

First Aid at Work and Emergency First Aid at Work

Qualification Handbook

Qualification Number: 610/1548/9, 610/1549/0 Qualification Start Date: 30th September 2022

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Version	Date of issue	Amendment(s)	Page
1	September 2022	N/A	
2	October 2024	Changed 'catastrophic' bleeding to 'life-threatening' bleeding to match FAQP guidance	12

1. Introduction

1.1. About us

SFJ Awards is part of the Workforce Development Trust, together with Skills for Justice and Skills for Health. For over 10 years **Skills for Health and Skills for Justice** have been working with employers, Governments of the UK and agencies within the skills system, to better equip workforces with the right skills now and for the future.

During this time both Skills for Health and Skills for Justice have earned an enviable reputation for their knowledge of the health and justice sectors and their proactive approach to the development of skills and qualifications, along with an ability to deliver genuinely workable solutions for the employers they represent.

SFJ Awards is an awarding organisation that builds upon this reputation. We work with employers in the policing, community safety, legal, armed forces and health sectors and understand their specific challenges, enabling us to quality assure learning outcomes that are suited to the needs of the sectors.

Customer satisfaction is the cornerstone of our organisation, and is delivered through an efficient service, providing excellent value for money.

1.2. Customer Service Statement

Our Customer Service Statement is published on 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 Consult House Meadowcourt Business Park 4 Hayland Street Sheffield S9 1BY

Tel: 0114 284 1970 E-mail: <u>info@sfjawards.com</u> Website: <u>www.sfjawards.com</u>

2. The Qualification

2.1. Overall Objective for the Qualification

This handbook relates to the following qualification:

SFJ Awards Level 3 Award in First Aid at Work

SFJ Awards Level 3 Award in Emergency First Aid at Work

The main objective of these qualifications is to provide learners with the knowledge and skills to become first aiders in the workplace. The qualifications meet the requirements of the Health and Safety Executive (HSE) First Aid Regulations for training first aiders in those organisations that have identified the need for staff to be trained to this level within their first aid needs assessments. In line with guidance provided by the HSE, the qualifications are valid for a period of 3 years from the date of the award.

2.2. Pre-entry Requirements

There are no pre-entry requirements for enrolling on these qualifications.

However, centres must ensure that learners are able to complete the qualifications, for example, through completing a skills scan to ensure they can work at the appropriate level, are proficient in the use of English language and physically capable of completing the practical activities involved.

2.3. Qualification Structure

SFJ Awards Level 3 Award in First Aid at Work

Mandatory Unit			
Unit Reference Number	Unit Title	Level	Credit Value
J/650/4320	Emergency First Aid in the Workplace	3	1
K/650/4321	Recognition and Management of Illness and Injury in the Workplace	3	1

SFJ Awards Level 3 Award in Emergency First Aid at Work

Mandatory Unit			
Unit Reference Number	Unit Title	Level	Credit Value
J/650/4320	Emergency First Aid in the Workplace	3	1

2.4. Age restriction

These qualifications are available to learners aged 16 years and over and are regulated in **England** and Wales.

2.5. Total Qualification Time (TQT)

Values for Total Qualification Time, 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.

Qualification Title	TQT	GLH
SFJ Awards Level 3 Award in First Aid at Work	22	18
SFJ Awards Level 3 Award in Emergency First Aid at Work	7	6

2.6. First Aid at Work Requalifying

Learners who have previously attained the First Aid at Work qualification should re-qualify by undertaking the full qualification again. Providing the learner's First Aid at Work certificate has not expired by more than 1 calendar month (e.g. expired on 5th, started course on or before 4th of the following month), the contact hours may be reduced to 12 hours over 2 days. Learners must be assessed against all learning outcomes and assessment criteria in the units. To attend the shorter re-qualification course, learners should provide evidence of their previous First Aid at Work qualification.

Centres and employers should be aware that if a workplace first aider's certificate expires, they will not be accepted as a first aider for the purposes of the First Aid at Work Regulations until they have re-taken the qualification.

2.7. Standards for Duration, Certification and Delivery

Centres must adhere to the following conditions as stated in the FAAOF Delivery Standards for Regulated First Aid Qualifications (<u>https://faaof.org/delivery-standards/</u>):

	SFJ Awards Level 3 Award in First Aid at Work					
Minimum Contact Hours ¹	Minimum Days²	Maximum Weeks ³	Minimum Session⁴	Learner/ Trainer Ratio⁵	Certificate Validity ⁶	Annual Refresher ⁷ (recommended)
18	3	10	2	12:1	3 years	Yes

	SFJ Awarc	ls Level 3 Aw	ard in First	Aid at Work	(Re-qualificat	ion)
Minimum Contact Hours ¹	Minimum Days²	Maximum Weeks ³	Minimum Session⁴	Learner/ Trainer Ratio⁵	Certificate Validity ⁶	Annual Refresher ⁷ (recommended)
12	2	7	2	12:1	3 years	Yes

	SFJ Awards Level 3 Award in Emergency First Aid Work					
Minimum Contact Hours ¹	Minimum Days²	Maximum Weeks ³	Minimum Session⁴	Learner/ Trainer Ratio⁵	Certificate Validity ⁶	Annual Refresher ⁷ (recommended)
6	N/A	4	2	12:1	3 years	Yes

1. Time set aside for direct classroom teaching and assessing excluding breaks.

- 2. Minimum number of days over which the training should be delivered.
- 3. Maximum number of weeks over which the qualification can be attained. Special considerations may be taken into account to increase this duration if necessary.
- 4. Minimum duration of anyone training session.
- 5. Maximum number of learners per trainer or learners per assessor at any one time.
- 6. Validity period of certificate to be calculated from the date of achievement of the final unit.
- 7. Annual refresher courses are recommended to maintain learner acquired levels of knowledge and competence.

Blended Learning is permitted under the following circumstances **only** as specified in the FAAOF Blended Learning in First Aid Quality Assurance Standards (<u>https://faaof.org/blended-learning/</u>):

• The time taken to complete the first aid course should not be reduced. There may be a benefit in flexibility, but blended learning should not reduce the overall time required to take the course.

- The employer should provide paid time for the employee to undertake the training. The employee should not be required to take the distance-learning element of the course in their 'own' time.
- Following completion of the distance element of learning, the learner must be assessed by a suitably qualified First Aid Assessor (who has qualifications and experience as described in the Assessment Principles for Regulated First Aid Qualifications document or HSE's GEIS3). The First Aid assessor must be satisfied that all the assessment criteria for the learning outcomes delivered via distance learning have been met. Auditable evidence should be generated. It is the training provider's responsibility to confirm the identity of the learner and the authenticity of the evidence.
- The assessment should be quality assured following national occupational standards (NOS).
- A minimum face-to-face learning duration is as follows:

Course	Total course minimum hours duration	Minimum face-to-face learning hours
First Aid at Work	18	12
First Aid at Work (Requalifying)	12	6
Emergency First Aid at Work	6	4

• The general practical elements of the training course are the learning outcomes that should be delivered and assessed face-to-face.

Note:

- **Distance learning:** eLearning or virtual classroom learning
- Face-to-face: in the same room (not via the internet)

Lesson Plans: Centres should plan and deliver training in accordance with detailed lesson plans, detailing timetables for delivery, aims, outcomes and objectives for each session, learner and trainer activity. Training should be delivered to the principles set out in NOS 7 Facilitate Individual Learning and Development.

End of Course Evaluation: Centres should have an evaluation procedure, based on learner feedback, to evaluate the ability of trainers/assessors, the structure and content of the course, the equipment used and the training venue.

Internal Quality Assurance: In addition to monitoring assessments, IQA monitoring undertaken by centres should also verify the trainer's ability in teaching first aid.

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

- By the Resuscitation Council (UK); and
- In other publications, provided that they are supported by a responsible body of medical opinion.

2.8. Opportunities for Progression

These qualifications create a number of opportunities for progression into other 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 <u>www.sfjawards.com</u> or on request from SFJ Awards.

3. Qualification Units

Title:	Emergenc	y First Aid in the Workplace	
Level:	3		
Credit value:	1		
GLH:	6		
Learning out		Assessment criteria	Indicative Content
The learner wi 1. Understand and respond of a first aid	d the role sibilities	The learner can: 1.1 Identify the role and responsibilities of a first aider	 Identification of the roles and responsibilities of a first aider may include: Preventing cross infection Recording incidents and actions Safe use of available equipment Assessing an incident Summoning appropriate assistance Prioritising treatment
		1.2 Identify how to minimise the risk of infection to self and others	 Dealing with post incident stress Minimising the risk of infection may include: Personal Protective Equipment (PPE) Hand hygiene Disposal of contaminated waste Using appropriate dressings Barrier devices during rescue breaths Covering own cuts Others may include casualties, work colleagues or people within the workplace environment.
		1.3 Identify the need for consent to provide first aid	Identifying the need to gain consent may include: • Gaining consent • Implied consent
2. Be able to emergency safely		2.1 Conduct a scene survey	 Conducting a scene survey may include: Checking for further danger Identifying the number of casualties Evaluating what happened Prioritising treatment

		Delegating tasks
	2.2 Conduct a primary survey of a	The primary survey sequence
	casualty	may include:
		Danger
		-
		Response
		Airway
		Breathing
		Circulation
	2.3 Summon appropriate	Summoning appropriate
	assistance when necessary	assistance may include:
		Chauting for halo
		Shouting for help
		Calling 999/112 via
		speakerphone or bystander
		 Leaving the casualty to call 999/112
		Calling an NHS emergency
		helpline such as 111
3. Be able to provide	3.1 Identify when to administer	Identifying when to administer
first aid to an unresponsive	Cardiopulmonary Resuscitation (CPR)	CPR must include:
-		 When the casualty is
casualty		unresponsive and:
		 Not breathing
		 Not breathing
		normally/agonal
		breathing
		Ğ
	3.2 Demonstrate adult CPR using	Demonstrating CPR must
	3.2 Demonstrate adult CPR using a manikin	
	-	Demonstrating CPR must
	-	Demonstrating CPR must include:
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth • 100-120 per minute
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth • 100-120 per minute • 2 rescue breaths
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth • 100-120 per minute • 2 rescue breaths • Correct rescue
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth • 100-120 per minute • 2 rescue breaths • Correct rescue breath positioning
	-	Demonstrating CPR must include: • 30 chest compressions • Correct hand positioning • 5-6cm compression depth • 100-120 per minute • 2 rescue breaths • Correct rescue breath positioning • Blowing steadily
	-	Demonstrating CPR must include:
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to
	-	Demonstrating CPR must include:
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths AED (Defibrillator)
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths AED (Defibrillator) Correct placement
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths AED (Defibrillator) Correct placement of AED pads
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths AED (Defibrillator) Correct placement of AED pads Following AED
	-	 Demonstrating CPR must include: 30 chest compressions Correct hand positioning 5-6cm compression depth 100-120 per minute 2 rescue breaths Correct rescue breath positioning Blowing steadily into mouth (about 1 sec to make chest rise) Taking no longer than 10 seconds to deliver 2 breaths AED (Defibrillator) Correct placement of AED pads

		CPR – minimum demonstration
		time of 2 minutes at floor level.
		May additionally include use of rescue breath barrier devices.
	3.3 Identify when to place a casualty into the recovery position	Identifying when to place the casualty into the recovery position should include when the casualty has lowered levels of response and: Does not need CPR Is breathing normally Is uninjured
		An injured casualty may be placed in the recovery position if the airway is at risk (e.g. fluids in the airway or you need to leave the casualty to get help)
	3.4 Demonstrate how to place a casualty into the recovery position	 Placing a casualty into the recovery position may include: Placing in a position that maintains a stable, open, draining airway at floor level Continually monitoring airway and breathing Turning the casualty onto the opposite side every 30 minutes Placing heavily pregnant
	3.5 Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position	 casualty on their left side Continually monitoring airway and breathing includes: Continual checking for normal breathing to ensure that cardiac arrest can be
	3.6 Identify how to administer first aid to a casualty who is experiencing a seizure	 identified immediately Administering first aid to a casualty having a generalised seizure may include: Keeping the casualty safe (removing dangers) Noting the time and duration of the seizure
		 Opening airway and checking breathing post seizure Determining when to call 999/112
 Be able to provide first aid to a casualty who is choking 	4.1 Identify when a casualty is choking	Identifying mild choking may include recognising the casualty is able to: • Speak

		Court
		CoughBreathe
		Identifying severe choking may
		include recognising the casualty
		is:
		Unable to cough effectively
		Unable to speak
		Unable or struggling to
		breathe
		In visible distressUnconscious
	4.2 Demonstrate how to	Administering first aid for choking
	administer first aid to a casualty	should include the following:
	who is choking	 Encouraging to cough
	5	 Up to 5 back blows
		• Up to 5 abdominal thrusts
		 Calling 999/112 when
		required
		CPR if unconscious
		Demonstration must be simulated
		using a training device – not
		another learner.
5. Be able to provide	5.1 Identify whether external	Identifying the severity of arterial
first aid to a casualty	bleeding is life-threatening	bleeding may include recognising
with external		the blood:
bleeding		Is under pressure
		 Spurts in time with the heartbeat
		liealibeat
		Recognition that arterial
		bleeding is a life-threatening
		emergency
		Identifying the severity of venous
		bleeding may include recognising
		the blood:
		Volume in veins is
		comparable to arteries
		 Flows profusely from the wound
		Recognition that venous
		bleeding is a life-threatening
		emergency
		For context - identifying capillary
		bleeding may include recognising
		that blood trickles from the
		wound. Capillary bleeding is not
		a life-threatening emergency.

		5.2 Demonstrate how to administer first aid to a casualty with external bleeding	Administering first aid for external bleeding may include: Maintaining aseptic technique Siting or laying the casualty Examining the wound Applying direct pressure onto (or into) the wound Dressing the wound Life-threatening bleeding treatment may include: Wound packing Tourniquet application Improvised tourniquet
6.	Know how to provide first aid to a casualty who is suffering from shock	6.1 Recognise when a casualty is suffering from shock	 application Shock: hypovolaemic shock (resulting from blood loss) Hypovolaemic shock recognition may include: Pale, clammy skin Fast, shallow breathing Rise in pulse rate Cyanosis Dizziness/passing out when sitting or standing upright
		6.2 Identify how to administer first aid to a casualty who is suffering from shock	Administering first aid for hypovolaemic shock may include: Treating the cause Casualty positioning Keeping the casualty warm Calling 999/112
7.	Know how to provide first aid to a casualty with minor injuries	 7.1 Identify how to administer first aid to a casualty with: Small cuts Grazes Bruises Small splinters Nosebleeds 	 Administering first aid for small cuts and grazes may include: Irrigation Dressing Administering first aid for bruises may include: Cold compress for 10 minutes Small splinter removal may include the following steps: Cleaning of area Remove with tweezers Dress Administering first aid for a nosebleed may include: Sitting the casualty down, head tipped forwards

	7.2 Identify how to administer first aid to a casualty with minor burns and scalds	 Pinching the soft part of the nose Telling the casualty to breathe through their mouth Administering first aid for minor burns and scalds may include: Cooling for 20 minutes Removing jewellery and loose clothing Covering the burn Determining when to seek advice
Additional information al	bout the unit	
Indicative Content	The purpose of the indicative contend indication of the context behind eac intended to be exhaustive or set an	ch assessment criteria. This is not
Unit Purpose and Aims	Purpose of the unit is for the learne competences required to deal with situations.	•
Details of the relationship between the unit and relevant NOS or other professional standards or curricula (if appropriate)	First Aid at Work Health and Safety Guidance on Regulations (L74) Re Guidelines.	· · ·
Assessment requirements or guidance specified by a sector or regulatory body (if appropriate)	This unit should be delivered, asse accordance with FAAOF Assessme Aid Qualifications	
Support for the unit from an SSC or other appropriate body	Health and Safety Executive	
Location of the unit within the subject/sector classification system	Health and Social Care	
Availability for use	Restricted to AOs who meet the Te Awarding Organisation Forum	erms of Reference of the First Aid
Simulation	Simulation is permitted in this unit. assessed by practical demonstration	•

Title:	Recognition	and Management of Illness and I	Injury in the Workplace
Level:	3		
Credit value:	1		
GLH:	12		
Learning outo		Assessment criteria The learner can:	Indicative Content
1. Be able to secondary	conduct a	1.1 Identify the information to be collected when gathering a casualty history	 Information to be collected when gathering a casualty history may include: Signs and symptoms Event history Allergies Past medical history Last meal Medication
		1.2 Demonstrate how to conduct a head to toe survey	 Performing a systematic check of the casualty may include: Head and neck Shoulders and chest Abdomen Legs and arms Head to toe survey: must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).
2. Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints	 2.1 Recognise a suspected: Fracture or dislocation Sprain or strain 	Recognising fractures, dislocations, sprains and strains may include: Pain Loss of power Unnatural movement Swelling or bruising Deformity Irregularity Crepitus Tenderness	
		 2.2 Identify how to administer first aid for a casualty with suspected: Fracture or dislocation Sprain or strain 	 Administering first aid for fractures and dislocations may include: Immobilising / keeping the injury still Calling 999/112, or Arranging transport to hospital Administering first aid for sprains and strains may include:

		Rest
		• Ice
		Compression/comfortable
		support
		Elevation
	2.3 Demonstrate how to apply:	Demonstrating the application of a
	A support sling	sling must include:
	An elevated sling	A support sling
		 An elevated sling
3. Be able to provide first	3.1 Recognise a suspected:	Recognising concussion,
aid to a casualty with	Head injury	compression and fractured skull
suspected head and	Spinal injury	may include:
spinal injuries		 Mechanism of injury
		 Signs and symptoms
		Conscious levels
		Recognising spinal injury may
		include:
		 Mechanism of injury
		 Pain or tenderness in the neck
		or back
		Head injury: includes concussion,
		compression and skull fracture.
		The learner is not expected to
		differentiate between these
		conditions.
	2.2 Identify how to administer	Administering first aid for a head
	3.2 Identify how to administer first aid for a suspected	injury may include:
	head injury	Determining when to call
		999/112
		 Maintaining airway and
		breathing
		Monitoring response levels
		Dealing with fluid loss
	3.3 Demonstrate how to	Administering first aid for spinal
	administer first aid for a	injuries may include:
	casualty with a suspected	• Calling 999/112
	spinal injury	• Keeping the head and neck in-
		line
		Safe method(s) of placing the
		casualty into a recovery position
		whilst protecting the spine (if the
		airway is at risk)
4. Know how to provide	4.1 Identify how to administer	Administering first aid for
first aid to a casualty	first aid for suspected:	suspected rib fracture may include:
with suspected chest	Fractured ribs	• Calling 999/112
injuries	 Penetrating chest injury 	Casualty positioning
-		 Supporting the injury

5. Know how to provide first aid to a casualty with burns and scalds	5.1 Identify how to recognise the severity of burns and scalds	 Administering first aid for a penetrating chest injury may include: Calling 999/112 Casualty positioning Controlling bleeding around the wound (without covering the wound) Leaving a sucking chest wound open to fresh air Recognising the severity of burns and scalds may include: Cause Age Burn/scald size Depth Location
	 5.2 Identify how to administer first aid for burns involving: Dry/wet heat Chemicals Electricity 	 Administering first aid for dry/wet heat burns may include: Cooling the burn Removing jewellery and loose clothing Covering the burn Determining when to call 999/112 Administering first aid for chemical burns may include: Ensuring safety Brushing away dry/powder chemicals Irrigating with copious amounts of water (unless contra- indicated) Treating the face/eyes as priority Administering first aid for electrical burns may include Ensuring it is safe to approach/touch the casualty Checking DRABC and treating accordingly Cooling the burns
 Know how to provide first aid to a casualty with an eye injury 	 6.1 Identify how to administer first aid for eye injuries involving: Dust Chemicals 	 Administering first aid for dust in the eye may include: Irrigation with clean water Ensuring the water runs away from the good eye

	Embedded objects	 Administering first aid for a chemical in the eye may include: Irrigation with large volumes of clean water (unless contra-indicated due to the chemical involved) Ensuring the water runs away from the good eye Calling 999/112 Administering first aid for an embedded object in the eye may include: Covering the injured eye Ensuring the good eye is not used (cover if needed) Calling 999/112 or arranging the period
7. Know how to provide first aid to a casualty with suspected poisoning	 7.1 Identify how poisonous substances can enter the body 7.2 Identify how to administer first aid to a casualty with suspected sudden poisoning 	 transport to hospital Identification of the following routes a poison can enter the body may include: Ingested (swallowed) Inhalation (breathed in) Absorbed (through the skin) Injected (directly into skin tissue, muscles or blood vessels) Administering first aid for corrosive substances may include: Ensuring your own safety Substances on the skin – diluting and washing away with water Swallowed substances – rinsing out the mouth then giving frequent sips of milk or water (subject to sufficient levels of response) Calling 999/112 and giving information about the poison if possible Protecting airway and breathing Resuscitation if necessary, using PPE/barrier devices Administering first aid for non- corrosive substances may include: Ensuring your own safety Calling 999/112, and giving information about the poison if possible

		nancible
		 possible Protecting airway and breathing Resuscitation if necessary, using PPE/barrier devices
8. Be able to provide firs aid to a casualty with anaphylaxis	8.1 Recognise suspected anaphylaxis	 Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem: Airway: swelling of the tongue, lips or throat Breathing: difficult, wheezy breathing or tight chest Circulation: dizziness, feeling faint or passing out pale, cold clammy skin and fast pulse nausea, vomiting, stomach cramps or diarrhoea There may also be skin rash,
	8.2 Identify how to administer first aid for a casualty with suspected anaphylaxis	 swelling and/or flushing Administering first aid for anaphylaxis may include: Calling 999/112 Correct casualty positioning Assisting to use their adrenaline auto-injector Resuscitation if required
	8.3 Demonstrate the use of a 'training device' adrenaline auto-injector	The use of a 'training device' adrenaline auto-injector: must be demonstrated using a training device and NOT a live auto- injector
9. Know how to provide first aid to a casualty with suspected major illness	 9.1 Recognise suspected: Heart Attack Stroke Epileptic seizure Asthma attack Diabetic hypoglycaemic emergency 	 Recognising a heart attack may include: Sudden onset Crushing chest pain Skin appearance (e.g., pale, grey, sweaty) Variable pulse Shortness of breath Recognising stroke may include performing the EAST test:
		performing the FAST test: F : Face A : Arms S : Speech

	 9.2 Identify how to administer first aid to a casualty suffering from: Heart Attack Stroke Epileptic seizure Asthma attack Diabetic hypoglycaemic emergency 	 T: Time to call 999/112 Other stroke symptoms include sudden problems with balance, walking, dizziness, coordination, vision, and severe headache. Recognising an epileptic seizure may include the following patterns: Aura Tonic phase Clonic phase Clonic phase Recovery phase Recognising an asthma attack may include: Difficulty breathing and speaking Wheezy breathing Pale and clammy skin Cyanosis Use of accessory muscles Recognising a diabetic hypoglycaemic emergency may include: Fast onset Lowered levels of response Pale, cold and sweaty skin Normal or shallow breathing Calling 999/112 Calming and reassurance Assisting to take an aspirin if indicated Administering first aid for a stroke may include: Maintain airway and breathing Correct casualty positioning Calling 999/112 Calming first aid for a stroke may include: Maintain airway and breathing Correct casualty positioning Calling 999/112 Administering first aid for a stroke may include: Maintain airway and breathing Correct casualty positioning Calling 999/112
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Additional information ab	 Determining when to call 999/112 Post seizure care, including monitoring of airway and breathing Administering first aid for an asthma attack may include: Correct casualty positioning Assisting a casualty to take their reliever inhaler and use a spacer device Calming and reassurance Determining when to call 999/112 Administering first aid for a diabetic hypoglycaemic emergency may include: Giving 15-20g of glucose for conscious casualties (subject to sufficient response levels) Providing further food or drink if casualty responds to glucose quickly Determining when to call 999/112
Indicative Content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.
Unit Purpose and Aims	Purpose of the unit is for the learner to attain knowledge and practical competences required to deal with a range of workplace first aid situations
Details of the relationship between the unit and relevant NOS or other professional standards or curricula (if appropriate)	First Aid at Work Health and Safety (First Aid) Regulations 1981 Guidance on Regulations (L74) Resuscitation Council (UK) Guidelines
Assessment requirements or guidance specified by a sector or regulatory body (if appropriate)	Unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications
Support for the unit from an SSC or other appropriate body	Health and Safety Executive
Location of the unit within the subject/sector classification system	Health and Social Care

Availability for use	Restricted to AOs who meet the Terms of Reference of the First Aid Awarding Organisation Forum
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 1.2, 2.3, 3.3, 8.3

4. Centre Requirements

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 (IQA) processes and procedures and is available in the centres' area of the SFJ Awards website http://sfjawards.com/approved-centres.

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, and
- have access to appropriate training and support.

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 qualification handbook should be used in conjunction with the SFJ Awards Centre Handbook, the SFJ Awards Assessment Guidance and the SFJ Awards Quality Assurance (Internal and External) Guidance, available in the centres' area of the SFJ Awards website http://sfjawards.com/approved-centres or on request from SFJ Awards.

4.1. Training Venue and Equipment Requirements

Centres must ensure that the	hey have the following:
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Resuscitation manikins	Should be provided at a minimum ratio of 1 manikin per 4 learners. For Paediatric First Aid, 1 child manikin per 4 learners and 1 baby manikin per 4 learners should also be provided.
Hygiene	Sufficient procedures must be in place to ensure hygiene during the use of resuscitation manikins and other training equipment.
AV Equipment and training aids	Sufficient audio-visual equipment and training aids should be available to facilitate learning using varying teaching methods.
Learning materials	Learners should be provided with clear and accurate reference books/handouts covering the topics included in the qualification. Learners should have access to these reference materials for the validity of their certification.
AED Trainers	For qualifications that include training in the use of an AED, at least one AED trainer should be available per 4 learners. Where fewer AED trainers are provided, learning

	hours/lesson plans should be adjusted accordingly to ensure learners are not disadvantaged.
Bandages and dressings	Sufficient clean bandages, dressings and other items commonly found in a first aid kit must be available to facilitate training and assessment.
	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient:
Training Venue	Size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.

5. Assessment

5.1. Qualification Assessment Methods

Assessment methods that can be used for the SFJ Awards Level 3 Award in First Aid at Work and SFJ Awards Level 3 Award in Emergency First Aid at Work are:

- Portfolio of Evidence
- Practical Demonstration / Assignment

The assessment is conducted using the SFJ Awards Level 3 Award in First Aid at Work and SFJ Awards Award in Emergency First Aid at Work Assessment Workbook which is available to download from Odyssey. This assessment workbook is internally marked, and quality assured by the centre, using the provided marking guidance, and externally quality assured by SFJ Awards. All assessment criteria in the unit(s) must be met to achieve the qualification. Centres **are not** permitted to use their own workbook and **must use the assessment workbook provided by SFJ Awards**.

The assessment is designed to determine a learner's ability to act safely, promptly, and effectively when an emergency occurs at work and to deal with a casualty. Assessment may take place at any time during the delivery of these qualifications and does not need to be done as a final assessment. It is however a requirement for the learner to be aware that assessment is taking place. All knowledge and practical assessment evidence must be retained for a minimum of 3 years for audit purposes.

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 (IQA) processes and procedures. All assessment is subject to external quality assurance by SFJ Awards.

Knowledge Assessment

The knowledge-based assessment criteria are presented in a question format and can be assessed by written answer or by oral questioning. If using written question and answer, this must be internally marked by the assessor. If using oral question and answer, the answers must be transcribed and marked by the assessor.

Practical Assessment

Practical skills can be assessed during or after delivery. A record of the learner's performance must be completed by the assessor in the workbook.

Simulation is permitted. Further details are included within the unit(s). Proposed simulations must be reviewed to ensure they are fit for purpose as part of the IQA's pre-delivery activity.

5.2. Assessor and Internal Quality Assurer and Requirements

All trainers, assessors, internal quality assurers and external quality assurers must meet the requirements stipulated within the FAAOF Assessment Principles for Regulated First Aid Qualifications (<u>https://faaof.org/assessment-principles/</u>).

Note, the below details the requirements of trainers and assessors separately. It is accepted, however, that both roles may be performed by the same person, providing the qualifications and experience requirements for both roles are met.

Trainer Requirements

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

Occupational knowledge and competence in first aid – evidenced by:

Holding a First Aid at Work qualification / medical registration as detailed in Appendix 1

Knowledge and competency in teaching / training first aid – evidenced by:

- Holding an acceptable teaching / training qualification as detailed in Appendix 2
 AND either:
- Providing an acceptable log of teaching first aid within the last 3 years
 OR
- Providing an acceptable record of competently teaching theoretical and practical first aid sessions under the supervision of a suitably qualified trainer / assessor

Assessor Requirements

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

Occupational knowledge and competence in first aid – evidenced by:

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

Knowledge and competency in assessing first aid – evidenced by:

- Holding an acceptable assessing qualification / CPD Training as detailed in Appendix 2
 AND either:
- Providing an acceptable log of first aid assessments conducted within the last 3 years
 OR
- Providing an acceptable record of competently assessing theoretical and practical first aid qualifications under the supervision of a suitably qualified assessor.

Assessors must also:

- have gained their occupational competence by working in the sector relating to the units or qualifications they are assessing. This means 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 units they are assessing as a practitioner, trainer or manager
- be able to interpret and make judgements on current working practices and technologies within the area of work.

Internal Quality Assurer (IQA) Requirements

Those involved in the internal quality assurance of these qualifications (IQAs) must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. IQAs must show:

Occupational knowledge and competence in first aid – evidenced by:

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

Knowledge and competency in internal quality assurance – evidenced by:

 Holding an acceptable internal quality assurance qualification/CPD training as detailed in Appendix 3

Internal quality assurers (IQAs) must also:

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

External Quality Assurance (EQA) Requirements

Those involved in the external quality assurance of these qualifications (EQAs) must have knowledge and competency in first aid as well as knowledge and competency in external quality assurance. EQAs must show:

Occupational knowledge and competence in first aid – evidenced by:

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

Knowledge and competency in external quality assurance – evidenced by:

• Holding an acceptable external quality assurance qualification as detailed in Appendix 4

External quality assurers (EQAs) must also:

- have knowledge of the requirements of the qualification they are quality assuring at the time any assessment is taking place
- have knowledge and understanding of the role of assessors and internal quality assurers.

5.3. 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.

Occupational Competence

Expert witnesses must, according to current sector practice, be competent in the functions covered by the units 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.

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.

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.¹ Further information on qualification levels is included in the SFJ Awards Assessment Guidance. Evidence must be:

Valid

.

Authentic

- Current
- Reliable.

• Sufficient

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

¹ Qualification and Component Levels, Ofqual November 2018,

https://www.gov.uk/guidance/ofqual-handbook/section-e-design-and-development-of-qualifications

5.4. Standardisation

Internal and external standardisation is required to ensure the consistency of evidence, assessment decisions and qualifications awarded over time. Written/audio/electronic records of all standardisation must be maintained, including records of all involved parties.

IQAs should facilitate internal standardisation events for assessors to attend and participate to review evidence used, make judgments, compare quality and come to a common understanding of what is sufficient. In addition, it is also good practice to participate in external standardisation activities. SFJ Awards will facilitate external standardisation events which are open to centres and their teams.

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

5.5. Recognition of Prior Learning (RPL)

Recognition of prior learning (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 supports 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.

5.6. 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
- Gender reassignment

Race

Pregnancy and maternity

- Religion and belief
- Sexual orientation

• Marriage and civil partnerships

Reasonable adjustments are made to ensure that learners who have specific 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.

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



5.7. Health and Safety

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

SFJ Awards fosters 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 the justice sector 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: Occupational Knowledge and Competence in First Aid

All trainers, assessors, internal quality assurers and external quality assurers must have occupational knowledge and competence in first aid.

This may be evidenced by:

 Holding a qualification issued by an Ofqual / SQA Accreditation / Qualifications Wales / CCEA Regulation recognised Awarding Organisation/Body (or equivalent²) as follows:

Qualification delivered:	Minimum qualification to be held by the trainer / assessor / IQA / EQA⁵
First Aid at Work or	First Aid at Work
Emergency First Aid at Work	

Or

• Current registration as a Doctor with the General Medical Council (GMC)³

Or

• Current registration as a Nurse with the Nursing and Midwifery Council (NMC)⁶

Or

• Current registration as a Paramedic with the Health and Care Professions Council (HCPC)⁶

² If the Trainer/Assessor/IQA/EQA holds a non-regulated first aid qualification the Awarding Organisation/Body should undertake due diligence to ensure current occupational knowledge and competence.

³ Registered healthcare professionals must act within their scope of practice and therefore have current expertise in First Aid to teach/assess the subject.



Appendix 2: Acceptable Training / Assessing Qualifications

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

Qualification	Train	Assess [*]
CURRENT QUALIFICATIONS (available for new trainers / assessors to	undertake):
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)	\checkmark	✓
Cert Ed/PGCE/B Ed/M Ed	\checkmark	\checkmark
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)	~	~
Planning and Delivering Training 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		\checkmark
Level 3 Certificate in Assessing Vocational Achievement		\checkmark
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)		~
OTHER ACCEPTABLE QUALIFICATIONS:		
CTLLS/DTLLS	✓	✓
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	\checkmark	✓
IHCD Instructor Certificate	\checkmark	\checkmark



English National Board 998	✓	✓
Nursing mentorship qualifications	✓	✓
NOCN Tutor Assessor Award	✓	✓
S/NVQ level 3 in training and development	\checkmark	\checkmark
S/NVQ level 4 in training and development	\checkmark	\checkmark
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)	\checkmark	
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)		\checkmark
A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance		~
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		\checkmark

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



Appendix 3: Qualifications Suitable for Internal Quality Assurance

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

L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 8 (SQA Accredited)

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

Conduct the Internal Verification Process SCQF Level 8 (SQA Unit)

Regulated Qualifications based on the Learning and Development NOS 11 Internally Monitor and Maintain the Quality of Assessment

V1 Conduct Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process

Internally Verify the Assessment Process SCQF Level 8 (SQA Unit)

NOTE:

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



Appendix 4: Qualifications Suitable for External Quality Assurance

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

L&D Unit 12 Externally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 9 (SQA Accredited)

Regulated qualifications based on the Learning and Development NOS 12 Externally Monitor and Maintain the Quality of Assessment

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

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

Conduct External Verification of the Assessment Process SCQF Level 9 (SQA Unit)

V2 Conduct External Quality Assurance of the Assessment Process or D35 Externally Verify the Assessment Process

Externally Verify the Assessment Process SCQF Level 9 (SQA Unit)

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



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The Workforce Development Trust



Skills for **Justice**





SFJ Awards Consult House 4 Hayland Street Sheffield S9 1BY Tel: 0114 284 1970

sfjawards.com