



Training
QualificationsUK

Qualification Specification

TQUK Level 3 Award in Emergency Paediatric First Aid (RQF)

Qualification Number: 603/0582/4

Version 9.6

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Summary of changes

The following table provides a summary of the changes that have been made to the qualification specification since the publication of the previous version.

Version number	Summary of changes
Version 9	Addition made roles and responsibilities of First Aider in assessment guidance. Wording changed – “catastrophic bleeding” to “life threatening bleeding”. Edit to qualification purpose statement.
Version 9.1	Edit to qualification purpose. Edit to guidance on requalification.
Version 9.2	Addition of link to reference documents.
Version 9.3	Added accessibility section Clarification statement added to assessment requirements explaining the purpose of indicative content and the term ‘must’ Wording update in assessment requirements stating simulation is ‘required’ AC 3.1 Minor wording update AC 7.1 Minor wording update Updates applied to the indicative content: Minor wording updates throughout for clarity AC 1.1 Removal of ‘self-care’ from the list and addition of ‘roles and responsibilities may be demonstrated holistically’ AC 1.2 Update to the explanation of ‘others’ and addition of ‘minimising the risk of infection may be demonstrated holistically’ AC 1.3 Addition of ‘Adolescent 13 to 18 years old’ to the list

	AC 2.2 Addition of ‘catastrophic bleeding’, ‘disability’ and ‘exposure’ to the primary survey sequence AC 2.3 Addition of ‘summoning appropriate assistance may be demonstrated holistically’ AC 3.1 Addition of ‘slow laboured breathing/panting’ AC 3.2 Change from 30 to ‘15 chest compressions’, addition of ‘correct 2-thumb encircling position for an infant’ and addition of the use of a ‘child manikin’ when demonstrating CPR AC 3.3 Updates to wording for clarity AC 3.4 Addition of ‘infant’ recovery position AC 3.5 Addition of ‘must’ and wording updates for clarity for an infant and a child AC 3.6 Minor wording update for clarity AC 4.1 Minor wording update for clarity AC 4.2 Minor wording update for clarity AC 5.1 New indicative content on identification of ‘life- threatening (catastrophic) bleeding’ AC 5.2 Removal of aseptic now ‘clean technique’. Additional wording for clarity on how to position the causality, treatment for ‘life-threatening’ bleeding, and wound packing ‘Including improvised.’ AC 6.1 Addition of ‘Pale skin inside the lips (<i>for dark skin tones</i>)’ AC 7.1 Change to cold compress time ‘up to 20 minutes’
Version 9.4	Addition of Blended Learning guidance Updated unit assessment guidance for the primary survey sequence and included definition of shock
Version 9.5	Application of this qualification clarified for learners aged below 16
Version 9.6	Branding, formatting and SPaG updates Blended learning guidance clarification

Updated Early Years Foundation Stage Statutory Framework referencing

Updated Tutor, Assessor and Internal Quality Assurer Requirements to reference FAAOF's Assessment Principles for Regulated First Aid Qualifications.

Introduction

Welcome to TQUK

Training Qualifications UK (TQUK) is an Awarding Organisation recognised by the Office of Qualifications and Examinations Regulation (Ofqual) in England and CCEA Regulation in Northern Ireland.

TQUK offers qualifications which are regulated by Ofqual and, in some cases, by CCEA Regulation. All regulated TQUK qualifications sit on the Regulated Qualifications Framework (RQF) and are listed on the [Register of Regulated Qualifications](#).

Our qualifications are designed to support and encourage learners to develop their knowledge and skills. This development may result in progression into employment or career development in the workplace. Our qualifications also allow learners to progress onto further qualifications. Please visit our [website](#) for news of our new and coming soon developments.

Centre Recognition

To offer a TQUK qualification, a centre must be recognised by TQUK.

The TQUK centre recognition process requires a centre to have in place a number of policies and procedures to protect the learners undertaking a TQUK qualification and the integrity of TQUK's qualifications. These policies and procedures will also support a recognised centre's quality systems and help support the centre to meet the qualification approval criteria.

Recognised centres must seek approval for each qualification they wish to offer.

The approval process requires centres to demonstrate that they have sufficient resources, including suitably qualified and occupationally competent staff to deliver, assess and quality assure the qualification and access to appropriate support in the form of specialist resources. Qualification approval must be confirmed before any assessment of learners takes place.

Qualification Specifications

Each qualification TQUK offers is supported by a specification that includes all the information required by a centre to deliver the qualification. Information in the specification includes unit information, learning outcomes, and how the qualification is assessed.

The aim of the qualification specification is to guide a centre through the process of delivering the qualification.

Details of TQUK's procedures and policies can be found on our [website](#).

Qualification specifications can also be found on our [website](#).

Centres must ensure they are using the most recent version of the qualification specification for planning and delivery purposes.

Reproduction of this document

Centres may reproduce the qualification specification for internal use only but are not permitted to make any changes or manipulate the content in any form.

If you have any further questions, please contact TQUK.

Use of TQUK's Logo, Name and Qualifications

TQUK is a professional organisation and the use of its name and logo is restricted. TQUK's name may only be used by recognised centres to promote TQUK qualifications. Recognised centres may use the logo for promotional materials such as corporate/business letterheads, pages of the centre's website relating to TQUK qualifications, printed brochures, leaflets, or exhibition stands.

When using TQUK's logo, there must be no changes or amendments made to it, in terms of colour, size, border or shading. The logo must only be used in a way that easily identifies it as TQUK's logo. Any representation of TQUK's logo must be a true representation of the logo.

It is the responsibility of the centre to monitor the use and marketing of TQUK's logos and qualifications on their own materials as well as on those of any re-sellers or third parties they may use. TQUK must be made aware of centre relationships with re-sellers of TQUK qualifications. TQUK must be made aware of any additional websites where the centre intends to use TQUK's name and/or logo. If this information is changed, TQUK should be notified immediately. TQUK is required to monitor centres' websites and materials to ensure that learners are not being misled.

If a centre ceases to be/surrenders recognition as a TQUK centre, it must immediately discontinue the use of TQUK's logo, name, and qualifications from all websites and documents.

Accessibility

TQUK is committed to ensuring that all qualifications and assessments are accessible, inclusive, and non-discriminatory. We ensure that no aspect of this qualification disadvantages any group of learners who share a protected characteristic or introduces unjustifiable barriers to entry, other than those essential to the qualification's intended purpose. Where such features are necessary, they will be clearly stated and justified.

All assessment design processes actively identify and remove unjustifiable barriers that could prevent learners, including those with physical disabilities, from demonstrating their knowledge, understanding, or skills. TQUK monitors and reviews the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) throughout qualification development to maintain accessibility and inclusivity. This approach promotes positive attitudes and fosters good relations among all learners.

More information can be found in our [Equality and Diversity Policy](#).

For learners seeking guidance on Reasonable Adjustments, please see our [Reasonable Adjustment Policy](#).

The Qualification

The TQUK Level 3 Award in Emergency Paediatric First Aid (RQF) is regulated by Ofqual.

The qualification was developed in association with and supported by the First Aid Awarding Organisation Forum.

The units must be delivered, assessed and quality assured in accordance with Assessment Principles for Regulated First Aid Qualifications. These requirements are in addition to those detailed in this specification.

Centres must not deliver this qualification through blended learning. All learning must be delivered face to face.

To support effective delivery of this qualification, centres should familiarise themselves with the Assessment Principles, Assessment Standardisation, Blended Learning, and Delivery Standards set by the First Aid Awarding Organisation Forum. Supporting documents can be found on their [website](#).

Qualification Purpose

The purpose of the qualification is for the learner to attain knowledge and practical competences required to deal with a range of emergency first aid situations.

The qualification develops learners' knowledge, understanding and skills in the following areas:

- roles and responsibilities of the Paediatric First Aider in an emergency
- assessing an incident
- recognising signs and symptoms of injury
- responding appropriately to a child or infant:
 - who is unresponsive
 - has an airway obstruction
 - has breathing difficulties
 - suffering from shock.

The units have been developed and are supported by the First Aid Awarding Organisation Forum to meet the requirements of the:

- Department for Education: Early Years Foundation Stage Statutory Framework – September 2026
- Health and Social Care Board (NI) Childminding and Day Care for Children under Age 12 Minimum Standards
- Welsh Government: National Minimum Standards for Regulated Childcare for Children up to the age of 12 years.

Guidance on Requalification

Learners must repeat the qualification before their EPFA certificate expires in order to remain qualified to provide Emergency Paediatric First Aid.

If this qualification is being used to meet the requirements of the HSE then it is valid for three years, after which learners will need to repeat the qualification, however it is recommended that learners refresh their knowledge annually.

Entry Requirements

There are no specific entry requirements however learners should have a minimum of level two in literacy and numeracy or equivalent.

The recommended minimum age for this qualification is 14 years.

Please note that whilst a 14-year-old can attain and be certificated in TQUK's Level 3 Award in Emergency Paediatric First Aid (RQF), industry- standard regulatory guidance explicitly states that: "a student cannot claim the official title of 'First Aider in the Workplace' until they reach the age of 16" and would not be covered by an employer's insurance and compliance logs.

Progression

Successful learners can progress to other qualifications such as:

- TQUK Level 2 Award in Cardiopulmonary Resuscitation and Automated External Defibrillation
- TQUK Level 3 Award in First Aid at Work
- TQUK Level 2 Certificate for the Children & Young People's Workforce
- TQUK Level 2 Diploma for the Early Years Practitioner
- TQUK Level 3 Diploma for the Children and Young People's Workforce (Learning, Development & Support Services)
- TQUK Level 3 Diploma for the Children and Young People's Workforce (Early Learning & Childcare)
- TQUK Level 3 Diploma for the Children and Young People's Workforce (Social Care)
- TQUK Level 3 Diploma for Early Years Care & Education (Early Years Educator)
- Level 3 Certificate/ Diploma in Healthcare Support
- Level 3 Diploma in Healthcare Support (Maternity)

Structure

Learners must achieve one credit from one mandatory unit.

Title	Unit ref.	Level	Guided learning hours	Credit value
Emergency paediatric first aid	K/615/2495	3	6	1

Guided Learning Hours (GLH)

These hours are made up of all contact time, guidance or supervision of a learner by a lecturer, supervisor, tutor, trainer or other appropriate provider of education or training.

GLH for this qualification is 6 hours

Directed Study Requirements

Learners are expected to study and complete aspects of their assessment portfolio in their own time. This additional time is expected to be approximately 2 hours over the cycle of the programme.

Total Qualification Time (TQT)

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of attainment necessary for the award of the qualification i.e. to achieve all learning outcomes.

Total Qualification Time is comprised of the GLH and an estimate of the number of hours a learner is likely to spend in preparation, study or any other learning, including assessment, which takes place as directed by, but not under the supervision of, a lecturer, supervisor or tutor. The credit value for a qualification, where given, is determined by TQT, as one credit corresponds to 10 hours of learning.

The Total Qualification Time for this qualification is 8 hours.

Assessment

It is essential that all learners are assessed in English unless the qualification specification specifically states that another language may be accepted. This ruling also applies to all learner evidence presented for external quality assurance purposes.

The units should be delivered, assessed and quality assured in accordance with the Assessment Principles for Regulated First Aid Qualifications, published by the First Aid Awarding Organisation Forum.

The qualification is assessed by internally set and marked assessments subject to external quality assurance.

Where stated, units should be assessed in line with the EYFS framework.

All learning outcomes which assess knowledge and understanding (usually beginning with 'understand' or 'know how to') may be assessed through, for example, internally set and marked written assignments, tasks, records of oral or written questions, workbooks, or other portfolio evidence.

Achievement of the qualification includes demonstration of practical skills and confirmation of workplace competence (usually learning outcomes beginning with 'Be able to'). Details of specific requirements and where simulation is /is not permitted is included in the unit specifications.

Materials for internal assessment must be submitted to TQUK for approval prior to use and must be mapped to the relevant unit, learning outcome and assessment criteria.

All learning outcomes and assessment criteria must be met to achieve a pass - there is no grading.

Each unit within the qualification may have its own assessment requirements, assessment guidance and range.

- **Assessment requirements:** sets out the mandatory conditions that must be met for assessment to be valid. They specify how an assessment must be conducted. Centres must adhere to these requirements.
- **Mandatory range:** defines the required breadth and depth of coverage for specific assessment criteria. It sets out the minimum and mandatory expectations for assessment.
- **Assessment guidance:** provides clarification to support the consistent interpretation and application of the assessment criteria. It explains intent, defines key terms where necessary, and offers contextual information to support understanding.
- **Useful websites:** resources that could be used by centres for the delivery of the qualification and by learners to support them with the completion of the unit.

Centre Devised Assessment (CDA) Guidance

Centre-devised assessments play a vital role in the evaluation of a learner's progress as they are based on the qualification's learning objectives. They provide learners with the opportunity to evidence the knowledge, understanding, and skills gained while studying the qualification and support teaching staff in monitoring the learner's progress.

As this qualification is internally assessed, TQUK allows centres to produce their own assessments. When designing them, assessors must give consideration to the depth and breadth of knowledge allowed by each task.

TQUK has produced centre guidance on our suggested approaches to designing appropriate assessment tasks, and these may be accessed from our website www.tquk.org.

To ensure the validity and fairness of our qualifications, centre-devised assessments form part of our quality assurance processes. More information about this and how to prepare for external quality assurance reviews can be found on our website.

Course Delivery

Pre-Course Information

All learners should be given appropriate pre-course information regarding any TQUK qualifications. The information should explain the qualification, the fee, the form of the assessment and any entry requirements or resources needed to undertake the qualification.

Initial Assessment

Centres should ensure that any learner registered on a TQUK qualification undertakes some form of initial assessment. The initial assessment should be used to inform a teacher/trainer of the level of the learner's current knowledge and/or skills and any additional specific support requirements the learner may need.

The initial assessment can be undertaken by a teacher/trainer in any form suitable for the qualification to be undertaken by the learner/s. It is the centre's responsibility to make available forms of initial assessment that are valid, applicable, and relevant to TQUK qualifications.

Blended Learning

Centres **must not use** a blended learning approach for this qualification. All guided learning hours must be delivered using a face-to-face approach with learners in the same room as the teacher, tutor or assessor.

The First Aid Quality Partnership and the First Aid Awarding Organisation Forum (FAAOF), set the requirements for delivering first aid qualifications and have stipulated that blended learning cannot be used for this qualification, in conjunction with the DfE's Early years foundation stage statutory framework.

Teaching resources

All teaching materials and additional resources used to support the delivery of this qualification must be age-appropriate. Centres must ensure when developing or sourcing delivery materials that careful consideration is given to the safeguarding and wellbeing of their learners in line with the centre's policies and procedures.

Learners will need access to the following:

- Course manual
- ICT resources if applicable
- Equipment at the venue
- Appropriate general and subject specific texts
- A suitably equipped venue and resources
- Other resources to support identified needs of learners
- Resources to support the delivery of the qualification

To ensure suitable training, the trainer must also be able to provide the following resources:

- CPR manikins at a ratio of 1 manikin to 3 learners
- Training defibrillator (if applicable)
- Hard surface wipes ideal for manikins
- First aid kit
- Training dressings
- Triangular bandages
- Sterile eye pads
- Face shield
- Example accident report form
- Disposable gloves

This list is not exhaustive. Additional resources may be added to meet the needs of the learners.

Learner Registration

Once approved to offer a qualification, centres must follow TQUK's procedures for registering learners. Learner registration is at the discretion of the centre and in line with equality legislation and health and safety requirements.

Centres must register learners before any assessment can take place.

Tutor, Assessor and Internal Quality Assurer Requirements

Tutors, assessors and internal quality assurers must meet the occupational competence, qualification and experience requirements specified in the current Assessment Principles for Regulated First Aid Qualifications published by the First Aid Awarding Organisation Forum (FAAOF).

All members of staff involved with the qualification (delivery, assessment or IQA) will need to be occupationally competent in the subject area being delivered.

Staff members will also be expected to have a working knowledge of the requirements of the qualification and a thorough knowledge and understanding of the role of tutors/assessors and internal quality assurance. They are also expected to undertake continuous professional development (CPD) to ensure they remain up to date with work practices and developments associated with the qualifications they assess or quality assure.

Tutor

Tutors or trainers who deliver a TQUK qualification must possess a teaching qualification appropriate for the level of qualification they deliver.

This can include:

- Further and Adult Education Teacher's Certificate
- Cert Ed/PGCE/Bed/MEd
- PTLLS/CTLLS/DTLLS
- Level 3 Award/Level 4 Certificate/Level 5 Diploma in Education and Training.

Assessor

Staff who assess a TQUK qualification must possess an assessing qualification appropriate for the level of qualification they are delivering or be working towards a relevant qualification and have their assessment decisions countersigned by a qualified assessor.

This can include:

- 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
- A1 or D32/D33.

Specific requirements for assessors may be indicated in the assessment strategy/principles identified in individual unit specifications.

Internal Quality Assurer

Centre staff who undertake the role of an Internal Quality Assurer (IQA) for TQUK qualifications must possess or be working towards a relevant qualification and have their quality assurance decisions countersigned by a qualified internal quality assurer. This could include:

- 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
- V1 qualification (internal quality assurance of the assessment process)
- D34 qualification (internally verify NVQ assessments and processes).

It is best practice that those who quality assure qualifications also hold one of the assessing qualifications outlined above. IQAs must follow the principles set out in Learning and Development NOS 11 - Internally monitor and maintain the quality of assessment.

External Quality Assurance

External Quality Assurance will be undertaken by TQUK to ensure that centres are complying with TQUK quality assurance requirements associated with their TQUK recognised centre status and formal written agreement. This will comprise a scheduled face-to-face or remote quality assurance activity where the EQA will review the centre's policies and procedures, speak with centre staff, and conduct the sampling of learner work.

Useful Websites

- [Office of Qualifications and Examinations Regulation](#)
- [Register of Regulated Qualifications](#)

For further details regarding approval and funding eligibility please refer to the following websites:

- [Department for Education \(DfE\)](#)
- [Learning Aim Reference Service \(LARS\)](#)
- [Health and Safety Executive](#)
- [First Aid Awarding Organisation Forum](#)
- [Health and Safety Executive NI](#)
- [Skills for Health](#)
- [The Resuscitation Council \(UK\)](#)

Mandatory Unit

Title:		Emergency paediatric first aid	
Unit reference number:		K/615/2495	
Level:		3	
Credit value:		1	
Guided learning hours:		6	
Learning outcomes		Assessment criteria	
The learner will:		The learner can:	
1.	Understand the role and responsibilities of the paediatric first aider	1.1	Identify the role and responsibilities of a paediatric first aider
		1.2	Identify how to minimise the risk of infection to self and others
		1.3	Differentiate between an infant and a child for the purposes of first aid treatment
2.	Be able to assess an emergency situation safely	2.1	Conduct a scene survey
		2.2	Conduct a primary survey on an infant and a child
		2.3	Summon appropriate assistance when necessary
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
		3.2	Demonstrate CPR using an infant manikin and a child manikin
		3.3	Identify when to place an infant or a child into the recovery position
		3.4	Demonstrate how to place an infant and a child into the recovery position
		3.5	Demonstrate continual monitoring of breathing for an infant and a child whilst they are in the recovery position
		3.6	Identify how to administer first aid to an infant or a child who is experiencing a seizure
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
		4.2	Demonstrate how to administer first aid to an infant who is choking and a child who is choking
5.		5.1	Identify whether external bleeding is life-threatening

	Be able to provide first aid to an infant and a child with external bleeding	5.2	Demonstrate how to administer first aid to an infant or a child with external bleeding
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
		6.2	Identify how to administer first aid to an infant or a child who is suffering from shock
7.	Know how to provide first aid to an infant or a child with bites, stings and minor injuries	7.1	Identify how to administer first aid to an infant or a child : • Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nose bleeds.

Assessment requirements:

This unit must be assessed in line with annex A within the EYFS framework.

Simulation is required in this unit.

The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2, 5.2.

This unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications.

Assessment guidance:

The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criterion, however, where the term “**must**” is used within indicative content, these elements must be included within the assessment.

1.1 Identification of the roles and responsibilities of a paediatric first aider may include:

- 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.

NB. These roles and responsibilities may be demonstrated holistically.

1.2 Minimising the risk of infection may include:

- Personal Protective Equipment (PPE)

- Hand hygiene
- Disposal of contaminated waste
- Using appropriate dressings
- Barrier devices during rescue breaths
- Covering own cuts.

Others may include infants or children (including adolescents) receiving first aid; work colleagues; parents; carers; other people within the infant or child's environment.

NB. Minimising the risk of infection may be demonstrated holistically.

1.3 Differentiating age ranges for first aid treatment may include:

- Infants: under 1 year old
- Children: 1 to 12 years old
- Adolescents: 13 to 18 years old.

2.1 Conducting a scene survey may include:

- Checking for further danger
- Identifying the number of casualties
- Evaluating what happened
- Prioritising treatment
- Delegating tasks.

2.2 The primary survey sequence may include:

- **D:** Danger
- **R:** Response
- **C:** Catastrophic bleeding
- **A:** Airway
- **B:** Breathing
- **C:** Circulation
- **D:** Disability
- **E:** Exposure.

2.3 Summoning appropriate assistance may include:

- 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.

NB. Summoning appropriate assistance may be demonstrated holistically.

3.1 Administering Cardiopulmonary Resuscitation (CPR) **must** include:

- When the casualty is unresponsive and:
 - Not breathing

- Not breathing normally/agonal breathing/slow laboured breathing/panting.

Infant or a child: the learner may apply their skills or knowledge to either an infant (*baby*) or a child (*including adolescents*) first aid situation because the recognition would be the same.

3.2 Demonstrating CPR must include:

- 5 initial rescue breaths
- 15 chest compressions
 - Correct 2-thumb encircling position for an infant
 - Correct positioning of hand(s) for a child
 - Correct compression depth for infant and child
 - 100-120 per minute.
- 2 rescue breaths
 - Correct rescue breath positioning
 - Blowing steadily into mouth (*about 1 sec to make chest rise*)
 - Taking no longer than 10 seconds to deliver 2 breaths.
- AED (*Defibrillator*)
 - Correct placement of AED pads
 - Following AED instructions.

CPR: minimum demonstration time of 2 minutes (*at floor level for child manikin*). May additionally include use of rescue breath barrier devices.

3.3 Identifying when to place the casualty into the recovery position may include where the casualty has lowered levels of response and:

- Does not need CPR
- Is breathing normally
- Is uninjured.

An injured casualty may be placed in the recovery position if the airway is at risk (*e.g. fluids in the airway or you need to leave the casualty to get help*).

Infant or a child: The learner may apply their skills or knowledge to either an infant (*baby*) or a child (*including adolescents*) first aid situation, because the recognition would be the same.

3.4 Placing an infant into the recovery position may include:

- Holding an infant on its side
- Continually monitoring airway and breathing.

Placing a child (*including adolescents*) into the recovery position may include:

- 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 Continually monitoring airway and breathing for an infant and a child (*including adolescents*) must include:

- Continual checking for normal breathing to ensure that abnormal breathing can be identified immediately.

3.6 Administering first aid to a casualty having a generalised seizure may include:

- Keeping the casualty safe (removing dangers)
- Noting the time and duration of the seizure
- Opening airway and checking breathing post seizure
- Determining when to call 999/112.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (*baby*) **or** a child (*including adolescents*) first aid situation because the treatment would be the same.

4.1 Identifying mild choking may include recognising the casualty is able to:

- Speak
- Cough
- Cry
- Breathe.

Identifying severe choking may include recognising the casualty is:

- Unable to cough effectively
- Unable to speak or cry
- Unable or struggling to breathe
- In visible distress
- Unconscious.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (*baby*) **or** a child (*including adolescent*) first aid situation because the recognition would be the same.

4.2 Administering first aid for an infant and child (*including adolescents*) who are choking **must** include the following:

- Encouraging to cough
- Up to 5 back blows
- Up to 5 abdominal thrusts (chest thrusts for infants)
- Calling 999/112 when required
- CPR if unconscious.

Demonstration must be simulated using a training device – not another learner.

5.1 Life-threatening (*catastrophic*) bleeding may be identified by:

- Rapidly flowing or spurting blood from a wound
- Pooling of blood on the ground (or clothing)
- Bleeding that cannot be controlled by direct manual pressure alone.

Identification of the severity of arterial bleeding may include recognising that blood:

- is under pressure
- spurts in time with the heartbeat.

Learners should recognise that arterial bleeding is a life-threatening emergency.

Identification of the severity of venous bleeding may include recognising that blood:

- volume in veins is comparable to arteries
- flows profusely from the wound.

Learners should recognise that venous bleeding is a life-threatening emergency.

Identification of capillary bleeding may include recognising that blood trickles from the wound.

Capillary bleeding is not a life-threatening emergency.

5.2 Administering first aid for external bleeding may include:

- Maintaining clean technique
- Positioning the casualty in a sitting or lying position
- Examining the wound
- Applying direct pressure onto (or into) the wound
- Dressing the wound.

Life-threatening (*catastrophic*) bleeding treatment may include:

- Wound packing (including improvised)
- Tourniquet application
- Improvised tourniquet application.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (*baby*) or a child (*including adolescents*) first aid situation because the treatment would be the same.

6.1 Shock: Caused by the failure of the circulatory system where vital organs are not getting enough oxygenated blood. Causes include severe blood loss, vomiting, diarrhoea, severe burns or excessive sweating.

Hypovolaemic shock (*resulting from blood loss*) recognition may include:

- Pale, clammy skin
- Pale skin inside the lips (*for dark skin tones*)
- Fast, shallow breathing
- Rise in pulse rate
- Cyanosis
- Dizziness/passing out when sitting or standing upright.

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (*baby*) or a child (*including adolescents*) first aid situation because the recognition would be the same.

6.2 Administering first aid for hypovolaemic shock may include:

- Treating the cause
- Casualty positioning
- Keeping the casualty warm

- Calling 999/112.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (*baby*) **or** a child (*including adolescents*) first aid situation because the treatment would be the same.

7.1 Administering first aid for bites may include:

- Irrigation
- Dressing
- Seeking medical advice.

Administering first aid for stings may include:

- Scraping off the sting
- Applying an ice pack
- Giving sips of cold water (*if the sting is in the mouth*)
- Monitoring for allergic reaction.

Administering first aid for small cuts and grazes may include:

- Irrigation
- Dressing.

Administering first aid for bumps and bruises may include:

- Cold compress for up to 20 minutes.

Small splinter removal may include the following steps:

- Cleaning of area
- Remove with tweezers
- Dress.

Administering first aid for a nosebleed may include:

- Sitting the casualty down, head tipped forwards
- Pinching the soft part of the nose
- Telling the casualty to breathe through their mouth.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (*baby*) **or** a child (*including adolescents*) first aid situation because the treatment would be the same.



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