



Qualsafe Level 3 Award in
**Paediatric
First Aid** (RQF)

Qualification Specification

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Key Qualification Information

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|---------------------------------|---|
| Qualification number: | 603/0785/7 |
| Operational start date: | 1 Jan 2017 |
| Total Qualification Time (TQT): | 15 |
| Guided Learning Hours (GLH): | 12 |
| Credit value: | 2 |
| Number of units: | 2 mandatory units |
| Assessment Methods: | <ul style="list-style-type: none">• Theory assessment/multiple choice question paper:<ul style="list-style-type: none">1 x 15 question paper (minimum score 11)1 x 25 question paper (minimum score 18)• Practical assessment – 7 completed throughout the course |

Qualsafe Awards

Not only is Qualsafe Awards (QA) one of the largest Awarding Organisations (AO) in the UK, we are also the biggest AO for First Aid qualifications, making us an extremely trusted and recognisable name that employers look for when selecting a training provider.

We are recognised and regulated by the Office of Qualifications and Examinations Regulation (Ofqual), Qualifications Wales and the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA). This means we can offer Centres an extensive range of qualification suites including First Aid; Prehospital Care; Health and Safety; Mental Health First Aid; Licensing; Food Safety; Fire Safety; Education and Training; Manual Handling; Health and Social Care and Sport and Leisure.

With a specialist team of subject matter experts on hand to support our Centres, including A&E Consultants, doctors, paramedics, nurses, physiotherapists and specialists in other sectors such as mental health, you can be confident that you are truly working with the industry experts.

Qualification overview

This qualification forms part of the QA First Aid suite of qualifications. The qualification and learning outcomes are based on the recommendations of:

- Resuscitation Council (UK)
- Statutory Framework for the Early Years Foundation Stage (EYFS)
- A distinguished panel of experts in emergency medical care

This QA qualification is for people who work with or look after children, enabling them to have skills and knowledge of how to deal with paediatric first aid situations which can arise when looking after children.

This qualification outlines a range of practical skills for providing first aid to infants and children. Learners will practise assessing and managing an incident and demonstrate how to treat a variety of serious conditions.

This qualification specification provides information for Centres and Learners about the delivery of the Qualsafe Level 3 Award in Paediatric First Aid (RQF) and includes the unit information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by preparing them to deal with a range of paediatric first aid situations and/or take on the role of first aider in an early years setting.

Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide help to infants and children in a range of first aid situations.

Structure

This qualification contains 2 mandatory units with a Total Qualification Time (TQT) of 15 hours. Full details of this are in *Appendix 1*.

Learners must complete all assessments successfully within the registration period to achieve the qualification. The maximum period to achieve this qualification, including any referrals is 7 weeks.

TQT is the total number of hours required for a Learner to achieve this qualification. It has 2 elements:

- Guided Learning Hours (GLH) is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor, which for this qualification is 12 GLH (minimum), and



- The number of hours a Learner will reasonably be likely to spend in preparation and study, including assessment, as directed by, but not under the immediate guidance or supervision of a Trainer, e.g. pre-course reading, which for this qualification is 3 hours

Related units

The Qualsafe Level 3 Award in Paediatric First Aid (RQF) contains 1 unit that also appears as Unit 1 (Emergency Paediatric First Aid) of the Qualsafe Level 3 Award in Emergency Paediatric First Aid (RQF).

Therefore, assessments attained through the Emergency Paediatric First Aid unit may be used towards achievement of the Qualsafe Level 3 Award in Emergency Paediatric First Aid (RQF) qualification should the Learner not achieve Unit 2 (Managing paediatric illness, injuries and emergencies) of this qualification.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a process for recognising any previous learning undertaken or assessments attained by a Learner. The Learner must prove they have met some or all the learning outcomes or assessment criteria for this qualification before RPL can be considered. Any evidence submitted as RPL must be valid, authentic, reliable, current, sufficient and specific.

In some cases, Centres may need to produce mappings against QA learning outcomes and assessment criteria to confirm comparability of qualification certificates or evidence being submitted. Mapping templates created by QA must be used for this process. Please see the *QA Recognition of Prior Learning (RPL) Policy* for further details.

RPL is considered for this qualification. The potential outcomes could include reduction or exemption of:

- Learning outcomes or GLH
- Assessments

RPL for this qualification **must** be approved by QA prior to implementation. Note: Charges may apply. Please refer to the *QA Fees and Charges List*.

Entry requirements

Learners must be at least 14 years old on the first day of the training and be able to perform practical tasks at floor level. There are no other formal entry requirements but we strongly recommend that Learners have a minimum of Level 1 in literacy and numeracy or equivalent.

Other course requirements

Due to the practical nature of this course, Learners should wear appropriate clothing and footwear, e.g. trousers and flat footwear.

Progression

The Qualsafe Level 3 Award in Paediatric First Aid (RQF) may be used towards other qualifications at the same and higher level, plus aid career progression in a relevant profession.

Requalification requirements

This qualification is valid for a period of 3 years. The Learner needs to retake the qualification before the certificate expiry date to remain qualified.

Qualification approval requirements

QA requires the Centre:

- To have appropriate policies, systems and procedures in place
- To appoint suitable individuals from their personnel team to train, assess and quality assure their QA qualifications
- To have suitable and adequate venues, equipment and learning resources

In order to secure and maintain approval from QA, Centres need a minimum staffing requirement for each qualification suite they deliver, which for this qualification is:

| | |
|-------------------------------------|--|
| One Trainer/Assessor | Responsible for the delivery and assessment of qualifications |
| One Internal Quality Assurer | Responsible for quality assuring the delivery and assessment of this qualification |

QA requires the Centre staff to read and understand QA's key policies and procedures, and to abide by their contents.

Trainers

All Trainers should have the skills, knowledge and experience to be able to teach and demonstrate the subject. Each Trainer must be approved by QA and provide evidence of:

1. A First Aid at Work qualification/medical registration as shown in *Appendix 2*
2. An acceptable teaching/training qualification as shown in *Appendix 3*
3. An acceptable log/record of teaching first aid as shown in *Appendix 2*

Trainers are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD).

Assessors

All Assessors should have the skills, knowledge and experience to be able to assess the subject. Each Assessor must be approved by QA and provide evidence of:

1. A First Aid at Work qualification/medical registration as shown in *Appendix 2*
2. An acceptable assessing qualification as shown in *Appendix 3* **or** attendance at relevant CPD training with an Awarding Organisation (AO)
3. An acceptable log/record of assessing first aid as shown in *Appendix 2*

There is no requirement for a separate Assessor when delivering this qualification. Trainers can perform the role of both Trainer and Assessor providing they meet the requirements for each role.

Assessors are expected to keep up to date with the subject area and provide evidence of CPD

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. Each IQA must be approved by QA and provide evidence of:

1. A First Aid at Work qualification/medical registration as shown in *Appendix 2*
2. An acceptable internal quality assurance qualification as shown in *Appendix 4* **or** attendance at relevant CPD training with an Awarding Organisation (AO)

IQAs are expected to keep up to date with the subject area and provide evidence of CPD.

They must also:

- Have knowledge of the requirements of the qualification they are quality assuring at the time the assessment is taking place
- Have knowledge and understanding of the role of IQAs
- Attend training delivery and observe assessments being carried out
- Carry out other related internal quality assurance

Full details of the Centre’s requirements for internal quality assurance are in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

Note: IQAs cannot quality assure a course for which they were the Trainer and/or Assessor.

Venue and equipment

Quality training involves using premises conducive to learning and it is a Centre’s responsibility to make sure all venues used for training and assessment purposes are suitable and adequate – whether these are hired or in-house training rooms. They must also comply with all current legislation.

In addition, it is important to use a wide range of equipment and learning resources to support delivery.

As a minimum, Centres must make sure their venues, equipment and other resources include:

| Resource/area: | Requirements: |
|--|--|
| Resuscitation manikins | Provide a minimum ratio of 1 child manikin and 1 infant manikin to every 4 Learners to facilitate training and assessment of rescue breaths, chest compressions and Automated External Defibrillation pad placement. |
| Hygiene | Sufficient procedures to maintain hygiene when using resuscitation manikins and other training equipment. |
| Audio visual (AV) equipment and training aids | Sufficient AV equipment and training aids to facilitate learning using varying teaching methods. |
| Learning materials | Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification. Learners should have access to these reference materials for the validity of their certification. |
| AED trainers | For qualifications including AED training, at least 1 AED trainer to every 4 Learners. If fewer AED trainers are provided, adjust learning hours/lesson plans accordingly to make sure Learners are not disadvantaged. |
| Bandages and dressings | Sufficient clean bandages, dressings and other items commonly found in a first aid kit to facilitate training and assessment. |
| Choking vest/manikins | Provide Learners with suitable choking vests or manikins to facilitate training and assessment of back blows and abdominal thrusts. |
| Adrenaline Auto-Injector (AAI) training devices | A selection of Adrenaline Auto-Injector training devices to facilitate training and assessment. The minimum must include at least one of the following: <ul style="list-style-type: none"> • Jext • EpiPen |
| Training venue | The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: <ul style="list-style-type: none"> size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise. |

Optional catastrophic bleeding practical assessment

The following resources are required for the optional catastrophic bleeding practical assessment:

- A manufactured tourniquet
- Equipment required for the application of an improvised tourniquet
- A replica wound with training equipment for wound packing (ideally)
- Imitation haemostatic dressings or other dressings

Course/Centre administration

Registering Learners

Centres must ensure Learners are registered in accordance with the guidance in the *QA Centre Handbook*.

Certification

After a Learner has completed an assessment, unit or qualification, whether they have passed or not, Centres must enter the details and assessment results on the QA Customer Portal at: www.qualsafeawards.org

Centres will be given login details and guidance on using the QA Customer Portal when they are approved to deliver a QA qualification.

The Learner receives a certificate on achieving this qualification.

Learners who complete the training and assessment shown below will have additional text included on their certificate that acknowledges these skills for:

- Use of tourniquets and haemostatic dressings

The certificate date is the date the Learner achieves the final unit. This qualification is valid for 3 years. The Learner needs to re-take the qualification and the assessments before the end of the 3 years to remain qualified.

QA has developed a verification tool that means the validity of every certificate can be verified online. This verification tool can be found on the QA website.

Refresher training

QA recommends Learners also complete annual refreshers to maintain their basic skills and keep up to date with any changes to first aid procedures.

Recommended annual refresher training/qualifications include:

- Qualsafe Level 3 Award in Paediatric First Aid (Annual Refresher) (RQF)
- Qualsafe Level 3 Award in BLS for Adults, Children and Infants (RQF)

Delivery and support

Learner to Trainer ratio

To maintain the quality of training and assessment, make sure the class ratio is no more than 12 Learners to 1 Trainer. The assessment space should allow Learners to sit at least 1 metre apart to prevent collusion during the theory/multiple choice question paper assessment. Never allow more Learners on a course than you can cater for during the assessment.

Delivery plan

QA provides Centres with a complimentary course programme and detailed lesson plans, which are carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners are adequately prepared for the assessments.

For Centres wanting to include additional skills, we have created an additional session for catastrophic bleeding, including use of tourniquets and haemostatic dressings.

Centres not using QA lesson plans, which are created and provided free on qualification approval, must submit their own delivery plan and have it approved by us **before** delivering this qualification. Note: Charges may apply. Please refer to the *QA Fees and Charges List*. The delivery plan should:

- Include a course timetable and detailed lesson plans, clearly showing the required subjects and learning outcomes/assessment criteria are covered and the minimum 12 guided learning hours are met
- Be carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners are adequately prepared for the assessment
- Be emailed to: info@qalsafeawards.org

Blended learning

This qualification can be delivered using a combination of distance learning and face-to-face classroom learning and assessment. The 'minimum' amount of classroom hours **must** be as detailed below with the remainder of the GLH having been completed by distance learning:

2 day PFA



- 6 hours (1 day) CLASSROOM
- 6 hours (1 day) DISTANCE

Note: distance learning **must** be completed **before** the face-to-face classroom session and **all** assessments **must** take place in the classroom.

Distance learning can be delivered through either video conferencing or e-Learning. For this qualification, the following options are available:

- QA has created a Paediatric First Aid blended learning package which includes 6 hours of 'state of the art' e-Learning content and a dedicated course overview and lesson plan to support the remaining classroom elements of the PFA qualification
- Centres can use their own e-Learning content or virtual classroom to deliver the distance learning element. **This requires additional approval criteria.** See *QA Blended Learning Policy for Regulated First Aid Qualifications* and *QA Blended Learning Agreement for Regulated First Aid Qualifications*

Learning materials

Centres must provide each Learner with suitable reference materials that covers the lesson plans and learning outcomes for this qualification. We recommend:

- *Paediatric First Aid Made Easy* by Nigel Barraclough

Centres can choose alternative books or other learning materials but these **must be approved** by QA prior to use. Note: Charges may apply. Please refer to the *QA Fees and Charges List*.

Ongoing support

QA Centres should provide appropriate levels of support to Learners throughout the qualification. The purpose of the support is to:

- Assess knowledge and competence in relation to learning outcomes and the detailed assessment criteria of the units within the qualification, see *Appendix 1*
- Give Learners feedback on their progress and how they might be able to improve

Assessment

Overview

The Qualsafe Level 3 Award in Paediatric First Aid (RQF) skills and knowledge should be taught and assessed in accordance with currently accepted first aid practice in the UK.

Methods

QA has devised externally set, internally marked assessment tools to make sure Learners are assessed against the required knowledge, skills and understanding, as detailed in the learning outcomes and assessment criteria shown in the *Appendix 1*. Centres should download all assessment papers from the QA Customer Portal in advance of the course. For each unit there are:

- Practical assessments – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see *QA Guide to Assessing First Aid Qualifications*. There are 7 practical assessments for this qualification:
 - Infant CPR and safe use of an AED
 - Child CPR and safe use of an AED
 - Choking casualty
 - Wounds, bleeding and shock
 - Unconscious casualty
 - Management of paediatric fractures
 - Management of anaphylaxis
 - Catastrophic bleeding (optional)
- Theory assessment/multiple choice question papers – there is 1 paper per unit for each Learner and Learners should answer all the questions under ‘examination’ conditions, see *QA Multiple Choice Question Paper Guidelines*:
 - The maximum time allowed for Unit 1 is 25 minutes and for Unit 2 it is 40 minutes.
 - The minimum mark for Unit 1 is 11 out of 15 and for Unit 2 it is 18 out of 25 to be considered for an overall ‘Pass’

There are 2 possible grades available of Pass or Fail. All mandatory areas of assessment must individually meet or exceed the required pass criteria/mark for the Learner to achieve this qualification.

Note: Centres should download all assessment papers from the QA Customer Portal in advance of the course.

Access to assessment

QA is committed to equality when designing the assessments for qualifications. Centres can make sure they do not unfairly exclude the assessment needs of a particular Learner by following the *QA Access to Assessment Policy* to determine whether it is appropriate to:

- Make a Reasonable adjustment or
- Request Special Consideration for the Learner



When a reasonable adjustment needs to be made, Centres should check the *QA Access to Assessment Policy* to see if the adjustment required needs prior approval or if the *Reasonable Adjustment Form* can be submitted retrospectively. If the adjustment requires prior approval, then Centres must complete a *Reasonable Adjustment Form* and send it to QA with any relevant supporting evidence at least five working days in advance of course delivery for review and approval. Centres should retain a copy of this form for their own records.

Learners may be eligible for special consideration if their performance through the assessment process has been affected by some temporary illness, injury or adverse set of circumstances. A *Special Consideration Request Form* should be completed and sent to QA within five working days of the Learner assessment taking place, along with any supporting evidence (*where available*), for consideration and approval. Centres should retain a copy of this form for their own records. Note: If you have any suggestions for improvements, please let us know.

Learners should be informed about Centre's and QA's appeals and complaints procedures and how they can access these. Information about these procedures can be found in the *QA Training Commitment* which should be presented to Learners during the course.

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However, to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, for first aid qualifications the Learner must be assessed performing practical tasks such as CPR, as per *QA Guide to Assessing First Aid Qualifications*. To pass the assessment, the Learner must demonstrate the required practical skills without assistance from a third party.

Informal record of achievement

If a Learner with disabilities cannot perform 1 or more of the practical tasks required, it may be possible for the Centre to provide a letter recording the learning outcomes that the Learner achieved. For example, a Learner may be able to demonstrate chest compression only CPR, instruct a third party how to place a casualty in the recovery position and pass the theoretical assessments. The letter should clearly state that “this record of achievement does **not** constitute a Qualsafe Level 3 Award in Paediatric First Aid (RQF)”.

Assessment language

Assessment in British Sign Language (BSL) may be permitted for this qualification for the purpose of a Reasonable Adjustment. See *QA Access to Assessment Policy*.

Assessment in languages other than English may be permitted. However, the certificate issued could only be used to support a role in the workplace as long as proficiency in English is not required for the role supported by this qualification. See *QA Language Policy*.

Prior approval from QA is required before any assessment is delivered through BSL or a language other than English. Any request received will be considered in terms of viability and there may be charges involved depending on the work required to meet the request, e.g. translating assessment papers.

If a Learner passes the assessment process in another language or through BSL, their certificate will show extra information, including the language of assessment and if required, confirmation of the context in which the certificate can be used.

Quality assurance

Centre internal quality assurance

The Centre is required to sample a reasonable amount of assessments as part of the quality assurance of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. Centres are required to adhere to QA's internal quality assurance requirements. Further details can be found in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

Centres must retain all Learner documents and records for a period of 3 years and make sure these are available for review by QA or our representatives, e.g. External Quality Assurers (EQAs), on request.

Qualsafe Awards external quality assurance

QA operates a system of ongoing monitoring, support and feedback for approved Centres.

QA employs a risk-based model to decide the frequency of external quality assurance activity.

Further details of the QA external quality assurance programme are available in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

Further information

If you have any queries or comments we would be happy to help you, contact us:

Email: info@qualsafeawards.org

Tel: 0330 660 0899

Useful addresses and websites

- Qualsafe Awards, City View, 3 Wapping Road, Bradford, BD3 0ED
www.qualsafe.org
- Office of Qualifications and Examinations Regulation (Ofqual):
www.gov.uk/government/organisations/ofqual
- Qualifications Scotland Accreditation:
<https://accreditation.qualifications.gov.scot/accreditation/home>
- Qualifications Wales:
www.qualificationswales.org
- Council for the Curriculum Examinations and Assessment (CCEA):
<https://ccea.org.uk/regulation>
- Health & Safety Executive (HSE):
www.hse.gov.uk
- Skills for Health:
www.skillsforhealth.org.uk
- Resuscitation Council (UK):
www.resus.org.uk

Appendix 1 – Qualification unit

Qualification unit 1

The Qualsafe Level 3 Award in Paediatric First Aid (RQF) has 2 units that Learners are required to complete in order to achieve the qualification.

| | | |
|---|---|--|
| Title: | Unit 1 – Emergency Paediatric First Aid | |
| GLH: | 6 | |
| Level: | 3 | |
| Learning outcomes <i>The Learner will:</i> | Assessment criteria <i>The Learner can:</i> | *Indicative content |
| 1. Understand the role and responsibilities of a paediatric first aider | 1.1 Identify the role and responsibilities of a paediatric first aider | <p>Identification of the roles and responsibilities of a paediatric first aider may include:</p> <ul style="list-style-type: none"> • Preventing cross infection • Recording incidents and actions • Safe use of available equipment • Knowledge of paediatric first aid contents • Assessing an incident • Summoning appropriate assistance • Prioritising treatment • Dealing with post incident stress <p>NB. These roles and responsibilities may be demonstrated holistically.</p> |
| | 1.2 Identify how to minimise the risk of infection to self and others | <p>Minimising the risk of infection may include:</p> <ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • Hand hygiene • Disposal of contaminated waste • Using appropriate dressings • Barrier devices during rescue breaths • Covering own cuts <p>Others may include, infants or children (<i>including adolescents</i>) receiving first aid, work colleagues, parents, carers, other people within the infant or child's environment.</p> <p>NB. These roles and responsibilities may be demonstrated holistically.</p> |
| | 1.3 Differentiate between an infant and a child for the purposes of first aid treatment | <p>Differentiating age ranges for first aid treatment may include:</p> <ul style="list-style-type: none"> • Infants: under 1 year old • Children: 1 to 12 years old • Adolescents: 13 to 18 years old |

| | | |
|--|--|--|
| 2. Be able to assess an emergency situation safely | 2.1 Conduct a scene survey | <p>Conducting a scene survey may include:</p> <ul style="list-style-type: none"> • Checking for further danger • Identifying the number of casualties • Evaluating what happened • Prioritising treatment • Delegating tasks |
| | 2.2 Conduct a primary survey on: <ul style="list-style-type: none"> • An infant • A child | <p>The primary survey sequence may include:</p> <ul style="list-style-type: none"> • D: Danger • R: Response • C: <i>Catastrophic bleeding</i> • A: Airway • B: Breathing • C: Circulation • D: Disability • E: Exposure |
| | 2.3 Summon appropriate assistance when necessary | <p>Summoning appropriate assistance may include:</p> <ul style="list-style-type: none"> • Shouting for help • Calling 999/112 via speakerphone or bystander • Leaving the casualty to call 999/112 • Calling an NHS emergency helpline such as 111 <p>NB. These roles and responsibilities may be demonstrated holistically.</p> |
| 3. Be able to provide first aid for an infant and a child who are unresponsive | 3.1 Identify when to administer cardiopulmonary resuscitation (CPR) to an infant or a child | <p>Identifying when to administer CPR must include:</p> <ul style="list-style-type: none"> • When the casualty is unresponsive and: <ul style="list-style-type: none"> ◦ Not breathing ◦ Not breathing normally/agonal breathing/slow laboured breathing/panting <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |
| | 3.2 Demonstrate CPR using: <ul style="list-style-type: none"> • An infant manikin • A child manikin | <p>Demonstrating CPR must include:</p> <ul style="list-style-type: none"> • 5 initial rescue breaths • 15 chest compressions <ul style="list-style-type: none"> ◦ Correct 2-thumb encircling technique ◦ Correct positioning of hand(s) for a child ◦ Correct compression depth for infant and child ◦ 100-120 per minute • 2 rescue breaths <ul style="list-style-type: none"> ◦ Correct rescue breath positioning ◦ Blowing steadily into mouth (<i>about 1 sec to make chest rise</i>) ◦ Taking no longer than 10 seconds to deliver 2 breaths |

| | | |
|---|--|--|
| | | <ul style="list-style-type: none"> • AED (<i>Defibrillator</i>) <ul style="list-style-type: none"> ◦ Correct placement of AED pads ◦ Following AED instructions <p>CPR – minimum demonstration time of 2 minutes (<i>at floor level for child manikin</i>). May additionally include use of rescue breath barrier devices.</p> |
| | 3.3 Identify when to place an infant or a child into the recovery position | <p>Identifying when to place the casualty into the recovery position may include when the casualty has lowered levels of response and:</p> <ul style="list-style-type: none"> • Does not need CPR • Is breathing normally • Is uninjured <p>An injured casualty may be placed in the recovery position if the airway is at risk (<i>e.g. fluids in the airway or you need to leave the casualty to get help</i>).</p> <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |
| | 3.4 Demonstrate how to place: <ul style="list-style-type: none"> • An infant into the recovery position • A child into the recovery position | <p>Placing an infant into the recovery position may include:</p> <ul style="list-style-type: none"> • Holding an infant on its side • Continually monitoring breathing <p>Placing a child (<i>including adolescents</i>) into the recovery position may include:</p> <ul style="list-style-type: none"> • Placing in a position that maintains a stable, open, draining airway at floor level • Continually monitoring airway and breathing • Turning the casualty onto the opposite side every 30 minutes |
| | 3.5 Demonstrate continual monitoring of breathing, whilst they are in the recovery position, for: <ul style="list-style-type: none"> • An infant • A child | <p>Continually monitoring airway and breathing for an infant and a child (<i>including adolescents</i>) must include:</p> <ul style="list-style-type: none"> • Continual checking for normal breathing to ensure that abnormal breathing can be identified immediately |
| | 3.6 Identify how to administer first aid to an infant or a child who is experiencing a seizure | <p>Administering first aid to a casualty having a generalised seizure may include:</p> <ul style="list-style-type: none"> • Keeping the casualty safe (<i>removing dangers</i>) • Noting the time and duration of the seizure • Opening airway and checking breathing post seizure • Determining when to call 999/112 <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| 4. Be able to provide first aid for an infant and a child who are choking | 4.1 Identify when an infant or a child is choking | <p>Identifying mild choking may include recognising the casualty is able to:</p> <ul style="list-style-type: none"> • Speak • Cough • Cry • Breathe |

| | | |
|--|---|--|
| | | <p>Identifying severe choking may include recognising the casualty is:</p> <ul style="list-style-type: none"> • Unable to cough effectively • Unable to speak or cry • Unable or struggling to breathe • In visible distress • Unconscious <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |
| | <p>4.2 Demonstrate how to administer first aid to:</p> <ul style="list-style-type: none"> • An infant who is choking • A child who is choking | <p>Administering first aid for an infant and child (<i>including adolescents</i>) who are choking must include the following:</p> <ul style="list-style-type: none"> • Encouraging to cough • Up to 5 back blows • Up to 5 abdominal thrusts (<i>chest thrusts for infants</i>) • Calling 999/112 when required • CPR if unconscious <p>Demonstration must be simulated using a training device, not another Learner.</p> |
| 5. Be able to provide first aid to an infant and a child with external bleeding | 5.1 Identify whether external bleeding is life-threatening | <p>Life-threatening (<i>catastrophic</i>) bleeding may be identified by:</p> <ul style="list-style-type: none"> • Rapidly flowing or spurting blood from a wound • Pooling of blood on the ground (<i>or clothing</i>) • Bleeding that cannot be controlled by direct manual pressure alone |
| | 5.2 Demonstrate how to administer first aid to an infant or a child with external bleeding | <p>Administering first aid for external bleeding may include:</p> <ul style="list-style-type: none"> • Maintaining clean technique • Positioning the casualty in a sitting or lying position • Examining the wound • Applying direct pressure onto (<i>or into</i>) the wound • Dressing the wound <p>Life-threatening (<i>catastrophic</i>) bleeding treatment may include:</p> <ul style="list-style-type: none"> • Wound packing (<i>including improvised</i>) • Tourniquet application • Improvised tourniquet application <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| 6. Know how to provide first aid to an infant or a child who is suffering from shock | 6.1 Recognise when an infant or a child is suffering from shock | <p>Shock: hypovolaemic shock (<i>resulting from blood loss</i>) recognition may include:</p> <ul style="list-style-type: none"> • Pale, clammy skin • Fast, shallow breathing • Rise in pulse rate • Cyanosis • Dizziness/passing out when sitting or standing upright <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |

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| | <p>6.2 Identify how to administer first aid to an infant or a child who is suffering from shock</p> | <p>Administering first aid for hypovolaemic shock may include:</p> <ul style="list-style-type: none"> • Treating the cause • Casualty positioning • Keeping the casualty warm • Calling 999/112 <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| <p>7. Know how to provide first aid to an infant or a child with bites, stings and minor injuries</p> | <p>7.1 Identify how to administer first aid to an infant or a child:</p> <ul style="list-style-type: none"> • Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nosebleeds | <p>Administering first aid for bites may include:</p> <ul style="list-style-type: none"> • Irrigation • Dressing • Seeking medical advice <p>Administering first aid for stings may include:</p> <ul style="list-style-type: none"> • Scraping off the sting • Applying an ice pack • Giving sips of cold water (<i>if the sting is in the mouth</i>) • Monitoring for allergic reaction <p>Administering first aid for small cuts and grazes may include:</p> <ul style="list-style-type: none"> • Irrigation • Dressing <p>Administering first aid for bumps and bruises may include:</p> <ul style="list-style-type: none"> • Cold compress for up to 20 minutes <p>Small splinter removal may include the following steps:</p> <ul style="list-style-type: none"> • Cleaning of area • Remove with tweezers • Dress <p>Administering first aid for a nosebleed may include:</p> <ul style="list-style-type: none"> • Sitting the casualty down, head tipped forwards • Pinching the soft part of the nose • Telling the casualty to breathe through their mouth <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| <p>Note: Full and detailed qualification content is available to approved Centres in the form of lesson plans and a training presentation which are provided free of charge.</p> | | |
| <p>Additional information about the unit</p> | | |
| <p>*indicative content</p> | <p>The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria, however, where the term 'must' is used within indicative content, these elements must be included within the assessment.</p> | |
| <p>Simulation</p> | <p>Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2, 5.2</p> | |

Qualification unit 2

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| Title: | Unit 2 – Managing paediatric illness, injuries and emergencies | |
| GLH: | 6 | |
| Level: | 3 | |
| Learning outcomes <i>The Learner will:</i> | Assessment criteria <i>The Learner can:</i> | *Indicative content |
| 1. Be able to provide first aid to an infant or a child with suspected injuries to bones, muscles and joints | 1.1 Recognise a suspected: <ul style="list-style-type: none"> • Fracture or dislocation • Sprain or strain | Recognising fractures, dislocations, sprains or strains may include: <ul style="list-style-type: none"> • Pain • Loss of power • Unnatural movement • Swelling or bruising • Deformity • Irregularity • Crepitus • Tenderness |
| | 1.2 Identify how to administer first aid for an infant or a child with a suspected: <ul style="list-style-type: none"> • Fracture or dislocation • Sprain or strain | Administering first aid for fractures or dislocations may include: <ul style="list-style-type: none"> • Immobilising • Calling 999/112, or • Arranging transport to hospital Administering first aid for sprains or strains may include: <ul style="list-style-type: none"> • Rest • Ice • Compression/comfortable support • Elevation Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same. |
| | 1.3 Demonstrate how to apply: <ul style="list-style-type: none"> • A support sling • An elevated sling | Demonstrating the application of a sling must include: <ul style="list-style-type: none"> • A support sling • An elevated sling |

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| 2. Be able to provide first aid to an infant or a child with suspected head and spinal injuries | 2.1 Recognise a suspected: <ul style="list-style-type: none"> • Head injury • Spinal injury | <p>Recognising concussion, compression and fractured skull may include:</p> <ul style="list-style-type: none"> • Mechanism of injury • Signs and symptoms • Conscious levels <p>Recognising spinal injury may include:</p> <ul style="list-style-type: none"> • Mechanism of injury • Pain or tenderness in the neck or back • Numbness, tingling and muscle weakness <p>Head injury: includes concussion, compression and skull fracture. The Learner is not expected to differentiate between these conditions.</p> |
| | 2.2 Identify how to administer first aid for an infant or a child with a suspected head injury | <p>Administering first aid for head injury may include:</p> <ul style="list-style-type: none"> • Determining when to call 999/112 • Maintaining airway and breathing • Monitoring response levels • Dealing with fluid loss <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| | 2.3 Demonstrate how to administer first aid for an infant or a child with a suspected spinal injury | <p>Demonstrating first aid for spinal injury may include:</p> <ul style="list-style-type: none"> • Calling 999/112 • Opening the airway using a jaw thrust technique • Keeping the head and neck in-line • Safe method(s) of placing the casualty into the recovery position whilst protecting the spine (<i>if the airway is at risk</i>) <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| 3. Know how to provide first aid to an infant or a child with conditions affecting the eyes, ears and nose | 3.1 Identify how to administer first aid for an infant or a child with a foreign body in the: <ul style="list-style-type: none"> • Eye • Ear • Nose | <p>Administering first aid for a foreign body in the eye may include:</p> <ul style="list-style-type: none"> • Washing small particles of dust or dirt out of the eye • Ensuring the water runs away from the good eye <p>Eye foreign body: includes dust/sand/a fly etc. on the eye.</p> <p>Administering first aid for a foreign body in the ear or nose may include:</p> <ul style="list-style-type: none"> • Transportation to hospital for the safe removal of the object <p>Ear/nose foreign body: includes marbles, rubbers, smarties stuck in the ear or nose.</p> <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| | 3.2 Identify how to administer first aid for an infant or a child with an eye injury | <p>Administering first aid for an embedded object in the eye may include:</p> <ul style="list-style-type: none"> • Covering the injured eye • Ensuring the good eye is not used (<i>cover if needed</i>) • Calling 999/112 or arranging transport to hospital |

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| | | <p>Administering first aid for a chemical in the eye may include:</p> <ul style="list-style-type: none"> • Irrigation with large volumes of clean water (<i>unless contra-indicated due to the chemical involved</i>) • Ensuring the water runs away from the good eye • Calling 999/112 <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| <p>4. Know how to provide first aid to an infant or a child with an acute medical condition or sudden illness</p> | <p>4.1 Recognise suspected:</p> <ul style="list-style-type: none"> • Hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions | <p>Recognising a hypoglycaemic emergency may include:</p> <ul style="list-style-type: none"> • Fast onset • Lowered levels of response • Pale, cold and sweaty skin • Normal or shallow breathing • Rapid pulse <p>Recognising an asthma attack may include:</p> <ul style="list-style-type: none"> • Difficulty breathing and speaking • Wheezy breathing • Pale and clammy skin • Cyanosis • Use of accessory muscles <p>Recognising an allergic reaction may include:</p> <ul style="list-style-type: none"> • Red, itchy, raised skin rash (<i>hives</i>) • Red, itchy eyes • Swelling (<i>often under the eyes</i>) <p>Recognising meningitis may include:</p> <ul style="list-style-type: none"> • Fever (<i>high temperature</i>) • Dislike of bright lights • Stiff neck • Sleepy or vacant • Slurred speech • Rash (<i>if progressed to sepsis</i>) • Tense or bulging soft spot on the head (<i>infants</i>) <p>Recognising febrile convulsions may include:</p> <ul style="list-style-type: none"> • Rapid rise in body temperature (<i>above 38°C</i>) • Seizure • Stoppage of breathing during the seizure • Blue lips (<i>cyanosis</i>) |

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| | <p>4.2 Identify how to administer first aid for an infant or a child who is suspected to be suffering from:</p> <ul style="list-style-type: none"> • Hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions | <p>Administering first aid for a hypoglycaemic emergency may include:</p> <ul style="list-style-type: none"> • Giving 10g of glucose for conscious casualties (<i>subject to sufficient response levels</i>) • Providing further food or drink if casualty responds to glucose quickly • Determining when to call 999/112 <p>Administering first aid for an asthma attack may include:</p> <ul style="list-style-type: none"> • Correct casualty positioning • Assisting a casualty to take their reliever inhaler and use a spacer device • Calming and reassurance • Determining when to call 999/112 <p>Administering first aid for an allergic reaction may include:</p> <ul style="list-style-type: none"> • Moving the casualty away from the trigger (<i>allergen</i>) • Contacting parents/following care plan • Closely monitoring for the signs of anaphylaxis and treating accordingly <p>Administering first aid for meningitis may include:</p> <ul style="list-style-type: none"> • Calling 999/112 and informing concerns of meningitis • Knowledge that early hospital treatment might be vital <p>Administering first aid for febrile convulsions may include:</p> <ul style="list-style-type: none"> • Protecting the child from injury during the seizure • Removing outer clothing and bedding • Providing fresh air without overcooling • Calling 999/112 for emergency help • Constant monitoring of airway and breathing-post seizure • Recovery position post-seizure if breathing normally <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |
| <p>5. Know how to provide first aid to an infant or a child who is experiencing extremes of body temperature</p> | <p>5.1 Recognise when an infant or a child is suffering from:</p> <ul style="list-style-type: none"> • Extreme cold • Extreme heat | <p>Recognising extreme cold (<i>hypothermia</i>) may include:</p> <ul style="list-style-type: none"> • Pale skin • Cold to the touch • Shivering (<i>followed by muscle stiffness as body cools further</i>) • Slowing down of bodily functions • Lethargy and confusion • Eventually unconsciousness <p>Recognising extreme heat (<i>heat exhaustion</i>) may include:</p> <ul style="list-style-type: none"> • Pale, sweaty skin • Nausea or vomiting • Hot to the touch <p>Recognising extreme heat (<i>heat stroke</i>) may include:</p> <ul style="list-style-type: none"> • High body temperature • Confusion and agitation • Hot, dry and flushed skin • No sweating |

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| | | <ul style="list-style-type: none"> • Fitting • Throbbing headache • Lowered levels of consciousness <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| | <p>5.2 Identify how to administer first aid for an infant or a child who is suffering from:</p> <ul style="list-style-type: none"> • Extreme cold • Extreme heat | <p>Administering first aid for extreme cold (<i>hypothermia</i>) may include:</p> <ul style="list-style-type: none"> • Sheltering from the environment • Replacing wet clothing with dry garments • Wrapping in warm blankets • Covering the head • Giving a warm drink • Maintaining airway and breathing • If unconscious, place in recovery position with insulating materials under and around the casualty • Calling 999/112 <p>Administering first aid for extreme heat (<i>heat exhaustion</i>) may include:</p> <ul style="list-style-type: none"> • Moving the casualty to a cool shaded area • Remove excessive clothing • Correct casualty positioning • Rehydrating with water or oral rehydration solutions <p>Administering first aid for extreme heat (<i>heat stroke</i>) may include:</p> <ul style="list-style-type: none"> • Moving the casualty away from the heat source • Calling 999/112 • Rapid cooling using the fastest method possible <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| 6. Know how to provide first aid to an infant or a child who has sustained an electric shock | 6.1 Identify how to safely manage an incident involving electricity | <p>Identifying how to safely manage an incident involving electricity may include:</p> <ul style="list-style-type: none"> • Preventing anyone approaching the casualty when the electricity is still LIVE • Taking safe steps to isolate the power • Only approaching once the scene is safe |
| | 6.2 Identify how to administer first aid for an infant or a child who has suffered an electric shock | <p>Administering first aid for electric shock may include:</p> <ul style="list-style-type: none"> • Checking airway and breathing • Resuscitation • Treating burns and other injuries • Calling 999/112 <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |

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| <p>7. Know how to provide first aid to an infant or a child with burns and scalds</p> | <p>7.1 Identify how to recognise the severity of burns and scalds</p> | <p>Recognising the severity of burns and scalds may include:</p> <ul style="list-style-type: none"> • Cause • Age • Burn/scald size • Depth • Location |
| | <p>7.2 Identify how to administer first aid for an infant or a child with burns and scalds</p> | <p>Administering first aid for dry/wet heat burns may include:</p> <ul style="list-style-type: none"> • Cooling the burn for 20 minutes with cool running water • Removing jewellery and loose clothing • Covering the burn • Determining when to call 999/112 <p>Administering first aid for chemical burns may include:</p> <ul style="list-style-type: none"> • Ensuring safety • Brushing away dry/powder chemicals • Irrigating with copious amounts of water (<i>unless contra-indicated</i>) • Treating the face/eyes as priority <p>Administering first aid for electrical burns may include</p> <ul style="list-style-type: none"> • Ensuring it is safe to approach/touch the casualty • Checking DRCABCDE and treating accordingly • Cooling the burns <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| <p>8. Know how to provide first aid to an infant or a child with suspected poisoning</p> | <p>8.1 Identify how poisonous substances can enter the body</p> | <p>Identification of the following routes a poison can enter the body may include:</p> <ul style="list-style-type: none"> • Ingested (<i>swallowed</i>) • Inhalation (<i>breathed in</i>) • Absorbed (<i>through the skin</i>) • Injected (<i>directly into skin tissue, muscles or blood vessels</i>) |
| | <p>8.2 Identify how to administer first aid for an infant or a child with suspected sudden poisoning</p> | <p>Administering first aid for corrosive substances may include:</p> <ul style="list-style-type: none"> • Ensuring your own safety • Substances on the skin – diluting and washing away with water • Swallowed substances – rinsing out the mouth then giving sips of milk or water (<i>subject to sufficient levels of response</i>) • Calling 999/112 and giving information about the poison if possible • Protecting airway and breathing • Resuscitation if necessary using PPE/barrier devices |

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| | | <p>Administering first aid for non-corrosive substances may include:</p> <ul style="list-style-type: none"> • Ensuring your own safety • Calling 999/112, and giving information about the poison if possible • Protecting airway and breathing • Resuscitation if necessary using PPE/barrier devices <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| 9. Be able to provide first aid to an infant or a child with anaphylaxis | 9.1 Recognise suspected anaphylaxis in an infant or a child | <p>Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem:</p> <ul style="list-style-type: none"> • Airway – Swelling of the tongue, lips or throat • Breathing – Difficult, wheezy breathing or tight chest • Circulation – <ul style="list-style-type: none"> ◦ Dizziness, feeling faint or passing out ◦ Pale, cold clammy skin and fast pulse ◦ Nausea, vomiting, stomach cramps or diarrhoea <p>There may also be skin rash, swelling and/or flushing.</p> <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the recognition would be the same.</p> |
| | 9.2 Identify how to administer first aid for an infant or a child with suspected anaphylaxis | <p>Administering first aid for anaphylaxis may include:</p> <ul style="list-style-type: none"> • Calling 999/112 • Correct casualty positioning • Use of the casualty’s adrenaline auto-injector or nasal spray • Using the opposite leg to administer a second dose of adrenaline if needed • Resuscitation if required <p>Infant or a child: the Learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child (<i>including adolescents</i>) first aid situation because the treatment would be the same.</p> |
| | 9.3 Demonstrate the use of a ‘training device’ adrenaline auto-injector | <p>The use of a ‘training device’ adrenaline auto-injector: must be demonstrated using a training device and NOT a live auto-injector.</p> |
| Additional information about the unit | | |
| *indicative content | The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria however, where the term ‘ must ’ is used within indicative content, these elements must be included within the assessment. | |
| Simulation | Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 1.3, 2.3, 9.3 | |

Note: Full and detailed qualification content is available to approved Centres in the form of lesson plans and a training presentation which are provided free of charge.

Appendix 2 – Occupational knowledge, competence and experience

Occupational knowledge and competence

All Trainers, Assessors and IQAs must have occupational knowledge and competence in first aid.

Acceptable evidence includes:

- Holding a current First Aid at Work Certificate issued by an Ofqual/Qualifications Scotland Accreditation/Qualifications Wales/CCEA Regulation recognised Awarding Organisation/Body, (or equivalent*)
- Holding a current Paediatric First Aid Certificate issued by an Ofqual/Qualifications Scotland Accreditation/Qualifications Wales/CCEA Regulation recognised Awarding Organisation/Body (or equivalent*)
- Holding a current Offshore First Aid Certificate issued by a HSE approved training provider **or**
- Current registration as a Doctor with the General Medical Council (GMC)** **or**
- Current registration as a Nurse with the Nursing and Midwifery Council (NMC)** **or**
- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)**

*recognised First Aid at Work/Paediatric First Aid certificate equivalents must be submitted to QA with comprehensive mapping which evidences that all assessment criteria of the FAW qualification have been achieved within the past 3 years. Equivalent qualifications without an expiry date and achieved more than 3 years ago will require additional evidence to be submitted of up-to-date competence in First Aid.

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

Teaching experience

All Trainers must have experience in teaching first aid. Acceptable evidence includes either of the following options:

- A 36-hour log of teaching first aid within 3 years, which must include one of the following (*or equivalent*) delivered within 6 months:
 - 1 Emergency First Aid at Work,
 - 1 First Aid at Work.
 - 1 Paediatric First Aid, **or**
- A record of being observed by a qualified/approved Trainer within 12 months, during which practical and theoretical topics were delivered competently for a duration of 6 GLH

Assessing experience

All Assessors must have experience in assessing first aid. Acceptable evidence includes either of the following:

- A log of performing assessments on 6 first aid courses within 3 years **or**
- A record of being observed by a qualified/approved assessor within 12 months, during which 4 practical and 1 theoretical assessment were delivered competently

Appendix 3

Acceptable training/assessing qualifications

This list is not exhaustive but provides a guide to acceptable training and/or assessing qualifications. Trainers who also assess Learners competence must hold an acceptable assessor qualification to enable them to perform both functions.

| Qualification | Train | Assess |
|--|-------|--------|
| Current qualifications <i>(available for new trainers/assessors to undertake):</i> | | |
| 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 (QCF or 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 (Qualifications Scotland Unit) | √ | √ |
| SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (Qualifications Scotland Accredited) | √ | √ |
| L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (Qualifications Scotland Accredited) | √ | |
| L&D Unit 7 Facilitate Individual Learning and Development SCQF Level 8 (Qualifications Scotland Accredited) | √ | |
| L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (Qualifications Scotland Accredited) | √ | |
| Carry Out the Assessment Process SCQF Level 7 (Qualifications Scotland 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 (Qualifications Scotland Accredited) | | √ |
| L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF Level 7 (Qualifications Scotland 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 (Qualifications Scotland Qualification) | √ | √ |



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| PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (Qualifications Scotland 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 (Qualifications Scotland 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 (Qualifications Scotland 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 | | √ |

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

Appendix 4

Qualifications suitable for internal quality assurance

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

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| L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 8 (Qualifications Scotland Accredited) |
| 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 |
| Conduct the Internal Verification Process SCQF Level 8 (Qualifications Scotland Unit) |
| Regulated Qualifications based on the Learning and Development NOS 11 Internally Monitor and Maintain the Quality of Assessment |
| V1 Conduct Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process |
| Internally Verify the Assessment Process SCQF Level 8 (Qualifications Scotland Unit) |

Note: IQAs who do not hold a formal internal quality assurance qualification may alternatively attend Internal Quality Assurance CPD Training with an Awarding Organisation.



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