, 3.
3. Organize and manage oneself and one's activities responsibly and effectively. Evident in Specific Outcomes 1, 2, 3.
4. Communicate effectively by using mathematical and /or language skills in the modes or oral and written presentation. Evident in Specific Outcome 1, 2, 3.
5. Use science and technology effectively and critically, showing responsibility towards the environment and health of others. Evident in Specific Outcomes 1, 2, 3.
6. Demonstrate an understanding of the world as set of related systems by recognizing that problem solving context do not exists in isolation. Evident in Specific Outcomes 1, 2, 3.
7. Contribute to the full personal development of each learner and the social and economic development of the society at large by participating as a responsible citizen in the life of local, national and global communities.
8. Being culturally and aesthetically sensitive across a range of social contexts. Evident in Specific Outcomes 1, 2, 3.

