Qualification Specification

TQUK Level 3 Award in First Aid at Work (RQF)

Qualification Number: 603/2169/6

Version 7.2

Contents

Go to contents Page >

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 7	Addition made roles and responsibilities of First Aider in assessment guidance Wording changed – catastrophic bleeding to life threatening bleeding
Version 7.1	Addition of link to reference documents.
Version 7.2	Accessibility section added **Y/616/0432** Updates applied to the **indicative content**: Clarification statement added explaining the purpose of the indicative content and the term 'must' Wording update stating simulation is 'required' Updates applied to the **indicative content**: AC 1.1 Removal of 'self care' from the list and addition of 'roles and responsibilities may be demonstrated holistically' AC 1.2 Minimising the risk of infection may be demonstrated holistically AC 1.3 Identifying the need for consent may be demonstrated holistically AC 2.2 Addition of 'catastrophic bleeding', 'disability' and 'exposure' to the primary survey sequence AC 2.3 Summoning appropriate assistance may be demonstrated holistically AC 3.1 Addition of 'slow laboured breathing/panting' AC 3.2 Addition of 'adult' AC 3.3 Wording change for clarity: should to 'may'

AC 3.5 Addition of 'must' and change from cardiac arrest to 'abnormal breathing'

AC 4.2 Addition of 'must'

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 *(for dark skin tones)'*

AC 7.1 Changed to cold compress time 'up to 20 minutes'

AC 7.2 Addition of 'with cool running tap water'

Y/616/0432

AC 9.1 and 9.2 Removal of 'Diabetic' now Hypoglycaemic emergency

Updates applied to the **indicative content**: Clarification statement added explaining the purpose of the indicative content and the term 'must'

Wording update stating simulation is 'required'

Updates applied to the **indicative content**:

AC 3.1 Addition of 'Numbness, tingling and muscle weakness'

AC 3.3 Addition of 'Opening the airway using the jaw thrust technique'

AC 4.1 Addition of 'open' for clarity

AC 5.2 Addition of 'for 20 mins with cool running tap water 'and 'CDE' to DRABC

AC 8.2 Addition of 'Use of the casualty's adrenaline auto-injector or nasal spray' and 'Using the opposite leg to administer a second dose of adrenaline if needed'

AC 9.1AND 9.2 Removal of 'diabetic'

Go to contents Page >

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.

Go to contents Page >

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. If you have any further questions, please contact TQUK.

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.

Centres must ensure they use the most up-to-date pdf version of the specification.

Use of TQUK 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.

Go to contents Page >

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.

Go to contents Page >

The Qualification

The TQUK Level 3 Award in First Aid at Work is regulated by Ofqual and The Council for the Curriculum, Examinations & Assessment (CCEA) in Northern Ireland.

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

- First Aid at Work Health and Safety (First Aid) Regulations 1981 Guidance on Regulations (L74)
- Resuscitation Council (UK) Guidelines
- First Aid at Work Health and Safety (First Aid) Regulations 1982 (Northern Ireland).

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.

To support effective delivery of this qualification, centres should familiarise themselves with Assessment Principles, Assessment Standardisation, Blended Learning, and Delivery Standards, all of which can be found on the First Aid Awarding Organisation Forum website Home - First Aid Awarding Organisation Forum (faaof.org).

Qualification Purpose

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

The TQUK Level 3 Award in First Aid at Work (RQF) is aimed at learners already working or preparing to work in industry. The qualification is usually delivered as a three-day programme of training and assessment for learners to allow them to be first aiders in the workplace.

The qualification has a recommended course duration of three days. The course duration may be increased to meet additional learning needs if required but not reduced.

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

- roles and responsibilities of the First Aider
- assessing an incident
- recognising signs and symptoms of injury and illness
- assisting a casualty who is suffering from major injury and illness
- chest injuries
- spinal injuries
- anaphylaxis.

The objectives of the qualification include supporting a role in the workplace and giving learners with personal growth and engagement in learning.

If this qualification is being used to meet the requirements of the Health and Safety Executive (HSE), 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

Go to contents Page >

Guidance on requalification

The recommended duration of the requalification course is 12 hours over two days, however, the course duration may be increased to meet additional learning needs if required, but not further reduced.

Learners must be assessed against all learning outcomes and assessment criteria for both units. To attend the shorter requalification course, learners must provide evidence of their previous FAW qualification.

The centre must retain a copy of the original first aid certificate together with the assessment record for the requalification course.

Learners must repeat the qualification before their FAW certificate expires in order to remain qualified to provide first aid. If not, the learner can still access the shortened course for up to one month after the certificate expires however, during this period, learners are not qualified to provide first aid.

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.

Progression

Successful learners can progress to other qualifications such as:

- TQUK Level 3 Award in Paediatric First Aid
- TQUK Level 2 Award in Cardiopulmonary Resuscitation and Automated External Defibrillation.

Structure

Learners must achieve two credits from the two mandatory units.

Mandatory units

Title	Unit ref.	Level	Guided learning hours	Credit value
Emergency first aid in the workplace	R/616/0431	3	6	1
Recognition and management of illness and injury in the workplace	Y/616/0432	3	12	1

Go to contents Page >

Guided Learning Hours

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 18 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 4 hours over the cycle of the programme.

Total Qualification Time

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 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 22 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.

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

Where indicated in the unit specifications, assessment must meet the requirements of the identified assessment strategy/principles.

The recommended assessment methods for this qualification are:

- Practical demonstration & Assessor Observation
- Written Questions.

The practical assessment of learners for the qualification must be embedded into the course delivery.

The written assessment must be included where there are natural breaks in delivery, e.g. between Learning Outcomes or Units. This assessment should be done without access to the course manual.

Learners will be required to demonstrate their knowledge and understanding by answering a range of questions relating to the assessment criteria.

Materials for internal assessment must be submitted to TQUK for approval before 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** are conditions of assessment that must be met by learners when undertaking their assessments to achieve the unit or meet a particular assessment criterion.
- **Assessment guidance** are areas that could be covered by learners in their assessments to achieve the unit or particular assessment criteria but are not mandatory.
- **Useful Websites** are 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.

This includes templates to support the design of internal assessments and a checklist to ensure that the assessments are valid and fit for purpose.

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.

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.

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.

Resources

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
- Auto injector trainer
- Face shield
- Example accident report form
- Disposable gloves.

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

Tutor, Assessor and Internal Quality Assurer Requirements

All members of staff involved with the qualification (assessing or IQA) will need to be occupationally competent in the subject area being delivered. This could be evidenced by a combination of:

- A higher level qualification in the same subject area as the qualification approval request
- Experience of the delivery/assessment/IQA of the qualification requested
- Work experience in the subject area of the qualification.

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.

Details of suitable qualifications can be found in the Assessment Principles for Regulated First Aid Qualifications.

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.

Details of suitable qualifications can be found in the Assessment Principles for Regulated First Aid Qualifications.

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.

Details of suitable qualifications can be found in the Assessment Principles for Regulated First Aid Qualifications.

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)

You may also find the following websites useful:

- Health and Safety Executive
- First Aid Awarding Organisation Forum
- Health and Safety Executive NI
- Skills for Health
- The Resuscitation Council (UK)

Mandatory Units

Title:		Emergency first aid in the workplace	
Unit reference number:		R/616/0431	
Level:		3	
Credit value:		1	
Guided learning hours:		6	
Learning outcomes **The learner will:**		**Assessment criteria** **The learner can:**	
1.	Understand the role and responsibilities of a first aider.	1.1	Identify the role and responsibilities of a first aider.
		1.2	Identify how to minimise the risk of infection to self and **others.**
		1.3	Identify the need for consent to provide first aid.
2.	Be able to assess an emergency situation safely.	2.1	Conduct a scene survey.
		2.2	Conduct a primary survey of a casualty.
		2.3	Summon appropriate assistance when necessary.
3.	Be able to provide first aid to an unresponsive casualty.	3.1	Identify when to administer Cardiopulmonary Resuscitation (CPR).
		3.2	Demonstrate adult **CPR** using a manikin.
		3.3	Identify when to place a casualty into the recovery position.
		3.4	Demonstrate how to place a casualty into the recovery position.
		3.5	Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position.
		3.6	Identify how to administer first aid to a casualty who is experiencing a seizure.
4.	Be able to provide first aid to a casualty who is choking.	4.1	Identify when a casualty is choking.
		4.2	Demonstrate how to administer first aid to a casualty who is choking.
5.	Be able to provide first aid to a casualty with external bleeding.	5.1	Identify whether external bleeding is life-threatening.
		5.2	Demonstrate how to administer first aid to a casualty with external bleeding.
6.		6.1	Recognise when a casualty is suffering from **shock**

	Know how to provide first aid to a casualty who is in shock.	6.2	Identify how to administer first aid to a casualty who is suffering from shock.
7.	Know how to provide first aid to a casualty with minor injuries.	7.1	Identify how to administer first aid to a casualty with: • Small cuts • Grazes • Bruises • Small splinters • Nosebleeds.
		7.2	Identify how to administer first aid to a casualty with minor burns and scalds.

Assessment requirements:

Simulation is required in this unit.

The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2 and 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 criteria, 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 first aider may include:

- Preventing cross infection
- Recording incidents and actions
- Safe use of available equipment
- 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 casualties, work colleagues or people within the workplace environment.

NB. Minimising the risk of infection may be demonstrated holistically

1.3 Identifying the need to gain consent may include:

- Gaining consent
- Implied consent.

NB. Identifying the need for consent may be demonstrated holistically.

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 Identifying when to administer Cardiopulmonary Resuscitation (CPR) **must** include:

- When the casualty is unresponsive and:
  - Not breathing
  - Not breathing normally/agonal breathing/slow laboured breathing/panting.

3.2 Demonstrating adult CPR **must** include:

- 30 chest compressions:
  - Correct hand positioning
  - 5-6cm compression depth
  - 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. May additionally include the use of rescue breath barrier devices.

3.3 Identifying when to place the casualty into the recovery position may include when 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).

3.4 Placing a casualty 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
- Placing heavily pregnant casualty on their left side.

3.5 Continually monitoring airway and breathing **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.

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

- Speak
- Cough
- Breathe.

Identifying severe choking may include recognising that the casualty is:

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

- Unconscious.

4.2 Administering first aid for choking **must** include the following:

- Encourage to cough
- Up to 5 back blows
- Up to 5 abdominal thrusts
- 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.

6.1 Shock: 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.

6.2 Administering first aid for hypovolaemic shock may include:

- Treating the cause
- Casualty positioning
- Keeping the casualty warm
- Calling 999/112.

7.1 Administering first aid for small cuts and grazes may include:

- Irrigation
- Dressing.

Administering first aid for bruises may include:

- Cold compress for up to 20 minutes.

Small splinter removal may include:

- Cleaning of area
- Removal with tweezers
- Dress.

Administering first aid for a nosebleed may include:

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

7.2 Administering first aid for minor burns and scalds may include:

- Cooling for 20 minutes with cool running tap water
- Removing jewellery and loose clothing
- Covering the burn
- Determining when to seek advice.

Title:		Recognition and management of illness and injury in the workplace	
Unit reference number:		Y/616/0432	
Level:		3	
Credit value:		1	
Guided learning hours:		12	
Learning outcomes **The learner will:**		**Assessment criteria** **The learner can:**	
1.	Be able to conduct a secondary survey.	1.1	Identify the information to be collected when gathering a casualty history.
		1.2	Demonstrate how to conduct a **head-to-toe survey**.
2.	Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints.	2.1	Recognise a suspected: • Fracture or dislocation • Sprain or strain.
		2.2	Identify how to administer first aid for a casualty with suspected: • Fracture or dislocation • Sprain or strain.
		2.3	Demonstrate how to apply: • A support sling • An elevated sling.
3.	Be able to provide first aid to a casualty with suspected head and spinal injuries.	3.1	Recognise a suspected: • Head injury • Spinal injury.
		3.2	Identify how to administer first aid for a suspected head injury.
		3.3	Demonstrate how to administer first aid for a casualty with a suspected spinal injury.
4.	Know how to provide first aid to a casualty with suspected chest injuries.	4.1	Identify how to administer first aid for suspected: • Fractured ribs • Penetrating chest injury.
5.	Know how to provide first aid to a casualty with burns and scalds.	5.1	Identify how to recognise the severity of burns and scalds.
		5.2	Identify how to administer first aid for burns involving: • Dry heat

			• Wet heat • Chemicals • Electricity.
6.	Know how to provide first aid to a casualty with an eye injury.	6.1	Identify how to administer first aid for eye injuries involving: • Dust • Chemicals • Embedded objects.
7.	Know how to provide first aid to a casualty with suspected poisoning.	7.1	Identify how poisonous substances can enter the body.
		7.2	Identify how to administer first aid to a casualty with suspected sudden poisoning.
8.	Be able to provide first aid to a casualty with anaphylaxis.	8.1	Recognise suspected anaphylaxis.
		8.2	Identify how to administer first aid for a casualty with suspected anaphylaxis
		8.3	Demonstrate **the use of a 'training device' adrenaline auto-injector**.
9.	Know how to provide first aid to a casualty with suspected major illness.	9.1	Recognise a suspected: • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Hypoglycaemic emergency.
		9.2	Identify how to administer first aid to a casualty suffering from a: • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Hypoglycaemic emergency.

Assessment requirements:

Simulation is required in this unit.

The following ACs must be assessed by practical demonstration: 1.2, 2.3, 3.3 and 8.3.

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 criteria, however, where the term "**must**" is used within indicative content, these elements must be included within the assessment.

1.1 Information to be collected when gathering a casualty history may include:

- Signs and symptoms
- Event history
- Allergies
- Past medical history
- Last meal
- Medication.

1.2 Performing a systematic check of the casualty may include:

- Head and neck
- Shoulders and chest
- Abdomen
- Legs and arms.

A **head-to-toe survey must** be conducted on a casualty with a continually monitored or protected airway (*e.g. a conscious casualty or a casualty placed in the recovery position*).

2.1 Recognising factures, dislocations, sprains or strains may include:

- Pain
- Loss of power
- Unnatural movement
- Swelling or bruising
- Deformity
- Irregularity
- Crepitus
- Tenderness.

2.2 Administering first aid for fractures and dislocations may include:

- Immobilising/keeping the injury still
- Calling 999/112, or
- Arranging transport to hospital.

Administering first aid for sprains and strains may include:

- Rest
- Ice
- Compression/comfortable support
- Elevation.

2.3 Demonstrating the application of a sling **must** include:

- A support sling
- An elevated sling.

3.1 Recognising concussion, compression or fractured skull may include:

- Mechanism of injury

- Signs and symptoms
- Conscious levels.

Recognising a spinal injury may include:

- Mechanism of injury
- Pain or tenderness in the neck or back
- Numbness, tingling and muscle weakness.

Head Injury includes concussion, compression and skull fracture. The learner is not expected to differentiate between these conditions.

3.2 Administering first aid for a head injury may include:

- Determining when to call 999/112
- Maintaining airway and breathing
- Monitoring response levels
- Dealing with fluid loss.

3.3 Administering first aid for spinal injuries may include:

- Calling 999/112
- Opening the airway using the jaw thrust technique
- Keeping the head and neck in-line
- Safe method(s) of placing the casualty into a recovery position whilst protecting the spine (if the airway is at risk).

4.1 Administering first aid for a suspected rib fracture may include:

- Calling 999/112
- Casualty positioning
- Supporting the injury.

Administering first aid for a penetrating (*open*) chest injury may include:

- Calling 999/112
- Casualty positioning
- Controlling bleeding around the wound (without covering the wound)
- Leaving a sucking chest wound open to fresh air.

5.1 Recognising the severity of burns and scalds may include:

- Cause
- Age
- Burn/scald size
- Depth
- Location.

5.2 Administering first aid for dry/wet heat burns may include:

- Cooling the burn for 20 minutes with cool running water
- Removing jewellery and loose clothing
- Covering the burn
- Determining when to call 999/112.

Administering first aid for chemical burns may include:

- Ensuring safety
- Brushing away dry/powder chemicals
- Irrigating with copious amounts of water (unless contra-indicated)
- Treating the face/eyes as a priority.

Administering first aid for electrical burns may include:

- Ensuring it is safe to approach/touch the casualty
- Checking DRCABCDE and treating accordingly
- Cooling the burns.

6.1 Administering first aid for dust in the eye may include:

- Irrigation with clean water
- Ensuring the water runs away from the good eye.

Administering first aid for a chemical in the eye may include:

- Irrigation with large volumes of clean water (*unless contra-indicated due to the chemical involved*)
- Ensuring the water runs away from the good eye
- Calling 999/112.

Administering first aid for an embedded object in the eye may include:

- Covering the injured eye
- Ensuring the good eye is not used (cover if needed)
- Calling 999/112 or arranging transport to hospital.

7.1 Identification of the following routes a poison can enter the body may include:

- Ingested (*swallowed*)
- Inhalation (*breathed in*)
- Absorbed (*through the skin*)
- Injected (*directly into skin tissue, muscles or blood vessels*).

7.2 Administering first aid for **corrosive** substances may include:

- Ensuring own safety
- Substances on the skin – diluting and washing away with water
- Swallowed substances – encourage casualty to spit out anything remaining in their mouth. Do not induce vomiting or offer drinks unless advised by a healthcare professional or poison control
- Calling 999/112 and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary, using PPE/Barrier devices.

Administering first aid for **non-corrosive** substances may include:

- Ensuring your own safety
- Calling 999/112, and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary, using PPE/barrier devices.

8.1 Recognising anaphylaxis may include the rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem:

- **Airway** – Swelling of the tongue, lips or throat
- **Breathing** – Difficult, wheezy breathing, or tight chest
- **Circulation**:
  - Dizziness, feeling faint or passing out
  - Pale, cold clammy skin and fast pulse
  - Nausea, vomiting, stomach cramps or diarrhoea.

There may also be skin rash, swelling and/or flushing.

8.2 Administering first aid for anaphylaxis may include:

- Calling 999/112
- Correct casualty positioning
- Use of the casualty's adrenaline auto-injector or nasal spray
- Using the opposite leg to administer a second dose of adrenaline if needed
- Resuscitation if required.

8.3 The use of a 'training device' adrenaline auto-injector must be demonstrated using a training device and **NOT** a live auto-injector

9.1 Recognising a heart attack may include:

- Sudden onset
- Crushing chest pain
- Skin appearance (e.g. pale, grey, sweaty)
- Variable pulse
- Shortness of breath.

Recognising a stroke may include performing the **FAST** test:

F: Face
A: Arms
S: Speech
T: Time to call 999/112.

Other stroke symptoms include sudden problems with balance, walking, dizziness, coordination, vision and severe headache.

Recognising an epileptic seizure may include the following patterns:

- Aura
- Tonic phase
- Clonic phase

- Recovery phase.

Recognising an asthma attack may include:

- Difficulty breathing and speaking
- Wheezy breathing
- Pale and clammy skin
- Cyanosis
- Use of accessory muscles.

Recognising a hypoglycaemic emergency may include:

- Fast onset
- Lowered levels of response
- Pale, cold and sweaty skin
- Normal or shallow breathing
- Rapid pulse.

9.2 Administering first aid for a heart attack may include:

- Correct casualty positioning
- Calling 999/112
- Calming and reassurance
- Assisting to take an aspirin if indicated.

Administering first aid for a stroke may include:

- Maintain airway and breathing
- Correct casualty positioning
- Calling 999/112.

Administering first aid for an epileptic seizure may include:

- Removing dangers and safely protect the head
- Noting the time and duration of the seizure
- Loosening tight clothing around the neck
- Determining when to call 999/112
- Post-seizure care, including monitoring of airway and breathing.

Administering first aid for an asthma attack may include:

- Correct casualty positioning
- Assisting a casualty to take their reliever inhaler and use a spacer device
- Calming and reassurance
- Determining when to call 999/112.

Administering first aid for a hypoglycaemic emergency may include:

- Giving 15-20g of glucose for conscious casualties (subject to sufficient response levels)
- Providing further food or drink if casualty responds to glucose quickly
- Determining when to call 999/112.