Pearson
BTEC Level 3 Certificate for First Person on Scene

Specification

BTEC Specialist qualification

First registration September 2020

About Pearson

We are the world's learning company operating in 70 countries around the world with more than 22,500 employees. We provide content, assessment and digital services to schools, colleges and universities, as well as professional and vocational education to learners to help increase their skills and lifelong employability prospects. We believe that wherever learning flourishes so do people.

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

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1 Introducing the qualification

What are BTEC Specialist qualifications?

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3. The qualifications put learning into the context of the world of work, giving learners 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.

Qualification purpose

The Pearson BTEC Level 3 Certificate for First Person on Scene is for learners who are working in, or who are intending to work in, the pre-hospital care sector 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.

The Pearson BTEC Level 3 Certificate for First Person on Scene enables learners 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 and how this relates to other job roles in the security, leisure and public services sectors
- develop technical knowledge that underpins the role, duties and responsibilities of the first responder. This covers areas such as the clinical care and management of the casualty, the provision of effective clinical handovers to the next echelon of care.
- develop skills related to safe incident management and managing the care of casualties while awaiting the arrival of definitive pre-hospital care and the knowledge and skills to be able to make critical decisions and assist in the safe extrication of casualties
- achieve a qualification to prepare for employment
- achieve a nationally-recognised Level 3 qualification
- develop own personal growth and engagement in learning.

Funding

Qualifications eligible and funded for post-16 year olds can be found on the funding Hub.

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 3 Certificate for First Person on Scene
Qualification Number (QN)	603/6353/8
Regulation start date	1st September 2020
Operational start date	1st September 2020
Approved age ranges	16–18 19+
Total qualification time (TQT)	131 hours
Guided learning hours (GLH)	37
Assessment	Internal assessment
Grading information	The qualification and units are graded Pass/Fail.
Delivery requirements	This qualification can be delivered in a classroom or through blended learning. However, learners must complete the practical assessments face to face with a qualified assessor. (practical assessments should be a minimum of seven hours). This qualification should be completed within three months to ensure learner knowledge is current.

Qualification title	Pearson BTEC Level 3 Certificate for First Person on Scene
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification.
Progression	Learners who achieve the Pearson BTEC Level 3 Certificate can progress to employment when taken alongside other qualifications in the security, leisure and public services sector such as qualifications in close protection. Learners can also progress to the Pearson BTEC Level 4 Extended Certificate for First Person on Scene.

3 Qualification structure

Pearson BTEC Level 3 Certificate for First Person on Scene

The requirements outlined in the table below must be met for Pearson to award the qualification.

Minimum number of units that must be achieved	3

Unit number	Mandatory units	Level	Guided learning hours
1	Emergency Care of Casualties for the First Responder	3	13
2	Recognising and Managing Trauma for the First Responder	3	12
3	Recognising and Managing Medical Conditions for the First Responder	3	12

4 Assessment requirements

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

Units	Assessment method
All units	Internal assessment (centre-devised assessments). Please refer to the individual unit guidance for recommended assessment methods.

Language of assessment

Learners must use English only during the assessment of this qualification.

Further information on the use of language in qualifications is available in our *Use of languages in qualifications policy,* available on our website, qualifications.pearson.com.

Internal assessment

Internally-assessed units are subject to standards verification. This means that centres set and mark the final summative assessment for each unit, using the examples and support that Pearson provides.

To pass each internally-assessed unit, learners must:

- achieve all the specified learning outcomes
- satisfy all the assessment criteria by providing sufficient and valid evidence for each criterion
- prove that the evidence is their own.

Centres must ensure:

- assessment is carried out by assessors with relevant expertise in both the occupational area and assessment. For the occupational area, this can be evidenced by a relevant qualification or current occupational experience that is at an equivalent level or higher than this qualification. Assessment expertise can be evidenced by qualification in teaching or assessing and/or internal quality assurance or current experience of assessing or internal verification
- internal verification systems are in place to ensure the quality and authenticity of learners' work, as well as the accuracy and consistency of assessment.

Learners who do not successfully pass an assignment are allowed to resubmit evidence for the assignment or to retake another assignment.

Assessment of skills criteria

To pass each skills criterion, learners must:

- gather evidence from their course in a portfolio showing that they have met the required standard specified in the learning outcomes, assessment criteria and Pearson's quality assurance arrangements
- have an assessment record that shows how each individual assessment criterion has been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

Learners can use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. The evidence provided for each unit must reference clearly the unit that is being assessed and learners should be encouraged to signpost evidence. Evidence must be available to the assessor, the internal verifier and the Pearson standards verifier.

Examples of forms of evidence include observation records, witness testimony, video evidence, professional discussion and products of learners' work. Learners must

provide evidence of their achievement of the knowledge-based learning outcomes and the associated assessment criteria in the skills units – achievement cannot be inferred from performance. In this qualification, learners are required to talk about the skills they are demonstrating to show their knowledge and understanding.

Any specific evidence requirements for a unit are given in the unit's *Assessment* section.

5 Centre recognition and approval

Centres must have approval prior to delivering or assessing any of the units in this qualification.

Centres that have not previously offered BTEC Specialist 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 the Pearson Level 4 BTEC Extended Certificate for First Person on Scene 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.

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:

- appropriate physical resources (for example IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification
- suitable staff for delivering and assessing the qualification (see *Section 4 Assessment requirements*)
- systems to ensure continuing professional development (CPD) for staff delivering and assessing the qualification
- health and safety policies that relate to the use of equipment by learners
- internal verification systems and procedures (see *Section 4 Assessment requirements*)
- any unit-specific resources stated in individual units
- a maximum trainer to learner ratio of 1:6 for face-to-face teaching of practical elements

- two qualified assessors, or a qualified assessor and IQA, present during learner practical assessment (requirement of the qualification and Royal College of Surgeons approval).

6 Access to qualifications

Access to qualifications for learners with disabilities or specific needs.

Equality and fairness are central to our work. Our *Equality, diversity and inclusion 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 taking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from their 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.

Centres must deliver the qualification in accordance with current equality legislation. For full details of the Equality Act 2010, please visit www.legislation.gov.uk

Reasonable adjustments and special consideration

Centres are permitted to make adjustments to assessment to take account of the needs of individual learners. 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.

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.

Centres must follow the guidance in the Pearson document *Guidance for reasonable adjustments and special consideration in vocational internally-assessed units*.

7 Recognising prior learning and achievement

Recognition of Prior Learning (RPL) 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.

8 Quality assurance of centres

For the qualification in this specification, the Pearson quality assurance model will consist of the following processes.

Centres will receive at least one visit from our standards verifier, followed by ongoing 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.

Following registration, centres will be given further quality assurance and sampling guidance.

For further details, please see the work-based learning quality assurance handbooks, available in the support section of our website:

- *Pearson Quality Assurance Requirements for Work Based Learning*
- *Pearson Work Based Learning Delivery Guidance and Quality Assurance Requirements*.

9 Units

This section of the specification contains the units that form the assessment for the qualification.

For explanation of the terms within the units, please refer to *Section 14 Glossary*.

It is compulsory for learners to meet the learning outcomes and the assessment criteria to achieve a Pass. Content is compulsory unless it is provided as an example and is therefore marked 'e.g.'. All compulsory content must be delivered, but assessments may not cover all content.

Where legislation is included in delivery and assessment, centres must ensure that it is current and up to date.

Unit 1: Emergency Care of Casualties for the First Responder

Level: 3

Guided learning hours: 13

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 first responder's scope of practice and what responsibilities you have when carrying out emergency care, including 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 explore the processes and procedures that the first responder is responsible for following the management of the casualty. 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, and 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. This unit also covers 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 assessment, basic life support and other aspects of emergency care covered in this unit

Learning outcomes and assessment criteria

To pass this unit, learners need 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 roles and responsibilities of the first responder	1.1	Outline the primary responsibilities of the first responder
		1.2	Outline the capabilities of emergency service responders
		1.3	Describe the principles of scene management
		1.4	Describe strategies that can be employed to reduce potential risks to the first responder
		1.5	Identify hazards that pose a risk to the safety of self and others when attending incidents
		1.6	Identify the priority in which the first responder should ensure the safety of those present at the incident
		1.7	Explain the principles of infection prevention and control including the correct selection of Personal Protective Equipment (PPE) to maintain own and others' safety
		1.8	Use the triage sieve to effectively prioritise the management of multiple casualties
		1.9	Outline the principles of an effective clinical handover
		1.10	Outline the steps to be taken to ensure equipment is serviceable and available post-incident
2	Understand the assessment of conscious and unconscious casualties	2.1	Demonstrate the process of assessing infant, child and adult casualties using the DRCA(c)BCDE protocol
3	Understand the principles of basic life support for adults, children and infants	3.1	Outline the principles of basic life support for adults
		3.2	Describe the use of an automated external defibrillator
		3.3	Demonstrate the use of four different methods of providing rescue breaths to an adult
		3.4	Demonstrate the use of mouth-to-mouth and nose ventilation for providing rescue breaths to an infant

Learning outcomes		Assessment criteria	
		3.5	Describe the modifications to the protocols basic life support for special casualties
		3.6	Outline the role of the Advance Decision and DNA- CPRs in basic life support
4	Understand the techniques used to manage the airway of casualties with a reduced level of consciousness	4.1	Identify the different techniques used to clear an airway for adults, children and infants with a reduced level of consciousness
		4.2	Demonstrate the use of postural drainage to clear an airway for a casualty with a reduced level of consciousness
		4.3	Demonstrate the use of suction to clear an airway for a casualty with a reduced level of consciousness
		4.4	Demonstrate the use of a single finger sweep to remove a visible object from the airway for a child or infant with a reduced level of consciousness
		4.5	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
		4.6	Demonstrate the use of the neutral alignment to open an airway for an infant with a reduced level of consciousness
		4.7	Demonstrate the use of the jaw thrust to open an airway for an adult, child or infant with a reduced level of consciousness
		4.8	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
		4.9	Demonstrate the use of airway adjuncts to maintain the open airway of adults with reduced levels of consciousness
		4.10	Demonstrate the use of airway adjuncts to maintain the open airway of children with reduced levels of consciousness
		4.11	Demonstrate the use of airway adjuncts to maintain the open airway of infants with reduced levels of consciousness

Learning outcomes		Assessment criteria	
5	Understand the recognition and management of life extinct	5.1	Identify the recognition factors for determining life extinct
		5.2	Identify actions to be taken following the establishment of life extinct
6	Understand the provision of supplementary oxygen	6.1	Identify how to select the correct method and flow rate for delivering supplemental oxygen for four different types of casualty
		6.2	Demonstrate how to safely configure an oxygen system in preparation for use in emergency situations
		6.3	Demonstrate how to administer supplemental oxygen using four different oxygen supplementation delivery devices
7	Understand the recognition and management of a casualty with a catastrophic haemorrhage	7.1	Define what is meant by the term catastrophic haemorrhage
		7.2	List the step-wise management of a casualty with a catastrophic haemorrhage
		7.3	Demonstrate the use of a tourniquet to control a catastrophic haemorrhage
		7.4	Demonstrate wound packing using a haemostatic agent to control a catastrophic junctional haemorrhage
8	Understand the techniques used to manage choking casualties	8.1	Describe the process of recognising a conscious choking casualty
		8.2	Demonstrate the management of a conscious choking adult or child
		8.3	Demonstrate the management of a conscious choking infant

Unit content

What needs to be learned
Learning outcome 1: Understand the roles and responsibilities of the first responder
1A First responder's responsibilities • Ensuring safety of self, bystanders and the casualty. • Being aware of STEP 123 plus. • 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. • 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. **1B Capabilities of emergency services** • The capabilities of police, fire, ambulance, coastguard, mountain rescue, lowland rescue. **1C Principles of scene management** • Hierarchy of priority - own safety first, bystander safety second, the casualty's safety last. • Importance of establishing cause and/or mechanism of injury - consider the impact of the environment on the management of the scene including 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,

What needs to be learned

i.e. report number of casualties live and dead, emergency services on scene and requested.

- Actions to withdraw from an incident - provide verbal warnings where appropriate, apply appropriate tactics to withdraw from the scene, report retraction.

1D Dynamic risk assessment

- Conduct ongoing assessment throughout the incident, including continual reassessment of previously identified hazards, points of potential conflict.
- Hazards that pose risk to personal safety - mental state of casualty, drugs/alcohol, falling objects, fire, sharps, utilities, i.e. gas, electricity, water, chemical, radiation, biological, nuclear (CRBN), animals, traffic, railways, weapons, terrorism, people, location, infections.
- Level of risk posed by hazards – definitions of: manageable, unmanageable.
- Signs of potential conflict - verbal cues, non-verbal cues.
- Actions to manage conflict, e.g. verbal warnings, requesting the support of police, use of equipment to create a barrier between themselves and others.

1E Prioritisation of safety

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

1K Selecting Personal Protective Equipment (PPE)

- Definition of PPE.
- 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.

1L Principles of hand hygiene

- Five moments for hand, method for hand washing, e.g. Ayliffe hand washing technique, appropriate use of sanitising hand gel.

1E Use of triage sieve to prioritise the management of casualties

- Understanding and application of the NARU triage sieve.

1M Principles of an effective clinical handover

- ATMIST (Adult or child, Time incident happened and expected arrival at hospital, Mechanisim – how incident happened, Injuries, Signs and symptoms, Treatment given).

What needs to be learned
• ASHICE (Age, Sex, History, Injuries/illness, Condition, Events). • SBAR (Situation, Background, Assessment, Recommendation). **1P Ensuring equipment is serviceable and available post-incident** • Types of equipment: o disposable, e.g. single-use nitrile gloves, single-use face shield o 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, cleaning of reusable items with alcohol disinfectant wipes. • Restocking of disposed items.
Learning outcome 2: Understand the assessment of conscious and unconscious casualties
2A 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. • Rationale for the hierarchical order of the protocol. **2B Assessing level of response/disability** • AVPU acronym (Alert, Voice, Pain, Unresponsive). • Potential difficulties in assessing elderly casualties with dementia and infants accurately. **2C Assessment of the airway and breathing** • Anatomy and function of the respiratory system. • Assessment of the airway methods for inspecting the airway. • Assessment of breathing: o characteristics of normal and abnormal breathing (rate, rhythm, depth, effort, noise, agonal gasps) o method of inspecting breathing o indications for the assessment of a suspected chest injury (respiratory distress, mechanism of injury) o 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. **2D Assessment of circulation**

What needs to be learned
• Anatomy of the circulatory system - the heart, 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), 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. **2E Assessment of disability** • Methods of assessment - 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. **2F Expose and examine the casualty** • Factors affecting decisions to remove clothing or not, e.g. environmental factors. **2G 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 3: Understand the principles of basic life support for adults, children and infants

What needs to be learned
3A Adult basic life support • Current Resus Council Guidelines. • Summoning help - when working alone; when working as a team. • Chest compressions – number, rate, depth. • Rescue breaths to adults - routes (mouth-to-mouth, mouth-to-nose, pocket mask, bag-valve-mask. • Provision of rescue breaths – number, rate, depth. • Provision of supplementary oxygen during rescue breaths **3B Automated external defibrillation** • Summoning for and use of the automated external defibrillator. • 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: o positioning of electrode pads o alternative pad placement positioning and when this may be used o safety considerations and appropriate actions (piercings, medication patches, jewellery, moisture, hair, underwired bra, pacemaker). o delivery of an effective shock. • Safety considerations when using an automated external defibrillator. • Post-resuscitation protocol. **3C Modifications to basic life support protocols for different casualties** • Child casualties, infant casualties, pregnant women, neck breathers. **3D Advance Decision and DNA-CPRs** • Legal status of: o a Do Not Attempt Cardiopulmonary Resuscitation (DNA-CPR) o an Advance Decision to Refuse Treatment. • Procedure for not attempting resuscitation in the presence of a DNA-CPR or Advance Decisions.
Learning outcome 4: Understand the techniques used to manage the airway of casualties with a reduced level of consciousness
4A Clearing the airway of a casualty with a reduced level of consciousness

What needs to be learned
• Techniques for adults, children and infants - postural drainage, including modifications for infants, suction, finger sweep and the risks associated with the technique. • Advantages and disadvantages of techniques used to clear the airway. **4B 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. **4C 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. **4D Maintaining the airway of a casualty with a reduced level of consciousness** • Use of airway adjuncts for adults, children and infants - oropharyngeal airways, nasopharyngeal airways; indications and contraindications.
Learning outcome 5: Understand the recognition and management of life extinct
5A Recognition factors for determining life extinct • Decapitation, massive cranial and cerebral destruction, hemicorporectomy or similar massive injury, decomposition/putrefaction, incineration, rigor mortis, hypostasis. **5B Actions to be taken following the establishment of life extinct** • Communication of decision to bystanders/family. • Management of the body. • Scene management: public, non-public place. • Suspicious circumstances • Full completion of patient report form and any other paperwork as required by organisation.
Learning outcome 6: Understand the provision of supplementary oxygen
6A Provision of supplementary oxygen • Guidelines and safety considerations for the provision of supplemental oxygen delivery in line with current UK Ambulance Service Clinical Practice Guidelines.

What needs to be learned
• Components of an oxygen device - oxygen cylinder, oxygen tubing, delivery devices (simple face mask, non-rebreather mask, nasal cannula, Venturi mask, pocket mask, bag-valve-mask, tracheostomy mask). • Dosage and considerations - critical illness , serious illness, hypoxemia, chronic obstructive pulmonary disease (COPD). • Indications and contraindications for the use of different devices for delivering oxygen supplementation. • SPO2 measurement – method, reliability of measurement and limitations.
Learning outcome 7: Understand the recognition and management of a casualty with a catastrophic haemorrhage
7A Establishing the presence of a catastrophic haemorrhage • Definition of catastrophic haemorrhage, hypovolaemic shock. • Location of catastrophic haemorrhage – limbs, torso junctions (armpits, groins, neck).
Learning outcome 8: Understand the techniques used to manage choking casualties
8A Process of managing a conscious choking casualty • Signs - clutching of neck, ability to verbally respond, consciousness level. • Establishing the types of obstruction – mild, severe • Management in accordance with latest Resus Council Guidelines for adults, children and infants: o encouraging cough o back blows o abdominal/chest thrusts o variations in manual handling o management of change of condition.

Essential information for tutors and assessors

Essential resources

For this unit, centres need:

- CPR manikins (adult, child and infant) (HSE requirement – ratio 4:1 learners to manikins required for teaching CPR)
- adult airway management trainers
- adult full body ALS manikin
- child ALS manikin or child airway management trainer
- infant ALS manikin or infant airway management trainer
- choking manikin
- 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
- pen torches
- Patient Report Forms.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

This unit must be assessed in a simulated working environment, where evidence is naturally occurring and collected over a period of time. All assessment must be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines. Learners must show awareness of cultural considerations when seeking verbal consent when treating a casualty in a simulated or real working environment.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria. Centre-devised multiple-choice questions are not appropriate.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

This qualification should be completed within three months to ensure learner knowledge is current.

Learning outcome 1

Learners can generate evidence for Learning outcome 1 through verbal explanation while demonstrating other activities, or through a written workbook.

To achieve a pass for learning outcome 1, learners will outline the primary responsibilities of the first responder, including ensuring safety, summoning assistance and the principles of providing initial and interim management, and the capabilities of emergency service responders.

They will clearly describe the principles of scene management, including hierarchy of priority, establishing the cause/mechanism of injury, prioritising management of casualties, METHANE reporting and activities to withdraw from an incident.

They will describe strategies to reduce risks to the first responder including carrying out a dynamic risk assessment to identify hazards and actions to manage conflict. They will also describe the principles of prioritising safety. They will explain the principles of infection control including hand hygiene and the correct selection of PPE, with clear reasons for its use.

Learners will show how the NARU triage sieve is used to prioritise the management of multiple casualties.

Finally, learners will outline the principles of an effective clinical handover giving details of at least one of ATMIST, ASHICE or SBAR, and the steps to be taken to ensure equipment is serviceable and available post incident.

Learning outcome 2

To achieve a pass for learning outcome 2, learners need to demonstrate, with verbal explanation, the process of assessing casualties using the DRCA(c)BCDE protocol. They will describe 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. Learner responses must describe when the pulse check is not routinely used to assess the presence of circulation during the primary survey.

Learning outcome 3

To achieve a pass for learning outcome 3, learners will demonstrate, with verbal explanation, the principles of basic life support. Learners will then demonstrate, with verbal explanation, 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 demonstrate, with verbal explanation, the steps they would take post-resuscitation.

Learners must demonstrate, with verbal explanation, how to modify adult basic life support techniques for each of the four special casualties. Learners will then state when there is a legal requirement not to complete resuscitation and what they would do to 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.

Learning outcome 4

To achieve a pass for learning outcome 4, learners need to identify 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 sweeps. 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 demonstrate the use of neutral alignment, head tilt, chin lift and 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 demonstrate 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 putting the adult, child and infant into the appropriate safe airway position, correctly sizing and inserting 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

Learning outcome 5

To achieve a pass for learning outcome 5, learners need to identify the conditions that would be considered incompatible with life and where resuscitation should not be attempted. Learners will identify how they would make a decision to declare life extinct and the actions that they would need to take in such a situation.

Learning outcome 6

To achieve a pass for learning outcome 6, learners will identify the appropriate flow rate and delivery method in line with current UK Ambulance Service Clinical Practice Guidelines. This will include the indications of receiving high-flow oxygen, low-flow oxygen or, in some cases, none. Learners will then demonstrate how to safely configure an oxygen system ready for use and how to competently administer supplemental oxygen using four of the different oxygen supplementation delivery methods listed in the unit content.

Learning outcome 7

To achieve a pass for learning outcome 7, learners will define a catastrophic haemorrhage 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 list 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 positioning and tightening the tourniquet correctly to stop the bleeding.

Learning outcome 8

To achieve a pass for learning outcome 8, learners need to describe 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 2: Recognising and Managing Trauma for the First Responder

Level: 3

Guided learning hours: 12

Unit introduction

Casualties that the first responder is likely to encounter include those who have suffered traumatic injuries. From casualties who have fallen from a height to those suffering from burns, the first responder needs to be able to assess, recognise and manage the casualty suffering a traumatic injury or illness effectively 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, learners need 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 suffering from burns	1.1	Describe the signs and symptoms of different severities of burns
		1.2	Describe the management of a casualty with a dry burn or scald
		1.3	Describe how 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, symptoms and stages of hypothermia
		2.2	Describe the management of casualties suffering from hypothermia
		2.3	Describe the signs, symptoms and stages of hyperthermia
		2.4	Describe the management of casualties suffering from hyperthermia
3	Understand the recognition and management of the conscious near drowned casualty	3.1	Identify the signs and symptoms of a conscious casualty following a near drowning
		3.2	Describe the management of a conscious near drowning casualty
4	Understand the recognition and management of casualties with musculoskeletal injuries	4.1	Describe the different types of fracture
		4.2	Describe the signs and symptoms of a possible fracture or dislocation
		4.3	Describe the management of a casualty with a possible open fracture
		4.4	Describe the management of a casualty with a possible closed fracture

Learning outcomes		Assessment criteria	
		4.5	Describe the management of a casualty with a possible dislocation
		4.6	Describe the signs and symptoms of a sprain or strain
		4.7	Demonstrate the management of a casualty with a possible pelvic fracture
		4.8	Describe the management of casualties with a possible sprain or strain
		4.9	Describe the components of a basic joint examination
		4.10	Describe the features of a limb that has a circulation compromise
		4.11	Describe the management of a limb with a circulation compromise
5	Understand the recognition and management of casualties with a head injury	5.1	Describe the signs and symptoms of a minor head injury
		5.2	Describe the management of a casualty with a minor head injury
		5.3	Describe the signs and symptoms of a casualty with a potentially serious head injury
		5.4	Describe the management of a casualty with a potentially serious head injury
6	Understand the recognition and management of a casualty with a spinal injury	6.1	Outline four mechanisms of injury that may cause spinal trauma
		6.2	Describe the signs and symptoms of a casualty with a suspected spinal injury
		6.3	Demonstrate the management of a casualty with a suspected spinal injury
		6.4	Demonstrate the removal of a helmet from a casualty with a suspected spinal injury
7	Understand the recognition and management of casualties with wounds and bleeding	7.1	Describe the signs and symptoms of internal blood loss
		7.2	Demonstrate the management of casualties with a non-compressible haemorrhage
		7.3	Demonstrate the management of a casualty with a compressible haemorrhage
		7.4	Demonstrate the management of an amputated limb

Learning outcomes		Assessment criteria	
		7.5	Outline the special considerations for the management of a casualty suffering from a facial injury
		7.6	Outline the special considerations for the management of a casualty suffering from a crush injury
		7.7	Demonstrate the management of a casualty with a nosebleed
8	Understand the recognition and management of a casualty suffering from hypovolaemic shock	8.1	Identify the signs and symptoms of hypovolaemic shock
		8.2	Describe the management of casualties suffering from hypovolaemic shock
9	Understand the recognition and management of casualties with a chest injury	9.1	List the signs and symptoms of four different chest injuries
		9.2	Demonstrate the method of conducting a chest examination for a casualty suffering with a traumatic chest injury
		9.3	Describe the management of a casualty suffering from a chest wound

Unit content

What needs to be learned
Learning outcome 1: Understand the recognition and management of casualties suffering from burns
1A Burns • The anatomy and function of the skin – epidermis, dermis, subcutaneous tissue • The signs, symptoms and severity of types of burn - dry burns; special types of burn, i.e. chemical, electrical, sun; scalds; depth; size; history; location, e.g. limbs, torso, face, hands, perineum. • Methods to estimate size of affected area. • Referral to chemical safety data sheets. • Potential specific risks relating to different hazardous materials, e.g. cancer, burns, poisoning. **1B 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, the Control of Substances Hazardous to Health (COSHH) Regulations): 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, recording and completion of Patient Report Forms. • Clinical handover to the next echelon of pre-hospital care.
Learning outcome 2: Understand the recognition and management of casualties with hypothermia and hyperthermia
2A Hypothermia • The signs, symptoms and stages of hypothermia - signs, e.g. shivering, mumbled speech; symptoms, e.g. feels cold, confusion; indicative body temperatures. **2B Hyperthermia** • The signs and symptoms of types of hyperthermia - heat exhaustion; heatstroke signs, e.g. skin colour, hot to touch; symptoms, e.g. vomiting, headache; indicative body temperatures. **2C 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): o normalising body temperature (environmental, shelter, clothing)

- casualty handling and positioning.

- Observations, recording 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 the conscious near drowned casualty

3A Near drowning

- Signs and symptoms of near drowning:
  - signs, e.g. history, hypothermia
  - symptoms, e.g. shortness of breath, fatigue.
- Potential late complications.

3B Management of near drowned casualties

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
  - provision of supplementary oxygen
  - casualty handling and positioning
  - changes in haemodynamics
  - management of body temperature.
- Observations, recording 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 musculoskeletal injuries

4A Fractures and dislocations

- Types of fractures – closed; open.
- Symptoms, e.g. pain, lack of movement.
- Signs, e.g. swelling, deformity.
- Suspicion of pelvic fractures.

4B Soft tissue injuries

- Signs, e.g. swelling, restricted movement.
- Symptoms, e.g. pain, tenderness.

4C Basic joint examinations

- Principles of conducting basic joint assessments to the severity of injury look (symmetry, swelling, bruising); feel (swelling, deformity); movement (normal, reduced, none); circulation (capillary refill, colour); sensation (normal, reduced, none); pain (constant, worse on movement, worse on palpitation).

4D Features of a limb with compromised circulation due to injury

- Signs, e.g. pale, reduced capillary refill.
- Symptoms, e.g. unable to move limb, cold.

4E 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 direct pressure, elevation of immobilised limb, simple dressing, wound packing, haemostatic agents, splintage, tourniquet
    - casualty handling and positioning, e.g. manual immobilisation, slings, vacuum splints
    - methods to control swelling (rest, ice, compression)
    - provision of supplementary oxygen
    - consideration of management for hypovolaemic shock.
- Observations, recording and completion of Patient Report Forms.
- Clinical handover to the next echelon of care.

4F 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, vacuum splints
    - 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.
- Consideration of management for hypovolaemic shock.
- Clinical handover to the next echelon of care.

4G 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, recording and completion of Patient Report Forms.
- Clinical handover to the next echelon of care.

4H 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.
- Clinical handover to the next echelon of care.

4I 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 (application of a pelvic splintage, minimal casualty movement)
    - provision of supplementary oxygen.
- Observations, recording and completion of Patient Report Forms.
- Clinical handover to the next echelon of care.

4J Management of casualties with a compromised limb

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
    - casualty handling and positioning
    - reduction of fracture and/or dislocation
    - 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 care.

What needs to be learned
Learning outcome 5: Understand the recognition and management of casualties with a head injury
5A 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 and diving. • 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. **5B 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): o assessment of the casualty's level of consciousness using AVPU o assessment of casualty's pupils (size, reaction to light) o casualty handling and positioning, including manual in-line stabilisation o 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.
Learning outcome 6: Understand the recognition and management of a casualty with a spinal injury
6A Spinal cord injury • The anatomy and physiology of the spine and spinal chord – cervical, thoracic, lumbar spine, vertebrae • Mechanisms with the potential to cause spinal trauma - road traffic collisions; falls from standing; falls from height; assault; falling objects; contact sport. • Signs, e.g. self-immobilisation of the neck, lack of limb movement. • Symptoms, e.g. pain, loss of sensation. **6B Management of a casualty 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): o removal of helmets (indications for removal, e.g. airway management;

type of helmet, e.g. climbing helmet, bicycle helmet, motorcycle helmet; method of removal)
    - manual in-line stabilisation
    - application of rigid cervical collar (indications and contraindications for application, method of application)
    - packaging of the casualty
    - appropriate casualty handling
    - provision of supplementary oxygen.
- Observations, recording 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 casualties with wounds and bleeding

7A Wounds and bleeding

- Wound types: blunt, e.g. bruising, abrasion, penetrating, e.g. gunshot, knife, puncture, blast.
- Signs and symptoms of internal blood loss following trauma:
    - possible sites of internal blood loss (chest, abdomen, pelvis, long bones)
    - Amputations: limbs, digits.
    - Haemorrhage types: compressible, non-compressible.
- Nosebleeds.
- Facial injury.
- Crush injury.

7B 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 (direct pressure, elevation, simple dressing, pressure dressing, wound packing/haemostatics, splintage, tourniquet)
    - management of any amputated components (cleaning, storage)
    - considerations for removing the cause of a crush injury
    - considerations for airway management
    - provision of supplementary oxygen
    - appropriate casualty handling and positioning.
- Observations, recording and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

Learning outcome 8: Understand the recognition and management of a casualty suffering from hypovolaemic shock

8A Hypovolaemic shock

- Definition of hypovolaemic shock,
- Signs, e.g. blood loss, respiratory rate, level of consciousness, heart tachycardia associated with each stage.
- Symptoms, e.g. mental state, pain.

8B Management of a casualty 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.
- Observations, recording and completion of Patient Report Forms.
- Clinical handover to the next echelon of pre-hospital care.

Learning outcome 9: Understand the recognition and management of casualties with chest injuries

9A Signs and symptoms of chest injuries

- Flail chest/fractured ribs, tension pneumothorax, open chest wound, haemothorax.

9B Conducting a chest examination

- Method: RVPFLASH
    - R -rate of breathing
    - V -volume of breathing
    - P -put oxygen on now
    - F -feel
    - L -look
    - A -armpits
    - S -search back and sides
    - H -cover holes.

9C Management of an open chest wound

- Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines):
    - application of appropriate dressings

- provision of supplementary oxygen
- casualty handling and positioning.

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

9D Management of other chest injuries

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

Essential 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 and dressings
- tourniquets
- haemostatics
- pelvic splints
- selection of helmets
- selection of cervical collars
- SpO2 monitors
- tough cut shears
- pen torches
- nitrile gloves
- antiseptic wipes
- Patient Report Forms.
- hand washing facilities.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

This unit must be assessed in a simulated working environment, where evidence is naturally occurring and collected over a period of time. All assessment must be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines. Learners must show awareness of cultural considerations when seeking verbal consent when treating a casualty in a simulated or real working environment.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria. Centre-devised multiple-choice questions are not appropriate.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification(s). This gives the assessment process greater rigour, minimises repetition and saves time. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

This qualification should be completed within three months to ensure learner knowledge is current.

Learning outcomes 1, 2, 3, 4, 5, 6, 7, 8 and 9 – 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.

Management plans 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 in line with 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 as well as special types of burn. Learners will describe what action they would take to manage a casualty suffering from a dry burn or scald. Finally, learners will describe how to manage casualties with each of the special types of burn.

To achieve a pass for learning outcome 2, learners will describe the signs and symptoms of the casualty, including the indicative body temperatures involved at each of the stages of hypothermia and hyperthermia. Learners will describe what actions they would take to manage casualties suffering from hypothermia and hyperthermia.

To achieve a pass for learning outcome 3, learners will identify the signs and symptoms of a conscious casualty near drowning and the late complications. Learners will describe what action they will take to manage a casualty who has nearly drowned.

To achieve a pass for learning outcome 4, learners will describe 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. Learners will describe 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 and demonstrate the management of a potential pelvic fracture.

To achieve a pass for learning outcome 5, 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 describe 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.

To achieve a pass for learning outcome 6, learners will outline four different mechanisms of injury and state 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. Learners will demonstrate what action they will take to manage a casualty suffering from a suspected spinal injury, including the use of manual in-line stabilisation, helmet removal and the provision of supplementary oxygen.

To achieve a pass for learning outcome 7, learners will describe the signs and symptoms of internal blood loss to the extent they would be able to recognise these injuries while working as a first responder. Learners will demonstrate 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 nosebleed, a crush injury, and the management of an amputated body part.

Learners will describe the special considerations for managing a casualty with a facial injury, including what they will need to consider in order to manage the casualty's airway effectively.

To achieve a pass for learning outcome 8, learners will identify the signs and symptoms of hypovolaemic shock. Learners will describe what action they would take to manage a casualty suffering from hypovolaemic shock, including (as appropriate to the scenario) the need to stop the cause wherever possible, providing supplementary oxygen and the appropriate handling and positioning of the casualty to improve blood flow to the vital organs.

To achieve a pass for learning outcome 9, learners will list the signs and symptoms of the four different chest injuries to the extent that they would be able to recognise the injuries while working as a first responder. Learners will demonstrate how to conduct a chest examination for a traumatic chest injury (RVP FLASH) explaining what they would do at each stage and why these actions help to identify the signs and symptoms of the different chest injuries. Learners will describe what action they would take to manage these casualties presenting with chest injuries.

Unit 3: Recognising and Managing Medical Conditions for the First Responder

Level: 3

Guided learning hours: 12

Unit introduction

Survival rates of casualties suffering from common medical conditions are greatly increased by early recognition, early intervention and early transport to definitive care. As a first responder you will play a key role in managing the casualty in the early stages of pre-hospital emergency care in order to preserve life, prevent further deterioration and promote the casualty's recovery.

In this unit, you will learn how to recognise the vital signs and symptoms of casualties suffering from poisoning, allergic reactions and anaphylaxis, breathing difficulties, cardiac conditions, diabetic emergencies, seizures, stroke, meningitis, and other potentially life-threatening medical conditions. You will learn how to, within your scope of practice, provide clinical management to casualties presenting with these conditions, how to handle and position the casualty to ensure they are comfortable and safe from further risk, as well as how to observe and record information required for the clinical handover to the next echelon of care.

You will develop your knowledge and understanding in a theoretical context, and in simulated environments you will practically explore the principles and associated techniques used by the first responder to recognise and manage casualties with common medical conditions.

Learning outcomes and assessment criteria

To pass this unit, learners need 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	Outline how to recognise casualties who have been poisoned
		1.2	Describe the management of a casualty who has been poisoned
2	Understand the recognition and management of a casualty suffering from allergic reactions and anaphylaxis	2.1	State the signs and symptoms of a casualty suffering from allergic reactions and anaphylaxis
		2.2	Describe the management of casualties suffering from anaphylaxis
		2.3	Demonstrate how to administer adrenaline using all types of pre-filled auto-injector
3	Understand the recognition and management of casualties with common respiratory conditions	3.1	Outline how to recognise casualties suffering from four common respiratory conditions
		3.2	Describe the management of casualties suffering from four common respiratory conditions
		3.3	Outline how to recognise a hypoxic casualty
		3.4	Describe the management of a casualty who is hypoxic
4	Understand the recognition and management of casualties with	4.1	Outline how to recognise casualties with suspected cardiac conditions
		4.2	Describe the management of casualties suffering from suspected cardiac conditions

Learning outcomes		Assessment criteria	
	suspected cardiac conditions		
5	Understand the recognition and management of casualties suffering from diabetic emergencies	5.1	Outline how to recognise casualties suffering from diabetic emergencies
		5.2	Describe the management of casualties suffering from diabetic emergencies
6	Understand the recognition and management of a casualty having a seizure	6.1	Outline how to recognise a casualty having a seizure
		6.2	Describe the management of a casualty having a seizure
7	Understand the recognition and management of a casualty suffering a suspected stroke	7.1	Outline how to recognise a casualty suffering a suspected stroke
		7.2	Describe the management of a casualty suffering a suspected stroke
8	Understand the recognition and management of a casualty with possible meningitis	8.1	Outline how to recognise adults, children and infants with possible meningitis
		8.2	Describe the management of a casualty with possible meningitis

Unit content

What needs to be learned
Learning outcome 1: Understand the recognition and management of a casualty who has been poisoned
1A Poisoning • Routes of entry: ingestion, injection, i.e. puncture of the skin by insects, bites or needles, inhalation, instilled, absorption. • Types of poison, e.g. drugs, alcohol, chemical, envenomation. • Signs of poisoning, e.g. breath smells, empty containers, staining, entry point. • Symptoms specific to type of poison, e.g. physical indicators, level of response. **1B Management of a casualty who has been poisoned** • Retain identified samples, and/or data sheets, of the poison where possible. • Clinical management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines): o casualty handling and positioning o observations and recording of information for casualty handover and completion of Patient Report Forms o dynamic assessment and management of A(c)BCDE. • Clinical handover to the next echelon of pre-hospital care.
Learning outcome 2: Understand the recognition and management of a casualty suffering from allergic reactions and anaphylaxis
2A Allergens • Common allergens, e.g. grass and tree pollens; foodstuffs; chemicals; bites, stings and envenomation; drugs. **2B Types of allergic reaction** • Signs, symptoms and different types of allergic reactions: o mild, moderate and anaphylaxis allergic reactions. **2C 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, manufacturer's instructions): o provision of IM adrenaline to adults, children and infants using: o the casualty's own pre-filled auto-injector o a pre-filled auto-injector

- 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

3A Common respiratory conditions affecting breathing

- The types of condition, signs and symptoms of:
  - Asthma, hyperventilation, lower respiratory tract infections, chronic obstructive pulmonary disease

3B Expected values for breathing

- Normal SpO2 ranges, SpO2 ranges in COPD patients, respiratory rate, depth of breathing, effort of breathing.

3C 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 casualty's own prescribed medication
  - 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.

3D Hypoxia

- Signs and symptoms.
  - Causes of hypoxia: choking, blood loss, chest injury, low concentration of oxygen in air, chemical or gas poisoning, brain/spinal cord injury, near drowning, lung problems, medications, heart conditions, anaemia, reduced blood flow to organ tissue.

3E 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

4A Angina (acute coronary syndromes)

- Signs, symptoms and types of angina:
  - stable angina
  - unstable angina.

4B Heart attack

- Signs, symptoms.

4C 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 casualty's own prescribed medication,
  - 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: Understand the recognition and management of casualties suffering from diabetic emergencies

5A Diabetes

- Types of diabetes :
  - Type 1 insulin dependent
  - Type 2 non-insulin dependent.

5B Diabetic emergencies

- The signs and symptoms of diabetic emergencies.
- Hypoglycaemia, hyperglycaemia.

5C 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
    - ongoing assessment of diabetic emergency
    - appropriate casualty handling and positioning
    - provision of oral sugar
    - advise further medical intervention if not time critical
    - 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

6A Seizures

- Signs, symptoms and causes:
  - epilepsy, head injury, drugs, alcohol, diabetes.

6B 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

7A Stroke

- The signs, symptoms and management of types of stroke:
  - ischaemic, haemorrhagic, transient ischaemic attack (TIA).

7B 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.

Learning outcome 8: Understand the recognition and management of a casualty with possible meningitis

8A Meningitis

- Signs.
- Symptoms.

8B Management of a casualty with possible meningitis

- 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.

Essential 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
- SpO2 monitors
- pen torches
- sharps bins.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

This unit must be assessed in a simulated working environment, where evidence is naturally occurring and collected over a period of time. All assessment must be conducted in accordance with the latest Resus Council and UK Ambulance Service Clinical Practice Guidelines. Learners must show awareness of cultural considerations when seeking verbal consent when treating a casualty in a simulated or real working environment.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria. Centre-devised multiple-choice questions are not appropriate.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

This qualification should be completed within three months to ensure learner knowledge is current.

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 describe 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 the five routes of entry. For each , learners will describe the typical signs and symptoms they would expect a casualty to present with. For a casualty presenting the signs and symptoms the learner must then list what steps they would take to manage the casualty while awaiting the next echelon of care.

To achieve a pass for learning outcome 2, learners will describe the difference in severity between an allergic reaction and anaphylaxis. They will describe the actions they would take to manage a casualty who is having an anaphylactic reaction. In Task 2, learners will need to demonstrate how to competently and confidently administer adrenaline into a casualty's outer thigh, using all types of 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 describe the actions they would take to manage a casualty suffering from each of the four common respiratory conditions. 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 describe how to manage a casualty who is hypoxic. This description 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.

To achieve a pass for learning outcome 4, learners should describe the signs and symptoms of cardiac conditions, including both stable and unstable angina, as well as heart attack. They will explain how they would manage casualties suffering from each of the cardiac conditions identified. 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 in another who is hyperglycaemic. Learners will explain the course of action they would take to manage each casualty.

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 describe the course of action they would take to manage such a casualty.

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 describe the course of action they would take to manage such a casualty. 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. Where differences between adults, children and infants exist, learner responses must address these differences. They must describe the course of action they would take to manage such casualties.

10 Suggested teaching resources

This section lists resource materials that can be used to support the delivery of the qualification.

Textbooks

Association of Ambulance Chief Executives – UK Ambulance Services Clinical Practice Guidelines 2019 (Class Publishing, 2019) ISBN 978-1859596555

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

The Faculty of Pre-Hospital Care, the Royal College of Surgeons of Edinburgh - Foundation Material for Immediate Care 2019

Websites

www.anaphylaxis.org.uk	Information about severe allergic reactions
www.epilepsysociety.org.uk	Information about seizures
fphc.rcsed.ac.uk	Consensus Statements from the Royal College of Surgeons of Edinburgh, Faculty of Pre-hospital Care
www.hse.gov.uk	Health and Safety Executive guidance on manual handling
www.resus.org.uk	Latest guidelines for UK resuscitation protocols and manual handling guidance

11 Appeals

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 *Internal assessment in vocational qualifications: Reviews and appeals policy*, available on our website.

12 Malpractice

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 actual 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 malpractice or attempted malpractice has been proven.

Malpractice may occur or be suspected in relation to any unit or type of assessment within a 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.

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 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.

Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson qualifications. We ask centres to complete Joint Council for Qualifications (JCQ) *Form M1* (www.jcq.org.uk/exams-office/malpractice) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Processing team at candidatemalpractice@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.

Failure to report malpractice constitutes staff or centre malpractice.

Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations team of any incident of suspected malpractice (which includes maladministration) by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations team by submitting a *JCQ M2* Form (www.jcq.org.uk/exams-office/malpractice) with supporting documentation to 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.

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 assurance 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, 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
- temporarily withholding certification of learners
- 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 the JCQ appeals booklet: *A guide to the awarding bodies' appeals process.*

13 Further information and publications

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html.
- Books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk.
- Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

All centres offering external assessments must comply with the Joint Council for Qualifications (JCQ) document *Instructions for conducting examinations*.

Further documents that support the information in this specification:

- *Access arrangements and reasonable adjustments* (JCQ)
- *A guide to the special consideration process* (JCQ)
- *Collaborative and consortium arrangements for the delivery of vocational qualifications policy* (Pearson)
- *UK information manual* (updated annually and available in hard copy) **or** *Entries and information manual* (available online) (Pearson).
- Distance learning and assessment policy (Pearson)

Publisher information

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

14 Glossary

Part A – General terminology used in specification

Level	Units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.
Guided learning hours (GLH)	This indicates the number of hours of activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study. Units may vary in size.
Total qualification time (TQT)	This indicates the total number of hours that a typical learner will take to complete the qualification. This is in terms of both guided learning hours but also unguided learning, for example private study, time spent in the workplace to master skills.
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, skills 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.
Summative assessment	Assessment that takes place after the programme of learning has taken place.
Valid assessment	The assessment assesses the skills or knowledge/understanding in the most sensible, direct way to measure what it is intended to measure.

Part B – Terms used in knowledge and understanding criteria

Demonstrate	Carry out and apply knowledge, understanding and/or skills in a practical situation.
Describe	Give a clear account in their own words, including all the relevant information (e.g. qualities, characteristics or events, etc.). Description shows recall and in some cases application.
Detailed	Having additional facts or information beyond a simple response.
Explain	Provide details and give reasons and/or evidence to support an opinion, view or argument. OR Provide details and give relevant examples to clarify and extend a point. This would usually be in the context of learners showing their understanding of a technical concept or principle.
Identify	Shows the main features or purpose of something. Can recognise it and/or name characteristics or facts that relate to it.
Outline	Provide a summary or overview or brief description.
State	Express information in clear and precise terms.

Annexe 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 3 and above qualifications in pre-hospital care for example:
    - Pearson BTEC Level 3 Certificate for First Person on Scene
    - 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 two 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:

- 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*
- 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 three 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:

- 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*
- 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.*

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

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