



## **SFJ Awards Level 3 Award in First Person on Scene Support Specification**

**Regulation No: 603/3964/0**

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## Introduction

This specification is intended for trainers, centres and learners. General information regarding centre approval, registration, Odyssey (SFJ AWARDS's candidate management system), assessment papers, certification, reasonable adjustments, special consideration, appeals procedures, are available from the website. This document should be read in conjunction with the SFJ AWARDS Centre guide available from the website.

## Version Number

Please ensure that you have the latest and most up to date version of documents. Please check the website for the most up to date version. To check which version you have please see the footer which will give you the version number.

Version Number	Content of Change
2.0	Equipment requirements updated to include helmet and shoulder pads.
	Indicative content clarified in accordance with the latest guidelines.
	Assessment Workbook updated in accordance with the changes made to the indicative content.
	Knowledge and competence within the Assessment Workbook divided into two separate documents, the SFJ AWARDS Assessment Workbook and the SFJ AWARDS Competency Achievement Record.
	Additional websites added to the resources section.

## About this Qualification

The SFJ AWARDS Level 3 Award in First Person on Scene Support (RQF) is designed to develop learners' knowledge and skills required to effectively deal with a range of emergencies requiring medical assistance. These include general skills (roles and responsibilities, consent, pre-hospital treatment, patient assessment, adult/ paediatric basic life support), management of traumatic and thermal injuries (external bleeding, catastrophic haemorrhage, musculoskeletal injuries, head injuries, traumatic eye injuries, spinal injuries, burns and frostbite) and the management of a number of other medical emergencies (heart attack, angina, stroke, asthma, anaphylaxis, diabetes, epilepsy, poisoning and sepsis).

This qualification is aimed at for those working in frontline services (e.g. close protection, security, event and private medical services and private security details operating in remote areas) in addition to those looking to further enhance their knowledge and skills within first aid. Through taking this qualification, learners will develop the subject matter competence to assess, stabilise and care for a patient for up to 30 minutes, and/ or until a time at which the patient can be treated by a pre-hospital care provider, so as to prevent deterioration and preserve life.

The qualification meets grade descriptor C of the Faculty of Pre-Hospital Care Pre-Hospital Emergency Medicine framework.

**Please Note:** The term 'FPOS' must not be used with this qualification as FPOS is a registered Tradename of Pearson. This restriction includes but not limited to training, assessment and marketing materials." The SFJ AWARDS Level 3 Award in First Person on Scene Support (RQF) qualification is a new Level 3 qualification.

This qualification meets the SIA criteria for First Aid. Please see **Appendix B** for further information. This certificate is valid for 3 years from the date of issue.

## Objective

Supporting a role in the workplace

## Purpose

D. Confirm occupational competence and/or 'licence to practice'  
 D2. Confirm the ability to meet a 'licence to practice' or other legal requirements made by the relevant sector, professional or industry body

## Sector

1.3 - Health and Social Care

## Structure

To achieve this **4 credit** knowledge and competence qualification, learners must successfully complete the **3 mandatory units**.

No of Units	Unit Number	Unit Title	Level	Estimated TQT*	Estimated GLH**	Estimated Credit
1	Y/617/4203	Principles and Practice of Emergency Medical Assistance	3	20	16	2
2	D/617/4204	Understand and Manage Traumatic and Thermal Injuries	3	10	8	1
3	H/617/4205	Understand and Manage Medical Emergencies	3	10	8	1
Qualification Total:			3	40	32	4

## Total Qualification Time (TQT)\*

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of attainment necessary for the award of the qualification i.e. to achieve all learning outcomes. TQT is comprised of Guided Learning Hours (GLH) and an estimate of the number of hours a learner is likely to spend in preparation, study or any other learning including assessment, which takes place as directed by, but not under the supervision of a lecturer, supervisor or tutor. If a credit value is assigned to a qualification it is determined by TQT, as one credit corresponds to 10 hours of learning.

## Guided Learning Hours (GLH)\*\*

GLH are all times when a member of provider staff is present to give specific guidance towards the learning aim being studied on the programme. This definition includes examinations, lectures, tutorials, and supervised study. It does not include hours where supervision or assistance is of a general nature and is not specific to the study of the learners. It is the responsibility of training centres

to decide the appropriate course duration, based on their learners' ability and level of existing knowledge. It is possible, therefore, that the number of GLH can vary from one training centre to another according to learners' needs.

## Delivery

Guided Learning Hours are **(32)** with a minimum duration of **(4 days)**. The course may be delivered using a variety of methods such as classroom sessions, distance learning or a blended method. The course will require self-directed study alongside tutor support and practical training.

To effectively deliver (and assess) this qualification, centres must not exceed the ratio of **12 learners to 1 trainer**.

## Assessment

This qualification is assessed using an SFJ AWARDS Assessment Workbook and Competency Achievement Record. Assessment may take place at any time during the delivery of the qualification and does not need to be done as a final assessment. It is however a requirement for the candidate to be aware that assessment is taking place. All assessment criteria of the selected units must be met in order to achieve the qualification. Additional guidance can be found in the assessment guidance section of each unit. This qualification is not graded, successful learners achieve a pass.

**SFJ AWARDS Assessment Workbook:** This knowledge only Assessment Workbook is internally marked and verified by the centre, using the provided marking guidance, and externally quality assured by SFJ AWARDS. Workbook answers **must be written by the learner** and all units must be met to achieve the qualification.

There are three forms of assessment within the Workbook:

- Identification based answers in which learners must state or circle the correct answers.
- Short answer questions in which learners must answer the question in full sentences (approximately 10-50 words per question).
- Multiple choice questions (MCQs) in which learners must circle the most appropriate answer (A-D).

**SFJ AWARDS Competency Achievement Record:** This achievement record is internally marked and verified by the centre, using the provided marking guidance, and externally quality assured by SFJ AWARDS. It is to be used to assess and document the practical performance/ ability of each candidate within a cohort of 12.

## Re-Qualifying

SFJ AWARDS Level 3 Award in First Person on Scene Support certificates are **valid for 3 years from the date of issue**.

Once the qualification has expired, or due to expire the learner is required to re undertake the course again in order to maintain the qualification. In order to re-qualify, learners must be assessed against all learning outcomes and assessment criteria in the units.

## Age Range and Geographical Coverage

This qualification is regulated by Ofqual and approved for learners aged 18+ in England, Wales, Scotland and Northern Ireland.

## Learner Entry Requirements

There are no formal entry requirements however learners must be able to work at level 2 or above. Learners must also be sufficiently competent in the use of the English language and physically able to meet the assessment requirements of this knowledge and competence qualification.

## Progression

Learners can progress to other qualifications within the sector, including Level 4 First Person on Scene and Level 4 First Response Emergency Care.

## Tutor Requirements

### 1. Trainer(s):

Individual(s) responsible for assisting learners to develop knowledge and practical skills throughout the learning programme. The role therefore includes: Provision of lessons/ learner support, training/ sign off during competency demonstrations and the assessment of learner responses within the SFJ AWARDS Assessment Workbook.

### Mandatory Trainer Requirements:

- A recognised teaching and assessing qualification: e.g. *Level 3 Award in Education and Training, Level 3 NVQ Certificate in Learning and Development, Level 4 NVQ Certificate in Learning and Development, Level 4 Certificate in Education and Training, IHCD Instructional Methods, Level 5 Diploma in Education and Training, CIPD Level 5 Intermediate Certificate in Learning and Development, PTLLS (12 credits), DTLLS, Postgraduate Certificate in Education (PGCE), Postgraduate Certificate in Higher Education (PGCHE).*

Please see **Appendix A** for further qualification options/ combinations that can be used to satisfy this requirement.

- Appropriate medical subject matter competence: e.g. *Combat Medical Technician Class 1 or 2 or Overseas equivalent (must be mapped and in English), HCPC Paramedic, NMC Nurse, GMC Doctor, (IHCD) Level 3 Ambulance Aid, Level 3 (or above) First Person on Scene, Level 3 (or above) First Response Emergency Care etc.* **Please Note:** Level 3 First Aid at Work is not sufficient to evidence this requirement.

### 2. Internal Verifier(s) (IV):

Individual(s) responsible for the internal verification of all areas of delivery and assessment, including but not limited to: course delivery, practical demonstrations, the SFJ AWARDS Competency Achievement Record and questions and tasks within the SFJ AWARDS Assessment Workbook.

**Internal Verifier Requirements:**

- Appropriate IQA qualification: *e.g. Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (etc.) OR be supported by someone who holds an IQA qualification.*
- Evidence of relevant/ appropriate subject matter competence.

**Please Note: Whilst centre personnel may be approved for both roles, those assigned the role of Trainer/ Internal Verifier are not permitted to operate in both of these roles for any candidate.**

**Centre Requirements**

Centres must be approved by SFJ AWARDS in order to offer this qualification and have access to the necessary facilities and equipment, including but not limited to the following:

**Training Venue and Equipment Requirements**

Requirement	Additional Information	
<p><b>First Aid Equipment</b></p>	<p><b>Multiple</b> Required</p> <ul style="list-style-type: none"> <li>• Disposable Gloves (Latex Free)</li> <li>• Training Dressings</li> <li>• Wound Application and Moulage</li> <li>• Bandages</li> <li>• Tourniquets</li> <li>• Haemostatic Agents</li> <li>• Cervical Collars</li> <li>• Slings and Splints</li> <li>• Oropharyngeal (OP) Airways</li> <li>• Bag Valve Masks</li> <li>• Adrenaline Auto Injector (Training Devices)</li> <li>• Manikin Hygiene Wipes</li> <li>• Resuscitation Manikins (<i>See Below</i>)</li> </ul>	<p><b>A Minimum of One</b> Required</p> <ul style="list-style-type: none"> <li>• First Aid Kit</li> <li>• Trauma Kit</li> <li>• Burns Kit</li> <li>• Airway Management Trainer (must be able to correctly insert OP airways)</li> <li>• Suction Device</li> <li>• Oxygen Cylinder</li> <li>• Automated External Defibrillator (AED) Trainer (<i>See Below</i>)</li> <li>• Radio (or equivalent) for the demonstration of radio procedure.</li> <li>• Helmet and shoulder pads (or equivalent).</li> </ul>
<p><b>Resuscitation Manikins</b></p>	<p>Three different types of resuscitation manikin are required for the delivery and assessment of this qualification:</p> <ul style="list-style-type: none"> <li>• Infant Manikin (A minimum of <b>1 per 4 learners</b>)</li> <li>• Child Manikin (A minimum of <b>1 per 4 learners</b>)</li> <li>• Adult Manikin (A minimum of <b>1 per 4 learners</b>)</li> </ul> <p>Each manikin must be appropriately cleaned after use (e.g. manikin hygiene wipes to be used after each learner’s demonstration). Replacement airways and lungs must also be available and these are to be changed at the end of each course.</p>	

<b>AED Trainer(s)</b>	A minimum of <b>1 training defibrillator per 4 learners.</b>
<b>Learning/ Training Materials</b>	Mapped to and appropriate for the course content.
<b>Other</b>	<ul style="list-style-type: none"> <li>• The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.</li> <li>• Hygiene sufficient procedures must be in place to ensure hygiene during the use of resuscitation manikins and other training equipment.</li> <li>• Sufficient Audio Visual (AV) equipment and training aids must be available to facilitate learning using varying teaching methods appropriate to the needs of the learner(s).</li> </ul>

**Unit 1: Principles and Practice of Emergency Medical Assistance - Y/617/4203**

Estimated TQT: 20  
 Estimated GLH: 16  
 Level: 3

**Unit Description:** This unit covers the general knowledge and skills required to effectively administer emergency medical assistance. This includes: roles and responsibilities, consent, prehospital treatment, patient assessment and the provision of adult/ paediatric basic life support.

Unit grid: Learning Outcomes/Assessment Criteria

<b>Learning Outcome - The learner will:</b>	<b>Assessment Criteria - The learner can:</b>		<b>Indicative Contents:</b>
1. Understand the role and responsibilities of an emergency medical operative	1.1	Explain the role and the responsibilities of an emergency medical operative	<b>Role and Responsibilities:</b> e.g. Provide treatment and stabilise the patient until further help arrives, actions relating to the chain of survival, includes: Preserve life, alleviate suffering, prevent condition worsening, promote recovery, ensure first aid equipment is maintained and fit for purpose, assess the scene, assess the danger, assess and prioritise the treatment of patients, triage, administer appropriate first aid in accordance with own skill set/ scope of practice, call the emergency services, post incident clean up, post-incident reporting and recording.
	1.2	Identify precautions to take to minimise the risk of infection and disease	<b>Minimise Infection Risk:</b> e.g. Use of personal protective equipment (PPE) (gloves, mouthpiece etc.), good personal hygiene, use of barrier devices, covering all open cuts/ sores, minimising contact with blood/ bodily fluids, disposing of used PPE (e.g. single use only), effective handwashing, maintenance of up-to-date injections and immunizations.
	1.3	Identify the personal protective equipment (PPE) that should be worn at an incident	<b>Personal Protective Equipment (PPE):</b> e.g. Disposable gloves, apron, face shield etc.

	<p>1.4 Explain the different types of assistance provided by the emergency services</p>	<p><b>Emergency Services:</b> e.g. Types and services provided:  <b>Police:</b> Investigating crimes, management of aggression/ violence, traffic control.  <b>Ambulance:</b> Patient assessment, triage, treatment, transportation of patients to hospital.  <b>Fire:</b> Firefighting, rescue, health and safety, incident/ scene safety  <b>Coastguard:</b> Search and rescue, mountain/ lowland rescue.</p>
	<p>1.5 Explain the METHANE system in a major incident</p>	<p><b>METHANE System:</b> e.g. <b>M</b>ajor incident declaration, <b>E</b>xact location, <b>T</b>ype of incident, <b>H</b>azards, <b>A</b>ccess, <b>N</b>umber and type/ severity of casualties, <b>E</b>mergency services.</p>
	<p>1.6 Explain command and control at a major incident</p>	<p><b>Command and Control:</b> e.g. Gold/ Silver/ Bronze (GSB) command structure with responsibility allocation as follows:  <b>Gold Commander:</b> Overall control, often located off-site.  <b>Silver Commander:</b> Tactical commander.  <b>Bronze Commander:</b> Controls resources at an incident.</p>
	<p>1.7 Demonstrate radio procedure</p>	<p><b>Radio Procedure:</b> e.g. Efficient use of radio communication at an incident in accordance with agreed protocol.</p>
	<p>1.8 Demonstrate the handover of information on a patient to a healthcare professional</p>	<p><b>Information Handover:</b> e.g. Information passed on in accordance with agreed timeliness and protocol, <b>ATMISTER</b> (<b>A</b>ge of patient, <b>T</b>ime of incident, <b>M</b>echanism of injury, <b>I</b>njuries, <b>S</b>igns and symptoms, <b>T</b>reatment given, <b>E</b>stimate time of arrival, <b>R</b>equests (anaesthetist, paediatrics etc.).</p>
	<p>1.9 Identify a range of emergency care equipment</p>	<p><b>Emergency Care Equipment:</b> e.g. Ventilation and airway equipment (e.g. oropharyngeal airways, suction device, oxygen, bag valve masks, oxygen therapy masks) AED, immobilisation devices, bandages/ haemorrhage control (sterile burn sheets, bandages, dressings, gauze rolls,</p>

			adhesive tape, tourniquet), radio, first aid kit, thermal kit, trauma kit, paramedic scissors, PPE etc.
2. Understand the importance of consent	2.1	Explain ethical reasoning and why consent must be gained from a patient before providing emergency treatment	<b>Ethical Reasoning and Consent to Treatment:</b> e.g. Legal requirement, consent required to commence treatment, patients have the right to refuse treatment, treatment without consent can be deemed assault, patients must have capacity to give consent, consent mitigates the risk of litigation and promotes the observation of personal/ cultural/ religious sensitivities.
	2.2	State how to communicate with those receiving care	<b>Communication with Care Recipients:</b> e.g. Style (appropriate tone, appropriate body language, free of slang/ jargon, alternative methods of communication for those with specific impairments) and content (history/ background to incident, symptoms, injuries, sources of pain, severity of symptoms, reassurance, treatment protocol and next stages).
3. Be able to provide safe pre-hospital treatment	3.1	State the importance of being safe at the scene of an incident	<b>Importance of Being Safe:</b> e.g. Personal safety, safety of others (e.g. patient and bystanders) - assessment of scene danger/ risks/ hazards, potential conflict.
	3.2	Demonstrate safe systems of working at a scene	<b>Safe Systems of Working at a Scene:</b> e.g. Awareness of surrounding, use of PPE, infection control, documenting consent, working in accordance with accepted guidance and protocols, working within own scope of practice, dynamic risk assessments, awareness of changing environment.
	3.3	Explain the process and importance of continuous risk assessment at incidents	<b>Continuous Risk Assessment at Incidents:</b> e.g. Assessment of risks to self, patient and others, hazards, risk of further injury, potential conflict. Risk is a dynamic construct and continuous risk assessments help to account for and control ongoing risks.

	3.4	Demonstrate how to risk assess and ensure safety at an incident	<b>How to Risk Assess and Ensure Safety:</b> e.g. Identify hazards, identify potential for harm due to hazards, identify risks which can be reduced or removed, prioritise own safety.
	3.5	Explain the term 'triage' and its place in emergency medical treatment	<b>Triage and its Place in Emergency Medical Treatment:</b> e.g. Assess urgency/ severity of wounds and injuries to prioritise treatment to maximise survival (sieve and sort).
	3.6	Describe the different priorities in Triage	<b>Priorities in Triage:</b> e.g. NARU- Treatment prioritisation and immediate response driven by assessment of severity, includes: Catastrophic haemorrhage, injury, mobility, airway/ breathing, consciousness, respiratory rate, circulation.
	3.7	Explain the principles of how to carry out a risk assessment before manual handling	<b>Principles of Manual Handling Risk Assessment:</b> e.g. Analyse task and identify hazards/ steps which pose a risk, assess risk of injury, identify method and equipment to be used for the task, identify how each risk can be reduced or eliminated, TILE/ LITE (Task requirements, Individual capabilities, Load weight/ shape, Environment including surfaces and lighting).
4. Be able to conduct a patient assessment	4.1	Demonstrate how to assess levels of consciousness in a patient	<b>How to Assess Levels of Consciousness in a Patient:</b> e.g. AVPU ( <b>A</b> lertness, <b>V</b> oice, <b>P</b> ain, <b>U</b> nresponsive): Alertness including eyes being open, response to voice, response to gentle physical stimuli (shaking of shoulders), response to pressure stimuli (sternal rub/ squeezing trapezius muscle/ squeezing nail bed), unresponsive, checking for normal breathing.
	4.2	Demonstrate how to assess if a patient is breathing normally	<b>How to Assess if a Patient is Breathing Normally:</b> e.g. Factors suggestive of breathing difficulties include: Patient not breathing, non-rhythmic chest movements, difficulty breathing (includes agonal breathing/ gasping),

		facial redness, coughing, eyes watering, face turns blue/ purple, cyanosis (lips/ fingers), distress, patient reaches for/ holds their throat, shallow/ laboured breathing, hyperventilation,
4.3	Demonstrate assessing the presence of circulation	<b>Assessing the Presence of Circulation:</b> e.g. Check pulse (carotid/ radial/ brachial/ femoral), capillary refill time, skin colour and temperature.
4.4	Demonstrate how to assess capillary refill time	<b>How to Assess Capillary Refill Time:</b> e.g. Time taken for blood/ colour to return to the fingernail bed after pressure has been placed on the fingernail for a period of time.
4.5	Describe the process of undertaking a patient history assessment	<b>Undertaking a Patient History Assessment:</b> e.g. Information to be collected when gathering a patient history: <b>S</b> AMPLE ( <b>S</b> igns and symptoms, <b>A</b> llergies, <b>M</b> edications including current prescriptions, <b>P</b> ast medical history, <b>L</b> ast meal eaten, <b>E</b> vent history and timing).
4.6	Explain the importance of carrying out a primary survey	<b>Importance of Carrying out a Primary Survey:</b> e.g. Establish the condition of patient and injuries present, identify priorities for treatment, stabilise and prevent further injury.

	<p>4.7 Describe the method used to carry out a primary survey</p>	<p><b>Method Used to Carry out a Primary Survey:</b> e.g. DR-CACBCDE (<b>D</b>anger, <b>R</b>esponse, <b>C</b>atastrophic bleeding, <b>A</b>irway <b>c</b>-spine consideration, <b>B</b>reathing, <b>C</b>irculation, <b>D</b>isability, <b>E</b>xposure):  <b>Danger:</b> Assess danger to yourself/ patient/ bystanders, requires dynamic risk assessment.  <b>Response:</b> Check for response, AVPU (<b>A</b>lertness, <b>V</b>oice, <b>P</b>ain, <b>U</b>nresponsive).  <b>Catastrophic Bleeding:</b> Identify and treat catastrophic bleeding (direct pressure, elevation, simple dressing, pressure dressing, tourniquet). <b>Airway (c-spine consideration):</b> Check that that the airway is open and clear, neutral alignment, jaw thrust procedure if suspected c-spine injury. <b>Breathing:</b> Check for breathing, assessment of RED (<b>R</b>ate, <b>E</b>ffort, <b>D</b>epth).  <b>Circulation:</b> Check pulse, capillary refill time, skin colour and temperature.  <b>Disability:</b> Administer FAST test (<b>F</b>ace, <b>A</b>rms, <b>S</b>peech, <b>T</b>ime), repeat AVPU.  <b>Exposure:</b> Conduct secondary survey, examination of entire body for additional injuries.</p>
	<p>4.8 Demonstrate a head to toe secondary survey</p>	<p><b>Head to Toe Secondary Survey:</b> e.g. Physical examination including: Head (bleeding/ wounds, open fractures, depressed skull, bogginess, facial bones, battle's sign/ bruising behind ears, racoon eyes/ bruising around the trauma site under the eyes, base of skull fracture, cerebrospinal fluid (CSF) from the nose/ ears), Chest (bruising, chest movement, wounds, swelling), Abdomen (swelling, bruising and scars), Pelvis (swelling, bruising, positioning), Limbs (abnormalities, swelling, bruising, circulation). Also includes history taking: SAMPLE (<b>S</b>igns and symptoms, <b>A</b>llergies, <b>M</b>edications including current prescriptions, <b>P</b>ast medical history, <b>L</b>ast meal eaten, <b>E</b>vent history and timing).</p>

	4.9	Identify different causes of unconsciousness	<b>Causes of Unconsciousness:</b> e.g. Head injury, stroke, epilepsy, diabetes, insulin (high/ low BSL), heart conditions, infection, uraemia resulting from kidney failure or inadequacy, fainting, thermal injuries, asphyxia/suffocation, drowning, electrocution, cardiac or respiratory arrest, poisoning (includes alcohol/ drugs), hypoxia (lack of oxygen).
	4.10	Demonstrate how to place an unconscious adult in the recovery position	<b>Placing an Unconscious Adult in the Recovery Position:</b> e.g. Kneel on the floor to the side of the patient, move the patient's arm (nearest) to be at a right angle with their body, with their forearm pointing in the direction of the head and palm facing upwards, move the patient's other arm to be placed across their chest with the back of their hand placed against their cheek (cheek nearest to first aider). Hold this hand position in place, move the patient's knee (knee furthest away- action can be completed first if the first aider has a short arm span) upwards so that their leg is bent whilst their foot is flat on the floor, move the patient onto their side through gently pulling the elevated knee towards self. After movement- this knee should be resting on the floor, gently raise the patient's chin to tilt their head back slightly to open up their airway, check for airway blockages and, if blocked, remove the obstruction if it can be done safely.
5. Be able to administer basic life support (BLS)	5.1	Demonstrate the head tilt and chin lift procedure to open the airway	<b>Head Tilt and Chin Lift Procedure:</b> e.g. Raising the patient's chin to tilt their head back slightly to open airway, first aider gently pushes down the patient's forehead using the palm of their hand, patient's chin gently lifted using two fingers of their free hand.
	5.2	Demonstrate how to perform cardio-pulmonary resuscitation (CPR) on an adult to current guidelines	<b>Adult Cardio-Pulmonary Resuscitation (CPR):</b> e.g. <b>Ratio:</b> Chest compression to rescue breath ratio of 30:2 (e.g. 30 chest compressions to 2 rescue breaths using 'head tilt chin lift method').

		<p><b>Location of Compression:</b> Compress the breastbone.  <b>Depth of Compression:</b> 5-6cm.  <b>Rate:</b> Between 100 and 120 compressions per minute.  <b>Duration of CPR:</b> A minimum of 2 minutes (in line with the time between shocks from a standard AED).</p>
5.3	Demonstrate the safe use of an automated external defibrillator (AED)	<p><b>Safe Use an Automated External Defibrillator:</b> e.g. Removal of the patient from metal grates/ sources of water, removal of patient jewellery, correct placement of AED pads (location, dry skin, shaved skin where possible/ additional pressure of the pads against the skin, avoidance of pacemakers, avoidance of medication patches), follows AED instructions up to shock/ no shock, ensures 'all clear' (including self) when delivering the shock.</p>
5.4	Identify symptoms of an obstructed airway	<p><b>Symptoms of an Obstructed Airway:</b> e.g. Severity dependent symptoms: <b>Partial Obstruction:</b> Difficulty breathing, still able to cough/ talk, facial redness, coughing, eyes watering, the patient exhibits symptoms of distress, the patient reaches for/ holds their throat.  <b>Complete Obstruction:</b> Red face, clutching throat, unable to breath, unable to cough/ talk, bulging eyes, the patient exhibits symptoms of severe distress/ panic (can include standing up), unconscious.</p>
5.5	Demonstrate how to manage a choking adult	<p><b>Management of a Choking Adult:</b> e.g. Encourage the patient to cough to clear the blockage, maintain the patient under observation. <b>If the blockage is not cleared:</b> Deliver 5x sharp back blows.  <b>If the blockage is not cleared:</b> Deliver 5x abdominal thrusts, maintain the patient under observation.  <b>If the blockage is not cleared:</b> Call the emergency services, repeat above 5-5 cycle, prepare to start CPR if the patient stops breathing.</p>

	<p>5.6 Demonstrate placing a patient's head in neutral alignment</p>	<p><b>Placing a Patient's Head in Neutral Alignment:</b> e.g. Kneel behind the patient's head, place hands either side of their head with fingers pointing towards the patient's body, ensure the patient's ears are not covered, support the head to align the head neck and spine.</p>
	<p>5.7 Demonstrate the jaw thrust procedure to open the airway</p>	<p><b>Jaw Thrust Procedure to Open Airway:</b> e.g. Kneel behind the patient's head, support their head in the neutral position, place hands either side of their face with fingertips at angle of jaw, gently lift the jaw to open the airway without tilting the neck.</p>
	<p>5.8 Demonstrate how to use suction</p>	<p><b>How to Use Suction:</b> e.g. Carry out hand hygiene, prepare required equipment and ensure catheter ready for use, turn on equipment and check pressure, use appropriate PPE, position the patient to enable easy access to the airway, perform the procedure quickly, safely and effectively.</p>
	<p>5.9 Demonstrate an oropharyngeal airway for an adult</p>	<p><b>Oropharyngeal Airway for an Adult:</b> e.g. Measure from the centre of the patient's mouth/ incisors to the angle of the jaw to identify the correct size, insert one third with concave side facing the roof of the mouth, rotate 180° over tongue, insert further until the flange is resting against the patient's lips.</p>
	<p>5.10 Explain safety considerations of using oxygen</p>	<p><b>Safety Considerations of Using Oxygen:</b> e.g. Increase in fire hazard, cannot be used in explosive environments, use with caution during defibrillation, store securely away from naked flames, ensure the valves remain free from grease, schedule and maintain regular servicing.</p>
	<p>5.11 Demonstrate oxygen giving via a bag valve mask</p>	<p><b>Oxygen Giving via a Bag Valve Mask:</b> e.g. Select flow rate, safely configure an oxygen system ready for use, administer supplemental freeflow oxygen.</p>

	<p>5.12 Summarise current guidelines when to administer oxygen using other oxygen giving methods</p>	<p><b>When to Administer Oxygen Using Other Oxygen Giving Methods:</b> e.g. Treatment for hypoxaemia, indications include acute breathlessness, condition dependent oxygen flow rate/ dosage:</p> <p><b>High Flow Oxygen:</b> Cardiac arrest, unconscious patient, epilepsy, trauma, anaphylaxis, carbon monoxide poisoning, hypothermia, sepsis, shock.</p> <p><b>Moderate Flow Oxygen:</b> Acute asthma, lung cancer, sickle cell crisis, pneumonia, deterioration of lung fibrosis.</p> <p><b>Low Dose/ Controlled Oxygen:</b> Chronic obstructive pulmonary disease (COPD), morbid obesity, exacerbation of cystic fibrosis.</p> <p>Oxygen administration is not recommended for the following conditions (unless the patient is hypoxaemic): Heart attack (MI), stroke, abdominal pain, headache, pregnancy, obstetric emergencies, non- carbon monoxide based poisoning, glycaemic emergencies.</p>
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<p>6. Be able to manage a range of paediatric patient emergencies</p>	<p>6.1</p>	<p>Demonstrate a patient survey on an infant or child</p>	<p><b>Patient Survey on an Infant or Child:</b> e.g. DR- CACBCDE (<b>D</b>anger, <b>R</b>esponse, <b>C</b>atastrophic bleeding, <b>A</b>irway <b>c</b>-spine consideration, <b>B</b>reathing, <b>C</b>irculation, <b>D</b>isability, <b>E</b>xposure):  <b>Danger:</b> Assess danger to yourself/ patient/ bystanders, requires dynamic risk assessment.  <b>Response:</b> Check for response, AVPU (<b>A</b>lertness, <b>V</b>oice, <b>P</b>ain, <b>U</b>nresponsive).  <b>Catastrophic Bleeding:</b> Identify and treat catastrophic bleeding (direct pressure, elevation, simple dressing, pressure dressing, tourniquet). <b>Airway (c-spine consideration):</b> Check that that the airway is open and clear, neutral alignment, jaw thrust procedure if suspected c-spine injury. <b>Breathing:</b> Check for breathing, assessment of RED (<b>R</b>ate, <b>E</b>ffort, <b>D</b>epth).  <b>Circulation:</b> Check pulse, capillary refill time, skin colour and temperature.  <b>Disability:</b> Administer FAST test (<b>F</b>ace, <b>A</b>rms, <b>S</b>peech, <b>T</b>ime), repeat AVPU.  <b>Exposure:</b> Conduct secondary survey, examination of entire body for additional injuries.</p>
	<p>6.2</p>	<p>Demonstrate how to perform cardio-pulmonary resuscitation (CPR) on an infant and child to current guidelines</p>	<p><b>Infant and Child Cardio-Pulmonary Resuscitation (CPR):</b> e.g. Turn the infant/ child onto their back, age dependent follow up actions/ response strategy:  <b>Infant:</b> Head in neutral position, head and neck in line, use fingertips to lift the infant's chin, give five initial rescue breaths, take a breath, cover infant's mouth and nose with own mouth (making sure it's sealed), breathe into the infant's mouth and nose for one second, observe chest rise, keeping the infant's head tilted and chin lifted- take mouth away and watch for the chest to fall as air is expelled, repeat four more times. <b>If the Infant is Still not Breathing:</b> Use chest compressions combined with rescue breaths: Using the tips of two fingers or the heel of your hand compress the</p>

		<p>breastbone (in line with/ centre of the nipple line) to a depth of 4cm, release the pressure and then rapidly repeat at a rate of about 100-120 compressions a minute, after every 15 compressions- tilt the infant's head and give two effective rescue breaths. Continue compressions and breaths in a ratio of two breaths for every 15 compressions.</p> <p><b>Child:</b> Tilt their head and use fingertips to lift the child's chin to open the airway, close the soft part of the child's nose using the index finger and thumb of the hand on the forehead, open the child's mouth a little keeping their chin pointing upwards, take a breath, place lips around the child's mouth (forming seal), breathe into the child's mouth for one second, observe chest rise, keeping the child's head tilted and chin lifted- take mouth away and watch for the chest to fall as air is expelled. Repeat four more times.</p> <p><b>If the Child is Still not Breathing:</b> Use chest compressions combined with rescue breaths: Place hands at the centre of the child's chest, ensure the heel of one hand is over the lower third of their breastbone, place the other hand on top of the first, lift fingers to ensure that pressure is not applied over the ribs, position yourself vertically above the child's chest, straighten arms and compress the breastbone to a depth of 5cm using the heel of your hand, release the pressure and then rapidly repeat at a rate of about 100-120 compressions a minute, after every 15 compressions- tilt the child's head and give two effective rescue breaths. Continue compressions and breaths in a ratio of two breaths for every 15 compressions.</p>
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	<p>6.3 Demonstrate how to manage a choking infant and child</p>	<p><b>Management of a Choking Infant and Child:</b> e.g. Ability, age and severity dependent response strategy:  <b>If Able to Speak, Cough and Breathe:</b> Encourage them to keep calm and to cough.  <b>If Unable to Speak, Cough and Breathe:</b> Graduated and age dependent response strategy:  <b>Infant:</b> Lay the infant along forearm with their head lower than their chest, give up to 5 back blows using the heel of your hand between their shoulder blades, after each blow check to see if the obstruction has cleared. If obstruction remains: Turn the infant onto their back, place 2 fingers on their breastbone and thrust sharply inwards and upwards (approximately 4cm) up to 5 times, after each thrust check to see if the obstruction has cleared. If obstruction remains: Repeat 5 back blows and then 5 chest thrusts up to 3 times. If obstruction still remains: Call the emergency services, prepare to start CPR if the infant stops breathing. If chest thrusts have been used, medical attention must be sought to check for internal damage.</p>
		<p><b>Child:</b> Encourage/ assist the child to bend over so that their head is lower than their chest, give up to 5 back blows using the heel of your hand between their shoulder blades, after each blow check to see if the obstruction has cleared. If obstruction remains: Move behind the child, place arms around the child's waist, bend the child forward, place one fist over the other between belly button and base of breastbone, pull sharply inwards and upwards up to 5 times, after each thrust check to see if the obstruction has cleared. If obstruction remains: Repeat 5 back blows and then 5 abdominal thrusts up to 3 times. If obstruction still remains: Call the emergency services, prepare to start CPR if the child stops breathing.</p>

	<p>6.4 Demonstrate how to place an unconscious infant and child in the recovery position</p>	<p><b>Placing an Unconscious Infant and Child in the Recovery Position:</b> e.g. Age dependent response strategy:  <b>Infant:</b> Cradle the infant in your arms, ensure the infant is facing towards you with their head tilted downwards, monitor breathing and levels of responsiveness, call the emergency services and hold the infant in this position until help arrives.  <b>Child:</b> (As per adult): Kneel on the floor to the side of the child, move the child's arm (nearest) to be at a right angle with their body, with their forearm pointing in the direction of the head and palm facing upwards, move the child's other arm to be placed across their chest with the back of their hand placed against their cheek (cheek nearest to first aider). Hold this hand position in place, move the child's knee (knee furthest away) upwards so that their leg is bent whilst their foot is flat on the floor, move the child onto their side through gently pulling the elevated knee towards self. After movement- this knee should be resting on the floor, gently raise the child's chin to tilt their head back slightly to open up their airway, check for airway blockages and, if blocked, remove the obstruction if it can be done safely.</p>
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## Unit 1 Guidance on Delivery and Assessment

### Delivery

This unit may be delivered using a variety of methods such as classroom sessions, distance learning or a blended method. It will require self-directed study alongside tutor support and practical training. The purpose of this unit is to provide the general knowledge and skills required to effectively administer emergency medical assistance, including: roles and responsibilities, consent, pre-hospital treatment, patient assessment and the provision of adult/ paediatric basic life support.

### Assessment

This knowledge and competence unit must be assessed using the SFJ AWARDS Assessment Workbook and Competency Achievement Record, using the provided marking guidance. Workbook answers **must be written by the learner** and this unit must be met to achieve the qualification. Assessment may take

place at any time during the delivery of the qualification and does not need to be done as a final assessment. It is however a requirement for the candidate to be aware that assessment is taking place.

There are three forms of assessment within the Workbook:

- Identification based answers in which learners must state or circle the correct answers.
- Short answer questions in which learners must answer the question in full sentences (approximately 10-50 words per question).
- Multiple choice questions (MCQs) in which learners must circle the most appropriate answer (A-D).

The competency achievement record is to be used to document the observations of candidate competence.

**This unit must be met to achieve the qualification.**

Simulation is permitted for all competence based assessment criteria (1.7, 1.8, 3.2, 3.4, 4.1, 4.2, 4.3, 4.4, 4.8, 4.10, 5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 5.8, 5.9, 5.11, 6.1, 6.2, 6.3, 6.4) using simulated scenarios in a realistic environment.

### Definitions

**Infant:** Defined as an individual between the ages of 0 and 1.

**Child:** Defined as an individual between the ages of 1 and the onset of puberty. **Patient:** The casualty and/ or recipient of emergency care.

### Links

This unit meets the requirements of the HSE and SIA with regards to a level 3 First Aid Award.

## Unit 2: Understand and Manage Traumatic and Thermal Injuries - D/617/4204

Estimated TQT: 10  
 Estimated GLH: 8  
 Level: 3

### Unit Description:

This unit covers the knowledge and skills required to effectively manage a range of traumatic and thermal injuries. These include: external bleeding, catastrophic haemorrhage, musculoskeletal injuries, head injuries, traumatic eye injuries, spinal injuries, burns and frostbite.

Unit grid: Learning Outcomes/Assessment Criteria

<b>Learning Outcome - The learner will:</b>	<b>Assessment Criteria - The learner can:</b>		<b>Indicative Contents:</b>
1. Be able to manage external bleeding	1.1	Demonstrate the procedure to check for external bleeding	<b>Checking for External Bleeding:</b> e.g. As part of head to toe survey, check skin, clothing, and surrounding area for evidence of blood loss, treated after assessing for danger and response as part of the primary survey.
	1.2	Identify the different types of wounds	<b>Types/ Classification of Wounds:</b> e.g. Incision, Laceration, Abrasion, Contusion, Avulsion, Puncture, Penetration, Gunshot.
	1.3	Describe the different types of bleeding	<b>Types of Bleeding:</b> e.g. Arterial (blood spurts from the wound), venous (blood flows steadily or gushes from the wound), capillary (blood oozes from wound).
	1.4	Describe the process of blood loss estimation	<b>Blood Loss Estimation:</b> e.g. Visual, by weight, soaking of bandages/ dressings.

	1.5	Demonstrate how to manage a patient who is bleeding	<b>Management of a Bleeding Patient:</b> e.g. In line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines): Direct pressure, elevation, simple dressing, pressure dressing, tourniquet (includes marking the patient's forehead to show that a tourniquet is in place), monitor/ assess capillary refill time and skin temperature/ colour distal to the injury, monitor the patient, keep the patient warm, be prepared to treat the patient for shock, prepare to start CPR if the patient stops breathing.
2. Be able to recognise and manage catastrophic haemorrhage	2.1	Identify the visual features of catastrophic bleeding	<b>Visual Features of Catastrophic Bleeding:</b> e.g. Amputation, pulsating/ severe bleeding, uncontrolled by direct pressure, pooling of blood, bandages/ dressings rapidly soaked with blood.
	2.2	Demonstrate how to apply direct pressure	<b>Application of Direct Pressure:</b> e.g. Pressure applied directly onto the wound using a clean compress (cloth, gauze, towel/ sheet etc.) or haemostatic agent.
	2.3	Demonstrate how to apply a tourniquet	<b>Application of a Tourniquet:</b> e.g. Use of proprietary tourniquets, includes: <b>Positioning:</b> Approximately 5cm above wounds affecting the upper arm or leg, above the joint in the case of wounds affecting the lower arm or leg. <b>Pressure:</b> Tourniquet is tightened until the blood flow is reduced. <b>If Bleeding Persists:</b> Apply a second tourniquet to the affected limb (positioned above the first tourniquet), do not remove the original tourniquet.
	2.4	Demonstrate how to apply haemostatic agents	<b>Application of Haemostatic Agents:</b> e.g. Applied directly onto the wound, avoid contact with the patient's eyes, airways, chest and/ or exposed head injuries, pack the wound completely with dressing, apply direct pressure for minimum of 5 minutes, repeat if still bleeding, retain the packaging to hand over to medical professionals.

2.5	Explain the term 'shock'	<b>Shock:</b> e.g. Life-threatening condition, occurs when the flow of blood around the body is insufficient to supply oxygen to the cells and tissues, can lead to damage to the vital organs.
2.6	Describe the different types of shock	<b>Types of Shock:</b> e.g. Hypovolaemic (caused by severe bleeding, burns, dehydration, chronic vomiting and/or diarrhoea), cardiogenic (caused by heart conditions including heart attack, heart disease and valve disorders), neurogenic (caused by spinal injury affecting nerves controlling blood vessel dilation, increased dilation lowers blood pressure), septic (caused by infection driven changes to blood vessel dilation, increased dilation lowers blood pressure), anaphylactic (caused by severe allergy driven changes to blood vessel dilation, increased dilation lowers blood pressure), obstructive (caused by the obstruction of blood flow, includes cardiac tamponade and pulmonary embolism), endocrine (caused by hormonal disorder driven lowering of blood pressure, includes hyperthyroidism).
2.7	Demonstrate how to manage a patient in shock	<b>Management of Shock:</b> e.g. Conduct primary survey (DR-CACBCDE), dress any wounds, lay the patient down, elevate the patient's legs, cover the patient with a blanket/ equivalent to prevent chilling, monitor the patient's pulse/ respiratory rate, do not allow the patient to eat or drink, call the emergency services, reassure the patient, prepare to start CPR if the patient stops breathing.

<p>3. Be able to recognise and manage musculoskeletal injuries</p>	<p>3.1</p>	<p>Identify features indicative of the following musculoskeletal injuries:</p> <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains &amp; Strains</li> </ul>	<p><b>Features Indicative of Musculoskeletal Injuries:</b> e.g. Injury dependent recognition factors:  <b>Fractures:</b> Swelling, difficulty moving, movement in an unnatural direction, a limb that looks shorter/ twisted/ bent, movement driven grating noise and/ or feeling, loss of strength, shock.  <b>Dislocations:</b> Strong/ sickening pain, inability to move the joint, swelling and bruising around the joint, shortening/ bending/ deformity of the joint. <b>Sprains and Strains:</b> Pain and tenderness, difficulty moving, swelling and bruising.</p>
	<p>3.2</p>	<p>Demonstrate the management of the following musculoskeletal injuries:</p> <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains &amp; Strains</li> </ul>	<p><b>Management of Musculoskeletal Injuries:</b> e.g. Injury dependent response strategy:  <b>Fractures:</b> (If open fracture): Cover the wound with a sterile dressing, secure the dressing with a bandage and apply pressure to the wound to control any bleeding. (Following the above and/ or for all other fractures): Support the injured body part to stop it from moving (e.g. sling, splint, binding, strapping etc.), call the emergency services, do not move the patient as you await the arrival of the emergency services unless they are in immediate danger, monitor the patient for shock, monitor patient breathing and responsiveness, prepare to start CPR if the patient stops breathing.  <b>Dislocations:</b> Advise the patient to stay still, support the dislocated joint in the most comfortable position available, immobilise the joint using a bandage, call the emergency services/ take or send the patient to hospital, monitor the patient for shock, ensure the bandages do not restrict circulation.  <b>Sprains and Strains:</b> Rest, ice, comfortable support, elevation.</p>

<p>4. Understand the recognition and management of head injuries</p>	<p>4.1</p>	<p>Identify features indicative of the following head injuries:</p> <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Compression</li> <li>• Skull fracture</li> </ul>	<p><b>Features Indicative of Head Injuries:</b> e.g. Injury dependent recognition factors:  <b>Concussion:</b> Nausea, mild headache, dizziness, memory loss.  <b>Compression:</b> Changes in behaviour, head injury, strong slow pulse, deteriorating responsiveness, unequal pupil size, high temperature, noisy slow breathing, severe headache.</p>
		<p>4.2</p> <p>Explain the management of the following head injuries:</p> <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Compression</li> <li>• Skull fracture</li> </ul>	<p><b>Skull Fracture:</b> Scalp wound, headache, loss of/ reduced level of responsiveness, confusion/ odd behaviour, leakage of blood / fluid from ear or nose.</p> <p><b>Management of Head Injuries:</b> e.g. Injury dependent response strategy: <b>Concussion:</b> If the patient is not alert/ responsive or becomes unresponsive: Place in the recovery position, call the emergency services, monitor and record patient responsiveness, airway and breathing. <b>Compression:</b> (If responsive): Lay the patient down and support their head and shoulders. (If unresponsive): Manage airway but leave the patient in the position as found. In both scenarios: call the emergency services, prepare to start CPR if the patient stops breathing. <b>Skull Fracture:</b> Sit the patient down, administer first aid for head injury, apply cold to swelling (cold compress, ice, peas etc.), monitor for deterioration, call the emergency services, check breathing, prepare to start CPR if the patient stops breathing.</p>
<p>5. Understand the recognition and management of traumatic eye injuries</p>	<p>5.1</p>	<p>Identify features indicative of traumatic eye injuries</p>	<p><b>Features Indicative of Traumatic Eye Injuries:</b> e.g. Patient has obvious pain or trouble seeing, blurred vision, light sensitivity, redness, excess tears, unusual pupil size, asymmetrical eye movement, bulging/ protrusion of an eyeball, damage to skin and other tissues around the eye/ eyeball/ bones of the eye socket, bruising around the eye,</p>

			cuts to the eyelid, bleeding inside the eye, presence of a foreign object.
	5.2	Explain the management of traumatic eye injuries	<p><b>Management of Traumatic Eye Injuries:</b> e.g. Severity dependent response strategy:</p> <p><b>Mild:</b> (such as a black eye from a sports injury): Apply cold to the affected area to reduce swelling.</p> <p><b>Severe:</b> Seek immediate professional medical attention, avoid direct contact with the affected area (no touching/ rubbing/ rinsing), do not attempt to remove a foreign object penetrating the eye, cover the eye with a protective shield ensuring that there is no pressure on the eye itself.</p>
6. Understand the recognition and management of spinal injuries	6.1	Explain the purpose of the spine and the importance of a healthy back	<p><b>Purpose of the Spine and Importance of a Healthy Back:</b> e.g.</p> <p><b>Purpose:</b> Protection of spinal cord, structural support, flexible motion (e.g. ability to bend and twist).</p> <p><b>Importance of a Healthy Back:</b> Skeletal/ muscular support, mobility, posture, avoidance of pain/ injury.</p>
	6.2	Describe the basic anatomy and physiology of the spinal and spinal cord	<p><b>Anatomy and Physiology of the Spine and Spinal Cord:</b> e.g. The spine is made up of bones (vertebrae) held together by ligaments, vertebrae are separated by cartilage called intervertebral discs, the vertebral column has five distinct regions (cervical, thoracic, lumbar, sacral, coccygeal), the spinal cord is part of the central nervous system, it is contained within and protected by the vertebral column, the spinal cord extends from the brainstem to the lumbar region of the vertebral column, spinal nerves run from spinal cord to all parts of the body.</p>

6.3	Identify potential causes of spinal traumatic injuries	<b>Causes of Spinal Traumatic Injuries:</b> e.g. Falls from height, road traffic accidents, assault, falling objects, contact injuries etc.
6.4	Explain the importance of recognising suspected spinal trauma	<b>Importance of Recognising Suspected Spinal Trauma:</b> e.g. Without immobilisation further injury can be caused to patients with spinal damage, unstable fractures may cause further damage to the spinal cord, spinal cord damage can result in permanent paralysis and/ or loss of sensation.
6.5	Identify patient factors that would suggest the occurrence of a spinal injury	<b>Patient Factors Suggestive of a Spinal Injury:</b> e.g. Self-immobilisation, lack of movement, loss of sensation, abnormal sensations (e.g. burning tingling or weakness), pain in the neck or back, unusual shape/ twist to curve of spine, soreness and/ or bruising in the skin over the spine, loss of control of limbs, loss of bladder control, loss of bowel control, breathing difficulties, altered consciousness.
6.6	Describe the assessment and management of spinal injuries	<b>Assessment and Management of Spinal Injuries:</b> e.g. DR-CACBCDE ( <b>D</b> anger, <b>R</b> esponse, <b>C</b> atastrophic bleeding, <b>A</b> irway <b>c</b> -spine consideration, <b>B</b> reathing, <b>C</b> irculation, <b>D</b> isability, <b>E</b> xposure), triage priorities, immobilisation, restriction of movement (unless the patient is in immediate danger), assessment/ documentation of presentation features and symptoms, assessment of patient history, assessment of patient risk for cervical spine injury (Canadian C-spine rule with consideration of developmental stages), assessment of patient risk for thoracic or lumbosacral spine injury (with consideration of developmental stages), management in line with scope of practice and current guidelines (Resus Council Guidelines, UK Ambulance Service Clinical Practice Guidelines), appropriate handling and positioning, spinal

		immobilisation (where appropriate), supplementary oxygen, observation and recording of information, logroll if the patient is in immediate danger (compromised airways, fire, traffic etc.).
6.7	Describe when a helmet should be removed	<b>When to Remove a Helmet:</b> e.g. To gain access to a patient's face in order to provide rescue breaths/ secure airway, if an ill-fitting helmet prevents the head and neck from being secured safely for emergency transport, to assist with the timely removal of a facemask, removal to be conducted by trained personnel only.
6.8	Describe equipment and methods used for the immobilisation of a patient with spinal injuries	<b>Equipment and Methods for the Immobilisation of Patients with Spinal Injuries:</b> e.g. Spinal board, orthopaedic stretcher, head blocks with straps/ tapes, cervical collar, log roll etc.
6.9	Describe when spinal immobilisation need not be applied	<b>Situations Where Spinal Immobilisation Not Required:</b> e.g. Patient lacks symptoms suggestive of spinal injury, the patient is unconscious, where there is penetrating trauma, the patient has low risk-factors for cervical spine injury (Canadian C-spine rule), the patient can rotate their neck 45 degrees left and right, cervical collar should not be used where the patient shows signs of head injuries or increased intracranial pressure.
6.10	Describe the relationship between head and spinal injuries	<b>Relationship Between Head and Spinal Injuries:</b> e.g. Anatomical linkage (skeletal, central nervous system), head injury may also have damaged the neck or spine, severe/ moderate head injury can cause misdiagnosis of a spinal cord injury.

7. Be able to manage spinal injuries	7.1	Demonstrate a range of transport methods used for patients with spinal injuries	<b>Transport Methods for Patients with Spinal Injuries:</b> e.g. Scoop stretcher with blanket rolls, spinal board, orthopaedic stretcher with head blocks, vacuum mattress, vacuum limb splints, Kendrick extrication device etc.
	7.2	Demonstrate a log roll	<b>Log Roll:</b> e.g. Straighten the patient's limbs, support their head chest, hips and legs (keeping the spine straight), use helpers positioned alongside the patient to pull the patient towards self (without twisting or bending the patient's body).
	7.3	Demonstrate the application of a cervical collar	<b>Application of a Cervical Collar:</b> e.g. Select the correct size for the patient, lie the patient on their back, stabilise their head and neck, roll the patient onto their left side without bending or twisting their neck, place the back of the cervical collar around the patient's neck and make sure that it is centred, roll the patient onto their back ensuring that the neck remains stabilised, hold the front of the cervical collar and place it over the patient's neck, slide the cervical collar up underneath the chin, hold the side flaps of the front cervical collar so that it is pointing toward the patient's ears, check that the collar does not rest on the patient's collar bone, move the side flaps of the front cervical collar toward the back part of the cervical collar, tighten the Velcro straps on either side of the cervical collar, ensure that the straps are equally placed on both sides so that the cervical collar is secure.
	7.4	Demonstrate the procedure for removing a helmet	<b>Procedure for Removing a Helmet:</b> e.g. Loosen or cut straps/ utilise quick release straps, manoeuvre the helmet over nose and ears whilst holding the head and neck rigid- placing hands on the mandible (lower jaw) and occipital (back of head) regions.

	7.5	Demonstrate immobilisation of a patient wearing shoulder pads and a helmet	<b>Immobilisation of a Patient Wearing Shoulder Pads and a Helmet:</b> e.g. Logroll the patient onto the available immobilisation and/ or transport device (spinal board, orthopaedic stretcher, vacuum mattress etc.), secure the patient with a strap at the torso, fill void spaces/ gaps around the helmet neck and shoulders (rolled towels etc.), leave the chin strap secured and tape the helmet to the immobilisation device, finish securing the patient via straps at the knees and arms.
	7.6	Identify situations that would require rapid extrication	<b>Situations Requiring Rapid Extrication:</b> e.g. Scene is unsafe/ the patient is in immediate danger (fire, flood, falling debris, water etc.), the patient is unstable, a critical patient is blocked by another less critical patient.
	7.7	Explain how to perform rapid extrication	<b>How to Perform Rapid Extrication:</b> e.g. Use of passenger doors, escape slides, emergency stairs, specialist appliances (ladders, lowering lines, guy lines, step blocks, blocks and wedges, glass cutter, dust masks, blankets, slings, stretchers, seats, wheelchairs, longboard or spinal board etc.), forced entry (removal of door, roof, breaking through materials etc.), vehicle stabilisation, glass management, space creation, dash board roll, cutting (removing roof/ door/ safety straps), air bag stabilisation, stretchers carried above head level due to obstructions at ground/ mid-level.
8. Understand the recognition and management of burns	8.1	Describe the basic anatomy of the skin	<b>Basic Anatomy of the Skin:</b> e.g. Epidermis, dermis, hypodermis, epidermal appendages (sweat glands, pilosebaceous unit, sensory apparatus including nerve endings, melanin/ melanocytes).

	8.2	Identify the basic functions of the skin	<b>Functions of Skin:</b> e.g. Functions are layer dependent and include: Physical barrier, tensile strength, visco-elasticity and compressive qualities, Vitamin D synthesis, protection (UVR etc.) excretion, thermoregulation, sensation.
	8.3	Describe the classification of burns	<p><b>Classification of Burns:</b> e.g. Penetration depth and severity dependent classification:</p> <p><b>Superficial (First Degree) Burn:</b> Penetrates/ affects the outermost layer of the skin only (epidermis), burn site is red painful and dry, lacks blistering, long term damage is rare and often relates to localised pigmentary changes only.</p> <p><b>Partial-Thickness (Second Degree) Burn:</b> Penetrates/ affects the epidermis and parts of the dermis, burn site is red swollen and painful, invokes blistering.</p> <p><b>Full-Thickness (Third Degree) Burn:</b> Penetrates and destroys the epidermis and dermis, may also go into the subcutaneous tissue, burnsite appears white/ charred.</p> <p><b>Full-Thickness (Forth Degree) Burn:</b> As per third degree with penetration continuing to the underlying bones muscles and tendons, destroys nerve endings resulting in lack of sensation.</p>
	8.4	Describe the assessment of burns	<b>Assessment of Burns:</b> e.g. Source of burn (thermal, electrical, chemical, radiological), degree of burn (depth of skin penetration), percentage of the body burnt (1% burn area is approximately the size of the patient's palm, Wallace's rule of 9's), location of burn, additional complications accompanying the burn (patient concurrent health problems etc.), age of patient (severity greatest for children under 5 and adults over 60).
	8.5	Explain the management of burns	<b>Management of Burns:</b> e.g. Severity and source dependent response strategy:

		<p><b>Minor Burns:</b> Remove the patient from the heat source, run the burn under cool (2-15°C) running water for 10- 20 minutes (i.e. flushing the burn), remove any clothing/ jewellery from near the burn/ scalded area of skin (unless this is stuck to the burn), keep the patient warm (e.g. blanket- avoiding contact with burnt/ scalded area), cover the burn with sterile and non-adhesive bandage or cloth, if the face/ eyes are burnt- ask the patient to sit up to help reduce swelling.</p>
		<p><b>Severe Burns:</b> Remove the patient from the heat source, conduct and respond to primary survey (DR- CACBCDE), fluid resuscitation, analgesia (if appropriate), wound management (run the burn under cool (2-15°C) running water for 20 minutes (i.e. flushing the burn), clean the wound using normal saline/ 0.1% chlorhexidine, remove small loose debris, cover the wound using longitudinal cling wrap if immediate transfer or paraffin gauze/ silver dressing (if the transfer is delayed) elevate limbs where circumferential burns present, cover the patient to prevent heat loss (e.g. blanket- avoiding contact with burnt area), contact the emergency services/ specialist burns unit, monitor the patient until their arrival.</p> <p><b>Electricity:</b> Remove the patient from the source of the burn/ turn off electricity source (if safe to do so), conduct and respond to primary survey (DR- CACBCDE), fluid resuscitation, contact the emergency services, monitor the patient until their arrival.</p>
8.6	<p>Describe potential complications of burns in relation to:</p> <ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>	<p><b>Potential Complications of Burns:</b> e.g.</p> <p><b>Airway:</b> Inflammation/ constriction, heat damage, respiratory distress, smoke damage.</p> <p><b>Breathing:</b> Smoke damage, inflammation, toxic fumes, cannot expand chest due to skin damage, respiratory distress. <b>Circulation:</b> Damage to superficial vessels, shock.</p>

	<p>8.7 Describe other considerations for burns including:</p> <ul style="list-style-type: none"> <li>• Analgesia</li> <li>• Management of thermal or chemical injuries (includes eyes)</li> </ul>	<p><b>Other considerations for burns:</b> e.g.</p> <p><b>Analgesia:</b> To treat pain and swelling, medication usage is burn severity and scope of practice dependent.</p> <p><b>Management of Thermal Injuries:</b> Type and severity dependent response strategy (as per Assessment Criteria 8.5).</p> <p><b>Management of Chemical Injuries (includes eyes):</b> Remove chemical contact from the skin (rapid and careful removal of contaminated clothing or other sources of chemical contact- includes brushing away of dry powders, requires appropriate PPE and avoidance of chemical transfer to unaffected areas of the body), conduct and respond to primary survey (DR- CACBCDE), run the burn under running water (room temperature) for 30-120 minutes ensuring that the wash off does not occur across unaffected skin (i.e. flushing the burn), for carbolic acid or phenol burns to the skin (not eyes) first flush the chemical off the skin using isopropyl alcohol before flushing with water, for sulphuric acid burns use a mild soapy solution in place of water. Following flushing the burn: Conduct full patient assessment, contact the emergency services/ specialist chemical burns unit, monitor the patient until their arrival.</p>
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<p>9. Understand the recognition management of frostbite</p>	9.1	Describe causes of frostbite	<p><b>Causes of Frostbite:</b> e.g. Exposure of skin and tissue to temperatures below -0.55°C.</p>
	9.2	Identify symptoms of frostbite	<p><b>Symptoms of Frostbite:</b> e.g. Exposure dependent symptom progression: <b>Early Stage (Frostnip):</b> Pins and needles, throbbing tingling or aching in the affected area(s), cold numb and white skin- most commonly affects the extremities (fingers, nose, ears and toes).  <b>Intermediate Stage (Superficial Frostbite):</b> The affected area(s) will feel hard and frozen, the skin will turn red and blister when out of the cold, localised pain, swelling and itching.  <b>Advanced Stage Frostbite:</b> The affected area(s) will become white/ blue or blotchy, the tissue beneath the skin feels hard and cold to the touch, mechanical/ sensory issues driven by damage beneath the skin (tendons, muscles, nerves and bones), formation of blood filled blisters which turn into thick black scabs when out of the cold (tissue necrosis).</p>
	9.3	Describe the physiological effects of frostbite	<p><b>Physiological Effects of Frostbite:</b> e.g. Stage dependent physiological effects:  <b>Early Stage (Frostnip):</b> Providing the body is removed/ covered from the source of exposure, frostbite does not progress past this stage and there are no long term effects.  <b>Intermediate Stage (Superficial Frostbite):</b> The skin beneath the tissues is usually intact, requires treatment to make sure there's no lasting damage to underlying tissues.  <b>Advanced Stage Frostbite:</b> May lead to damage to tendons, muscles, nerves and bones leading to mechanical/ sensory issues, causes tissue necrosis which may necessitate the removal of the affected tissue to prevent infection. Long term effects include: Increased sensitivity to cold, numbness, reduced sensation of touch and persistent pain in the affected body parts.</p>

	<p>9.4 Describe the classification of frostbite</p>	<p><b>Classification of Frostbite:</b> e.g. Penetration depth and severity dependent classification similar to that of burns, cross-over with stages of frostbite identified in assessment criteria 9.2 (early stage, intermediate stage, advanced stage):</p> <p><b>Superficial (First Degree) Injury:</b> Localized pallor, surrounding redness, swelling, waxy- appearance, hard white plaques, sensory deficit.</p> <p><b>Superficial Partial-Thickness (Second Degree) Injury:</b> Formation of clear/ milky fluid filled blisters (within 24hrs), surrounding redness and swelling.</p> <p><b>Deep Partial-Thickness (Third Degree) Injury:</b> Formation of blood filled blisters, blisters progress to black scabs in the weeks following exposure.</p> <p><b>Deep Full-Thickness (Fourth Degree) Injury:</b> Affects tendons muscles nerves and bones, tissue is firm and nonmobile with inability to move tissue over the underlying bone, leads to tissue loss.</p>
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	<p>9.5 Explain the management of frostbite</p>	<p><b>Management of Frostbite:</b> e.g. Move the patient to a warmer place (if possible), conduct and respond to primary survey (DR- CACBCDE), avoid the patient placing pressure on frostbitten areas (avoidance of walking), replace wet clothing with soft and dry clothing to stop further heat loss, wrap the patient's body in blankets to warm the body and protect the frostbitten areas, do not rub the affected areas, do not allow the patient to smoke as this will affect their circulation, rewarm the patient under medical supervision (once the patient has been removed from the cold), immerse the affected areas in warm water (40-41°C) containing a mild antiseptic for at least 30 minutes until the affected body part is a redpurple colour and can be easily moved, repeat the rewarming procedure twice a day until there are clear signs of healing (growth of new skin and normalisation of skin colour), depending upon the severity of frostbite the patient may require pain medication, bandage the affected area ensuring that the fingers and toes are separated (as/ where appropriate), keep the injury clean to avoid infection, minimise patient movement of the affected areas, the patient limbs should be raised if at all possible.</p> <p><b>If the Frostbite is Superficial (Intermediate Stage/ First Degree/ Second Degree):</b> The skin will be discoloured and blistered, scabs will form, pink skin will form beneath these scabs and the area will recover within approximately 6 months.</p> <p><b>If the Frostbite is Deep/ Severe (Advanced Stage/ Third Degree/ Forth Degree):</b> The patient may require treatment in a specialist burns unit which can include: immediate administration of additional medication (thrombolytic therapy/ clot busting medication, antibiotics), removal of dead tissue (debridement) and/ or removal of affected body parts (amputation).</p>
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## Unit 2 Guidance on Delivery and Assessment

### Delivery

This unit may be delivered using a variety of methods such as classroom sessions, distance learning or a blended method. It will require self-directed study alongside tutor support and practical training. The purpose of this unit is to provide the knowledge and skills required to effectively manage a range of traumatic and thermal injuries, including: external bleeding, catastrophic haemorrhage, musculoskeletal injuries, head injuries, traumatic eye injuries, spinal injuries, burns and frostbite.

### Assessment

This knowledge and competence unit must be assessed using the SFJ AWARDS Assessment Workbook and Competency Achievement Record, using the provided marking guidance. Workbook answers **must be written by the learner** and this unit must be met to achieve the qualification. Assessment may take place at any time during the delivery of the qualification and does not need to be done as a final assessment. It is however a requirement for the candidate to be aware that assessment is taking place.

There are three forms of assessment within the Workbook:

- Identification based answers in which learners must state or circle the correct answers.
- Short answer questions in which learners must answer the question in full sentences (approximately 10-50 words per question).
- Multiple choice questions (MCQs) in which learners must circle the most appropriate answer (A-D).

The competency achievement record is to be used to document the observations of candidate competence.

### **This unit must be met to achieve the qualification.**

Simulation is permitted for all competence based assessment criteria (1.1, 1.5, 2.2, 2.3, 2.4, 2.7, 3.2, 7.1, 7.2, 7.3, 7.4, 7.5) using simulated scenarios in a realistic environment.

### Definitions

**Patient:** The casualty and/ or recipient of emergency care.

This unit meets the requirements of the HSE and SIA with regards to a level 3 First Aid Award.

### Unit 3: Understand and Manage Medical Emergencies - H/617/4205

Estimated TQT: 10  
 Estimated GLH: 8  
 Level: 3

#### Unit Description:

This unit covers the knowledge and skills required to effectively manage a range of medical emergencies. These include: heart attack, angina, stroke, asthma, anaphylaxis, diabetes, epilepsy, poisoning and sepsis

Unit grid: Learning Outcomes/Assessment Criteria

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the recognition and management of medical emergencies	1.1	Identify confirmation features of a range of pre-hospital medical emergencies including: <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Angina</li> <li>• Stroke</li> <li>• Asthma</li> <li>• Anaphylaxis</li> <li>• Diabetes</li> <li>• Epilepsy</li> <li>• Poisoning</li> </ul>	<b>Confirmation Features of Pre-Hospital Medical Emergencies:</b> e.g. Condition dependent symptoms: <b>Heart Attack:</b> Chest pain (pressure/ tightness, squeezing in the centre of chest), chest clutching, peripheral pain/ pain in other parts of body (travelling from chest to arm(s) – often left arm, jaw, neck, back, abdomen), light-headedness, dizziness, sweating, shortness of breath, nausea, vomiting, severe anxiety/ panic. <b>Angina:</b> Tight/ dull/ heavy chest pain which may spread to other body parts (left arm, neck, jaw or back), nausea, breathlessness, triggered by physical exertion or stress, stops within a few minutes of resting. <b>Stroke:</b> Facial asymmetry, one sided arm muscle weakness, slurred/ garbled speech, one sided paralysis, loss of/ blurred vision, hemispatial/ unilateral neglect, dizziness, confusion, comprehension difficulties, balance/ coordination issues, dysphagia (swallowing difficulties), severe headache.

			<p><b>Asthma Attack:</b> Wheezing, breathlessness, chest tightness, coughing, rapid breathing/ heartbeat, drowsiness, confusion, exhaustion, dizziness, blue lips/ fingers, fainting.</p> <p><b>Anaphylaxis:</b> Light-headedness, breathing difficulties, tight chest, wheezing, rapid heartbeat, clammy skin, confusion, anxiety, loss of consciousness, collapse, itchy skin, raised rash/ hives, nausea, vomiting, swelling (angioedema), stomach pain, signs of shock.</p> <p><b>Diabetic Emergency:</b> Blood sugar level dependence of symptoms:</p>
			<p><b>If High Blood Sugar (Hyperglycaemia):</b> Warm dry skin, rapid pulse and breathing, fruity/ sweet breath, extreme thirst, drowsiness, unresponsiveness.</p> <p><b>If Low Blood Sugar (Hypoglycaemia):</b> Weakness, faintness, hunger, confusion, behavioural abnormalities, sweating, cold clammy skin, rapid pulse, tremor, reduced responsiveness.</p> <p><b>Epileptic Seizure:</b> Seizure type dependence of symptoms, can include: Impaired awareness, impaired communication, repeated movements, automatisms, loss of muscle tone (atonic), muscle jerking (clonic), muscle stiffening (tonic), muscle spasms, hyperkinetic movements, myoclonic movements (eyelid), non-motor symptoms (sensory, emotional, cognitive, behavioural and autonomic), patient experiences a preceding 'aura'.</p> <p><b>Poisoning:</b> (Poison dependent) Nausea, vomiting, diarrhoea, stomach pain, drowsiness, dizziness or weakness, high temperature (38°C or above), shivering, loss of appetite, headache, irritability, breathing difficulties, producing more saliva than normal, skin rash, burns around the nose or mouth, double vision or blurred vision, mental confusion, seizures, loss of consciousness, coma.</p>

	<p>1.2 Explain the management of a range of pre-hospital medical emergencies including:</p> <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Angina</li> <li>• Stroke</li> <li>• Asthma</li> <li>• Anaphylaxis</li> <li>• Diabetes</li> <li>• Epilepsy</li> <li>• Poisoning</li> </ul>	<p><b>Management of Pre-Hospital Medical Emergencies:</b> e.g. Condition dependent management strategy:  <b>Heart Attack:</b> Call the emergency services, assist the patient into a comfortable position (sat on floor, leaning against a wall, knees bent), reassure the patient, administer 300mg aspirin (if available/ appropriate) and ask the patient to chew it, monitor the patient until arrival of the emergency services, prepare to start CPR if the patient stops breathing.  <b>Angina:</b> Assist the patient to stop what they're doing and sit down, reassure the patient, identify whether the patient has angina medication: <b>If Angina Medication is Available:</b> Assist the patient to self-administer the medication. If the pain persists after five minutes: Assist the patient to self-administer a second dose. If the pain persists after a further five minutes: Call the emergency services, monitor the patient until their arrival.  <b>If Angina Medication is Unavailable and Pain Persists Post Sitting Down:</b> Call the emergency services, monitor the patient until their arrival. If pain subsides within 15 minutes of resting: No further action is necessary.</p>
		<p><b>Stroke:</b> Call the emergency services, reassure the patient, monitor the patient until the arrival of the emergency services.  <b>Asthma Attack:</b> Reassure the patient, ask the patient to breathe slowly and deeply, assist the patient with use of an inhaler, assist the patient into a comfortable position (e.g. sitting), call the emergency services if the asthma attack does not cease/ worsens or the patient becomes unconscious/ unresponsive, monitor the patient until the arrival of the emergency services, prepare to start CPR if the patient stops breathing. <b>Anaphylaxis:</b> Ask the patient if they have an adrenaline auto-injector:  <b>If Adrenaline Auto-Injector is Available:</b> Administer the medication if the patient is unable/ support the patient to self-administer, call the emergency services, remove any</p>

			<p>potential trigger (bee/ wasp sting stuck in skin etc.), lie the patient down (unless they're unconscious, pregnant or having breathing difficulties), loosen tight clothing, cover the patient with a blanket, turn the patient onto their side in cases of vomiting or bleeding from the mouth, administer a second dose after 5-15 minutes if the symptoms persist (and a second auto injector is available), monitor the patient until the arrival of the emergency services, prepare to start CPR if the patient stops breathing.</p> <p><b>If Adrenaline Auto-Injector is Unavailable:</b> Call the emergency services, remove any potential trigger (bee/ wasp sting stuck in skin etc.), lie the patient down (unless they're unconscious, pregnant or having breathing difficulties), loosen tight clothing, cover the patient with a blanket, turn the patient onto their side in cases of vomiting or bleeding from the mouth, monitor the patient until the arrival of the emergency services, prepare to start CPR if the patient stops breathing.</p> <p><b>Diabetic Emergency:</b> Blood sugar level dependent response strategy, if type of diabetic emergency unknown- treat as per Hypoglycaemia:</p> <p><b>If High Blood Sugar (Hyperglycaemia):</b> Call the emergency services, reassure the patient, monitor the patient until the arrival of the emergency services, prepare to start CPR if the patient stops breathing. <b>If Low Blood Sugar (Hypoglycaemia):</b> Assist the patient to sit down, encourage the patient to use own diabetic glucose gel (if available) or provide the patient with a source of sugar (e.g. fruit juice, fizzy drink, sugary sweets, raw sugar), monitor blood glucose (if possible), call the emergency services if the patient does not quickly improve, reassure the</p>
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			<p>patient, monitor the patient until the arrival of the emergency services, prepare to start CPR if the patient stops breathing.</p> <p><b>Epileptic Seizure:</b> Seizure type dependent response strategy, can include: Remove from danger, document time of onset, clear the space around the patient, do not restrain the patient, protect the patient's head (pillow etc.), remove patient's spectacles, reassure the patient, observe the patient until recovery, document time of cessation, check the patient for injury. If the patient is unconscious post seizure and is free of head/ spinal injury: Place in the recovery position. The emergency services should be called if/ when: Seizure duration is longer than 2 minutes (child) or 5 minutes (adult), a second seizure occurs prior to recovery, the patient sustains an injury or inhales water during seizure, breathing difficulties persist or the patient doesn't regain consciousness. Monitor the patient until the arrival of the emergency services.</p> <p><b>Absence Seizures:</b> Response includes additional assessment of information comprehension at time of seizure and recap where appropriate.</p> <p><b>Poisoning:</b> Remove the patient from the source of danger, call the emergency services, do not provide anything to eat/ drink, identify the source of poisoning (if possible), monitor the patient until the arrival of the emergency services. If the patient has been poisoned by swallowing something: Request the patient spit out anything remaining in their mouth. If a harmful substance has splashed onto the patient's skin or clothes: Remove contaminated items, wash affected area with warm/ cool water, protect self from substance exposure. If the patient is unconscious: Place in the recovery position, wipe away vomit (if appropriate), prepare to start CPR if the patient stops breathing.</p>
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	1.3	Demonstrate how to perform a check for potential Stroke	<p><b>Perform a Check for Potential Stroke:</b> e.g. Assessment with reference to F.A.S.T:</p> <p><b>Face:</b> Facial asymmetry, patient may be unable to smile, patient's mouth or eye may have dropped.</p> <p><b>Arms:</b> Patient may not be able to lift both arms and hold them in position, weakness or numbness in one arm.</p> <p><b>Speech:</b> Speech may be slurred or garbled, the patient may be unable to talk (despite appearing awake).</p> <p><b>Time:</b> Call the emergency services if any of the above are observed.</p>
	1.4	Demonstrate use of an auto injector (training device)	<p><b>Use of an Auto Injector:</b> e.g. Follow the manufacturer's instructions for use, observe standard infection control procedures (includes hand hygiene), remove any items from the patient's pockets which may impede the injection, remove safety cap(s)/ guard(s), position the tip/ needle against patient's thigh (fleshy outer portion of the thigh approximately halfway between the hip and knee), hold the patient's leg in place, push the auto injector firmly against the patient's thigh to administer the medication, avoid injecting into veins, the injection can be administered through clothing and/ or on bare skin, hold the auto injector in place for 2-10 seconds (see manufacturer's instructions- assume 10 seconds if uncertain), remove the needle by pulling the auto injector straight out, repeat procedure if the dose has not been administered, massage the injection site post administration.</p>

2. Understand the recognition and management of sepsis	2.1	Explain the term 'sepsis'	<p><b>Definition of Sepsis:</b> e.g. Life threatening organ dysfunction caused by a dysregulated host response to infection, driven by invasion of the body by microorganisms (bacteria, virus, fungi) or parasites, most commonly associated with bacteria in the bloodstream, uncontrolled immune/inflammatory response damages tissues and affects blood-flow, blood pressure altered, organs and tissues deprived of oxygen leading to organ dysfunction. Those with a higher risk of contracting an infection are at a higher risk of developing sepsis (very young/ old, sufferers of a chronic illness, those with a weakened/ impaired immune system).</p>
	2.2	Identify factors that would suggest the presence of sepsis	<p><b>Factors that Suggest the Presence of Sepsis:</b> e.g. Age dependent symptoms:  <b>Infant/ Child:</b> Appears mottled/ bluish/ pale, lethargic or difficult to wake, abnormally cold to the touch, rapid breathing, persistent rash (doesn't fade when pressed), fit/ convulsions, high temperature (over 38°C if under 3 months, 39°C if aged 3-6 months, any high temperature in a child if accompanied by other symptoms), low temperature (below 36°C for a period in excess of 10 minutes), laboured/ abnormal breathing, reduced vocalisations, reduced urine flow, reduced appetite, green/ bloody/ black vomit, bulging soft spot on head, sunken eyes, disinterest in engagement, reduced muscle tone (floppiness), continuous whining/ crying, confusion, irritability, stiffness of neck (child).</p>
			<p><b>Older Children/ Adults:</b> High temperature (fever), low temperature, chills, shivering, rapid heartbeat, rapid breathing, dizziness, faintness, confusion, disorientation, diarrhoea, nausea, vomiting, slurred speech, severe muscle pain, breathlessness, reduced urine production, cold/ clammy/ pale/ mottled skin, loss of consciousness.</p>

	2.3	Describe the need for good hygiene when dealing with wound care management	<p><b>Need for Good Hygiene when Dealing with Wound Care Management:</b>                  e.g. Prevention of infection, prevention of condition worsening (includes sepsis), relies upon the use of sterile dressings and appropriate PPE.</p>
	2.4	Explain the need for good wound management	<p><b>Need for Good Wound Management</b> e.g. Promotes healing, reduces scarring, reduces the likelihood of infection and sepsis.</p>

### Unit 3 Guidance on Delivery and Assessment

#### Delivery

This unit may be delivered using a variety of methods such as classroom sessions, distance learning or a blended method. It will require self-directed study alongside tutor support and practical training. The purpose of this unit is to provide the knowledge and skills required to effectively manage a range of medical emergencies, including: heart attack, angina, stroke, asthma, anaphylaxis, diabetes, epilepsy, poisoning and sepsis.

#### Assessment

This knowledge and competence unit must be assessed using the SFJ AWARDS Assessment Workbook and Competency Achievement Record, using the provided marking guidance. Workbook answers **must be written by the learner** and this unit must be met to achieve the qualification. Assessment may take place at any time during the delivery of the qualification and does not need to be done as a final assessment. It is however a requirement for the candidate to be aware that assessment is taking place.

There are three forms of assessment within the Workbook:

- Identification based answers in which learners must state or circle the correct answers.
- Short answer questions in which learners must answer the question in full sentences (approximately 10-50 words per question).
- Multiple choice questions (MCQs) in which learners must circle the most appropriate answer (A-D).

The competency achievement record is to be used to document the observations of candidate competence.

**This unit must be met to achieve the qualification.**

Simulation is permitted for all competence based assessment criteria (1.3, 1.4) using simulated scenarios in a realistic environment.

### **Definitions**

**Infant:** Defined as an individual between the ages of 0 and 1.

**Child:** Defined as an individual between the ages of 1 and the onset of puberty. **Patient:** The casualty and/ or recipient of emergency care.

This unit meets the requirements of the HSE and SIA with regards to a level 3 First Aid Award.

## Resources

### Training

Centres may use their own, or published learner support materials in delivering the qualification. Whatever support materials centres choose to use, they should ensure that their delivery methodology adequately prepares the learner for assessment.

SFJ AWARDS endorses published training resources and learner support materials by submitting the materials to a rigorous and robust quality assurance process, thus ensuring such materials are relevant, valid and appropriately support the qualification.

### Useful Websites

1. Security Industry Authority [www.the-sia.org.uk](http://www.the-sia.org.uk)

“Introduction to Learning Leading towards Licence linked Qualifications a guide for Awarding bodies and training Providers” and other relevant documents and information.

2. SIA Introduction to Learning Leading Towards Licence-linked Qualifications- Requirements for Awarding Organisations/ Bodies and Training Providers (2018)

<https://www.sia.homeoffice.gov.uk/Pages/training-specifications.aspx>

3. Health and Safety Executive [www.hse.gov.uk](http://www.hse.gov.uk)

4. Resuscitation Council UK <https://www.resus.org.uk>

5. European Resuscitation Council (ERC) [www.erc.edu](http://www.erc.edu)

6. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) <https://www.jrcalc.org.uk>

7. National Institute for Health and Care Excellence (NICE) <https://www.nice.org.uk/>

8. The National Archives (For all UK legislation) <http://www.legislation.gov.uk>

9. The Information Commissioners Office <https://ico.org.uk/>

10. Health and Safety Executive for Northern Ireland <http://www.hseni.gov.uk>

11. ACAS <http://www.acas.org.uk/>

## Appendix A: Acceptable Training/ Assessing Qualifications

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

Qualification	Train	Assess*
<b>CURRENT QUALIFICATIONS</b> ( <i>available for new trainers/assessors to undertake</i> ):		
Level 3 Award in Education and Training	✓	✓
Level 4 Certificate in Education and Training	✓	✓
Level 5 Diploma in Education and Training	✓	✓
Level 3 Award in Teaching and Assessing in First Aid Qualifications (RQF)	✓	✓
Cert Ed/PGCE/B Ed/M Ed	✓	✓
SVQ 3 Learning and Development SCQF Level 8	✓	✓
SVQ 4 Learning and Development SCQF Level 9	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (SQA Accredited)	✓	✓
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 7 Facilitate Individual Learning and Development SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	✓	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		✓
Level 3 Award in Assessing Competence in the Work Environment		✓
Level 3 Award in Assessing Vocationally Related Achievement		✓
Level 3 Award in Understanding the Principles and Practices of Assessment		✓
Level 3 Certificate in Assessing Vocational Achievement		✓
L&D Unit 9DI Assess Workplace Competence Using Direct and Indirect Methods SCQF Level 8 (SQA Accredited)		✓
L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF Level 7 (SQA Accredited)		✓
<b>OTHER ACCEPTABLE QUALIFICATIONS:</b>		
CTLLS/DTLLS	✓	✓
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
English National Board 998	✓	✓
Nursing mentorship qualifications	✓	✓
NOCN Tutor Assessor Award	✓	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓

PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	✓
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	
PTLLS (6 credits)	✓	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage Learning and Development in Groups	✓	
Training Group A22, B22, C21, C23, C24	✓	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		✓
A1 Assess Candidates Using a Range of Methods or D33 Assess Candidates Using Differing Sources of Evidence		✓
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		✓
A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance		✓
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		✓

\*Assessors who do not hold a formal assessing qualification may alternatively attend *First Aid Assessor CPD Training* with an Awarding Organisation/ Body.

## Appendix B: SIA Requirements for First Aid/ Approval Criteria

### Additional requirements for the Delivery of Level 3 Certificate for Working as a Close Protection Operative within the Private Security Industry

The information below has been taken from the following SIA guidelines:

Introduction to Learning Leading Towards Licence-linked Qualifications- Requirements for Awarding Organisations/ Bodies and Training Providers (2018):

<https://www.sia.homeoffice.gov.uk/Pages/training-specifications.aspx>

**Section 9:** "It is an SIA requirement that centres must confirm that each learner has a valid full first aid qualification (not a one day emergency first aid course) at Level 3 or above such as

- *Level 3 Award in First Aid Response*
- *Level 3 Award in First Person on Scene*

Learners should present their valid first aid certificate to their training provider before they start training. If the learner does not have a recognised first aid award and cannot demonstrate equivalent experience they will need to get an award. This is in addition to the minimum 139.5 hours knowledge and practical skills training. It is the centre's responsibility to check the learners' first aid certificate and maintain relevant records of how a learner meets this requirement for audit purposes. Centres are permitted to deliver suitable first aid qualifications together with the close protection qualification as part of a training package."

As the SIA have stopped listing individual First Aid provision on their website, the SIA no longer conduct mapping exercises for newly developed or revised first aid provision. Instead it is the responsibility of the training centre to confirm that a First Aid qualification offered by themselves/ presented by a learner is a recognised First Aid Award that is equivalent to either of the following:

- *Level 3 Award in First Aid Response*
- *Level 3 Award in First Person on Scene*

To assist with this process and reassure prospective training centres and learners alike, SFJ AWARDS have conducted a mapping exercise of the present qualification against the Level 3 Award in First Person on Scene. This mapping has previously been approved by the SIA (*March 2018*) in the form of the Security Training Authority Level 3 Frontline Emergency Medical Operator Award (FEMO) - which is met and exceeded by the current First Person on Scene Support Qualification.

**Please see the table below for view of this mapping exercise.**

## Appendix B: Mapping to SIA Recognised Level 3 Award in First Person on Scene

### Unit 1: Principles and Practice of Emergency Medical Assistance

SFJ AWARDS Level 3 Award in First Person on Scene Support			AoFAQ Level 3 Award in the First Person on Scene Intermediate (RQF)	
Learning Outcome	Assessment Criteria:		Assessment Criteria:	
1. Understand the role and responsibilities of an emergency medical operative	1.1	Explain the role and the responsibilities of an emergency medical operative	1.1	Explain the role and the responsibilities of the first person on scene
	1.2	Identify precautions to take to minimise the risk of infection and disease	1.4	Explain how to minimise the risk of infection
	1.3	Identify the personal protective equipment (PPE) that should be worn at an incident	1.2	List the types of personal protective equipment to be worn at an incident
	1.4	Explain the different types of assistance provided by the emergency services	2.1	Differentiate between the capabilities of different emergency services personnel
	1.5	Explain the METHANE system in a major incident	<b>+ Additional Assessment Criteria</b>	
	1.6	Explain command and control at a major incident	<b>+ Additional Assessment Criteria</b>	
	1.7	Demonstrate radio procedure	2.2	Explain the principles of using appropriate radio communications at an incident
	1.8	Demonstrate the handover of information on a patient to a healthcare professional	15.1	Explain how to handover a patient to a healthcare professional
	1.9	Identify a range of emergency care equipment	15.2	State the purpose of a range of emergency care equipment
2. Understand the importance of consent	2.1	Explain ethical reasoning and why consent must be gained from a patient before providing emergency treatment	3.1	Explain the requirements for gaining consent from a patient before providing emergency care
	2.2	State how to communicate with those receiving care	3.2	Explain the principles of communicating with patients
3. Be able to provide safe pre-hospital treatment	3.1	State the importance of being safe at the scene of an incident	1.3	Explain the principles of scene safety
	3.2	Demonstrate safe systems of working at a scene	2.4	Demonstrate scene safety management
	3.3	Explain the process and importance of continuous risk assessment at incidents	1.5	Explain how to undertake a dynamic risk assessment of an incident scene
	3.4	Demonstrate how to risk assess and ensure safety at an incident	3.6 4.1	Summarise the principles of undertaking a primary survey; Demonstrate how to assess an incident for any dangers to the first person on scene, the patient and others

	3.5	Explain the term 'triage' and its place in emergency medical treatment	2.3	Differentiate between patients using the principles of triage to manage in accordance of the most life threatening conditions first
	3.6	Describe the different priorities in Triage	2.3	Differentiate between patients using the principles of triage to manage in accordance of the most life threatening conditions first
	3.7	Explain the principles of how to carry out a risk assessment before manual handling	3.3	Explain how to undertake a manual handling risk assessment
4. Be able to conduct a patient assessment	4.1	Demonstrate how to assess levels of consciousness in a patient	5.1 10.1	Demonstrate how to assess a patients levels of consciousness using: <ul style="list-style-type: none"> <li>• Alert</li> <li>• Voice</li> <li>• Pain</li> <li>• Unresponsive</li> </ul> Demonstrate how to reassess a patient's levels of consciousness using AVPU (Alert, Voice, Pain, Unresponsive).
	4.2	Demonstrate how to assess if a patient is breathing normally	8.1 8.2	Demonstrate how to assess if a patient is breathing normally; Perform a respiratory assessment for breathing rate, depth and quality
	4.3	Demonstrate assessing the presence of circulation	9.1	Demonstrate how to assess the presence, rate and rhythm of circulation
	4.4	Demonstrate how to assess capillary refill time	9.2	Demonstrate how to assess a patient's capillary refill time
	4.5	Describe the process of undertaking a patient history assessment	11.3	Explain how to undertake a patient history using: <ul style="list-style-type: none"> <li>• Signs and symptoms</li> <li>• Allergies</li> <li>• Medications</li> <li>• Past history</li> <li>• Last meal</li> <li>• Events leading up to the incident</li> </ul>
	4.6	Explain the importance of carrying out a primary survey	3.6	Summarise the principles of undertaking a primary survey
	4.7	Describe the method used to carry out a primary survey	3.6	Summarise the principles of undertaking a primary survey
	4.8	Demonstrate a head to toe secondary survey	11.2	Perform a head to toe secondary survey
	4.9	Identify different causes of unconsciousness	8.9	Summarise the different causes of unconsciousness
	4.10	Demonstrate how to place an unconscious adult in the recovery position	8.10	Demonstrate how to place an unconscious patient in the recovery position

5. Be able to administer basic life support (BLS)	5.1	Demonstrate the head tilt and chin lift procedure to open the airway	7.3	Demonstrate how to open a patient's airway using the head tilt and chin lift procedure
	5.2	Demonstrate how to perform cardio-pulmonary resuscitation (CPR) on an adult to current guidelines	8.3	Demonstrate cardio-pulmonary resuscitation on an adult manikin in accordance to current guidelines
	5.3	Demonstrate the safe use of an automated external defibrillator (AED)	8.4 8.5	Explain the safety considerations when using an automated external defibrillator; Demonstrate how to use an automated external defibrillator safely and in accordance to current guidelines
	5.4	Identify symptoms of an obstructed airway	7.1	Summarise how to recognise an obstructed airway
	5.5	Demonstrate how to manage a choking adult	7.9 7.6	Demonstrate how to manage an adult patient who is choking in accordance with current guidelines; Demonstrate postural airway management
	5.6	Demonstrate placing a patient's head in neutral alignment	7.2	Demonstrate how to place the patients head in neutral alignment
	5.7	Demonstrate the jaw thrust procedure to open the airway	7.5	Demonstrate how to open a patient's airway using the jaw thrust procedure
	5.8	Demonstrate how to use suction	7.7	Demonstrate how to use suction
	5.9	Demonstrate an oropharyngeal airway for an adult	7.8	Demonstrate how to size and insert an oropharyngeal airway for an adult
	5.10	Explain safety considerations of using oxygen	8.6	Explain the safety considerations when using oxygen
	5.11	Demonstrate oxygen giving via a bag valve mask	8.7	Demonstrate how to administer oxygen via a bag valve mask
	5.12	Summarise current guidelines when to administer oxygen using other oxygen giving methods	8.8	Judge in accordance to current guidelines when to administer oxygen using: <ul style="list-style-type: none"> <li>• Non-rebreathe mask</li> <li>• 28% venture mask</li> <li>• Nasal cannulae</li> </ul>
6. Be able to manage a range of paediatric patient emergencies	6.1	Demonstrate a patient survey on an infant or child	<b>+ Additional Assessment Criteria</b>	
	6.2	Demonstrate how to perform cardio-pulmonary resuscitation (CPR) on an infant and child to current guidelines	16.1	Demonstrate how to perform cardiopulmonary resuscitation on a child and an infant in accordance to current guidelines
	6.3	Demonstrate how to manage a choking infant and child	16.2	Demonstrate how to manage a choking child and infant in accordance to current guidelines
	6.4	Demonstrate how to place an unconscious infant and child in the recovery position	16.3	Demonstrate how to place an unconscious infant and a child in the recovery position.

## Unit 2: Understand and Manage Traumatic and Thermal Injuries

SFJ AWARDS Level 3 Award in First Person on Scene Support			AoFAQ Level 3 Award in the First Person on Scene Intermediate (RQF)	
Learning Outcome	Assessment Criteria:		Assessment Criteria:	
1. Be able to manage external bleeding	1.1	Demonstrate the procedure to check for external bleeding	11.1	Explain how to examine the clothes and areas surrounding the patient for signs of external bleeding
	1.2	Identify the different types of wounds	9.3	Summarise the different types of wounds: <ul style="list-style-type: none"> <li>• Incision</li> <li>• Puncture</li> <li>• Laceration</li> <li>• Contusion</li> <li>• Gunshot</li> </ul>
	1.3	Describe the different types of bleeding	6.1 6.3	Explain the term 'catastrophic bleeding'; Summarise the different types of bleeding: <ul style="list-style-type: none"> <li>• Arterial</li> <li>• Venous</li> <li>• Capillary</li> </ul>
	1.4	Describe the process of blood loss estimation	9.4	Explain how to estimate the amount of blood loss based on the types of wounds
	1.5	Demonstrate how to manage a patient who is bleeding	9.5	Demonstrate how to manage a patient who is bleeding
2. Be able to recognise and manage catastrophic haemorrhage	2.1	Identify the visual features of catastrophic bleeding	6.1 6.2	Explain the term 'catastrophic bleeding'; Explain the recognition features of catastrophic bleeding
	2.2	Demonstrate how to apply direct pressure	6.4 6.5	Demonstrate how to apply direct pressure; Demonstrate how to apply indirect pressure ( <b>removed in accordance with European Resuscitation Council (ERC) First Aid Guidelines 2015</b> )
	2.3	Demonstrate how to apply a tourniquet	6.6	Demonstrate how to apply a tourniquet
	2.4	Demonstrate how to apply haemostatic agents	<b>+ Additional Assessment Criteria</b>	
	2.5	Explain the term 'shock'	9.6	Explain the term 'shock'

	2.6	Describe the different types of shock	9.7	Summarise the different types of shock: <ul style="list-style-type: none"> <li>• Cardiogenic shock</li> <li>• Neurogenic shock</li> <li>• Septicaemic shock</li> <li>• Anaphylactic shock</li> <li>• Hypovolaemic shock</li> </ul>
	2.7	Demonstrate how to manage a patient in shock	9.8	Demonstrate how to manage a patient in hypovolaemic shock
3. Be able to recognise and manage musculoskeletal injuries	3.1	Identify features indicative of the following musculoskeletal injuries: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains &amp; Strains</li> </ul>	13.1	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains and strains</li> </ul>
	3.2	Demonstrate the management of the following musculoskeletal injuries: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains &amp; Strains</li> </ul>	13.1	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains and strains</li> </ul>
4. Understand the recognition and management of head injuries	4.1	Identify features indicative of the following head injuries: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Compression</li> <li>• Skull fracture</li> </ul>	13.2	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Cerebral compression</li> <li>• Skull fracture</li> <li>• Spinal injury</li> </ul>
	4.2	Explain the management of the following head injuries: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Compression</li> <li>• Skull fracture</li> </ul>	13.2	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Cerebral compression</li> <li>• Skull fracture</li> <li>• Spinal injury</li> </ul>
5. Understand the recognition and management of traumatic eye injuries	5.1	Identify features indicative of traumatic eye injuries	13.5	Summarise the management of a patient with an eye injury
	5.2	Explain the management of traumatic eye injuries	13.5	Summarise the management of a patient with an eye injury

6. Understand the recognition and management of spinal injuries	6.1	Explain the purpose of the spine and the importance of a healthy back	3.4	Summarise the functions of the spine;
			3.5	Summarise the principles of how to keep the back healthy
	6.2	Describe the basic anatomy and physiology of the spinal and spinal cord	<b>+ Additional Assessment Criteria</b>	
	6.3	Identify potential causes of spinal traumatic injuries	<b>+ Additional Assessment Criteria</b>	
	6.4	Explain the importance of recognising suspected spinal trauma	<b>+ Additional Assessment Criteria</b>	
	6.5	Identify patient factors that would suggest the occurrence of a spinal injury	7.4 13.2	Explain the types of situations which may indicate a cervical spine injury; Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Cerebral compression</li> <li>• Skull fracture</li> <li>• Spinal injury</li> </ul>
6.6	Describe the assessment and management of spinal injuries	13.2	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Cerebral compression</li> <li>• Skull fracture</li> <li>• Spinal injury</li> </ul>	
	6.7	Describe when a helmet should be removed	<b>+ Additional Assessment Criteria</b>	
	6.8	Describe equipment and methods used for the immobilisation of a patient with spinal injuries	13.2	Summarise the recognition features and management of: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Cerebral compression</li> <li>• Skull fracture</li> <li>• Spinal injury</li> </ul>
	6.9	Describe when spinal immobilisation need not be applied	<b>+ Additional Assessment Criteria</b>	
	6.10	Describe the relationship between head and spinal injuries	<b>+ Additional Assessment Criteria</b>	
7. Be able to manage spinal injuries	7.1	Demonstrate a range of transport methods used for patients with spinal injuries	<b>+ Additional Assessment Criteria</b>	
	7.2	Demonstrate a log roll	<b>+ Additional Assessment Criteria</b>	
	7.3	Demonstrate the application of a cervical collar	13.3	Demonstrate the application of a cervical collar
	7.4	Demonstrate the procedure for removing a helmet	<b>+ Additional Assessment Criteria</b>	

	7.5	Demonstrate immobilisation of a patient wearing shoulder pads and a helmet	<b>+ Additional Assessment Criteria</b>	
	7.6	Identify situations that would require rapid extrication	<b>+ Additional Assessment Criteria</b>	
	7.7	Explain how to perform rapid extrication	<b>+ Additional Assessment Criteria</b>	
8. Understand the recognition and management of burns	8.1	Describe the basic anatomy of the skin	<b>+ Additional Assessment Criteria</b>	
	8.2	Identify the basic functions of the skin	<b>+ Additional Assessment Criteria</b>	
	8.3	Describe the classification of burns	<b>+ Additional Assessment Criteria</b>	
	8.4	Describe the assessment of burns	13.4	Summarise the recognition features and management of burns and scalds
	8.5	Explain the management of burns	13.4	Summarise the recognition features and management of burns and scalds
	8.6	Describe potential complications of burns in relation to: <ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>	<b>+ Additional Assessment Criteria</b>	
	8.7	Describe other considerations for burns including: <ul style="list-style-type: none"> <li>• Analgesia</li> <li>• Management of thermal or chemical injuries (includes eyes)</li> </ul>	<b>+ Additional Assessment Criteria</b>	
9. Understand the recognition and management of frostbite	9.1	Describe causes of frostbite	<b>+ Additional Assessment Criteria</b>	
	9.2	Identify symptoms of frostbite	<b>+ Additional Assessment Criteria</b>	
	9.3	Describe the physiological effects of frostbite	<b>+ Additional Assessment Criteria</b>	
	9.4	Describe the classification of frostbite	<b>+ Additional Assessment Criteria</b>	
	9.5	Explain the management of frostbite	<b>+ Additional Assessment Criteria</b>	

**Unit 3: Understand and Manage Medical Emergencies**

SFJ AWARDS Level 3 Award in First Person on Scene Support		AoFAQ Level 3 Award in the First Person on Scene Intermediate (RQF)	
Learning Outcome	Assessment Criteria:	Assessment Criteria:	
1. Understand the recognition and management of medical emergencies	1.1 Identify confirmation features of a range of pre-hospital medical emergencies including: • Heart attack • Angina • Stroke • Asthma • Anaphylaxis • Diabetes • Epilepsy • Poisoning	12.1 Summarise the recognition features of a range of pre-hospital medical emergencies including: • Heart attack and angina • Diabetes • Stroke • Seizures • Asthma • Anaphylaxis • Fainting • Poisoning	
	1.2 Explain the management of a range of pre-hospital medical emergencies including: • Heart attack • Angina • Stroke • Asthma • Anaphylaxis • Diabetes • Epilepsy • Poisoning	12.2 Explain the management of a range of pre-hospital medical emergencies including: • Heart attack and angina • Diabetes • Stroke • Seizures • Asthma • Anaphylaxis • Fainting • Poisoning	
	1.3 Demonstrate how to perform a check for potential Stroke	10.2 Demonstrate how to perform a FAST test to recognise signs and symptoms of a possible stroke in a patient: • Face • Arms • Speech • Time	
	1.4 Demonstrate use of an auto injector (training device)	12.3 Demonstrate the safe use of an adrenaline auto injector using a training device	

2. Understand the recognition and management of sepsis	2.1	Explain the term 'sepsis'	14.1	Explain the term 'sepsis'
	2.2	Identify factors that would suggest the presence of sepsis	14.2	Summarise the recognition features of red flag sepsis in accordance to current guidelines Assisting the health care professional
	2.3	Describe the need for good hygiene when dealing with wound care management	<b>+ Additional Assessment Criteria</b>	
	2.4	Explain the need for good wound management	<b>+ Additional Assessment Criteria</b>	