
**KINGSTON
BUSINESS SCHOOL**



Promoting FIRST AID AT WORK

Name of Trainer: Mr Benjamin Manon

The units have been developed and are supported by the First Aid Awarding Organisation Forum to meet the requirements of the:

- First Aid at Work Health and Safety (First Aid) Regulations 1981 Guidance on Regulations (L74)
- Resuscitation Council (UK) Guidelines
- First Aid at Work Health and Safety (First Aid) Regulations 1982 (Northern Ireland).

The units must be delivered, assessed and quality assured in accordance with Assessment Principles for Regulated First Aid Qualifications. These requirements are in addition to those detailed in this specification.

Qualification Purpose

The purpose of the qualification is for the learner to attain knowledge and practical competences required to deal with a range of workplace first aid situations.

The Certificate in First Aid at Work is aimed at learners already working or preparing to work in industry. The qualification is usually delivered as a three-day programme of training and assessment for learners to allow them to be first aiders in the workplace.

The qualification has a recommended course duration of three days. The course duration may be increased to meet additional learning needs if required but not reduced.

The qualification develops learners' knowledge, understanding and skills in the following areas:

- roles and responsibilities of the First Aider
- assessing an incident
- recognising signs and symptoms of injury and illness
- assisting a casualty who is suffering from major injury and illness
- chest injuries
- spinal injuries
- anaphylaxis.

The objectives of the qualification include supporting a role in the workplace and giving learners with personal growth and engagement in learning.

If this qualification is being used to meet the requirements of the Health and Safety Executive (HSE), it is valid for three years, after which learners will need to repeat the qualification, however it is recommended that learners refresh their knowledge annually

The recommended duration of the requalification course is 12 hours over two days, however, the course duration may be increased to meet additional learning needs if required, but not further reduced.

Learners must be assessed against all learning outcomes and assessment criteria for both units. To attend the shorter requalification course, learners must provide evidence of their previous FAW qualification.

The centre must retain a copy of the original first aid certificate together with the assessment record for the requalification course.

Learners must repeat the qualification before their FAW certificate expires in order to remain qualified to provide first aid. If not, the learner can still access the shortened course for up to one month after the certificate expires however, during this period, learners are not qualified to provide first aid.

Entry Requirements

There are no specific entry requirements however learners should have a minimum of level two in literacy and numeracy or equivalent.

The recommended minimum age for this qualification is 17 years.

Directed Study Requirements

Learners are expected to study and complete aspects of their assessment portfolio in their own time. This additional time is expected to be approximately 4 hours over the cycle of the programme.

Total Qualification Time

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of attainment necessary for the award of the qualification i.e. to achieve all learning outcomes.

Total Qualification Time is comprised of GLH and an estimate of the number of hours a learner is likely to spend in preparation, study or any other learning including assessment which takes place as directed by, but not under the supervision of, a lecturer, supervisor or tutor. The credit value for a qualification, where given, is determined by TQT, as one credit corresponds to 10 hours of learning.

The total Qualification Time for this qualification is 22 hours.

Assessment

It is essential that all learners are assessed in English unless the qualification specification specifically states that another language may be accepted. This ruling also applies to all learner evidence presented for external quality assurance purposes.

The units should be delivered, assessed and quality assured in accordance with the Assessment Principles for Regulated First Aid Qualifications.

The qualification is assessed by internally set and marked assessments subject to external quality assurance.

Where indicated in the unit specifications, assessment must meet the requirements of the identified assessment strategy/principles.

The recommended assessment methods for this qualification are:

- Practical demonstration & Assessor Observation
- Written Questions.

The practical assessment of learners for the qualification must be embedded into the course delivery. The written assessment must be included where there are natural breaks in delivery, e.g. between Learning Outcomes or Units. This assessment should be done without access to the course manual

Learners will be required to demonstrate their knowledge and understanding by answering a range of questions relating to the assessment criteria.

All learning outcomes and assessment criteria must be met to achieve a pass – there is no grading.

Each unit within the qualification may have its own assessment requirements, assessment guidance and range.

- **Assessment requirements** are conditions of assessment that must be met by learners when undertaking their assessments to achieve the unit or meet a particular assessment criterion.
- **Assessment guidance** are areas that could be covered by learners in their assessments to achieve the unit or particular assessment criteria but are not mandatory.
- **Useful Websites** are resources that could be used by centre for the delivery of the qualification and by learners to support them with the completion of the unit.

Resources

Learners will need access to the following:

- Course manual
- ICT resources if applicable
- Equipment at the venue
- Appropriate general and subject specific texts
- A suitably equipped venue and resources
- Other resources to support identified needs of learners.

Resources to support the delivery of the qualification

To ensure suitable training, the trainer must also be able to provide the following resources:

- CPR manikins at a ratio of 1 manikin to 3 learners
- Training defibrillator (if applicable)
- Hard surface wipes ideal for manikins
- First aid kit
- Training dressings
- Triangular bandages
- Sterile eye pads
- Auto injector trainer
- Face shield
- Example accident report form
- Disposable gloves.

The list is not exhaustive. Additional resources may be added to meet the needs of the learners

All members of staff involved with the qualification (assessing or IQA) will need to be occupationally competent in the subject area being delivered. This could be evidenced by a combination of:

- A higher level qualification in the same subject area as the qualification approval request
- Experience of the delivery/assessment/IQA of the qualification requested
- Work experience in the subject area of the qualification.

Staff members will also be expected to have a working knowledge of the requirements of the qualification and a thorough knowledge and understanding of the role of tutors/assessors and internal quality assurance. They are also expected to undertake continuous professional development (CPD) to ensure they remain up to date with work practices and developments associated with the qualifications they assess or quality assure.

Title:		Emergency first aid in the workplace	
Unit reference number:		R/616/0431	
Level:		3	
Credit value:		1	
Guided learning hours:		6	
Learning outcomes The learner will:		Assessment criteria The learner can:	
1.	Understand the role and responsibilities of a first aider.	1.1	Identify the role and responsibilities of a first aider.
		1.2	Identify how to minimise the risk of infection to self and others .
		1.3	Identify the need for consent to provide first aid.
2.	Be able to assess an emergency situation safely.	2.1	Conduct a scene survey.
		2.2	Conduct a primary survey of a casualty.
		2.3	Summon appropriate assistance when necessary.
3.	Be able to provide first aid to an unresponsive casualty.	3.1	Identify when to administer Cardio Pulmonary Resuscitation (CPR).
		3.2	Demonstrate adult CPR using a manikin.
		3.3	Identify when to place a casualty into the recovery position.
		3.4	Demonstrate how to place a casualty into the recovery position.
		3.5	Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position.
		3.6	Identify how to administer first aid to a casualty who is experiencing a seizure.
4.	Be able to provide first aid to a casualty who is choking.	4.1	Identify when a casualty is choking.
		4.2	Demonstrate how to administer first aid to a casualty who is choking.
5.	Be able to provide first aid to a casualty with external bleeding.	5.1	Identify whether external bleeding is life-threatening.
		5.2	Demonstrate how to administer first aid to a casualty with external bleeding.
6.	Know how to provide first aid to a casualty who is in shock.	6.1	Recognise when a casualty is suffering from shock
		6.2	Identify how to administer first aid to a casualty who is suffering from shock.

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: <ul style="list-style-type: none"> • Small cuts • Grazes • Bruises • Small splinters • Nosebleeds
		7.2	Identify how to administer first aid to a casualty with minor burns and scalds.

Assessment requirements:

Simulation is permitted in this unit.

The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2 and 5.2.

This unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications.

3.1

Learners must know when to administer Cardio Pulmonary Resuscitation (CPR):

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

3.2

When delivering CPR learners must demonstrate:

- 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.

Additionally, learners must demonstrate the ability to deliver CPR for 2 minutes at floor level. This may include use of rescue breath barrier devices.

3.3

Learners must understand when to place a casualty into the recovery position where there is lowered levels of response and where the casualty:

- 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).

3.5

Learners must demonstrate the ability to continually check for normal breathing allowing the identification of cardiac arrest immediately.

4.2

Learners must demonstrate the following when providing first aid to a casualty experiencing choking:

- Encourage to cough
- 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.

Assessment guidance:

1.1 Roles of 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
- Dealing with post-incident stress
- Self-care

1.2 Ways to minimise 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 Gaining consent may include:

- Informed consent
- Implied consent.

2.1 Activities within a scene survey may include:

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

2.2 A primary survey sequence may include:

- Danger
- Response
- Airway
- Breathing
- Circulation.

2.3 Summoning appropriate assistance may include:

- 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.

3.4 Actions when placing a casualty in 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.

3.6 Actions that may be taken when providing first aid to a casualty having a generalised seizure 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.

4.1 Identification of mild choking may include recognising a casualty is able to:

- Speak
- Cough
- Breathe.

Identification of severe choking may include recognising a casualty is:

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

5.1 Identification of the severity of arterial bleeding may include recognising that blood:

- Is under pressure
- spurts in time with the heartbeat.

Learners should recognise that arterial bleeding is a life-threatening emergency.

Identification of the severity of venous bleeding may include recognising that blood:

- Volume in veins is comparable to arteries
- Flows profusely from the wound.

Learners should recognise that venous bleeding is a life-threatening emergency.

Identification of capillary bleeding may include recognising that blood trickles from the wound. Capillary bleeding is not a life-threatening emergency

5.2 Actions that may be taken when providing first aid to a casualty experiencing external bleeding include:

- Maintaining aseptic technique
- Sitting or laying the casualty
- Examining the wound
- Applying direct pressure onto (or into) the wound
- Dressing the wound.

Actions that may be taken when providing first aid to a casualty experiencing life threatening bleeding include:

- Wound packing
- Tourniquet application
- Improvised tourniquet application

6.1 Shock: Hypovolaemic shock (resulting from blood loss).

Identification of hypovolaemic shock may include recognising a casualty has:

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

6.2 Actions that may be taken when providing first aid to a casualty experiencing hypovolaemic shock include:

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

7.1 Actions that may be taken when providing first aid to a casualty with small cuts and grazes include:

- Irrigation
- Dressing.

Actions that may be taken when providing first aid to a casualty with bruises include:

- Cold compress for 20 minutes.

Actions that may be taken when providing first aid to a casualty when removing a small splinter include:

- Cleaning of area
- Removal with tweezers
- Dressing of area.

Actions that may be taken when providing first aid to a casualty experiencing a nosebleed include:

- Sitting the casualty down, head tipped forwards
- Pinching the soft part of the nose
- Telling the casualty to breathe through their mouth.

7.2 Actions that may be taken when providing first aid to a casualty with minor burns and scalds include

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

Title:		Recognition and management of illness and injury in the workplace	
Unit reference number:		Y/616/0432	
Level:		3	
Credit value:		1	
Guided learning hours:		12	
Learning outcomes The learner will:		Assessment criteria The learner can:	
1.	Be able to conduct a secondary survey	1.1	Identify the information to be collected when gathering a casualty history.
		1.2	Demonstrate how to conduct a head to toe survey .
2.	Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints	2.1	Recognise a suspected: <ul style="list-style-type: none"> • Fracture or dislocation. • Sprain or strain.
		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.
		2.3	Demonstrate how to apply: <ul style="list-style-type: none"> • A support sling • An elevated sling.
3.	Be able to provide first aid to a casualty with suspected head and spinal injuries	3.1	Recognise a suspected: <ul style="list-style-type: none"> • Head injury. • Spinal injury.
		3.2	Identify how to administer first aid for a suspected head injury.
		3.3	Demonstrate how to administer first aid for a casualty with a suspected spinal injury.
4.	Know how to provide first aid to a casualty with suspected chest injuries	4.1	Identify how to administer first aid for suspected: <ul style="list-style-type: none"> • Fractured ribs • Penetrating chest 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.
		5.2	Identify how to administer first aid for burns involving: <ul style="list-style-type: none"> • Dry heat. • Wet heat. • Chemicals • Electricity.

6.	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: <ul style="list-style-type: none"> • Dust • Chemicals • Embedded objects.
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.
8.	Be able to provide first aid to a casualty with anaphylaxis	8.1	Recognise suspected anaphylaxis.
		8.2	Identify how to administer first aid for a casualty with suspected anaphylaxis
		8.3	Demonstrate the use of a 'training device' adrenaline auto-injector.
9.	Know how to provide first aid to a casualty with suspected major illness	9.1	Recognise a suspected: <ul style="list-style-type: none"> • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Diabetic hypoglycaemic emergency.
		9.2	Identify how to administer first aid to a casualty suffering from a: <ul style="list-style-type: none"> • Heart Attack • Stroke • Epileptic seizure • Asthma attack • Diabetic hypoglycaemic emergency.

Assessment requirements:

Simulation is permitted in this unit.

The following ACs must be assessed by practical demonstration: 1.2, 2.3, 3.3 and 8.3.

This unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications.

1.2

A **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).

2.3

Demonstrating the application of a sling must include:

- A support sling
- An elevated sling.

8.3 Learners must demonstrate using a training device and **NOT** a live auto-injector.

Assessment guidance:

1.1

Information that may be collected when gathering casualty history include:

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

1.2

Activities that may be carried out when performing a systematic check of a casualty include:

- Head and neck
- Shoulders and chest
- Abdomen
- Legs and arms.

2.1

Recognition of a fracture, dislocation, sprain or strain may include a casualty showing:

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

2.2

Actions that may be taken when providing first aid for fractures and dislocations include:

- Immobilising / keeping the injury still
- Calling 999/112, or
- Arranging transport to hospital.

Actions that may be taken when providing first aid for sprains and strains include:

- Rest
- Ice
- Compression/comfortable support
- Elevation.

3.1

Information that could help the recognition of a casualty suffering from a concussion, compression or fractured skull may include:

- Mechanism of injury
- Signs and symptoms
- Conscious levels.

Information that could help the recognition of a casualty suffering from a spinal injury may include:

- Mechanism of injury
- Pain or tenderness in the neck or back.

Head Injury: While this includes concussion, compression and skull fracture, there is no expectation for a learner to be able to differentiate between these conditions.

3.2

Actions that may be taken when providing first aid for a head injury include:

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

3.3

Actions that may be taken when providing first aid for a spinal injury include:

- 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).

4.1

Actions that may be taken when providing first aid for suspected rib fracture include:

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

Actions that may be taken when providing first aid for a penetrating chest injury include:

- Calling 999/112
- Casualty positioning
- Controlling bleeding around the wound (without covering the wound)
- Leaving a sucking chest wound open to fresh air.

5.1

Information that could help the recognition of the severity of burns and scalds may include:

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

5.2

Actions that may be taken when providing first aid for dry/wet heat burns include:

- Cooling the burn for 20 minutes
- Removing jewellery and loose clothing
- Covering the burn
- Determining when to call 999/112.

Actions that may be taken when providing first aid for chemical burns include:

- Ensuring safety
- Brushing away dry/powder chemicals
- Irrigating with copious amounts of water (unless contra-indicated)
- Treating the face/eyes as a priority.

Actions that may be taken when providing first aid for electrical burns include

- Ensuring it is safe to approach/touch the casualty

- Checking DRABC and treating accordingly
- Cooling the burns.

6.1

Actions that may be taken when providing first aid for dust in the eye include:

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

Actions that may be taken when providing first aid for a chemical in the eye 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.

Actions that may be taken when providing first aid for an embedded object in the eye include:

- Covering the injured eye
- Ensuring the good eye is not used (cover if needed)
- Calling 999/112 or arranging transport to hospital.

7.1

Routes a poisonous substance can enter the body may include:

- Ingested (swallowed)
- Inhalation (breathed in)
- Absorbed (through the skin)
- Injected (directly into skin tissue, muscles or blood vessels).

7.2

Actions that may be taken when providing first aid for corrosive substances include:

- Ensuring own safety
- Substances on the skin – diluting and washing away with water
- Swallowed substances – encourage casualty to spit out anything remaining in their mouth, do not induce vomiting
- Calling 999/112 and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary using PPE/Barrier devices.

Actions that may be taken when providing first aid for non-corrosive substances 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.

8.1

Recognising anaphylaxis may include the casualty showing rapid onset and rapid progression of a life-threatening airway, breathing and circulation problems:

- 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.

8.2

Actions that may be taken when providing first aid for anaphylaxis include:

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

9.1

Information that could help the recognition of a heart attack may include:

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

Information that could help the recognition 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.

Information that could help the recognition of an epileptic seizure may include the following patterns:

- Aura
- Tonic phase
- Clonic phase
- Recovery phase.

Information that could help the recognition of an asthma attack may include:

- Difficulty breathing and speaking
- Wheezy breathing
- Pale and clammy skin
- Cyanosis
- Use of accessory muscles.

Information that could help the recognition of a diabetic hypoglycaemic emergency may include:

- Fast onset
- Lowered levels of response
- Pale, cold and sweaty skin
- Normal or shallow breathing
- Rapid pulse.

9.2

Actions that may be taken when providing first aid for a heart attack may include:

- Correct casualty positioning
- Calling 999/112
- Calming and reassurance
- Assisting to take an aspirin if indicated (if no allergy is present).

Actions that may be taken when providing first aid for a stroke may include:

- Maintain airway and breathing
- Correct casualty positioning
- Calling 999/112.

Actions that may be taken when providing 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.

Actions that may be taken when providing 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.

Actions that may be taken when providing 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.

