Award in Pre-Hospital Immediate Casualty Care (PICC)

SFJ Awards Level 3

Qualification Handbook

Qualification Number: 610/7907/8

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Revisions and Amendment Register

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1. Introduction

1.1. About SFJ Awards

SFJ Awards is part of the Workforce Development Trust group, together with Skills for Justice, Skills for Health and People 1st International. The Workforce Development Trust is a not-for-profit organisation helping employers to continually improve their workforce through increasing productivity, improving learning solutions and helping to boost the skills for staff across a wide range of industries throughout the UK and internationally.

SFJ Awards is an independent Awarding Organisation, regulated by the UK qualifications regulators, including Ofqual, CCEA Regulation, Qualifications Wales and Qualifications Scotland, to assess, quality assure and certificate learners and employees, helping training providers and employers to continue developing a highly skilled workforce for the future. Our values are 'For Skills, For Flexibility and For Jobs' and our work embodies the core charitable aims of the wider Workforce Development Trust group that ultimately supports better jobs. We add value to employers and training providers by delivering a wide range of sector-specific regulated qualifications, bespoke learner certification and quality assurance; SFJ Awards is also an End-Point Assessment Organisation for Apprenticeships in England.

Whilst predominantly delivering qualifications and assessments to meet the needs of Policing, Fire and Rescue, Community Justice, Custodial Care, Armed Forces, Security and Emergency Services, we continue to grow into markets that require a robust, and quality assured certification solution.

1.2. Customer Service Statement

Our Customer Service Statement is published on the SFJ Awards website giving the minimum level of service that centres can expect. The Statement will be reviewed annually and revised as necessary in response to customer feedback, changes in legislation, and guidance from the qualifications regulators.

1.3. Centre Support

SFJ Awards works in partnership with its customers. For help or advice contact:

SFJ Awards
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Meadowcourt Business Park
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Tel: 0114 284 1970

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2. The Qualification

2.1. Qualification Objective

This handbook relates to the following qualification:

SFJ Awards Level 3 Award in Pre-Hospital Immediate Casualty Care (PICC)

The objective of this qualification is to provide learners with the essential knowledge and practical skills required to provide safe and effective immediate care prior to the arrival of a qualified clinician. It builds core competencies in scene safety, casualty assessment, basic life support, and the initial management of a wide range of traumatic and medical emergencies, in line with UK pre-hospital care guidance.

This qualification is designed for individuals working or preparing to work in first response environments, such as event medical teams, security roles, community responders, and emergency services. It enables learners to operate confidently within a clinically governed framework and to work effectively alongside both registered and non-registered healthcare professionals.

The qualification is based on the Pre-Hospital Emergency Medicine (PHEM) competencies at Level D.

2.2. Pre-entry Requirements

There are no pre-entry requirements for this qualification. However, centres must ensure that learners are able to complete this qualification, for example, through completing a skills scan to ensure they can work at the appropriate level.

2.3. Qualification Structure

To be awarded this qualification the learner must achieve **9** mandatory units as shown in the table below.

Mandatory Units				
Unit Number	**Odyssey Reference**	**Unit Title**	**Level**	**GLH**
1	6960	Understand Anatomy and Physiology Relevant to Casualty Care	3	2
2	6961	Scene Management and Casualty Care Equipment	3	5
3	6962	Communication and Safeguarding Relating to Casualty Care	3	1
4	6963	Conduct Casualty Assessments and Handover	3	5

5	6964	Provide Casualty Treatment in Medical Emergencies	3	7
6	6965	Provide Casualty Treatment in Traumatic Emergencies	3	10
7	6966	Life Saving Intervention	3	5
8	6967	Multi Casualty Triage	3	3
9	6968	Casualty Handling and Packaging	3	2

2.4. Total Qualification Time (TQT)

Values for Total Qualification Time[1], including Guided Learning, are calculated by considering the different activities that Learners would typically complete to achieve and demonstrate the learning outcomes of a qualification. They do not include activities which are required by a Learner's Teacher based on the requirements of an individual Learner and/or cohort. Individual Learners' requirements and individual teaching styles mean there will be variation in the actual time taken to complete a qualification. Values for Total Qualification Time, including Guided Learning, are estimates.

Some examples of activities which can contribute to Total Qualification Time include:

- Independent and unsupervised research/learning
- Unsupervised compilation of a portfolio of work experience
- Unsupervised e-learning
- Unsupervised e-assessment
- Unsupervised coursework
- Watching a pre-recorded podcast or webinar
- Unsupervised work-based learning
- All Guided Learning

Some examples of activities which can contribute to Guided Learning include:

- Classroom-based learning supervised by a Teacher
- Work-based learning supervised by a Teacher
- Live webinar or telephone tutorial with a Teacher in real time
- E-learning supervised by a Teacher in real time
- All forms of assessment which take place under the Immediate Guidance or Supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training, including where the assessment is competence-based and may be turned into a learning opportunity.

The Total Qualification Time and Guided Learning Hours for this qualification are as follows:

[1] Total Qualification Time, Ofqual
https://www.gov.uk/guidance/ofqual-handbook/section-e-design-and-development-of-qualifications

Qualification Title	TQT	GLH
SFJ Awards Level 3 Award in Pre-Hospital Immediate Casualty Care (PICC)	53	40

2.5. Grading

This qualification is graded pass / fail.

2.6. Age Range and Geographical Coverage

This qualification is recommended to learners aged **18** years and over and is regulated in England and Wales.

2.7. Opportunities for Progression

This qualification creates a number of opportunities for progression as it provides learners with a recognised foundation in pre-hospital casualty care that can support progression into a range of operational and emergency response roles. The qualification may also provide a platform for further learning and development in areas such as advanced pre-hospital care, emergency medical response, rescue and specialist casualty care, subject to organisational requirements and clinical governance arrangements.

Learners may also progress to higher-level qualifications in pre-hospital care or related emergency services disciplines, supporting continued professional development and enhanced clinical competence.

2.8. Delivery and Assessment Guidance

To effectively deliver and assess this qualification, SFJ Awards recommends that there are 6 learners to 1 trainer.

The qualification must be taught and assessed to current practice/guidance. Centres approved to offer the qualification must ensure that there is a signed record that clinical governance arrangements are in place and that this record is available to SFJ Awards External Quality Assurers (EQAs).

Simulations may be used for this qualification.

How often learner competence should be reassessed to ensure knowledge and skills remain up to date is down to each individual organisation; however, SFJ Awards recommends as best practice that skills reassessment is carried out every 3 years in line with first aid qualifications.

2.9. Use of Languages

SFJ Awards business language is English and we provide assessment materials and qualification specifications that are expressed in English. Assessment specifications and assessment materials may be requested in Welsh or Irish and, where possible, SFJ Awards will try to fulfil such requests. SFJ Awards will provide assessment materials and qualification specifications that are expressed in Welsh or Irish and support the assessment of those learners, where the number of learners makes it economically viable for SFJ Awards to do so. More information is provided in the SFJ Awards' Use of Language Policy.

For learners seeking to take a qualification and be assessed in British Sign Language or Irish Sign Language, please refer to SFJ Awards' Reasonable Adjustments Policy. A learner may be assessed in British Sign Language or Irish Sign Language where it is permitted by SFJ Awards for the purpose of Reasonable Adjustment.

Policies are available on our website sfjawards.com or on request from SFJ Awards.

3. Qualification Units

3.1. Mandatory Units

Title	Understand Anatomy and Physiology Relevant to Casualty Care
Level	3
Unit Number	1
GLH	2

Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**
1. Understand the systems and structures of the human body and their functions relevant to casualty care	1.1	Identify the key features of the following systems and structures of the human body: • Respiratory • Cardiovascular • Neurological • Abdominal • Muscular skeletal • Skin	Learners should consider the following factors for each structure: • Adult • Child • Infant • Bariatric • Pre-existing medical conditions • Older patients (greater than 65)
	1.2	Explain the functions of the following systems and structures of the human body: • Respiratory • Cardiovascular • Neurological • Abdominal • Muscular skeletal • Skin	Learners should consider the following factors for each structure: • Adult • Child • Infant • Bariatric • Pre-existing medical conditions • Older patients (greater than 65)

Additional information about the unit	
Unit summary	This unit provides a foundational understanding of the systems and structures of the human body relevant to casualty care. It supports informed decision-making when treating patients across different age groups and medical conditions in emergency situations.
Delivery guidance	This unit should be delivered through a tutor-led approach using visual aids and practical examples to support learners' understanding of anatomy and physiology in a casualty care context. Teaching should focus on applied knowledge rather than detailed scientific theory, linking the structure and function of key body systems directly to common injuries and medical emergencies.
Assessment guidance	This unit should be assessed using knowledge-based methods appropriate to Level 3, such as written or oral questioning, assignments, or e-assessment. Learners must demonstrate their ability to identify key anatomical structures and explain their functions in relation to casualty care, including an understanding of how these may vary across different patient groups.

Title	Scene Management and Casualty Care Equipment
Level	3
Unit Number	2
GLH	5

Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**
1. Understand multi-agency response to casualty care needs	1.1	Identify the different multi-agency responses	**Ambulance Service:** Double Crewed Ambulance, Advanced/Specialist Paramedics and Critical Care Resources such as Helicopter Emergency Medical Service (HEMS) and Hazardous Area Response Team (HART) **Fire & Rescue Service:** Firefighting, Casualty Care, RTC Management, Technical Rescue Teams for water, rope, animal and heavy rescue **HM Coastguard:** Search and Rescue incident response for coastal water, rope and mud rescue with assets including SAR Helicopter and RNLI Lifeboats and Lifeguards **Police Service:** Police incident response to preserve life, prevention of crime and detection and investigation of crime. Access to declared assets including Mountain Rescue, Cave Rescue and Lowland Rescue for Search and Rescue
	1.2	Explain the importance of forensic awareness when on scene	Examples of points learners may consider are: • Reporting and documentation (witness statements) • Keeping a memory or note of entry and exit points from a scene/cordon • Handing important information to police officers, such as interventions at scene, that would change the scene or casualty's condition • Leaving equipment in-situ if requested by police or allowing photos to be taken before removal

			• Starting a scene log and reporting relevant information for handover or joint working
2. Know how to use a range of casualty care equipment	2.1	Identify equipment relevant to own role in casualty care	Specific to organisation – see Appendix 1 for exemplar kit list
	2.2	Explain when and how to use equipment appropriately	Specific to organisation – see Appendix 1 for exemplar kit list
3. Be able to work safely at scene	3.1	Identify precautions to minimise the risk of infection and cross contamination	For example: • Use of personal protective equipment (PPE) • Use of personal protective clothing (PPC) • 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) • Maintenance of up-to-date injections and immunizations
	3.2	Assess risk at scene	For example: • Dynamic risk assessment • Identify hazards • Identify potential for harm due to hazards • Identify risks which can be reduced or removed • Prioritise own safety
	3.3	Demonstrate safe systems of working at a scene	For example: • Awareness of surroundings • Working in accordance with accepted guidance and protocols • Working within own scope of practice • Maintaining dynamic risk assessments • Awareness of changing environment

	3.4	Describe sources of support available for responders' well being	For example: • Risk Assessment • Safe Systems of Work • Briefing (IIMARCH) • TRiM /Mental Health First Aid • Defusing • Debriefing (Hot, Cold and Multi-Agency) • Post Incident Procedures
4. Be able to administer oxygen safely	4.1	Identify the indications, contraindications and cautions for the administration of oxygen	Examples include: • For administering high levels of supplemental oxygen for adults and paediatric with critical illnesses • Cautions should include fire hazards at scene and during defibrillation • Contraindication should include explosive environments
	4.2	Demonstrate how to use an oxygen system safely, including: • Correct delivery device for use • Correct flow rate • Monitor and report adverse reactions • Record and handover • Safety precautions for storage	Learners should consider: • Pulse oximetry and when this would not be used (smoke inhalation) • Search and rescue environments when assessing and managing smoke inhalation and hypothermic casualties • Safe use and storage of oxygen cylinders

Additional information about the unit	
Unit summary	This unit provides an overview of safe and effective initial scene management and the safe and effective use of casualty care equipment. It covers multi-agency responses, forensic awareness, dynamic risk assessment, safe working practices, infection control, and responder wellbeing. The unit also introduces key equipment used in casualty care, including safe and appropriate use of oxygen systems.
Delivery guidance	This unit should be delivered using tutor-led teaching supported by discussion and practical demonstration. Teaching should link theory to realistic scenarios, include organisational procedures, and provide opportunities to practise risk assessment and the safe use of oxygen equipment within a controlled environment.

Assessment guidance	Assessment should use a combination of knowledge-based and practical methods appropriate to Level 3, such as written or oral questioning, professional discussion, and observation. Learners must demonstrate understanding of multi-agency response, scene safety, infection control, and responder wellbeing, as well as the ability to work safely at a scene and use equipment, including oxygen, in line with organisational procedures.
Links	British Thoracic Society (BTS) Guideline for Oxygen Use in Adults in Healthcare and Emergency Settings – Section 9.10

Title	Communication and Safeguarding Relating to Casualty Care		
Level	3		
Unit Number	3		
GLH	1		
Learning Outcomes ***The learner will:***	**Assessment Criteria** ***The learner can:***		**Guidance and/or Indicative Content**
1. Understand communication, capacity and consent when providing casualty care	1.1	Identify the importance of obtaining and maintaining consent and acting in a casualty's best interests	For example: • Legal requirement • Consent required to commence treatment • Casualties have the right to refuse treatment • Casualties must have capacity to give consent • Consent mitigates the risk of litigation and promotes the observation of personal / cultural / religious sensitivities
	1.2	Describe how to communicate with those receiving care	For example: • **Style** (appropriate tone, appropriate body language, free of slang / jargon, alternative methods of communication for those with specific impairments) • **Content** (history / background to incident, symptoms, injuries, sources of pain, severity of symptoms, reassurance, treatment protocol and next stages)
	1.3	Identify barriers to effective communication	For example: • Age • Neurodiversity • Disability (blind, deaf, nonverbal) • Language • Mental health
2. Understand Advanced Care Plans and	2.1	Outline processes to safeguard vulnerable casualties	Learners should refer to their own organisation's procedures

safeguarding approach when providing casualty care	2.2	Summarise Advanced Care Plans which may be in place for casualties	This may include: • DNACPR (CPR) order • ReSPECT / treatment escalation plan (TEP) form • Advance decisions / statement – of wishes, preferences and priorities • Power of attorney • Advance Decision to Refuse Treatment (ADRT)

Additional information about the unit	
Unit summary	This unit introduces the principles of communication, consent, and safeguarding in the context of casualty care. It covers how to assess capacity, gain valid consent, and communicate effectively with individuals who may have diverse needs or barriers to understanding. The unit also outlines safeguarding responsibilities and the role of Advanced Care Plans which may include DNAR orders, ReSPECT forms, and advance decisions when providing safe and appropriate care.
Delivery guidance	This unit should be delivered through tutor-led teaching and discussion, focusing on the practical application of communication, capacity, consent, and safeguarding in casualty care. Delivery should use realistic examples to explore ethical and legal principles, effective communication styles, common barriers to understanding, and organisational safeguarding procedures, with reference to Advanced Care Plans that may influence treatment decisions.
Assessment guidance	Assessment should use knowledge-based methods appropriate to Level 3, such as written or oral questioning or professional discussion. Learners must demonstrate understanding of capacity and consent, effective communication with casualties, barriers to communication, safeguarding responsibilities, and the purpose of Advanced care Plans, with evidence aligned to organisational procedures and relevant to casualty care contexts.
Links	• Do not attempt cardiopulmonary resuscitation (DNACPR) decisions - NHS • Universal Principles for Advance Care Planning (ACP)

Title	Conduct Casualty Assessments and Handover
Level	3
Unit Number	4
GLH	5

Learning Outcomes *The learner will:*	Assessment Criteria *The learner can:*		Guidance and/or Indicative Content
1. Understand how to carry out a primary survey	1.1	Explain the purpose of a primary survey	For example: • To identify, assess and initially manage life threatening injuries or illness • Establish the condition of casualty utilising a systematic approach • Baseline observation recording and monitoring
	1.2	Describe the method used to carry out a primary survey	**DR-CAcBCDE** (**D**anger, **R**esponse, **C**atastrophic Bleeding, **A**irway (c-spine consideration), **B**reathing, **C**irculation, **D**isability, **E**xposure) **Safe MARCH** (**M**assive haemorrhage, **A**irway, **R**espiration, **C**irculation, **H**ead injury/hypothermia)
2. Be able to carry out a primary survey	2.1	Demonstrate how to carry out a primary survey	
	2.2	Provide regular reassessment of casualty observations and any treatment given as part of a primary survey	Aim is to identify, assess and initially manage non-life-threatening injuries or illness by conducting a top-to-toe structured casualty assessment and history taking
3. Understand how to carry out a secondary survey	3.1	Explain the purpose of a secondary survey	
	3.2	Describe the method used to carry out a secondary survey	• Systematic structured approach encompassing a whole-body assessment (top-to-toe) monitoring baseline observations • Treatment of injuries / illnesses identified

			• Undertaking a casualty history assessment e.g. SAMPLE (**S**igns and symptoms, **A**llergies, **M**edications including current prescriptions, **P**ast medical history, **L**ast oral intake including alcohol and drugs, **E**vent history and timing)
4. Be able to carry out a secondary survey	4.1	Demonstrate a secondary survey	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) • Possibility of internal bleeding and where this may occur
	4.2	Demonstrate taking a casualty history assessment	**SAMPLE** (Signs and symptoms, Allergies, Medications including current prescriptions, Past medical history, Last oral intake including alcohol and drugs, Event history and timing)
	4.3	Provide regular reassessment of casualty observations and any treatment given as part of a secondary survey	
5. Be able to complete a casualty handover	5.1	Identify information that is required for handing the casualty over to the next level of care	For example: • Immediate concerns that need to be addressed prior to giving a structured handover e.g. uncontrolled bleeding or unmanaged airway • Situation Background Assessment Recommendations • Information passed on in accordance with agreed timeliness and protocol

			• **ATMIST** (Age of casualty, Time of incident, Mechanism of injury, Injuries, Signs and symptoms, Treatment given)
	5.2	Perform a casualty handover	
	5.3	Document a casualty handover	

Additional information about the unit	
Unit summary	This unit covers the structured assessment of casualties through primary and secondary surveys, enabling timely identification of life-threatening conditions, injuries, and medical history. It includes systematic approaches such as DR-CAcBCDE, Safe MARCH and SAMPLE, along with regular reassessment to monitor changes. The unit also outlines how to complete an effective casualty handover using recognised formats and required documentation to support continuity of care.
Delivery guidance	This unit should be delivered through tutor-led teaching supported by practical demonstration and scenario-based learning, focusing on structured casualty assessment and effective handover. Delivery should cover the principles and application of primary and secondary surveys, including DR-CAcBCDE, Safe MARCH and SAMPLE, regular reassessment, and the use of recognised handover formats such as ATMIST, with opportunities for learners to practise assessment and handover skills in realistic, controlled scenarios relevant to casualty care.
Assessment guidance	Assessment should combine knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, observation, and scenario-based assessment. Learners must demonstrate the ability to carry out primary and secondary surveys, obtain a casualty history, reassess observations, and complete an accurate and timely casualty handover with appropriate documentation, in line with accepted protocols and their scope of practice.

Title	Provide Casualty Treatment in Medical Emergencies
Level	3
Unit Number	5
GLH	7

Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**
1. Be able to identify and manage respiratory emergencies	1.1	Define the following respiratory emergencies: • Asthma attack • Exacerbation of COPD • Acute respiratory distress	
	1.2	Identify signs, symptoms and causes of: • Asthma attack • Exacerbation of COPD • Acute respiratory distress	
	1.3	Demonstrate how to initially manage the following respiratory emergencies: • Asthma attack • Exacerbation of COPD • Acute respiratory distress	
2. Be able to identify and manage neurological emergencies	2.1	Define the following neurological emergencies: • Epilepsy / convulsing casualty • Stroke (cerebrovascular accident CVA and transient ischemic stroke TIA)	
	2.2	Identify signs, symptoms and causes of:	

		• Epilepsy / fitting casualty • Stroke (CVA and TIA)	
	2.3	Demonstrate how to manage the following neurological emergencies: • Epilepsy / fitting casualty • Stroke (CVA and TIA)	
3. Be able to identify and manage a diabetic emergency	3.1	Define hypoglycaemia	
	3.2	Identify signs, symptoms and causes of hypoglycaemia	
	3.3	Demonstrate how to manage a diabetic emergency	
4. Be able to identify and manage medical emergencies caused by toxic exposure and envenomation	4.1	Define: • Envenomation • Acute toxicity and poisoning	
	4.2	Identify signs and symptoms of: • Envenomation • Acute toxicity and poisoning	
	4.3	Demonstrate how to initially manage medical emergencies caused by toxic exposure and envenomation	Fire and Rescue Services may deal with toxicity and poisoning under their hazardous materials procedures
5. Be able to identify and manage a casualty suffering from anaphylactic shock	5.1	Define anaphylaxis and anaphylactic shock	May include bites and stings
	5.2	Identify signs, symptoms and triggers of anaphylactic shock	

	5.3	Demonstrate how to initially manage a casualty suffering from anaphylactic shock	Learners may consider:
			• Casualty positioning
			• Administering an auto-adrenaline injector
			• Administering high flow oxygen
			• Calling for an emergency ambulance
			• If an adrenaline auto-Injector is available / not available
			• The casualty is:
			  ○ unconscious
			  ○ pregnant
			  ○ having breathing difficulties / stopped breathing

6. Be able to identify and manage a casualty suffering from non-traumatic chest pain	6.1	Define the following emergencies: • Cardiac chest pain • Heart attack • Angina	
	6.2	Identify signs, symptoms and causes of: • Cardiac chest pain • Heart attack • Angina	
	6.3	Demonstrate how to manage a casualty suffering from the following emergencies: • Cardiac chest pain • Heart attack • Angina	
7. Be able to identify and manage emergencies caused by environmental exposure	7.1	Define the following emergencies: • Heat stroke • Heat exhaustion • Hypothermia	
	7.2	Identify signs, symptoms and causes of: • Heat stroke • Heat exhaustion	

		• Hypothermia	
	7.3	Demonstrate how to manage the following emergencies: • Heat stroke • Heat exhaustion • Hypothermia	
8. Be able to identify and manage a casualty suffering with a mental health crisis	8.1	Define mental health crisis	
	8.2	Identify signs and symptoms which may indicate a mental health crisis	For example, mental health emergencies such as an individual who is suicidal or showing signs of acute behavioural disturbance
	8.3	Demonstrate how to initially manage a casualty suffering with a mental health crisis	Guidance for Emergency Service First Responders for dealing with persons in crisis incidents at locations of obvious physical danger: Dealing With Persons In Crisis - JESIP Website

Additional information about the unit	
Unit summary	This unit covers the recognition and treatment of a wide range of medical emergencies encountered in casualty care. It includes respiratory, neurological, diabetic, toxic, environmental, cardiovascular, mental health, and anaphylactic emergencies, focusing on safe, appropriate, and timely intervention. Learners apply structured approaches to assessment and treatment while monitoring casualties and preparing for potential deterioration.
Delivery guidance	This unit should be delivered through tutor-led teaching supported by practical demonstration and scenario-based learning, focusing on the recognition and management of a range of medical emergencies. Delivery should link signs and symptoms to appropriate casualty care interventions, emphasising safe practice, reassurance, monitoring, and timely escalation to emergency services, with opportunities for learners to practise assessment and treatment within their scope of practice.
Assessment guidance	Assessment should use a combination of knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, observation, and scenario-based assessment. Learners must demonstrate the ability to assess and manage a range of medical emergencies safely and

	effectively, including appropriate use of casualty care techniques, monitoring, and escalation, in line with recognised guidance and organisational procedures.

Title	Provide Casualty Treatment in Traumatic Emergencies			
Level	3			
Unit Number	6			
GLH	10			
Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**	
1. Be able to identify and manage drowning	1.1	Define drowning		
	1.2	Identify signs and symptoms of drowning		
	1.3	Demonstrate how to manage a conscious drowned casualty		
	1.4	Demonstrate how to manage an unconscious drowned casualty		
2. Be able to identify and manage burns	2.1	Define different types of burns	Learners should consider: • Superficial burn • Partial thickness burn • Full thickness burn • Time-critical burns	
	2.2	Identify signs, symptoms and causes of burns		
	2.3	Describe potential complications of burns in relation to: • Airway • Breathing • Circulation	Fire and Rescue Services may wish to include smoke inhalation as specific area for assessment, treatment and escalation	

	2.4	Demonstrate how to manage burns, including: • Thermal injuries • Chemical injuries	May include: • Superficial burn • Partial thickness burn • Full thickness burn • Time-critical burns • Cool burn, warm patient • Use of Remove, Remove, Remove guidance • Appropriate analgesia
3. Be able to identify and manage a wounded and bleeding casualty	3.1	Define the following types of wounds: • Incision • Laceration • Abrasion • Contusion • Puncture • Deformity	
	3.2	Identify different types of bleeding: • Arterial • Venous • Capillary • Internal	**Arterial:** Blood spurts from the wound **Venous:** Blood flows steadily or gushes from the wound. **Capillary:** Blood oozes from wound.
	3.3	Explain management of life-threatening bleeding	For example: • Tourniquets • Bandages • Wound packing gauze • Haemostatic dressing / granules
	3.4	Demonstrate how to manage the following types of wounds: • Minor • Major / penetrating	For example: • Apply direct pressure

	3.5	Demonstrate how to manage the following different types of bleeding: • Arterial • Venous • Capillary • Life-threatening • Internal	Learners may consider acute epistaxis (nosebleed)
4. Be able to identify and manage ballistic and blast injuries	4.1	Define: • Ballistic injuries • Blast injuries	
	4.2	Identify signs, symptoms and causes of: • Ballistic injuries • Blast injuries	
	4.3	Demonstrate how to manage: • Ballistic injuries • Blast injuries	
5. Be able to identify and manage head and facial trauma	5.1	Define the following head injuries: • Concussion • Compression • Skull fracture	
	5.2	Identify signs, symptoms and causes of: • Concussion • Compression • Skull fracture • Traumatic face and eye injuries	
	5.3	Demonstrate how to initially manage head injuries	May include: • Concussion • Compression • Skull fracture

	5.4	Demonstrate how to initially manage traumatic face and eye injuries	
6. Be able to identify and manage spinal injuries	6.1	Define spinal injury	
	6.2	Identify signs, symptoms and causes of spinal injuries	
	6.3	Demonstrate how to initially manage spinal injuries	
7. Be able to identify and manage musculoskeletal injuries	7.1	Define the following musculoskeletal injuries: • Fractures • Dislocation • Sprains and strains • Pelvic injuries	
	7.2	Identify signs, symptoms and causes of: • Fractures • Dislocation • Sprains and strains • Pelvic injuries	
	7.3	Demonstrate how to manage musculoskeletal injuries	Learners should consider: • Possibility of internal bleeding • Awareness of methods of pain control
8. Be able to identify and manage thoracic injuries	8.1	Define the following thoracic injuries: • Penetrating chest wounds • Flail chest	
	8.2	Identify signs, symptoms and causes of: • Penetrating chest wounds • Flail chest	

	8.3	Demonstrate how to manage the following thoracic injuries: • Penetrating chest wounds • Flail chest	
9. Be able to identify and manage abdominal injuries	9.1	Define the following abdominal injuries: • Blunt abdominal trauma • Penetrating abdominal trauma	
	9.2	Identify signs, symptoms and causes of: • Blunt abdominal trauma • Penetrating abdominal trauma	
	9.3	Demonstrate how to manage the following abdominal injuries: • Blunt abdominal trauma • Penetrating abdominal trauma	

Additional information about the unit	
Unit summary	This unit covers the recognition and treatment of traumatic emergencies, including drowning, burns, wounds, life-threatening bleeding, ballistic and blast injuries, head and facial trauma, spinal injuries, musculoskeletal injuries, and thoracic and abdominal trauma. It focuses on applying safe, structured assessment and intervention techniques to manage serious injuries, stabilise casualties, and prevent further harm while awaiting definitive medical care.
Delivery guidance	This unit should be delivered through a combination of tutor-led teaching, practical demonstration, and scenario-based learning, reflecting the complexity and range of traumatic emergencies covered. Delivery should focus on safe, structured assessment and treatment of trauma with emphasis on casualty stabilisation and prevention of further harm. Learners should work within their own scope of practice, current guidelines and organisational clinical governance.
Assessment guidance	Assessment should use a blend of knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, observation, and scenario-based assessment. Learners must demonstrate the ability to recognise and manage traumatic injuries safely and effectively, apply appropriate

	treatment techniques, control life-threatening bleeding, and prioritise casualty care while monitoring for deterioration, in line with recognised guidance and organisational procedures.

Title	Life Saving Intervention			
Level	3			
Unit Number	7			
GLH	5			
Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**	
1. Be able to identify and manage a choking casualty	1.1	Define choking		
	1.2	Identify signs, symptoms and causes of mild and severe choking		
	1.3	Demonstrate management of a choking casualty	• Infant • Child • Adult	
2. Be able to identify and manage an unconscious casualty	2.1	Define unconsciousness		
	2.2	Identify signs, symptoms and causes of unconsciousness		
	2.3	Demonstrate airway management of an unconscious casualty: • Inspect / clear the airway • Postural airway management • Use of suction • Head tilt / chin lift / jaw thrust • Size and insert appropriate airway adjunct	Use of suction and adjuncts varies according to individual organisations, depending on local clinical governance	
	2.4	Demonstrate initial management of an unconscious breathing casualty	For example: • Seizures	

			• Syncope (faint) • Recovery position
3. Be able to identify and manage a casualty in cardiac arrest	3.1	Define cardiac arrest	Unconscious and not breathing normally
	3.2	Identify signs, symptoms and causes of cardiac arrest	To include agonal gasps and seizure like episodes
	3.3	Recognise where conditions are incompatible with life	For example: • Decapitation • Body cut in half • Massive skull and brain destruction • Decomposition or putrefaction • Animals have picked at the body • Rigor Mortis • Whole body frozen (chest incompressible) • Submersion for >30 minutes in non-icy water • Submersion for >90 minutes in icy water (<6°C) • Incineration • Hypostasis (accumulation of blood in the lower parts of the body after death under the influence of gravity)
	3.4	Identify actions to take in the event of Return of Spontaneous Circulation (RoSC)	
	3.5	Demonstrate how to perform basic life support on an adult casualty	Must include: • Recognition of agonal gasps • Perform high-quality chest compressions • Minimal interruption of CPR • Safe use of an AED • Correct use of bag-valve-mask and oxygen (including 2-person technique)

			Learners should consider the impact of pregnancy when performing basic life support
	3.6	Demonstrate how to perform basic life support on an infant and child	Must include: • Recognition of agonal gasps • Perform high-quality chest compressions • Minimal interruption of CPR • Safe use of an AED • Correct use of bag-valve-mask and oxygen (including 2-person technique)

Additional information about the unit	
Unit summary	This unit covers the recognition and immediate management of life-threatening emergencies, including choking, unconsciousness, and cardiac arrest across infants, children, and adults. It focuses on safe airway management, recovery positioning, and high-quality basic life support, including the use of AEDs and oxygen. The aim is to equip learners with essential life-saving skills to preserve life until advanced medical help arrives.
Delivery guidance	This unit should be delivered through tutor-led teaching supported by practical demonstration and hands-on practice, focusing on the recognition and management of life-threatening emergencies. Delivery should emphasise age-specific differences for infants, children, and adults, safe airway management, recovery positioning, and high-quality basic life support, including the use of AEDs, oxygen, and bag-valve-mask techniques, in line with current recognised resuscitation guidance.
Assessment guidance	Assessment should use a combination of knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, and observation of practical skills. Learners must demonstrate the ability to recognise life-threatening conditions, manage airway and choking emergencies, place casualties in the recovery position, and perform high-quality basic life support across age groups, including safe use of an AED and oxygen, in accordance with recognised guidelines and organisational procedures.
Links	Resuscitation Council UK (RCUK) | 2025 Resuscitation Guidelines

Title	Multi Casualty Triage		
Level	3		
Unit Number	8		
GLH	3		
Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**
1. Be able to apply a multi-casualty triage system	1.1	Explain how to apply multi-casualty triage	Learners should be able to explain the current system in use, for example Ten Second Triage (TST)
	1.2	Demonstrate the application of multi-casualty triage	Must include: • Recovery position • Application of a tourniquet • Wound packing and application of a trauma dressing • Application of TST band / tag

Additional information about the unit	
Unit summary	This unit introduces the principles of multi-casualty triage, focusing on the rapid prioritisation of patients using the current system, for example the Ten Second Triage (TST) system. It covers how to apply multi-casualty triage in emergency situations to quickly identify those needing immediate intervention and to support effective decision-making during incidents involving multiple casualties.
Delivery guidance	This unit should be delivered through tutor-led teaching supported by practical demonstration and scenario-based learning, focusing on the principles and application of multi-casualty triage. Delivery should cover the purpose of triage, the current system in use such as Ten Second Triage (TST), and the rapid assessment and prioritisation of casualties, with opportunities for learners to practise applying triage decisions in realistic multi-casualty scenarios
Assessment guidance	Assessment should use a combination of knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, and observation. Learners must demonstrate understanding of the chosen triage system and the ability to accurately and safely apply multi-casualty triage to prioritise casualties in line with recognised guidance and organisational procedures.

Links	NHS England | Ten Second Triage (TST) Tool

Title	Casualty Handling and Packaging
Level	3
Unit Number	9
GLH	2

Learning Outcomes *The learner will:*	**Assessment Criteria** *The learner can:*		**Guidance and/or Indicative Content**
1. Understand casualty packaging	1.1	Explain what is included in casualty packaging	Securing a patient for transport: • Assessing injuries • Choosing appropriate equipment • Ensuring the casualty is stable during movement
2. Understand casualty handling at the scene of an incident	2.1	Identify situations that would require rapid extrication	For example: • Scene is unsafe/ the casualty is in immediate danger (fire, flood, falling debris, water etc.) • The casualty is unstable • A critical casualty is blocked by another less critical casualty
	2.2	Explain how to perform rapid extrication	For example: • Use of passenger doors • Escape slides • Emergency stairs • Specialist appliances (ladders, lowering lines, guy lines, step blocks, blocks and wedges, glass cutter etc.) • Forced entry (removal of door, roof, breaking through materials etc.) • Cutting (removing roof / door / safety straps)
	2.3	Describe equipment and methods used for the immobilisation of a casualty with spinal injuries	For example: • Long board • Orthopaedic stretcher

			• Head blocks with straps / tapes, log roll etc.
	2.4	Describe when spinal immobilisation need not be applied	For example: • Casualty lacks symptoms suggestive of spinal injury • Where there is penetrating trauma • Casualty has low risk-factors for cervical spine injury (Canadian C-spine rule) • Casualty can rotate their neck 45 degrees left and right • Casualty shows signs of head injuries or increased intracranial pressure • Extrication from vehicle - self-extrication decision making for non-clinicians' use of an appropriate tool, such as U-STEP Out
	2.5	Explain how to carry out a risk assessment before manual handling	For example: • **TILE** (**T**ask requirements, **I**ndividual capabilities, **L**oad weight / shape, **E**nvironment including surfaces and lighting) • **TILEO** (**T**ask requirements, **I**ndividual capabilities, **L**oad weight / shape, **E**nvironment including surfaces and lighting / **O**ther factors e.g. PPE) • **LITE** (**L**oad, **I**ndividual, **T**ask, **E**nvironment)
3. Be able to manage a casualty with suspected spinal injuries	3.1	Carry out a risk assessment before manual handling	
	3.2	Demonstrate methods of moving a casualty with spinal injuries	For example: • Appropriate stretcher with head blocks • Long board • Vacuum mattress • Kendrick extrication device etc.
	3.3	Demonstrate a log roll	

	3.4	Demonstrate the procedure for removing a helmet	

Additional information about the unit	
Unit summary	This unit covers the principles and practices of casualty handling and packaging, focusing on safe movement, stabilisation, and preparation for transport. It explores when rapid extrication is necessary, how to carry it out safely, and the circumstances in which helmet removal or spinal immobilisation is required. The unit also includes manual handling risk assessment and the use of specialist equipment to manage casualties with suspected spinal injuries, ensuring safe and effective care in a range of incident environments.
Delivery guidance	This unit should be delivered through tutor-led teaching supported by practical demonstration and hands-on practice, focusing on safe casualty handling, packaging, and movement. Delivery should cover risk assessment for manual handling, decisions around rapid extrication, helmet removal, and spinal immobilisation, and the correct use of specialist equipment, with opportunities for learners to practise techniques in realistic, controlled scenarios. Learners should work within their own scope of practice, current guidelines and organisational clinical governance.
Assessment guidance	Assessment should use a combination of knowledge-based and practical methods appropriate to Level 3, including written or oral questioning, professional discussion, and observation of practical skills. Learners must demonstrate understanding of casualty packaging and handling principles, complete risk assessments, and safely perform casualty movement, immobilisation, and extrication techniques in line with recognised guidance and organisational procedures.
Links	Extrication following a Motor Vehicle Collision, Faculty of Pre-Hospital Care 2024

4. Centre Requirements

4.1. Centre Responsibilities

Centres must be approved by SFJ Awards and also have approval to deliver the qualifications they wish to offer. This is to ensure centres have the processes and resources in place to deliver the qualifications. Approved centres must adhere to the requirements detailed in the SFJ Awards Centre Handbook, which includes information for centres on assessment and internal quality assurance processes and procedures.

When a centre applies to offer a qualification, they will need to provide evidence that they have sufficient resources and infrastructure in place for delivery of that qualification:

- evidence of assessor and IQA competence
- sample assessment materials and mark schemes
- scheme of work
- details of available resources.

Centres are responsible for ensuring that their assessor and internal quality assurance staff:

- are occupationally competent and/or knowledgeable as appropriate to the assessor or IQA role they are carrying out
- have current experience of assessing/internal quality assuring as appropriate to the assessor or IQA role they are carrying out
- have access to appropriate training and support
- are independent and any conflicts of interests are managed and monitored appropriately by SFJ Awards.

Information on the induction and continuing professional development of those carrying out assessment and internal quality assurance must be made available by centres to SFJ Awards through the external quality assurance process.

This handbook should be used in conjunction with the following SFJ Awards documents:

- Assessment Guidance
- Centre Handbook
- Centre Assessment Standards Scrutiny (CASS) Strategy
- Conflict of Interest Policy
- Whistleblowing Policy
- Malpractice and Maladministration Policies
- Equality and Diversity Policy
- Appeals Policy
- Complaints Policy
- Sanctions Policy
- Examinations and Invigilation Policy
- Risk and Centre Monitoring Policy
- Fair Access and Equality of Opportunity Policy
- Reasonable Adjustment and Special Considerations Policy
- Standardisation Policy
- Direct Claims Policy

- Centre Approval Process

All documents referenced in the strategy are available to centres on Odyssey, SFJ Awards learner management system, or on request from SFJ Awards.

4.2. Centre Assessment Standards Scrutiny (CASS) Strategy

Awarding Organisations are required by Ofqual to have a CASS Strategy in place to improve the controls where an assessment is devised and marked by a centre[2]. In line with our CASS Strategy, SFJ Awards will determine the most appropriate CASS approach for each qualification / qualification suite using a risk-based approach.

Any Subject Matter Experts (SMEs) used by centres to develop and/or mark assessments must declare any conflict of interest and centres must ensure that any such conflicts are mitigated. All details of such conflicts of interest must be recorded by the centre.

SFJ Awards will require sample assessments from centres to maintain confidence with our centres' approach to maintaining the integrity of our quality assurance strategy defined within the CASS strategy. Centre marking will be subject to external quality assurance.

Centres are permitted to develop and mark assessments for the qualification(s) in this handbook, in line with our CASS Strategy.

4.3. Facilities

Training and assessment for approved qualifications must take place in a suitable environment that has been approved by SFJ Awards. The environment must be adequately equipped for training, conducive to effective learning, and must comply with current Health and Safety requirements. Equipment for practical activities must be readily available and fit for purpose. All examination venues must comply with the policy, standards, and regulations specified by SFJ Awards to gain approval for knowledge-based assessment.

Training and assessment facilities must comply with the ongoing approval arrangements of SFJ Awards.

4.4. Trainers

Some sectors specify trainer requirements for qualification delivery, for example first aid and security. Details of any specific trainer requirements are included in this qualification handbook. Centres should therefore check the handbook, or with SFJ Awards, for any trainer requirements that apply to the qualification(s) they wish to deliver. Centres applying for approval with SFJ Awards will be required to provide SFJ Awards with current evidence of how each trainer meets the requirements, for example certificates of achievement, CV or CPD records.

[2] Condition H2 - Centre Assessment Standards Scrutiny where an assessment is marked by a Centre

5. Assessment

5.1. Qualification Assessment Methods

Assessment methods[3] that can be used for the **SFJ Awards Level 3 Award in Pre-Hospital Immediate Casualty Care (PICC)** are as follows:

- Aural Examination
- E-assessment
- Multiple Choice Examination
- Portfolio of Evidence (including for example records of professional discussions, question and answer sessions, work products)
- Practical Demonstration / Assignment
- Practical Examination
- Task-based Controlled Assessment
- Written Examination
- Observation
- Professional Discussion
- Interview
- Presentation and Questioning
- Project

5.2. Assessing Competence

The purpose of assessing competence is to make sure that an individual is competent to carry out the activities required in their work.

Assessors gather and judge evidence during normal work activities to determine whether the learner demonstrates their competence against the standards in the qualification unit(s). Competence should be demonstrated at a level appropriate to the qualification. The skills required at the different qualification levels are defined in Ofqual's level descriptors.[4] Further information on qualification levels is included in the SFJ Awards Assessment Guidance.

Evidence must be:

- Valid
- Authentic
- Sufficient
- Current
- Reliable

Assessment should be integrated into everyday work to make the most of opportunities that arise naturally within the workplace.

[3] Selected from assessment methods listed on Ofqual's regulatory system (Portal)
[4] Ofqual Handbook: General Conditions of Recognition, Section E - Design and development of qualifications www.gov.uk/guidance/ofqual-handbook/section-e-design-and-development-of-qualifications

5.3. Methods for Assessing Competence

Qualifications may be assessed using any method, or combination of methods, as stipulated either by SFJ Awards or within specific qualifications, and which clearly demonstrate that the learning outcomes and assessment criteria have been met. Some sectors may have specific assessment requirements that apply to their qualifications and where these apply, details will be included in the qualification-specific handbook.

Assessors need to be able to select the right assessment methods for the competences that are being assessed, without overburdening the learner or the assessment process, or interfering with everyday work activities. SFJ Awards expect assessors to use a combination of different assessment methods to make a decision about an individual's occupational competence. Assessment methods which are most likely to be used are outlined below. However, these are included for guidance only and there may be other methods which are suitable. Further information on assessment methods is included in the SFJ Awards Assessment Guidance.

5.3.1. Observation

SFJ Awards believe that direct observation in the workplace by an assessor or testimony from an expert witness is preferable as it allows for authenticated, valid and reliable evidence. Where learners demonstrate their competence in a real work situation, this must be done without the intervention from a tutor, supervisor or colleague.

However, SFJ Awards recognise that alternative sources of evidence and assessment methods may have to be used where direct observation is not possible or practical.

5.3.2. Testimony of Witnesses and Expert Witnesses

Witness testimonies are an accepted form of evidence by learners when compiling portfolios. Witness testimonies can be generated by peers, line managers and other individuals working closely with the learner. Witnesses are defined as being those people who are occupationally expert in their role.

Testimony can also be provided by expert witnesses who are occupationally competent **and** familiar with the qualification unit(s). Assessors will not need to spend as long assessing expert witness testimony as they would a witness testimony from a non-expert. Therefore, if expert witnesses are involved in the assessment strategy for a qualification a greater number of learners can be managed by a smaller number of assessors.

The assessor is however responsible for making the final judgement in terms of the learner meeting the evidence requirements for the qualification unit(s).

5.3.3. Work Outputs (Product Evidence)

Examples of work outputs include plans, reports, budgets, photographs, videos or notes of an event. Assessors can use work outputs in conjunction with other assessment methods, such as observation and discussion, to confirm competence and assure authenticity of the

evidence presented.

5.3.4. Professional Discussion

Discussions allow the learner to describe and reflect on their performance and knowledge in relation to the standards. Assessors can use discussions to test the authenticity, validity and reliability of a learner's evidence. Written/audio records of discussions must be maintained.

5.3.5. Questioning the Learner

Questioning can be carried out orally or in written form and used to cover any gaps in assessment or corroborate other forms of evidence. Written/audio records of all questioning must be maintained.

5.3.6. Simulations

Simulations may take place in a non-operational environment which is not the learner's workplace, for example a training centre. The assessment guidance attached to each unit in section 3 of the handbook will specify where simulations are authorised. Please note that proposed simulations **must** be reviewed to ensure they are fit for purpose as part of the IQA's pre-delivery activity.

Simulations can be used when:

- the employer or assessor consider that evidence in the workplace will not be demonstrated within a reasonable timeframe
- there are limited opportunities to demonstrate competence in the workplace against all the assessment criteria
- there are health and safety implications due to the high-risk nature of the work activity
- the work activity is non-routine and assessment cannot easily be planned for
- assessment is required in more difficult circumstances than is likely to happen day to day.

Simulations must follow the principles below:

1. The nature of the contingency and the physical environment for the simulation must be realistic
2. Learners should be given no indication as to exactly what contingencies they may come across in the simulation
3. The demands on the learner during the simulation should be no more or less than they would be in a real work situation
4. Simulations must be planned, developed and documented by the centre in a way that ensures the simulation correctly reflects what the specific qualification unit seeks to assess and all simulations should follow these documented plans
5. There should be a range of simulations to cover the same aspect of a unit and they should be rotated regularly.

5.4. Assessing Knowledge and Understanding

Knowledge-based assessment involves establishing what the learner knows or understands at a level appropriate to the qualification. The depth and breadth of knowledge required at the different qualification levels are defined in Ofqual's level descriptors.[5] Further information on qualification levels is included in the SFJ Awards Assessment Guidance.

Assessments must be:

- Fair
- Robust
- Rigorous
- Authentic
- Sufficient
- Transparent
- Appropriate

Good practice when assessing knowledge includes use of a combination of assessment methods to ensure that as well as being able to recall information, the learner has a broader understanding of its application in the workplace. This ensures that qualifications are a valid measure of a learner's knowledge and understanding.

A proportion of any summative assessment may be conducted in controlled environments to ensure conditions are the same for all learners. This could include use of:

- Closed book conditions, where learners are not allowed access to reference materials
- Time bound conditions
- Invigilation.

Where assessment in controlled environments is considered appropriate for qualifications, or the use of specific assessment materials (for example, exemplars or scenarios) is required, information will be included in the qualification handbook.

5.5. Methods for Assessing Knowledge and Understanding

SFJ Awards expect assessors to use a variety of different assessment methods to make a decision about an individual's knowledge and understanding, which are likely to include a combination of the following:

a) Written tests in a controlled environment

b) Multiple choice questions (MCQs)

c) Evidenced question and answer sessions with assessors

d) Evidenced professional discussions

e) Written assignments (including scenario-based written assignments).

[5] Ofqual Handbook: General Conditions of Recognition, Section E - Design and development of qualifications www.gov.uk/guidance/ofqual-handbook/section-e-design-and-development-of-qualifications

Where written assessments are centre-devised and centre-assessed, centres must:

- maintain a sufficient bank of assignments which are changed regularly
- record how risks in tests/exams conducted in controlled environments are mitigated
- conduct assessments in line with SFJ Awards Examination and Invigilation Policy.

Centres must take into account the qualification when selecting knowledge assessment methods to ensure they are appropriate and allow the learner to evidence the assessment criteria. For example, MCQs are unlikely to be appropriate for higher levels qualifications or assessment criteria which require learners to 'explain', 'describe', 'evaluate' or 'analyse'.

5.6. Assessment Planning

Planning assessment allows a holistic approach to be taken, which focuses on assessment of the learner's work activity as a whole. This means that the assessment:

- reflects the skills requirements of the workplace
- saves time
- streamlines processes
- makes the most of naturally occurring evidence opportunities

Planning assessment enables assessors to track learners' progress and incorporate feedback into the learning process; assessors can therefore be sure that learners have had sufficient opportunity to acquire the skills and knowledge to perform competently and consistently to the standards before being assessed. The assessment is therefore a more efficient, cost-effective process which minimises the burden on learners, assessors and employers.

6. Assessor Requirements

6.1. Occupational Knowledge and Competence

Due to the risk-critical nature of the work, particularly when assessing in the public and security sectors, and the legal implications of the assessment process, assessors must understand the nature and context of the learners' work. This means that assessors must be occupationally competent. Each assessor must therefore be, according to current sector practice, competent in the functions covered by the unit(s) they are assessing. They will have gained their occupational competence by working within the sector relating to the unit(s) or qualification(s) they are assessing.

Assessors must be able to demonstrate consistent application of the skills and the current supporting knowledge and understanding in the context of a recent role directly related to the qualification unit(s) they are assessing as a practitioner, trainer or manager. Where assessors are assessing knowledge-based qualifications, they must be occupationally knowledgeable in the sector they are assessing in.

6.2. Qualification Knowledge

Assessors must be familiar with the qualification unit(s) they are assessing. They must be able to interpret and make judgements on current working practices and technologies within the area of work.

6.3. Assessor Competence

Assessors must be able to make valid, reliable and fair assessment decisions. To demonstrate their competence, we expect assessors to be:

- qualified with a recognised assessor qualification, or
- working towards a recognised assessor qualification.

However, there may be circumstances when assessors have the equivalent competence through training to appropriate national standards, and SFJ Awards will agree this on a case-by-case basis. Assessors' experience, knowledge and understanding could be verified by a combination of:

- curriculum vitae and employer endorsement or references
- possession of a relevant NVQ/SVQ, or vocationally related qualification
- corporate membership of a relevant professional institution
- interview (the verification process must be recorded and available for audit).

Recognised assessor qualifications include, but are not limited to:

- RQF/QCF Level 3 Award in Assessing Competence in the Work Environment
- RQF/QCF Level 3 Award in Assessing Vocationally Related Achievement
- RQF/QCF Level 3 Certificate in Assessing Vocationally Related Achievement
- An appropriate Assessor qualification in the SCQF as identified by SQA Accreditation
- A1 Assess candidates using a range of methods
- D32/33 Assess candidate performance, using differing sources of evidence.

Where assessors hold an older qualification e.g. D32/33 or A1, they must provide evidence of Continuing Professional Development (CPD) to demonstrate current competence.

Assessors must hold an assessor qualification, or equivalent competence if agreed by SFJ Awards, relevant to the type of qualification(s) they are assessing e.g.

- **Level 3 Award in Assessing Competence in the Work Environment:**
  For assessors who assess **competence in a work environment**, which requires the use of the following assessment methods: observation, examining work products or outputs, oral questioning, discussion, use of witness testimony, learner statements and Recognition of Prior Learning (RPL).
- **Level 3 Award in Assessing Vocationally Related Achievement:**
  For assessors who assess **knowledge and/or skills in vocationally related areas** using the following assessment methods: tests of skills, oral questioning, written questions, case studies, assignments, projects and RPL.

To be able to assess both knowledge and competence-based qualifications, new assessors should be working towards the **Level 3 Certificate in Assessing Vocational Achievement.**

Centres must have in place a procedure to ensure that their trainee assessors have a representative sample of their assessment decisions counter signed by a qualified and competent assessor. SFJ Awards will provide centres with guidance on the ratio of qualified/trainee assessors.

Trainee assessors working towards a qualification must be registered for the qualification with a regulated AO and achieve it within 18 months. Assessor competence will be checked through annual External Quality Assurance checks.

Centres must check the qualification handbook for assessor requirements for the qualification(s) they are approved to deliver as some sectors have different requirements e.g. security, education and training, assessor and quality assurance, and learning and development.

Centres applying for approval with SFJ Awards will be required to provide SFJ Awards with current evidence of how each assessor meets these requirements, for example certificates of achievement. Centres who apply for approval to offer additional qualifications will be required to provide evidence of assessor competence for the qualifications they wish to offer.

6.4. Continuing Professional Development

Assessors must actively engage in continuous professional development activities to maintain:

- occupational competence and knowledge by keeping up-to-date with the changes taking place in the sector(s) for which they carry out assessments
- professional competence and knowledge as an assessor.

It is the centre's responsibility to retain the CPD information of assessors. Assessor competence and CPD will be checked by External Quality Assurers at the centre's annual compliance visit.

7. Internal Quality Assurer Requirements

7.1. Occupational Knowledge

Internal quality assurers (IQAs) must be occupationally knowledgeable across the range of units for which they are responsible prior to commencing the role. Due to the risk-critical nature of the work, particularly in the justice, community safety and security sectors, and the legal implications of the assessment process, they must understand the nature and context of the assessors' work and that of their learners. This means that they must have worked closely with staff who carry out the functions covered by the qualifications, possibly by training or supervising them, and have sufficient knowledge of these functions to be able to offer credible advice on the interpretation of the units.

7.2. Qualification Knowledge

IQAs must understand the content, structure and assessment requirements for the qualification(s) they are internal quality assuring.

Centres should provide IQAs with an induction to the qualifications that they are responsible for quality assuring. IQAs should also have access to ongoing training and updates on current issues relevant to these qualifications.

7.3. Internal Quality Assurer Competence

IQAs must occupy a position in the organisation that gives them the authority and resources to:

- coordinate the work of assessors
- provide authoritative advice
- call meetings as appropriate
- conduct pre-delivery internal quality assurance on centre assessment plans, for example, to ensure that any proposed simulations are fit for purpose
- visit and observe assessment practice
- review the assessment process by sampling assessment decisions
- ensure that assessment has been carried out by assessors who are occupationally competent, or for knowledge-based qualifications occupationally knowledgeable, in the area they are assessing
- lead internal standardisation activity
- resolve differences and conflicts on assessment decisions

To demonstrate their competence, IQAs must be:

- qualified with a recognised internal quality assurance qualification, or
- working towards a recognised internal quality assurance qualification.

However, there may be circumstances when IQAs have the equivalent competence through training to appropriate national standards, and SFJ Awards will agree this on a case-by-case basis. Recognised IQA qualifications include, but are not limited to:

- RQF/QCF Level 4 Award in the Internal Quality Assurance of Assessment Processes

and Practice
- RQF/QCF Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- An appropriate IQA qualification in the SCQF as identified by SQA Accreditation
- V1 Conduct internal quality assurance of the assessment process
- D34 Internally verify the assessment process.

Where IQAs hold an older qualification e.g. D34 or V1, they must provide evidence of Continuing Professional Development (CPD) to demonstrate current competence. Approved centres will be required to provide SFJ Awards with current evidence of how each IQA meets these requirements, for example certificates of achievement.

Centres must have in place a procedure to ensure that their trainee IQAs have a representative sample of their IQA decisions counter signed by a qualified IQA who holds a minimum of the **Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice**. SFJ Awards will provide centres with guidance on the ratio of qualified/trainee assessors.

Trainee IQAs working towards one of the above qualifications must be registered for the qualification with a regulated AO and achieve it within 18 months. IQA competence will be checked through annual External Quality Assurance checks.

7.4. Continuing Professional Development

IQAs must actively engage in continuous professional development activities to maintain:

- occupational knowledge by keeping up-to-date with the changes taking place in the sector(s) for which they carry out assessments
- professional competence and knowledge as an IQA.

Centres must check the qualification handbook for IQA requirements for the qualification(s) they are approved to deliver as some sectors have different requirements e.g. security, education and training, assessor and quality assurance, and learning and development.

8. Expert Witnesses

Expert witnesses, for example line managers and supervisors, can provide evidence that a learner has demonstrated competence in an activity. Their evidence contributes to performance evidence and has parity with assessor observation. Expert witnesses do not however perform the role of assessor.

8.1. Occupational Competence

Expert witnesses must, according to current sector practice, be competent in the functions covered by the unit(s) for which they are providing evidence.

They must be able to demonstrate consistent application of the skills and the current supporting knowledge and understanding in the context of a recent role directly related to the qualification unit that they are witnessing as a practitioner, trainer or manager.

8.2. Qualification Knowledge

Expert witnesses must be familiar with the qualification unit(s) and must be able to interpret current working practices and technologies within the area of work.

9. External Quality Assurers

External quality assurance is carried out by SFJ Awards to ensure that there is compliance, validity, reliability and good practice in centres. External quality assurers (EQAs) are appointed by SFJ Awards to approve centres and to monitor the assessment and internal quality assurance carried out by centres.

SFJ Awards are responsible for ensuring that their external quality assurance team have:

- sufficient and appropriate occupational knowledge
- current experience of external quality assurance
- access to appropriate training and support.

9.1. External Quality Assurer Competence

To demonstrate their competence, EQAs must be:

- qualified with a recognised external quality assurance qualification, or
- working towards a recognised external quality assurance qualification

Relevant qualifications include:

- Level 4 Award in the External Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice

Trainee EQAs working towards one of the above qualifications must be registered for the qualification with a regulated AO and aim to achieve it within 18 months. Whilst working towards a qualification, trainee EQAs will be supported by qualified EQA and receive training, for example by shadowing the EQA on compliance visits. EQA competence will be checked and monitored by SFJ Awards.

9.2. Continuing Professional Development

EQAs must maintain their occupational and external quality assurance knowledge. They will attend training and development designed to keep them up-to-date, facilitate standardisation between staff and share good practice.

10. Standardisation

Internal and external standardisation is required to ensure the consistency of evidence, assessment decisions and qualifications awarded over time.

10.1. Internal Standardisation

IQAs should facilitate internal standardisation events for assessors to attend and participate, in order to review evidence used, make judgments, compare quality and come to a common understanding of what is sufficient.

10.2. External Standardisation

SFJ Awards will enable access to external standardisation opportunities for centres and EQAs over time.

Further information on standardisation is available in the SFJ Awards Quality Assurance (Internal and External) Guidance and the SFJ Awards Standardisation Policy.

11. Recognition of Prior Learning (RPL)

RPL is the process of recognising previous formal, informal or experiential learning so that the learner avoids having to repeat learning/assessment within a new qualification. RPL is a broad concept and covers a range of possible approaches and outcomes to the recognition of prior learning (including credit transfer where an Awarding Organisation has decided to attribute credit to a qualification).

The use of RPL encourages transferability of qualifications and/or units, which benefits both learners and employers. SFJ Awards support the use of RPL, and centres must work to the principles included in Section 6 Assessment and Quality Assurance of the SFJ Awards Centre Handbook and outlined in SFJ Awards Recognition of Prior Learning Policy.

12. Equality and Diversity

Centres must comply with legislation and the requirements of the RQF relating to equality and diversity. There should be no barriers to achieving a qualification based on:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Reasonable adjustments are made to ensure that learners who are disabled or who have additional learning needs are not disadvantaged in any way. Learners must declare their needs prior to the assessment and all necessary reasonable adjustment arrangements must have been approved by SFJ Awards and implemented before the time of their assessment.

All cases where reasonable adjustment has been used must be fully documented, made available for external quality assurance and retained for a minimum of 3 years.

Further information is available in the SFJ Awards Reasonable Adjustments and Special Considerations Policy and the SFJ Awards Equality of Opportunity Policy.

SFJ Awards will conduct Equality Impact Assessments in the design and development of qualifications to minimise as far as possible any impact on learners with a protected characteristic, disability or additional learning needs.

13. Health and Safety

SFJ Awards are committed to safeguarding and promoting the welfare of learners, employees and volunteers and expect everyone to share this commitment.

SFJ Awards foster an open and supportive culture to encourage the safety and well-being of employees, learners and partner organisations to enable:

- learners to thrive and achieve
- employees, volunteers and visitors to feel secure
- everyone to feel assured that their welfare is a high priority.

Assessment of competence-based qualifications in some sectors can carry a high-risk level due to the nature of some roles. Centres must therefore ensure that due regard is taken to assess and manage risk and have procedures in place to ensure that:

- qualifications can be delivered safely with risks to learners and those involved in the assessment process minimised as far as possible
- working environments meet relevant health and safety requirements.

Appendix 1 – Exemplar Casualty Care Equipment List

Casualty Care Equipment Carried on First Line Appliance	
PPE	Medical Gloves
	Eye protection - glasses / face shield / goggles
	FFP3 - face mask
	IIR type face mask
	Plastic apron
	Plastic sleeve protectors
	Shoe covers
	Coverall suits - splash resistant
BLS + AED	AED unit
	AED Pads (Adult)
	AED Pads (Paediatric)
	BVM - Adult
	BVM - Paediatric
Life-threatening Bleed	Tourniquets
	Haemostatic agents & wound packing
Spinal	Neck Collars Adult
Airway	Suction Device - Manual Pump
	Oropharyngeal airway (OP) - Adult sizes
	Oropharyngeal airway (OP) - Paediatric sizes
	Nasopharyngeal airway (NPA) - Adult sizes
	Nasopharyngeal airway (NPA) - Paediatric sizes
	Supraglottic Airway device - I gel - Adult sizes
	Supraglottic Airway device - I gel - Paediatric sizes
Breathing	Stethoscope
	Chest seals device
	Pulse oximetry - SPO2 device
	Oxygen
	Nonrebreather reservoir masks - Adult
	Nonrebreather reservoir masks - Paediatric
	Nasal cannula mask
	28% Venturi mask
Circulation Inc Haemorrhage control	Standard Wound Dressings - multi sizes
	Haemostatic dressings (celox / Chito Gauze)
	Trauma dressings / blast bandages
	Tourniquets x2
	Pelvic split
	Traction splint
Disability	Pen torch - pupil assessment device
Exposure	Set of tuff cut scissors
	Thermal blanket
	Active heating blanket

Casualty Handling	Casualty handling / lifting sling
	Vacuum splints for limb / joint injury
	Splint device (Sam splint or similar)
Chemical & thermal Injury	Cling film
	Burn gel dressings
	Access to water for cooling & Irrigation of chemical
Medical DRUGS	Oxygen
	Adrenaline - EPI pen auto injector
	Entonox - Nitrous oxide Gas
	Penthrox
	Salbutamol for nebulisation
	Ipratropium bromide (Atrovent) for nebulisation
	Aspirin 300mg
	GTN spray 400mcg metered dose
	Glucose 40% oral gel
	Naloxone (intranasal)
	Tranexamic Acid IM

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