Pearson
BTEC Level 3 Award
in Paediatric First Aid (QCF)

Specification

BTEC Specialist qualification

First teaching September 2014

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

Contents

Purpose of this specification

The purpose of a specification as defined by Ofqual is to set out:

- the qualification's objective

- any other qualification that a learner must have completed before taking the qualification

- any prior knowledge, skills or understanding that the learner is required to have before taking the qualification

- units that a learner must have completed before the qualification will be awarded and any optional routes

- any other requirements that a learner must have satisfied before they will be assessed or before the qualification will be awarded

- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)

- the method of any assessment and any associated requirements relating to it

- the criteria against which the learner's level of attainment will be measured (such as assessment criteria)

- any specimen materials

- any specified levels of attainment.

1   Introducing BTEC Specialist qualifications

What are BTEC Specialist qualifications?

BTEC Specialist qualifications are qualifications from Entry to Level 3 on the Qualifications and Credit Framework (QCF). They are work-related qualifications available in a range of sectors. They give learners the knowledge, understanding and skills they need to prepare for employment. The qualifications also provide career development opportunities for those already in work. The qualifications may be offered as full-time or part-time courses in schools or colleges. Training centres and employers may also offer these qualifications.

Some BTEC Specialist qualifications are knowledge components in Apprenticeship Frameworks, i.e. Technical Certificates.

There are three sizes of BTEC Specialist qualification in the QCF:

- Award (1 to 12 credits)
- Certificate (13 to 36 credits)
- Diploma (37 credits and above).

Every unit and qualification in the QCF has a credit value.

The credit value of a unit specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit.

The credit value of a unit is based on:

- one credit for every 10 hours of learning time
- learning time – defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes to the standard determined by the assessment criteria.

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 3 Award in Paediatric First Aid (QCF)
QCF Qualification Number (QN)	601/4643/6
Qualification framework	Qualifications and Credit Framework (QCF)
Accreditation start date	01/10/2014
Approved age ranges	16–18
	19+
Credit value	3
Assessment	Centre-devised assessment (internal assessment)
Guided learning hours	22
Grading information	The qualification and units are at 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 *Section 10 Access and recruitment*).

QCF Qualification Number and qualification title

Centres will need to use the QCF Qualification Number (QN) when they seek public funding for their learners. Every unit in a qualification has a QCF unit reference number (URN).

The qualification title, unit titles and QN are given on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. There is more information about certification in our *UK Information Manual,* available on our website at:
www.edexcel.com/iwantto/Pages/uk-information-manual

Qualification objective

The Pearson BTEC Level 3 Award in Paediatric First Aid (QCF) is for learners who work in, or who want to work in, the early years sector. It gives learners the knowledge, understanding and first-aid skills they need to be able to provide the first-aid care required to enter into the children's workforce.

It gives learners the opportunity to:

● develop and demonstrate competence as a paediatric first aider

● develop technical skills and knowledge of a range of injuries that can occur in children and infants in their care, including identifying injuries to bones, joints and muscles, an understanding of how to administer first aid to an infant for a variety of ailments such as head and spinal injuries, conditions affecting their eyes, ears and nose, poison and bites

● have existing skills recognised

● achieve a nationally accredited Level 3 first-aid qualification

● achieve a licence to practise paediatric first aid.

Relationship with previous qualifications

This qualification is replacing the current BTEC Level 2 Award in Paediatric First Aid, which was revised to bring it in line with new regulations and practices in the first aid industry.

Progression opportunities through Pearson qualifications

Learners who achieve the Pearson BTEC Level 3 Award in Paediatric First Aid (QCF) will have the opportunity to progress to an Early Years or Children and Young People qualification, such as a Level 3 Diploma in Children's Learning and Development (Early Years Educator) or a Level 3 Diploma in the Children and Young People's Workforce (Social Care or Learning Development and Support Services Pathways).

Industry support and recognition

This qualification is supported by Skills for Care and Development, the Sector Skills Council for people providing social work, social care and children's services to the people of the UK.

Relationship with Statutory Frameworks

This qualification is based on the Early Years Foundation Stage (EYFS) – Setting the standards for learning, development and care for children from birth to five (September 2014) and the Childcare Act (2006).

Certificates are valid for three years. In order to retain a current Paediatric First Aid award and prior to certificates expiring, learners will need to retrain and gain a certificate in a similar qualification to the BTEC in Paediatric First Aid.

The Health and Safety Executive (HSE) strongly recommends that all first-aiders (including tutors) undertake annual first aid refresher training, over half a day, during any three-year certification period. Although not mandatory, this will help qualified first-aiders maintain their basic skills and keep up to date with any changes to first-aid procedures.

3 Qualification structure

Pearson BTEC Level 3 Award in Paediatric First Aid (QCF)

The learner will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	3

Unit	Unit reference number	Mandatory units	Level	Credit	Guided learning hours
1	H/506/0792	Emergency Paediatric First Aid	3	1	10
2	D/506/0791	Managing Paediatric Illness, Injuries and Emergencies	3	2	12

4 Assessment

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

Units	Assessment method
All units	Centre-devised assessment

Centre-devised assessment (internal assessment)

Each unit has specified learning outcomes and assessment criteria. To pass an internally assessed unit, learners must meet all of the unit's learning outcomes. Centres may find it helpful if learners index and reference their evidence to the relevant learning outcomes and assessment criteria.

Centres need to write assignment briefs for learners to show what evidence is required. Assignment briefs should indicate clearly which assessment criteria are being targeted.

Assignment briefs and evidence produced by learners must meet any additional requirements given in the *Information for tutors* section of each unit.

Unless otherwise indicated in *Information for tutors*, the centre can decide the form of assessment evidence (for example performance observation, presentations, projects, tests, extended writing) as long as the methods chosen allow learners to produce valid, sufficient and reliable evidence of meeting the assessment criteria.

Centres are encouraged to give learners realistic scenarios and to maximise the use of practical activities in delivery and assessment.

To avoid over-assessment, centres are encouraged to link delivery and assessment across units.

There is more guidance about internal assessment on our website. For details please see *Section 13 Further information and useful publications*.

5   Recognising prior learning and achievement

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) 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.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Further guidance is available in our policy document *Recognition of Prior Learning Policy and Process*, available on our website at: www.edexcel.com/policies

Credit transfer

Credit transfer describes the process of using a credit or credits awarded in the context of a different qualification or awarded by a different awarding organisation towards the achievement requirements of another qualification. All awarding organisations recognise the credits awarded by all other awarding organisations that operate within the QCF.

If learners achieve credits with other awarding organisations, they do not need to retake any assessment for the same units. The centre must keep evidence of credit achievement.

6 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.
- Staff involved in the assessment process must have relevant expertise and occupational experience.
- There must be systems in place that ensure continuing professional development (CPD) for staff delivering the qualification.
- Centres must have in place appropriate health and safety policies relating to the use of equipment by learners.
- 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 10 Access and recruitment* and *Section 11 Access to qualifications for learners with disabilities or specific needs*. For full details of the Equality Act 2010, please go to www.legislation.gov.uk

Specific resource requirements

Specific resource requirements are detailed within each unit.

7   Centre recognition and approval

Centre recognition

Centres that have not previously offered Pearson 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 that is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any associated codes, conditions or regulations.

Pearson will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

8 Quality assurance of centres

Quality assurance is at the heart of vocational qualifications. The centre assesses BTEC qualifications. The centre will use quality assurance to make sure that their managers, internal verifiers and assessors are standardised and supported. Pearson uses quality assurance to check that all centres are working to national standards. It gives us the opportunity to identify and provide support, if needed, to safeguard certification. It also allows us to recognise and support good practice.

For the qualifications in this specification, the Pearson quality assurance model will follow one of the processes listed below.

1   Delivery of the qualification as part of a BTEC Apprenticeship ('single click' registration):

   • an annual visit by a Standards Verifier to review centre-wide quality assurance systems and sampling of internal verification and assessor decisions.

2   Delivery of the qualification outside the Apprenticeship:

   • an annual visit to the centre by a Centre Quality Reviewer to review centre-wide quality assurance systems

   • Lead Internal Verifier accreditation – this involves online training and standardisation of Lead Internal Verifiers using our OSCA platform, accessed via Edexcel Online. Please note that not all qualifications will include Lead Internal Verifier accreditation. Where this is the case, each year we will allocate a Standards Verifier to conduct postal sampling of internal verification and assessor decisions for the Principal Subject Area.

For further details please see the *UK Vocational Quality Assurance Handbook* on our website.

9 Programme delivery

Centres are free to offer this qualification using any mode of delivery (for example full-time, part-time, evening only, distance 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. Centres must adhere to the Pearson policies that apply to the different modes of delivery. Our policy on *Collaborative arrangements for the delivery of vocational qualifications* can be found on our website: www.edexcel.com/policies

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
- 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.

10 Access and recruitment

Pearson's policy regarding 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 any barriers that restrict access and progression
- there should be equal opportunities for all those wishing to access the qualifications.

Centres are required to recruit learners to BTEC Specialist qualifications with integrity.

Applicants will need relevant information and advice about the qualification to make sure it meets their needs.

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

Learner recruitment, preparation and support

Good practice in relation to learner recruitment, preparation and support includes the following.

- Providing initial advice and guidance, including work tasters, to potential learners to give them an insight into the relevant industry and the learning programme.
- Using a range of appropriate and rigorous selection methods to ensure that learners are matched to the programme best suited to their needs.
- Carrying out a thorough induction for learners to ensure that they completely understand the programme and what is expected of them. The induction should include, for example, the requirements of the programme, an initial assessment of current competency levels, assessment of individual learning styles, identification of training needs, an individual learning plan, details of training delivery and the assessment process. It is good practice to involve the employer in the induction process. This helps employers to understand what will be taking place during the programme and enables them to start building a relationship with the centre to support the effective delivery of the programme.
- Keeping in regular contact with the learner to keep them engaged and motivated, and ensuring that there are open lines of communication between the learner, the assessor, the employer and teaching staff.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during teaching and assessment of the qualification. The review must take account of the information and guidance in *Section 11 Access to qualifications for learners with disabilities or specific needs*.

11 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. It also requires our qualifications to be 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.

Learners taking a qualification may be assessed in British Sign Language or Irish Sign Language where it is permitted for the purpose of reasonable adjustments.

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

Details on how to make adjustments for learners with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*.

Both documents are on our website at: www.edexcel.com/policies

12 Units

Units have the following sections.

Unit title

The unit title is on the QCF and this form of words will appear on the learner's Notification of Performance (NOP).

Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

QCF level

All units and qualifications within the QCF have a level assigned to them. There are nine levels of achievement, from Entry to Level 8. The QCF Level Descriptors inform the allocation of the level.

Credit value

When a learner achieves a unit, they gain the specified number of credits.

Guided learning hours

Guided learning hours are the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim for a programme. This definition covers lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes assessment by staff where learners are present. It does not include time spent by staff marking assignments or homework where the learner is not present.

Unit aim

This gives a summary of what the unit aims to do.

Essential resources

This section 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.

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

Assessment criteria specify the standard required by the learner to achieve each learning outcome.

Unit amplification

This section clarifies what a learner needs to know to achieve a learning outcome.

Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Delivery* – explains the content's relationship to the learning outcomes and offers guidance on possible approaches to delivery.

- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.

- *Suggested resources* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.

Unit 1: Emergency Paediatric First Aid

Unit reference number: H/506/0792

QCF level: 3

Credit value: 1

Guided learning hours: 10

Unit summary

The aim of this unit is for the learner to attain knowledge and practical competences required to deal with a range of paediatric first aid situations.

The unit is designed for learners who have responsibility for children, whether at work in their setting or within a domestic environment. Serious incidents demand a wide range of skills in order to preserve life and prevent lasting harm. The unit is designed to enable learners to deal with all of these eventualities. It gives them the skills and underpinning knowledge needed to enable them to deal with paediatric emergencies appropriately and safely, to enhance the lives of the infants and children in their care.

Learners will be required to demonstrate the ability to carry out all essential first-aid skills, including performing cardiopulmonary resuscitation (CPR), arresting severe bleeding and dealing with obstructions of the airway. Learners will have the opportunity to develop the skills to manage minor wounds that may occur during active play.

Essential resources

Adequate floor space with comfortable floor covering or mats for use during practical training and assessment is required.

The following equipment must also be provided for each training course:

- infant and child resuscitation manikins

- hand-washing facilities

- suitable space for the demonstration of first-aid techniques and the role play of emergency situations

- resuscitation manikins – sufficient infant and child manikins for each candidate to practise first-aid skills (one between a maximum of four candidates)

- facilities to sterilise the manikin faces at the end of each course OR one disposable face shield per candidate OR manikin face wipes to be used between each candidate's demonstration on the resuscitation manikin

- replacement airways and lungs for each resuscitation manikin, to be changed in line with manufacturer's guidelines and industry standards

- disposable training dressings

- triangular bandages

- disposable non-latex gloves – one pair per learner

- one first aid kit and contents for demonstration

- a first aid box with appropriate content to meet the needs of children.

It is advised that a maximum of 12 candidates be trained at any one time by a single tutor.

Learning outcomes, assessment criteria and unit amplification

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		Unit amplification
1 Understand the role and responsibilities of the paediatric first aider	1.1	Define responsibilities of a paediatric first aider	□ Definition of a first aider □ Definition and responsibilities of a paediatric first aider, e.g. to preserve life, to prevent deterioration, to promote recovery □ Understanding limits of own role □ Methods of prevention of cross infection between self and casualties □ Ensuring the surrounding area is safe □ At the end of the incident return the area back to normal ensuring it is safe for normal activity to resume □ Accident/incident records, e.g. accurate and full completion of records
	1.2	Explain how to minimise the risk of infection to self and others	□ Methods of minimising the risk of infection to self and others □ Ensure first aid boxes are well stocked □ On-going risk assessments □ Staff refresher training □ Appropriate hand hygiene □ Effective use of Personal Protective Equipment (PPE)
	1.3	Describe first aid and personal protection equipment required for emergencies	□ PPE, e.g. disposable items including face shield, pocket mask, gloves and aprons □ First aid kit, e.g. expected contents □ Appropriate for the setting and needs

Learning outcomes	Assessment criteria		Unit amplification
	1.4	Describe how to use first aid and personal protection equipment safely	□ Safe use of first aid and PPE, e.g. face shield, pocket mask, hi-vis vest, gloves and disposable aprons □ When personal protection equipment should be used □ Maintenance of first aid equipment □ Safe and correct use and disposal of PPE

	1.5	Identify what information needs to be included in an accident report/incident record	□ Accident/incident record completed accurately, fully and in legible handwriting to include:
			  ○ Full name and address of person who had the accident/incident
			  ○ Details of the person completing the form to include their address
			  ○ Full details of the incident – date, time, location, what happened, full details of the injuries sustained
			  ○ What first aid treatment was required and if further medical assistance was required
			  ○ Signed and dated by the person completing the form
			□ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 details for the Health and Safety manager to complete if appropriate

	1.6	Explain reporting procedures following an accident/incident	□ Accident/incident reporting, e.g. timely, to the appropriate senior member of staff, in line with organisation requirements, accurate and detailed information □ Legal requirements of reporting
	1.7	Define an infant and a child for the purposes of first aid treatment	□ Definition of infant, e.g. under 12 months of age □ Definition of child, e.g. between one year and puberty

Learning outcomes	Assessment criteria		Unit amplification
2 Be able to assess an emergency situation safely	2.1	Conduct a scene survey	□ Practical demonstration and activity □ Include, e.g. assessing the scene for own, child's and bystanders safety
	2.2	Conduct a primary survey on an infant and a child	□ Practical demonstration and activity □ Covering checks for Dangers, Response, Airway, Breathing and Circulation check (DRABC) □ The levels of response, e.g. AVPU (Alert, Voice, Pain, Unresponsive) □ The four outcomes of AVPU key
	2.3	Identify when to call for help	□ How to call for help □ Appropriate timing □ Obtaining assistance from e.g. a colleague, others in the immediate environment, emergency services
	2.4	Explain what information needs to be given when obtaining assistance	Information and reasons for each: □ Exact location □ Casualty details e.g. number, age and gender □ Description of injury/illness □ Treatment provided □ Your name and telephone number □ Details of any hazards or potential hazards at the scene □ Reasons for passing on each piece of information

Learning outcomes		Assessment criteria		Unit amplification
3	Be able to provide first aid for an infant and a child who is unresponsive and breathing normally	3.1	Assess the level of consciousness of an infant and a child	□ Practical demonstration and activity □ Assess a child's level of consciousness to include, alert, responsiveness to voice, responsiveness to pain or unresponsive
		3.2	Explain why an infant and a child should be placed in the recovery position	□ Definition of Recovery Position □ Why, when and how you would place a child in the recovery position
		3.3	Place an infant and a child in the recovery position	□ Practical demonstration and activity on a simulated casualty □ Safe, prompt and effective demonstration ending with casualty's airway being open
		3.4	Continually monitor an infant and a child whilst they are in the recovery position	□ Monitoring a child once they have been placed in the recovery position □ Checking, e.g. airway, breathing, circulation, levels of responsiveness □ Other injuries considered □ Recording information accurately
		3.5	Assist an infant and a child who is experiencing a seizure	□ Definition of seizure □ Manage treatment for a child experiencing a seizure or febrile convulsion safely □ Ensure own and child's safety, e.g. removal of potential sources of injury, maintaining a safe environment for infant/child, gently protect their head □ Time the seizure □ Loosen any tight clothing around neck □ Call emergency services □ Monitor airway and breathing □ Keep child warm and manage any bystanders

Learning outcomes	Assessment criteria		Unit amplification
4 Be able to provide first aid for an infant and a child who is unresponsive and not breathing	4.1	Identify when to administer Cardio Pulmonary Resuscitation (CPR) to an unresponsive infant and an unresponsive child who is not breathing normally	□ Definition of Cardio Pulmonary Resuscitation □ CPR, e.g. correct CPR procedures for an infant and a child, assessing response, maintenance of the airway □ When to administer Cardio Pulmonary Resuscitation, e.g. unresponsive child or infant who is not breathing normally (not breathing normally may also include agonal gasps)
	4.2	Administer CPR using an infant and a child manikin	□ Practical demonstration on an approved child and baby manikin of CPR □ Ventilation methods, e.g. mouth to mouth, mouth to nose, mouth to stoma or mouth to pocket mask □ How, e.g. assessing breathing, importance of sending for help, knowing when to begin CPR □ Points to watch, e.g. effective breaths, correct depth and rate of compressions continue repeating cycle of breaths and compressions □ Safe, prompt and effective demonstration by the candidate of CPR for both infant and child

Learning outcomes	Assessment criteria		Unit amplification
5 Be able to provide first aid for an infant and a child who has a foreign body airway obstruction	5.1	Identify when a foreign body airway obstruction is: • Mild • severe	☐ Classification of a foreign body airway obstruction ☐ Symptoms of a foreign body airway obstruction ☐ Recognition of obstruction in infants and children ☐ Mild level of obstruction, e.g. casualty able to speak, cough and breathe ☐ Severe level of obstruction, e.g. unable to speak, cough or breathe, choking, leading to eventual loss of consciousness
	5.2	Administer first aid to an infant and a child who is choking	☐ Practical demonstration and activity on an approved child and baby manikin of treatment for mild and severe choking ☐ Treatment: encouraging coughing in mild obstructions to eject the foreign body, infants (procedure for giving back blows, procedure for giving chest thrusts, when to administer CPR); children (procedure for back blows, procedure for abdominal thrusts, dealing with the unresponsive child, when to begin CPR) procedure to follow after administering treatment ☐ Safe, prompt and effective demonstration by the candidate ☐ Dealing with an unresponsive choking child and when to begin CPR

Learning outcomes	Assessment criteria		Unit amplification
6 Be able to provide first aid to an infant and a child with external bleeding	6.1	Describe the types and severity of bleeding	☐ Types of bleeding, e.g. arterial, venous and capillary ☐ Difference between severe bleeding and minor cuts/grazes ☐ Types of wound, e.g. internal, external, grazes, cuts, bruising, foreign objects, nose bleed, minor, severe and bleeding from the ear
	6.2	Explain the effect of severe blood loss on an infant and a child	☐ Effects of severe blood loss, e.g. loss of consciousness, shock, fainting pain and discomfort ☐ Prognosis, e.g. longer term effects

	6.3	Control external bleeding	☐ First aid, e.g. managing minor bleeding, managing major external bleeding, application of direct pressure
			☐ Controlling external bleeding practical demonstration and activity of relevant competencies to include:
			  ○ scene safety
			  ○ use of PPE
			  ○ hand hygiene
			  ○ examination of wound
			  ○ application of direct pressure
			  ○ application of bandages
			  ○ elevation of affected limb
			  ○ use and application of elevation slings
			  ○ knowledge of pressure points
			  ○ checking for foreign bodies and debris, application of indirect pressure where foreign bodies are embedded in the wound
			  ○ procedures for cleaning minor wounds
			  ○ ongoing reassurance of infants and children
			☐ Completion of accident/incident forms

Learning outcomes	Assessment criteria		Unit amplification
7 Understand how to provide first aid to an infant and a child who is suffering from shock	7.1	Define the term 'shock' relevant to first aid	☐ Definition, e.g. lack of oxygen going to the vital organs
	7.2	Describe how to recognise an infant and a child who is suffering from shock	☐ Recognising symptoms of shock, e.g. low blood pressure (hypotension), over-breathing (hyperventilation), a weak, absence or rapid pulse, cold, clammy, greyish-bluish (cyanotic) skin, decreased urine flow (oliguria), rapid shallow breathing, sweating, pale, cold clammy skin, weakness and dizziness, a sense of great anxiety and foreboding, confusion, absence of tears even when crying, could result in unconsciousness
			☐ Causes of shock, e.g. severe bleeding, heart attack, vomiting, diarrhoea, serve burns and internal bleeding, severe infection (sepsis)
	7.3	Explain how to manage the effects of shock	☐ Management, e.g. positioning infants and children; maintenance of clear airway, maintenance of normal body temperature, using the Care Cycle to monitor the patient, importance of reassurance
			☐ Treatment for shock, e.g. ensure area safe, treat the cause, call for emergency help, protect from cold, raise legs above level of heart to improve blood supply to vital organs, maintain clear airway, on-going reassurance
			☐ Monitor breathing and levels of consciousness

Learning outcomes	Assessment criteria		Unit amplification
8 Understand how to provide first aid to an infant and a child with anaphylaxis	8.1	List common triggers for anaphylaxis	□ Definition of anaphylaxis □ Common triggers for anaphylaxis include, e.g. pollen, dust, nuts, shellfish, eggs, wasp and bee stings, latex and certain medications
	8.2	Describe how to recognise anaphylaxis in an infant and a child	□ Recognition of anaphylaxis in an infant and a child red, itchy rash, watery eyes, swelling of hands and/or face, abdominal pain, vomiting, diarrhoea, difficulty breathing, chest pain, signs of shock leading to collapse and loss of consciousness □ Reference to child's medical history details as available
	8.3	Explain how to administer first aid for an infant and a child with anaphylaxis	□ First Aid, e.g. positioning infants and children, maintenance of clear airway, maintenance of normal body temperature, using the Care Cycle to monitor the patient, importance of reassurance, the Sampson grading system, removal of allergens, importance of allergen history, need for clear airway □ Knowledge of relevant medication, administration of medication if trained to do so, use of epipen, obtaining expert help □ If casualty becomes unconscious place in recovery position □ Closely monitor vital signs □ Record data accurately

Information for tutors

Delivery

There are various approaches to delivering a successful short qualification. Good learner recruitment is key and suggestions for good practice include:

- providing good pre-course information, advice and guidance

- using a range of appropriate and rigorous selection methods to ensure that learners are matched to the programme best suited to their needs

- carrying out an induction for learners to ensure that they completely understand the programme, what is expected of them and the assessment methods used.

This unit will be delivered in a classroom environment, through face-to-face delivery in line with the qualification specification, the needs of learners and Pearson policies.

Programme delivery should be well planned and structured to include a range of practical and knowledge-based activities to ensure that the necessary competencies are developed in an effective, interesting and coherent way.

Tutor demonstrations, followed by learner practice, can be used to develop and improve competences for learning outcomes. Learners could also benefit from receiving feedback from peers through peer assessment.

Formative assessments during delivery are a useful learning and assessment development tool and can help learners to identify additional learning that may be required before they are ready for summative assessment.

Centres are encouraged to use a wide range of delivery methods to maintain learners' interest. Suggested methods include classes, learner presentations, appropriate video clips, individual learner learning materials, quizzes and group discussions. These can all be used to teach the knowledge components of the units.

On-going feedback from tutors of practical skills should be aligned to learning outcomes and assessment criteria, to prepare learners for the final assessment activity.

This unit is about responding to emergency first-aid situations, so within the delivery tutors will need to develop learners' responsiveness to a range of situations in a timely and safe way, as well as developing their skills of emergency first aid.

Parts of learning outcome 1, *Understand the role and responsibilities of the paediatric first-aider*, could be linked to a work or work experience activity, showing how theory can be applied in practice.

The use of child and infant manikins is required to support the acquisition of resuscitation skills for Unit 1, as well as for preparation for assessment.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should apply the *Unit assessment guidance* and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt a holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

Learners will complete a centre-devised task or assignment and practical demonstration, based on the unit learning outcomes and assessment criteria. This assessment is internally verified and externally verified by a Pearson Standards Verifier and grading is pass or fail. Simulation on child and infant manikins is required.

This unit must be assessed in line with *Skills for Care and Development's QCF Assessment Principles*. For further information please refer to *Annexes A* and *B.*

The current Resuscitation Council guidelines should always be referred to when assessing this qualification.

Unit assessment guidance

Opportunities to practise competencies include using an infant or child manikin to demonstrate the application of CPR and how to deal with other situations within the assessment criteria. It is essential that learners are given these opportunities before beginning the assessment.

Knowledge and understanding outcomes can be evidenced by a centre-devised assessment, which can take a variety of formats depending on the individual needs of the learners. Centre-devised assessment must be internally verified as fit for purpose.

Learners could develop a portfolio of evidence, using the following activities as evidence to cover the assessment criteria.

For knowledge assessment criteria 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 and 1.7, learners could produce a booklet or other resource to be used as a guide for paediatric first-aiders. The booklet should include information on the role of the paediatric first-aider. For assessment criteria 7.1, 7.2 and 7.3, information could be produced as fact sheets with illustrations on recognising and responding to shock. For assessment criteria 8.1, 8.2 and 8.3, learners could gather information and create a poster about anaphylaxis and how to respond.

For competence assessment criteria 2.1, 2.2, 2.3, 3.1, 3.3, 3.4, 4.1, 4.2, 5.2 and 6.3, learners must be assessed via a series of practical demonstrations of the skills identified. Learners are required to demonstrate all aspects of the assessment criteria competently in the appropriate location. CPR and the recovery position must be demonstrated on the floor by the learner. The use of assessor feedback forms, witness testimonies and oral questioning sheets will be required to evidence practical assessment. Photographic evidence is also useful.

Suggested resources

Books

Barraclough N – *Paediatric First Aid Made Easy* (Qualsafe, 2013)
ISBN 9780955229428

St John Ambulance, St. Andrew's Ambulance Association, British Red Cross Society – *First Aid Manual, The Step by Step Guide for Everyone* (9th Edition) (Dorling Kindersley, 2011) ISBN 9781405335379

Sevett S – *Paediatric First Aid Handbook* (3rd Edition) (Highfield Limited, 2008)
ISBN 9781906404475

Shaloe R – *The LEARNING CREATORS guide to Paediatric First Aid*
(Learning Creators, 2013)

Websites

http://www.hse.gov.uk/firstaid/assessmenttool.htm — Work Basic Advice on First Aid

http://issuu.com/learningcreators/docs/paediatric_first_aid_final — Paediatric First Aid booklet

www.pre-school.org.uk – Pre-school Learning Alliance

www.skillsforhealth.org.uk/ – First Aid Assessment advice

Unit 2: Managing Paediatric Illness, Injuries and Emergencies

Unit reference number: D/506/0791

QCF level: 3

Credit value: 2

Guided learning hours: 12

Unit summary

The purpose of this unit is for the learner to attain knowledge and practical competences required to deal with the management of paediatric illness, injuries and emergencies.

The unit is designed for learners who have responsibility for children, whether at work in their setting or within a domestic environment.

Serious incidents demand a wide range of skills in order to preserve life and prevent lasting harm. This unit is designed to enable learners to deal with all of these eventualities, giving them the skills and underpinning knowledge to deal with paediatric emergencies appropriately and to enhance the lives of the infants and children in their care.

An understanding of the more common paediatric illnesses and injuries is essential for individuals who work within an early years setting. Children and infants may arrive at the setting in apparent health but develop illness during the course of the day. Other children may already have chronic conditions and may suffer from an acute episode which must be managed within the setting.

The unit gives learners the knowledge and understanding required to deal with different situations to reduce the distress for children and infants. The unit enables learners to investigate the causes and treatment of avoidable injuries such as poisoning, electric shocks and exposure to extremes of cold and heat. Learners who successfully complete this unit will be equipped to manage emergency situations in a professional and competent manner to the benefit of both staff and children within the setting.

Essential resources

Adequate floor space with comfortable floor covering or mats for use during practical training and assessment is required.

The following equipment must also be provided for each training course:

- disposable training dressing
- triangular bandage
- disposable non-latex gloves, one pair per candidate
- one first-aid kit and contents for demonstration
- emergency telephone numbers such as National Poisons Emergency Helpline, Electricity, Gas and Carbon Monoxide reporting line.

It is advised that a maximum of 12 candidates be trained at any one time by a single tutor.

Learning outcomes, assessment criteria and unit amplification

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		Unit amplification
1	Be able to administer first aid to an infant and a child with injuries to bones, joints and muscles	1.1	Describe types of fractures	☐ Definition of a bone fracture ☐ Types of fractures, e.g. green stick, traverse, oblique, comminuted, impacted, hairline, compound, with or without bone protruding from skin
		1.2	Recognise suspected: • Fractures • Dislocations • Sprains and strains	☐ Recognising fractures and dislocation, e.g. primary survey, secondary survey ☐ Signs and symptoms of fractures, e.g. pain, swelling, deformity, bruising, difficulty with movement ☐ Signs of shock
		1.3	Administer first aid for suspected: • Fractures • Dislocations • Sprains and strains	☐ Provide safe, prompt and effective first aid treatment ☐ First aid treatment, e.g. sending for medical help, treatment for shock, need for reassurance, nil by mouth in case of surgery/anaesthesia, demonstrating competence in applying support and elevation slings ☐ Administer first aid for dislocations, sprains and strains, e.g. immobilisation, application of splints, elevation of the joint, use of RICE (Rest, Ice, Compression, Elevation), immobilisation of different fractures, applying splints, use of pain relief for infants and children

Learning outcomes	Assessment criteria	Unit amplification
2 Be able to administer first aid to an infant and a child with head and spinal injuries	2.1 Describe how to recognise suspected: • Concussion • Skull fracture • Cerebral compression • Spinal injury	☐ Definition of concussion, skull fracture, cerebral compression and spinal injury ☐ Recognition of concussion, skull fracture, cerebral compression and spinal injury, closed and open head injuries includes but is not limited to: ○ the history ○ dizziness ○ confusion ○ nausea ○ memory loss ○ headaches ○ possible unconsciousness ○ fluid discharge ○ bruising, pain ○ loss of sensation in hands and feet ○ loss of bladder/bowel control and loss of movement in limbs ☐ Signs and symptoms including connected problems, e.g. disruption to sight and hearing, damage to jaws and teeth, nausea and vomiting, skull deformities, leaking of clear fluid from ears or nose and reasons for this, possible damage to major airways and management of this, symptoms of suspected damage to the spinal cord

Learning outcomes	Assessment criteria		Unit amplification
	2.2	Administer first aid for suspected: • Concussion • Skull fracture • Cerebral compression • Spinal injury	☐ Administer first aid, e.g. correct positioning of the head and neck, keeping the casualty as still as possible, sending for medical help, need for reassurance, dealing with conscious and unconscious casualties, dealing with convulsions ☐ To a simulated child and infant suffering from the following, concussion, skull fracture, cerebral compressions and spinal injury

Learning outcomes	Assessment criteria		Unit amplification
3 Understand how to administer first aid to an infant and a child with conditions affecting the eyes, ears and nose	3.1	Identify conditions affecting the: • eyes • ears • nose	☐ Common eye injuries, e.g. blows to the eye (checking for injuries to the eyeball, injuries to the eye socket, associated injuries to the head or face ☐ General conditions, e.g. infections, injuries, foreign objects ☐ Recognition of conditions affecting eyes, ears and nose, e.g. the history, confusion, swelling, fluid discharge, foreign objects and burns to area, occurrence of blurred vision, occurrence of hearing impairment
	3.2	Explain the action to take when conditions are identified	☐ The action to take when conditions are identified are: ☐ Eyes – calming and reassuring manner, carefully examine eye, don't attempt to remove foreign object, seek medical attention, cover eye if the child permits ☐ Ears – calming and reassuring manner, carefully examine ear, don't attempt to remove foreign object, seek medical attention ☐ Nose – calming and reassuring manner, encourage to breathe through mouth, carefully examine nose, don't attempt to remove foreign object, seek medical attention, treat for bleeding

Learning outcomes	Assessment criteria		Unit amplification
4 Understand how to administer emergency first aid to an infant and a child with a chronic medical condition or sudden illness	4.1	Describe how to recognise: • sickle cell crisis • diabetic emergencies • asthma attack • allergic reaction • meningitis • febrile convulsions	☐ Sickle cell crisis, e.g. pain stiffness in arms, legs, back, stomach, chest, neck joints, swelling of hands or feet, drowsiness, jaundice, sudden infection, face drooping, arm weakness on one side, speech problems or possible unconsciousness ☐ Diabetic emergencies, e.g. condition gets worse quickly, act out of character, cold sweaty skin, pale appear drunk like, confused, shallow but rapid breathing, medical alert tags, history of missing a meal, over exercising or insulin overdose ☐ Asthma attack, e.g. breathing and speaking, pale clammy skin, grey or blue lips, may go unconscious, history of asthma and panic ☐ Allergic reaction, e.g. red itchy rash, red itchy eyes, wheezing and/or difficulty breathing, swelling of hands/feet and or face, abdominal pain, vomiting and diarrhoea ☐ Meningitis, e.g. flue like illness with high temperature, rash, cold feet and hands, joint and limb pain, pale skin, severe headache, severe stiff neck, vomiting, eyes very sensitive to any light, drowsiness and floppiness ☐ Febrile convulsions, e.g. child/infant temperature rising rapidly above 38°C, convulsions/seizure, lips may go blue and child likely to be between ages of one and four years old

Learning outcomes	Assessment criteria		Unit amplification
	4.2	Explain how to manage:	Management of conditions
		• Sickle cell crisis	☐ Sickle cell crisis — inform parents, seek medical advice, calm and reassure, call emergency assistance if child has difficulty breathing
		• Diabetic emergency	☐ Diabetic emergencies — Calm and reassure, give a sugar drink, if they respond give further food and drink, if not call emergency assistance, monitor airway and breathing and inform parents.
		• Asthma attack	☐ Asthma attack — Position them sitting upright, pass their reliever inhaler, calm and reassure, monitor seeking medical attention if it appears to get worse
		• Allergic reaction	☐ Allergic reaction — Assess child/infant signs, symptoms and history, remove the cause, treat the symptoms allowing child to take own medication in line with their individual care plan
		• Meningitis	☐ Meningitis — Seek urgent medical attention, check child/infant for a rash, reassure child/infant, keep cool and monitor level of response. Airway and breathing
		• Febrile convulsions	☐ Febrile convulsions — Protect child/infant head during seizure, remove access clothing, move to an area with plenty of fresh air but do not over call, seek emergency medical assistance, ensure airway remains open, constantly monitor airway and breathing

Learning outcomes	Assessment criteria		Unit amplification
5 Understand how to administer first aid to an infant and a child who is experiencing the effects of extreme heat and cold	5.1	Describe how to recognise the effects of: • extreme cold • extreme heat	☐ Classification of a foreign body airway obstruction ☐ Symptoms of a foreign body airway obstruction ☐ Recognition of obstruction in infants and children ☐ Mild level of obstruction, e.g. casualty able to speak, cough and breathe ☐ Severe level of obstruction, e.g. unable to speak, cough or breathe, choking, leading to eventual loss of consciousness
	5.2	Explain how to manage the effects of: • extreme cold • extreme heat	☐ Extreme cold: monitor airway and breathing, calm and reassure, replace any wet clotting with dry garments coving the head, wrap the child in a blanket, give a warm drink if conscious and seek medical attention ☐ Extreme heat: monitor closely, calm and reassure, remove excessive clothing and lay then down, move to a cool shaded area, give cool water to re-hydrate them if conscious and seek medical attention

Learning outcomes	Assessment criteria		Unit amplification
6 Understand how to administer first aid to an infant and a child who has sustained an electric shock	6.1	Describe first aid treatments for electric shock incidents	Definition of low voltage 240 volts are found in the home or most workplaces. ☐ Make the area safe, keep by standers back, turn off the power source and break the contact between child and electrical supply before beginning any treatment ☐ Definition of high voltage of 440 volts or above is found in industry or running through power lines ☐ The power supply must be cut off and isolated before anyone approaches the child. Do not allow anyone to approach until you have been officially informed it is safe to do so
	6.2	Describe first aid treatments for electric shock incidents	☐ Steps in treatment for child, who has been electrocuted ☐ Ensure area is safe to approach ☐ Perform a primary and secondary survey treat all conditions found ☐ Call emergency assistance ☐ Treat entry and exit burns ☐ Treat for shock ☐ Reassure ☐ Closely monitor the child and complete incident report form

Learning outcomes	Assessment criteria		Unit amplification
7 Understand how to administer first aid to an infant and a child with burns or scalds	7.1	Describe how to recognise the severity of: • burns • scalds	☐ Recognition of severity of burns and scolds ☐ Cause of burn or scold ☐ Size of area affected depth of burn ☐ Amount of blood or fluid loss and if the area has been infected
	7.2	Explain how to manage: • burns • scalds	☐ Process for management of burns and scolds ☐ Ensure scene is safe to approach ☐ Calm and reassure ☐ Make child comfortable ☐ Assess severity and cause ☐ Follow COSHH data sheet if appropriate ☐ Cool the area with cold running water until the pain is relieved taking care to avoid lowering body temperature too much ☐ Do not directly touch burned area ☐ Seek medical attention ☐ Report in line with organisational guidelines

Learning outcomes	Assessment criteria		Unit amplification
8 Understand how to administer first aid to an infant and a child who has been poisoned	8.1	Identify the routes that poisonous substances take to enter the body	□ Definition of poisonous substances □ Substances, e.g. plants, medication, cleaning products, food, airborne pollutants, drugs, alcohol □ Routes that poisonous substances entre the body e.g. ingested, absorbed, inhaled, splashed into eye or injected through skin
	8.2	Identify sources of information for treating those affected by sudden poisoning	□ Sources of information for treating those affected by sudden poisoning, e.g. labels on the containers, COSHH data sheets/on site records, the internet, telephone helpline, emergency services and NHS Direct
	8.3	Explain how to manage sudden poisoning	□ Management of sudden poisoning □ Ensure area is safe to approach □ Maintain open airway □ Breathing and circulation □ Identify cause of poisoning □ Arrange urgent medical assistance □ Keep samples of any vomited material □ Closely monitor and record vital signs

	Learning outcomes		Assessment criteria	Unit amplification
9	Understand how to administer first aid to an infant and a child who has been bitten or stung	9.1	Identify severity of bites and stings	☐ Recognition of severity bites and stings, e.g. cause, size and depth of area affected, amount of blood or fluid loss and if the area is/has been infected
		9.2	Explain how to manage bites and stings	☐ Management of bites and stings, e.g. ensure area is safe to approach, maintain open airway, breathing and circulation, identify cause, check if child suffers from anaphylactic closely monitor, record vital signs, and report in line with organisations reporting procedures
				☐ Sting specific, e.g. remove the sting is possible, elevate the area of possible, and apply ice or cold compress
				☐ Bite specific, e.g. clean and dress the wound, ensure bite is checked by a nurse/doctor

Learning outcomes	Assessment criteria		Unit amplification
10 Understand how to administer first aid to an infant and a child with minor injuries	10.1	Explain how to administer first aid for: • Small cuts • Grazes • Bumps and bruises • Small splinters • Nose bleeds	How to administer first aid for: ☐ Small cuts: ensure hand hygiene, put on gloves, gently rinse under running water, apply sterile dressing, elevate the wound, monitor, reassure and report in line with organisations reporting procedures ☐ Grazes: ensure hand hygiene, put on gloves, gently clean with sterile wipe, apply sterile dressing, elevate the wound, monitor, reassure and report in line with organisations reporting procedures ☐ Bumps and bruises: ensure hand hygiene, put on gloves, gently rinse under cold running water, apply sterile dressing if bleeding, elevate the wound, apply a cold compress, monitor, reassure and report in line with organisations reporting procedures ☐ Small splinters — ensure hand hygiene, put on gloves, using a sterile pair of tweezers gently pull out at the same angle it entered, apply sterile dressing, apply a cold compress, monitor, reassure and report in line with organisations reporting procedures ☐ Nose bleeds — ensure hand hygiene, put on gloves, encourage child to lean forward, ask child to pinch nose for 10 minutes, if bleeding continues or reoccurs seek medical attention, apply a cold compress to nose, monitor, reassure and report in line with organisations reporting procedures

Learning outcomes	Assessment criteria	Unit amplification
11 Understand how to complete records relating to illnesses, injuries and emergencies	11.1 Identify what information needs to be recorded for illnesses, injuries and emergencies	Information to be recorded for illnesses, injuries and emergencies ☐ name of child injured ☐ name of first aider ☐ date, time and place of incident ☐ exact details of what occurred ☐ exact details of injuries sustained ☐ treatment provided, what medical help was sort ☐ details of any witnesses ☐ further information to help with accident/incident investigate and prevent re-occurrence.
	11.2 Describe how to record the information for illnesses, injuries and emergencies	☐ How to record the information for illnesses, injuries and emergencies: complete in clear legible handwritten accident/incident report form, online typed accident/incident report form, to be completed immediately after the treatment has been concluded, in line with organisation accident reporting procedure/policies ☐ In addition report verbally to line manager, report to child's parents in line with organisation procedure
	11.3 Explain confidentiality procedures for recording, storing and sharing information	☐ Procedures for recording, storing and sharing information, report in line with current legislation and the organisation procedure ☐ Most important laws relating to health records are, e.g. Data Protection Act (1998), and Human Rights Act (1998) ☐ Treatment of all medical information confidentially, this includes accident report forms ☐ The Head/Setting Manager agreement with the parent who else should have access to records and other information concerning their child

Information for tutors

Delivery

There are various approaches to delivering a successful short qualification. Good learner recruitment is key, suggestions of good practice include:

- Providing good pre-course information, advice and guidance.

- Using a range of appropriate and rigorous selection methods to ensure that learners are matched to the programme best suited to their needs

- Carrying out an induction for learners to ensure, that they completely understand the programme, what is expected of them and the assessment methods used.

This unit will be delivered in a classroom environment, through face-to-face delivery in line with the qualification specification, the needs of learners and Pearson policies.

Programme delivery should be well planned and structured including a range of practical and knowledge based activities to ensure that the necessary competencies are developed in an effective, interesting and coherent way.

Tutor demonstrations followed by learner practice, can be used to develop and improve competences for learning outcomes. Learners could also benefit from receiving feedback from peers through peer assessment.

Formative assessments during delivery are a useful learning and assessment development tool and can help learners to identify additional learning that may be required before they are ready for summative assessment.

Centres are encouraged to use a wide range of delivery methods to maintain learners interest. Suggested methods include: classes, learner presentations, appropriate video clips, individual learner learning materials, quizzes and group discussions can all be used to teach the knowledge components of the units.

Ongoing feedback from tutors of practical skills should be aligned to learning outcomes and assessment criteria, to prepare learners for the final assessment activity.

This unit covers first aid when dealing with illness and injury emergencies that may occur in the care setting.

The unit requires comprehensive coverage of how to deal with a wide range of first-aid emergency situations and delivery using simulation and role play would greatly enhance the experience of the learners, bringing learning to life, within a meaningful context.

Many of the learning outcomes require delivery of the underpinning knowledge required to deal with the emergencies, and speakers from industry and specialists from the NHS or Social Services could support this. Photographic images of the variety of conditions that learners may encounter in the workplace will also assist them in recognising the injuries and illnesses.

Assessment

This unit is internally assessed. To pass the unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the *Unit assessment guidance* and meet the requirements of the assessment strategy given below.

Wherever possible, centres should adopt a holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

Learners will complete a centre-devised assessment based on the unit learning outcomes and assessment criteria. This assessment is internally verified and externally verified by a Pearson Standards Verifier. Simulation on child and infant manikins is required.

This unit must be assessed in line with Skills for Care and Development's QCF Assessment Principles. For further information please refer to *Annexes A* and *B*.

The current Resuscitation Council guidelines should always be referred to when assessing this qualification.

Unit assessment guidance

There are opportunities in the assessment criteria for learners to practise competencies, including using an infant or child manikin to demonstrate the application of CPR and how to deal with other situations. It is essential that learners are given these opportunities before beginning assessment.

Knowledge and understanding outcomes can be evidenced through a centre-devised assessment, which can take a variety of formats, depending on learners' individual needs. Centre-devised assessment must be internally verified as fit for purpose.

Learners could develop a portfolio of evidence, using the following activities as evidence to cover the assessment criteria.

For knowledge assessment criteria 1.1 and 1.2, learners could produce information that includes labelled diagrams and photographs of different types of bone fractures and dislocations, and descriptions of sprains and strains. For assessment criteria 2.1 and 2.2, learners could create a presentation of the definition, signs and symptoms of concussion, skull fracture, cerebral compression and spinal injury, this could be presented to a small group of peers. For assessment criteria 3.1 and 3.2, learners could produce information to enable paediatric first aiders to refer to in order to recognise conditions affecting the eyes, ears and nose, and know what action to take.

For assessment criteria 4.1 and 4.2, learners could produce a PowerPoint presentation or poster about each of the conditions listed in the range, including information on how to recognise and manage each of the conditions. For assessment criteria 5.1 and 5.2, learners could present information in the form of advice cards for different audiences covering how to recognise the effects of

extreme cold and heat and how to manage it, and for assessment criteria 6.1 and 6.2, learners could present information on explaining safe management and first aid for electric shock incidents. This could be presented as a booklet or leaflet with diagrams and step-by-step instruction.

For assessment criteria 7.1 and 7.2, learners could produce information on how to recognise and treat burns and scalds. Information could be presented as a poster with comments and images. For assessment criteria 8.1, 8.2 and 8.3, learners could provide information for different audiences that covers routes that poisonous substances enter the body and the treatment/management of this. For assessment criteria 9.1 and 9.2, learners could prepare information cards or fact sheets about stings and bites, and for assessment criterion 10.1, learners could prepare information to use in an early years setting about how to administer first aid for:

- small cuts
- grazes
- bumps and bruises
- small splinters
- nose bleeds.

Information could be presented in the form of a presentation or a leaflet.

For assessment criteria 11.1, 11.2 and 11.3, learners could gather information which could support the policies and procedures of the setting that they work in or a chosen setting. The information would cover illnesses, injuries and emergencies and the recording and storing procedures. Information could be presented as a reference handbook.

For skills assessment criteria 1.3 and 2.2, learners must be assessed via a series of practical demonstrations of the skills identified. The use of assessor feedback forms, witness testimonies and oral questioning sheets will be required to evidence practical assessment. Photographic evidence is also useful.

Suggested resources

Books

Ball J W, Bindler R C and Cowen K J – *Child Health Nursing: Partnering with Children and Families* (2nd Edition) (Prentice Hall, 2009) ISBN 9780135153819

Barraclough N – *Paediatric First Aid made Easy* (Qualsafe, 2013)
ISBN 9780955229428

Glasper E A and Richardson J – *A Textbook of Children's and Young People's Nursing* (2nd Edition) (Churchill Livingstone, 2010) ISBN 9780702031830

St John Ambulance, St. Andrew's Ambulance Association, British Red Cross Society – *First Aid Manual, The Step by Step Guide for Everyone* (9th Edition) (Dorling Kindersley, 2011) ISBN 9781405335379

Websites

www.asthma.org.uk/advice-children-and-asthma – Advice on managing childhood asthma

www.childhood-diabetes.org.uk – Information about diabetes in childhood

www.childrenfirst.nhs.uk – Great Ormond Street Hospital

www.diabetes.org.uk/ – Information about diabetes in childhood

www.epilepsy.org.uk/info/caring-children – Epilepsy Action website on caring for children with epilepsy

www.hcd2.bupa.co.uk/fact – Bupa website providing fact sheets on a variety of medical emergencies

www.meningitis-trust.org – Meningitis Trust

www.relieve-childhood-asthma.com – Advice on managing childhood asthma

www.sicklecellsociety.org – Sickle Cell Society

13 Further information and useful publications

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

- Edexcel: www.edexcel.com/contactus

- BTEC: www.edexcel.com/btec

- Pearson Work Based Learning and Colleges: www.edexcel.com/about-wbl

- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.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))

- *Equality Policy* (Pearson)

- *Recognition of Prior Learning Policy and Process* (Pearson)

- *UK Information Manual* (Pearson)

- *UK Quality Vocational Assurance Handbook* (Pearson).

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are available on our website at www.edexcel.com/btec/delivering-BTEC/quality/Pages

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to www.edexcel.com/resources/publications/Pages

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 at: www.edexcel.com/resources/publications/Pages

14 Professional development and training

Pearson supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered on our website: www.edexcel.com/resources/Training.

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

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

The national programme of training we offer is on our website at: www.edexcel.com/resources/Training. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team 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: www.edexcel.com/contactus

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 – at: www.edexcel.com/Aboutus/contact-us/Pages
- Ask the Expert: submit your question online to our Ask the Expert online service www.edexcel.com/aboutus/contact-us/ask-expert/Pages and we will make sure your query is handled by a subject specialist.

Annexe A: Assessment Strategy

Skills for Care and Development QCF Assessment Principles

1. Introduction

1.1   Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2.   This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements

1.3.   These principles will ensure a consistent approach to those elements of assessment, which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4.   Where Skills for Care and Development qualifications are joint with Skills for Health, Skill for Health will also use these assessment principles.

2. Assessment Principles

2.1.   Assessment decisions for competence based learning outcomes (e.g. those beginning with' to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

2.2   Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.

2.3   Competence based assessment must include direct observation as the main source of evidence

2.4   Simulation may only be utilised as an assessment method for competence based Lo where this is specified in the assessment requirements of the unit'.

2.5   Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6   Assessment of knowledge based Learning Outcomes (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment.

2.7   Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

2.8   Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

3. Internal Quality Assurance

3.1   Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

4. Definitions

4.1   Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2   Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3   Qualified to make assessment decisions:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

4.4   Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5   Expert witness:

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based

- be occupationally competent in their area of expertise

- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

Annexe B: Assessment Principles for First Aid Qualifications

Skills for Health (SfH) is the guardian of the assessment principles and the document will be published on the SfH website. These will be updated from time to time based on best practice requirements.

Introduction

These Assessment Principles have been produced by Awarding Organisations/Bodies in cooperation with the Health and Safety Executive (HSE) and Qualification Regulators and are supported by Skills for Health. It relates to the assessment of First Aid Qualifications including but not limited to:

- First Aid at Work (FAW)

- Emergency First Aid at Work (EFAW)

- Activity First Aid

- Cardio Pulmonary Resuscitation and Automated External Defibrillation

- Medical Gases

- Paediatric First Aid*

- Emergency Paediatric First Aid*

*These assessment principles can be seen as a best practice guide for paediatric first aid, in addition to Skills for Care and Development Assessment Principles.

It deals with training, assessment, evidence and quality assurance under the following headings:

Roles and responsibilities of those involved in the training, assessment and quality assurance processes

Assessment and sources of evidence

These principles must be applied in addition to the generic criteria and regulations that Ofqual/SQA/Welsh Government recognised Awarding Organisations/Bodies must meet for the delivery of regulated/accredited qualifications.

Roles and Responsibilities of those involved in the Training

Assessment and Quality Assurance Processes

This document details the requirements of Trainers and Assessors separately. It is accepted, however, that both roles may be performed by the same person, providing the qualifications and experience requirements for both roles are met.

Trainers

Those involved in the training of these qualifications must have knowledge and competency in first aid as well as knowledge and competency to train based on qualifications and experience.

An acceptable portfolio must show:

i.   Occupational knowledge and competence in first aid – evidenced by:

   •   Holding a first aid at work/medical qualification as detailed in Appendix 1

ii. Knowledge and competency in teaching/training first aid - evidenced by:

   •   Holding an acceptable teaching/training qualification as detailed in Appendix 2 AND either:

      o   Providing an acceptable log of teaching first aid within the last 3 years or

      o   Providing an acceptable record of competently teaching theoretical and practical first aid sessions under the supervision of a suitably qualified Trainer/Assessor

Assessors

Those involved in the assessment of these qualifications must have knowledge and competency in first aid as well as knowledge and competency to assess based on qualifications and experience. An acceptable portfolio must show:

i.   Occupational knowledge and competence in first aid – evidenced by:

   •   Holding a first aid at work/medical qualification as detailed in Appendix 1

ii. Knowledge and competency in assessing first aid – evidenced by:

   •   Holding an acceptable assessing qualification/CPD Training as detailed in Appendix 2 AND either:

   •   Providing an acceptable log of first aid assessments conducted within the last 3 years or

   •   Providing an acceptable record of competently assessing theoretical and practical first aid qualifications under the supervision of a suitably qualified assessor.

Internal Quality Assurance

Those involved in the internal quality assurance of these qualifications (IQA's) must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. An acceptable portfolio must show:

i. Occupational knowledge and competence in first aid – evidenced by:

- Holding a first aid at work/medical qualification as detailed in Appendix 1

ii. Knowledge and competency in internal quality assurance – evidenced by:

- Holding a qualification/completing CPD training as detailed in Appendix 3

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. External Quality

External Quality Assurance

Those involved in the external quality assurance of these qualifications (EQA's) must have knowledge and competency in first aid as well as knowledge and competency in external quality assurance. An acceptable portfolio should show:

i. Occupational knowledge and competence in first aid – evidenced by:

- Holding a first aid at work/medical qualification as detailed in Appendix 1

ii. Knowledge and competency in external quality assurance – evidenced by:

- Holding a qualification detailed in Appendix 4

External 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 and Internal Quality Assurers.

Assessment and Sources of Evidence

Assessment Centres

Assessment Centres will be responsible for maintaining up–to-date information on trainers/assessors and Internal Quality Assurers and for ensuring the currency of the competence of all those involved in the assessment and internal quality assurance process.

Simulation

Simulation is permitted – Each unit details what may be simulated

Assessment

The assessment should determine a learner's ability to act safely, promptly and effectively when an emergency occurs at work and to deal with a casualty. All learning outcomes in the unit(s) must be achieved. Assessment may take place at any time during the delivery of the qualification and does not need to be done as a final assessment. It is however a requirement for the learner to be aware that assessment is taking place.

NOTE: If undertaking the First Aid at Work qualification Unit 2 Recognition and Management of Illness and Injury in the Workplace must be completed within 10 weeks of achievement of Unit 1 Emergency First Aid in the Workplace.

Standards of first aid practice

Skills and knowledge must be taught and assessed in accordance with currently accepted first aid practice in the United Kingdom as laid down:

- by the Resuscitation Council (UK); and

- in other publications; provided that they are supported by a responsible body of medical opinion.

E-learning

For the qualifications EFAW and FAW, substitution of any of the minimum required face‐to-face teaching time with e‐learning, blended learning or any other form of distance learning is not permitted.

Appendix 1

Occupational Knowledge and Competence in First Aid

All trainers, assessors, internal quality assurers and external quality assurers must have occupational knowledge and competence in first aid. This may be evidenced by:

- Holding a current First Aid at Work Certificate (issued by an Ofqual/SQA/Welsh Government recognised Awarding Organisation/Body, a HSE approved training provider or recognised equivalent*) or

- Holding a current Offshore First Aid Certificate issued by a HSE approved training provider or

- Current registration as a Doctor with the General Medical Council (GMC). Or

- Current registration as a Nurse with the Nursing and Midwifery Council (NMC). Or

- Current registration as a Paramedic with the Health and Care Professions Council (HCPC).

*recognised First Aid at Work certificate equivalents must be submitted to the awarding organisation/body with comprehensive mapping which evidences that all assessment criteria of the FAW qualification have been achieved within the past 3 years.

Appendix 2

Acceptable Training/Assessing Qualifications

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

Qualification	Train[2]	Assess[2]
Cert Ed/PGCE/B Ed/M Ed	✔	✔
CTLLS/DTLLS	✔	✔
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✔	✔
Further and Adult Education Teacher's Certificate	✔	✔
IHCD Instructional Methods	✔	✔
IHCD Instructor Certificate	✔	✔
S/NVQ level 3 in training and development	✔	✔
S/NVQ level 4 in training and development	✔	✔
TQFE (Teaching Qualification for Further Education)	✔	✔
English National Board 998	✔	✔
Nursing mentorship qualifications	✔	✔
NOCN Tutor Assessor Award	✔	✔
Level 3 Award in Education and Training (QCF)	✔	✔
Level 4 Certificate in Education and Training (QCF)	✔	✔
Level 5 Diploma in Education and Training (QCF)	✔	✔
PTLLS (6 credits)	✔	
Accredited Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development	✔	
Training Group A22, B22, C21, C23, C24	✔	
SQA Accredited Planning and Delivering Learning Sessions to Groups	✔	
A1 (D32/33) – Assess candidates using a range of methods		✔
A2 (D32) – Assess candidates' performance through observation		✔
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		✔
SQA Accredited Learning and Development Unit 9DI – Assess workplace competences using direct and indirect methods – replacing Units A1 and D32/33		✔
SQA Accredited Learning and Development Unit 9D ‑ Assess workplace competence using direct methods – replacing Units A2 and D32QA Carryout the Assessment Process		✔
Level 3 Award in Assessing Competence in the Work Environment (QCF)		✔
Level 3 Award in Assessing Vocationally Related Achievement (QCF)		✔
Level 3 Award in Understanding the Principles and Practices of Assessment (QCF)		✔
Level 3 Certificate in Assessing Vocational Achievement (QCF)		✔
First Aid at Work Trainer course3	✔	
First Aid at Work Assessor course4		✔

[1]. Trainers who do not have a formal teaching/training qualification but have considerable evidence of successfully delivering first aid training within the last 3 years may be considered. A regulated teaching/training qualification will however be required from 1st October 2015.

[2]. Assessors who do not hold a formal assessing qualification may alternatively attend First Aid Assessor CPD Training with an Awarding Organisation.

[3]. As this is not a regulated qualification, trainers will be required to achieve a formal (regulated) teaching/training qualification by 1st October 2015.

[4]. As this is not a regulated qualification, assessors will be required to achieve a formal (regulated) assessing qualification or attend First Aid Assessor CPD Training with an Awarding Organisation by 1st October 2015

Appendix 3

Qualifications suitable for Internal Quality Assurance

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

SQA Accredited Learning and Development Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment
Regulated Qualifications based on the Learning and Development NOS 11 Internally Monitor and Maintain the Quality of Assessment
Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice (QCF)
Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (QCF)
V1 or D34
SQA Internally Verify the Assessment Process

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

It is understood that not all IQAs will hold formal IQA qualifications or have attended CPD Training initially, though one of the above should have been achieved by 1st October 2015. During this time Awarding Organisations and Centres must ensure that IQAs are following the principles set out in the current Learning and Development NOS 11 Internally monitor and maintain the quality of assessment.

Appendix 4

Qualifications suitable for External Quality Assurance

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

SQA Accredited Learning and Development Unit 12 Externally Monitor and Maintain the Quality of Workplace Assessment
QCF Qualifications based on the Learning and Development NOS 12 Externally Monitor and Maintain the Quality of Assessment
Level 4 Award in the External Quality Assurance of Assessment Processes and Practice (QCF)
Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice (QCF)
V2 or D35
SQA Externally Verify the Assessment Process

It is understood that not all EQAs will be qualified initially, and that sufficient time should be considered to achieve these qualifications. During this time Awarding Organisations/Bodies must ensure that EQAs are following the principles set out in the current Learning and Development NOS 12 Externally monitor and maintain the quality of assessment.