

# **Pearson BTEC Level 4 Certificate for First Person on Scene**

## **Specification**

BTEC Professional qualifications

First teaching October 2016

Issue 3

## **Edexcel, BTEC and LCCI qualifications**

Edexcel, BTEC and LCCI qualifications are awarded by Pearson, the UK's largest awarding body offering academic and vocational qualifications that are globally recognised and benchmarked. For further information, please visit our qualification websites at [www.edexcel.com](http://www.edexcel.com), [www.btec.co.uk](http://www.btec.co.uk) or [www.lcci.org.uk](http://www.lcci.org.uk). Alternatively, you can get in touch with us using the details on our contact us page at [qualifications.pearson.com/contactus](http://qualifications.pearson.com/contactus)

## **About Pearson**

Pearson is the world's leading learning company, with 35,000 employees in more than 70 countries working to help people of all ages to make measurable progress in their lives through learning. We put the learner at the centre of everything we do, because wherever learning flourishes, so do people. Find out more about how we can help you and your learners at [qualifications.pearson.com](http://qualifications.pearson.com)

*References to third-party material made in this specification are made in good faith. We do not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)*

*All information in this specification is correct at time of publication.*

ISBN 978 1 446 93861 4

All the material in this publication is copyright  
© Pearson Education Limited 2019

## Summary of specification Issue 3 changes for Pearson BTEC Level 4 Certificate for First Person on Scene

Summary of changes made between previous Issue 1, Issue 2 and this current Issue 3	Page number
<p>Section 5 General resource requirements updated</p> <p>Centre delivery to meet the learners needs, with a maximum trainer to learner ratio of 1:6</p> <p>It is a requirement of the qualification and Royal College of Surgeons approval that during learner assessment, there must be 2 qualified assessors present, or a qualified assessor and IQA present</p>	6
Change burns dressing requirement to include burns film and dressing	8, 82
<p>Section 7 Delivery guidance updated</p> <p>Centre delivery to meet the learners needs, with a maximum trainer to learner ratio of 1:6</p>	12
Unit 5 - Video recording and the Data Protection Regulations added in the specification- these were originally documented in the centre guidance document	13
<p>Section 8 Assessment updated</p> <p>Certification validity has been added</p>	20
<p>Section 11 Quality assurance of centres updated</p> <p>The role of the Standards Verifier (SV) and How are the standards of practical skills verified?. These were originally documented in the centre guidance document and have now been added to the specification</p>	29
Appendix 1 has been added	125

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: [qualifications.pearson.com/en/support/contact-us.html](http://qualifications.pearson.com/en/support/contact-us.html).



# Contents

<b>1</b>	<b>Introducing BTEC Professional qualifications</b>	<b>1</b>
	What are BTEC Professional qualifications?	1
	Sizes of Professional qualification	1
<b>2</b>	<b>Qualification summary and key information</b>	<b>2</b>
<b>3</b>	<b>Qualification purpose</b>	<b>3</b>
	Qualification objectives	3
	Progression opportunities	3
	Industry support and recognition	4
<b>4</b>	<b>Qualification structure</b>	<b>5</b>
	Pearson BTEC Level 4 Certificate for First Person on Scene	5
<b>5</b>	<b>Centre resource requirements</b>	<b>6</b>
	General resource requirements	6
	Specific resource requirements	7
<b>6</b>	<b>Access and recruitment</b>	<b>11</b>
	Prior knowledge, skills and understanding	11
	Access to qualifications for learners with disabilities or specific needs	11
<b>7</b>	<b>Programme delivery</b>	<b>12</b>
	Delivery guidance for Pearson BTEC Level 4 Certificate for First Person on Scene	12
<b>8</b>	<b>Assessment</b>	<b>15</b>
	Language of assessment	15
	Internal assessment	16
	Assessment through assignments	16
	Making valid assessment decisions	18
	Administrative arrangements for internal assessment	21
	External assessment	22
	Administrative arrangements for external assessment	23
	Dealing with malpractice in assessment	24
<b>9</b>	<b>Recognising prior learning and achievement</b>	<b>27</b>
	Recognition of Prior Learning	27

<b>10</b>	<b>Centre recognition and approval</b>	<b>28</b>
	Approvals agreement	28
<b>11</b>	<b>Quality assurance of centres</b>	<b>29</b>
	The role of the Standards Verifier (SV)	29
	How are the standards of practical skills verified?	29
<b>12</b>	<b>Units</b>	<b>30</b>
	Unit 1: Understanding the Roles and Responsibilities of the First Responder	33
	Unit 2: Core Emergency Care of Casualties for the First Responder	49
	Unit 3: Core Understanding of Recognising and Managing Trauma for the First Responder	69
	Unit 4: Recognising and Managing Medical Conditions for the First Responder	89
	Unit 5: Developing the Core Competencies of Incident Management for the First Responder	105
<b>13</b>	<b>Further information and useful publications</b>	<b>123</b>
<b>14</b>	<b>Professional development and training</b>	<b>124</b>
	<b>Appendix 1</b>	<b>125</b>

# 1 Introducing BTEC Professional qualifications

## What are BTEC Professional qualifications?

BTEC Professional qualifications are qualifications at Level 4 to Level 8 and are designed to provide professional work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to progress into employment. The qualifications also provide career development and progression opportunities for those already in work by focusing on the development of techniques and attributes to improve professional practice. Consequently they provide a course of study for full-time or part-time learners in colleges, training centres and through employers.

BTEC Professional qualifications put learning into the context of the world of work, giving students the opportunity to apply their research, skills and knowledge in relevant and realistic work contexts. This applied, practical approach means learners build the knowledge, understanding and skills they need for career progression or further study.

On successful completion of a BTEC Professional qualification, learners can progress to or within employment and/or continue their study in the same or related vocational area.

## Sizes of Professional qualification

For all regulated qualifications, Pearson specify a total number of hours that it is estimated learners will require to complete and show achievement for the qualification - this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

TQT is assigned after consultation with employers and training providers delivering the qualifications.

BTEC Professional qualifications are generally available in the following sizes:

- Award - a qualification with a TQT value of 120 or less
- Certificate - a qualification with a TQT value in the range of 121-369
- Diploma - a qualification with a TQT value of 370 or more

## 2 Qualification summary and key information

<b>Qualification title</b>	<b>Pearson BTEC Level 4 Certificate for First Person on Scene</b>
Qualification Number (QN)	603/0513/7
Regulation start date	01/10/2016
Approved age ranges	16-18 19+ Please note that sector-specific requirements or regulations may prevent learners of a particular age from embarking on this qualification. Please see <i>Section 6 Access and recruitment</i> .
Total qualification time (TQT)	177 hours.
Guided learning (GLH)	88 hours.
Assessment	Internal assessment (centre-devised assessment) <b>and</b> external assessment (onscreen test).
Grading information	The qualification and units are at a Pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, centres must follow our access and recruitment policy (see <i>Section 6 Access and recruitment</i> ).
Funding	Qualifications eligible and funded for post-16 year olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding.

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN will appear on each learner's final certificate. Centres should tell learners this when recruiting them and registering them with Pearson. There is more information about certification in our *UK Information Manual*, available on our website, [qualifications.pearson.com](http://qualifications.pearson.com)

## 3 Qualification purpose

### Qualification objectives

The Pearson BTEC Level 4 Certificate for First Person on Scene is for learners who work in, or who want to work in, the pre-hospital care industry as first responders. Learners will normally be employed, or looking to apply for jobs, in roles for which being a first responder is a secondary but important aspect of the role. However, in some cases learners may be acting as a first responder as part of a primary role in an industry which does not require first responders to have the greater breadth of knowledge and skills provided by the Pearson BTEC Level 4 Extended Certificate for First Person on Scene.

The qualification gives learners the opportunity to:

- develop knowledge related to the pre-hospital care industry, including how their role fits into the wider sector as well as the responsibilities of the first responder, established practices relating to the safeguarding of children and vulnerable adults, as well as the prevention and control of infection
- develop technical knowledge that underpins the role, duties and responsibilities of the first responder. This covers areas such as the management of scene safety, the clinical care and management of the casualty, the provision of effective clinical handovers to the next echelon of care, as well as the post-incident procedures for which the first responder is responsible
- develop practical skills of safe incident management and managing the care of casualties while awaiting the arrival of definitive pre-hospital care
- develop knowledge and skills to be able to assist more qualified practitioners in the safe extrication of casualties
- achieve a nationally-recognised Level 4 qualification
- develop their own personal growth and engagement in learning.

### Progression opportunities

Once learners have achieved this qualification they can use it as part of their applications for roles in which they will be expected to act as a first responder, including, but not limited to:

- event first aiders
- stewards
- cabin crew.

On completion of this qualification learners will be able to apply for membership to the Royal College of Surgeons of Edinburgh, Faculty of Pre-Hospital Care (FPHC) at Level 3 care provider membership.

Learners who achieve this qualification could progress to the Pearson BTEC Level 4 Extended Certificate for First Person on Scene so they could go on to apply for roles such as:

- community first responders
- lowland search and rescue operatives
- co-responders, e.g. fire service crew, police, other emergency services
- close protection operatives
- cabin crew.

## Industry support and recognition

This qualification is clinically endorsed by the Royal College of Surgeons of Edinburgh, Faculty of Pre-Hospital Care (FPHC).

The monitoring of centres and the quality assurance of assessment decisions is entirely the responsibility of Pearson.

## 4 Qualification structure

### Pearson BTEC Level 4 Certificate for First Person on Scene

The learner will need to achieve all mandatory units outlined in the table below before Pearson can award the qualification.

Unit number	Mandatory units	Level	Guided learning hours
1	Understanding the Roles and Responsibilities of the First Responder	3	10
2	Core Emergency Care of Casualties for the First Responder	4	18
3	Core Understanding of Recognising and Managing of Trauma for the First Responder	4	18
4	Recognising and Managing Medical Conditions for the First Responder	4	23
5	Developing the Core Competencies of Incident Management for the First Responder	4	19

## 5 Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

### General resource requirements

- Centres must have appropriate physical resources (for example IT, learning materials, teaching rooms) to support delivery and assessment.
- Pre-course materials used by the centres must be provided to learners at least 4 weeks prior to the course
- Staff involved in the assessment process must have relevant expertise and occupational competence (Appendix 1)
- There must be systems in place that ensure continuing professional development (CPD) for staff delivering the qualification.
- Centres must have appropriate health and safety policies in place that relate to the use of equipment by learners.
- Centres must have in place robust internal verification systems and procedures to ensure the quality and authenticity of learners' work as well as the accuracy and consistency of assessment decisions between assessors operating at the centre. For information on the requirements for implementing assessment processes in centres, please refer to the Pearson Edexcel NVQs, SVQs and competence-based qualifications - Delivery Requirements and Quality Assurance Guidance on our website.
- Centres must deliver the qualifications in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see *Section 6 Access and recruitment*. For full details of the Equality Act 2010 visit [www.legislation.gov.uk](http://www.legislation.gov.uk)
- Centre delivery to meet the learners needs, with a maximum trainer to learner ratio of 1:6
- It is a requirement of the qualification and Royal College of Surgeons approval that during learner assessment, there must be 2 qualified assessors present, or a qualified assessor and IQA present.

## Specific resource requirements

As well as the general resource requirements given above, there are specific resources that centres must provide. They are listed by unit below.

Unit	Resources required
Understanding the Roles and Responsibilities of the First Responder	<ul style="list-style-type: none"> <li>• nitrile gloves</li> <li>• protective face masks</li> <li>• high-visibility clothing</li> <li>• a range of different helmet types</li> <li>• eye protection</li> <li>• hearing defenders</li> <li>• protective footwear</li> <li>• disposable over sleeves</li> <li>• disposable aprons</li> <li>• exemplar Patient Report Forms</li> <li>• triage sieve tools</li> <li>• clinical waste bags/bin</li> <li>• sharps bin</li> <li>• NARU triage sieve.</li> </ul>
Core Emergency Care of Casualties for the First Responder	<ul style="list-style-type: none"> <li>• CPR manikins (adult, child and infant)</li> <li>• adult airway management trainer</li> <li>• adult full body ALS manikin</li> <li>• child ALS manikin or child airway management trainer</li> <li>• infant ALS manikin or infant airway management trainer</li> <li>• choking manikin</li> <li>• automated external defibrillator training devices</li> <li>• oxygen cylinders</li> <li>• oropharyngeal airways (size 0-4)</li> <li>• nasopharyngeal airways (size 6 and 7)</li> <li>• bag-valve-masks with tubing (adult and paediatric)</li> <li>• tracheostomy masks with tubing</li> <li>• nasal cannulas with tubing</li> </ul>

Unit	Resources required
	<ul style="list-style-type: none"> <li>• non-rebreathers mask with tubing (adult and paediatric)</li> <li>• simple face masks with tubing</li> <li>• Venturi masks with tubing</li> <li>• manual suction devices, e.g. manual suction pump aspirator</li> <li>• tourniquets</li> <li>• selection of trauma dressings</li> <li>• nitrile gloves</li> <li>• antiseptic wipes</li> <li>• blood glucose meters and strips</li> <li>• pen torch</li> <li>• Patient Report Forms.</li> </ul>
Core Understanding of Recognising and Managing Trauma for the First Responder	<ul style="list-style-type: none"> <li>• oxygen cylinders</li> <li>• oropharyngeal airways (size 0-4)</li> <li>• nasopharyngeal airways (size 6 and 7)</li> <li>• bag-valve-masks with tubing (adult and paediatric)</li> <li>• tracheostomy masks with tubing</li> <li>• nasal cannulas with tubing</li> <li>• non-rebreather masks with tubing (adult and paediatric)</li> <li>• simple face masks with tubing</li> <li>• Venturi masks with tubing</li> <li>• manual suction devices, e.g. manual suction pump aspirator</li> <li>• trauma dressings</li> <li>• triangular bandages</li> <li>• unmedicated wound dressings of various sizes to facilitate assessment</li> <li>• selection of burns film and dressings</li> <li>• tourniquets</li> <li>• SpO2 monitors</li> <li>• tough cut shears</li> <li>• pen torches</li> </ul>

Unit	Resources required
	<ul style="list-style-type: none"> <li>• nitrile gloves</li> <li>• antiseptic wipes</li> <li>• Patient Report Forms</li> <li>• orthopaedic scoop stretchers and straps</li> </ul>
<p>Recognising and Managing Medical Conditions for the First Responder</p>	<ul style="list-style-type: none"> <li>• oxygen cylinders</li> <li>• bag-valve-masks with tubing (adult and paediatric)</li> <li>• tracheostomy masks with tubing</li> <li>• nasal cannulas with tubing</li> <li>• non-rebreather masks with tubing (adult and paediatric)</li> <li>• simple face masks with tubing</li> <li>• Venturi masks with tubing</li> <li>• selection of various asthma inhaler training units</li> <li>• nitrile gloves</li> <li>• antiseptic wipes</li> <li>• selection of various adrenaline auto-injector training units</li> <li>• blood glucose meters, lancets and strips</li> <li>• SpO2 monitors</li> <li>• pen torches</li> <li>• sharps bins.</li> </ul>
<p>Developing the Core Competencies of Incident Management for the First Responder</p>	<ul style="list-style-type: none"> <li>• adult full body ALS manikin</li> <li>• child ALS manikin</li> <li>• adult airway management trainer</li> <li>• CPR manikins (adult, child and infant)</li> <li>• automated external defibrillator training devices</li> <li>• oxygen cylinders</li> <li>• bag-valve-masks with tubing</li> <li>• pocket masks with tubing</li> </ul>

Unit	Resources required
	<ul style="list-style-type: none"> <li>• nasal cannulas with tubing</li> <li>• simple face masks with tubing</li> <li>• non-rebreather masks with tubing (adult and paediatric)</li> <li>• Venturi masks with tubing</li> <li>• tracheostomy masks with tubing</li> <li>• nasopharyngeal airways (size 6 and 7)</li> <li>• oropharyngeal airways (size 0-4)</li> <li>• manual suction devices, e.g. manual suction pump aspirator</li> <li>• trauma dressings</li> <li>• triangular bandages</li> <li>• unmedicated wound dressings of various sizes to facilitate assessment</li> <li>• tourniquets</li> <li>• haemostatics</li> <li>• pelvic splints</li> <li>• nitrile gloves</li> <li>• antiseptic wipes</li> <li>• selection of various adrenaline auto-injector training units</li> <li>• blood glucose meters, strips and lancets</li> <li>• sharps boxes</li> <li>• patient report forms</li> <li>• stretchers and straps.</li> </ul>

## 6 Access and recruitment

Our policy on access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres must ensure that their learner recruitment process is conducted with integrity. This includes ensuring that applicants have appropriate information and advice about the qualification to ensure that it will meet their needs.

Centres should review applicants' prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

### Prior knowledge, skills and understanding

No prior knowledge, understanding, skills or qualifications are required for learners to register for this qualification.

### Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's Equality Policy requires all learners to have equal opportunity to access our qualifications and assessments and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification. Please see *Section 8 Assessment* for information on reasonable adjustments and special consideration.

## 7 Programme delivery

Centres are free to offer this qualification using any mode of delivery (for example full-time, part-time, evening only, blended learning) that meets their learners' needs. Whichever mode of delivery is used, centres must make sure that learners have access to the resources identified in the specification and to the subject specialists delivering the units.

Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to make sure that a course is relevant to learners' specific needs
- accessing and using non-confidential data and documents from learners' workplaces
- developing up-to-date and relevant teaching materials that make use of scenarios that are relevant to the sector
- giving learners the opportunity to apply their learning in practical activities
- including sponsoring employers in the delivery of the programme and, where appropriate, in assessment; for example, developing assessments with input from employers
- using 'expert witness' reports from employers to support assessment
- making full use of the variety of experience of work and life that learners bring to the programme.

Where legislation is taught, centres must ensure that it is current and up to date.

Where a unit is externally assessed, it is essential that learners have covered all of the *Content* before they are tested.

### Delivery guidance for Pearson BTEC Level 4 Certificate for First Person on Scene

The following delivery guidance is not intended to be prescriptive. Those delivering the programme of learning can adapt the guidance to meet the needs of learners, employers and the specific context.

The Pearson BTEC Level 4 Certificate for First Person on Scene is a qualification that gives learners the opportunity to develop and demonstrate the knowledge, understanding, skills and behaviours to support the required competencies in a range of roles relating to emergency first responding.

When delivering these units, centres are encouraged to expose learners to a range of simulated environments, including those that are outside learners' normal day-to-day operational environments. For example, where a centre is delivering to a group of factory workers, consideration should be given to a range of other contexts such as residential properties and outdoor environments.

**Centre delivery to meet the learners needs, with a maximum trainer to learner ratio of 1:6.**

Units 1 to 4 must be delivered before *Unit 5: Developing the Core Competencies of Incident Management for the First Responder* as these units provide learners with the opportunity to develop the underpinning knowledge and skills required to competently complete the assessment requirements of Unit 5. These units lend themselves to a being delivered via blended learning so that learners have an opportunity to take a flexible approach to learning the theoretical concepts that underpin the practical application of knowledge and skills before putting these into practice in simulated practical settings to reinforce their understanding and develop their practical skills. Throughout Units 1 to 4, learning could be supported further by directed non-guided learning activities such as the use of online quizzes which learners could undertake away from the centre. Such quizzes would give learners an opportunity to practise retrieving new knowledge and understanding developed in lectures and practical sessions, whilst also giving the tutor an opportunity to find out which areas may need revisiting in order to secure the knowledge and understanding required to be ready for summative assessment.

*Unit 1: Understanding the Roles and Responsibilities of the First Responder* gives learners the underpinning knowledge and understanding to enable them to develop key skills and competencies in their role. The unit is best delivered before Units 2, 3 and 4, but **must** be delivered before Unit 5 as it sets the scene for the scope of the role, including the expectations and limitations of the role of a first responder. The practical themes covered during this unit should be interleaved throughout the delivery of Units 2, 3, 4, and 5, such as the completion of Patient Report Forms as well as dynamic scene assessment and management.

*Unit 2: Core Emergency Care of Casualties for the First Responder* gives learners the underpinning knowledge, skills and understanding to assess and manage casualties whose life is immediately compromised. This unit is best delivered before Units 3 and 4 but **must** be delivered before Unit 5. This is because the unit content will be further drawn upon throughout the casualty management elements of Unit 3 and 4 while also giving learners an opportunity to develop the underpinning knowledge, skills and understanding of casualty assessment and life support which is required to successfully complete Unit 5.

*Unit 5: Developing the Core Competencies of Incident Management for the First Responder* is a synoptic unit which relies on learners having a sound and secure understanding of their role and responsibilities, as well as having the skills and secure understanding of assessing, recognising and managing casualties who require emergency medical care. Therefore, Unit 5 must not be assessed until Units 1, 2, 3 and 4 have been delivered. In this unit, learners should practise applying all the elements of incident management in simulated scenarios which build progressively in their level of complexity to provide learners with an opportunity to develop both their confidence and competence in managing emergency incidents in the pre-hospital care environment. During such activities the tutor should observe and question individual learners in order to provide formative feedback to support them in improving their performance before the summative assessment. During this unit learners would also benefit from opportunities to review their own performance via video analysis.

## *Unit 5*

### Video recording and the Data Protection Regulations

Learner consent is important as still and moving images, and sound recordings sometimes feature identifiable individual's personal data. It is therefore important that centres inform learners that they may be videoed as part of the evidence required by the Standards Verifier to ascertain that the practical skills are being assessed in accordance with national standards. The centre should seek the consent of the individuals concerned and Pearson would recommend that learners give signed consent. Learners should be informed that Pearson manage recordings and images of people in accordance with their rights as data subjects under the UK Data Protection Regulations of other relevant jurisdictions and that all copies of the recording will be destroyed confidentially 12 weeks after certification. Learners should also be informed that if the Standard Verifier cannot see assessment of practical skills either

live or by video this may prevent release of certificates. It is a requirement of the qualification and Royal College of Surgeons approval that during learner assessment, there must be 2 qualified assessors present, or a qualified assessor and IQA present.

Qualification delivery can be enhanced by co-ordinating and integrating unit delivery. For example, the practical aspects of *Unit 1: Understanding the Roles and Responsibilities of the First Responder* and *Unit 2: Core Emergency Care of Casualties for the First Responder* can be interleaved into the practical activities associated with *Unit 3: Core Understanding of Recognising and Managing Trauma for the First Responder* and *Unit 4: Recognising and Managing Medical Conditions for the First Responder*. Interleaving the unit delivery in this way will give learners an opportunity to revisit and refine previous learning, thus reinforcing the concepts and developing greater understanding and application of skills than if units were delivered purely as isolated blocks.

It is suggested that the delivery of the qualification can be enriched and extended by the use of teaching and learning methods and activities that draw on current practice in, and experience of, the pre-hospital care sector. This may include the use of:

- vocationally specific workplace case study materials
- expert visiting speakers
- simulated activities
- video clips taken from real work situations
- presentations
- virtual learning environments and online learning resources

## 8 Assessment

The table below gives a summary of the assessment methods used in the qualification.

Units	Assessment methods
Unit 1: Understanding the Roles and Responsibilities of the First Responder	External assessment (onscreen test)
Unit 2: Core Emergency Care of Casualties for the First Responder Unit 3: Core Understanding of Recognising and Managing Trauma for the First Responder Unit 4: Recognising and Managing Medical Conditions for the First Responder Unit 5: Developing the Core Competencies of Incident Management for the First Responder	Internal assessment (centre-devised assessments)

In administering internal and external assessments, centres need to be aware of the specific procedures and policies that apply to, for example, registration, entries and results. More information can be found in our *UK Information Manual*, available on our website.

### Language of assessment

Assessments for internally-assessed units are in English only.

External assessments for Unit 1 will be available in English only.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

For further information on access arrangements, please refer to *Reasonable adjustments to assessments* later in this section.

## Internal assessment

Most units in this qualification are internally assessed and subject to external standards verification. This means that centres set and mark the final summative assessment for each unit, using the examples and support that Pearson provides. Centres need to be, if they are not already, approved to offer the qualification before conducting assessments. *Section 10 Centre recognition and approval* gives information on approval for offering this qualification.

## Assessment through assignments

For internally-assessed units, the format of assessment is an assignment taken after the content of the unit, or part of the unit if several assignments are used, has been delivered. An assignment may take a variety of forms, including practical and written types. An assignment is a distinct activity, completed independently by learners, that is separate from teaching, practice, exploration and other activities that learners complete with direction from tutors and assessors.

An assignment is issued to learners as an assignment brief with a defined start date, a completion date and clear requirements for the evidence that they need to provide.

Assignments can be divided into tasks and may require several forms of evidence. A valid assignment will enable there to be a clear and formal assessment outcome based on the assessment criteria.

## Designing effective assignments

To ensure that final assessment decisions meet the required standard, assignments must be fit for purpose as a tool to measure learning against the defined content and assessment criteria. Centres should make sure that assignments enable learners to produce valid, sufficient, authentic and appropriate evidence that relates directly to the specified criteria within the context of the learning outcomes and unit content.

An assignment that is fit for purpose and suitably controlled is one in which:

- the tasks that the learner is asked to complete provide evidence for a learning outcome that can be assessed using the assessment criteria
- the time allowed for the assignment is clearly defined and consistent with what is being assessed
- the centre has the required resources for all learners to complete the assignment fully and fairly
- the evidence the assignment will generate will be authentic and individual to the learner
- the evidence can be documented to show that the assessment and verification has been carried out correctly.

Recommended assignments are provided in the *Further information for tutors and assessors* section of each unit. In designing assignments, centres need to work within the structure of the recommended assignments. They need to consider the following points when developing their assignment briefs.

- Centres may choose to combine all or parts of different units into single assignments provided that all units and all their associated learning outcomes are fully addressed in the programme overall. If this approach is taken, centres need to make sure that learners are fully prepared so that they can provide all the required evidence for assessment.
- A learning outcome must always be assessed as a whole and must not be split into two or more assignments.
- The assignment must be targeted to the learning outcomes but the learning outcomes and their associated criteria are not tasks in themselves. Criteria are expressed in terms of the outcome shown in the evidence.
- Centres do not have to follow the order of the learning outcomes of a unit in developing assignments but later learning outcomes often require learners to apply the content of earlier learning outcomes, and they may require learners to draw their learning together.
- As assignments provide the final assessment, they will draw on the specified range of teaching content for the learning outcomes. The specified content is compulsory. The evidence for assessment need not cover every aspect of the teaching content as learners will normally be given particular examples, case studies or contexts in their assignments. For example, if a learner is carrying out one practical performance or an investigation of one organisation, then they will address all the relevant range of content that applies in that instance.

### **Providing an assignment brief**

A good assignment brief is one that, through providing challenging and realistic tasks, motivates learners to provide appropriate evidence of what they have learned. An assignment brief should include:

- a vocational scenario, context, or application for the tasks to be completed
- clear instructions to the learner about what they are required to do - normally set out through a series of tasks
- an audience or purpose for which the evidence is being provided.

### **Forms of evidence**

Centres may use a variety of forms of evidence as long as they are suited to the type of learning outcome being assessed. For some units, the practical demonstration of skills is necessary and for others, learners will need to demonstrate their knowledge and understanding. The units give information on what would be suitable forms of evidence.

Centres may choose to use different suitable forms for evidence to those proposed. Overall, learners should be assessed using varied forms of evidence.

Some of the forms of evidence include:

- written tasks such as reports, articles for journals, newsletters, leaflets, posters
- projects
- time-constrained simulated activities with observation records and supporting evidence
- observation and recordings of practical tasks or performance in the workplace
- sketchbooks, work logbooks, reflective journals, workbooks
- presentations with assessor questioning
- witness testimony.

The form(s) of evidence selected must:

- allow the learner to provide all the evidence required for the learning outcomes and the associated assessment criteria
- allow the learner to produce evidence that is their own independent work
- allow a verifier to independently reassess the learner to check the assessor's decisions.

When using performance evidence, centres need to think about how supporting evidence can be captured through preparation notes, reflective accounts, logbook records, recordings, photographs or task sheets.

Centres need to take particular care that learners are enabled to produce independent work. For example, if learners are asked to use real examples, then best practice would be to encourage them to use examples of their own experiences.

For information on the requirements for implementing assessment processes in centres, please refer to the *Pearson Centre Guide to Quality Assurance for NVQs/SVQs and Competence Based Qualifications* and *Delivery Guidance and Quality Assurance Requirement for NVQs/SVQs and Competence Based Qualifications* on our website.

## Making valid assessment decisions

### Authenticity of learner work

An assessor must assess only work that is authentic, i.e. learners' own independent work. Learners must authenticate the evidence that they provide for assessment through signing a declaration stating that it is their own work.

Assessors must ensure that evidence is authentic to a learner through setting valid assignments and supervising learners during the assessment period. Assessors must take care not to provide direct input, instructions or specific feedback that may compromise authenticity.

Assessors must complete a declaration that:

- the evidence submitted for this assignment is the learner's own
- the learner has clearly referenced any sources used in the work
- they understand that false declaration is a form of malpractice.

Centres may use Pearson templates or their own templates to document authentication.

During assessment, an assessor may suspect that some or all of the evidence from a learner is not authentic. The assessor must then take appropriate action using the centre's policies for malpractice. More information is given later in this section.

### **Making assessment decisions using unit-based criteria**

Assessment decisions for the qualification are based on the specific criteria given in each unit. Assessors make judgements using the assessment criteria and must show how they have reached their decisions in the assessment records. The assessor needs to make a judgement against each criterion that evidence is present and sufficiently comprehensive.

Assessors should use the following information and support in reaching assessment decisions:

- the *Essential information for assessment* section of each unit, which gives examples and definitions related to terms used in the assessment criteria
- the centre's Lead Internal Verifier and assessment team's collective experience supported by the information provided by Pearson.

When a learner has completed the assessment for a unit the assessor will give an assessment outcome for the unit. To achieve a Pass, a learner must have satisfied all the assessment criteria for the learning outcomes, showing appropriate coverage of the unit content and therefore attainment at the stated level of the qualification. The award of a Pass is a defined level of performance and cannot be given solely on the basis of a learner completing assignments. Learners who do not satisfy the assessment criteria for the units should be reported as Unclassified.

### **Dealing with late completion of assignments**

Learners must have a clear understanding of the centre's policy on completing assignments by the stated deadlines. Learners may be given authorised extensions for legitimate reasons, such as illness at the time of submission, in line with centre policies.

For assessment to be fair, it is important that learners are all assessed in the same way and that some learners are not advantaged by having additional time or the opportunity to learn from others.

If a late completion is accepted, then the assignment should be assessed normally using the relevant assessment criteria.

### **Issuing assessment decisions and feedback**

Once the assessor has completed the assessment process for an assignment, the outcome is a formal assessment decision. This is recorded formally and reported to learners.

The information given to the learner:

- must show the formal decision and how it has been reached, indicating how or where criteria have been met
- may show why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence
- must be validated by an Internal Verifier before it is given to the learner.

## **Resubmissions and retakes**

For all internally-assessed units, a learner may only resubmit evidence for assessment once.

If a learner exhausts the maximum number of retakes and/or resubmissions for any unit this is an indication that the learner requires retraining. Centres should provide appropriate advice and guidance about the options available to the learner. Centres **must** ensure learners are aware of these rules before registration.

## **Certification validity**

Once achieved, this qualification remains valid whilst the Learner maintains a CPD portfolio and has attended annual refresher training. Training and CPD must include Basic Life Support and AED as a minimum and a verifiable portfolio log demonstrating up-to-date knowledge and skills as per the Resuscitation Council guidelines and The Royal College of Surgeons of Edinburgh (through the Faculty of Pre-Hospital Care).

## Administrative arrangements for internal assessment

### Records

Centres are required to retain records of assessment for each learner. Records should include assessments taken, decisions reached and any adjustments or appeals. Further information can be found in our *UK Information Manual*. We may ask to audit centre records, so they must be retained as specified.

### Reasonable adjustments to assessments

Centres are able to make adjustments to assessments to take account of the needs of individual learners, in line with the guidance given in the Pearson document *Supplementary guidance for reasonable adjustment and special consideration in vocational internally assessed units* available on our website. In most instances, adjustments can be achieved by following the guidance, for example allowing the use of assistive technology or adjusting the format of the evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or a learner working in the occupational area.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Both documents are on the policy page of our website.

### Special consideration

Centres must operate special consideration in line with the guidance given in the Pearson document *Supplementary guidance for reasonable adjustment and special consideration in vocational internally assessed units*. Special consideration may not be applicable in instances where:

- assessment requires the demonstration of practical competence
- criteria have to be met fully
- units/qualifications confer licence to practice.

Centres cannot apply their own special consideration; applications for special consideration must be made to Pearson and can be made on a case-by-case basis only.

A separate application must be made for each learner. Certification claims must not be made until the outcome of the application has been received.

Further information on special consideration can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Both of the documents mentioned above are on our website.

## Appeals against assessment

Centres must have a policy for dealing with appeals from learners. Appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy is a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after learners have been given assessment decisions.

Centres must document all learners' appeals and their resolutions. Further information on the appeals process can be found in the document *Enquiries and Appeals about Pearson Vocational Qualifications policy*, available on our website.

## External assessment

The table below gives information about the type and availability of external assessments for this qualification. Centres should check this information carefully together with the relevant unit specifications and the sample assessment materials so that they can timetable learning and assessment periods appropriately.

Unit 1: Understanding the Role and Responsibility of the First Responder	
Type of assessment	Onscreen test using items such as: <ul style="list-style-type: none"><li>• multiple-choice items</li><li>• multiple-response items</li><li>• drag-and-drop items</li><li>• line-matching items.</li></ul>
Length of assessment	45 minutes.
Number of marks	28 marks.
Assessment availability	On demand.
First assessment availability	September 2016.

Pearson sets and marks the external assessments.

The external assessment assesses all the learning outcomes in the units to meet the standard specified by the related assessment criteria. All the content in each unit is mandatory for the assessments and will be sampled across different versions of the assessment over time. Therefore, it is essential that learners have full knowledge of the unit content before being entered for the onscreen test.

Centres need to make sure that learners are:

- fully prepared to sit the external assessments
- entered for the tests at appropriate times, with due regard for resit opportunities as necessary.

Information about the structure and format of the assessments is available in the relevant units in *Section 12 Units*.

Information about registering learners for the test and the systems requirements for delivering the onscreen tests is available on our website.

For *Unit 1: Understanding the Roles and Responsibilities of the First Responder* learners may only retake this unit a maximum of three times.

### **Sample assessment materials**

The externally-assessed unit has a set of sample assessment materials (SAMs). The SAMs are there to provide an example of what the external assessment will look like in terms of the feel and level of demand of the assessment.

SAMs show the range of possible question types that may appear in the actual assessments and give a good indication of how the assessments will be structured.

While SAMs can be used for practice with learners, as with any assessment the content covered and specific details of the questions asked will change in each assessment. A copy of each of these assessments can be downloaded from the qualification page on our website.

## **Administrative arrangements for external assessment**

### **Access arrangements requests**

Access arrangements are agreed with Pearson before an assessment. They allow learners with special educational needs, disabilities or temporary injuries to:

- access the assessment
- show what they know and can do without changing the demands of the assessment.

Access arrangements should always be processed at the time of registration.

Learners will then know what type of arrangements are available in place for them.

### **Granting reasonable adjustments**

For external assessment, a reasonable adjustment is one that Pearson agrees to make for an individual learner. A reasonable adjustment is defined for the individual learner and informed by the list of available access arrangements.

Whether an adjustment will be considered reasonable will depend on a number of factors, including the:

- needs of the learner with the disability
- effectiveness of the adjustment
- cost of the adjustment; and
- likely impact of the adjustment on the learner with the disability and other learners.

Adjustment may be judged unreasonable and not approved if it involves unreasonable costs, timeframes or affects the integrity of the assessment.

## Special consideration requests

Special consideration is an adjustment made to a learner's mark or grade after an external assessment to reflect temporary injury, illness or other indisposition at the time of the assessment. An adjustment is made only if the impact on the learner is such that it is reasonably likely to have had a material effect on that learner being able to demonstrate attainment in the assessment.

Centres are required to notify us promptly of any learners who they believe have been adversely affected and request that we give special consideration. Further information can be found in the special requirements section on our website.

## Conducting external assessments

Centres must make arrangement for the secure delivery of external assessments. All centres offering external assessments must comply with the Joint Council for Qualifications (JCQ) document *Instructions for the Conduct of Examinations (ICE)*. The current version of this document is available on our website.

## Dealing with malpractice in assessment

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details on malpractice and advice on preventing malpractice by learners, please see Pearson's *Centre Guidance: Dealing with Malpractice*, available on our website.

The procedures we ask you to adopt vary between units that are internally assessed and those that are externally assessed.

## Internal assessment

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Malpractice* document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives further information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

## External assessment

External assessment means all aspects of units that are designated as external in this specification, including preparation for tasks and performance. For these assessments, centres must follow the JCQ procedures set out in the latest version of the document *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures* (available on the JCQ website, [www.jcq.org.uk](http://www.jcq.org.uk)).

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

## Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson examinations. We ask centres to complete JCQ Form M1 ([www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Team at [pqsmalpractice@pearson.com](mailto:pqsmalpractice@pearson.com). The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

## Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations Team by submitting a JCQ M2(a) form (downloadable from [www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) with supporting documentation to [pqsmalpractice@pearson.com](mailto:pqsmalpractice@pearson.com). Where Pearson receives allegations of malpractice from other sources (for example Pearson staff, anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of centres/principals/chief executive officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights, please see 6.15 of *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures*.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation, results and/or certificates may not be released or they may be withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality assurances processes. You will be notified within a reasonable period of time if this occurs.

## Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for affected external assessments
- disqualification from the qualification
- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with centres to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on the centre's certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centre (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our *Enquiries and appeals about Pearson vocational qualification policy* on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team (via [pqsmalpractice@pearson.com](mailto:pqsmalpractice@pearson.com)) who will inform you of the next steps.

## 9 Recognising prior learning and achievement

### Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

However, for the purpose of this qualification it is important that learners are always assessed in accordance with the most up-to-date clinical guidelines. Therefore, in this qualification centres are not permitted to use RPL as a means of reducing assessment.

Further guidance is available in our policy document *Recognition of Prior Learning Policy and Process*, available on our website.

## 10 Centre recognition and approval

Centres that have not previously offered BTEC Professional qualifications need to apply for, and be granted, centre recognition as part of the process for approval to offer individual qualifications.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver BTEC qualifications is given on our website.

### Approvals agreement

All centres are required to enter into an approval agreement with Pearson, in which the head of centre or principal agrees to meet all the requirements of the qualification specification and to comply with the policies, procedures, codes of practice and regulations of Pearson and relevant regulatory bodies. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of centre or qualification approval.

# 11 Quality assurance of centres

Quality assurance is at the heart of vocational qualifications and Apprenticeships.

Centres are required to declare their commitment to ensuring quality and to giving learners appropriate opportunities that lead to valid and accurate assessment outcomes.

Pearson uses external quality assurance processes to verify that assessment, internal quality assurance and evidence of achievement meet nationally defined standards. Our processes enable us to recognise good practice, effectively manage risk and support centres to safeguard certification and quality standards.

Our Standards Verifiers provide advice and guidance to enable centres to hold accurate assessment records and assess learners appropriately, consistently and fairly. Centres will receive at least one visit from our Standards Verifier, followed by on-going support and development. This may result in more visits or remote support, as required to complete standards verification. The exact frequency and duration of Standards Verifier visits/remote sampling will reflect the level of risk associated with a programme, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers
- amount of previous experience of delivery.

Further guidance on the requirements please go to Pearson Centre Guide to Quality Assurance for NVQs/SVQs and Competence Based Qualifications and Delivery Guidance and Quality Assurance Requirement for NVQs/SVQs and Competence Based Qualifications on our website.

## The role of the Standards Verifier (SV)

A Standard Verifier's primary focus is to ensure that centre staff involved in the planning, delivery and assessment of qualifications maintain the national standard of qualifications awarded by Pearson. Pearson train all Standard Verifiers every year and Standard Verifiers are required to pass a standardisation activity. Due to the high risk of First Aid and Emergency Care qualifications these qualifications have an enhanced quality assurance model and consequently there are two visits per year and all SVs have at least one accompanied visit.

## How are the standards of practical skills verified?

In order to be able to make a robust decision about the assessment decisions relating to practical skills the Standard Verifier needs to be able to ensure that the assessment decisions are at national standards and consequently needs to have access to practical assessments. Therefore, Standard Verifiers either need to be able to observe the assessment or be able to see a digital recording of the assessment so they can agree that decisions about practical skills are at national standards. As Unit 5 is a synoptic unit Standard Verifiers will try to arrange their visit at a time when this unit is being assessed. If this is not possible and there are learners who are requiring certification, the Standard Verifier could view video footage on the first visit and arrange the second visit for a day when Unit 5 assessment is being completed.

# 12 Units

Each unit in the specification is set out a similar way. This section explains how the units are structured. It is important that all tutors, assessors, internal verifiers and other staff responsible for the programme review this section.

Units have the following sections.

## **Unit number**

The number is in a sequence in the specification. Where a specification has more than one qualification, numbers may not be sequential for an individual qualification.

## **Unit title**

This is the formal title of the unit that will appear on the learner's certificate.

## **Level**

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

## **Assessment type**

This says how the unit is assessed - i.e. whether it is internal or external. See information in *Section 8 Assessment* for details.

## **Guided learning (GL)**

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Pearson has consulted with users of the qualification and has assigned a number of hours to this activity for each unit.

## **Unit introduction**

This is designed with learners in mind. It indicates why the unit is important, what will be learned and how the learning might be applied in the workplace.

## **Learning outcomes**

The learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning.

## Assessment criteria

The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome.

## Unit content

This section sets out the required teaching content of the unit and specifies the knowledge and understanding required for achievement of the unit. It enables centres to design and deliver a programme of learning that will enable learners to achieve each learning outcome and to meet the standard determined by the assessment criteria.

Where relevant and/or appropriate, unit content is informed by the underpinning knowledge and understanding requirements of related National Occupational Standards (NOS).

## Relationship between content and assessment criteria

For internally assessed units, content is compulsory except when shown as 'e.g.'. Although it is not a requirement that all of the content is assessed, learners should be given the opportunity to cover it all.

For externally assessed units, all the content in each unit is mandatory for the assessments and will be sampled across different versions of the assessment over time. Learners can be tested on any aspect of the content.

Learners should be asked to complete summative assessment only after the teaching content for the unit or learning outcomes has been covered.

## Legislation

Legislation cited in the units is current at time of publication. The most recent legislation should be taught and assessed internally. External assessments will use the most recent legislation.

## Further information for teachers and assessors

This section gives information to support delivery and the implementation of assessment. It contains the following subsections.

- *Essential resources* - lists any specialist resources needed to deliver the unit. The centre will be asked to make sure that these resources are in place when it seeks approval from Pearson to offer the qualification.
- *Suggested reading/resources* - lists resource materials that can be used to support the teaching of the unit, for example books, journals, websites.
- *Essential information for assessment* - for internally-assessed units, it provides recommended assignments and suitable sources of evidence for each learning outcome. It also gives information about the standard and quality of evidence expected for learners to achieve the learning outcomes and pass each assignment. It is important that the information is used carefully, alongside the assessment criteria. For externally-assessed units, this section gives details of the format, structure and any specific conditions of the external assessment(s).



# Unit 1: Understanding the Roles and Responsibilities of the First Responder

Level:	3
Assessment type:	External
Guided learning:	10

---

## Unit introduction

Providing care in an emergency requires a wide range of knowledge that underpins the practical aspect of emergency care. Ensuring you have a sound understanding of this knowledge will help you to make confident and competent decisions about what actions to take in the event of a medical emergency so that you can manage an incident effectively from the point of your arrival at the scene to handing over to definitive pre-hospital care providers.

In this unit you will learn about the first responder's scope of practice and what responsibilities you have when carrying out emergency care. You will learn about how to manage the scene and those in attendance at the incident to keep yourself, bystanders and casualties safe from a variety of potential hazards and risks. You will gain an understanding of how to safeguard the vulnerable people you may meet and the actions you should take should you become aware of a potential safeguarding concern. You will go on to learn how to prevent and control infection, including the responsibilities of both yourself and your employer. Finally, you will explore the processes and procedures that the first responder is responsible for following the management of the casualty.

While this unit assesses your underpinning knowledge and understanding you will also have the opportunity to explore the practical skills that apply to these roles and responsibilities. In doing so, you will begin to develop the associated skills required to confidently and competently manage incidents involving a range of casualties requiring emergency care in *Unit 5: Developing the Competencies of Incident Management for the First Responder*.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the first responder's responsibilities	1.1	Explain the primary responsibilities of the first responder
		1.2	Explain how the first responder can maintain their knowledge and skills over time
		1.3	Describe how the first responder can protect themselves from false allegations
2	Understand the safe management of the scene	2.1	Describe the capabilities of emergency service responders
		2.2	Explain the principles of scene management
		2.3	Use the triage sieve to effectively prioritise the management of multiple casualties
3	Understand how to manage own and others safety when attending incidents as the first responder	3.1	Identify hazards that pose a risk to the safety of self and others when attending incidents
		3.2	Identify the priority in which the first responder should ensure the safety of those present at the incident
		3.3	Explain the correct selection of Personal Protective Equipment (PPE) to be worn to maintain own and others safety when attending incidents
		3.4	Describe strategies that can be employed to reduce potential risks to the first responder
4	Understand the principles relating to infection prevention and control	4.1	Describe the responsibilities of the first responder in relation to infection prevention and control
		4.2	Describe how to maintain professional standards of personal hygiene
		4.3	Describe the principles of hand hygiene
		4.4	Describe the chain of infection
5	Understand the safeguarding of children and vulnerable adults	5.1	Identify signs of potential abuse
		5.2	Describe the actions to be taken if a safeguarding issue is suspected
		5.3	Describe the actions the first responder should take if a safeguarding issue is disclosed

Learning outcomes		Assessment criteria	
6	Understand post-incident procedures	6.1	Explain the principles of an effective clinical handover
		6.2	Describe the components of a Patient Report Form
		6.3	Describe the steps to be taken to ensure equipment is serviceable and available post-incident
		6.4	Explain when the first responder should seek help with their own mental wellbeing

## Content

### What needs to be learned

#### Learning outcome 1: Understand the first responder's responsibilities

##### First responder's responsibilities

- Ensuring safety of self, bystanders and the casualty.
- Being aware of step 123.
- Summoning assistance as appropriate to the situation.
- Providing initial management before more qualified help arrives.
- Taking control at the scene of an incident.
- Casualty assessment.
- Managing casualties within their clinical management scope of practice.
- Casualty reporting.
- Providing interim management of incidents while awaiting the next level of care.
- Maintaining own knowledge and skills.
- Recognising own skill decay.
- Identifying methods to maintain own knowledge and skills.
- Understanding the importance of being physically and mentally fit to perform the role:
  - sleep
  - nutrition
  - hydration
  - physical fitness
  - immunisations
  - occupational health screening
  - impact of the European Working Time Directive on own role.
- Understanding how to protect yourself from potentially malicious allegations:
  - establish consent
  - document consent
  - avoid, where possible, being alone with a casualty or bystander
  - accurate and extensive recording of the incident.

## What needs to be learned

### Maintenance of knowledge and skills

- Recognising decay of own knowledge or skills.
- Taking responsibility for own training needs:
  - communicating with supervisor/mentor/responsible officer
  - recording and tracking records of own practice
  - reviewing own practice post incident.
- Methods of continuing professional development:
  - ongoing professional practice
  - process of reflective practice
  - attending seminars
  - attending conferences
  - undertaking self-directed study
  - practical skill training
  - mentoring
  - work placement
  - undertaking further formal training or study.

## Learning outcome 2: Understand the safe management of the scene

### Capabilities of emergency services

- Police (managing health and safety, traffic management, evidence preservation, criminal investigation, providing assistance with potentially volatile casualties).
- Fire (firefighting, managing health and safety, extrication, rescue).
- Ambulance (casualty assessment, treatment, transportation, hazardous area response team).
- Coastguard (managing health and safety, access, extrication, search and rescue).
- Mountain rescue (mountain extrication, access, search and rescue, water rescue).
- Lowland rescue (search and rescue, water rescue, lowland extrication).
- Depending on their role and training all emergency service personnel may have some involvement in casualty handling and management in the initial phase of an incident.

### Principles of scene management

- Hierarchy of priority:
  - prioritise own safety first
  - prioritise bystander safety second
  - prioritise the casualty's safety last.

### What needs to be learned

- Importance of establishing cause and/or mechanism of injury.
- Consider the impact of the environment on the management of the scene:
  - weather
  - access
  - egress
  - location.
- Number of casualties and severity of injury.
- Prioritise management of casualties.
- Additional resources needed, i.e. support of emergency services.
- METHANE reporting:
  - major incident declared/standby
  - exact location
  - type of incident
  - hazards
  - access and egress
  - number, type and severity of casualties, i.e. report number of casualties live and dead
  - emergency services on scene and requested.

### Use of triage sieve to prioritise the management of casualties

- Understanding and application of the NARU triage sieve.

### Learning outcome 3: Understand how to manage own and others safety when attending incidents as the first responder

#### Hazards that pose risk to personal safety

- Hazards:
  - mental state of casualty
  - drugs/alcohol
  - falling objects
  - fire
  - sharps
  - utilities, i.e. gas, electricity, water
  - CRBN, i.e. chemical, radiation, biological, nuclear
  - animals
  - traffic
  - railways
  - weapons, i.e. knives, firearms, blunt objects, explosives
  - terrorism, i.e. explosions, secondary devices, active shooter

## What needs to be learned

- people, i.e. friends and family, bystanders, other casualties
- location
- infections.

### Signs of potential conflict

- Verbal cues.
- Non-verbal cues.

### Level of risk posed by hazards

- Manageable, i.e. a risk that can be removed or reduced to an acceptable level by the first responder within their professional training and scope of practice.
- Unmanageable, i.e. a risk that the first responder's professional training and scope of practice does not allow them to attempt to remove or reduce to an acceptable level.

### Actions to manage conflict

- Learners should be taught a range of potential actions that they could use to manage conflict, e.g. verbal warnings, requesting the support of police, use of equipment to create a barrier between themselves and others.

### Prioritisation of safety

- Hierarchy of priority:
  - prioritise own safety first
  - prioritise scene safety second
  - prioritise the casualty's safety last.

### Selecting Personal Protective Equipment (PPE)

- Definition, i.e. equipment that will protect the user against health or safety risks.
- Common PPE items:
  - single-use nitrile gloves
  - protective face masks
  - high-visibility clothing
  - helmet
  - eye protection
  - hearing defenders
  - protective footwear
  - resuscitation aids (face shields, pocket mask, bag-valve-mask)
  - disposable over sleeves
  - disposable aprons.
- Selecting correct PPE in relation to the incident.

## What needs to be learned

### Actions to withdraw from an incident

- Provide verbal warnings where appropriate.
- Apply appropriate tactics to withdraw from the scene.
- Report retraction.

### Dynamic risk assessment

- Conduct ongoing assessment throughout incident, including:
  - continual reassessment of previously identified hazards
  - points of potential conflict.

## Learning outcome 4: Understand the principles of infection prevention and control

### The role and responsibilities of the first person on scene in relation to infection prevention and control

- Universal precautions (good hand hygiene, using correct PPE, safe disposal of waste).
- Clean equipment.
- Report hazards.
- Report potential incidents of infection.

### The role and responsibilities of the employer in relation to infection, prevention and control

- Comply with infection control laws and best practice.
- Provide training to employees.
- Monitor staff performance.
- Monitor the environment.
- Monitor equipment.
- Report infection where appropriate.
- Provide PPE.

### Maintaining professional standards of personal hygiene

- Clean and tidy nails.
- Clean and tied up or short hair.
- Clean and pressed clothing.
- Oral hygiene.
- Covering cuts and abrasions.
- Implications of poor personal hygiene (spreading of infections, professional image)

## What needs to be learned

### Principles of hand hygiene

- Five moments for hand hygiene (before casualty contact, before a clean procedure, after body fluid exposure, after casualty contact, after touching casualty surroundings).
- Method for hand washing, e.g. Ayliffe hand washing technique.
- Appropriate use of sanitising hand gel.

### Types of infection that may be encountered

- Gastrointestinal, e.g. gastroenteritis, norovirus
  - signs, e.g. fever, vomiting
  - symptoms, e.g. nausea, loss of appetite.
- Blood-borne infections, e.g. HIV, hepatitis
  - signs, e.g. rapid weight loss, fever, prolonged swelling of glands
  - symptoms, e.g. extreme and unexplained tiredness, weakness, joint pain.
- Respiratory infections, e.g. influenza
  - signs, e.g. runny nose, cough
  - symptoms, e.g. congestion, body aches, sore throat.
- Skin infections, e.g. MRSA
  - signs, e.g. redness or swelling of skin, sores, boils, swelling
  - symptoms, e.g. pain.

### Chain of infection

- Micro-organisms.
- Reservoir of infection.
- Point of exit:
  - skin
  - respiratory tract
  - mucus
  - blood.
- Method of spread or mode of transmission:
  - direct contact
  - indirect contact
  - airborne
  - vector borne
  - food
  - droplet.

### What needs to be learned

- Point of entry:
  - skin
  - injection
  - open wound
  - respiratory tract
  - mucus
  - eyes.
- Susceptible host.

#### Implications for the selection of PPE

- Selecting PPE appropriate to minimising the risk of self and others contracting infections.

### Learning outcome 5: Understand the safeguarding of children and vulnerable adults

#### Abuse

- Forms of abuse:
  - physical abuse
  - sexual abuse
  - emotional/psychological abuse
  - financial abuse
  - institutional abuse
  - neglect by self and/or by others.
- Signs of potential abuse:
  - physical (series of unexplained falls or major injuries; injuries/bruises at different stages of healing; abrasions; teeth indentations; injuries to head or face; casualty very passive; bruising in unusual sites, e.g. inner arms, thighs)
  - sexual (change in behaviour; overt sexual behaviour or language; difficulty in walking, sitting; injuries to genital and/or anal area)
  - emotional/psychological (withdrawal; depression; cowering and fearfulness; change in sleep patterns; agitation; confusion; change in behaviour; change in appetite/weight)
  - financial (unpaid bills; basic needs not being met; lack of cash on a day-to-day basis)
  - institutional (poor care standards; lack of positive responses to complex needs; rigid routines; inadequate staffing; insufficient knowledge base within service)
  - neglect (failure to meet basic needs, e.g. food; preventing individual having access to services; isolation; absence of prescribed medication).

## What needs to be learned

### Action to be taken when abuse suspected

- Duty to report.
- Consider if the police are needed to protect the person or remove the casualty in an ambulance to treat them.
- Make a note of own concerns as soon as practicably possible after the event, including what has happened and any action you have taken.
- Follow local policy and methods of reporting.
- Do not start to investigate the situation or confront the person thought responsible for the abuse.
- Identify and be mindful of sources of evidence.
- Relay your concerns to the next level of patient care as soon as possible.

### Action to be taken when a potential case of abuse is disclosed

- Never promise confidentiality.
- Explain you have a duty to report.
- Listen.
- Ask no questions.
- Ensure the immediate safety of the casualty, i.e. in the event of an injury appropriate healthcare should be arranged.
- Inform police immediately where it appears that there may have been a criminal offence.
- Ensure that any evidence of abuse is kept safe and free from contamination.
- Contact appointed safeguarding officer.
- Report in accordance with the agency's policy and procedures.
- Record all the details of the concerns clearly and factually as soon as possible after disclosure.
- Physical injuries should be recorded on a Patient Report Form.

## Learning outcome 6: Understand post-incident procedures

### Principles of an effective clinical handover

- ATMIST
- ASHICE
- SBAR

### The Patient Report Form

- Confidentiality of the form.
- How to complete a Patient Report Form.

## What needs to be learned

### Components

- Patient demographics, i.e. name, age, date of birth, address.
- Primary survey.
- History of presenting complaint.
- 'On arrival' (position, movement and normal/abnormal skin colour of casualty).
- 'On examination' (signs and symptoms, pertinent negatives).
- Capacity.
- Social history, e.g. smoker, alcohol intake, housing, recent foreign travel.
- Past medical history.
- Family past medical history.
- Vital signs (initial set and during periodic reassessment).
- Allergies.
- Treatment given.

### Ensuring equipment is serviceable and available post-incident

- Types of equipment:
  - disposable, e.g. single-use nitrile gloves, single-use face shield
  - reusable, e.g. protective footwear, eye protectors.
- Disposal of used single-use items and items that are no longer reusable:
  - general waste
  - clinical waste
  - sharps bin.
- Cleaning of reusable items when they are serviceable:
  - washing and cleaning of soiled clothing (uniform, protective footwear)
  - cleaning of reusable items with alcohol disinfectant wipes.
  - Restocking of disposed items.

### When to seek help with own mental health

- When experiencing prolonged negative feelings that contradict any of the indicators of good mental wellbeing.
- When experiencing, or when others comment that they have noticed, prolonged signs or symptoms of:
  - depression
  - anxiety
  - post-traumatic stress disorder.

**What needs to be learned****Support available for anyone experiencing problems with mental wellbeing**

- MIND Blue Light Programme.
- Local/organisational protocols.
- Blue Lamp Foundation.
- General practitioner.

## Further information for tutors and assessors

### Essential resources

For this unit, centres need:

- nitrile gloves
- protective face masks
- high-visibility clothing
- a range of different helmet types
- eye protection
- hearing defenders
- protective footwear
- disposable over sleeves
- disposable aprons
- exemplar Patient Report Forms
- triage sieve tools
- clinical waste bags/bin
- sharps bin
- NARU triage sieve.

### Suggested reading/resources

#### Textbooks

Association of Ambulance Chief Executives - *UK Ambulance Services Clinical Practice Guidelines 2016* (Class Publishing, 2016) ISBN 978-1859595947

Pilbery and Lethbridge - *Ambulance Care Essentials* (Class Publishing, 2015)  
ISBN 978-1859595824

#### Websites

[www.bluelamp-foundation.org](http://www.bluelamp-foundation.org)

Provides support to emergency services personnel.

[www.mind.org.uk](http://www.mind.org.uk)

Mental health charity

## Essential information for assessment

This unit is externally assessed through an onscreen test. Pearson will set and mark this test. The test lasts for 45 minutes and is worth 28 marks. The assessment is available on demand.

The test assesses all of the learning outcomes. The questions in the test are based on each assessment criterion and its associated unit content.

The test consists of the following types of item:

- multiple-choice items
- multiple-response items
- drag-and-drop items
- line-matching items.

Items in the test will not necessarily be sequenced in the order of the criteria in the unit. Test items will not rely on or directly follow on from another test item. Test items may use colour images/diagrams for the context of the question or for the answer options. An accessibility panel is provided to support learners with additional needs, such as the ability to change the font size or to use a screen reader.

A Pass grade is determined by learners achieving a defined cut score for the test.



## Unit 2:

# Core Emergency Care of Casualties for the First Responder

Level:	4
Assessment type:	Internal
Guided learning:	18

---

### Unit introduction

Understanding how to manage casualties with life-threatening injuries or illnesses is vital for all care providers from first aiders to registered healthcare professionals. The primary survey is designed to quickly identify the risk posed to life and inform your decision making in terms of the casualty's management needs so that you can act swiftly and confidently to maintain life in the critical moments before the arrival of definitive pre-hospital care.

In this unit, you will learn about the principles of assessing casualties as the first responder, including how and why assessment is applied in a hierarchical nature in order to guide your decision making. You will learn about the key principles of providing basic life support to adults, children, infants and special casualties such as pregnant women and neck breathers. You will also learn about the techniques used to clear, open, maintain and manage the airway of casualties with a reduced level of consciousness. You will develop your understanding of how to recognise and manage situations where certain factors may preclude the provision of life support. You will explore the provision of supplementary oxygen, including the correct dosage and methods of delivery for a range of casualties. You will go on to learn about how to recognise casualties suffering from catastrophic haemorrhages and how to manage these using tourniquets. Finally, you will explore how to manage choking casualties as a result of both mild and severe obstructions.

You will develop your knowledge and understanding in a theoretical context and you will also, in a simulated environment, practically explore the principles and techniques used by the first responder to assess casualties and provide initial emergency care. This will enable you to develop specific skills for assessment within this unit but also prepare you for the final synoptic unit in which your ability to competently manage incidents involving a wide range of casualties who require primary and continuing casualty assessment, basic life support and other aspects of emergency care covered in this unit.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the assessment of conscious and unconscious casualties	1.1	Explain the process of assessing casualties using the DRCA(c)BCDE protocol
		1.2	Explain the circumstances in which the pulse is not used to assess the presence of circulation in the primary survey
2	Explore the principles of basic life support for adults, children and infants	2.1	Explain the principles of basic life support for adults
		2.2	Explain the use of an automated external defibrillator
		2.3	Demonstrate the use of four different methods of providing rescue breaths to an adult
		2.4	Demonstrate the use of mouth-to-mouth-and-nose ventilation for providing rescue breaths to an infant
		2.5	Explain the modifications to the protocols basic life support for special casualties
		2.6	Explain the role of the Advanced Decision and DNA-CPRs in basic life support
3	Explore the techniques used to manage the airway of casualties with a reduced level of consciousness	3.1	Explain the different techniques used to clear an airway for adults, children and infants with a reduced level of consciousness
		3.2	Demonstrate the use of postural drainage to clear an airway for a casualty with a reduced level of consciousness
		3.3	Demonstrate the use of suction to clear an airway for a casualty with a reduced level of consciousness
		3.4	Demonstrate the use of a single finger sweep to remove a visible object from the airway for a child or infant
		3.5	Explain the different techniques to open an airway for adults, children and infants with a reduced levels of consciousness
		3.6	Demonstrate the use of the head tilt and chin lift to open an airway for an adult, child or infant with a reduced level of consciousness
		3.7	Demonstrate the use of the neutral alignment to open an airway for an infant with a reduced level of consciousness

Learning outcomes		Assessment criteria	
		3.8	Demonstrate the use of the jaw thrust to open an airway for an adult, child or infant with a reduced level of consciousness
		3.9	Explain the use of different techniques used to maintain the open airway for adults, children and infants with a reduced levels of consciousness
		3.10	Demonstrate the use of the safe airway position to maintain the open airway of an adult, child or infant with a reduced level of consciousness
		3.11	Demonstrate the use of airway adjuncts to maintain the open airway of adults with reduced levels of consciousness
		3.12	Demonstrate the use of airway adjuncts to maintain the open airway of children with reduced levels of consciousness
		3.13	Demonstrate the use of airway adjuncts to maintain the open airway of infants with reduced levels of consciousness
4	Understand the recognition and management of life extinct	4.1	Describe the recognition factors for determining life extinct
		4.2	Explain actions to be taken following the establishment of life extinct
5	Explore the provision of supplementary free-flow oxygen	5.1	Explain how to select the correct method and flow rate for delivering supplemental oxygen for four different types of casualty
		5.2	Demonstrate how to safely configure an oxygen system for use
		5.3	Demonstrate how to administer supplemental oxygen using four different oxygen supplementation delivery devices
6	Explore the recognition and management of a casualty with a catastrophic haemorrhage	6.1	Describe what is meant by the term catastrophic haemorrhage
		6.2	Explain the management of a casualty with a catastrophic limb haemorrhage
		6.3	Demonstrate the use of a tourniquet to control a catastrophic limb haemorrhage

Learning outcomes		Assessment criteria	
7	Explore the techniques used to manage choking casualties	7.1	Explain the process of recognising and managing a conscious choking casualty
		7.2	Demonstrate the management of a conscious choking adult or child
		7.3	Demonstrate the management of a conscious choking infant

## Content

### What needs to be learned

#### Learning outcome 1: Understand the assessment of conscious and unconscious casualties

##### Primary survey protocol

- DRCA(c)BCDE protocol:
  - danger (to self, others and casualty)
  - response
  - catastrophic haemorrhage
  - airway, including the consideration for C-spine
  - breathing
  - circulation
  - disability
  - expose and examine, i.e. expose the casualty, examine the casualty and recover the casualty as appropriate.
- Rationale for the hierarchical order of the protocol.

##### Assessing level of response/disability

- AVPU acronym:
  - alert
  - voice
  - pain
  - unresponsive.
- Reasons why AVPU is used.
- Potential difficulties in assessing elderly casualties with dementia and infants accurately.

## What needs to be learned

### Assessment of the airway and breathing

- Anatomy and function of the respiratory system components:
  - septum
  - nasal cavity
  - nasopharynx
  - mouth
  - tongue
  - uvula
  - oropharynx
  - epiglottis
  - oesophagus
  - larynx
  - stoma for neck breathers
  - trachea
  - bronchi
  - bronchioles
  - lungs (lobes)
  - alveoli
  - intercostal muscles
  - diaphragm.
- Function of the respiratory system:
  - mechanisms of breathing (inspiration and expiration)
  - gaseous exchange
  - control of lung volumes (tidal volume, vital capacity and residual volume).
- Assessment of the airway:
  - methods for inspecting the airway.
- Assessment of breathing:
  - characteristics of normal and abnormal breathing (rate, rhythm, depth, effort, noise, agonal gasps)
  - method of inspecting breathing
  - indications for the assessment of a suspected chest injury (respiratory distress, mechanism of injury)
  - methodology of chest examination, e.g. RVP FLASH, i.e. Rate, Volume, Put oxygen on now, Feel, Look, Armpits, Search back and sides, Cover holes.

## What needs to be learned

### Assessment of circulation

- Anatomy and function of the circulatory system components:
  - the heart (atria, ventricles, septum, aorta, vena cava, pulmonary vein, pulmonary artery)
  - blood vessels (arteries, veins, capillaries)
  - blood (red blood cells, white blood cells, plasma, platelets).
- Function of the circulatory system:
  - delivery of oxygen and nutrients
  - removal of carbon dioxide and waste products
  - vasoconstriction and vasodilation of blood vessels
  - temperature regulation
  - fighting infections
  - clotting.
- Cardiac cycle:
  - blood flow through the heart.
- Methods of assessing circulation:
  - pulse (rate, rhythm, strength, limitations of use)
  - skin colour, e.g. pale, jaundice, cyanosed
  - skin temperature
  - capillary refill time (sternal, forehead)
- Limitations of pulse checking to assess circulation in the primary survey:
  - skill degradation
  - casualties for whom locating a pulse may be difficult or could be a contraindication.

### Assessment of disability

- Methods of assessment:
  - blood glucose
  - pupil size and reaction
  - methods for checking normal circulation in extremities
  - methods for checking sensation in extremities, i.e. touch
  - methods for checking movement in extremities, e.g. casualty moving hands and feet.

## What needs to be learned

### Continuing casualty assessment

- Rapid top to toe physical assessment
- Casualty observations (respiration; pulse; level of consciousness, i.e. AVPU; oxygen saturation; pupil size and response)
- History of presenting complaint
- Casualty history (past medical conditions, prescription medications, over the counter medications, natural medications, other substances, allergies, family history, social history)
- Event history
- Symptoms
- In-depth focused assessment of areas causing concern
- Factors that might affect decisions to vary method for performing conscious and unconscious casualties
- Importance of completing assessment in a systematic way.

### Learning outcome 2: Understand the principles of basic life support for adults, children and infants

#### Adult basic life support

- In line with current Resus Council guidelines for basic life support.
- Summoning help:
  - when working alone
  - when working as a team.
- Summoning for and use of the automated external defibrillator.
- Guidelines for the provision of chest compressions:
  - number
  - rate
  - depth.
- Guidelines and methods for providing rescue breaths:
  - mouth-to-mouth
  - mouth-to-nose
  - pocket mask
  - bag-valve-mask.
- Guidelines for the provision of rescue breaths:
  - number
  - rate
  - depth.

### What needs to be learned

- Provision of supplementary oxygen during rescue breaths, i.e. use of oxygen with pocket mask and bag-valve-mask.
- Continuation of chest compressions and rescue breaths.
- Actions to be taken if unwilling or unable to provide rescue breaths.

### Automated external defibrillation

- Equipment checks:
  - general condition
  - battery level
  - expiration date of electrode pads
  - contents (scissors, towel and razor).
- Preparation of the casualty:
  - exposing, cleaning and drying of the chest.
- Application of the automated external defibrillator:
  - positioning of electrode pads
  - alternative pad placement positioning and when this may be used
  - safety considerations when applying electrode pads and appropriate actions to be taken (piercings, medication patches, jewellery, moisture, hair, underwired bra, pacemaker).
  - Delivery of an effective shock.
  - Safety considerations when using an automated external defibrillator:
    - direct and indirect contact while delivering a shock
    - clear, direct and audible warnings before delivering the shock
    - positioning of oxygen while shocking.
- Post-resuscitation protocol
  - leaving the pads in place
  - evaluation of vital signs
  - continuation of casualty assessment
  - management of the casualty's airway
  - recording and reporting of the duration of resuscitation and number of shocks administered.

### Modifications to basic life support protocol for special casualties

- Child casualties:
  - modifications to compressions (technique, depth, pressure)
  - modifications to rescue breaths (volume, method).

### What needs to be learned

- Infant casualties:
  - modifications to compressions (technique, depth, pressure)
  - modifications to rescue breaths (volume, method).
- Pregnant women:
  - modifications to casualty positioning for pregnant women, i.e. left lateral tilt.
- Neck breathers:
  - definition of a neck breather, i.e. an individual who breathes through a stoma
  - modifications to methods used to provide rescue breaths.

### Advanced Decisions and DNA-CPRs

- Legal status of:
  - a Do Not Attempt Cardiopulmonary Resuscitation (DNA-CPR)
  - an Advanced Decisions, i.e. Living Will
  - Procedure for not attempting resuscitation in the presence of a DNAR-CPR or Advanced Decisions.

### Learning outcome 3: Explore the techniques used to manage the airway of casualties with a reduced level of consciousness

#### Clearing the airway of a casualty with a reduced level of consciousness

- Techniques for adults, children and infants:
  - postural drainage, including modifications for infants
  - suction
  - single finger sweep for a visible object, including the risks associated with the technique.
- Advantages and disadvantages of techniques used to clear the airway.

#### Opening the airway of a casualty with a reduced level of consciousness

- Techniques to open the airway of adults, children and infants:
  - neutral alignment
  - head tilt/chin lift
  - jaw thrust.
- Advantages and disadvantages of techniques used to open the airway.

#### Managing the airway of a casualty with a reduced level of consciousness

- Use of the safe airway position in accordance with latest Resus Council guidelines for adults, children and infants.

## What needs to be learned

### Maintaining the airway of a casualty with a reduced level of consciousness

- Use of airway adjuncts for adults, children and infants:
  - types of airway adjunct used to assist in maintaining an open airway (oropharyngeal airways, nasopharyngeal airways)
  - method of selecting the correct size of airway adjunct
  - method of inserting and removing airway adjuncts
  - indications and contraindications for the use of airway adjuncts.

### Learning outcome 4: Understand the recognition and management of life extinct

#### Recognition factors for determining life extinct

- Decapitation.
- Massive cranial and cerebral destruction.
- Hemitorporectomy or similar massive injury.
- Decomposition/putrefaction.
- Incineration.
- Rigor mortis.

#### Actions to be taken following the establishment of life extinct

- Communication of decision to bystanders/family.
- Management of the body.
- Scene management in a public place.
- Scene management in a non-public place.
- Suspicious circumstances.

### Learning outcome 5: Explore the provision of supplementary oxygen

#### Provision of supplementary oxygen

- Components of an oxygen device:
  - oxygen cylinder
  - oxygen tubing
  - delivery device (simple face mask, non-rebreather mask, nasal cannula, Venturi mask, pocket mask, bag-valve-mask, tracheostomy mask).
- Indications and contraindications for the use of different devices for delivering oxygen supplementation.
- SPO<sub>2</sub> measurement:
  - method
  - reliability of measurement.

### What needs to be learned

- Safety considerations for supplementary oxygen provision:
  - increase in fire hazard
  - do not use in explosive environments
  - use with caution during defibrillation.
- Guidelines for the provision of supplemental oxygen delivery (in line with current UK Ambulance Service Clinical Practice Guidelines):
  - use of and limitations of pulse oximetry
  - correct dosage for different types of casualty in line with current UK Ambulance Service Clinical Practice Guidelines (critical illness in adults requiring high levels of supplementary oxygen, serious illness in adults requiring moderate levels of supplementary oxygen if hypoxaemic, COPD and other conditions requiring controlled or low dose supplementary oxygen, conditions in adults not requiring supplementary oxygen unless casualty is hypoxaemic)

### Learning outcome 6: Explore the recognition and management of a casualty with a catastrophic haemorrhage

#### Establishing the presence of a catastrophic haemorrhage

- Definition of catastrophic haemorrhage, i.e. an immediately life-threatening bleed, which is external, compressible and cannot be controlled by direct pressure.
- Potential for hypovolaemic shock, i.e. a lack of circulating blood volume leading to an inadequate perfusion of tissues with oxygen.
- Location of catastrophic haemorrhage
  - Limbs

#### Principles of managing casualties suffering from catastrophic haemorrhage

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines, Faculty of Pre-Hospital Care Position Statement on Tourniquet Use) including:
  - use of proprietary tourniquets (application, positioning, pressure).
  - management of the potential for shock.
  - implications for casualty handling and positioning.
- Observations and recording of information for clinical handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Learning outcome 7: Explore the techniques used to manage choking casualties

#### Process of managing a conscious choking casualty

- Establishing the types of obstruction:
  - mild, i.e. able to cough
  - severe, i.e. unable to cough.
- Signs, e.g. clutching of neck, ability to verbally respond, consciousness level.
- Management in accordance with latest Resus Council Guidelines:
  - encouraging cough
  - adults (back blows, abdominal thrusts)
  - children (back blows, abdominal thrusts, variations in manual handling)
  - infants (back blows, chest thrusts, variations in manual handling)
  - actions if casualty becomes unconscious, i.e. revert to basic life support protocols.

## Further information for tutors and assessors

### Essential resources

For this unit, centres need:

- CPR manikins (adult, child and infant)
- adult airway management trainer
- adult full body ALS manikin
- child ALS manikin or child airway management trainer
- infant ALS manikin or infant airway management trainer
- choking manikins
- automated external defibrillator training devices
- oxygen cylinders
- oropharyngeal airways (size 0-4)
- nasopharyngeal airways (size 6 and 7)
- bag-valve-masks with tubing (adult and paediatric)
- tracheostomy masks with tubing
- nasal cannulas with tubing
- non-rebreather masks with tubing (adult and paediatric)
- simple face masks with tubing
- Venturi masks with tubing
- manual suction devices, e.g. manual suction pump aspirator
- tourniquets
- selection of trauma dressings
- nitrile gloves
- antiseptic wipes
- blood glucose meters and strips
- pen torches
- Patient Report Forms.

### Suggested reading/resources

#### Textbooks

Association of Ambulance Chief Executives - *UK Ambulance Services Clinical Practice Guidelines 2016* (Class Publishing, 2016) ISBN 978-1859595947

Pilbery and Lethbridge - *Ambulance Care Essentials* (Class Publishing, 2015)  
ISBN 978-1859595824

## Websites

[fphc.rcsed.ac.uk](http://fphc.rcsed.ac.uk)

Consensus Statements from the Royal College of Surgeons of Edinburgh, Faculty of Pre-hospital Care

[www.hse.gov.uk](http://www.hse.gov.uk)

Health and Safety Executive guidance on manual handling

[www.resus.org.uk](http://www.resus.org.uk)

Latest guidelines for UK resuscitation protocols and manual handling guidance

## Essential information for assessment

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Assessment*.

The table below shows the recommended approach to assessment with suitable forms of evidence. Centres can use this approach or use different suitable forms of evidence.

Learning outcome	Assignment title	Recommended assessment approach
1 Understand the assessment of conscious and unconscious casualties	The Primary Survey	Produce a report about the process of assessing casualties in a hierarchical manner using the DRCA(c)BCDE process.
2 Explore principles of basic life support for adults, children and infants	Basic Life Support, Airway Management and the Life Extinct	This learning outcome could be split into two separate tasks to ensure that learners are able to capture appropriate assessment evidence.  <u>Task 1</u>
3 Explore the techniques used to manage the airway of a casualty with a reduced level of consciousness		Produce a report about the provision of basic life support, including automated external defibrillation and airway management. This report should encompass: <ul style="list-style-type: none"> <li>• the principles of providing adult basic life support</li> <li>• the use of an automated external defibrillator</li> <li>• the modifications required for special casualties, including children, infants, pregnant women, and neck breathers</li> <li>• the role of the Advanced Decision and the DNA-CPR in basic life support</li> <li>• the techniques used to clear, open, maintain and manage the airway of casualties with reduced levels of consciousness.</li> </ul>

Learning outcome	Assignment title	Recommended assessment approach
		<p><u>Task 2</u></p> <p>Produce a video guide demonstrating:</p> <p>the different methods of providing rescue breaths to adults or children and infants</p> <p>how to use different techniques to clear, open, maintain and manage the airways of adults and infants with a reduced level of consciousness.</p>
<p>4 Understand the recognition and management of life extinct</p>		<p>Produce a report about the recognition and management of a casualty where there is the potential for declaring life extinct. This should include the actions to be taken following the establishment of death.</p>
<p>5 Explore the provision of free-flow oxygen</p>	<p>Oxygen Supplementation</p>	<p>Learners could produce a video guide in which they:</p> <ul style="list-style-type: none"> <li>• explain how to select the correct dosage and method of free-flow oxygen supplementation for the four different types of casualty identified in the unit content</li> <li>• demonstrate the safe configuration of a free-flow oxygen delivery system</li> <li>• demonstrate how to administer supplemental oxygen using four different free-flow oxygen supplementation delivery devices.</li> </ul>

Learning outcome	Assignment title	Recommended assessment approach
6 Explore the recognition and management of a casualty with a catastrophic haemorrhage	Catastrophic Haemorrhage	Learners could produce a video guide in which they: <ul style="list-style-type: none"> <li>• describe what is meant by a catastrophic haemorrhage</li> <li>• explain how to manage a casualty suffering from a catastrophic haemorrhage</li> <li>• demonstrate how to use a tourniquet to manage a casualty with a catastrophic haemorrhage.</li> </ul>
7 Explore the techniques used to manage choking casualties	Recognising and Managing the Choking Casualty	Learners could produce a video guide in which they: <ul style="list-style-type: none"> <li>• explain how to recognise and manage a choking casualty</li> <li>• demonstrate how to manage adult or child casualties with an obstruction</li> <li>• demonstrate how to manage infant casualties with an obstruction.</li> </ul>

The assessment of skills in this unit **must** be conducted in simulated scenarios. All assessment **must** be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines.

The following guidance explains the minimum standard of evidence that learners **must** present in order to achieve a pass in this unit.

### **Learning outcome 1 - The Primary Survey**

To achieve a pass for learning outcome 1, learners need to give a detailed explanation of the process of assessing casualties using the DRCA(c)BCDE protocol. They will explain each step of the process, the assessments that may be completed, including possible questions that may be asked, the potential signs and symptoms they would be looking for in relation to both a conscious and an unconscious casualty and the reasons why each step is completed in the given order. Learners will then explain when and why the pulse check is not routinely used to assess the presence of circulation during the primary survey. This should include the limitations of the check and the problems that could be encountered should the pulse check be solely relied on.

### **Learning outcome 2, 3 and 4 - Basic Life Support, Airway Management and the Life Extinct**

To achieve a pass for learning outcome 2, learners will explain how and why they would complete each principle of basic life support. Learners will then explain the use of an automated external defibrillator to deliver an effective shock, including how to check the equipment, how to prepare the casualty, how to apply the electrode pads, and the potential safety considerations in relation to pad placement and the delivery of a shock. Learners should then explain the steps they would take post-resuscitation. Learners must explain how to modify adult basic life support techniques for each of the four special casualties and give reasons to support each of these modifications. Learners will then explain when there is a legal requirement not to complete resuscitation and how they would manage such a situation. In a simulated setting, learners will demonstrate how to competently provide rescue breaths to an adult using mouth-to-mouth, mouth-to-nose, a pocket mask and a bag-valve-mask methods. They will also demonstrate how to provide rescue breaths to an infant using the mouth-to-mouth-and-nose technique. In each instance, learners must demonstrate being able to create an effective seal as well as the administration of the correct number, rate and depth of rescue breaths.

To achieve a pass for learning outcome 3, learners need to give a detailed explanation of how to clear the airway of adult, child and infant casualties who have a reduced level of consciousness. This will include the use of postural drainage, suction and a single finger sweep, as well as the reasons to use or not use each of the different techniques. Learners will demonstrate the competent use of postural drainage and suction to clear the airway of an adult, child or infant with a reduced level of consciousness, as well as performing a single finger sweep to remove a visible object from the airway of a child or infant. Learners will explain the use of neutral alignment, head tilt and chin lift as well as the jaw thrust to open the airways of adults, children and infants, including when and why each technique should be used based on the advantages and disadvantages of each technique. Learners will then demonstrate how to competently use the head tilt, chin lift and jaw thrust techniques to open the airway of adults, children and infants as well as demonstrating the increased importance of the neutral alignment technique on an infant.

Learners will explain the use of the safe airway position and airway adjuncts to manage and maintain the opened airway of adults, children and infants. This will include how, when and why to put adults, children and infants into the appropriate safe airway position, how to correctly size and insert the two types of airway adjunct to help maintain the airway in the unconscious casualty and the indications and contraindications for when each airway adjunct should and should not be used. Learners will then demonstrate how to put an adult with a reduced level of consciousness into the safe airway position. Learners will also demonstrate how to measure, select and competently insert the correct size of airway adjuncts for both an adult and an infant casualty.

To achieve a pass for learning outcome 4, learners need to give a detailed description of the six conditions that would be considered incompatible with life and where resuscitation should not be attempted. Learners will explain how they would make a decision to declare life extinct, the actions that they would need to take in such a situation and the reasons why these actions are needed.

### **Learning outcome 5 - Oxygen Supplementation**

To achieve a pass for learning outcome 5, learners will identify the appropriate flow rate and delivery method for each of the different casualty types listed in the unit content. Learners will explain why some casualties will receive high-flow oxygen where as other casualties will receive less or, in some cases, none, and why each casualty would require the identified method of delivery. Learners will then demonstrate how to safely configure an oxygen system ready for use and how to competently administer supplemental free-flow oxygen using four of the different oxygen supplementation delivery methods listed in the unit content.

### **Learning outcome 6 - Catastrophic Haemorrhage**

To achieve a pass for learning outcome 6, learners need to give a detailed description of what a catastrophic haemorrhage is with reference to suitable examples, as well as the life-threatening nature and the inability to control the haemorrhage with direct pressure alone. Learners will then give a detailed explanation of how they would manage a casualty with a catastrophic haemorrhage, which will include the application of suitable tourniquets and haemostatic dressings. When explaining the application of the tourniquet, learners must address the identification and reasoning for specific positioning and application. Learners will explain when, why and in what position they may need to apply a second tourniquet. Learners will then demonstrate how to competently use a tourniquet to control a catastrophic haemorrhage by correctly positioning and tightening the tourniquet to stop the bleeding.

### **Learning outcome 7 - Recognising and Managing the Choking Casualty**

To achieve a pass for learning outcome 7, learners need to explain the process of recognising and managing a conscious choking casualty, making reference to the use of the choking algorithm stated in the UK Resus Council Basic Life Support Guidelines. Learners will then demonstrate the management of either an adult or child casualty with an airway obstruction. This must include the demonstration of managing the casualty with a mild airway obstruction that then progresses to a severe obstruction. Demonstration of managing the severe obstruction must include competent and timely use of back blows and abdominal thrusts in at least two full cycles. Learners will then demonstrate the management of an infant casualty with a mild airway obstruction that then progresses to a severe obstruction. Demonstration of managing the severe obstruction must include the competent and timely use of back blows and chest thrusts in at least two full cycles.

# Unit 3: Core Understanding of Recognising and Managing Trauma for the First Responder

Level:	4
Assessment type:	Internal
Guided learning:	18

---

## Unit introduction

Casualties that the first responder is likely to encounter include those who have suffered traumatic injuries. From casualties who have fallen from height to those suffering from burns, the first responder needs to be able to effectively assess, recognise and manage the casualty suffering a traumatic injury or illness before handing over to definitive pre-hospital care providers.

In this unit you will learn how to recognise and manage the trauma casualty who may have suffered thermal injuries, exposure, drowning, musculoskeletal injuries, head injuries, spinal injuries or chest injuries. You will learn how to recognise and manage a casualty suffering with hypovolaemic shock, the different types of bleeding and how to manage these casualties. You will also develop an understanding of how to apply correct manual handling to prevent injury to yourself and the casualty, as well as how to package your casualty appropriately ready for transfer.

During the unit, you will not only develop your knowledge and understanding in a theoretical context but also, in simulated environments, you will practically explore the principles and techniques used by the first responder to recognise and manage casualties with trauma-related injuries or conditions. This will begin to prepare you for the final synoptic unit in which your ability to manage incidents involving casualties requiring trauma care competently will be assessed.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the recognition and management of casualties with burns	1.1	Describe the signs and symptoms of different severities of burns
		1.2	Identify the different hazardous material warning signs
		1.3	Explain the management of a casualty with a dry burn or scald
		1.4	Explain how and why management plans vary for casualties with special types of burn
2	Understand the recognition and management of casualties with hypothermia and hyperthermia	2.1	Describe the signs and symptoms of hypothermia and hyperthermia
		2.2	Describe the stages of hypothermia and hyperthermia
		2.3	Explain the management of casualties suffering from hypothermia and hyperthermia
3	Understand the recognition and management of casualties with musculoskeletal injuries	3.1	Describe the different types of fracture
		3.2	Describe the signs and symptoms of a possible fracture or dislocation
		3.3	Explain the management of a casualty with a possible open fracture
		3.4	Explain the management of a casualty with a possible closed fracture
		3.5	Explain the management of a casualty with a possible dislocation
		3.6	Describe the signs and symptoms of a sprain or strain
		3.7	Explain the management of casualties with a possible strain or strain
		3.8	Explain the management of a casualty with a possible pelvic fracture
		3.9	Explain the management of a casualty with a possible chest injury

Learning outcomes		Assessment criteria	
4	Understand the recognition and management of casualties with a head injury	4.1	Explain four mechanisms of injury that have potential to cause a head injury
		4.2	Describe the signs and symptoms of a minor head injury
		4.3	Explain the management of a casualty with a minor head injury
		4.4	Describe the signs and symptoms of a casualty with a potentially serious head injury
		4.5	Explain the management of a casualty with a potentially serious head injury
5	Understand the recognition and management of a casualty with a spinal injury	5.1	Explain four mechanisms of injury that may cause spinal trauma
		5.2	Describe the signs and symptoms of a casualty with a suspected spinal injury
		5.3	Explain the management of a casualty with a suspected spinal injury
6	Understand the recognition and management of casualties with wounds and bleeding	6.1	Describe three different types of wound
		6.2	Describe signs and symptoms of internal blood loss
		6.3	Explain the management of casualties with a non-compressible haemorrhage
		6.4	Explain the management of a casualty with a compressible haemorrhage
		6.5	Explain the management of an amputated limb
		6.6	Explain the special considerations for the management of a casualty suffering from a facial injury
		6.7	Explain the management of a casualty with a nose bleed
7	Understand the recognition and management of a casualty suffering from hypovolaemic shock	7.1	Describe the stages of hypovolaemic shock
		7.2	Explain the management of casualties suffering from hypovolaemic shock

Learning outcomes		Assessment criteria	
8	Understand the principles of manual handling	8.1	Explain how two types of manual handling injury can occur
		8.2	Explain the TILE(O) system for dynamic manual handling risk assessment
		8.3	Describe the principles of correct manual handling techniques for lifting
		8.4	Describe the principles of correct manual handling techniques for pushing and pulling
		8.5	Explain the three methods of transferring a casualty in cardiorespiratory arrest from chair to floor
		8.6	Explain the importance of appropriate manual handling techniques to the first responder

## Content

### What needs to be learned

#### Learning outcome 1: Understand the recognition and management of burns

##### Burns

- Severity of thermal injury:
  - type (dry burns; special types of burn, i.e. chemical, electrical, sun; scalds)
  - depth
  - size
  - history
  - location, e.g. limbs, torso, face, hands, perineum.
- Signs, e.g. redness, blisters.
- Symptoms, e.g. pain.
- Methods to estimate size of affected area.
- Hazardous material warning signs (pictograms) in accordance with latest HSE guidance:
  - flammable material
  - corrosive material
  - explosive material
  - toxic material
  - radioactive material
  - oxidant material
  - non-ionising radiation
  - biological risk.
- Referral to chemical safety data sheets.
- Potential specific risks relating to different hazardous materials, e.g. cancer, burns, poisoning.

##### Management of casualties with burns

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - management of injured area (running water, burns film)
  - casualty handling and positioning.
- Consideration of need for support from other emergency services, e.g. fire, HART.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Learning outcome 2: Understand the recognition and management of casualties with hypothermia and hyperthermia

#### Hypothermia

- Stages of hypothermia.
- Signs, e.g. shivering, cyanosis.
- Symptoms, e.g. feels cold, confusion.
- Indicative body temperatures.

#### Hyperthermia

- Type of hyperthermia:
  - heat exhaustion
  - heatstroke.
- Signs, e.g. skin colour, hot to touch.
- Symptoms, e.g. vomiting, headache.
- Indicative body temperatures.

#### Management of casualties suffering from hypothermia and hyperthermia

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - normalising body temperature (environmental, shelter, clothing)
  - provide a drink if appropriate
  - provision of supplementary oxygen
  - Casualty handling and positioning.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

### Learning outcome 3: Understand the recognition and management of casualties with musculoskeletal injuries

#### Fractures and dislocations

- Types of fractures:
  - closed
  - open.
- Symptoms, e.g. pain, lack of movement.
- Signs, e.g. swelling, deformity.
- Suspected pelvic fractures.
- Consideration of the potential for chest injuries.

## What needs to be learned

### Soft tissue injuries

- Definitions of a sprain and a strain.
- Signs, e.g. swelling.
- Symptoms, e.g. pain, swelling.

### Management of casualties suffering an open fracture

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - haemorrhage control as appropriate to severity and considering not putting pressure on the exposed bone (direct pressure, elevation of immobilised limb, simple dressing, tourniquet)
  - casualty handling and positioning, e.g. manual immobilisation, slings
  - methods to control swelling (rest, ice, compression)
  - provision of supplementary oxygen
  - consideration of management for hypovolaemic shock.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Decision to refer to next echelon of pre-hospital care.
- Clinical handover to the next echelon of pre-hospital care.

### Management of casualties suffering a closed fracture

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - casualty handling and positioning, e.g. manual immobilisation, slings
  - methods to control swelling (rest, ice, compression)
  - provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Decision to refer to next echelon of pre-hospital care.
- Clinical handover to the next echelon of pre-hospital care.
- Consideration of management for hypovolaemic shock.

## What needs to be learned

### Management of casualties suffering a possible dislocation

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - casualty handling and positioning, e.g. manual immobilisation, slings
  - provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Decision to refer to next echelon of pre-hospital care.
- Clinical handover to the next echelon of pre-hospital care.

### Management of casualties suffering a possible sprain or strain

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines)
  - casualty handling and positioning, e.g. achieve comfortable position to ensure rest
  - methods to control swelling (rest, ice, compression)
  - provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Consider referral to next echelon of pre-hospital care.
- Clinical handover to the next echelon of pre-hospital care.

### Management of casualties suffering a possible pelvic fracture

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - casualty handling and positioning, i.e. application of a pelvic binder
  - provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

### Management of casualties suffering a possible chest injury

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - casualty handling and positioning
  - provision of supplementary oxygen
  - use of appropriate dressings to cover holes.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Learning outcome 4: Understand the recognition and management of casualties with a head injury

#### Head injuries

- Mechanisms with the potential to cause a head injury:
  - road traffic collisions
  - falls from standing
  - falls from height
  - assault
  - falling objects
  - contact sports.
- Minor head injury:
  - signs, e.g. confusion
  - symptoms, e.g. dizziness, headache
  - risk of spinal injury.
- Serious head injuries:
  - signs, e.g. altered level of consciousness, boggy mass, leaking cerebrospinal fluid, vomiting
  - symptoms, e.g. hearing loss, double vision
  - risk of spinal injury.

#### Management of casualties with a head injury

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - assessment of the casualty's level of consciousness using AVPU
  - assessment of casualty's pupils (size, reaction to light)
  - casualty handling and positioning, including manual in-line stabilisation
  - consider provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Learning outcome 5: Understand the recognition and management of a casualty with a spinal injury

#### Spinal cord injury

- Mechanisms with the potential to cause spinal trauma:
  - road traffic collisions
  - falls from standing
  - falls from height
  - assault
  - falling objects
  - contact sports.
- Signs, e.g. self-immobilisation, lack of movement.
- Symptoms, e.g. pain, loss of sensation.

#### Management of casualties with a suspected spinal cord injury

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - manual in line stabilisation
  - appropriate casualty handling and positioning
  - provision of supplementary oxygen.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.
- Providing assistance with the immobilisation and packaging of a casualty.

### Learning outcome 6: Understand the recognition and management of casualties with wounds and bleeding

#### Wounds and bleeding

- Wound types:
  - blunt, e.g. bruising, abrasion
  - penetrating, e.g. gunshot, knife, puncture
  - blast.
- Internal blood loss following trauma:
  - possible sites of internal blood loss (chest, abdomen, pelvis, long bones)
  - signs, e.g. increased heart rate, increased respiratory rate, reduced consciousness level, agitation, bruising
  - symptoms, e.g. pain, dizziness, nausea.

## What needs to be learned

### Amputations:

- limbs
- digits.
- Haemorrhage types:
  - compressible
  - non-compressible.
- Nosebleeds.
- Facial injury.

### Management of casualties with wounds and bleeding

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - haemorrhage control as appropriate (direct pressure, elevation, simple dressing, pressure dressing, tourniquet)
  - management of any amputated components (cleaning, storage)
  - considerations for airway management
  - provision of supplementary oxygen
  - appropriate casualty handling and positioning.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Learning outcome 7: Understand the recognition and management of a casualty suffering from hypovolaemic shock

### Hypovolaemic shock

- Definition of hypovolaemic shock, i.e. a lack of circulating blood volume leading to an inadequate perfusion with oxygen.
- Stages of hypovolaemic shock.
- Signs, e.g. blood loss, respiratory rate, heart tachycardia associated with each stage.
- Symptoms, e.g. mental state, pain.

### Management of casualties with hypovolaemic shock

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - appropriate actions to be taken, where possible, to manage the cause
  - provision of supplementary oxygen
  - casualty handling and positioning.

### What needs to be learned

- Observations and recording of information for casualty handover and completion of Patient Review Forms.
- Clinical handover to the next echelon of pre-hospital care.

### Learning outcome 8: Understand the principles of manual handling

#### Types of manual handling injuries

- Soft tissue injuries:
  - sprains
  - strains.
- Spinal injuries.

#### Dynamic manual handling risk assessment

- TILE(O) assessment:
  - task
  - individual
  - load
  - environment
  - other.

#### Manual handling techniques for lifting

- As per the latest Health and Safety Executive guidance on lifting techniques.

#### Manual handling techniques for pushing and pulling

- As per the latest Health and Safety Executive guidance on pushing and pulling techniques.

#### Transferring a casualty in cardiorespiratory arrest from chair to floor

- Techniques for transfer of casualty from chair to floor:
  - one person
  - two person
  - three person.
- As per the latest Resus Council UK guidelines.

#### Importance of appropriate manual handling techniques to the first responder

- To the casualty:
  - risk of worsening condition
  - maintaining the dignity of the casualty.

### What needs to be learned

- To the first responder:
  - prevention of injury
  - reduced risk of injury impacting on ability to undertake job roles, e.g. time off work, ability to complete tasks
  - maintenance of fitness levels, e.g. immediate fitness level, later in life
  - risk of litigation to the first responder.

## Further information for tutors and assessors

### Essential resources

For this unit, centres need:

- oxygen cylinders
- oropharyngeal airways (size 0-4)
- nasopharyngeal airways (size 6 and 7)
- bag-valve-masks with tubing (adult and paediatric)
- tracheostomy masks with tubing
- nasal cannulas with tubing
- non-rebreather masks with tubing (adult and paediatric)
- simple face masks with tubing
- Venturi masks with tubing
- manual suction devices, e.g. manual suction pump aspirator
- trauma dressings
- triangular bandages
- unmedicated wound dressings of various sizes to facilitate assessment
- selection of burns film
- tourniquets
- SpO2 monitors
- tough cut shears
- pen torches
- nitrile gloves
- antiseptic wipes
- Patient Report Forms
- orthopaedic scoop stretcher and straps

## Suggested reading/resources

### Textbooks

Association of Ambulance Chief Executives - *UK Ambulance Services Clinical Practice Guidelines 2016* (Class Publishing, 2016) ISBN 978-1859595947

Pilbery and Lethbridge - *Ambulance Care Essentials* (Class Publishing, 2015)  
ISBN 978-1859595824

### Websites

[fphc.rcsed.ac.uk](http://fphc.rcsed.ac.uk)

Consensus Statements from the Royal College of Surgeons of Edinburgh, Faculty of Pre-hospital Care

[www.hse.gov.uk](http://www.hse.gov.uk)

Health and Safety Executive guidance on manual handling

[www.resus.org.uk](http://www.resus.org.uk)

Resuscitation Council UK guidance on manual handling

## Essential information for assessment

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Assessment*.

The table below shows the recommended approach to assessment with suitable forms of evidence. Centres can use this approach or use different suitable forms of evidence.

Learning outcome	Assignment title	Recommended assessment approach
1 Understand the recognition and management of casualties with burns	Recognising and Managing Trauma	<p><u>Task 1</u></p> <p>Learners will produce a guide book about the recognition and management of casualties suffering from the following trauma-related conditions:</p> <ul style="list-style-type: none"> <li>• burns (burns and scalds)</li> <li>• hypothermia and hyperthermia</li> <li>• musculoskeletal injuries</li> <li>• head injuries</li> <li>• spinal injuries</li> <li>• wounds and bleeding</li> <li>• hypovolemic shock.</li> </ul> <p><u>Task 2</u></p> <p>Learners will create an educational resource or presentation detailing the correct principles of manual handling, which could be given to new members of their organisation. This could be in the form of a leaflet.</p>
2 Understand the recognition and management of casualties with hypothermia and hyperthermia and their related injuries		
3 Understand the recognition and management of casualties with musculoskeletal injuries		
4 Understand the recognition and management of casualties with a head injury		
5 Understand the recognition and management of a casualty with a spinal injury		
6 Understand the recognition and management of casualties with wounds and bleeding		
7 Understand the recognition and management of a casualty suffering from hypovolaemic shock		
8 Understand the principles of manual handling		

All assessment **must** be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines.

The following guidance explains the minimum standard of evidence that learners **must** present in order to achieve a pass in this unit.

### **Learning outcomes 1, 2, 3, 4, 5, 6, 7 and 8 - Recognising and Managing Trauma**

To pass this assignment, learners must show that they understand and can recognise casualties presenting each of the trauma conditions listed. Learners will then need to devise a management plan for casualties suffering from each of the common trauma conditions and explain why it is important to follow the plan they have devised. The management plan should include:

- the clinical management required to at least maintain or hopefully improve the casualty's condition while awaiting the arrival of the next echelon of pre-hospital care. This should be appropriate to the first responder's scope of practice and the current clinical guidelines (i.e. Resus Council Guidelines and UK Ambulance Service Clinical Practice Guidelines)
- casualty handling and positioning to ensure that the casualty is both comfortable and not placed at any further risk
- observations they would carry out and the information they would record in preparation for clinical handover and the completion of Patient Review Forms.

To achieve a pass for learning outcome 1, learners will describe the signs and symptoms of the different severities of burn. Learners will then identify the eight different hazard warning signs (hazard pictograms) by providing a labelled image of each hazard warning sign. Learners will provide a step-by-step breakdown of what action they would take to manage a casualty suffering from a dry burn or scald and the reasons why they would follow that plan. Finally, learners will explain how and why they would vary the actions taken to manage a dry burn or scald when managing casualties with each of the special types of burn.

To achieve a pass for learning outcome 2, learners will give a detailed account of the signs and symptoms of the casualty, including the indicative body temperatures involved at each of the stages of hypothermia and hyperthermia. Learners will provide a step by step breakdown of what actions they would take to manage casualties suffering from hypothermia and hyperthermia and the reasons why they would follow the stated management plans.

To achieve a pass for learning outcome 4, learners will provide a detailed account of the features of each type of fracture. Learners will go on to describe the signs and symptoms of each type of fracture, dislocations and soft tissue injuries, such as strains or sprains, to the extent they would be able to recognise casualties suffering from these injuries. Learners will provide a step-by-step breakdown of what action they would take to manage casualties suffering from an open fracture, a closed fracture, a dislocation, a casualty suffering from either a sprain or a strain, a potential pelvic fracture and a potential chest injury. This should include the reasons why it is important that they follow the stated management plans in relation to each type of injury presented.

To achieve a pass for learning outcome 4, learners will identify four mechanisms which have the potential to cause a head injury and explain how the way in which the head trauma may occur would enable them to predict a possible head injury prior to assessing the casualty. Learners will describe how to recognise the signs and symptoms of a minor head injury as well as the signs and symptoms of a potentially serious head injury. Learners will provide a step-by-step breakdown of what action they will take to manage a casualty suffering from a minor head injury as well as a casualty suffering from a potentially serious head injury. This should include the consideration as to whether to use manual immobilisation, where appropriate and possible, as well as the consideration to provide supplementary oxygen. Learners will explain why it is important that they follow the stated management plans.

To achieve a pass for learning outcome 5, learners will identify four different mechanisms of injury and explain how identifying the mechanism would enable them to predict a possible spinal injury prior to assessing the casualty. Learners will describe the signs and symptoms of a possible spinal cord injury to the extent they would be able to recognise this while working as a first responder. Learners will provide a step-by-step breakdown of what action they will take to manage a casualty suffering from a suspected spinal injury, including the use of manual in-line stabilisation and the provision of supplementary oxygen. Learners will explain why it is important that they follow the stated management plans.

To achieve a pass for learning outcome 6, learners will describe the features of the three different wound types as well as the signs and symptoms of internal blood loss to the extent they would be able to recognise these while working as a first responder. Learners will provide a step-by-step detailed breakdown of what action they would take to manage casualties presenting with different types of wound and bleeding. This should include the management of a casualty who has a non-compressible haemorrhage, a casualty who has a compressible haemorrhage, a casualty with a nose bleed, and the management of an amputated body part. Learners will explain the special considerations for managing a casualty with a facial injury, including what needs to be covered for the management of the casualty's airway. For each casualty identified learners should explain the reasons why they would follow the respective management plans provided.

To achieve a pass for learning outcome 7, learners will describe the stages of hypovolaemic shock as well as the signs and symptoms of hypovolaemic shock to the extent they would be able to recognise them while working as a first responder. Learners will provide a step-by-step breakdown of what action they would take to manage a casualty suffering from hypovolaemic shock, including the need to stop the cause where possible, the provision of supplementary oxygen and the appropriate handling and positioning of the casualty to improve blood flow to the vital organs. Learners will explain why it is important that they follow the stated management plans.

To achieve a pass for learning outcome 8, learners will identify a specific example of two types of manual handling injury before explaining how each injury might occur and the reasons why. They will then identify what each letter of the acronym TILE(O) stands for and the componentry of each section of the assessment, as well as providing specific examples of how each letter can be adhered to and the reasons why this should be followed. They will describe the correct techniques for lifting, pushing and pulling, in accordance with the latest HSE guidance, providing appropriate examples to illustrate what they mean. Learners will then describe, in accordance with the latest guidance from the Resuscitation Council UK, the three techniques for moving a casualty in cardiorespiratory arrest from a chair to the floor. This must include how to move the casualty when working as a team of three, two and on their own. Finally, learners will explain why it is important for the first person on scene to apply correct and appropriate manual handling techniques. The explanation should provide a reasoned argument why they should apply correct and appropriate manual handling techniques as well as the potential impact of not following this guidance, providing appropriate examples to illustrate what they mean.

### **Links to other units**

There are elements of this unit that link to *Unit 2: Core Emergency Care of Casualties for the First Responder*. Learners will build on the knowledge and skills gained in other units to support their understanding of the processes and practices within this unit.





## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the recognition and management of a casualty who has been poisoned	1.1	Describe how to recognise casualties who have been poisoned
		1.2	Explain the management of a casualty who has been poisoned
2	Explore the recognition and management of a casualty suffering from allergic reactions and anaphylaxis	2.1	Compare and contrast the signs and symptoms of a casualty suffering from allergic reactions and anaphylaxis
		2.2	Explain the management of casualties suffering from anaphylaxis
		2.3	Demonstrate how to administer intramuscular adrenalin using a pre-filled auto-injector
3	Understand the recognition and management of casualties with common respiratory conditions	3.1	Describe how to recognise casualties suffering from four common respiratory conditions
		3.2	Explain the management of casualties suffering from four common respiratory conditions
		3.3	Describe how to recognise a hypoxic casualty
		3.4	Explain the management of a casualty who is hypoxic
4	Understand the recognition and management of casualties with suspected cardiac conditions	4.1	Describe how to recognise casualties with suspected cardiac conditions
		4.2	Explain the management of casualties suffering from suspected cardiac conditions

Learning outcomes		Assessment criteria	
5	Explore the recognition and management of casualties suffering from diabetic emergencies	5.1	Describe how to recognise casualties suffering from diabetic emergencies
		5.2	Explain the management of casualties suffering from diabetic emergencies
		5.3	Demonstrate how to use a blood glucose meter to measure a casualty's blood glucose level
6	Understand the recognition and management of a casualty having a seizure	6.1	Describe how to recognise a casualty having a seizure
		6.2	Explain the management of a casualty having a seizure
7	Understand the recognition and management of a casualty suffering a suspected stroke	7.1	Describe how to recognise a casualty suffering a suspected stroke
		7.2	Explain the management of a casualty suffering a suspected stroke
8	Understand the recognition and management of casualties with other potentially life-threatening medical conditions	8.1	Describe how to recognise adults, children and infants with three other potentially life-threatening medical conditions that require urgent extraction to hospital
		8.2	Explain the management of a casualty with a potentially life-threatening medical condition beyond own scope of practice

## Content

What needs to be learned
<p><b>Learning outcome 1: Understand the recognition and management of a casualty who has been poisoned</b></p>
<p><b>Poisoning</b></p> <ul style="list-style-type: none"><li>• Definition.</li><li>• Routes of entry:<ul style="list-style-type: none"><li>○ ingestion</li><li>○ injection, i.e. puncture of the skin, e.g. by insects, bites or needles</li><li>○ inhalation</li><li>○ instilled</li><li>○ absorption.</li></ul></li><li>• Types of poison, e.g. drugs, alcohol, chemical, envenomation.</li><li>• Signs of poisoning, e.g. breath smells, empty containers, staining, entry point.</li><li>• Symptoms specific to type of poison, e.g. physical indicators, level of response.</li></ul> <p><b>Management of a casualty who has been poisoned</b></p> <ul style="list-style-type: none"><li>• Retain identified samples, and/or data sheets, of the poison where possible.</li><li>• Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):<ul style="list-style-type: none"><li>○ casualty handling and positioning</li><li>○ observations and recording of information for casualty handover and completion of Patient Report Forms</li><li>○ dynamic assessment and management of A(c)BCDE.</li></ul></li><li>• Clinical handover to the next echelon of pre-hospital care.</li></ul>
<p><b>Learning outcome 2: Explore the recognition and management of a casualty suffering from allergic reactions and anaphylaxis</b></p>
<p><b>Allergens</b></p> <ul style="list-style-type: none"><li>• Common allergens, e.g. grass and tree pollens; foodstuffs; chemicals; bites, stings and envenomation; drugs.</li></ul> <p><b>Types of allergic reaction</b></p> <ul style="list-style-type: none"><li>• Mild allergic reactions:<ul style="list-style-type: none"><li>○ definition, i.e. reactions that do not spread to other parts of the body</li><li>○ signs, e.g. rash, watery eyes</li><li>○ symptoms, e.g. itchy eyes, nasal congestion.</li></ul></li></ul>

## What needs to be learned

- Moderate allergic reactions:
  - definition, i.e. mild reactions where signs and/or symptoms then spread to other parts of the body.
- Anaphylaxis:
  - definition, i.e. a severe and life-threatening emergency in which the response to the allergen is intense and affects the whole body
  - signs, e.g. flushing, rash, swelling, vomiting
  - symptoms, e.g. life-threatening airway, breathing and circulation problems, i.e. throat and tongue swelling, wheeze, shortness of breath.

### Management of casualties suffering from anaphylaxis

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - provision of IM adrenaline to adults, children and infants using the casualty's own pre-filled auto-injector prescribed by a clinician in accordance with manufacturer's instructions
  - provision of IM adrenaline to adults, children and infants using a pre-filled auto-injector provided to first responder by employing organisation in line with the correct dosage identified by current guidelines in accordance with manufacturer's instructions
  - provision of supplementary oxygen where appropriate
  - appropriate casualty handling and positioning
  - dynamic assessment and management of DRCA(c)BCDE.
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Learning outcome 3: Understand the recognition and management of casualties with common respiratory conditions

### Common respiratory conditions affecting breathing

- Asthma:
  - definition
  - types of asthma (moderate, acute severe, life-threatening)
  - signs, e.g. coughing, wheezing
  - symptoms, e.g. tight chest, shortness of breath.
- Hyperventilation:
  - definition
  - signs, e.g. agitation, over breathing, tremors, carpo-pedal spasm
  - symptoms, e.g. feeling of not being able to breathe, tingling in face and hands.

## What needs to be learned

- Lower respiratory tract infections:
  - definition
  - severity of infection (chest infection, pneumonia)
  - signs, e.g. persistent cough, coughing up yellow/green phlegm or blood, high temperature, fever, cough which may be productive, tachypnoea, reduction of SpO2 levels
  - symptoms, e.g. chest pain, confusion, chest pain, fatigue, confusion in elderly casualties.
- Chronic obstructive pulmonary disease:
  - definition
  - types (emphysema, chronic bronchitis)
  - signs, e.g. cough that produces lots of mucus, frequent chest infections
  - symptoms, e.g. chest pain, fatigue, breathlessness made worse when exercising or moving around.

### Expected values for breathing

- Normal SpO2 ranges.
- SpO2 ranges in COPD patients.
- Respiratory rate.
- Depth of breathing.
- Effort of breathing.

### Management of casualties with common respiratory conditions

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - provide assistance with administering casualties own prescribed medication by gathering such medicines such as inhalers, e.g. checking date on medication, confirm correct medication for casualty
  - appropriate casualty handling and positioning
  - provision of supplemental oxygen where appropriate
  - dynamic assessment and management of DRCA(c)BCDE
- Observations and recording of information for casualty handover and completion of Patient Report Forms
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Hypoxia

- Definition.
- Causes of hypoxia:
  - choking
  - blood loss
  - chest injury
  - low concentration of oxygen in air, e.g. altitude, failure of scuba diving breathing apparatus, smoke-filled environment
  - chemical or gas poisoning
  - brain/spinal cord injury
  - near drowning
  - lung problems, e.g. emphysema, asthma
  - medications that reduce effort for breathing, e.g. narcotics
  - heart conditions, e.g. heart failure
  - anaemia
  - reduced blood flow to organ tissue, e.g. arterial blockage, wound
- Signs, e.g. skin colour, respiratory rate, SpO<sub>2</sub> saturations.
- Symptoms of hypoxia, e.g. confusion, shortness of breath.

### Management of the hypoxic casualty

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - appropriate casualty handling and positioning
  - provision of supplemental oxygen
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Learning outcome 4: Understand the recognition and management of casualties with suspected cardiac conditions

### Angina (acute coronary syndromes)

- Definition.
- Types of angina:
  - stable angina (features, causes)
  - unstable angina (features, causes).
- Signs, e.g. sweating, breathlessness.
- Symptoms, e.g. chest pain, nausea, palpitations.

## What needs to be learned

### Heart attack

- Definition.
- Signs, e.g. sweating, breathlessness, unconsciousness.
- Symptoms, e.g. chest pain, radiating pain, palpitations.

### Management of casualties suffering from suspected cardiac conditions

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - administration of aspirin
  - locating casualties own prescribed medication, e.g. GTN
  - appropriate casualty handling and positioning
  - provision of appropriate supplementary oxygen where appropriate
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Learning outcome 5: Explore the recognition and management of casualties suffering from diabetic emergencies

### Diabetes

- Types:
  - Type 1 insulin dependent
  - Type 2 non-insulin dependent.
- Signs, i.e. medical alerts (e.g. tags, bracelets).

### Diabetic emergencies

- Hypoglycaemia:
  - definition
  - signs, e.g. low blood glucose, increased heart rate, sweating, dry skin that does not bounce back when pinched
  - symptoms, e.g. fatigue, nausea, blurred vision.
- Hyperglycaemia:
  - definition
  - signs, e.g. high blood glucose, fruity breath odour
  - symptoms, e.g. increased thirst, increased hunger.
  - Consideration of the potential for diabetic ketoacidosis.

## What needs to be learned

### Measuring blood glucose levels

- Normal blood glucose ranges according to UK Ambulance Service Clinical Practice Guidelines:
  - adults
  - children
  - infants.
- Variations in blood sugar levels, e.g. up to two hours after meals, before meals, according to type of diabetes
- Preparation and use of lancing device and test strips in line with manufacturer's instructions
- Discarding of test strips.

### Management of casualties suffering from diabetic emergencies

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - appropriate actions if casualty is time critical (request for urgent assistance from definitive pre-hospital care, need for urgent transfer to hospital)
  - ongoing assessment of diabetic emergency (signs of dehydration, clinical assessment of blood glucose, vital signs, SpO<sub>2</sub>)
  - appropriate casualty handling and positioning
  - provision of oral sugar, e.g. glucose drinks, chocolate or glucose 40% oral gel)
  - advise further medical intervention if levels are high but casualty is not time critical, e.g. General Practitioner, Emergency Care Centre
  - provision of supplementary oxygen if casualty is hypoxaemic
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Learning outcome 6: Understand the recognition and management of a casualty having a seizure

### Seizures

- Causes:
  - epilepsy
  - head injury
  - drugs
  - alcohol
  - diabetes.

### What needs to be learned

- Signs, e.g. muscle twitching, convulsions, difficulty talking.
- Symptoms, e.g. aura, blurred vision, light-headedness.

### Management of a casualty suffering from a seizure

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - appropriate casualty handling and positioning
  - appropriate steps to protect from further harm
  - provision of supplemental oxygen where appropriate
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

### Learning outcome 7: Understand the recognition and management of a casualty suffering a suspected stroke

#### Stroke

- Types of stroke:
  - ischaemic
  - haemorrhagic
  - transient ischaemic attack (TIA).
- Signs, i.e. face, arms, speech (FAST).
- Symptoms, e.g. paralysis of one side of the body, loss/blurring of vision.
- Management of a casualty suffering a suspected stroke
- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - appropriate casualty handling and positioning
  - provision of supplemental oxygen where appropriate
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## What needs to be learned

### Learning outcome 8: Understand the recognition and management of casualties with other potentially life-threatening medical conditions

#### Recognition of other potentially life-threatening medical conditions

- Meningitis:
  - signs, i.e. rash, vomiting, fever, cold hands and feet
  - symptoms, i.e. muscle/neck pain, drowsiness, photophobia.
- Septicaemia:
  - signs, e.g. high temperature, violent shivering and chills, rapid and shallow breathing, pale and clammy skin, tachycardia, poor perfusion
  - symptoms, e.g. extreme tiredness, faintness, confusion, loss of consciousness.
- Other potentially life-threatening medical conditions, e.g. malaria, appendicitis:
  - signs appropriate to the condition
  - symptoms appropriate to the condition.

#### Management of casualties suffering from other potentially life-threatening medical conditions

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - dynamic assessment and management of DRCA(c)BCDE
  - appropriate casualty handling and positioning
  - appropriate actions to request urgent medical assistance
- Observations and recording of information for casualty handover and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

## Further information for tutors and assessors

### Essential resources

For this unit, centres need:

- oxygen cylinders
- bag-valve-masks with tubing (adult and paediatric)
- tracheostomy masks with tubing
- nasal cannulas with tubing
- non-rebreather masks with tubing (adult and paediatric)
- simple face masks with tubing
- Venturi masks with tubing
- selection of various asthma inhaler training units
- nitrile gloves
- antiseptic wipes
- selection of various adrenaline auto-injector training units, one of each type of auto injector
  - Jext - <https://jext.co.uk>
  - Epipen - <http://www.epipen.co.uk>
  - *Emerade* – <http://www.emerade.com/hcp/adrenaline-auto-injector>
- blood glucose meters, lancets and strips
- SpO2 monitors
- pen torches
- sharps bins.

### Suggested reading/resources

#### Textbooks

Association of Ambulance Chief Executives - *UK Ambulance Services Clinical Practice Guidelines 2016* (Class Publishing, 2016) ISBN 978-1859595947

Pilbery and Lethbridge - *Ambulance Care Essentials* (Class Publishing, 2015) ISBN 978-1859595824

#### Websites

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

Information about severe allergic reactions

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Information about seizures

[www.meningitisnow.org](http://www.meningitisnow.org)

Information on meningitis in adults and children

## Essential information for assessment

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Assessment*.

The table below shows the recommended approach to assessment with suitable forms of evidence. Centres can use this approach or use different suitable forms of evidence.

Learning outcome	Assignment title	Recommended assessment approach
1 Understand the recognition and management of a casualty who has been poisoned	Medical Conditions: How to Recognise Them and What Should You Do?	<p>It is recommended that the assessment of this unit is conducted in a single assignment split into two separate tasks.</p> <p><u>Task 1</u></p> <p>Learners could produce a report about how to recognise and manage casualties suffering from each of the common medical conditions.</p> <p>The report should provide a detailed account of the signs and symptoms you would expect a casualty to present in order to diagnose the following types of medical condition:</p> <ul style="list-style-type: none"> <li>• Poisoning.</li> <li>• Allergic reactions and anaphylaxis.</li> <li>• Common respiratory conditions and hypoxia.</li> <li>• Cardiac conditions.</li> <li>• Diabetic emergencies.</li> <li>• Seizures.</li> <li>• Stroke.</li> </ul> <p>Three other potentially life-threatening medical conditions, including meningitis and septicaemia.</p>
2 Understand the recognition and management of a casualty suffering from allergic reactions and anaphylaxis		
3 Understand the recognition and management of casualties with breathing difficulties		
4 Understand the recognition and management of casualties with suspected cardiac conditions		
5 Understand the recognition and management of casualties suffering from diabetic emergencies		
6 Understand the recognition and management of a casualty having a seizure		

Learning outcome	Assignment title	Recommended assessment approach
7 Understand the recognition and management of a casualty suffering a suspected stroke		In each case the learner should also include an explanation of how they would manage casualties presenting such conditions while awaiting the arrival of the next echelon of pre-hospital care and the reasons why.
8 Understand the recognition and management of casualties with other potentially life-threatening medical conditions		<u>Task 2</u> Produce a training video demonstrating how to: <ul style="list-style-type: none"> <li>• administer intramuscular adrenalin using a pre-filled auto-injector</li> <li>• measure blood glucose level using a blood glucose meter.</li> </ul>

The assessment of skills in this unit **must** be conducted in simulated scenarios. All assessment **must** be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines.

The following guidance explains the minimum standard of evidence that learners **must** present in order to achieve a pass in this unit.

#### **Learning outcomes 1, 2, 3, 4, 5, 6, 7 and 8 - Medical Conditions: How to Recognise Them and What Should You Do?**

For these learning outcomes, learners must show that they understand and can recognise casualties presenting each of the common medical conditions. They must clearly describe a sufficient range of signs and symptoms they would need to be able to recognise in order for the assessor and verifiers to be confident that they could make an informed decision about which medical condition the casualty is suffering from and to be able to confidently devise an appropriate casualty management plan. Learners will also need to devise management plans for casualties identified as suffering from each of the common medical conditions. In doing so, learners must explain the appropriate actions they should take to manage the casualty while awaiting the arrival of the next echelon of care, as well as why it is important to follow the plan they have devised.

To achieve a pass for learning outcome 1, learners need to identify a specific poison for each of the five routes of entry. For each poison identified, learners will describe in detail the typical signs and symptoms they would expect a casualty to present as a result of each poison. For a casualty presenting the signs and symptoms of one of the identified poisons the learner must then detail what steps they would take to manage the casualty while awaiting the next echelon of care and the reasons why these actions should be followed.

To achieve a pass for learning outcome 2, using a minimum of one example of an allergen that may cause an allergic reaction, learners will compare and contrast the difference in severity between an allergic reaction and anaphylaxis. They will explain the actions they would take to manage a casualty who is having an anaphylactic reaction and the reasons why these actions should be followed. In task 2, learners will need to demonstrate how to competently and confidently administer intramuscular adrenalin into a casualty's outer thigh, using a prefilled auto-injector in line with the manufacturer's instructions.

To achieve a pass for learning outcome 3, learners will describe how to recognise casualties suffering from each of the four common respiratory conditions, including what effect each is likely to have on the expected physiological values for breathing. Learners must explain the actions they would take to manage a casualty suffering from each of the four common respiratory conditions and the reasons why these actions should be followed. Learners will also describe how they would recognise if a casualty is hypoxic by detailing the potential causes of hypoxia and the typical signs and symptoms that they would look for in order to diagnose a hypoxic casualty. Learners must explain how to manage a casualty who is hypoxic. This explanation must include the appropriate dosage and administration of supplementary oxygen as well as when they would need to assist or completely take over the casualty's ventilation and the reasons why these steps are important.

To achieve a pass for learning outcome 4, learners should provide a description of the signs and symptoms of cardiac conditions, including both stable and unstable angina, as well as heart attack. This must include the different physiological changes that learners would expect to be present in each condition, as well as other related signs and symptoms that they would expect the casualty to present in order to make an informed decision about the course of action they should follow. They will explain how they would manage casualties suffering from each of the cardiac conditions identified and why these steps are important. This should include when and how to assist the casualty to self-administer their own medicine, the appropriate provision of supplementary oxygen, the appropriate administration of aspirin, as well as the observations that need to be conducted and the associated information that needs to be recorded in preparation for an effective clinical handover.

To achieve a pass for learning outcome 5, learners will describe the signs and symptoms they would expect to see in a casualty who is hypoglycaemic and another who is hyperglycaemic. Learners will explain the course of action they would take to manage each casualty and the reasons why these actions should be followed. In task 2, learners need to demonstrate how to confidently and competently measure the blood glucose level of a casualty, using a blood glucose meter in accordance with the manufacturer's instructions.

To achieve a pass for learning outcome 6, learners will describe how they would recognise a casualty who is having a seizure by detailing the signs and symptoms that would enable them to make an informed diagnosis. Learners will explain the course of action they would take to manage such a casualty and the reasons why these actions should be followed.

To achieve a pass for learning outcome 7, learners will describe the signs and symptoms they would look for in order to diagnose a casualty suffering a potential stroke. Learners will explain the course of action they would take to manage such a casualty and the reasons why these actions should be followed. This should include appropriate casualty handling and positioning, the provision of supplementary oxygen and the conducting of appropriate observations to enable the recording of information for an effective casualty handover.

Finally, to achieve a pass for learning outcome 8, learners will describe the signs and symptoms they would need to recognise in order to diagnose casualties with suspected meningitis, suspected septicaemia and at least one other potentially life-threatening medical condition. Where differences between adults, children and infants exist, learners' responses must address these differences. They must explain the course of action they would take to manage such casualties and the reasons why these actions should be followed. This should include how they would ensure they make the casualty comfortable, actions they would take to help prevent the casualty's conditions from worsening, as well as how they would go about ensuring that the casualty receives urgent definitive medical care.

#### **Links to other units**

There are elements of this unit that link to *Unit 2: Core Emergency Care of Casualties for the First Responder*. Learners will build on the knowledge and skills learned in other units to support their understanding of the processes and practices within this unit.

# Unit 5: Developing the Core Competencies of Incident Management for the First Responder

Level:	4
Assessment type:	Internal
Guided learning:	19

---

## Unit introduction

As the first responder you may be called to attend incidents involving casualties with a wide range of clinical needs, some of which could be closely associated with specific job roles that you undertake in your professional career such as major chest injuries and prolonged exposure to the extremes of temperature. However, as you will already have learned in *Unit 1: Roles and Responsibilities of the First Responder*, the role of the first responder goes beyond that of clinical management and requires you to take responsibility for the wider scope of managing incidents, including scene management and safety. When you attend such incidents you will be required to make decisions about how to manage your own and others' safety as well as how to manage the packaging and movement of casualties.

You will have already completed Units 1 to 4 in which you should have developed your knowledge and understanding of how to manage the casualty and the wider incident as the first responder, and explored a variety of skills and techniques used in order to provide appropriate management to casualties while awaiting the arrival of definitive pre-hospital care.

In this synoptic unit, you will explore and use the knowledge and understanding that you have previously developed to develop and demonstrate the skills that are essential to competently manage incidents from the point of your arrival on scene to the completion of the post-incident procedures. You will develop your confidence and competency in using your knowledge, skills and understanding in simulated environments covering a range of incidents, including casualties who have suffered a cardiac arrest, a casualty suffering with traumatic injuries, a casualty suffering from major traumatic injuries and a casualty with an acute medical condition.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Be able to manage an incident involving an adult casualty in cardiac arrest and assist a more qualified practitioner in the extrication of the casualty	1.1	Conduct a scene survey and take appropriate actions to minimise risk to acceptable levels for an incident involving an adult in cardiac arrest
		1.2	Provide clinical management to an adult casualty in cardiac arrest in line with current clinical guidelines and scope of practice
		1.3	Provide an accurate and complete clinical handover to the next echelon of care for an adult casualty who has suffered cardiac arrest
		1.4	Assist the clinician to package an adult casualty who has suffered a cardiac arrest
		1.5	Assist with the movement of an adult casualty who has suffered cardiac arrest to medical assistance
2	Be able to manage an incident involving a child or infant casualty in cardiac arrest	2.1	Conduct a scene survey and take appropriate actions to minimise risk to acceptable levels for an incident involving a child or infant in cardiac arrest
		2.2	Provide clinical management to a child or infant casualty in cardiac arrest in line with current clinical guidelines and scope of practice
		2.3	Provide an accurate and complete clinical handover to the next echelon of care for a child or infant casualty who has suffered cardiac arrest
3	Be able to manage an incident involving a single casualty with two or more types of traumatic injury	3.1	Conduct a scene survey and take appropriate actions to minimise risk to acceptable levels for an incident involving a single casualty with two or more types of traumatic injury
		3.2	Provide clinical management to a single casualty with two or more types of traumatic injury in line with current clinical guidelines and scope of practice
		3.3	Accurately complete a Patient Report Form for a single casualty with two or more types of traumatic injury

Learning outcomes		Assessment criteria	
		3.4	Provide an accurate and complete clinical handover to the next echelon of care for a single casualty with two or more types of traumatic injury
4	Be able to manage an incident involving a single casualty with two or more types of major traumatic injury and assist a more qualified practitioner in the extrication of the casualty	4.1	Conduct a scene survey and take appropriate actions to minimise risk to acceptable levels for an incident involving a single casualty with two or more types of major traumatic injury
		4.2	Provide clinical management to a single casualty with two or more types of major traumatic injuries in line with current clinical guidelines and scope of practice
		4.3	Provide an accurate and complete clinical handover to the next echelon of care for a single casualty with two or more types of major traumatic injury
		4.4	Assist the clinician to package a single casualty with two or more types of major traumatic injury
		4.5	Assist with the movement of a single casualty with two or more types of major traumatic injury to medical assistance
5	Be able to manage an incident involving a casualty with an acute medical condition	5.1	Conduct a scene survey and take appropriate actions to minimise risk to acceptable levels for an incident involving a casualty with an acute medical condition
		5.2	Provide clinical management to a casualty with an acute medical condition in line with current clinical guidelines and scope of practice
		5.3	Accurately complete a Patient Report Form for a casualty with an acute medical condition
		5.4	Provide an accurate and complete clinical handover to the next echelon of care for a casualty with an acute medical condition

## Content

### What needs to be learned

**Learning outcome 1: Be able to manage an incident involving an adult casualty in cardiac arrest and assist a more qualified practitioner in the extrication of the casualty**

#### Types of adult casualty in cardiac arrest

- An adult in cardiac arrest.
- A drowned adult in cardiac arrest.
- An adult with a hypovolaemic arrest.
- An adult with an occluded airway in cardiac arrest.
- A pregnant woman in cardiac arrest.

#### Management of the incident

- Scene survey and scene management:
  - establish safety in line with the hierarchy of priority
  - consider the impact of the environment on the management of the scene
  - attempt to establish the cause of the cardiac arrest
  - impact of cardiac arrest or injury on scene management
  - Consideration for triage of casualties
  - impact of scene survey on the need for additional resources, e.g. assistance of emergency services, Personal Protective Equipment
  - appropriate use of communication equipment, e.g. radio, telephone
  - dynamic risk assessment.
- Management of the casualty:
  - casualty assessment, i.e. DRCA(c)BCDE
  - recognising when to summon assistance
  - clinical management in line with current Resus Council Guidelines and scope of practice as identified in Unit 2.
- Completion of Patient Report Form:
  - appropriate timing for completion
  - accurate completion of data/information.
- Casualty handover:
  - following appropriate protocol (ATMIST, ASHICE or SBAR)
  - timeliness of handover
  - accuracy of data/information.

## What needs to be learned

- Packaging of the casualty:
  - use of stretchers to secure and prepare casualty for transport, e.g. scoop and straps
  - following instructions of the clinician.
- Movement of the casualty from the scene:
  - destination (e.g. to a vehicle, to shelter)
  - following instructions of the clinician.

## Learning outcome 2: Be able to manage an incident involving a child or infant casualty in cardiac arrest

### Types of child or infant casualty in cardiac arrest

- A child or infant in cardiac arrest.
- A drowned child or infant in cardiac arrest.
- A child or infant with a hypovolaemic arrest.
- A child or infant with an occluded airway in cardiac arrest.

### Management of the incident

- Scene survey and scene management:
  - establish safety in line with the hierarchy of priority
  - consider the impact of the environment on the management of the scene
  - attempt to establish the cause of the cardiac arrest
  - impact of cardiac arrest of injury on scene management
  - consideration for triage of casualties
  - impact of scene survey on the need for additional resources, e.g. assistance of emergency services, Personal Protective Equipment
  - appropriate use of communication equipment, e.g. radio, telephone
  - dynamic risk assessment.
- Management of the casualty:
  - casualty assessment, i.e. DRCA(c)BCDE
  - recognising when to summon assistance
  - clinical management in line with current Resus Council Guidelines and scope of practice as identified in Unit 2.
- Completion of Patient Report Form:
  - appropriate timing for completion
  - accurate completion of data/information.
- Casualty handover:
  - following appropriate protocol (ATMIST, ASHICE or SBAR)
  - timeliness of handover
  - accuracy of data/information.

## What needs to be learned

### Learning outcome 3: Be able to manage an incident involving a single casualty with two or more types of traumatic injury

#### Traumatic injuries

- Thermal injuries.
- Sprains and strains.
- Neck of femur fractures.
- Minor head injury.
- Limb wounds.

#### Management of the incident

- Scene survey and scene management:
  - establish safety in line with the hierarchy of priority
  - consider the impact of the environment on the management of the scene
  - attempt to establish the mechanisms of injury
  - impact of mechanism of injury on scene management and potential management of the casualty
  - consideration for triage of casualties
  - impact of scene survey on the need for additional resources, e.g. assistance of emergency services, Personal Protective Equipment
  - appropriate use of communication equipment, e.g. radio, telephone
  - dynamic risk assessment.
- Recognising when to summon assistance.
- Management of injured casualty:
  - general observations (position; movement; colour, e.g. pale, flushed)
  - establish consent
  - casualty assessment protocols as identified in Unit 2
  - continued casualty assessment (top-to-toe assessment, observations, event history, casualty history/symptoms)
  - management of the casualty as appropriate to the injuries presented and in line with current UK Ambulance Service Clinical Practice Guidelines and scope of practice identified in Unit 3.
- Completion of Patient Report Form:
  - appropriate timing for completion
  - accurate completion of data/information.
- Casualty handover:
  - following appropriate protocol (ATMIST, ASHICE or SBAR)
  - timeliness of handover
  - accuracy of data/information.

## What needs to be learned

**Learning outcome 4: Be able to manage an incident involving a single casualty with two or more types of major traumatic injury and assist a more qualified practitioner in the extrication of the casualty**

### Major traumatic injuries

- Definition, i.e. multiple serious injuries that could result in significant physical harm or death.
- Learners must cover at least one type of injury compatible with major trauma from:
  - limbs with a circulatory compromise
  - pelvic fracture
  - serious chest injuries.
- Learners must also cover at least one type of injury compatible with major trauma from:
  - severe thermal injuries
  - fractured long bones (midshaft femur, tibia, fibula, radius, ulna, humerus)
  - major head injury
  - spinal injuries
  - potential catastrophic haemorrhage
  - non-compressible haemorrhage
  - major amputation, i.e. amputation proximal from the wrist or ankle.

### Management of the incident

- Scene survey and scene management:
  - establish safety in line with the hierarchy of priority
  - consider the impact of the environment on the management of the scene
  - attempt to establish the mechanisms of injury
  - impact of mechanism of injury on scene management and potential management of the casualty
  - consideration for triage of casualties
  - impact of scene survey on the need for additional resources, e.g. assistance of emergency services, Personal Protective Equipment
  - appropriate use of communication equipment, e.g. radio, telephone
  - dynamic risk assessment.
- Recognising when to summon assistance.

## What needs to be learned

- Management of injured casualty:
  - general observations (position; movement; colour, e.g. pale, flushed)
  - establish consent
  - casualty assessment protocols as identified in Unit 2
  - continued casualty assessment (top-to-toe assessment, observations, event history, casualty history/symptoms)
  - management of the casualty as appropriate to the injuries presented and in line with current UK Ambulance Service Clinical Practice Guidelines and scope of practice identified in Unit 3.
- Completion of Patient Report Form:
  - appropriate timing for completion
  - accurate completion of data/information.
- Casualty handover:
  - following appropriate protocol (ATMIST, ASHICE or SBAR)
  - timeliness of handover
  - accuracy of data/information.
- Packaging of the casualty:
  - use of stretchers to secure and prepare casualty for transport, e.g. scoop andstraps
  - immobilisation as appropriate for casualty's injuries
  - following instructions of the clinician.
- Movement of the casualty from the scene:
  - destination (e.g. to a vehicle, to shelter)
  - following instructions of the clinician.

## Learning outcome 5: Be able to manage an incident involving a casualty with an acute medical condition

### Types of medical condition

- Poisoning.
- Severe allergic reactions.
- Anaphylaxis.
- Breathing difficulties:
  - asthma (moderate, acute, life threatening)
  - hyperventilation
  - chest infection
  - exacerbation of chronic chest diseases (emphysema, bronchitis).

## What needs to be learned

- Cardiac conditions:
  - angina
  - heart attack.
- Diabetic emergency:
  - hypoglycaemia
  - hyperglycaemia.
- Seizures.
- Stroke.
- Transient loss of consciousness.

### Management of the incident

- Scene survey and scene management:
  - establish safety in line with the hierarchy of priority
  - consider the impact of the environment on the management of the scene
  - attempt to establish the history of the presenting complaint
  - impact of the condition on scene management and potential management of the casualty
  - consideration for triage of casualties
  - impact of scene survey on the need for additional resources, e.g. assistance of emergency services, Personal Protective Equipment
  - appropriate use of communication equipment, e.g. radio, telephone
  - dynamic risk assessment.
- Recognising when to summon assistance.
- Management of casualty with an acute medical condition:
  - general observations (position; movement; colour, e.g. pale, flushed)
  - establish consent
  - casualty assessment protocols as identified in Unit 2
  - continued casualty assessment (top-to-toe assessment; observations; history of presenting complaint; casualty history (past medical conditions, prescription medications, over-the-counter medications, natural medications, other substances, allergies, family history, social history); symptoms)
  - management of the casualty as appropriate to the injuries presented and in line with current UK Ambulance Service Clinical Practice Guidelines and scope of practice identified in Unit 4.
- Completion of Patient Report Form:
  - appropriate timing for completion
  - accurate completion of data/information.

### What needs to be learned

- Casualty handover:
  - following appropriate protocol (ATMIST, ASHICE or SBAR)
  - timeliness of handover
  - accuracy of data/information.

## Further information for tutors and assessors

### Essential resources

For this unit, centres need:

- adult full body ALS manikin
- child ALS manikin
- adult airway management trainer
- CPR manikins (adult, child and infant)
- automated external defibrillator training devices
- oxygen cylinders
- bag-valve-masks with tubing
- pocket masks with tubing
- nasal cannulas with tubing
- simple face masks with tubing
- non-rebreather masks with tubing (adult and paediatric)
- Venturi masks with tubing
- tracheostomy masks with tubing
- nasopharyngeal airways (size 6 and 7)
- oropharyngeal airways (size 0-4)
- manual suction devices, e.g. manual suction pump aspirator
- trauma dressings
- triangular bandages
- unmedicated wound dressings of various sizes to facilitate assessment
- tourniquets
- haemostatics
- pelvic splints
- nitrile gloves
- antiseptic wipes
- selection of various adrenaline auto-injector training units
- blood glucose meters and strips
- sharps box
- patient report forms
- stretcher and straps.

## Suggested reading/resources

### Textbooks

Association of Ambulance Chief Executives - *UK Ambulance Services Clinical Practice Guidelines 2016* (Class Publishing, 2016) ISBN 978-1859595947

Pilbery and Lethbridge - *Ambulance Care Essentials* (Class Publishing, 2015) ISBN 978-1859595824

### Essential information for assessment

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Assessment*.

The table below shows the recommended approach to assessment with suitable forms of evidence. Centres can use this approach or use different suitable forms of evidence.

Learning outcome	Assignment title	Recommended assessment approach
1 Be able to manage an incident involving an adult casualty in cardiac arrest and assist a more qualified practitioner in the extrication of the casualty	Managing an Incident Involving an Adult Casualty in Cardiac Arrest	<u>Assignment 1 - Task 1</u> In a simulated scenario, learners should demonstrate how to manage an incident involving an adult in cardiac arrest, showing that they can manage the incident from the point of arrival on scene through to the clinical handover to the next echelon of pre-hospital care, including assisting the clinician to package and move the casualty. Evidence of learners' demonstration should take the form of video evidence.
2 Be able to manage an incident involving a child or infant casualty in cardiac arrest	Managing an Incident Involving a Child or Infant Casualty in Cardiac Arrest	<u>Assignment 2 - Task 1</u> In a simulated scenario, learners should demonstrate how to manage an incident involving a child or infant in cardiac arrest, showing that they can manage the incident from the point of arrival on scene through to the clinical handover to the next echelon of pre-hospital care. Evidence of learners' demonstration should take the form of video evidence.

Learning outcome	Assignment title	Recommended assessment approach
<p>3 Be able to manage an incident involving a single casualty with two or more types of traumatic injury</p>	<p>Managing an Incident Involving a Single Casualty with Traumatic Injuries</p>	<p><u>Assignment 3 - Task 1</u></p> <p>In a simulated scenario, learners should demonstrate how to manage an incident involving a casualty with traumatic injuries. They will need to show that they can manage the incident from the point of arrival on scene through to the clinical handover to the next echelon of pre-hospital care. Evidence of learners' demonstration should take the form of video evidence.</p> <p><u>Assignment 3 - Task 2</u></p> <p>Learners should accurately complete a Patient Report Form for the casualty managed as part of Task 1 and submitted as part of learners' evidence towards this learning outcome.</p>
<p>4 Be able to manage an incident involving a single casualty with two or more types of major traumatic injury and assist a more qualified practitioner in the extrication of the casualty</p>	<p>Managing an Incident Involving a Single Casualty with Major Traumatic Injuries</p>	<p><u>Assignment 4 - Task 1</u></p> <p>In a simulated scenario, learners should demonstrate how to manage an incident involving a casualty with major traumatic injuries. They will need to show that they can manage the incident from the point of arrival on scene through to the clinical handover to the next echelon of pre-hospital care. Following clinical management, learners should demonstrate how to assist a clinician to package the casualty ready for movement and assist them in moving the casualty by following the clinician's instructions. Evidence of learners' demonstration should take the form of video evidence.</p>

Learning outcome	Assignment title	Recommended assessment approach
5 Be able to manage an incident involving a casualty with an acute medical condition	Managing an Incident Involving a Casualty with an Acute Medical Condition	<p><u>Assignment 5 - Task 1</u></p> <p>In a simulated scenario, learners should demonstrate how to manage an incident involving a casualty with an acute medical condition. They will need to show that they can manage the incident from the point of arrival on scene through to the clinical handover to the next echelon of pre-hospital care. Evidence of learners' demonstration should take the form of video evidence.</p> <p><u>Assignment 5 - Task 2</u></p> <p>Learners should accurately complete a Patient Report Form for the incident attended as part of Task 1. The completed Patient Report Form should be submitted as evidence towards this learning outcome.</p>

The assessment of skills in this unit **must** be conducted in simulated scenarios that involve learners attending and managing an incident from the point of their arrival on scene to the point of completion. Centres must devise suitable assessment tasks that assess learners' achievement of the assessment criteria holistically, rather than dividing the assignment into individual tasks addressing each individual assessment criterion.

All assessment must be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines.

The following guidance explains the minimum standard of evidence that learners **must** present in order to achieve a pass in this unit.

#### **Learning outcome 1 - Managing an Incident Involving an Adult Casualty in Cardiac Arrest**

To achieve a pass for learning outcome 1, learners will need to attend and manage an incident involving an adult casualty in cardiac arrest. On arrival, they will conduct a thorough scene survey, taking into account any potential hazards that may pose a risk to the safety of themselves, bystanders or the casualty. In doing this, they will consider the impact of the environment on the casualty and any issues with access and egress. As a result of this survey, learners will effectively minimise or remove any potential risks to themselves or others at the scene by taking appropriate action within their scope of practice. Learners will attempt to establish, and then consider, the cause of the arrest in order to inform potential management of the casualty. Learners will request, when needed, any additional resources, such as an AED and the support of other emergency services, using a communication method that is appropriate to the scenario and their scope of practice. Throughout the incident, learners will demonstrate how they are conducting dynamic risk assessment to manage the potential for change to the level of risks posed to those at the scene. Learners will demonstrate that they have considered the potential for a catastrophic haemorrhage, and if required will manage

this accordingly before proceeding to the assessment and management of the casualty following the current Resus Council Guidelines and their scope of practice as identified in Unit 2. Learners are then expected to demonstrate appropriate techniques to clear, open and maintain the casualty's airway using suction and airway adjuncts before providing ventilations, using a bag-valve mask in order to achieve effective ventilation. Learners are expected to demonstrate the safe use of an AED in a shockable and non-shockable rhythm. Prior to the arrival of the clinician, a return of spontaneous circulation will occur that learners are expected to manage within their scope of practice. On the arrival of the next echelon of pre-hospital care, learners will conduct a timely and accurate clinical handover using one of the three recognised formats (ATMIST, ASHICE or SBAR). Following the handover, the learner will follow the instruction of the clinician in order to ensure the casualty is correctly packaged using appropriate techniques and equipment. The learner will then continue to work under the guidance of the clinician to assist in moving the casualty, using appropriate manual handling techniques, either to an appropriate vehicle or another appropriate safe place where the clinician can continue treatment.

### **Learning outcome 2 - Managing an Incident Involving a Child or Infant Casualty in Cardiac Arrest**

To achieve a pass for learning outcome 2, learners will need to attend and manage an incident involving a child or infant casualty in cardiac arrest. On arrival, they will conduct a thorough scene survey taking into account any potential hazards that may pose a risk to the safety of themselves, bystanders or the casualty. In doing this, they will consider the impact of the environment on the casualty and any issues with access and egress. As a result of this survey, learners will effectively minimise or remove any potential risks to themselves or others at the scene by taking appropriate action within their scope of practice. The learner will attempt to establish, and then consider, the cause of the arrest in order to inform potential management of the casualty. Learners will request, when needed, any additional resources, such as an AED and the support of other emergency services, using a communication method that is appropriate to the scenario and their scope of practice. Throughout the incident, learners will demonstrate how they are conducting dynamic risk assessment to manage the potential for change to the level of risks posed to those at the scene. Learners will demonstrate that they have considered the potential for a catastrophic haemorrhage, and if required will manage this accordingly before proceeding to the assessment and management of the casualty following the current Resus Council Guidelines and their scope of practice as identified in Unit 2. Learners are then expected to demonstrate appropriate techniques to clear, open and maintain the child or infant casualty's airway, including the use of appropriate airway adjuncts. They will then provide ventilations using an appropriate device in order to achieve effective ventilation. While continuing to provide basic life support to the casualty, and on the arrival of the next echelon of pre-hospital care, learners will conduct a timely and accurate clinical handover using one of the three recognised formats (ATMIST, ASHICE or SBAR).

### **Learning outcome 3 - Managing an Incident Involving a Single Casualty with Traumatic Injuries**

To achieve a pass for learning outcome 3, learners will need to attend and manage an incident involving a casualty with two or more types of traumatic injury. On arrival, they will conduct a thorough scene survey, taking into account any potential hazards that may pose a risk to the safety of themselves, bystanders and the casualty. In doing this, they will consider the impact of the environment on the casualty and any issues with access and egress. As a result of this survey, learners will effectively minimise or remove any potential risks to themselves or others at the scene by taking appropriate action within their scope of practice. Learners will attempt to establish, and then consider, the mechanisms of injury in order to inform potential management of the casualty. Learners will request, when needed, any additional resources and the support of other emergency services, using a method that is appropriate to the scenario and their scope of practice. Throughout the incident learners will demonstrate how they are conducting dynamic risk assessment to manage the potential for change to the level of risks posed to those at the scene. Learners will demonstrate that they have followed the correct DRCAB(c)DE protocols and, if required, will manage this accordingly before proceeding to demonstrate a comprehensive assessment and management of the casualty following the latest UK Ambulance Service Clinical Practice Guidelines and their scope of practice for the injuries the casualty is presenting. On the arrival of the next echelon of pre-hospital care, learners will conduct a clinical handover using one of the three recognised formats (ATMIST, ASHICE or SBAR) in a timely and accurate manner. When appropriate learners will complete a Patient Report Form with accurate information and data.

### **Learning outcome 4 - Managing an Incident Involving a Single Casualty with Major Traumatic Injuries**

To achieve a pass for learning outcome 4, learners will need to attend and manage an incident involving a casualty with two or more major traumatic injuries. On arrival, they will conduct a thorough scene survey taking into account any potential hazards that may pose a risk to the safety of themselves, bystanders and the casualty. In doing this, they will consider the impact of the environment on the casualty and any issues with access and egress. As a result of this survey, learners will effectively minimise or remove any potential risks to themselves or others at the scene by taking appropriate action within their scope of practice. Learners will attempt to establish, and then consider, the mechanisms of injury in order to inform potential management of the casualty. Learners will request, when needed, any additional resources, such as an AED and the support of other emergency services, using a method that is appropriate to the scenario and their scope of practice. Throughout the incident, learners will demonstrate how they are conducting dynamic risk assessment to manage the potential for change to the level of risks posed to those at the scene. Learners will demonstrate that they have followed the correct DRCAB(c)DE protocols and, if required, will manage this accordingly before proceeding to demonstrate a comprehensive assessment and management of the casualty following the latest UK Ambulance Service Clinical Practice Guidelines and their scope of practice for the injuries the casualty is presenting. On the arrival of the next echelon of pre-hospital care, learners will conduct a clinical handover using one of the three recognised formats (ATMIST, ASHICE or SBAR) in a timely and accurate manner. Following the handover, learners will under the instruction of the clinician, assist in packaging the casualty using techniques and equipment appropriate to the nature of the incident. Learners will then assist the clinician in the moving of the casualty to either an appropriate

vehicle or another appropriate safe place where the clinician can continue treatment. Learners must use appropriate manual handling techniques and equipment as well as providing appropriate instruction to others to ensure the safe and timely movement of the casualty.

### **Learning outcome 5 - Managing an Incident Involving a Casualty with an Acute Medical Condition**

To achieve a pass for learning outcome 5, learners will need to attend and manage an incident involving a casualty with an acute medical condition. On arrival, they will conduct a thorough scene survey taking into account any potential hazards that may pose a risk to the safety of themselves, bystanders and the casualty. In doing this, they will consider the impact of the environment on the casualty and any issues with access and egress. As a result of this survey, learners will effectively minimise or remove any potential risks to themselves or others at the scene by taking appropriate action within their scope of practice. Learners will attempt to establish, and then consider, the mechanisms of injury in order to inform potential management of the casualty. Learners will request, when needed, any additional resources, such as an AED and the support of other emergency services, using a method that is appropriate to the scenario and their scope of practice. Throughout the incident, learners will demonstrate how they are conducting dynamic risk assessment to manage the potential for change to the level of risks posed to those at the scene. Learners will demonstrate that they have considered the potential for a catastrophic haemorrhage, and if required will manage this accordingly before proceeding to demonstrate comprehensive assessment and management of the casualty following the latest UK Ambulance Service Clinical Practice Guidelines and their scope of practice. On the arrival of the next echelon of pre-hospital care, learners will conduct a clinical handover using one of the three recognised formats (ATMIST, ASHICE or SBAR) in a timely and accurate manner. When appropriate, learners will complete a Patient Report Form with accurate information and data.

N.B. In at least one of the assignments learners must demonstrate, during the initial scene survey, that they can manage a hazard that poses a risk to the safety of those at the scene effectively, within their scope of practice. It is recognised that what is manageable within the first responder's scope of practice will depend on their primary job role and wider training for that role. For example, if learners are training to become a community first responder they should not be expected to demonstrate how to manage an aggressive bystander with a weapon, as the only management of this would be to remove themselves from the situation thereby ending any further assessment. In contrast, learners training to become a first responder as part of training to become a close protection operative may view this scenario very differently. Therefore, centres must select the scenario very carefully to ensure that the potential risks posed by the chosen hazard would be manageable within the scope of practice of all first responders. For example, a broken glass bottle lying on the floor near a casualty at a scene already secured by a team of nightclub door supervisors would be expected to be manageable for all first responders.

In addition, for learning outcomes 3, 4 and 5 centres must set a scenario for one of these learning outcomes in which the casualty is unconscious.

## **Links to other units**

This unit links to all the other units in the qualification as it is a synoptic unit. Learners will build on the knowledge and skills learned in other units to support their understanding of the processes and practices within this unit.

## 13 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: [qualifications.pearson.com/en/support/contact-us.html](http://qualifications.pearson.com/en/support/contact-us.html)
- books, software and online resources for UK schools and colleges: [www.pearsonschoolsandcolleges.co.uk](http://www.pearsonschoolsandcolleges.co.uk)

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *Pearson Centre Guide to Quality Assurance for NVQs/SVQs and Competence Based Qualifications and Delivery Guidance*
- *Quality Assurance Requirement for NVQs/SVQs and Competence Based Qualifications*

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are also available on our website.

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

### **Additional resources**

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

# 14 Professional development and training

Pearson supports UK and international customers with support related to BTEC qualifications. This support is available on request

The support we offer focuses on a range of issues, such as:

- planning for the delivery of a new programme
- planning for assessment
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

. You can request centre-based training through the website or you can contact one of our advisers via Customer Services to discuss your training needs.

## **BTEC training and support for the lifetime of the qualifications**

**Training and networks:** our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with other BTEC colleagues in your region.

**Regional support:** our team of Curriculum Development Managers and Curriculum Support Consultants, based around the country, are responsible for providing advice and support in centres. They can help you with planning and curriculum developments.

To get in touch with our dedicated support teams please visit our website.

## **Your Pearson support team**

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there's someone in our Pearson support team to help you whenever - and however - you need:

- **Subject Advisors:** find out more about our subject advisor team - immediate, reliable support from a fellow subject expert

Please visit our website at [qualifications.pearson.com/en/support/contact-us.html](https://qualifications.pearson.com/en/support/contact-us.html)

## Appendix 1

---

### **Occupational knowledge and competence for Trainers, Assessors and Internal Quality Assurers involved in the delivery, assessment and quality assurance of First Person on Scene as per the Assessment Principles for Regulated First Aid Qualifications**

#### **Occupational knowledge and competence for all trainers involved in the delivery of First Person on Scene**

Those involved in the delivery of these qualifications (trainers) must have Occupational knowledge and competence in pre-hospital care evidenced by a relevant medical registration/qualification as detailed in the *Assessment Principles for Regulated First Aid Qualifications Appendix 1* such as:

- Current registration as a Doctor with the General Medical Council (GMC)
- or
- Current registration as a Nurse with the Nursing and Midwifery Council (NMC) and have suitable pre-hospital care experience
- or
- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)
- or
- Level 4 and above qualifications in Pre-hospital care for example:
  - Pearson BTEC Level 4 Extended Certificate for First Person on Scene
  - QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF)
  - Institute of Health and Care Development (IHCD) Ambulance Aid (Ambulance Technician)
  - Level 4 Diploma for Associate Ambulance Practitioners (QCF or RQF)

and

- Knowledge and competency in training / assessing pre-hospital care evidenced by an acceptable assessing qualification/CPD Training as detailed in the Assessment Principles for Regulated First Aid Qualifications Appendix 2
- Provide an up-to-date portfolio showing recent experience (within the last 2 years) of working in an emergency care environment.

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

#### **Occupational knowledge and competence for assessors involved in the assessment of First Person on Scene**

Those involved in the assessment of these qualifications must have knowledge and competency for delivery as above and knowledge and competency to assess based on qualifications and experience.

An acceptable portfolio must show:

- i. Occupational knowledge and competence in pre-hospital care evidenced by a relevant medical registration/qualification as detailed in the *Assessment Principles for Regulated First Aid Qualifications Appendix 1*
- ii. Knowledge and competency in assessing pre-hospital care evidenced by an acceptable assessing qualification/CPD Training as detailed in the *Assessment Principles for Regulated First Aid Qualifications Appendix 2*

**and**

Providing an acceptable log of pre-hospital care assessments conducted within the last 3 years

**or**

Providing an acceptable record of competently assessing theoretical and practical pre-hospital care qualifications under the supervision of a suitably qualified assessor.

### **Occupational knowledge and competence for those involved in the Internal Quality Assurance of First Person on Scene**

Those involved in the internal quality assurance of these qualifications (IQAs) must have knowledge and competency for delivery as above and knowledge and competency in internal quality assurance.

An acceptable portfolio must show:

- i. Occupational knowledge and competence in pre-hospital care evidenced by a relevant medical registration/qualification as detailed in the *Assessment Principles for Regulated First Aid Qualifications Appendix 1*
- ii. Knowledge and competency in internal quality assurance evidenced by an acceptable internal quality assurance qualification/CPD training as detailed in the *Assessment Principles for Regulated First Aid Qualifications Appendix 3*

**and**

Internal Quality Assurers must:

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

November 2019

For information about Edexcel, BTEC or LCCI qualifications visit [qualifications.pearson.com](http://qualifications.pearson.com)

BTEC is a registered trademark of Pearson Education Limited

Pearson Education Limited. Registered in England and Wales No. 872828  
Registered Office: 80 Strand, London WC2R 0RL.  
VAT Reg No GB 278 537121