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Qualification Specification

Highfield Level 3 Award in Emergency Care for First Responders (RQF)

Qualification Number: 603/6892/5

Version 1.4 August 2022

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Highfield Level 3 Award in Emergency Care for First Responders (RQF)

Introduction

This qualification specification is designed to outline all you need to know to offer this qualification at your centre. If you have any further questions, please contact your account manager.

Qualification regulation and support

The Highfield Level 3 Award in Emergency Care for First Responders (RQF) has been developed and is awarded by Highfield Qualifications and sits on the Regulated Qualifications Framework (RQF). The RQF is a qualification framework regulated by Ofqual. The qualification is also regulated by Qualifications Wales.

Key facts

Qualification number:	603/6892/5
Learning aim reference:	60368925
Credit value:	4
Assessment method:	Practical assessment, multiple-choice theory assessment
Guided learning hours (GLH):	30
Contact hours*	30
Total qualification time (TQT):	40

*See Guidance on Delivery section for more information

Qualification overview and objective

The objective of this qualification is to support a role in the workplace, where the primary or secondary focus of the role involves giving emergency medical care as the first responder on the scene of an accident or emergency. Roles may include, security operatives, close protection officers, event medical operatives, cabin crew and community first responders, among others.

Topics covered include assessing and responding to incidents, CPR for adults, children and infants, therapeutic oxygen therapy and catastrophic bleeding. The qualification also covers assisting a casualty who is suffering from major injury or illness such as chest injuries, spinal injuries, heart attack and anaphylaxis.

In line with industry guidance, the qualification supports responders for a period of 3 years, at which point learners will need to resit the course. In addition, we recommend that learners refresh their knowledge annually.

Entry requirements

To register onto this qualification, learners must be a minimum of 16 years of age.

It is further advised that learners have a minimum of Level 1 in English and maths.

Delivery/assessment ratios

To effectively deliver and assess this qualification, centres **must not** exceed the ratio of 1 tutor or assessor to 8 learners.

Centre requirements

To effectively deliver and assess this qualification, centres must have the following resources in place:

- a minimum of 1 adult Resuscitation manikin between a maximum of 4 learners
- a minimum of 1 manikin capable of demonstrating airway management between a maximum of 4 learners (should be able to take oropharyngeal (OP) and nasopharyngeal (NP) airways)
- a minimum of 1 child Resuscitation manikin between a maximum of 4 learners
- a minimum of 1 infant Resuscitation manikin between a maximum of 4 learners
- safety procedures in place for manikin faces e.g. facilities to sterilise the manikin faces at the end of each course, disposable face shields per learner and manikin face wipes to be used after each learner's demonstration
- replacement airways and lungs for each resuscitation manikin to be changed at the end of each course
- a minimum of 1 training defibrillator between a maximum of 4 learners*
- a choking training vest or manikin
- a minimum of 1 Bag Valve Mask (BVM) between a maximum of 4 learners*
- CD oxygen cylinders and associated equipment, with a range of masks - must include non-rebreather, 28% and nasal specs masks. (Size or brand is not important. The focus is knowing how much O₂ to use, when and which face mask to use).
- a minimum of 1 Jext, 1 Epi-Pen **and** 1 Emerade auto-injector training aid
- a minimum of 1 pair of disposable gloves (not latex) per learner
- a minimum of 1 pulse oximeter between a maximum of 4 learners*
- a minimum of 1 electronic blood pressure (BP) monitor between a maximum of 4 learners*
- sufficient pen torches
- a sufficient variety of trauma dressings including sterile pressure dressings, tourniquets and haemostatic dressings
- a minimum of 1 training chest seal between a maximum of 4 learners*
- Oropharyngeal airways (OPA) sizes 1 – 4 and nasopharyngeal airways (NPA) size 6 and 7
- Manual suction devices
- sufficient triangular bandages
- a minimum of 1 flexible and 1 vacuum splint between a maximum of 4 learners including conforming bandage*
- an Orthopaedic scoop stretcher, straps and head blocks
- a full-face motorcycle helmet for assessment (a selection of different safety helmets are also advised for demonstration purposes)
- a minimum of 1 adjustable collar between a maximum of 4 learners* (1 piece and 2-piece collars are also advised for demonstration purposes)
- training rooms that have carpeted floors or mats/blankets provided, for use during practical sessions
- adequate training and assessment facilities to accommodate maximum number of learners on course
- a training room which is safe, that has adequate ventilation, lighting sufficient for learners to read easily, and temperature suitable to maintain a 'shirt sleeve' environment. It is also

required that training rooms are able to cater for people with special needs (where appropriate).

**Where less equipment is provided, learning hours/lesson plans should be adjusted accordingly to ensure learners are not disadvantaged.*

Guidance on delivery

The total qualification time (TQT) for this qualification is 40 hours and, of this, 30 are guided learning hours. All 30 hours are specified as **contact hours**.

Courses leading to the qualification **must** take a minimum of 30 contact hours over at least 4 days. Requalification courses must take a minimum of 18 contact hours over 3 days.

These contact hours **must** be adhered to unless the learner meets the requirements to complete an Assessment Only Requalification (see Requalification section on page 6 for further guidance), which has no minimum stipulation on contact hours.

The qualification can be delivered over a **maximum** of a 15-week period, with the minimum duration of each training session being 2 hours.

Use of blended learning

This qualification may be delivered by blended learning where the following principles are adhered to:

- The time taken to complete the first aid course should not be reduced. There may be a benefit in flexibility, but blended learning should not reduce the overall time required to take the course.
- A minimum of two-thirds of the training time should be face-to-face learning
- The practical content of the qualification should be delivered and assessed face-to-face

Distance learning must **only cover theory**. Following the distance element of learning, learners' skills and knowledge must be assessed in full during the face-to-face part of the course, in accordance with this qualification specification.

In addition to the 30 contact hours, up to 10 further hours may be spent on self-directed study to make up the TQT of 40 hours.

TQT is an estimate of the total number of hours it would take an average learner to achieve and demonstrate the necessary level of attainment to be awarded with a qualification, both under direct supervision (forming guided learning hours) and without supervision (all other time). TQT and GLH values are advisory and assigned to a qualification as guidance. However, contact hours **must** be met.

Guidance on assessment

This qualification is graded Pass/Fail. This qualification is assessed by a combination of practical observation and multiple-choice question assessment.

Highfield has created assessment paperwork for each component, which are each graded pass/refer:

1] Practical observation

The practical assessment is completed throughout the course delivery. This ongoing assessment requires learners to demonstrate practical first aid skills through simulation, in response to scenarios set by the assessor. The practical assessment will be recorded using

the practical matrix within the Assessment Pack, which is available to download from the Members' Area of the Highfield website.

Guidance on minimum standards to be observed during the practical assessments is contained within the **Tutor, Assessor and Internal Quality Assurance (TAI) Support Pack**, which is also available to download from the Member's Area of the Highfield website.

2] Centre-marked multiple-choice theory assessment

Learners are required to answer a 55-question multiple-choice question paper. The minimum pass mark for this is 39 out of 55 (approx. 70%).

Theory papers are marked by the centre using mark schemes provided by Highfield and will be subject to external moderation by Highfield as part of external quality assurance procedures. Question papers and mark schemes are available to download from the Members' Area of the Highfield website.

The theory assessment must be undertaken in controlled conditions. This means:

- learners must complete the assessment unaided
- books and other training aids must not be accessed by the learners
- at least one authorised member of staff must be present in the assessment area while the assessment is being carried out
- learners may complete the theory assessment in more than one sitting however the centre must collect the paperwork and hold it securely until the assessment recommences.

For more information, please refer to the Highfield Qualifications Core Manual.

Learners **must** achieve a pass in each component to pass the qualification. If a learner does not achieve 70% in their multiple-choice theory assessment, a second paper should be issued to them to resit.

Sample assessment materials are included within appendix 3 of this qualification specification. A full explanation of how to use the Highfield assessment paperwork is provided in the **Tutor, Assessor and Internal Quality Assurance (TAI) Support Pack**, available to download from the Members' Area of the Highfield website.

Centres must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance and invigilation) being undertaken by any person who has a personal interest in the result of the assessment.

Requalification Guidance

In accordance with industry guidance, the qualification provides learners with a valid certificate for a period of 3 years. After this period, learners are required to requalify. All elements of the assessment **must** be completed by learners undertaking a requalification.

Highfield offers 2 options for learners who require requalification:

Option 1. The learner can complete an 18-contact hour requalification over a minimum of 3 days. The duration of this course may be increased to meet additional learning needs if required, but not reduced. It can be delivered over a maximum of a 7-week period, with the minimum duration of each training session being 2 hours.

The centre must keep a copy of the original Highfield Level 3 Award in Emergency Care for First Responders (RQF) certificate that the learner is wishing to update, together with all assessment paperwork and Internal Quality Assurance paperwork involved in the requalification process.

Option 2. Learners with recent experience as Highfield Level 3 Award in Emergency Care for First Responders (RQF) tutors who fulfil all relevant criteria listed below will be permitted to undertake the Highfield Level 3 Award in Emergency Care for First Responders (RQF) assessments only (without undergoing further training or adhering to the usual 18-hour minimum contact time for a requalification).

To access the Assessment Only Requalification, learners must be able to evidence to the centre:

- their previous Highfield Level 3 Award in Emergency Care for First Responders (RQF) certificate (which should not have expired by more than 1 calendar month at the point of re-assessment)
- successful delivery of a Highfield Level 3 Award in Emergency Care for First Responders (RQF) course within the 3 months prior to sitting their assessments
- a satisfactory internal quality assurance observation report on a Highfield Level 3 Award in Emergency Care for First Responders (RQF) course they have delivered within the past 12 months prior to sitting their assessments

Further information can be found in the **Supporting Evidence Checklist** form available in the Members' Area of the Highfield website. Centres are required to complete this form for learners that complete an Assessment Only Requalification course to verify that appropriate evidence has been checked and learners meet all relevant requirements prior to undertaking their assessments. The form and associated evidence should be retained together with all assessment paperwork and Internal Quality Assurance paperwork involved in the requalification process. This may be requested for review as part of External Quality Assurance activity carried out by Highfield.

Learners completing both the 18-hour and Assessment Only Requalification will still need to be assessed against all learning outcomes and assessment criteria. For learners to remain qualified they must also retake their qualification whilst their certificate remains in date.

NB. Learners have a one-month period of grace, post-certificate expiry, to be able to access the shorter courses, however it is important to note that during this period learners are not qualified to provide first aid.

Guidance on quality assurance

Highfield require centres to have in place a robust mechanism for internal quality assurance (IQA) of training delivery and internal assessment processes. IQA must be completed by an appropriately

qualified person and that person must not have been involved in any aspect of the delivery or assessment of the course they are quality assuring.

IQA should monitor both the delivery and assessment of the qualification, including any distance learning, and can involve a number of different methods of monitoring such as observation of course delivery/assessment, sampling of course assessment material, learner interviews.

Once complete, this assessment paperwork and IQA paperwork must be stored by the centre for a minimum period of 3 years to allow for quality assurance checks.

Highfield will support centres by conducting ongoing engagements to ensure and verify the effective and efficient delivery and assessment of the qualification.

Recognition of prior learning (RPL)

Centres may apply to use recognition of prior learning or prior achievement to reduce the amount of time spent in preparing a learner for assessment. For further information on how centres can apply to use RPL as described above, please refer to the Recognition of Prior Learning (RPL) Policy in the members' area of Highfield Qualifications' website.

This policy should be read in conjunction with this specification and all other relevant Highfield documentation.

Tutor and assessor requirements

Highfield requires nominated tutors **and** assessors for this qualification meet the following:

1. Occupational knowledge and competence in **first response** - evidenced by holding a first responder/medical qualification as detailed below:
 - Holding a current **Highfield Level 3 Award in Emergency Care for First Responders (RQF)** (or recognised equivalent issued by an Ofqual/SQA/Qualifications Wales/CCEA Regulation recognised Awarding Organisation)
AND
Experience operating at first responder level for a minimum of 12 months
OR
 - Current registration as:
 - a **Doctor** with the General Medical Council (GMC**) *or*
 - a **Nurse** with the Nursing and Midwifery Council (NMC**) *or*
 - a **Paramedic** with the Health and Care Professions Council (HCPC**)
2. Knowledge and competency of how to safely and effectively use an automated external defibrillation (AED) machine.

In addition, **nominated tutors** must have:

3. Knowledge and competency in **teaching/training**, evidenced by holding an acceptable teaching/training qualification as detailed in **Appendix 4**.

In addition, **nominated assessors** must have:

3. Knowledge and competency in **assessing**, evidenced by holding an acceptable assessing qualification or CPD Training as detailed in **Appendix 4**.

***registered healthcare professionals must act within their scope of practice and therefore have current expertise in first aid to teach/assess the subject.*

Note: In addition to the above, tutors and assessors are required to keep a log of courses that they have been involved with and any continuous professional development they have undertaken.

Internal quality assurance (IQA) requirements

Highfield requires internal quality assurers for this qualification meet the following:

1. Occupational knowledge and competence in **first response*** - evidenced by holding a first responder/medical qualification as detailed below:
 - Holding a current **Highfield Level 3 Award in Emergency Care for First Responders (RQF)** (or recognised equivalent issued by an Ofqual/SQA/Qualifications Wales/CCEA Regulation recognised Awarding Organisation*)
AND
Experience operating at first responder level for a minimum of 12 months
OR
 - Current registration as:
 - a **Doctor** with the General Medical Council (GMC**) *or*
 - a **Nurse** with the Nursing and Midwifery Council (NMC**) *or*
 - a **Paramedic** with the Health and Care Professions Council (HCPC**)
2. Knowledge and competency of how to safely and effectively use an automated external defibrillation (AED) machine.
3. Knowledge and competency in **internal quality assurance**, evidenced by holding a qualification or CPD training as detailed in **Appendix 5**.

***registered healthcare professionals must act within their scope of practice and therefore have current expertise in first aid to teach/assess the subject.*

Note: In addition to the above Internal Quality Assurers must:

- have knowledge of the requirements of the qualification they are quality assuring at the time any assessment is taking place
 - have knowledge and understanding of the role of assessors
 - visit and observe assessments
 - carry out other related internal quality assurance.
-

Countersigning strategy

While it is a minimum requirement for centres to have the appropriately qualified workforce in place, it is understood that centres may have new personnel who are working towards those requirements. During this period, centres are required to have a robust countersigning strategy in place that supports and validates unqualified assessment/quality assurance decisions, until the point where they meet the requirements as detailed above.

Reasonable adjustments and special considerations

Highfield Qualifications has measures in place for learners who require additional support. Please refer to *Highfield Qualifications' Reasonable Adjustments Policy* for further information/guidance.

Additionally, all trainers/providers and employers must follow the 'Reasonable adjustments and special considerations in First-Aid Qualifications' joint statement. This has been developed

collaboratively with the First Aid Quality Partnership, The First Aid Awarding Organisation Forum and The Resuscitation Council UK to clarify what is an acceptable reasonable adjustment request in relation to first aid training. This can be found on the Highfield Qualifications qualification page/download area or at [Home - First Aid Awarding Organisation Forum \(firstaidqualifications.org.uk\)](#).

ID requirements

It is the responsibility of the centre to have systems in place to ensure that the person taking an assessment is indeed the person they are claiming to be. All centres are therefore required to ensure that each learner's identification is checked before they undertake the assessment. Highfield Qualifications recommends the following as proof of a learner's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police
- another photographic ID card, e.g. employee ID card, student ID card, travel card etc.

If a learner is unable to produce any of the forms of photographic identification listed above, a centre may accept another form of identification containing a signature, for example, a credit card. Identification by a third-party representative, such as a line manager, human resources manager or invigilator, will also be accepted.

For more information on learner ID requirements, please refer to Highfield Qualifications' Core Manual.

Progression opportunities

On successful completion of this qualification, learners may wish to continue their development by undertaking a specialist or higher-level qualification in first aid.

Useful websites

- Health and Safety Executive www.hse.gov.uk
 - The Resuscitation Council (UK) www.resus.org.uk
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Appendix 1: Qualification structure

To complete the Highfield Level 3 Award in Emergency Care for First Responders (RQF), learners must complete the following **mandatory** unit:

Mandatory group

Learners must achieve **all units** in this group

Unit reference	Unit title	Level	GLH	Credit
J/618/5651	Emergency Care for First Responders	3	30	4

Appendix 2: Qualification content

Unit 1: Emergency Care for First Responders

Unit number: J/618/5651

Credit: 4

GLH: 30

Level: 3

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
1. Understand the role and responsibilities of first responders	1.1 Identify the roles and responsibilities of first responders 1.2 Identify practices that assist in minimising the risk of infection to self and others 1.3 Identify why it is important to establish consent when providing first aid 1.4 Identify the importance of completing a patient clinical record 1.5 Communicate effectively on scene 1.6 Recognise the safeguarding concerns that may indicate a casualty is at risk
2. Be able to assess an incident and conduct casualty surveys	2.1 Demonstrate how to conduct a scene survey 2.2 Demonstrate how to conduct a primary survey of a casualty 2.3 Demonstrate how to conduct a head to toe survey 2.4 Identify the purpose and priorities of triage 2.5 Summon appropriate assistance to the scene when necessary 2.6 Identify the information to be collected when gathering a casualty history 2.7 Recognise how to provide an effective handover of a casualty
3. Be able to manage an unresponsive casualty	3.1 Identify when to place a casualty in the recovery position 3.2 Demonstrate how to place a casualty into the recovery position 3.3 Identify when to administer Cardiopulmonary Resuscitation (CPR) 3.4 Identify when CPR would not be appropriate 3.5 Demonstrate CPR using adult, child and infant manikins 3.6 Demonstrate the correct use of an automated external defibrillator using adult, child and infant manikins 3.7 Identify safety considerations when using an automated external defibrillator 3.8 Recognise how to ensure a defibrillator is operational 3.9 Demonstrate the correct use of a Bag Valve Mask on an adult

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
4. Be able to administer therapeutic oxygen therapy	4.1 Recognise when to administer oxygen therapy 4.2 Select the most appropriate delivery method to achieve the desired effect when delivering oxygen therapy 4.3 Demonstrate appropriate administration of therapeutic oxygen therapy according to the situation
5. Understand when to administer nitrous oxide in line with the first responder's scope of practice	5.1 Recognise the need for nitrous oxide and how it is used 5.2 Recognise when nitrous oxide cannot be given
6. Understand how to safely handle medical gas cylinders	6.1 Identify the safety considerations when storing or using medical gases 6.2 State the routine checks that should be made on medical gas equipment
7. Be able to recognise and manage a compromised airway	7.1 Recognise the different causes of airway obstruction 7.2 Demonstrate how to open and manage a patient's airway using: <ul style="list-style-type: none"> • Head tilt/chin lift • Jaw thrust • Suction equipment 7.3 Demonstrate the correct selection and use of Oropharyngeal airways (OPA) and Nasopharyngeal airways (NPA) 7.4 Demonstrate how to administer first aid to a casualty who is choking
8. Be able to administer first aid to a casualty with external bleeding	8.1 Recognise the severity of external bleeding 8.2 Demonstrate how to effectively control external bleeding 8.3 Demonstrate how to identify and effectively control a catastrophic haemorrhage using a: <ul style="list-style-type: none"> • Tourniquet • Pressure dressing • Haemostatic dressing
9. Be able to recognise and manage a casualty who is in shock	9.1 Identify the causes of different types of shock 9.2 Recognise common signs and symptoms of shock 9.3 Manage a casualty who is in shock
10. Be able to effectively assess a casualty's condition	10.1 Identify key structures of the cardiovascular system 10.2 Perform a basic assessment of a patient's cardiovascular system 10.3 Identify the key structures of the respiratory system 10.4 Perform a basic assessment of a patient's respiratory function 10.5 Identify the key structures of the nervous system 10.6 Perform a basic assessment of nervous function

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>11. Be able to recognise and manage a casualty with suspected injuries to bones, muscles and joints</p>	<p>11.1 Recognise a suspected:</p> <ul style="list-style-type: none"> • fracture and dislocation • sprain and strain <p>11.2 Demonstrate how to administer first aid for casualties with:</p> <ul style="list-style-type: none"> • fractures and dislocations • sprains and strains <p>11.3 Demonstrate how to apply:</p> <ul style="list-style-type: none"> • a support sling • an elevated sling • flexible splint • vacuum splint
<p>12. Be able to recognise and manage a casualty with suspected head and spinal injuries</p>	<p>12.1 Recognise a suspected head injury</p> <p>12.2 Identify how to administer first aid for a casualty with a suspected head injury</p> <p>12.3 Recognise a suspected spinal injury</p> <p>12.4 Demonstrate how to administer first aid for a casualty with a suspected spinal injury</p> <p>12.5 Demonstrate the correct application of an adjustable cervical collar</p> <p>12.6 Demonstrate the correct technique to remove a full faced motorcycle helmet</p> <p>12.7 Identify the need for spinal immobilisation</p> <p>12.8 Demonstrate the use of a scoop stretcher, head blocks and straps</p>
<p>13. Be able to recognise and manage a casualty with a suspected chest injury</p>	<p>13.1 Recognise a suspected:</p> <ul style="list-style-type: none"> • flail chest • penetrating chest injury <p>13.2 Demonstrate how to administer first aid for a:</p> <ul style="list-style-type: none"> • flail chest • penetrating chest injury using a chest seal <p>13.3 Identify when chest seals should be used</p> <p>13.4 Identify when a chest seal would not be an appropriate technique for dealing with a suspected chest injury</p>
<p>14. Understand how to administer first aid to a casualty with minor injuries</p>	<p>14.1 Recognise the severity of burns and scalds</p> <p>14.2 Identify how to administer first aid for burns involving:</p> <ul style="list-style-type: none"> • dry heat • wet heat • electricity • chemicals <p>14.3 Identify how to administer first aid for common eye injuries involving:</p> <ul style="list-style-type: none"> • dust

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
	<ul style="list-style-type: none"> • chemicals • embedded objects <p>14.4 Identify how to administer first aid to a casualty with small cuts, grazes, small splinters and bruises</p>
<p>15. Understand how sudden poisoning can occur and how to provide first aid to a casualty with sudden poisoning</p>	<p>15.1 Identify the different routes by which poisons can enter the body</p> <p>15.2 Identify how to administer first aid to a casualty affected by sudden poisoning</p> <p>15.3 Identify sources of information that are most useful in treating casualties affected by sudden poisoning</p> <p>15.4 Identify the effects of recreational drugs and other intoxicating substances</p>
<p>16. Be able to recognise and administer first aid to a casualty with a suspected medical emergency or major illness</p>	<p>16.1 Identify signs and symptoms of major illnesses and medical emergencies:</p> <ul style="list-style-type: none"> • heart attack • stroke • asthma attack • diabetic emergency • sepsis <p>16.2 Identify the signs and symptoms of heat/cold related emergencies, illnesses and injuries:</p> <ul style="list-style-type: none"> • heat stroke • heat exhaustion • hypothermia • dehydration • frostbite <p>16.3 Demonstrate how to administer first aid to a casualty suffering from a heart attack</p> <p>16.4 Identify how to administer first aid to casualties suffering from major illnesses and medical emergencies:</p> <ul style="list-style-type: none"> • stroke • asthma attack • diabetic emergency • sepsis <p>16.5 Identify how to administer first aid to casualties suffering from heat/cold related emergencies, illnesses and injuries:</p> <ul style="list-style-type: none"> • heat stroke • heat exhaustion • hypothermia • dehydration • frostbite <p>16.6 Recognise the features and causes of seizures</p>

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
	16.7 Identify how to manage a casualty who is experiencing a seizure 16.8 Identify the common causes and triggers of anaphylaxis 16.9 Recognise the signs and symptoms of anaphylaxis 16.10 Manage a casualty suffering from anaphylaxis 16.11 Demonstrate correct usage of a 'training device' adrenaline auto-injector

Assessment guidance – Practical criteria
<p>Practical criteria</p> <p>The following assessment criteria must be assessed by practical assessment:</p> <p>Learning outcome 1: 1.5 Learning outcome 2: 2.1, 2.2, 2.3, 2.5, 2.6 Learning outcome 3: 3.2, 3.3, 3.5, 3.6, 3.9 Learning outcome 4: 4.2, 4.3 Learning outcome 7: 7.2, 7.3, 7.4 Learning outcome 8: 8.2, 8.3 Learning outcome 9: 9.3 Learning outcome 10: 10.2, 10.4, 10.6 Learning outcome 11: 11.2, 11.3 Learning outcome 12: 12.3, 12.4, 12.5, 12.6, 12.8 Learning outcome 13: 13.2 Learning outcome 16: 16.3, 16.10, 16.11</p> <p>Practical activities are listed below. Please refer to the Tutor, Assessor, IQA Support Pack for full assessment guidance confirming minimum standards required.</p> <ul style="list-style-type: none"> • Communication on scene/casualty history (1.5, 2.6) • Scene survey and primary survey (2.1, 2.2) • Summoning further assistance (2.5) • Head to toe survey (2.3) • Assessment of vital signs (10.2, 10.4, 10.6) • CPR/AED and BVM – Adult manikins (3.3, 3.6, 3.9, 4.2, 4.3) <ul style="list-style-type: none"> ○ Perform effective CPR (including correct use of AED) using an adult manikin ○ Learners must demonstrate CPR for a minimum of 2 minutes and 6 cycles at floor level ○ Correct usage of a BVM (as part of the adult CPR assessment) ○ Use of supplementary oxygen connected to the BVM and use of reservoir bag • CPR/AED – Infant and Child Manikins (3.3, 3.5, 3.6) <ul style="list-style-type: none"> ○ performing effective CPR (including correct use of AED) using a child manikin ○ performing effective CPR (including correct use of AED) using an infant manikin ○ Learners must demonstrate CPR for a minimum of 2 minutes and 6 cycles • Recovery Position (3.2)

- Airway Management (7.2, 7.3)
 - Head tilt/chin lift
 - Jaw thrust
 - Use of suction equipment
 - Use of Oropharyngeal airway (OPA)
 - Use of Nasopharyngeal airway (NPA)
- Choking (7.4)
- External bleeding (8.2)
- Catastrophic bleeding (8.3)
 - Tourniquet
 - Dry, sterile pressure dressing
 - Haemostatic dressing
- Hypovolaemic shock (9.3)
- Fractures, dislocations, sprains and strains (11.2, 11.3)
 - Support sling
 - Elevated sling
 - Flexible splint
 - Vacuum splint
- Spinal injuries (12.3, 12.4, 12.5, 12.6, 12.8)
 - Recognise a suspected spinal injury
 - Administer first aid for a casualty with a suspected spinal injury
 - Correct technique to remove a full faced motorcycle helmet
 - Correct application of an adjustable cervical collar
 - Use of a scoop stretcher, head blocks and straps
- Chest injury (13.2)
 - flail chest
 - penetrating chest wound
- Anaphylaxis management (16.10, 16.11)
- Heart attack (16.3)
- Selecting appropriate oxygen delivery method and administering oxygen therapy (4.2, 4.3)

Indicative content – Theory criteria

Theory criteria

The following criteria are assessed as part of the **theory** assessment:

Learning outcome 1: 1.1, 1.2, 1.3, 1.4, 1.6

Learning outcome 2: 2.4, 2.7

Learning outcome 3: 3.1, 3.4, 3.7, 3.8

Learning outcome 4: 4.1

Learning outcome 5: 5.1, 5.2

Learning outcome 6: 6.1, 6.2

Learning outcome 7: 7.1

Learning outcome 8: 8.1

Learning outcome 9: 9.1, 9.2

Learning outcome 10: 10.1, 10.3, 10.5

Learning outcome 11: 11.1

Learning outcome 12: 12.1, 12.2, 12.7

Learning outcome 13: 13.1, 13.3, 13.4

Learning outcome 14: 14.1, 14.2, 14.3, 14.4

Learning outcome 15: 15.1, 15.2, 15.3, 15.4

Learning outcome 16: 16.1, 16.2, 16.4, 16.5, 16.6, 16.7, 16.8, 16.9

Further guidance on the theory criteria can be found in the indicative content below:

1.1 Roles and responsibilities:

- 3 Ps (preserve life, prevent further injury, promote recovery)
- infection control and prevention
- understanding of chain of survival (including cardiac arrest survival rates with and without defib use)
- understanding of scope of practice
- scene assessment
- confidentiality
- need for recording actions/incidents
- safe use of equipment
- summoning assistance
- prioritising treatment

1.2 Ways to minimise risk of infection to self and others to include:

- personal protective equipment
- handling of sharps
- handwashing
- covering of cuts
- short nails on first responder's own hands

1.3 Importance of establishing consent:

- need for consent on continual basis
- informed, implied (e.g. unresponsive casualty), expressed consent, and refusal of consent
- no duress
- assumed capacity

1.4 Importance of completing a patient clinical record:

- condition patient is found in and recording improvement or deterioration
- legal defense
- details important to include
 - patient's details (name, address, DoB)
 - baseline observations
 - history of presenting complaint
 - treatment given
 - any noted changes

1.6 Safeguarding concerns:

- signs of different type of abuse or neglect

- 2.4 Purposes and priorities of triage:
- dealing with multiple patients
 - rapid assessment
 - prioritisation
 - difficulties
 - categorisation
- 2.7 How to provide an effective handover of a casualty
- completion of a simple Patient Care Report (PCR)
 - ATMIST approach
 - SBAR (Situation, Background, Assessment, Recommendation)
- 3.1 Recognise when to place casualty in the recovery position (position to maintain a stable open draining airway):
- unconscious breathing casualties
 - cautions and variations to be aware of
- 3.4 When CPR is not appropriate:
- dangerous areas
 - decomposition
 - unable to depress the chest
 - injuries not able to support life
 - DNACPR
 - respect forms
- 3.7 Safety consideration when using an AED:
- water
 - patches
 - jewellery
 - implants
 - medical gases
- 3.8 How to ensure a defibrillator is operational:
- pad checks
 - battery checks
 - associated equipment
 - battery failure
 - troubleshooting common problems
- 4.1 Recognising when oxygen therapy is needed:
- cardiac arrest
 - carbon monoxide poisoning
 - major trauma
 - anaphylaxis
 - sepsis
 - shock
 - seizures
 - hypothermia

- to maintain spo2 reading of <94%
- child with a significant illness /trauma

Knowing when oxygen therapy not appropriate e.g.:

- chronic obstructive pulmonary disease (COPD)
- SPO2 (blood saturation levels) readings over 94%
- paraquat poisoning

5.1 Recognising the need for nitrous oxide and how it is used:

- treatment of moderate to severe pain
- labour
- understand correct use of cylinder and associated equipment

5.2 Recognising when nitrous oxide **cannot** be given:

- caution with penetrating torso injury

Should **not** be given for:

- severe head injuries with impaired consciousness
- decompression sickness (the bends)
- psychiatric patients
- abdominal pain
- recent eye surgery

6.1 Safety considerations when storing or using medical gases:

- sparks
- grease
- temperature extremes
- no rolling
- storing in ventilated area

6.2 Routine checks on medical gas equipment:

- Checks on:
 - on contents
 - cylinder damage
 - potential for gas separation

7.1 Different causes of airway obstruction:

- choking (including distinction between mild and severe)
- tongue/teeth/tissue/fluids
- facial trauma
- external pressure

8.1 Identify the severity of external bleeding:

- arterial / venous / capillary bleeding
- recognition of catastrophic bleeding

9.1 Causes of shock

- Hypovolaemia (fluid loss such as blood loss, burns, diarrhea and vomiting)
- Cardiogenic (failure of the heart to pump effectively (tamponade, heart attack, angina heart failure))
- neurogenic (head injury, CVA, spinal injury)
- anaphylactic (life threatening allergic reaction to a substance (food medication, stings, shellfish))
- toxic (sepsis)

9.2 Common signs and symptoms of shock to include:

- 4 stages of hypovolaemic shock
- signs and symptoms of shock

10.1 Key structures of the cardiovascular system to include:

- heart and its structure
- blood vessels
- pulse points

10.2 Basic assessment of a patient's cardiovascular system

- pulse – rate, rhythm and quality
- skin – colour and texture
- capillary refill >2s
- blood pressure
- normal physiological ranges

10.3 Key structures of the respiratory system:

- lungs
- upper airway tract

10.4 Basic assessment of a patient's respiratory function

- respiration – rate, rhythm and quality
- chest movement
- pulse oximetry
- normal physiological ranges

10.5 Key structures of nervous system:

- basic knowledge of brain
- spinal cord

10.6 basic assessment of nervous function

- Glasgow Coma Scale (GCS)
- Pupil responses

11.1 Recognise suspected fractures/dislocations and sprains/strains:

- closed / open / complicated / greenstick fractures
- recognition of features/signs/symptoms of a fracture, sprain, strain and dislocation and where relevant mechanism of injury

12.1 Recognise a suspected head injury

- Head injuries:
 - recognition of features / signs / symptoms and where relevant the mechanism of injury
 - concussion
 - compression
 - skull fracture
 - facial fracture

12.2 Identify how to administer first aid for a casualty with a suspected head injury

- make the patient comfortable, sit them down if possible
- remove any clothing that may be near the wound
- apply pressure and dress the wound if required
- monitor patient for signs of concussion

12.7 Identifying need for spinal immobilisation:

- index of suspicion
- mechanism of injury
- recognised features of a spinal injury

13.1 Recognising suspected flail chest and penetrating chest injuries:

- rib fracture / flail segment / pneumothorax
- recognition of features / signs / symptoms of injuries and where relevant the mechanism of injury

13.3 Common types of chest seals and when they are used:

- Types include:
 - Asherman
 - Russell
 - Bolin
 - SAM
 - Foxseal
- Used for penetrating chest trauma

13.4 When chest seals are not an appropriate technique for dealing with a suspected chest injury:

- no penetrating chest wound
- embedded foreign object still within wound
- no respiratory distress
- airway and breathing concerns take priority

14.1 Recognise the severity of burns and scalds:

- Features of burns involving dry heat/wet heat/electricity/chemicals
- Assessing burn with mnemonic SCALD (size, cause, age, location, depth)

14.2 Identifying how to administer first aid for burns with different causes:

- how to manage burns involving:
 - dry heat

- wet heat
- electricity
- chemicals; and
- knowledge of issues of prolonged exposure to cold running water

14.3 Identifying how to administer first aid for common eye injuries:

- how to manage eye injuries involving:
 - dust
 - chemicals
 - embedded objects

14.4 Identifying how to administer first aid for minor injuries e.g. small cuts, grazes, small splinters and bruises

15.1 Identifying the routes poisons can take to enter the body:

- ingestion
- inhalation
- instillation
- absorption
- injection

15.2 Identifying how to administer first aid to a casualty with sudden poisoning

- scene assessment
- ABCs
- ensure fluids are available
- do not force patient to vomit, but allow it to happen if they vomit naturally
- keeping samples
- lips or mouth burnt – sips of water
- monitor patient's airway and breathing, prepare for possible cardiac arrest
- complete observations and provide interventions when required

15.3 Sources of information for treating those affected by sudden poisoning

- container labels
- hazchem cars
- COSHH assessments
- National Poisons Information Service
- TOXBASE
- NHS 111 line

15.4 Identifying the effects of a range of **recreational drugs and intoxicating substances**

- controlled substances (including class A, B and C drugs)
- psychoactive substances
- legal substances such as alcohol and caffeine

16.1 Identify signs and symptoms of a range of major illness and medical emergencies **must** include heart attack, stroke, asthma attack, diabetic emergency, sepsis

16.2 Identify the signs and symptoms of heat/cold related emergencies, illnesses and injuries **must** include heat stroke, heat exhaustion, hypothermia, dehydration, frostbite

16.4 Identifying how to administer first aid to a casualty suffering from major illnesses and medical emergencies **must include** stroke, asthma attack, diabetic emergency, sepsis

16.5 Identifying how to administer first aid to casualties suffering from cold/heat related emergencies, illnesses and injuries **must include** heat stroke, heat exhaustion, hypothermia, dehydration, frostbite

16.6 Recognising the features and causes of seizures:

- Types
 - partial
 - generalised
 - febrile
 - status epilepticus
 - absences
- Causes
 - epilepsy
 - electrocution
 - temperature extremes
 - head injury
 - poisoning
 - stroke
 - hypoglycaemia
 - brain infection
- Features
 - unconsciousness/unresponsive
 - uncontrollable shaking
 - vacant gaze/stare
 - airway compromised

16.7 Identifying how to manage a casualty who is experiencing a seizure:

- checking for danger, timing seizure, protecting head, recovery position once convulsions have stopped, calling emergency services if seizure lasts longer than 5 minutes/if first seizure/if repeated seizures/if casualty does not regain consciousness).

16.8 Identifying common causes and triggers of anaphylaxis:


- common food triggers (including, but not limited to, the 14 allergens that must be emphasized on product labels if present)
- common medicine triggers
 - general anaesthetic
- insect stings
- latex
- contrast dyes

16.9 Recognise signs and symptoms of anaphylaxis

- abdominal pain
- tingling in the lips and tongue
- rash
- uneven swelling/swelling around mouth and airway
- respiratory distress
- reduced blood pressure
- nausea and vomiting
- unconsciousness/unresponsive

Appendix 3: Sample assessment material

The practical assessment is captured using the matrix, which is available to download from the members' area of the Highfield Qualifications website. A sample is provided below:

Highfield EMERGENCY CARE FOR FIRST RESPONDERS: Practical Assessment Matrix									
M/F/ Not specified	M								
Tel. No.	0 1234 567890								
D.O.B.	17/03/79								
Learner's Declaration: I confirm that I fully participated in the training and have completed the practical and theory assessments									
Learner's Name (in capitals)	EXAMPLENAME	EXAMPLE	1.	2.	3.	4.	5.	6.	7.
COMMUNICATION	Communication on scene & casualty history	✓							
DRA(C)BCD	Scene survey & primary survey	✓							
	Summon further assistance	✓							
	Head to toe survey	✓							
ADULT	Assessment of vital signs	✓							
	CPR	✓							
	AED	✓							
	Use of BVM	✓							

The theory assessment is undertaken by the learner completing multiple-choice tests, which are also available to download from the members' area of the Highfield Qualifications website. Answers are provided to centres in the same location.

Appendix 4: Acceptable Training/Assessing Qualifications

The following list provides details of acceptable qualifications to undertake the separate roles of trainer and assessor:

Qualification	Train	Assess*
CURRENT QUALIFICATIONS (available for new trainers/assessors to undertake):		
Level 3 Award in Education and Training	✓	✓
Level 4 Certificate in Education and Training	✓	✓
Level 5 Diploma in Education and Training	✓	✓
Level 3 Award in Teaching and Assessing in First Aid Qualifications (RQF)	✓	✓
Cert Ed/PGCE/B Ed/M Ed	✓	✓
SVQ 3 Learning and Development SCQF Level 8	✓	✓
SVQ 4 Learning and Development SCQF Level 9	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (SQA Accredited)	✓	✓
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 7 Facilitate Individual Learning and Development SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	✓	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		✓
Level 3 Award in Assessing Competence in the Work Environment		✓
Level 3 Award in Assessing Vocationally Related Achievement		✓
Level 3 Award in Understanding the Principles and Practices of Assessment		✓
Level 3 Certificate in Assessing Vocational Achievement		✓
L&D Unit 9DI Assess Workplace Competence Using Direct and Indirect Methods SCQF Level 8 (SQA Accredited)		✓
L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF Level 7 (SQA Accredited)		✓
OTHER ACCEPTABLE QUALIFICATIONS:		
CTLLS/DTLLS	✓	✓
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
English National Board 998	✓	✓

Nursing mentorship qualifications	✓	✓
NOCN Tutor Assessor Award	✓	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓
PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	✓
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	
PTLLS (6 credits)	✓	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage learning and development in groups	✓	
Training Group A22, B22, C21, C23, C24	✓	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		✓
A1 Assess Candidates Using a Range of Methods or D33 Assess Candidates Using Differing Sources of Evidence		✓
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		✓
A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance		✓
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		✓

*Assessors who do not hold a formal assessing qualification may alternatively attend *First Aid Assessor CPD Training* with a recognised Awarding Organisation.

Appendix 5: Acceptable Internal Quality Assurance Qualifications

This list is not exhaustive but provides a guide to acceptable IQA qualifications:

Qualification	IQA*
L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 8 (SQA Accredited)	✓
Regulated Qualifications based on the Learning and Development NOS 11 Internally Monitor and Maintain the Quality of Assessment	✓
Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice	✓
Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice	✓
Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process.	✓
Internally Verify the Assessment Process SCQF Level 8 (SQA Unit)	✓
V1 Conduct Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process	✓

NOTE: IQAs who do not hold a formal IQA qualification may alternatively attend Internal Quality Assurance CPD Training with a recognised Awarding Organisation.