Qualification Specification

Highfield Level 3 International Award in Emergency Paediatric First Aid, Use of an AED and Managing Illness and Injury

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Highfield Level 3 International Award in Emergency Paediatric First Aid, Use of an AED and Managing Illness and Injury

Introduction

This qualification specification is designed to outline all you need to know in order to offer this qualification in your Centre. If you have any further questions, please contact your Centre Manager.

Qualification Details

The Highfield Level 3 International Award in Emergency Paediatric First Aid, Use of an AED and Managing Illness and Injury has been developed by Highfield, the UK and Middle East's leading supplier of safety and compliance-based qualifications.

Key Facts

Recommended Duration	12 hours
Assessment Method:	Practical assessment and multiple-choice theory assessment

Qualification Overview

This qualification is intended for learners already working or preparing to work in the industry and to provide candidates, who are responsible for the welfare of infants and children, with the necessary knowledge, understanding and skills to support basic first aid including managing illness and injury and the use of an automated external defibrillator.

Unit 1 covers: understanding the role of the paediatric first aider; assessing emergency situations and acting safely and effectively; providing first aid for an infant and a child: who are unresponsive and breathing normally and who are unresponsive and not breathing normally; who are wounded and bleeding, who are suffering from shock and the safe use of an automated external defibrillator (AED).

Unit 2 covers: first aid to an infant and a child: with a suspected fracture and a dislocation; with a head, neck and back injury; with conditions affecting the eyes, ears and nose; who are experiencing the effects of extreme heat or cold; with burns or scalds; who has been poisoned or bitten or stung.

This qualification certificate is valid for **a period of 3 years**, after which learners are expected to **requalify**. In addition to this, it is recommended that learners refresh their knowledge annually.

Important Note: Highfield International recommends that you contact the relevant Government Department in the country that you want to deliver this qualification, to ensure that local laws are being adhered to and that any additional approval requirements are followed. It may be that you are required to register as a training provider within the country itself. Highfield approves centres based on its own criteria but does not represent any other organisations or departments.

Entry Requirements

Centres are responsible for ensuring candidates can meet the necessary standard of language in which the course is being delivered. It is recommended that learners are a minimum of 14 years of age; however, centres will need to assure themselves that learners, whatever their age, are physically capable of completing the practical assessment.

Delivery and Assessment Ratios

To effectively deliver and assess this qualification, centres **must not** exceed the ratio of 1 qualified tutor/assessor to a maximum of 12 candidates in any one instance.

Guidance on Delivery

The total qualification time for this qualification is 12 hours. These hours can be split over several days.

Use of blended learning

Centres can also use a blended learning approach. For blended learning, Highfield's E-learning Paediatric First Aid course is flexible, accessible and can be completed in 5 to 6 hours. It can be used as part of a blended-learning approach which replaces **6 hours** from the total of 12 hours of duration of the qualification.

When using the blended learning option, the following principles **must be** adhered to:

- The time taken to complete the full first aid course **should not** be reduced
- **6 hours** of face-to-face training **must be included**
- The practical content of the qualification **must be** delivered and **assessed face-to-face**

Centres are strongly recommended to check Highfield e-learning completion for learners before the formal practical and knowledge assessment.

Centre Requirements

Highfield requires Centres involved in the delivery of this qualification have the following resources in place and ensure that all learners have access to them:

- a minimum of 1 child and 1 baby resuscitation manikin between a maximum of 4 learners;
- safety procedures in place for manikin faces e.g. Facilities to sterilise the manikin faces at the end of each course or one disposable face shield per learner or manikin face wipes to be used after each learner's demonstration;
- replacement airways and lungs for each resuscitation manikin to be changed at the end of each course;
- a minimum of 1 training defibrillator between a maximum of 4 learners
- a minimum of 1 disposable training dressing per learner
- a minimum of 1 pair of disposable gloves (not latex) per learner
- a minimum of 1 first aid kit
- training rooms that have carpeted floors or mats/blankets provided for practical sessions
- adequate training and assessment facilities to accommodate learners on course; and
- a training room which is safe, has adequate ventilation, lighting sufficient for learners to read easily, and temperature suitable to maintain the comfort of learners for knowledge and practical training and assessment. It is also required that training rooms can cater for people with special needs (where appropriate – please refer to the Highfield Reasonable Adjustment Policy).

Optional requirement – It is best practice to include a choking manikin for the purpose of teaching.

Guidance on Assessment

The qualification is assessed using the Highfield assessment pack and is split into two component parts. Learners must achieve a pass in both the components, to pass the qualification.

- **Practical assessment**: This practical assessment is completed throughout the course delivery. This ongoing assessment requires learners to demonstrate practical first aid skills. The practical assessment topics can be found on the **Assessment Crib Sheet** which the Assessor should refer to.
- **Centre-marked multiple-choice theory assessment**: Learners are required to answer a series of questions, using the **Examination Answer Sheet (EAS)**, available to download from the members' area of the website **OR** assessors can use oral questioning, referring to the **Assessment Crib Sheet** for the knowledge topics. Where the assessor marks a learner as 'refer' to any of the questions, Assessors must record additional questions asked of learners, together with the learner's response, within the '**Assessor comments on any further questioning used**' space provided on the **EAS**.

The recording of the practical and theory assessment **outcomes** will be via the Assessment Pack, which is available to download from the Highfield website. Further guidance on assessments and use of the assessment pack is in the Tutor assessor pack, available in the members' area of the website.

The completed practical assessment pack **must be submitted** to Highfield for quality assurance checks and processing.

Centres must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance and invigilation) being undertaken by any person who has a personal interest in the result of the assessment.

Guidance on Quality Assurance

Highfield strongly recommends that centres have an internal quality assurance process and policy in place. Internal quality assurance (IQA) must be completed by an appropriately experienced person and that person must not have been involved in any aspect of the delivery or assessment of the course they are quality assuring. The IQA must:

- Meet the tutor requirements/have sufficient training and assessment experience in first aid;
- Check that the delivery and assessment is in line with the qualification requirements;
- Check that all assessment paperwork is completed accurately; and
- Ensure an audit trail is provided for internal quality assurance

Once complete, the assessment paperwork and IQA paperwork must be stored by the centre for a minimum period of 3 years to allow for quality assurance checks. Highfield will conduct external quality assurance engagements to support Centres in the effective implementation and on-going management of this qualification. For example, this could be conducted via Highfield sampling Centre paperwork or conducting support visits to Centres.

Geographical Coverage

This qualification has been developed for learners outside of the UK.

Tutor /Assessor Requirements

Highfield requires nominated tutors/assessors to:

- hold a valid **First Aid at Work (CPR All Ages)** certificate or other valid advanced first aid equivalents*, or a **Level 3 Award in Paediatric First Aid** certificate, or current registration as a Doctor/Nurse/Paramedic**. Highfield will consider other first aid/medical qualifications, and experience, on a case-by-case basis.
- hold a valid teaching/training/firstaid instructor certificate or have relevant experience deemed acceptable by Highfield.

**recognised First Aid at Work certificate equivalents that are not listed, must be submitted to Highfield with a comprehensive mapping. Please speak to your Account Manager for further information.*

***registered healthcare professionals must act within their scope of practice and therefore have current expertise in first aid to teach/assess the subject.*

Tutors/assessors who have evidence of delivering a minimum of 30 hours of accredited formal training per year, in a relevant qualification, may requalify to deliver/assess this and similar qualifications through completion of the qualification assessment only or a reduction in the learning hours, at the discretion of Highfield.

Reasonable Adjustments and Special Considerations

Highfield has measures in place for learners that require additional support. Reasonable adjustments such as additional time for the exam; assistance during the exam such as using a scribe or a reader, is available upon approval from Highfield. Please refer to Highfield Qualifications' Reasonable Adjustments Policy for further information/guidance on this.

www.highfieldinternational.com/policies

ID Requirements

All learners must be instructed to bring photographic identification to the assessment to be checked by the assessor. The assessor must note the type of photo identification provided by each learner on the learner list document. Highfield will accept the following as proof of a learners' identity:

- National identity card (i.e. Emirates ID Card);
- Valid passport (any nationality);
- Signed photo card driving licence;
- Valid warrant card issued by police, local authority or equivalent; or
- Other photographic ID card, e.g. employee ID card (must be current employer), student ID card, travel card.

For more information on candidate ID requirements, please refer to the HABC Examination and Invigilation Regulations within the Core Manual., please refer to the Highfield Examination and Invigilation Regulations within the Core Manual.

Progression

Progression and further learning routes include:

- Highfield Level 3 International Award in First Aid at Work and the Use of an AED.
- Highfield Level 3 International Award in First Aid Response

Highfield offers a range of qualifications to help learners progress their careers and personal development. Please contact your Centre Manager for further information.

Useful websites

- www.highfieldinternational.com/first-aid/first-aid-videos (For First Aid Videos)
- www.highfieldqualifications.com/products/training-resources (Highfield Products)
- The Resuscitation Council (UK) www.resus.org.uk
- Health and Safety Executive www.hse.gov.uk

Recommended Training Materials

The following resources have been reviewed by Highfield and are recommended training materials for users of this qualification:

- Morley, J. & Sprenger, C. *Paediatric First Aid Handbook.* Highfield International
- Morley, J. & Sprenger, C. *Paediatric First Aid Training Presentation.* Highfield International

Appendix 1

Unit 1: International Emergency Paediatric First Aid and Use of an AED
Level: 3
Hours: 6

Learning Outcomes	Assessment Criteria
The learner will	***The learner can***
1. Understand the role and responsibilities of a paediatric first aider	1.1 Identify the role and responsibilities of a paediatric first aider. 1.2 Identify how to minimise the risk of infection to self and **others** 1.3 Differentiate between an infant and a child for the purposes of first aid treatment
2. Be able to assess an emergency situation safely	2.1 Conduct a scene survey. 2.2 Conduct a primary survey on: • an infant • a child 2.3 Summon appropriate assistance when necessary
3. Be able to provide first aid for an infant and a child who is unresponsive	3.1 Identify when to administer CPR to: • an infant • a child 3.2 Demonstrate CPR using: • an infant manikin • a child manikin 3.3 Identify when to place an **infant or a child** into the recovery position 3.4 Demonstrate how to place: • an infant into the recovery position • a child into the recovery position 3.5 Demonstrate continual monitoring of breathing, whilst they are in the recovery position, for: • an infant • a child 3.6 Identify how to administer first aid to **an infant or a child** who is experiencing a seizure
4 Be able to provide first aid for an infant and a child who are choking	4.1 Identify when **an infant or a child** is choking 4.2 Demonstrate how to administer first aid to: • an infant who is choking • a child who is choking
5 Be able to provide first aid to an infant and a child with external bleeding	5.1 Identify whether external bleeding is life-threatening 5.2 Demonstrate how to administer first aid to **an infant or a child** with external bleeding

Learning Outcomes	Assessment Criteria
The learner will	*The learner can*
6 Know how to provide first aid to an infant or a child who is suffering from shock.	6.1 Recognise when **an infant or a child** is suffering from **shock** 6.2 Identify how to administer first aid to **an infant or a child** who is suffering from shock.
7 Know how to provide first aid to an infant or a child with bites, stings and minor injuries	**7.1** Identify how to administer first aid to **an infant or a child:** • Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nosebleeds
8 Be able to safely use an automated external defibrillator	8.1 Describe the differences between using an AED on an adult and a child. 8.2 Identify safety considerations when using an automated external defibrillator. 8.3 Demonstrate the correct placement of AED electrode pads on a manikin. 8.4 Follow AED voice prompts accurately. 8.5 Demonstrate how to combine the use of an automated external defibrillator with minimal interruptions in cardiopulmonary resuscitation using a manikin. 8.6 Demonstrate the safe delivery of AED shock. 8.7 State the procedures if the casualty shows signs of life and starts to breath normally. 8.8 Identify the information required when handing over the casualty.

Amplification
The purpose of the indicative content is to provide an indication of the context for the assessment criteria. This is not intended to be exhaustive or set any absolute boundaries. 1.1 Identification of the roles and responsibilities of a paediatric first aider may include: • Preventing cross-infection • Recording incidents and actions • Safe use of available equipment • Knowledge of paediatric first aid contents • Assessing an incident • Summoning appropriate assistance • Prioritising treatment • Dealing with post-incident stress 1.2 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 infant or child receiving first aid; work colleagues; parents; carers; other people within the infant or child's environment.

1.3 Differentiating age ranges for first aid treatment may include:

- Infants: under 1-year-old
- Children: 1 to 18 years' old

2.1 Conducting a scene survey may include:

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

2.2 The primary survey sequence may include:

- Danger
- Response
- Airway
- Breathing
- Circulation

2.3 Summoning appropriate assistance may include:

- Shouting for help
- Calling emergency services via speakerphone or bystander
- Leaving the casualty to call emergency services

3.1 Identifying when to administer CPR must include:

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

3.2 Demonstrating CPR must include:

- 5 initial rescue breaths
- 30 chest compressions
  - Correct hand positioning
  - Compress at least one third of the chest's depth, (approximately 4 cm for infant, and 5 cm for child)
  - 100-120 per minute
- 2 rescue breaths
  - Correct rescue breath positioning
  - Blowing steadily into the 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

CPR – minimum demonstration time of 2 minutes (at floor level for child manikin).
May additionally include the use of rescue breath barrier devices

3.3 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). **Infant or a child**: the learner may apply their skills or knowledge to either an infant (baby) or a child first aid situation because the recognition/treatment would be the same.

3.4 Placing a casualty into the recovery position may include:

- Placing in a position that maintains a stable, open, draining airway at floor level (or holding in position for infants)
- Continually monitoring airway and breathing
- Turning the casualty onto the opposite side every 30 minutes

3.5 Continually monitoring airway and breathing includes:
Continual checking for normal breathing to ensure that potential cardiac arrest can be identified immediately

3.6 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 emergency services

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition/treatment would be the same.

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

- Speak
- Cough
- Cry
- Breathe

Identifying severe choking may include recognising the casualty is:

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

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition would be the same.

4.2 Administering first aid for choking should include the following:

- Encouraging to cough
- Up to 5 back blows

- Up to 5 abdominal thrusts (chest thrusts for infants)
- Calling emergency services when required
- CPR if unconscious and no signs of breathing

Demonstration must be simulated using a training device – not another learner.

5.1 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

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

- Volume in veins is comparable to arteries
- Flow 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 Administering first aid for external bleeding may include:

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

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition/treatment would be the same

6.1 **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 Administering first aid for hypovolaemic shock may include:

- Treating the cause
- Casualty positioning
- Keeping the casualty warm
- Calling emergency services

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition/treatment would be the same

7.1 Administering first aid for bites may include:

- Irrigation
- Dressing
- Seeking medical advice

Administering first aid for stings may include:

- Scraping off the sting
- Applying an ice pack
- Giving sips of cold water (if the sting is in the mouth)
- Monitoring for allergic reaction

Administering first aid for small cuts and grazes may include:

- Irrigation
- Dressing

Administering first aid for bumps and 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
- Pinching the soft part of the nose
- Telling the casualty to breathe through their mouth

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition/treatment would be the same

Unit 2: International Managing Paediatric Illness and Injury
Level: 3
Hours: 6

Learning Outcomes	Assessment Criteria
The learner will	***The learner can***
1. **Be able to provide first aid to an infant or a child with suspected injuries to bones, muscles and joints**	1.1 Recognise a suspected: • Fracture or dislocation • Sprain or strain 1.2 Identify how to administer first aid for an infant or a child with a suspected: • Fracture or dislocation • Sprain or strain 1.3 Demonstrate how to apply: • A support sling • An elevated sling
2. **Be able to provide first aid to an infant or a child with suspected head and spinal injuries**	2.1 Recognise a suspected: • **Head injury** • Spinal injury 2.2 Identify how to administer first aid for an **infant or a child** with a suspected head injury 2.3 Identify how to administer first aid for an **infant or a child** with a suspected spinal injury
3. **Know how to provide first aid to an infant or a child with conditions affecting the eyes, ears and nose**	3.1 Identify how to administer first aid for an **infant or a child** with a **foreign body** in the: • Eye • Ear • Nose 3.2 Identify how to administer first aid for an **infant or a child** with an eye injury
4. **Know how to provide first aid to an infant or a child with a chronic medical condition or sudden illness**	4.1 Recognise suspected: • Diabetic hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions 4.2 Identify how to administer first aid for **an infant or a child** who is suspected to be suffering from: • Diabetic hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions

Learning Outcomes	Assessment Criteria
The learner will	*The learner can*
5. **Know how to provide first aid to an infant or a child who is experiencing extreme body temperature**	5.1 Recognise when **an infant or a child** is suffering from: • Extreme cold • Extreme heat 5.2 Identify how to administer first aid for **an infant or a child** who is suffering from: • Extreme cold • Extreme heat.
6. **Know how to provide first aid to an infant or a child who has sustained an electric shock**	6.1 Identify how to safely manage an incident involving electricity. 6.2 Identify how to administer first aid for **an infant or a child** who has suffered an electric shock.
7. **Know how to provide first aid to an infant or a child with burns or scalds**	7.1 Identify how to recognise the severity of burns and scalds 7.2 Identify how to administer first aid for **an infant or a child** with burns and scalds
8. **Know how to provide first aid to an infant or a child with suspected poisoning**	8.1 Identify how poisonous substances can enter the body 8.2 Identify how to administer first aid for an **infant or a child** with suspected sudden poisoning
9. **Know how to provide first aid to an infant or a child with anaphylaxis**	9.1 Recognise suspected anaphylaxis in an **infant or a child** 9.2 Identify how to administer first aid for an **infant or a child** with suspected anaphylaxis

Amplification
The purpose of the indicative content is to provide an indication of the context for the assessment criteria. This is not intended to be exhaustive or set any absolute boundaries. 1.1 Recognising fractures, dislocations, sprains or strains may include: • Pain • Loss of power • Unnatural movement • Swelling or bruising • Deformity • Irregularity • Crepitus • Tenderness

1.2 Administering first aid for fractures or dislocations may include:

- Immobilising
- Calling emergency services
- Arranging transport to hospital

Administering first aid for sprains or strains may include:

- Rest
- Ice
- Compression/comfortable support
- Elevation

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the recognition/treatment would be the same

1.3 Demonstrating the application of a sling must include:

- A support sling
- An elevated sling

2.1 Recognising concussion, compression and fractured skull may include:

- 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 Administering first aid for head injury may include:

- Determining when to call emergency services
- Maintaining airway and breathing
- Monitoring response levels
- Dealing with fluid loss

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

2.3 Demonstrating first aid for spinal injury may include:

- Calling 999/112
- Keeping the head and neck in-line
- Safe method(s) of placing the casualty into the recovery position whilst protecting the spine (if the airway is at risk)

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same

3.1 Administering first aid for a foreign body in the eye may include:

- Washing small particles of dust or dirt out of the eye
- Ensuring the water runs away from the good eye

Foreign body: includes dust/sand/a fly etc. on the eye

Administering first aid for a foreign body in the ear or nose may include:

- Transportation to hospital for the safe removal of the object

Foreign body: includes small object stuck in the ear or nose.

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

3.2 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 emergency services or arranging transport to hospital

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 emergency services

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same

4.2 Recognising a diabetic hypoglycaemic emergency may include:

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

Recognising an asthma attack may include:

- Difficulty breathing and speaking
- Wheezy breathing
- Pale and clammy skin
- Cyanosis
- Use of accessory muscles to breath, i.e., increased upper body movement to aid breathing

Recognising an allergic reaction may include:

- Red, itchy, raised skin rash (hives)
- Red, itchy eyes
- Swelling (often under the eyes)

Recognising meningitis may include:

- Fever (high temperature)
- Dislike of bright lights
- Stiff neck
- Sleepy or vacant
- Slurred speech
- Rash (if progressed to sepsis)
- Tense or bulging soft spot on the head (infants)

Recognising febrile convulsions may include:

- Rapid rise in body temperature (above 38°C)

- Seizure
- Stoppage of breathing during the seizure
- Blue lips (cyanosis)

4.2 Administering first aid for a diabetic hypoglycaemic emergency may include:

- Advise conscious casualty to take 10g of glucose (subject to sufficient response levels)
- Providing further food or drink if casualty responds to glucose quickly
- Determining when to call emergency services

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 emergency services

Administering first aid for an allergic reaction may include:

- Moving the casualty away from the trigger (allergen)
- Contacting parents/following care plan
- Closely monitoring for the signs of anaphylaxis and treating accordingly
- Administering first aid for meningitis may include:
- Calling emergency services and informing concerns of meningitis
- Knowledge that early hospital treatment might be vital
- Infant or a child: the learner may apply their skills or knowledge to either an infant (baby) or a child first aid situation because the treatment would be the same.

5.1 Recognising extreme cold (hypothermia) may include:

- Pale skin
- Cold to the touch
- Shivering (followed by muscle stiffness as body cools further)
- Slowing down of bodily functions
- Lethargy and confusion
- Eventually unconsciousness

Recognising extreme heat (heat exhaustion) may include:

- Pale, sweaty skin
- Nausea or vomiting
- Hot to the touch

Recognising extreme heat (heat stroke) may include:

- High body temperature
- Confusion and agitation
- Hot, dry and Flushed skin
- No sweating
- Fitting
- Throbbing headache
- Lowered levels of consciousness

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

5.2 Administering first aid for extreme cold (hypothermia) may include:

- Sheltering from the environment
- Replacing wet clothing with dry garments
- Wrapping in warm blankets
- Covering the head
- Giving a warm drink
- Maintaining airway and breathing
- If unconscious, place in recovery position with insulating materials under and around the casualty
- Calling emergency services

Administering first aid for extreme heat (heat exhaustion) may include:

- Moving the casualty to a cool shaded area
- Remove excessive clothing
- Correct casualty positioning
- Rehydrating with water or oral rehydration solutions

Administering first aid for extreme heat (heat stroke) may include:

- Moving the casualty away from the heat source
- Calling emergency services
- Rapid cooling using the fastest method possible

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

6.1 Identifying how to safely manage an incident involving electricity may include:

- Preventing anyone approaching the casualty when the electricity is still LIVE
- Taking safe steps to isolate the power
- Only approaching once the scene is safe

6.2 Administering first aid for electric shock may include:

- Checking airway and breathing
- Resuscitation
- Treating burns and other injuries
- Calling emergency services

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

7.1 Recognising the severity of burns and scalds may include:

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

7.2 Administering first aid for dry/wet heat burns may include:

- Cooling the burn for 20 minutes
- Removing jewellery and loose clothing

- Covering the burn
- Determining when to call emergency services

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

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

8.1 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)

8.2 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 emergency services 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 emergency services, and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary using PPE/barrier devices

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

9.1 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, swelling and/or flushing.

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.

9.2 Administering first aid for anaphylaxis may include:

- Calling emergency services
- Correct casualty positioning
- Assisting to use their adrenaline auto-injector
- Resuscitation if required

Infant or a child: the learner may apply their skills or knowledge to **either** an infant (baby) **or** a child first aid situation because the treatment would be the same.