qualsafe

Qualsafe

First Response Emergency Care

(Level 3 RQF)

Qualification Specification

FREC-L3-QS-V4 February 2022

QSWW-0HOkpAp09IxdTkayw8Qvf6zQaHkIB6X-wXoHVCdvkJ9sSyEIe1VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNtXGj88Df!#

Contents

Qualsafe Awards 03

Qualification overview 03
- Objective 03
- Intended audience 03
- Structure 04
- Other units 04
- Relationship with other related qualifications 04
- Recognition of Prior Learning 04
- Entry requirements 04
- Progression 05
- Requalification requirements 05

Qualification approval requirements 05
- Trainer/Assessor 05
- Internal Quality Assurers 05
- Venue and equipment 06

Course/Centre administration 07
- Registering Learners 07
- Certification 07

Delivery and support 08
- Learner to Trainer/Assessor ratio 08
- Delivery plan 08
- Learning materials 09
- Ongoing support 09

Assessment 09
- Overview 09
- Methods 09
- Access to assessment 10
- Specific equality issues relevant to this qualification 10
- Informal record of achievement 10

Quality assurance 11
- Centre internal quality assurance 11
- Qualsafe Awards external quality assurance 11

Further information 11
- Contact us 11
- Useful addresses and websites 11

Appendix 1 – Qualification unit 12
- Component 1 12
- Component 2 18
- Component 3 23

Appendix 2 – Occupational knowledge and competence in prehospital care 27

Appendix 3 – Acceptable training/ assessing qualifications 28

Appendix 4 – Qualifications suitable for internal quality assurance 29

Key qualification information

Qualification number:	**603/6987/5**
Operational start date:	**21/06/2021**
Number of units:	**1 mandatory unit (split into 3 components)**
Credit value:	**5**
Total Qualification Time (TQT):	**53**
Guided Learning Hours (GLH):	**35**
Assessment methods:	• **Theory assessment – 3 x multiple choice question papers and 1 x invigilated exam completed throughout the course** • **Practical assessment and skills test – 6 completed throughout the course**

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNIXGj88Df!#

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 and Health and Social Care.

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 Prehospital Care suite of qualifications. The qualification and learning outcomes are based on the recommendations of:

- Resuscitation Council (UK)
- Assessment Principles for Regulated First Aid Qualifications
- The Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care (FPHC)

This QA qualification is:

- For people who work or hope to work as first response emergency care providers in various job sectors
- Based on the Health and Safety Executive (HSE) training standard for delivery of First Aid at Work (FAW) courses for the purposes of the Health and Safety (First Aid) Regulations 1981

This qualification should give Learners a level of knowledge and skills associated with Level D of the FPHC Pre-Hospital Emergency Medicine (PHEM) skills framework to deal with a range of prehospital emergency care situations.

This qualification specification provides information for Centres about the delivery of the Qualsafe First Response Emergency Care (Level 3 RQF) and includes the unit and its components information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by enabling them to attain the knowledge and practical competencies needed to deal with a range of prehospital emergency care situations.

Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide prehospital care to patients requiring emergency care/treatment. It is ideal for those looking to progress their careers within the emergency services, ambulance services, healthcare settings and supports specialist medical roles within law enforcement and security, energy and utilities, construction and military.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

Structure

This qualification comprises 1 mandatory unit (split into 3 components) with a Total Qualification Time (TQT) of 53 hours. Full details of these 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 20 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 a minimum of 35 GLH over 5 days (excluding breaks). Sessions should be a minimum of 2 hours, 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, research, mentored practice/work experience, workplace induction, which for this qualification is 14 hours

Other units

No other units can be combined to count towards the Qualsafe First Response Emergency Care (Level 3 RQF).

Relationship with other related qualifications

The Qualsafe First Response Emergency Care (Level 3 RQF) can be transferred to other qualifications under Recognition of Prior Learning (RPL) towards achievement of that qualification providing it is achieved within its registration period.

Recognition of Prior Learning

RPL is a process for recognising prior learning undertaken and/or attained by a Learner. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before PRL can be considered.

Any evidence submitted as RPL must be valid, authentic, reliable, current, sufficient and specific.

In some cases Centres may need to carry out mapping against QA learning outcomes and assessment criteria to confirm comparability of qualification certificates and/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 can be considered for this qualification with the following potential outcomes:

- Reduction or exemption of the GLH for the unit
- Exemption of some assessments for the unit

Learners who are qualified First Responders/Casualty Carers from the emergency services (police, fire and rescue, search and rescue) and armed forces personnel may be entitled to claim RPL. This may result in a reduction or exemption of the GLH for the component or exemption of some assessments for the component. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before RPL can be considered.

RPL for this qualification **must** be approved by QA prior to implementation. **Note:** Charges may apply.

Entry requirements

Learners must be at least 17 years old on the first day of the training.

There are no other formal entry requirements but to benefit from the learning we advise that Learners have a minimum of Level 2 in literacy and numeracy or equivalent and a basic understanding of first aid.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

Progression

The Qualsafe First Response Emergency Care (Level 3 RQF) qualification may be used towards other qualifications at the same and higher levels including QA Level 4 Certificate in First Response Emergency Care (L4 FREC) (RQF). Entry to FREC 4 includes completion of 118 hours of contextualised learning at level 3, which must be evidenced by a CPD portfolio. In addition this qualification may 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.

Requalification training should be delivered in no less than 21 hours (3 days) excluding breaks.

Qualification approval requirements

Qualsafe Awards 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, assessment and awarding of this qualification

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

Trainer/Assessor

People delivering and assessing this qualification must:

- Have occupational knowledge and competency in prehospital care as shown in *Appendix 2* **and**
- Have an acceptable training qualification as shown in *Appendix 3* **and**
- Hold or be working towards an acceptable assessing qualification as shown in *Appendix 3*

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

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and skills in prehospital care as well as knowledge and competency in internal quality assurance practice. An acceptable portfolio must show:

1. Occupational knowledge and skills in prehospital care – evidenced by holding the QA Level 3 Certificate in First Response Emergency Care (RQF) or a qualification as shown in *Appendix 2*
2. Knowledge and competency in internal quality assurance – evidenced by holding or working towards a qualification as shown in *Appendix 4*

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

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
- Visit and observe assessments
- Carry out other related internal quality assurance

Full details of the Centre's requirements for internal quality assurance are in the QA *Centre Quality Assurance 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 there is a wide range of learning resources to support delivery.

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

Resource/area:	Requirements:
Training venue	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.
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.
Basic Life Support equipment	Adult Immediate/Advanced Life Support manikin (must be suitable to demonstrate airway manoeuvres and accept oropharyngeal (OPA), nasopharyngeal (NPA) and supraglottic airways). 1 manikin to every 4 Learners. **or** CPR adult manikins, minimum of 1 adult manikin to every 4 Learners. **and** Airway manikin (must be suitable to demonstrate airway manoeuvres and accept OPA, NPA and supraglottic airways). 1 manikin to every 6 Learners. **also** Full set of OPA (sizes 00 to 4). Full set of NPA (sizes 6 to 8). Suction devices, minimum of 1 suction device to every 4 Learners. AED or defibrillator trainers, minimum 1 AED trainer to every 4 Learners/ sufficient pads and accessories. Oxygen cylinder with the relevant equipment for use. Bag-valve-mask. Pocket mask. Face shield. Adult non-rebreather mask. Multi-flow face mask. Nasal cannulae. SpO_2 monitor.
CPR Child manikins	A minimum of 1 child manikin to every 4 Learners (as per the European Resuscitation Council guidelines).

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

CPR Infant manikins	A minimum of 1 infant manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
Choking trainer	A manikin or vest that Learners can use to demonstrate treatment of choking.
Trauma consumables	Sufficient trauma and first aid bandages: various sizes and types. A variety of manufactured tourniquets and haemostatic agents. A variety of manufactured non-occlusive and occlusive chest dressings. A variety of blankets: various sizes and types, including cellular and foil. A variety of pelvic splints/slings. A minimum of 1 scoop stretcher with accessories. A minimum of 1 cervical collar (multi-adjust). Sufficient flexible metal covered foam splints. A minimum of 1 traction splint (optional).
Medical emergencies consumables	A minimum of 1 adrenaline auto-injector to every 4 Learners. A minimum of 1 training reliever inhaler to every 4 Learners. A minimum of 1 spacer device to every 4 Learners. A minimum of 1 glucose gel (sample).
Safety helmet	Various sizes and types relevant to their setting, which must include **motorcycle helmet** and may include: • Ballistic helmet • NATO helmet • Cycle helmet • Emergency services helmet • Construction industry helmet

Note: Learners should sit at least 1 metre apart to prevent collusion during the multiple choice question paper/ theory assessment.

Course/Centre administration

Registering Learners

Register Learners with Qualsafe Awards 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 Customer Portal at: www.qualsafeawards.org

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

The Learner receives a certificate on achieving this qualification.

The certificate date is the date the Learner achieves the final unit component. 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.

Qualsafe Awards recommend Learners also complete annual basic life support training to maintain their basic skills and keep up to date with any changes to prehospital care practice.

QA have 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.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

Delivery and support

Learner to Trainer/Assessor ratio

To maintain the quality of training and assessment, make sure the class ratio is no more than 6 Learners to 1 Trainer/Assessor. 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 the course than you can cater for during the assessment.

Delivery plan

Qualsafe Awards 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.

Pre-course reading is an essential component of successfully delivering the course programme. We strongly advise Learners are provided with suitable learning materials (below) in advance of the course start date, to complete approximately 14hrs worth of study in the following areas:

- Principles of communication
- Consent and capacity
- Information governance
- Patient assessment (primary and secondary surveys)
- Health and safety in their environment
- Duty of care, scope of practice and accountability

To accommodate all key elements, we recommend the course programme is delivered in the following phases:

- Pre-course reading – 14hrs
- Face-to-face delivery of day 1 – 7hrs
- Face-to-face delivery of day 2 – 7hrs
- Face-to-face delivery of day 3 – 7hrs
- Face-to-face delivery of day 4 – 7hrs
- Face-to-face delivery of day 5 – 7hrs

As part of the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh endorsement Centres not using QA lesson plans must have their lesson plans approved. Centres must submit their own delivery plan and have it approved by us **before** delivering this qualification. **Note:** Charges may apply.

The delivery plan should:

- Include a course timetable and detailed lesson plans, clearly showing the required subjects and criteria/ learning outcomes are covered and the minimum 35 GLH 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 assessments
- Be emailed to: info@qualsafeawards.org

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNXGj88DfA!

Learning materials

Centres must provide each Learner with access to suitable learning materials to support their progress through the qualification. As a minimum we recommend using one of the following:

- *Generic Core Material – Prehospital Emergency Care Course* by Faculty of Prehospital Care, RCS Ed
- *Foundation Material for Immediate Care* by Faculty of Prehospital Care, RCS Ed
- *First Responder Essentials* by Richard Pilbery and Kris Lethbridge
- *Ambulance Care Essentials* by Richard Pilbery and Kris Lethbridge
- *Casualty Care for Fire and Rescue* by Simon Todd, Kris Lethbridge and Richard Pilbery

We also recommend further reading in the areas of anatomy, physiology and first aid such as:

- *Anatomy and Physiology in Health and Illness* by Ross and Wilson
- *Anatomy and Physiology Workbook for Paramedics* by Paul. D Anderson
- *First Aid Made Easy* by Nigel Barraclough

Centres can choose alternative books or other learning materials but these **must be approved** by Qualsafe Awards prior to use. **Note:** Charges may apply.

Ongoing support

Qualsafe Awards 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 components within the qualification, see *Appendix 1*
- Give Learners feedback on their progress and how they might be able to improve

Assessment

Overview

The Qualsafe First Response Emergency Care (Level 3 RQF) skills and knowledge should be taught and assessed in accordance with currently accepted prehospital care practice in the UK.

Methods

Qualsafe Awards 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 Customer Portal in advance of the course. For each unit there are:

- Practical assessments/skills tests – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see *Guide to Assessing Qualsafe First Response Emergency Care (Level 3 RQF).* There are 6 practical assessments/skills tests for this qualification:
  - Component 1:
    - Basic life support and AED
    - Airway and ventilation management
  - Component 2:
    - Assessment and treatment of trauma 1
    - Assessment and treatment of trauma 2
  - Component 3:
    - Assessment and treatment of illness 1 (Asthma)
    - Assessment and treatment of illness 2 (Anaphylaxis)

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNXGj88Df!#

- Multiple choice question papers – there is 1 paper per component for each Learner and Learners should answer all the questions under 'examination' conditions, see QA *Multiple Choice Question Paper Guidelines:*
  - Maximum time for Component 1 is 30 minutes, for Component 2 it is 45 minutes and for Component 3 it is 45 minutes
  - Minimum mark for Component 1 is 14 out of 20, for Component 2 it is 18 out of 25 and for Component 3 it is 21 out of 30 to be considered for an overall 'Pass'
- Invigilated exam – *Anatomy and Physiology*, has 75% pass mark and a maximum time 30 minutes to complete

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

Access to assessment

Qualsafe Awards is committed to equality when designing the assessments for this qualification. 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
- Special consideration

When a reasonable adjustment is made or requested, e.g. written or theory assessment delivered verbally, Centres must complete a Reasonable Adjustment Form and send it to QA with any relevant supporting evidence. Centres should retain a copy of this form for their own records.

Learners may be eligible for special consideration if they have been affected by adverse circumstances beyond their control. A Special Consideration Request Form should be completed and sent to QA for consideration along with supporting evidence prior to implementation. 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 the Centre's and QA's appeals procedures and how they can access these.

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. To assess competence and gain certification however, the Learner will need to demonstrate certain practical skills. For instance, for prehospital care qualifications the Learner must be assessed performing practical tasks such as CPR, as per *Guide to Assessing Qualsafe First Response Emergency Care (Level 3 RQF).* To pass the assessment, the Learner must demonstrate the required practical skills without assistance from a third party (unless authorised by QA following a reasonable adjustment request).

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 patient in the recovery position and pass the theoretical assessments. The letter should clearly state that "this record of achievement does **not** constitute a Qualsafe First Response Emergency Care (Level 3 RQF)".

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNXGj88Df!#

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. The arrangements for this should be included in the Centre's approved internal quality assurance policy.

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 their representatives, e.g. External Quality Assurers (EQAs), on request.

Qualsafe Awards external quality assurance

Qualsafe Awards operates a system of ongoing monitoring, support and feedback for approved Centres across the United Kingdom.

QA employs a risk-based model to decide the frequency of EQA visits.

Further details of the Qualsafe Awards' external quality assurance programme are available in the QA *Centre Quality Assurance Guidance.*

Further information

Contact us

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.qualsafeawards.org/home
- Office of Qualifications and Examinations Regulation (Ofqual): www.gov.uk/government/organisations/ofqual
- Scottish Qualifications Authority (SQA) Accreditation: http://accreditation.sqa.org.uk
- Qualifications Wales: www.qualificationswales.org
- Faculty of Pre Hospital Care The Royal College of Surgeons of Edinburgh: www.fphc.co.uk
- Health & Safety Executive (HSE): www.hse.gov.uk
- Skills for Health: www.skillsforhealth.org.uk
- Resuscitation Council (UK): www.resus.org.uk

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNXGj88Df!#

Appendix 1 – Qualification unit

Component 1

The Qualsafe First Response Emergency Care (Level 3 RQF) has 1 unit with 3 mandatory components that Learners are required to complete in order to achieve the qualification.

Title:	Patient Assessment and Management	
GLH:	10	
Level:	3	
Learning outcomes *The Learner will:*	**Assessment criteria** *The Learner can:*	**Indicative content**
1. Understand the role and responsibilities of a first responder	1.1 State the role and responsibilities of a first responder	Should include operating in line with safe systems of work in order to preserve life (responders, others and patients), prevent situations worsening and manage deviation from 'normal' physiological parameters and promote recovery through safe, prompt and effective treatment within their scope of practice. A first responder is responsible for making sure they operate within the confines of the law, organisational policy and procedures and clinical governance. They should recognise the need for clinical support, safeguarding patients and recording incident details, interventions and making referrals based on findings.
	1.2 State how to maintain professional standards	Should include: • self-care • duty of care • negligence • scope of practice and standards (standards of care) May include specific organisational policy and procedures including clinical governance. Useful information at Resuscitation Council (UK).
	1.3 Identify need for establishing and maintaining consent	Should include the need for and how to establish consent, types of consent, how to maintain consent throughout contact and simple consent issues including mental health and capacity.
	1.4 Demonstrate safe use of first response emergency care equipment	Only the equipment included as part of the Qualsafe First Response Emergency Care (Level 3 RQF) syllabus covered earlier in equipment requirements.
	1.5 Explain appropriate methods to record an incident	Should include: identifying methods to record information and what information is required, i.e. name, age address, time and type of incident, specifics of incident, medical findings. RIDDOR (2013) and Health and safety executive. This list is not exhaustive.
	1.6 Identify patient specific medical documents	May be specific to the Learners' setting and can include: • ReSPECT forms • Do not attempt CPR forms • Advanced directive forms (Living wills) • Prescriptions • No known drug allergy patches
	1.7 Summarise the importance of information governance	Should include the protection of all patient information, maintaining confidentiality and the security of patient identifiable captured information.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkBB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNXGj8BDf!#

2. Be able to assess an incident	2.1 Perform a dynamic scene risk assessment	Should include: • Identify the hazards • Decide who might be harmed and how • Evaluate the risks and decide on precautions • Verbalise findings and implement precautions • Recognise new or evolving hazards and/or risks and review assessment
	2.2 Demonstrate safe scene approach	Should include: • Identify potential hazards at scene • Assess safety problems affecting providers, others present and patients • Assessing the cause of the injury/illness (including mechanism of injury) • Assessing environmental factors affecting assessment, treatment and extrication • Establishing the actual number of patients • Establishing whether extra resources are required and request where necessary (ETHANE message) • Overall management and mitigation of risks and hazards present including wearing PPE and infection prevention control measures (universal precautions)
	2.3 Explain triage sieve	Should include the use of a recognised triage sieve currently used within UK prehospital care. For example, Modified Physiological Triage Tool-24, National Ambulance Resilience Unit Triage Sieve.
	2.4 Give examples of when and how to call for help	Should include verbal communication including radio and telephone communication.
3. Be able to assess and manage patients with life-threating and non-life-threatening illness and injuries	3.1 Perform patient assessment on a patient in a: • Life-threatening condition • Non-life-threatening condition	Should include primary and secondary surveys including assessing a patient's level of consciousness using the AVPU and/or Glasgow Coma Scale method. DR<C>ABCDE Primary survey should include prioritised assessment identifying life-threatening <C>ABC (Catastrophic bleeding, Airway C-spine consideration, Breathing, Circulation) problems. Secondary survey should include reassessment of interventions carried out during the primary survey and a prioritised assessment identifying further <C> ABCDE problems, (Disability, Environment/Exposure) top to toe assessment and obtaining a SAMPLE history.
	3.2 Provide emergency care to a patient in a: • Life-threatening condition • Non-life-threatening condition	Should include: • Infection, prevention and control measures • Gaining and maintaining consent • Managing DR<C>ABCDE problems • Communicating information and reassurance • Optimum patient position • Managing deviation from 'normal' physiological parameters • Continual assessment • Calling for clinical support

QSWW-0HOkpAp09IxdTkayw8QvfbzQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNtXGj88Df!#

4. Be able to assess a patient's airway	4.1 Identify airway anatomy	Should include: • Nasal cavity • Nasopharynx • Oral cavity • Oropharynx • Tongue • Hard palate • Trachea • Oesophagus
	4.2 Implement stepwise airway management methodologies	Should follow the current JRCALC Clinical Practice Guidelines recognising when scope of practice limits their ability to manage a patient's airway and recognises the need to request clinical assistance to continue the airway management stepwise approach.
	4.3 Demonstrate dynamic airway assessment	Should be safe, prompt, effective and in line with current Resuscitation Council (UK) Guidelines.
5. Be able to manage a patient's airway	5.1 Identify contributing factors to an airway becoming difficult to manage	Should include: • Spasm or swelling of the upper airway • Active vomiting, choking or those patients at acute risk of sudden vomiting, e.g. head injury and intoxication • Evolving airway obstruction caused by trauma, e.g. facial or front of neck trauma, hanging (inc. burns) • Evolving airway obstruction caused by medical emergency, swelling and tongue obstruction, e.g. anaphylaxis • Anatomical challenges, e.g. receding chin, short neck, large tongue, trismus, obesity • Situational challenges, e.g. access to the patient, equipment in close proximity or in situ, consideration of extended back-up times, e.g. rural areas
	5.2 Explain need to clear the airway	Should include maintaining the respiratory systems ability to adequately provide oxygen and expel carbon dioxide. If this is not achieved it will lead to hypoxaemia, hypoxia, hypoventilation and death.
	5.3 Demonstrate how to clear the airway using: • Postural drainage • Manual techniques • Recovery position • Suctioning equipment	Should be safe, prompt, effective and in line with current Resuscitation Council (UK) Guidelines.
	5.4 Demonstrate how to select, size and insert airway adjuncts	Should include the sizing and inserting of oropharyngeal and nasopharyngeal airways, be safe, prompt, effective and in line with current Resuscitation Council (UK) Guidelines.
	5.5 Demonstrate removal of airway adjuncts	Should include recognition for need to remove an airway adjunct and the removal of oropharyngeal and nasopharyngeal airways, be safe, prompt, effective and in line with current Resuscitation Council (UK) Guidelines.

QSWW-0HOkpAp09IxdTkayw8Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNXGJ8BDf!#

	5.6 Differentiate between mild and severe choking	Signs of mild airway obstruction should include: • Response to question 'Are you choking?' - patient answers 'Yes' • Patient is able to speak, cough and breathe Signs of severe airway obstruction should include: • Response to question 'Are you choking?' - patient unable to speak, patient may respond by nodding • Patient is unable to breathe, wheezy breathing, attempts to cough silently and patient may be unconscious
	5.7 Administer emergency care to a patient who is choking	Should include treatment and aftercare in line with current Resuscitation Council (UK) choking guidelines.
	5.8 Recognise the need for clinical support to provide airway management	When a patient has 1 or more contributing factors that would make their airway difficult to manage. When a Learner's scope of practice limits their ability to manage a patient's airway or they have exhausted their airway management abilities.
6. Be able to manage an unresponsive patient who is not breathing normally	6.1 Demonstrate how to open patient's airway and check for breathing	Safe, prompt and effective technique in line with current Resuscitation Council (UK) guidelines.
	6.2 Justify when to commence cardiopulmonary resuscitation	Should include recognition of seizure-like episodes (including posturing) and agonal gasps.
	6.3 Demonstrate basic life support for an adult on a manikin	Should include: • Shows awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)
	6.4 Demonstrate basic life support for a child on a manikin	Should include: • Shows awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)
	6.5 Demonstrate basic life support for an infant on a manikin	Should include: • Shows awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)

QSWW-0HOkpAp09IxdTkayw8QvfbzQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNtXGj88Df!#

	6.6 Demonstrate return of spontaneous circulation procedures	Should include: • Re-assessment using ABCDE approach • Addresses ABCDE problems, manages patient based on findings • Monitors SpO_2 • Temperature control • Provides reassurance • Evaluates assessment and interventions
	6.7 Perform a patient handover	Should include either ATMIST or SBAR handover models.
	6.8 Explain modifications required during cardiac arrest for: • Third trimester pregnancy • Neck stoma	Should include current JRCALC Clinical Practice Guidelines.
	6.9 Clarify when resuscitation should not be attempted	Should include: • Clinician tells you to stop • Massive cranial and cerebral destruction • Hemicorporectomy or similar massive injury • Decomposition/putrefaction • Incineration • Hypostasis • Rigor mortis • Exceptional circumstances/remote location/search and rescue environment
7. Be able to safely use an AED during a resuscitation attempt and how to maintain an AED ready for use	7.1 Justify when to use an automated external defibrillator	Should include unresponsive, not breathing normally and recognition of agonal gasps. May include attaching the pads to a deteriorating patient without turning on the AED.
	7.2 Demonstrate effective use of an automated external defibrillator	Should include making the AED operationally ready, preparing the patient, correctly placing pads on the patient and safely administering a shock as part of a resuscitation attempt.
	7.3 Identify safety considerations when using AEDs	Should include: • Obtain good skin contact to pad contact including drying a wet chest • Avoiding pad contact with jewellery, piercings, medications, wounds and tumours • Make sure pads are placed away from implanted devices • Remove oxygen away from the patient when attempting to administer a shock • Do not defibrillate in water or in explosive environments

QSWW-0HOkpAp09IxdTkayw8QvfbzQaHkBB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNXGj8BDf!#

	7.4 State basic maintenance procedures for AEDs to remain ready for use	Should include checking operational readiness of battery, pads and accessories.
	7.5 Demonstrate how to address common functionality faults on AEDs	Should include replacing pads, battery and resetting the AED ready for use.
8. Be able to administer emergency oxygen	8.1 Identify indications for emergency oxygen therapy	In line with British Thoracic Society Guidelines.
	8.2 Identify health and safety principles for the use of oxygen	Should include: • Check the cylinder is clean, free from damage and in date • Keep the cylinder away from alcohol gel, oil or grease • Keep away from naked flames, combustible materials and sources of ignition
	8.3 Demonstrate how to administer emergency oxygen	Should include using a variety of oxygen adjuncts (B-V-M, non-rebreather mask, nasal cannula and multi-flow mask) and achieving patient's 'target saturations' depending on their predisposed condition and underlying health status.
	8.4 Monitor the effects of emergency oxygen	Should include the use of a pulse oximeter to measure SpO_2 in line with British Thoracic Society guidelines.

QSWW-0HOkpAp09IxdTkayw0Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!mZmULmrKpRNNXGj8BDf!#!

Component 2

Title:	Emergency Trauma	
GLH:	14	
Level:	3	
Learning outcomes *The Learner will:*	**Assessment criteria** *The Learner can:*	**Indicative content**
1. Be able to assess and manage trauma patients	1.1 State actual and potential time critical features of trauma	Should include DR<C>ABCDE injuries, location, far from help and physiological status (elderly, paediatric, pregnant and existing disease and/or disorder).
	1.2 Perform patient assessment on a patient with multi-system trauma	Should include undertaking primary and secondary surveys including assessing a patient's level of consciousness using the AVPU and/or Glasgow Coma Scale method. Primary survey should include prioritised assessment (DR<C>ABC) identifying life-threatening and actual or potential time critical features. Secondary survey should include reassessment of interventions carried out during the primary survey and a prioritised assessment identifying further ABCDE problems including a top to toe assessment.
	1.3 Demonstrate management of a patient with multi-system trauma	Should include: • Managing DR<C>ABCDE problems within scope of practice • Airway management from basic adjuncts • Administration of emergency oxygen • Control of internal and external bleeding • Limb and spinal immobilisation • Managing deviation from 'normal' physiological parameters • Safe handling and appropriate packaging for evacuation
2. Be able to assess and manage catastrophic bleeding	2.1 Define catastrophic bleeding	Extreme bleeding likely to cause death within minutes.
	2.2 Recognise catastrophic bleeding	Should include internal and external bleeds including head, torso junctional and limb bleeds.
	2.3 Demonstrate management of catastrophic bleeding	Should include: • Examine the wound • Direct pressure • Wound packing • Haemostatic agents • Tourniquets

QSWW-0HOkpAp09IxdTkayw8Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj88Df!#

3. Be able to assess and manage chest injuries	3.1 Identify recognition features of chest injuries	Should include: • Pale, cold and clammy skin with cyanosis • Increased respirations and heart rate • Paradoxical breathing • Marked pain and discomfort May include: • **T**racheal deviation • **W**ounds • **E**mphysema • **L**aryngeal crepitus • **V**enous engorgement • **E**xcluding – flail segment, tension/open pneumothorax, massive haemothorax
	3.2 Indicate the management of chest injuries	Should include: • Flail chest • Simple rib fracture • Penetrating chest injury • Evolving and actual tension pneumothorax (collapsed lung)
4. Be able to assess and manage bleeding	4.1 Identify the major components of the circulatory system	Should include: • Heart • Lungs • Arteries • Veins • Capillaries
	4.2 Differentiate between types of bleeding	Should include arterial, venous and capillary bleeds.
	4.3 Estimate external blood loss	Should include: • Blood on the floor plus 4 more (chest, abdomen, pelvis and long bones) • Difficulties estimating blood loss relating to surfaces and clothing • Observing the patient's physiology including capillary refill time, pulses and appearance
	4.4 Apply methods to treat external bleeding	Should include: • Applying direct pressure • Haemostatic agents • Tourniquets • Use of trauma and first aid dressings • Controlling nose bleeds and referral for acute bleeds • Controlling blood loss and dressing an abdominal wound • Controlling blood loss and dressing an embedded object

QSWW-0HOkpAp09IxdTkayw8QvfbzQaHkBB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj8BDf!#

	4.5 Identify the recognition features of internal bleeding	Should include: • Notable abdominal tenderness • Involuntary guarding • Hypovolaemic shock signs and symptoms
5. Be able to assess and manage a patient with compromised circulation	5.1 State how hypothermia and coagulopathy influences patient care	Should include preventing: • Hypothermia • Severe haemorrhage • Reduction in levels of oxygen
	5.2 Identity where large volumes of blood can pool internally	Should include chest, abdomen, pelvis, upper legs and upper arms.
	5.3 Identify the recognition features of hypovolaemic shock	Should include: • Pale skin • Peripheries cool to touch • Anxiety and abnormal behaviour • Increased heart and respiratory rate
	5.4 Assess and manage a patient with compromised circulation	Should include addressing <C>ABCDE problems in line with current JRCALC Clinical Practice Guidelines.
6. Know how to assess and manage wounds and eye injuries	6.1 Identify the assessment and management of minor injuries	Should include: • Small cuts • Grazes • Bruises • Splinters • Points of referral for certain injuries
	6.2 Identify the assessment and management of eye injuries	Should include common injuries caused by: • Foreign objects (dust and dirt) • Blunt force trauma • Penetrating trauma • Chemical exposure
7. Know how to assess and manage a patient with burns or scalds	7.1 Classify the severity of burns and scalds	Should include superficial, partial thickness and full thickness burns and red-flags for non-accidental injury. Useful information at National Institute for Health and Care Excellence (NICE).
	7.2 Identify methods to treat burns and scalds	Should include treatment for thermal, chemical and electrical burns including cooling, removing the source and dressing the injury. Assess the need to give pain relief.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj88Df!#

8. Know how to manage a patient with sudden poisoning	8.1 Identify routes that poisons can take to enter the body	Should include: • Inhalation • Absorption • Ingestion • Injection
	8.2 Recognise effects of sudden poisoning	Recognition features should include: • Breathing difficulties • Burns to nose and mouth • Difficulty swallowing • Vomiting • Stomach pains • Confusion • Drowsiness, fainting, seizures • Unresponsive/altered levels of consciousness Sudden poisoning should include: • Food poisoning • Plants/fungi and chemicals • Carbon monoxide • Household products • Alcohol poisoning • Recreational drugs • Medication overdose
	8.3 Identify the management of a patient affected by sudden poisoning	Should include: • Safe approach • Identifying source • Assessing <C>ABCDE problems • Treating <C>ABCDE problems • Seeking clinical assistance immediately
9. Be able to provide emergency care to a patient with head, spinal and musculoskeletal injuries	9.1 Recognise suspected spinal and head injuries	Should include: • Concussion • Skull fracture • Cerebral compression • Spinal injury including distributive shock • Intracranial pressure (ICP)
	9.2 Demonstrate emergency care for suspected spinal and head injuries	Should include as a minimum addressing <C>ABCDE problems and manual inline stabilisation.

QSWW-0HOkpAp09IxdTkayw0Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj8BDf!#

	9.3 Demonstrate how to remove a safety helmet from a patient	Must include safe removal of a motorcycle helmet (2 person technique). May include safe removal of: • Ballistic helmet • Nato helmet • Cycle helmet • Emergency service issue helmet • Construction industry helmet
	9.4 Demonstrate how to correctly size immobilisation devices 9.5 Demonstrate how to apply immobilisation devices	Should include: • Pelvic splinting • Orthopaedic stretcher • Cervical collars
	9.6 Recognise suspected musculoskeletal injuries 9.7 Demonstrate emergency care for suspected musculoskeletal injuries	Should include: • Fractures • Dislocations • Sprains and strains May include open femur fracture including the use of a traction splint (requires additional time).

QSWW-0HOkpAp09IxdTkayw8QvfbzQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbAdnpWmxLuJUxa8h-A!#!mZmULmrKpRNNXGj8BDf!#!

Component 3

Title:	Focused Emergency and Urgent Care	
GLH:	11	
Level:	3	
Learning outcomes *The Learner will:*	**Assessment criteria** *The Learner can:*	**Indicative content**
1. Know how to identify a patient experiencing breathing difficulties	1.1 Identify major components of the respiratory system	Should include: • Nose/mouth • Nasal cavity • Nasopharynx • Oral cavity • Oropharynx • Tongue • Hard palate • Trachea • Bronchus • Bronchioles • Alveoli • Diaphragm • Plural membrane • Intercostal muscles • Lung
	1.2 Identify risk factors that could contribute to respiratory distress	Should include: • Hypoxia • Haemorrhage • Sepsis • Obesity • Hanging • Entrapment • Psychosis • Negligence • Poor posture • Adverse weather • Environmental factors • Ineffective or poor airway management • Pressure on the abdomen, e.g. during restraint • Pre-existing medical condition, e.g. asthma

QSWW-0HOkpAp09IxdTkayw0Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj8BDf!#

	1.3 Identify recognition features of respiratory distress	Should include recognition of: • Pale, cold and clammy skin with cyanosis and increased respirations • Difficulty breathing/speaking in sentences, wheezing, use of accessory muscles and exhaustion, nasal flaring, grunting • Unnaturally deep, fast breathing, dizziness, feeling tight chested, cramps in hands and feet, flushed skin, pins and needles in the arms and hands • Respiratory distress, stridor and/or expiratory wheeze, cyanosis and agitation followed by sudden tranquillity, exhaustion
2. Know how to manage a patient experiencing breathing difficulties	2.1 State the management of a patient experiencing respiratory distress	Should include management of: • Hypoxia • Exacerbation of COPD • Hyperventilation syndrome • Positional asphyxia
	2.2 Demonstrate and recognise how to manage a patient experiencing an asthma attack	Should include: • Reassurance • Optimum positioning • Encouraging use of their reliever inhaler and spacer device • Monitoring oxygen saturations and the consideration of emergency oxygen
3. Know how to manage a patient with anaphylaxis	3.1 Identify common triggers of anaphylaxis	Should include: • Latex • Foods • Medicines • Insect stings • Contrast agents • General anaesthetic
	3.2 Identify life-threatening features of anaphylaxis	Should include: • Rapid onset • Dizziness and/or fainting • Vomiting • Airway swelling • Breathing difficulties/wheezing • Low blood pressure and weak and rapid pulse
	3.3 Distinguish between allergic reaction and anaphylaxis	Should include: allergic reactions commonly involving swelling, rash and/or abdominal discomfort with diarrhoea whereas anaphylaxis involves the respiratory and/or cardiovascular systems with potential life-threatening consequences.
	3.4 Demonstrate management of a patient with anaphylaxis	Should include managing <C>ABCDE problems including patient optimum positioning and the safe use of an adrenaline auto-injector. Trainer must demonstrate safe use of each adrenaline auto-injector as per the manufacturer's instructions. Note: Human Medicine Regulations 2012 '*Administration of certain medicines in an emergency 238. Regulation 214 (2) does not apply to the administration of a prescription only medication specified in Schedule 19 where this is for the purpose of saving life in an emergency*'.

QSWW-0HOkpAp09IxdTkayw3Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNXGj8BDf!#

4. Know how to assess and manage a patient with suspected major illness	4.1 Identify recognition features of medical emergencies	Should include: • Sudden weakness/paralysis/abnormal sensation • Sudden change in behaviour/circulation/respiration • Acute chest pain, possibly radiating into the arms, neck and/or jaw with nausea, excessive sweating, pale and clammy skin, shortness of breath and fear of impending doom • Increased pulse rate and respiratory rate • High temperature/low temperature, cold hands and feet, vomiting, confusion, increased breathing rate, muscle and joint pain, pale, mottled or blotchy skin, spots or rash, headache, stiff neck, reduced level of consciousness, photophobia and/or convulsing • Sudden weakness, dizziness, confusion, memory loss, lack of coordination, slurred speech, behaviour that is bizarre, uncharacteristic, uncooperative, possibly violent and rapid deterioration to unresponsive
	4.2 Recognise how to assess and manage medical emergencies	Should include recognition and care for: • Stroke • Sepsis • Acute coronary syndrome • Meningococcal disease • Diabetic hypoglycaemia
5. Know how to manage a patient who is actively convulsing	5.1 Differentiate between: • Uncomplicated faint • Epilepsy • Status epilepticus	Should include a basic understanding of altered level of conscious, transient loss of consciousness including red flag conditions and the pathophysiology of epilepsy.
	5.2 Recognise management of a patient actively convulsing	Should include assessment, emergency care. • Airway management • SpO_2/respirations monitoring, administration of emergency oxygen • Aftercare and seeking clinical assistance
6. Understand how to provide emergency care for the effects of environmental exposure	6.1 Identify how environmental factors could affect scene safety	Should include: • Height of location • Adverse weather • Confined spaces • Close proximity to water • Far from help
	6.2 Recognise suspected environmental exposure	Should include: • Hypothermia • Cold-related injuries • Hyperthermia • Heat-related injuries • Heat loss mechanisms – radiation, conduction, convection and evaporation
	6.3 Identify how to provide emergency care for suspected environmental exposure	

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkBB6X-wXoHVGdvkJ9sSyEt6VcfbAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj88Df!#

	6.4 Identify drowning	Should include: • Fatal drowning (the patient dies at any stage during the drowning process) • Non-fatal drowning (the drowning process is interrupted and the patient survives) • How drowning occurs, e.g. submersion, immersion • Importance of patient attending emergency department if involved in non-fatal drowning • Causes of drowning, e.g. intoxication, extreme cold water, poor parental supervision
	6.5 Identify the management of a patient who is drowning	Should include dynamic risk assessment, emergency care including addressing <A>ABCDE problems particularly airway management, SpO_2/respirations monitoring, administration of emergency oxygen and providing a handover including the mechanisms of drowning.

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

QSWW-0HOkpAp09IxdTkayw0Qvf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!#!m2mULmrKpRNNXGj8BDf!#

Appendix 2 – Occupational knowledge and competence in prehospital care

All Trainer/Assessors and EQAs must have occupational knowledge and competence in prehospital emergency care. Acceptable evidence includes:

- Current registration as a Doctor with the General Medical Council (GMC)
- Current registration as a Nurse with the Nursing and Midwifery Council (NMC)
- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)
- QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF)
- FAQ Level 4 Diploma for Associate Ambulance Practitioners (QCF or RQF)
- Pearson BTEC Level 3 in Ambulance Aid (previously IHCD/Edexcel)
- QA Level 4 Certificate in First Response Emergency Care (QCF or RQF)
- Pearson BTEC Level 4 Extended Certificate for First Person On Scene (RQF) **or**
- Equivalent prehospital care qualification*

and

- Provide a personal statement which includes a description of their current role including the work setting, verifiable information about their current practice which highlights their prehospital care and training experience and an up-to-date portfolio showing at least 150hrs of prehospital emergency care practice during the last 2 years. This may be verified at point of review by a member of QA Quality Assurance team

*Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/ qualification content, learning outcomes and assessment criteria.

The Trainer/Assessors must prove they have met some or all the learning outcomes and/or assessment criteria for QA Level 4 Certificate in First Response Emergency Care (RQF) before equivalency can be considered.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

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 Learner competence must also hold or be working towards an acceptable assessor qualification, as identified in the table below:

Current Qualifications	Train	Assess
Level 3 Award in Teaching and Assessing in First Aid Qualifications	√	√
Level 3 Award in Education and Training	√	√
Level 4 Certificate in Education and Training	√	√
Level 5 Diploma in Education and Training	√	√
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)	√	√
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	√
L&D Unit 7 Facilitate Individual Learning and Development in Groups 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 Workplace 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 competences using direct and indirect methods SCQF Level 8(SQA Accredited) – replacing Units A1 and D32/33		√
L&D Unit 9D – Assess workplace competence using direct methods SCQF Level7 (SQA Accredited) – replacing Units A2 and D32		√
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	√	√
Paramedic/Nursing mentorship qualifications	√	√
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)	√	
Training Group A22, B22, C21, C23, C24	√	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		√
A1 (D32/33) – Assess candidates using a range of methods		√
Conduct the Assessment Process SCQF Level 7 ((SQA Unit)		√
A2 (D32) – Assess candidates' performance through observation		√

This list is not exhaustive but provides a guide to acceptable qualifications. Trainers who also assess student competence must hold a qualification (or separate qualifications) to enable them to perform both functions.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEi6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

Appendix 4 – Qualifications suitable for internal quality assurance and prehospital care skills and knowledge

Internal Quality Assurers (IQAs) must:

- Have occupational knowledge and skills in prehospital care, as a minimum IQAs must hold a QA Level 3 Certificate in First Response Emergency Care (RQF), **and**
- Hold or be working towards an acceptable quality assurance qualification:

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

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

Note: If relevant qualifications or experience do not appear on this list, please provide us with details as these alternatives could be acceptable. Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/qualification content, learning outcomes and assessment criteria.

QSWW-0HOkpAp09IxdTkayw8Qyf6zQaHkIB6X-wXoHVGdvkJ9sSyEI6VcfbrAdnpWmxLuJUxa8h-A!fm2mULmrKpRNNtXGj88Df!#

www.qualsafeawards.org

Tel: 0330 660 0899

Email: info@qualsafeawards.org

FREC-L3-QS-V4 February 2022

QSWW-0HOkpAp09IxdTkqywdQvf6zQaHkIB6X-wXoHVCdvkJ9sSyEIeVcfbrAdnpWmxLuJUxa8h-A!#m2mULmrKpRNNtXGj88Df!#