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Family Study Socioeconomic Assessment and Follow-Up

Practical 01 / Supervised community practical

Aim

Prepare a supervised household assessment, set a priority with the family and assess follow-up.

Principle

Living conditions, support, education and access to care influence health. A socioeconomic scale must match its intended setting and current scoring basis.

Materials and Requirements

- De-identified household template and supervisor
- Current approved socioeconomic scale and referral directory

Procedure

1. Obtain permission and record household composition, occupation, education and resources relevant to the assigned scale.
2. Start with an agreed household definition and coded roster. Identify who provided information, how many members are present or temporarily away and what information the family agrees to share.
3. Describe health concerns, care access, sanitation and nutritional and preventive needs. Separate observations from self-reports.
4. Use the same sequence for each household member, checking age, reported concerns, care access and key preventive needs. Ask whether a measured or reported household condition is known directly.

Continue with step 5 on the next page.

Procedure Continued

Family Study Socioeconomic Assessment and Follow-Up

5. Apply the chosen scale carefully and record its name, revision and any missing fields. Agree one priority with the household.
6. Enter each item of the approved scale using the selected revision and definitions. Calculate component and total scores, then check the classification against its table and document unknown entries.
7. Summarise the resources and barriers in respectful terms. Confirm the selected concern with the household and check that the suggested action is feasible within available services.
8. Review referrals or agreed actions at a planned follow-up and record feasibility, barriers and the next step.
9. At follow-up verify whether the agreed referral or action occurred, what changed and what remains pending. Record access barriers, contact permission and the next agreed review.

Precautions

- Use only the approved instrument and avoid public disclosure of household details.
- Keep personal information under institutional safeguards.

Observations and Interpretation

Family Study Socioeconomic Assessment and Follow-Up

Observations and Record

Item	What to record	What it tells you
Household assessment	Composition, priorities and relevant resources	Provides context without identifiers
Socioeconomic category	Scale, date and input assumptions	Makes classification interpretable
Follow-up	Action taken, barrier and date	Tracks continuity

Worked Example

A fictional family misses a clinic visit because of travel cost. Agree a feasible local follow-up option through the health team and record whether it occurred.

Result and Interpretation

Present a de-identified social and health assessment and evaluated action.

Viva Questions and Answers

Why record the socioeconomic scale version?

Thresholds and suitability can change.

Who helps select the household priority?

The family and supervising team agree on a feasible priority.

Nutrition Anthropometry and Dietary Assessment

Practical 02 / Supervised community practical

Aim

Measure or interpret anthropometry and combine it with a structured dietary assessment.

Principle

Body size, growth, dietary intake and clinical context complement each other. A single measure cannot establish nutritional status or its cause.

Materials and Requirements

- Teaching scale and stadiometer or length board
- Fictional diet recall and age-specific charts
- Portion guide

Procedure

1. Confirm age, measurement method and equipment zero. Record weight, height or length and other measures as appropriate.
2. Calibrate and zero the scale, use minimum appropriate clothing and record how height or recumbent length was measured. Repeat unexpected measurements and document the equipment and date.
3. Use child growth charts for the exact age and sex and assess the trend. For the adult exercise calculate BMI on the measured basis.

Continue with step 4 on the next page.

Procedure Continued

Nutrition Anthropometry and Dietary Assessment

4. Select the correct child growth chart by age and sex. Plot the distinct dates and use the trajectory. For the supplied adult case divide weight in kg by height in metres squared.
5. Conduct a 24-hour recall using portions, meal timing and food sources and identify an important gap.
6. Start the recall with the first food or drink after waking, then include snacks, beverages, cooking oil and shared dishes. Convert reported portions to estimated weights and mark uncertainty.
7. Compare the estimated pattern with the supplied age or clinical context. Check for gaps such as limited food-group diversity or unusually small portions and confirm them with the respondent.
8. Discuss the limitations of one recall and agree a locally feasible dietary or referral action through supervision.
9. Present the measurements, trajectory, intake findings and one agreed priority. Seek clinical or nutrition review where the findings or growth trend warrant it.

Precautions

- Use the correct chart and posture for age. Do not apply adult cutoffs to children.
- Preserve privacy and discuss diet without judgement.

Observations and Interpretation

Nutrition Anthropometry and Dietary Assessment

Observations and Record

Item	What to record	What it tells you
Anthropometry	Measurement, units and age-specific basis	Supports comparison
Intake	Foods, portions and feeding or dietary pattern	Explains the context
Follow-up	Growth or intake measure and next review	Tracks change

Worked Example

At 60 kg and 1.60 m, an illustrative adult BMI is $60/(1.60^2) = 23.4$ kg/m^2. A BMI alone does not establish composition, dietary adequacy or individual risk.

Result and Interpretation

Record the verified measures and one shared and measurable follow-up objective.

Viva Questions and Answers

Why plot serial measurements?

A trend can reveal change that one point misses.

Why standardise equipment and posture?

It reduces avoidable measurement variation.

Diet Planning and Counselling for Common Conditions

Practical 03 / Communication role-play

Aim

Use a case-specific diet assessment to build a practical meal plan and explain the reasoning.

Principle

A plan needs the relevant current reference intake, health condition, medication context and accessible local foods. Nutrient totals depend on edible portions and cooking practices.

Materials and Requirements

- Supplied food composition and current dietary-reference tables
- Fictional diabetes, hypertension or obesity scenario
- Vegetarian, ovo-vegetarian and mixed diet examples

Procedure

1. Identify the assigned case, goals, food habits, resources and any need for dietitian assessment.
2. Confirm the relevant age, measured weight, activity, medical context and available foods. Identify personal preferences, constraints and who cooks the meals in the fictional case.
3. Compare a baseline recall with the chosen reference target and estimate the important nutrient quantities.

Continue with step 4 on the next page.

Procedure Continued

Diet Planning and Counselling for Common Conditions

4. Convert key foods and quantities from the recall into estimated energy and protein using the provided table. Identify the one issue most relevant to the selected clinical goal.
5. Build a feasible meal plan using the chosen dietary pattern. Explain portions, substitution and relevant label reading.
6. Build a one-day plan with meals, portions and a locally realistic substitution for each key change. Check the selected protein source, salt or added-sugar considerations against the case objective.
7. Recalculate the approximate target quantities on the plan and revisit meals with an impractical cost or portion. Check safety and any need for a dietitian with the instructor.
8. Use teach-back to confirm one change and record how and when the team will review progress.
9. Discuss the planned change in the person's preferred language and invite them to explain how they would implement it. Record one measurable review point and its date.

Precautions

- Use current Indian reference values or the case-prescribed target.
- Do not apply a generic protein target to a person with individual restrictions.

Observations and Interpretation

Diet Planning and Counselling for Common Conditions

Observations and Record

Item	What to record	What it tells you
Goal	Feasible clinical or dietary objective	Guides choice of food changes
Meal calculation	Portions and nutrient estimates	Tests consistency with the target
Review	Agreed action and monitoring point	Supports adaptation

Worked Example

A supplied meal includes foods contributing 12 g, 8 g and 5 g of protein. The meal total is 25 g in the exercise. Compare the full day with the case-specific target.

Result and Interpretation

Present a budget-aware daily plan and the assumptions behind nutrient totals, then explain one recommendation in plain language.

Viva Questions and Answers

Why use local foods and substitutions?

A plan is more feasible when foods are familiar and available.

Why confirm label units?

Nutrients per serving and per 100 g represent different amounts.

Breastfeeding and Complementary Feeding Counselling

Practical 04 / Communication role-play

Aim

Demonstrate position and attachment using models and explain age-appropriate complementary feeding.

Principle

Comfortable positioning, deep attachment and effective transfer support breastfeeding. Around six months, complementary foods add to continued breastfeeding as the child's needs increase.

Materials and Requirements

- Doll and breast model
- Standardised caregiver case and age-appropriate feeding materials
- Dietary diversity cards

Procedure

1. Ask about current feeding, comfort, wet nappies, weight trend and caregiver concerns. Identify signs needing clinical review.
2. Ask about the child's age, recent growth, typical feeds, caregiver comfort and intake or output concerns. Obtain permission to observe a supervised feed or use the teaching doll.
3. Use a doll to show body alignment and different comfortable holds. Demonstrate signs of a deep attachment and model-based expression with the instructor.
4. Position the doll close with ear, shoulder and hip aligned and its whole body supported. Show signs of effective attachment and swallowing and discuss common practical concerns.
5. For the expression demonstration follow the instructor's breast model sequence. Include hand hygiene, a clean labelled container and storage instructions from the facility guide.

Continue with step 6 on the next page.

Procedure Continued

Breastfeeding and Complementary Feeding Counselling

6. Build an age-appropriate feeding plan from available foods and discuss texture, responsive feeding, hygiene, meal frequency and diversity.
7. Use the child's age and feeding status to pick meal frequency, amount and texture from the feeding card. Include one affordable meal. Discuss hand hygiene, safe food preparation and a consistency the child can manage.
8. Group the previous day's foods into breast milk, grains or starchy roots and plantains, pulses or nuts and seeds, dairy, meat or fish and poultry, eggs, vitamin A-rich produce and other fruits and vegetables.
9. For a child aged 6 to 23 months, count the groups consumed during the previous day. Five or more meets the minimum dietary diversity indicator. Check the rest of the diet history and growth when counselling the caregiver.
10. Check understanding through teach-back and agree on a follow-up or skilled feeding support when needed.
11. Ask the caregiver to demonstrate a position or describe the proposed meal and follow-up. Document which aspects were agreed and signs such as poor feeding or weight gain needing skilled review.

Precautions

- Avoid blame. Do not force-feed or use unsafe shapes or textures.
- Refer concerns about poor transfer, growth or illness through the supervising team.

Observations and Interpretation

Breastfeeding and Complementary Feeding Counselling

Observations and Record

Item	What to record	What it tells you
Breastfeeding	Position, attachment and signs of transfer	Guides technique support
Complementary foods	Age, texture and variety	Matches skills and nutrition needs
Follow-up	Growth, feeding concern and referral	Identifies need for further assessment

Worked Example

In a fictional seven-month feeding visit, the previous day included breast milk, rice, lentils, egg and mashed pumpkin. These represent five groups. Discuss how the caregiver can safely offer age-appropriate portions and textures.

Result and Interpretation

Give a respectful demonstration and an age-specific counselling plan. Use models for procedures and the local guidance for clinical concerns.

Viva Questions and Answers

When are complementary foods generally introduced?

Around six months while breastfeeding continues.

What is responsive feeding?

Recognising and responding to hunger and fullness cues with patient support.

Health Education Session and Evaluation

Practical 05 / Supervised community practical

Aim

Plan, deliver and evaluate a short supervised health education session.

Principle

A session is more useful when it addresses a behaviour or concern relevant to the audience. Demonstration and teach-back can assess understanding.

Materials and Requirements

- Fictional audience and approved education material
- Local language visuals and brief evaluation form

Procedure

1. Ask about existing knowledge, barriers and what the audience wants to learn.
2. Ask brief baseline questions using the audience's preferred language. Record one misconception or practical barrier that will change the session and choose a suitable setting.
3. Set one observable objective and select a demonstration, short discussion or other accessible method.
4. Write a single observable action the group should demonstrate or explain. Prepare a simple example and materials suitable for the audience's literacy and time.
5. Deliver the message in plain language, invite questions and have participants practise or explain the key action.
6. Open with the audience's priority and demonstrate the action in a few clear steps. Ask participants to practise in pairs or explain the next action in their own words.
7. Observe responses against the goal and correct one misunderstood step respectfully. Check that participants know where or when to seek support.
8. Measure the objective, record feedback and revise one part of the session based on the result.
9. Compare baseline and post-session responses from the same questions when feasible. Record attendance, result, one limitation and the planned adjustment for the next session.

Precautions

- Use approved health content and respect voluntary participation.
- Immediate comprehension does not measure long-term outcomes.

Observations and Interpretation

Health Education Session and Evaluation

Observations and Record

Item	What to record	What it tells you
Audience	Priority, language and barriers	Guides method choice
Objective	Observable action and timeframe	Supports evaluation
Review	Teach-back, reach or pre/post result	Measures immediate learning

Worked Example

In a mock session 12 of 15 participants correctly demonstrate the agreed action afterwards. Record 80% immediate demonstration and avoid assuming the same behaviour will persist.

Result and Interpretation

Provide a session plan and a short evaluation with a practical revision.

Viva Questions and Answers

What makes an objective measurable?

It specifies what the audience can demonstrate and when.

Why use teach-back?

It checks understanding in the audience's own words.

Descriptive Statistics and Data Presentation

Practical 06 / Report and data interpretation

Aim

Summarise a small community dataset using appropriate measures, tables and graphs.

Principle

Choice of summary depends on variable type, distribution and question. A skewed distribution or outlier can affect the mean more than the median.

Materials and Requirements

- De-identified teaching dataset
- Spreadsheet or calculator
- Graphing sheet

Procedure

1. Identify variables, units, missing codes and whether observations share individuals or households.
2. Prepare a data dictionary showing variable name, unit, code and source. Identify duplicates and distinguish recorded zero values from missing or invalid entries.
3. Check the dataset and select mean and spread or median and range or interquartile range as appropriate.
4. Sort or plot continuous values to inspect shape and unusual observations. Use mean and standard deviation for suitable symmetric data or median and interquartile range for a skewed description as taught.

Continue with step 5 on the next page.

Procedure Continued

Descriptive Statistics and Data Presentation

5. Record the number of valid values for every summary and how missing items were handled. Show one hand calculation and check the software or calculator result.
6. Calculate frequencies using a defined denominator. Display a suitable chart with labelled units and avoid misleading axes.
7. For a categorical variable count observations by level and express proportions with the stated denominator. Choose a labelled bar chart, histogram or time plot appropriate to the variable.
8. Explain variations, missingness and limits of inference from the descriptive result.
9. Compare groups with their denominators and collection methods visible. Explain one observed pattern and one limit on interpretation caused by missingness, sample size or selection.

Precautions

- Keep missing observations explicit.
- Use de-identified data and avoid implying causation from description.

Observations and Interpretation

Descriptive Statistics and Data Presentation

Observations and Record

Item	What to record	What it tells you
Dataset	Variable type, units and missing values	Determines valid summaries
Summary	Central value and measure of spread	Describes the data distribution
Display	Chart type and denominator	Makes comparisons verifiable

Worked Example

The values 2, 3, 3, 4 and 18 have mean 6 and median 3. The high value pulls the mean upward, so both number and distribution matter.

Result and Interpretation

Present a labelled table or graph and an interpretation that reflects distribution and denominator.

Viva Questions and Answers

What is the difference between range and IQR?

Range spans the extremes. IQR spans the middle half.

When is a bar chart appropriate?

Comparing counts or proportions across categories.

Morbidity Mortality and Diagnostic Test Measures

Practical 07 / Report and data interpretation

Aim

Calculate and interpret common epidemiological measures with correct time and denominator.

Principle

Incidence concerns new events during a defined interval. Prevalence concerns existing cases. Mortality measures and case fatality use different denominators.

Materials and Requirements

- Fictional population and case counts
- Diagnostic two-by-two table and calculator

Procedure

1. Define population at risk, interval and case criteria before calculating incidence or prevalence.
2. Make a denominator table before calculating. Distinguish new cases, existing cases, persons initially at risk, person-time and dates and verify that all values use the same case definition.
3. Compute incident proportion or person-time rate as requested and name the units. Separate mortality from case fatality.
4. Divide new cases by the population initially at risk for incidence proportion or by total person-time for an incidence rate. Use the stated scaling factor and preserve the time unit.

Continue with step 5 on the next page.

Procedure Continued

Morbidity Mortality and Diagnostic Test Measures

5. For case fatality use deaths from the condition among its cases. For a population mortality measure use deaths and the appropriate population or time denominator.
6. Construct the diagnostic 2 × 2 table and calculate sensitivity, specificity and positive predictive value from their proper denominators.
7. Enter true and false results against the reference diagnosis. Calculate sensitivity among cases, specificity among noncases and positive predictive value among those testing positive.
8. Write a brief interpretation that addresses incomplete ascertainment and denominator comparability.
9. Report each numerator, denominator, interval and correct unit. Check whether the compared measures reflect the same period, population or eligibility before stating a difference.

Precautions

- Match numerator and denominator by population and period.
- Do not compare rates with proportions as if they had the same units.

Observations and Interpretation

Morbidity Mortality and Diagnostic Test Measures

Observations and Record

Item	What to record	What it tells you
Occurrence	New or current cases, denominator and time	Distinguishes incidence and prevalence
Deaths	Population versus cases	Distinguishes mortality and case fatality
Test table	Reference disease and observed test result	Supports diagnostic performance measures

Worked Example

20 new cases among 1,000 initially at-risk people over six months gives a six-month cumulative incidence of 2%. Two deaths among those 20 cases give a case fatality proportion of 10% if follow-up is complete.

Result and Interpretation

Report the number, basis and time for each measure and assess comparison limitations.

Viva Questions and Answers

What is the denominator for case fatality?

The cases under assessment.

What is the denominator for PPV?

All positive tests under the specified reference framework.

Outbreak Investigation and Epidemic Curve

Practical 08 / Report and data interpretation

Aim

Prepare a line list, draw an epidemic curve and compare attack proportions in a simulated outbreak.

Principle

Case definition, onset distribution and exposure comparisons help identify hypotheses. Early protective action and continued investigation can proceed together.

Materials and Requirements

- Fictional line list and exposure table
- Graph paper or spreadsheet
- Report and notification template

Procedure

1. Describe the initial signal and set a working case definition by person, place, time and clinical criteria.
2. Check the report date, baseline information and jurisdiction for the fictional signal. Write a provisional definition and note how it will be revised if verified evidence changes.
3. Build a de-identified line list and plot onset counts with justified time bins.
4. Record a case code, age group, onset time, general place and exposure category on the supplied simulated line list. Distinguish onset from reporting date and mark missing variables.

Continue with step 5 on the next page.

Procedure Continued

Outbreak Investigation and Epidemic Curve

5. Count onset events in consistent intervals and plot dates or times with clear axes. Check that plotted counts match valid line-list records and annotate relevant fictional events.
6. Calculate attack proportions in groups and compare them using an appropriate ratio. Check timing, missing data and alternative exposures.
7. Use cases among exposed and unexposed groups as separate proportions. Show both denominators, compare the results and examine confounding or incomplete information before suggesting a source.
8. Propose investigation and control actions through the public health team and explain how monitoring will verify their effect.
9. Prepare a short briefing with time course, key uncertainty and an action for the responsible health team. Define who will monitor the trend and when it will be reviewed.

Precautions

- Use anonymised, approved data.
- Record preliminary definitions and changes explicitly.

Observations and Interpretation

Outbreak Investigation and Epidemic Curve

Observations and Record

Item	What to record	What it tells you
Case definition	Clinical, place and time criteria	Applies the same rule to each record
Epidemic curve	Onset bins and counts	Supports timing hypotheses
Exposure table	Cases and totals by group	Enables comparison and uncertainty review

Worked Example

12 of 30 exposed and 3 of 30 unexposed meet a fictional case definition. Attack proportions are 40% and 10%. The ratio is 4. This alone does not prove causation.

Result and Interpretation

Present the line list, curve, exposure comparison and priority investigation or prevention step.

Viva Questions and Answers

Why use onset instead of reporting date where available?

It better represents the timing of illness.

Does a high risk ratio eliminate confounding?

Other associated exposures and bias still need assessment.

Environmental Health Water Safety and Sanitation Survey

Practical 09 / Supervised community practical

Aim

Assess an anonymised water, sanitation and waste scenario and interpret a supplied monitoring record.

Principle

A sanitary inspection identifies contamination pathways. A measurement such as residual disinfectant at one point does not by itself establish water safety.

Materials and Requirements

- Fictional locality map and sanitary checklist
- Supplied water-quality and disinfectant records
- Current local water and waste guidance

Procedure

1. Trace source, distribution, storage and household use on the map.
2. Begin with a sketch from source to point of use. Record collection point, container type, overnight storage and an observed or reported interruption in distribution.
3. Identify likely contamination routes, sanitation and vector-related issues and prioritise feasible controls.

Continue with step 4 on the next page.

Procedure Continued

Environmental Health Water Safety and Sanitation Survey

4. Ask about household treatment and nearby sanitation and record what was observed versus reported. Identify the most plausible route of contamination and prioritize a feasible correction with the community team.
5. Interpret the supplied test result with point, timing, method and local target. Identify a laboratory or follow-up measurement that would resolve uncertainty.
6. Compare each supplied result with its units, point, date and local criterion. Mark differences between source and household results and identify whether repeat testing or different points are needed.
7. Plot high-priority findings on the sketch and consider whether recent interruption or season could modify interpretation. Record which measurement or site remains uncertain.
8. Prepare a short education and referral plan through the appropriate community team.
9. Draft a concise referral to the responsible service with location code, result, concern and agreed review date. Explain a feasible prevention message in the community's preferred terms.

Precautions

- Use supplied results for hazardous samples.
- Do not infer potability from one field reading.

Observations and Interpretation

Environmental Health Water Safety and Sanitation Survey

Observations and Record

Item	What to record	What it tells you
Hazard	Location and route of exposure	Supports prevention
Water result	Units, site, time and local target	Defines the result's scope
Action	Lead role and follow-up measure	Makes the plan assessable

Worked Example

An illustrative school tank is visibly uncovered while a single supplied chlorine result is within the stated local target. Record both findings and arrange an appropriate safety review.

Result and Interpretation

Produce a prioritised hazard map and practical supervised action plan.

Viva Questions and Answers

What does a sanitary inspection add?

It reveals contamination pathways not captured by one sample.

Why state the measurement point?

Water conditions can differ along a distribution system.

Immunisation Programme and Cold Chain Records

Practical 10 / Report and data interpretation

Aim

Review a fictional immunisation card and cold-chain record using the current Indian programme materials.

Principle

Age, prior documented doses, product and schedule guide eligibility. Cold-chain excursions require product-specific assessment rather than an assumption of acceptability.

Materials and Requirements

- Fictional immunisation cards and cold-chain charts
- Current Indian programme and facility vaccine guidance
- Teaching vial label and waste checklist

Procedure

1. Verify exact age and written dose dates. Use the current programme chart and local guidance to identify a missed or due visit for the case.
2. Compare the written record and dates against the current authorised programme schedule. Verify birth date, intervals and region-specific entries and clarify undocumented doses through the provider.
3. Review the product, storage history, temperature excursion and vaccine vial monitor where present.

Continue with step 4 on the next page.

Procedure Continued

Immunisation Programme and Cold Chain Records

4. Calculate the time range of the recorded excursion and identify the product and storage stage. Read the vial monitor and package information using the facility's current criteria in the training case.
5. Mark stock with questionable integrity for authorised review before use. Document the lot, temperature record, relevant indicator and person notified.
6. Discuss expected reactions, warning signs and the next date in a simulated caregiver handover.
7. Explain the expected visit, routine effects and warning symptoms using plain terms. Verify caregiver understanding of where to get help or report a concern after vaccination.
8. Document the authorised follow-up and describe the escalation pathway for an uncertain stock or clinical situation.
9. Record the next approved appointment, any eligibility issue and the outcome of the stock or clinical escalation. Keep caregiver and stock records distinct.

Precautions

- Use current national and local schedules for actual cases.
- Do not guess vaccine status or independently clear affected stock.

Observations and Interpretation

Immunisation Programme and Cold Chain Records

Observations and Record

Item	What to record	What it tells you
Card	Age, documented dose and date	Checks eligibility and continuity
Storage	Product and time-temperature record	Identifies questions about stock usability
Counselling	Expected effects, warning signs and follow-up	Supports informed return

Worked Example

A fictional clinic record shows an unreviewed storage excursion. Mark the affected stock for authorised assessment under the facility procedure before a use decision.

Result and Interpretation

Complete the card review and a separate stock-quality decision record for the simulation.

Viva Questions and Answers

Why check written dose dates?

Eligibility and minimum intervals depend on accurate dates.

Can a normal vial monitor exclude freezing damage?

It does not detect every storage problem. Review the full product-specific record.

Occupational Health Disaster and Primary Care Referral

Practical 11 / Clinical or documentation case

Aim

Map prevention, triage and referral actions for fictional community safety scenarios.

Principle

Risk reduction can occur at source, through safer processes and at the individual level. Referral priorities reflect urgency and the services actually available.

Materials and Requirements

- Teaching workplace observation and disaster cards
- Local health services map
- Mock register and action plan

Procedure

1. Describe the work or community setting, persons affected and observed or possible hazards.
2. Walk through the fictional workflow and identify who is exposed, when, how often and under which conditions. Record observed controls and symptoms without entering personal identifiers.
3. Identify prevention opportunities and distinguish early recognition, initial referral and longer-term surveillance.

Continue with step 4 on the next page.

Procedure Continued

Occupational Health Disaster and Primary Care Referral

4. Use the hierarchy of controls to identify a feasible upstream change and one immediate action. Distinguish hazard elimination, engineering and administrative measures from personal protection.
5. Map a fictional surge or disaster handover to the supervised triage and transport pathway.
6. For the surge case record the triage category from the approved exercise, location, current condition and transport need. Confirm which team accepted the transfer and when.
7. Reassess after a simulated change in condition or supply and communicate the new priority. Record resource or access barriers and identify who can resolve them.
8. Check follow-up for an older adult or mental health referral and document a realistic continuity step.
9. In the primary care case verify whether referral was completed and what the person understood. Record the follow-up owner, planned date and contingency if the appointment is missed.

Precautions

- Avoid undisclosed identifiers in field reports.
- Follow the local incident and referral pathway for real emergencies.

Observations and Interpretation

Occupational Health Disaster and Primary Care Referral

Observations and Record

Item	What to record	What it tells you
Hazard or need	Observed exposure, affected people and urgency	Prioritises action
Control	Source or process intervention and responsibility	Makes reduction actionable
Referral	Service, handover and follow-up	Maintains continuity of care

Worked Example

A fictional older adult reports repeated falls in a home with poor lighting. Document hazards and functional concerns and arrange supervised review of clinical and environmental factors.

Result and Interpretation

Submit a practical referral and prevention plan with dates and responsible roles.

Viva Questions and Answers

Why start with controls at the source?

They can reduce the hazard for everyone exposed.

What makes referral effective?

A clear reason, appropriate service and documented follow-up.

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