



QNUK Level 3 Award in
First Aid at Work (RQF)
Qualification Specification

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1 Introduction

Qualifications Network Limited (QNUK) is an Awarding Organisation recognised and regulated by the Office of Qualifications and Examinations (Ofqual) in England, the Council for Curriculum, Examinations and Assessment (CCEA) in Northern Ireland and Qualifications Wales.

This specification outlines key information required by users of the qualification to ensure they can make an informed decision about the suitability of the qualification they are taking or proposing to take for the purposes that they intend to use it.

2 Contact us

Please get in touch if you need any advice or guidance with this qualification.

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3 Document control

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4 Qualification objective

This qualification develops the learner's knowledge, understanding and skills in delivering first aid in the workplace and will support a role in the workplace. This qualification meets the requirements for First Aid at Work as outlined in the Health and Safety (First Aid) Regulations 1981 and the Health and Safety (First Aid) Regulations (Northern Ireland) 1982.

5 Sector support and industry recognition

This qualification has been written with the collaboration of members of the First Aid Awarding Organisation Forum (FAAOF).

6 Geographical coverage

This qualification is available across the UK and internationally.

7 Benefit to learners

This qualification will provide learners with the skills, knowledge and understanding to support individuals carrying out a first aid role in the workplace.

8 Progression

Learners could progress to the:

- QNUK Level 3 Award for First Responders (RQF)
- QNUK Level 3 Award for the First Person on the Scene (RQF)
- QNUK Level 3 Award in Basic Trauma and Casualty Care (RQF)
- QNUK Level 3 Award in Rescue Trauma and Casualty Care (RQF)

8.1 Combined qualifications

The QNUK Level 3 Award in Responding to Incidents with an AED (RQF) or the QNUK Award in Responding to Anaphylactic Reactions (RQF) could be delivered alongside this qualification; extra learning time is required to cover the additional content.

9 Recognition of prior learning

QNUK would accept requests for recognition of prior learning (RPL) where a learner is able to provide sufficient, reliable and valid evidence, such as:

- Achievement of the Level 3 Award in Emergency First Aid at Work (RQF)

This must have been achieved recently and no more than 10 weeks can pass between starting The Level 3 Award in Emergency First aid at Work and completing the First aid at work qualification.

10 Qualification information

Qualification Number (QN):	603/2453/3
Learning Aim:	60324533
Total Qualification Time (TQT):	22
Guided Learning Hours (GLH):	18
Credit value:	3
Level:	3
Validity:	3 years
Assessment:	Invigilated MCQ paper, and observed practical tasks
Achieving the qualification:	Learners must achieve the two mandatory units
Time to complete:	Learners must complete the qualification within 10 weeks

11 Qualification structure

Mandatory units

Unit No.	Unit Title	Level	GLH	TUT	Credit
K/616/4940	Emergency First Aid in the Workplace	3	6	7	1
T/616/4942	Recognition and Management of Illness and Injury in the Workplace	3	12	15	2

Optional units

Unit No.	Unit Title	Level	GLH	TUT	Credit
N/A	N/A	N/A	N/A	N/A	N/A

11.1 Rules of combination

Learners must complete both mandatory units

12 Learner entry requirements

Any prior knowledge, skills, understanding or qualifications that are required to undertake this qualification are outlined below:

Learners should be a minimum of 16 years to undertake this qualification

Learners aged 14 - 16 may take the qualification; however, they should not be relied upon to be the sole first aider.

Learners must demonstrate first aid procedures as part of their assessment, as they would in a real work environment, including providing CPR to a casualty on the floor. Therefore, learners must be physically capable of performing CPR on the floor.

Where learners are unable to perform practical tasks, they may opt to undertake the QNUK Level 2 Award in Essential First Aid (RQF)

There are no other pre-requisites for this qualification.

12.1 Language of the assessment

Learners must have sufficient command of the English language to understand and undertake the recommended assessment methods for this qualification.

It is strongly recommended that learners should be working at level 2 literacy.

Learners may use BSL, however in these cases centres may be asked to video record assessments for verification purposes.

13 Learner identification

Anyone undertaking a regulated qualification is required to prove their identity. This ensures only those with a genuine claim to the qualification can make that claim.

Learners who are unwilling or unable to provide a copy of their identification prior to assessment will not be able to complete their qualification.

Identification documents should reflect the learners current legal name. Certificates will be issued in this name.

Learners are required to provide at least 1 form of photo I.D. If photo I.D is not available, 2 forms of non-photographic I.D can be produced.

Acceptable forms of photographic I.D (1 required) are:

- Signed UK Photo card driving licence
- Signed passport (any nationality)
- Valid EU Photo identity card
- SIA security licence (with photo)
- Current and valid warrant card issued by HM forces or Police
- Current and valid Prison service card (with photo)
- Proof of age card
- Employee photo identification card
- Student photo identification card for a recognised educational establishment
- Firearms license (with photo)

Acceptable forms of non-photographic I.D (2 required) are:

- Current driving license – paper version
- Birth certificate
- Marriage/civil partnership certificate
- Mortgage statement (issued within past 12 months)
- Bank or building society statement (issued within last 3 months)
- Bank or building society account opening confirmation letter (issued within last 3 months)
- Credit card statement (issued within last 3 months)
- Pension or endowment financial statement (issued within last 12 months)
- P45 or P60 statement (issued within last 12 months)
- Council tax statement (issued within last 12 months)
- Valid work permit or visa issue by UK government
- Utility bill – excluding mobile phone bill (issued within last 3 months)
- Benefit statement e.g. child benefit, pension (issued within last 3 months)

14 Delivery requirements

This qualification is delivered in a face-to-face setting over a minimum of a 3-day period. Learners should complete the qualification within 10 weeks.

Where learners are undertaking this as a requalification course, they can attend a reduced course. This will be delivered over a minimum of 2-days.

14.1 Venue requirements

14.1.1 Physical classrooms

Classrooms should be suitable for learning and meet all relevant Health and Safety requirements.

Classrooms should:

- have suitable light and heat
- be a suitable temperature
- be free from obtrusive noise and odours
- have sufficient seating
- have suitable surfaces for note taking
- be of a suitable size for learners (approximately 11m³ per learner in a room with 3m high ceilings)
- have access to toilets and welfare facilities
- have access to refreshment facilities

14.1.2 Video conferencing classrooms

Where this qualification is delivered over a video conferencing learners should have a suitable device that allows an appropriate level of interaction. Interaction should include:

- Quiz functionality
- White board
- Audio
- Cameras on policy*

*Where learners are under 18, a 'camera on' policy may impact safeguarding policies. In these cases, a suitable assessment should be made of the appropriateness of cameras on. Where an assessment is being undertaken that requires cameras to be on, any safeguarding concerns must be addressed and managed appropriately in order to maintain the validity and authenticity of the assessment.

14.2 Equipment requirements

Centres are responsible for ensuring this qualification is delivered using the following equipment as a minimum.

- suitable presentation materials
- reference manual (Learners may be required to purchase these separately)
- suitable number of adult resuscitation manikins (one manikin per four learners)
- suitable manikin disinfectant wipes
- suitable number of AED training devices (one unit per four learners)
- first aid kits containing a range of equipment including dressings and bandages as appropriate for the work environment
- a range of adrenaline auto injector training devices (one unit per four learners)
- other first aid equipment as appropriate for the individual setting

Additional equipment may include:

- Example medications such as inhalers and GTN sprays
- Posters and realia

14.3 Blended learning

Blended learning is accepted for this qualification.

Blended learning includes: Live face-to-face learning and assessment, the use of live video conferencing, self study and self-directed e-learning.

Where video conferencing, or self-directed e-learning is used, no more than 1/3rd of the total guided learning hours can be delivered in these formats. The remaining two thirds must be delivered in a live, face-to-face format with learners and assessor being in the same physical location.

14.3.1 E-learning

When using e-learning it is important that:

- the individual being trained knows how to use the technology that delivers the training
- the training provider has an adequate means of supporting the individual during their training;
- the training provider has a robust system in place to prevent identity fraud. This includes gaining copies of the learners I.D, their IP address and tracking them through the course.
- the provider has an appropriate means of assessing the e-learning component of the training.

14.4 Assessor to learner ratio

The maximum assessor to learner ratio for this qualification is 1: 12

14.5 Recommended resources

Learners should have access to a suitable first aid manual for the duration of the course. Examples include:

- Voluntary Aids Society First Aid manual

- First aid at Work Manual from QNUK resources

15 Centre personnel requirements

Centres are required to ensure anyone involved in the delivery, assessment and quality assurance of our qualifications are registered with QNUK and approved to deliver, assess or quality assure the qualification.

Any courses delivered without the above approval will be invalidated.

Internal quality assurers are required to ensure that trainers, assessors and quality assurance staff, and their records, including qualification certificates and CPD are up to date and maintained.

15.1 Trainers/ assessors

Specific details related to the training, assessing, subject knowledge and CPD requirements are outlined in our delivery resource requirements document. This is available on our website.

Those involved in the delivery and assessment of this qualification must:

1. Hold a suitable first aid or medical qualification (type 1) appendix 4, **and**
2. Hold a teaching qualification as listed in appendix 1, **and**
3. Hold an assessing qualification (type 1) as listed in appendix 1, **and**
4. Show current evidence of continuing professional development in teaching, assessment and the subject matter. **and**
5. Provide an acceptable log of teaching first aid within the last 3 years **or**
6. Provide an acceptable record of competently teaching theoretical and practical first aid sessions under the supervision of a suitably qualified assessor

15.2 Internal quality assurers

Internal quality assurers for this qualification must:

Meet the above trainer/ assessor requirements.

They should also:

- meet the qualification requirement for IQAs (type 1) listed in appendix 2 **and**
- show current evidence of continuing professional development in assessment, quality assurance and the subject matter.

16 Assessment requirements

Learners are assessed for this qualification using the following methods:

- Multiple choice examination
- Observation

16.1 Multiple choice examination

The MCQ paper will be taken under examination conditions, i.e. learners will sit a minimum of 1.25 metres apart, will not confer during the examination and no electronic devices (such as mobile phones) or books, including dictionaries, will be permitted.

Language of assessment:	English
Duration:	60 minutes

Pass mark:	70% (28/40)
Grading:	Pass / Fail

Resits

If a learner is unsuccessful with the multiple-choice examination, they can have a second attempt. This must be taken within the time allowed for completion of the qualification.

Where a learner has failed to score 60% or more they should undertake additional training before resitting the assessment.

If a learner fails a second attempt, with or without additional training, they will have failed the qualification and will not be able to resit the assessments.

16.2 Practical observations

Learners are required to undertake a number of practical observations.

These practical's can be in a simulated environment, however the practical should be undertaken as it would in a real environment and in line with the purpose of the qualification.

Language of assessment:	English
Duration:	As required
Pass mark:	100%
Grading:	Pass / Fail

Resits

If a learner is unsuccessful with the practical observation, they can have a second attempt. This must be taken within the time allowed for completion of the qualification.

If a learner fails a second attempt, with or without additional training, they will have failed the qualification and will not be able to resit the assessments.

17 Moderation

This qualification has been rated as QNUK as medium risk. As centre assessors are responsible for assessment decisions, it is subject to both moderation and verification.

Moderation will initially require QNUKs EQA department to moderate or check each assessment decision for the MCQ assessment. We will also ensure centres assessment decisions in regard to practical skills in this, or a closely related subject are verified.

The level of moderation and verification is dependent on the risk level of the centre.

Direct claims status (DCS) may be available for medium or low risk centres who have demonstrated consistent high levels of quality assurance. DCS is reviewed regularly at intervals determined by our Centre Assessment Standards Scrutiny Strategy (CASSS).

Centres should allow for an additional 3 days where assessment decisions are being moderated.

18 Results

The centre is required to submit learner results within 10 working days of assessment to Qualifications Network UK for moderation.

We will issue verified results and appropriate certification to the approved centre within 10 working days of receiving the results.

Centres with DCS will have certificates issued within 7 days.

Centres will forward results and/or certificates to learners, who can expect to receive them within 24 working days of taking the assessment. If learners have not received results and/or certificates within 28 working days, they should contact the centre in the first instance.

If a centre is in a sanction or has been withdrawn from QNUK either voluntarily or otherwise, we reserve the right to send certificates directly to learners.

19 Appendix 1: Units of assessment

Unit 1 | Emergency First Aid in the Workplace

| K/616/4940

Unit summary:

The learner will develop the skills, knowledge and understanding to deal effectively with a range of emergencies in the workplace requiring first aid.

LO 1	The learner will understand the role and responsibilities of a first aider
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	Assessment Criteria	Types of evidence
The learner can:		
1.1	Identify the role and responsibilities of a first aider	MCQ
1.2	Identify how to minimise the risk of infection to self and others	MCQ
1.3	Identify the need for consent to provide first aid	MCQ

LO 2	The learner will be able to assess an emergency situation safely
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	Assessment Criteria	Types of evidence
The learner can:		
2.1	Conduct a scene survey	Obs
2.2	Conduct a primary survey of a casualty	Obs
2.3	Summon appropriate assistance when necessary	Obs

LO 3	The learner will be able to provide first aid to an unresponsive casualty
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	Assessment Criteria	Types of evidence
The learner can:		
3.1	Identify when to administer Cardiopulmonary Resuscitation (CPR)	Obs

3.2	Demonstrate adult CPR using a manikin	Obs
3.3	Identify when to place a casualty into the recovery position	Obs
3.4	Demonstrate how to place a casualty into the recovery position	Obs
3.5	Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position	Obs
3.6	Identify how to administer first aid to a casualty who is experiencing a seizure	MCQ

LO 4 The learner will be able to provide first aid to a casualty who is choking

Assessment Criteria		Types of evidence
The learner can:		
4.1	Identify when a casualty is choking	Obs
4.2	Demonstrate how to administer first aid to a casualty who is choking	Obs

LO 5 The learner will be able to provide first aid to a casualty with external bleeding

Assessment Criteria		Types of evidence
The learner can:		
5.1	Identify whether external bleeding is life-threatening	Obs
5.2	Demonstrate how to administer first aid to a casualty with external bleeding	Obs

LO 6 The learner will know how to provide first aid to a casualty who is suffering from shock

Assessment Criteria		Types of evidence
The learner can:		
6.1	Recognise when a casualty is suffering from shock	MCQ
6.2	Identify how to administer first aid to a casualty who is suffering from shock	MCQ

LO 7 The learner will know how to provide first aid to a casualty with minor injuries

	Assessment Criteria	Types of evidence
The learner can:		
	Identify how to administer first aid to a casualty with:	
7.1	<ul style="list-style-type: none"> • Small cuts • Grazes • Bruises • Small splinters • Nosebleeds 	MCQ
7.2	Identify how to administer first aid to a casualty with minor burns and scalds.	MCQ

K/616/4940 Emergency First Aid in the Workplace

What needs to be learnt?

Identification of the roles and responsibilities of a first aider may include:

- 1.1**
 - Preventing cross infection
 - Recording incidents and actions
 - Safe use of available equipment
 - Assessing an incident
 - Summoning appropriate assistance
 - Prioritising treatment
 - Dealing with post incident stress

Minimising the risk of infection may include:

- 1.2**
 - 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.

Identifying the need to gain consent may include:

- 1.3**
 - Gaining consent
 - Implied consent

Conducting a scene survey may include:

- 2.1**
 - Checking for further danger
 - Identifying the number of casualties
 - Evaluating what happened
 - Prioritising treatment
 - Delegating tasks

The primary survey sequence may include:

- 2.2**
 - Danger
 - Response
 - Airway
 - Breathing
 - Circulation

Summoning appropriate assistance may include:

- 2.3**
 - 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

Identifying when to administer CPR must include:

- 3.1**
 - When the casualty is unresponsive and:
 - Not breathing
 - Not breathing normally/agonal breathing

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 instructions
- 3.2**

CPR – minimum demonstration time of 2 minutes at floor level. May additionally include use of rescue breath barrier devices

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
- 3.3**

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*)

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 casualty on their left side
- 3.4**

Continually monitoring airway and breathing includes:

- Continual checking for normal breathing to ensure that cardiac arrest can be identified immediately
- 3.5**

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
- 3.6**

Identifying mild choking may include recognising the casualty is able to:

- Speak
- Cough
- Breathe

4.1 Identifying severe choking may include recognising the casualty is:

- Unable to cough effectively
- Unable to speak
- Unable or struggling to breathe
- In visible distress
- Unconscious

Administering first aid for choking should include the following:

- 4.2**
- Encouraging to cough
 - Up to 5 back blows
 - Up to 5 abdominal thrusts
 - Calling 999/112 when required
 - CPR if unconscious

Identifying the severity of arterial bleeding may include recognising the blood:

- Is under pressure
- Spurts in time with the heartbeat

Recognition that arterial bleeding is a life-threatening emergency

5.1 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

Administering first aid for external bleeding may include:

- 5.2**
- Maintaining aseptic technique
 - Siting or laying the casualty
 - Examining the wound
 - Applying direct pressure onto (*or into*) the wound
 - Dressing the wound

Catastrophic bleeding treatment may include:

- Wound packing
- Tourniquet application
- Improvised tourniquet application

Shock: hypovolaemic shock (*resulting from blood loss*)

Hypovolaemic shock recognition may include:

- 6.1**
- Pale, clammy skin
 - Fast, shallow breathing
 - Rise in pulse rate
 - Cyanosis
 - Dizziness/passing out when sitting or standing upright

Administering first aid for hypovolaemic shock may include:

- 6.2**
- Treating the cause
 - Casualty positioning
 - Keeping the casualty warm
 - Calling 999/112

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:

7.1

- Cleaning of area
- Remove with tweezers
- Dress

Administering first aid for a nosebleed may include:

- Sitting the casualty down, head tipped forwards
- 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:

7.2

- Cooling for 20 minutes
- Removing jewellery and loose clothing
- Covering the burn
- Determining when to seek advice

Rationale for level	Level	Emphasis	Comments
Knowledge	3	Strong	
Skills	3	Strong	
Overall	3		

Rationale for TQT and credit	Hours	Comments
Guided learning:	6	
Directed study:	0	
Independent study:	1	
Work-based learning:	0	
Non invigilated assessment:	0	
TUT:	7	
Credit value:	1	

Unit summary:

The learner will develop the skills, knowledge and understanding to deal effectively with a range of injuries and illnesses in the workplace requiring first aid.

LO 1 The learner will be able to conduct a secondary survey

Assessment Criteria		Types of evidence
The learner can:		
1.1	Identify the information to be collected when gathering a casualty history	MCQ
1.2	Demonstrate how to conduct a head-to-toe survey	Obs

LO 2 The learner will be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints

Assessment Criteria		Types of evidence
The learner can:		
2.1	Recognise a suspected: <ul style="list-style-type: none"> • Fracture or dislocation • Sprain or strain 	MCQ
2.2	Identify how to administer first aid for a casualty with suspected: <ul style="list-style-type: none"> • Fracture or dislocation • Sprain or strain 	MCQ
2.3	Demonstrate how to apply: <ul style="list-style-type: none"> • A support sling • An elevated sling 	Obs

LO 3 The learner will be able to provide first aid to a casualty with suspected head and spinal injuries

Assessment Criteria		Types of evidence
The learner can:		
3.1	Recognise a suspected: <ul style="list-style-type: none"> • Head injury • Spinal injury 	MCQ
3.2	Identify how to administer first aid for a suspected head injury	MCQ

3.3	Demonstrate how to administer first aid for a casualty with a suspected spinal injury	Obs
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LO 4	The learner will know how to provide first aid to a casualty with suspected chest injuries
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	Assessment Criteria	Types of evidence
The learner can:		
	Identify how to administer first aid for suspected:	
4.1	<ul style="list-style-type: none"> • Fractured ribs • Penetrating chest injury 	MCQ

LO 5	The learner will know how to provide first aid to a casualty with burns and scalds
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	Assessment Criteria	Types of evidence
The learner can:		
5.1	Identify how to recognise the severity of burns and scalds	MCQ
	Identify how to administer first aid for burns involving:	
5.2	<ul style="list-style-type: none"> • Dry/wet heat • Chemicals • Electricity 	MCQ

LO 6	The learner will know how to provide first aid to a casualty with an eye injury
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	Assessment Criteria	Types of evidence
The learner can:		
	Identify how to administer first aid for eye injuries involving:	
6.1	<ul style="list-style-type: none"> • Dust • Chemical • Embedded objects 	MCQ

LO 7 The learner will know how to provide first aid to a casualty with suspected poisoning

Assessment Criteria		Types of evidence
The learner can:		
7.1	Identify how poisonous substances can enter the body	MCQ
7.2	Identify how to administer first aid to a casualty with suspected sudden poisoning	MCQ

LO 8 The learner will be able to provide first aid to a casualty with anaphylaxis

Assessment Criteria		Types of evidence
The learner can:		
8.1	Recognise suspected anaphylaxis	MCQ
8.2	Identify how to administer first aid for a casualty with suspected anaphylaxis	MCQ
8.3	Demonstrate the use of a 'training device' adrenaline auto-injector	Obs

LO 9 The learner will know how to provide first aid to a casualty with suspected major illness

Assessment Criteria		Types of evidence
The learner can:		
9.1	Recognise suspected: <ul style="list-style-type: none"> • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Diabetic hypoglycaemic emergency 	MCQ
9.2	Identify how to administer first aid to a casualty suffering from: <ul style="list-style-type: none"> • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Diabetic hypoglycaemic emergency 	MCQ

T/616/4944

Recognition and Management of Illness and Injury in the Workplace

What needs to be learnt?

Information to be collected when gathering a casualty history may include:

- 1.1**
- Signs and symptoms
 - Event history
 - Allergies
 - Past medical history
 - Last meal
 - Medication

Performing a systematic check of the casualty may include:

- 1.2**
- 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).

Recognising fractures, dislocations, sprains and strains may include:

- 2.1**
- Pain
 - Loss of power
 - Unnatural movement
 - Swelling or bruising
 - Deformity
 - Irregularity
 - Crepitus
 - Tenderness

Administering first aid for fractures and dislocations may include:

- 2.2**
- 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

Demonstrating the application of a sling must include:

- 2.3**
- A support sling
 - An elevated sling

Recognising concussion, compression and fractured skull may include:

- Mechanism of injury
- Signs and symptoms
- Conscious levels

3.1

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.

Administering first aid for a head injury may include:

3.2

- Determining when to call 999/112
- Maintaining airway and breathing
- Monitoring response levels
- Dealing with fluid loss

Administering first aid for spinal injuries may include:

3.3

- Calling 999/112
- 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*).

Administering first aid for suspected rib fracture may include:

- Calling 999/112
- Casualty positioning
- Supporting the injury

4.1

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:

5.1

- Cause
 - Age
 - Burn/scald size
 - Depth
 - Location
-

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:

5.2

- 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

Administering first aid for dust in the eye may include:

- Irrigation with clean water
- Ensuring the water runs away from the good eye

Administering first aid for a chemical in the eye may include:

6.1

- 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 transport to hospital

Identification of the following routes a poison can enter the body may include:

7.1

- 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:

7.2

- 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
- Protecting airway and breathing
- Resuscitation if necessary using PPE/barrier devices

Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem:

- 8.1**
- **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, swelling and/or flushing.

Administering first aid for anaphylaxis may include:

- 8.2**
- Calling 999/112
 - Correct casualty positioning
 - Assisting to use their adrenaline auto-injector
 - Resuscitation if required

- 8.3** **The use of a ‘training device’ adrenaline auto-injector:** must be demonstrated using a training device and **NOT** a live auto-injector

Recognising a heart attack may include:

- Sudden onset
- Crushing chest pain
- Skin appearance (*for e.g. pale, grey, sweaty*)
- Variable pulse,
- Shortness of breath

Recognising stroke may include performing the **FAST** test:

F: Face

A: Arms

S: Speech

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:

- 9.1**
- Aura
 - Tonic 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
- Rapid pulse

Administering first aid for a heart attack may include:

- Correct casualty positioning
- 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

Administering first aid for an epileptic seizure may include:

- Removing dangers and safely protect the head
- Noting the time and duration of the seizure
- Loosening tight clothing around the neck
- Determining when to call 999/112
- Post seizure care, including monitoring of airway and breathing

9.2

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

Rationale for level	Level	Emphasis	Comments
Knowledge	3	Strong	
Skills	3	Strong	
Overall	3		

Rationale for TQT and credit	Hours	Comments
Guided learning:	12	
Directed study:	0	
Independent study:	3	
Work-based learning:	0	
Non invigilated assessment:	0	
TUT:	15	
Credit value:	1	

20 Appendix 2: Command verbs

To ensure that learners can meet the requirements of each criterion, they should be explained to the learner prior to assessment and fully understood by the Assessor for this qualification.

Conduct	Carry out
Demonstrate	Apply skills in a practical situation and/or show an understanding of the topic
Describe	Write or speak about the topic or activity giving detailed information
Identify	Provide brief information about a subject, specific process or activity

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Appendix 3: Specimen assessment material

1. At what point should an ambulance be called for a casualty who is having a seizure?

- A Immediately in call cases
- B If the seizure lasts longer than normal
- C Only if the casualty has never had a seizure before
- D Only if the casualty is a child

2. Which **ONE** of the following is a treatment for a casualty suffering from shock?

- A Allow a drink of warm sweet tea
- B Allow sips of a suitable sports drink
- C Give nothing to eat or drink
- D Provide small amounts of water

3. Which of the following items should **NOT** be found in a First Aid kit?

- A Dressings
- B Ice pack
- C Safety pins
- D Paracetamol