Lifelong Learning Programme

[MEMORANDUM OF UNDERSTANDING – HEALTH CARE ASSISTANTS]

Procedures definition protocol for the mutual recognition of ECVET credits within the health care assistants 'training

IQeA evolution

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Lifelong
Learning
Programme

1. INTRODUCTION

The Memorandum of Understanding (MoU) is a voluntary partnership agreement in which conditions for a mutual recognition of training provided and/or validated informally acquired skills are concluded between partners from different countries. The MoU sets the framework for recognition of Learning Outcomes (LO) and establishes the partnership's procedures for cooperation..
Partners using this agreement, on the basis of mutual trust, accept each other's quality assurance, assessment, validation and recognition criteria and procedures as satisfactory for the purpose of transferring credits within a mobility period. They agree on the general conditions such as objectives and duration and recognize other actors and further institutions that may be involved.

2. GENERAL OBJECTIVES OF THE MOU

The objective of this Memorandum of understanding is to create a framework allowing people interested in a geographic or professional mobility to have their training credits –acquired in one or more Countries/Regions part of the MoU- recognized by the subscriber organizations.

3. PERIOD OF ELIGIBILITY OF THE MOU

This MoU will be valid for a period of 12 months from the signing date and it will be renewed by tacit agreement. Each subscriber partner can terminate the agreement informing other partners through registered mail with at least a 30 days' notice.

4. INFORMATION ABOUT THE PARTNERS

The protocol involves the organizations mentioned in Attachment 4

5. INFORMATION ABOUT THE TRAINING PROGRAMM(ES) OR QUALIFICATION(S) CONCERNED

The MoU deals with the following training programmes / qualifications

1.

NAME IN ORIGINAL LANGUAGE	Operatore Socio Sanitario (IT)
NAME IN ENGLISH	Health and social care worker

2.

NAME IN ORIGINAL LANGUAGE	Infirmiera (RO)
NAME IN ENGLISH	Health Care Assistant

3.

NAME IN ORIGINAL LANGUAGE	OPIEKUN W DOMU POMOCY SPOLECZNEJ (PL)
NAME IN ENGLISH	Care Assistant in Social Welfare House

Attachment 1:

- Description of each profile

6. GENERAL AGREEMENT ON THE LEARNING OUTCOMES THAT CAN BE OBJECT OF TRANSFER AND MUTUAL VALIDATION

The following learning outcomes can, in principle, be considered for transfer and mutual validation:

PERSONAL HYGENE	He/she is able to assist the person in personal hygiene
NUTRITION AND FEEDING	He/she is able to assist the person in nutrition and feeding
MOBILIZATION	He/she is able to support the user in the mobility according to the different degree of disability, adopting the most suitable measures, if dependent or bed-bound repositions, walking inside (at home or in a care facility) and outside, transportation
MANAGEMENT AND HYGENE OF LIVING ENVIRONMENTS	He/she is able to take care of cleaning and hygiene of the care recipient's living environment, bed hygiene, respecting the sanitary and safety rules, with a particular focus on care recipient's living environment. He/she is able to support the patient to carry out the most common bureaucratic procedures.
FIRST AID	He/she is able to provide older people with emergency care/ first aid.
COMMUNICATION	He/ she is able to communicate with the care recipient and his/her family using, (if migrant) the language of the working place, using, if necessary, alternative methods of communication
PROFESSIONAL ETHIC	He/ she observes the principles of professional ethics

Attachment 2:

- Indicators and ECVET points

7. RESPONSIBILITIES

Should a participant to one of the training programmes mentioned in point (5) be interested in transferring its credits to obtain any of the other qualifications mentioned in point (5) issued by any of the partners

mentioned in point (4), he/she should inform his/her **sending organization** that will provide the competence certificate / assessment of LO developed according to IQEA Template (attached). The **receiving organization** will recognize the LO and acknowledge the related ECVET points.

8. QUALITY ASSURANCE

Each partner organization assures the following quality standards:

- The content of the training provided and/ or of the carried out validation path of the informally acquired skills allows the trainee to obtain the learning outcomes indicated at point (6) according to the indicators described in attachment 2 to this document.
- The trainee has been assessed using at the least the assessment tools agreed in the IQEA project (attachment 3). The partner organization assures that the trainee has done the tests autonomously and without any help.
- Each sending organization is also committed to assess the quality of the training provided according to EQARF indicators and / or CEDEFOP's guidelines for validation of non-formal and informal learning and to provide the assessment to the receiving organization.

9. ASSESSMENT

The trainees will be assessed on the Los indicated at point (6) using at the least the assessment tools developed within the IQEA project. Partner organizations are free to use any other additional assessment method, including for example oral exams, practical exams etc., according to local regulations and usual methodologies.

10. VALIDATION AND RECOGNITION

The receiving organization, upon request of the trainee, will acquire the competence certificate issued by the sending organization, validate the already acquired skills and acknowledge the respective ECVET points, as indicated in Attachment 2. The receiving organization will finally provide the trainee with:

- an indication of the missing learning outcomes he/she should acquire in the receiving region / country in order to obtain a full equivalence of his/her qualification;
- information about how the full qualification can be obtained.

[ATTACHMENTS]

ATTACHMENT 1 – JOB AND TRAINING DESCRIPTIONS

HEALTH AND SOCIAL CARE WORKER (OSS) - ITALY

1. Job description

OSSs carry out activities to a) meet the basic needs of the person, within their areas of competence, in a social and health care context; b) promote the welfare and autonomy of the patients.
OSSs have competences both an social and sanitary sector and addressed to the people and their living environment: a) direct assistance and residential help b) sanitary and social intervention c) management support, organizational and training.

2. General term of job practicing

OSSs work in close collaboration to other health and sanitary personnel according to a "multi-professional approach". OSSs receive specific tasks and duties by others higher sanitary professional profiles (e.g. nurses but also Radiology technicians, Biomedical laboratory technicians and physiotherapists) as well from others higher social professional profiles (Social worker).

3. Education and experience

To access to OSS training courses, participants are required to have the compulsory school certification and to be over 17 years old. Training course is based on 2 modules a) a basic module b) a specific, vocational training module. Training courses are annual for a number of hours not less than 1000

4. Specific activities carried out

<u>Direct care and domestic feeding support</u>

- Assists the person, especially if dependent or bed-bound, in everyday activities and personal hygiene
- Carries out basic therapeutic activities and basic diagnostic support
- Cooperates to activities aimed to maintain remaining psycho - physical capacities, re-education, re-activation and functional recovery
- Performs recreational activities and socialization activities for individuals and groups

- Supports social and health care professionals in assisting ill persons, even if terminally ill and dying persons.
- Takes care of cleaning and hygiene of the patient 's living environment
- Supports the care recipient in managing his/her living environment
- Takes care the cleaning and the environment hygiene

Hygiene, health and social intervention

- Monitors and assists to the gathering of data about the needs and risky conditions of the care recipient
- Cooperates to the put in practice of health care services
- Evaluates, according to its competences, the most suitable interventions that should be put in practice
- Cooperates to the evaluation of the quality of provided services
- Knows and uses parlances and means of communication / relation which are appropriate according to the working conditions
- Puts in practice helping relationships with the care recipient and his/her family, in order to support social integration and to maintain /recover personal identity
- Supports in the organizational, training and management activities
- Supports the put in practice of interventions evaluation protocols
- Cooperates to the assessment of the services quality
- Uses common informative tools to record what registered during the working shift
- Cooperates to the definition of his/her own training needs and attends training / refresher courses
- Cooperates to realization and evaluation of internships of OSS students
- Supports in simple activities within care services

5. Work place

OSSs are allowed to work inside hospitals as well outside (primary nursing) both for residential and no-residential activities in the following areas: social sector, health services, social-welfare and socio-health, semi-residential in hospital and at patients' home.

6. Work context

OSSs normally work on shifts (day / night and holidays). Cooperate with other persons such as social workers, psychologists, nurses, doctors and family members and carers of the patient. They are normally employed by public or private organizations.

HEALTH CARE ASSISTANT - ROMANIA

1. Job description:

The persons qualified in this occupation execute care activities and contribute in maintaining an optimal environment for the patient's physical and psychological status in hospitals or in social and socio-medical institutions.

They ensure the hygiene and the adequate life environment for the assisted person, accompanying the patients in accomplishing daily activities.

They also ensure the hydration and the adequate feeding process of the beneficiaries.

The health care assistants stimulate the beneficiaries to take part to daily activities and they contribute to the improvement of health and regain of autonomy. They also help in the medication administration for the assisted persons.

They are responsible for the transportation and accompaniment of the beneficiaries, respecting the rights and the confidentiality regarding the evolution of the beneficiary's health status.

2. General terms of job practicing:

The environment where the activities requested by this job are delivered consists of hospitals and other institutions in the medical, socio-medical or social field (e.g.: long term care centres for elderly), so it is usually a protected space. The work is usually scheduled in a strict way, in shifts. This can include nights and/or week-end work. Activities are usually unstructured. This job requires frequent interpersonal interactions with medical staff (doctors, nurses), with patients and their relatives. It involves also handling persons and different equipment. There could be risks of exposure to viruses and radiations. Sometimes conflict situations may occur.

3. Education and experiences:

This job requires a basic education level – 8 classes. In order to hold this profile, specialization training is needed. The training is based on a curriculum that contains a variable number of hours (about 150),

including theory and practice. The curriculum contains the following modules: planning the care activities; continuous training; working within a multidisciplinary team; interactive communication; respecting the rights of the assisted person; supervising the health status of the assisted person; feeding and hydrating the assisted person; the hygiene of the space where the assisted person lives; the personal hygiene of the assisted person; transporting the clothes; transporting the assisted persons.

5. Specific activities carried out:

Specific operational activities:

- Changing bedclothes and personal clothes (to ensure the adequate hygiene for every beneficiary)
- Repositioning and turning around the persons immobilized in bed (to prevent the discomfort and the pains due to a long time used position)
- Preparing, serving and collecting the food trays
- Feeding the dependent beneficiaries
- Ensuring the care of the persons by furnishing and emptying the bedpans
- Dressing up the assisted persons
- Supervision of routine exercises
- Preparing the persons for medical examination or treatments
- Cleaning in the rooms, and other interior spaces in the institution
- Monitoring the quantities of water and food taken and eliminated by medical staff requests
- Reporting to the medical staff the problems observed at the beneficiaries
- Delivering treatments such as massage, showers, suppositories, by request and under supervision of a nurse or doctor
- Realizing inventory charts for the delivery of necessary materials
- Depositing, preparing, sterilizing and distributing necessary instruments for treatments and rooms or surgical rooms (dressing packages, bandages, coats, cotton-wool packages, disinfectants etc.)

6. Work place:

The activities take place in hospitals and in other institutions in the medical, socio-medical or social field (e.g.: residential centres for elderly).

7. Work context:

The health care assistant works in collaboration and under the responsibility/supervision of a nurse. Usually, they work within a multidisciplinary team (doctor, nurse, psychologist, social worker) and participate in the preventive, curative or palliative health care. They work in private or public contexts.

ATTACHMENT 2 A– LEARNING OUTCOMES AND INDICATORS

UNIT	LEARNING OUTCOME(S)	INDICATORS
PERSONAL HYGENE	He/she is able to assists the person in personal hygiene	- Capability to arrange suitable materials to give hygienic practices - Capability to correctly use the incontinence divaces (adult diaper) - Capability to correctly apply the procedures of toileting and intimate hygiene - Capability to help patient in care of hair and nails - Capability to help the patient for the physiological functions - Capability to realize the bath of a dependent person - Capability to apply partially and/or totally personal hygiene for bedridden patients - Capability to support the dependent care recipient in dressing/undressing process
NUTRITION AND FEEDING	He/she is able to assists the person in nutrition and feeding	- Capability to apply techniques for feeding solid food and liquids to the dependent beneficiary - Capability to apply the basic principles of dietetics according to the different pathologies (i.e. diabetic, cardiac diet etc.) - Capability to apply the basic principles of food hygiene - Capability to ensure the comfort / well-being of the patient during meals
MOBILIZATION	He/she is able to support the care recipient in the mobility according to the different degree of disability, adopting the most suitable measures, if dependent or bed-bound repositions, walking inside (at home or in a care facility) and outside, transportation.	- Capability to apply operational techniques to mobilize and to manipulate the bed-bound beneficiary (how to lift up the bed-bound beneficiary, how to change the position of the bed-bound patient, how to use specific accessories for the patients' mobilization such as walking stick, wheel-chair) - Capability to apply procedures to prevent bed-sores - Capability to support the patient walking - Capability to transport the patient,

		ensuring the safety of the patient as well as that of the care worker during the entire period of transportation
MANAGEMENT AND HYGENE OF LIVING ENVIRONMENTS	He/she is able to take care of cleaning and hygiene of the patient 's living environment, respecting the sanitary and safety rules, with a particular focus on patient environment. He/she is able to support the patient to run the activities related to his/her daily life.	- Capability to apply principles of environmental hygiene and care (hygiene, environmental sanification, the confinement room standards, the temperature, the lighting, etc.) and to use appropriate procedures and apply the cleaning products - Capability to apply disinfection techniques - Capability to make the bed in different moments and contexts (bed-bounded patient, etc.) - Capability to prevent exposure accidents of biological products - Capability to support in running the household and management of domestic issues
FIRST AID	He/she is able to provide older people with emergency care/ first aid	- Capacity to intervene in emergency and critics situations - Capacity to activate the emergency service - Capacity to apply first-aid technique and the procedures in case of emergency
COMMUNICATION	He/ she Is able to communicate with the care recipient and his/her family, using (if migrant) the language of working place, using, if necessary, alternative methods of communication.	- Knowledge of principles, systems, styles and methods of communication (verbal communication, visual communication, etc.) - Capability to communicate in an appropriate way with the beneficiary and his/her family adapting her/his voice tone and posture according to the sensory deficit of the patient
PROFESSIONAL ETHIC	He/ she observes the principles of professional ethics.	- Capability to respect the confidentiality principle regarding the care recipients - Capability to identify correctly the violation of beneficiaries' rights - Capability to follow the procedures of the ethical code of his/her own role - Knowledge of the principles of the care activity legal liability and the laws regulating his/her own role

ATTACHMENT 2B –ECVET POINTS

Acknowledgeable ECVET points according to the different Curricula:

CURRICULUM	TOTAL ECVET POINTS	MAXIMUM ACKNOWLEDGEABLE ECVET POINTS
Health and Social care worker – Italy	60	36,75
Health Care Assistant - Romania	15	6,8
Care Assistant in Social Welfare House - Poland	120	5,2

Details of the maximum acknowledgeable ECVET points for each learning assessment

TESTED COMPETENCE AREA	MAXIMUM ACKNOWLEDGEABLE FOR HEALTH AND SOCIAL CARE WORKER PROFILE	MAXIMUM ACKNOWLEDGEABLE FOR HEALTH CARE ASSISTANT PROFILE	MAXIMUM ACKNOWLEDGEABLE FOR CARE ASSISTANT IN SOCIAL WELFARE HOUSE PROFILE
PERSONAL HYGIENE	9,6	0,54	1,00
NUTRITION AND FEEDING	9,6	0,18	0,82
MOBILIZATION	9,6	0,63	0,48
MANAGEMENT AND HYGIENE OF LIVING ENVIRONMENTS	9	2,33	0,00
FIRST AID	1,8	0,54	0,28
COMMUNICATION	3	0,96	1,16
PROFESSIONAL ETHICS	1,8	1,67	0,82
TOTAL	42,00 /60	6,8 / 15	5,2/120

ATTACHMENT 3 – COMPETENCE CERTIFICATE - TEMPLATE[1]

LOGO OF THE TRAINING PROVIDER	
CERTIFICATION OF ACQUIRED SKILLS OF MR/MS ……	
TITLE OF THE TRAINING CURRICULUM WITHIN WHICH THE SKILLS WERE ACQUIRED (IN ORIGINAL LANGUAGE)	
TITLE OF THE TRAINING CURRICULUM WITHIN WHICH THE SKILLS WERE ACQUIRED IN ENGLISH (THIS TRANSLATION HAS NO LEGAL VALUE)	
SKILLS ACQUIRED THROUGH	☐ FORMAL TRAINING ☐ VALIDATION OF INFORMALLY ACQUIRED SKILLS
SKILLS AND COMPETENCES ACQUIRED	To be awarded this certificate the holder will have demonstrated formally through a process of assessment, administered using IQEA validation tools, an ability to: *[NB: SPECIFY ONLY THE COMPETENCES RELATED TO THE IQEA ASSESSMENTS EFFECTIVELY PASSED]* • assists the care recipient in personal hygiene • assists the care recipient in nutrition and feeding • support the care recipient in mobility according to the different degree of disability, adopting the most suitable measures, if dependent or bed-bound repositions, walking inside and outside, transportation • take care of cleaning and hygiene of the care recipient and of his/her living environment, respecting the sanitary and safety rules and support the care recipient to carry out the most common bureaucratic procedures • provide the care recipient with emergency care/ first aid • communicate with the care recipient and

[1] Based on Europass Certificate Supplement Format

	his/her family using, if necessary, alternative methods of communication • observe the principles of professional ethics
NAME AND STATUS OF THE BODY AWARDING THE CERTIFICATE	
ACCESS REQUIREMENTS TO THE TRAINING COURSE – VALIDATION OF SKILLS	
RELEASED ON	
SIGNATURE OF THE RESPONSIBLE PERSON	

ATTACHMENT 4 – PARTNER / ASSOCIATED ORGANIZATIONS

ORGANIZATION A

A.1. IDENTIFICATION OF THE ORGANIZATION

LEGAL NAME	
DESCRIPTION	
OFFICE / DEPARTMENT RESPONSIBLE FOR THE MEMORANDUM	
ADDRESS	
CITY	
POSTAL CODE	
COUNTRY	
WEB SITE	

A.2. IDENTIFICATION OF THE LEGAL REPRESENTATIVE AUTHORISED TO SIGN THE MEMORANDUM

NAME AND SURNAME	
QUALIFICATION	
STAMP	
SIGNATURE	

A.3. IDENTIFICATION OF THE PERSON RESPONSIBLE FOR THE MEMORANDUM

NAME AND SURNAME	
ROLE IN THE ORGANIZATION	
ADDRESS	
PHONE NUMBER	
E-MAIL	
FAX NUMBER	

ORGANIZATION B

B.1. IDENTIFICATION OF THE ORGANIZATION

LEGAL NAME	
DESCRIPTION	
OFFICE / DEPARTMENT RESPONSIBLE FOR THE MEMORANDUM	
ADDRESS	
CITY	
POSTAL CODE	
COUNTRY	
WEB SITE	

B.2. IDENTIFICATION OF THE LEGAL REPRESENTATIVE AUTHORISED TO SIGN THE MEMORANDUM

NAME AND SURNAME	
QUALIFICATION	
STAMP	
SIGNATURE	

B.3. IDENTIFICATION OF THE PERSON RESPONSIBLE FOR THE MEMORANDUM

NAME AND SURNAME	
ROLE IN THE ORGANIZATION	
ADDRESS	
PHONE NUMBER	
E-MAIL	
FAX NUMBER	

ORGANIZATION C

C.1. IDENTIFICATION OF THE ORGANIZATION

LEGAL NAME	
DESCRIPTION	
OFFICE / DEPARTMENT RESPONSIBLE FOR THE MEMORANDUM	
ADDRESS	
CITY	
POSTAL CODE	
COUNTRY	
WEB SITE	

C.2. IDENTIFICATION OF THE LEGAL REPRESENTATIVE AUTHORISED TO SIGN THE MEMORANDUM

NAME AND SURNAME	
QUALIFICATION	
STAMP	
SIGNATURE	

C.3. IDENTIFICATION OF THE PERSON RESPONSIBLE FOR THE MEMORANDUM

NAME AND SURNAME	
ROLE IN THE ORGANIZATION	
ADDRESS	
PHONE NUMBER	
E-MAIL	
FAX NUMBER	