Highfield International

First Aid at Work, AED & CPR all Ages

(Level 3 Award)

Qualification Specification

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Highfield International First Aid at Work, AED & CPR all Ages (Level 3 Award)

Introduction

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

Qualification Overview

The objective of this qualification is to support learners to become first aiders in the workplace.

The qualification covers knowledge such as the roles and responsibilities of the first aider, how to assess an incident and recognising signs and symptoms of injury and illness. The qualification also covers first aid skills in cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator (AED) and assisting a casualty who is suffering from major injury and illness such as chest injuries, spinal injuries, and anaphylaxis.

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.

Key Facts

Recommended Duration:	3 days (19 hours)
Assessment Method:	Practical assessment and multiple-choice theory assessment

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.

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Centre Requirements

To effectively deliver and assess this qualification, centres **must** have the following resources in place:

- a minimum of 1 training defibrillator between a maximum of 4 learners
- 1 adult, 1 child and 1 infant 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 candidate OR manikin face wipes to be used after each candidate's demonstration)
- replacement airways and lungs for resuscitation manikins (changed at the end of each course)
- 1 disposable training dressing per candidate
- 1 pair of disposable gloves (not latex) per candidate
- 1 first aid kit
- a sling for fractures
- 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).

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

Guidance on Delivery

The total qualification time for this qualification is 19 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 First Aid at Work course is flexible, accessible and can be completed in 4 to 5 hours. It can be used as part of a blended-learning approach which replaces 5 hours of the face-to-face training 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
- 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.

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.

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- **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 TAI (tutor, assessor & IQA) 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.

Certificate Validity:

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.

Tutors/assessors who have evidence of delivering a minimum of 30 hours of accredited formal training per year, in a first aid qualification, may requalify through completion of the qualification assessment only or a reduction in the learning hours, at the discretion of Highfield.

Guidance on Internal 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:

- have a valid FAW certificate, and sufficient training and assessment experience in first aid or any other vocational training sectors;
- 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

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of this qualification. For example, this could be conducted via Highfield sampling Centre paperwork or conducting support visits to Centres.

Tutor/Assessor Requirements

Highfield requires nominated tutors/assessors to:

1. hold a valid **First Aid at Work (CPR all Ages)** certificate or other valid advanced first aid equivalents* **or** current registration as a Doctor/Nurse/Paramedic**. Highfield will consider other first aid/medical qualifications, and experience, on a case-by-case basis.
2. hold a valid teaching/training/first aid instructor certificate or have relevant experience deemed acceptable by Highfield.
3. successfully complete the Trainer Evaluation Engagement (TEE) with Highfield EQS, conducted remotely via an online video session. This engagement is a competency review meeting, during which trainers will be required to demonstrate their knowledge and core practical first aid skills.

If trainers do not hold the required first aid and/or teaching qualifications (requirement 1 & 2), the recommended pathway is to complete the Highfield First Aid Train the Trainer (FA TTT) programme. Successful completion of this Highfield FA TTT program will enable trainers to satisfy all of the above 3 requirements.

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

Geographical Coverage

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

Reasonable Adjustments and Special Considerations

Highfield Qualifications has measures in place for learners who 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

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- 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.

Progression

Progression and further learning routes include:

- Highfield International First Aid Response (Level 3 Award)
- Highfield International Emergency Paediatric First Aid & AED (Level 3 Award)

Highfield offers a range of qualifications to help candidates progress their careers and personal development. Please contact your centre manager for further information.

Useful Links

The following website are recommended to support centres in the delivery of this qualification:

- https://www.youtube.com/@TheHighfieldGroup (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. 'First Aid at Work' book. Highfield Products
- Morley, J. & Sprenger, C. First Aid at Work Interactive Training Presentation. Highfield Products
- The Complete First Aid Interactive Training package. Highfield Products
- Morley, J. & Sprenger, C. BLS & AED Handbook. Highfield Products
- Morley, J. & Sprenger, C. BLS & AED Training Presentation. Highfield Products

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Appendix 1: Qualification Unit(s)

Unit Title: International First Aid at Work, AED & CPR all Ages
Unit Level: 3
Unit GLH: 19 hrs

Learning Outcomes	Assessment Criteria
The candidate will:	***The candidate 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 yourself and **others** 1.3 Identify recommended first aid kit content requirement 1.4 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 Cardiopulmonary Resuscitation (CPR) 3.2 Demonstrate adult, child and infant **CPR** using manikins 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 suffering from shock	6.1 Recognise when a casualty is suffering from **shock** 6.2 Identify who to administer first aid for 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: • Small cuts • Grazes • Bruises • Small splinters

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Learning Outcomes	Assessment Criteria
The candidate will:	***The candidate can:***
	• Nosebleeds 7.2 Identify how to administer first aid to a casualty with minor burns and scalds
8 Be able to conduct a secondary survey	8.1 Identify the information to be collected when gathering a casualty history 8.2 Demonstrate how to conduct a **head-to-toe survey**
9 Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints	9.1 Recognise a suspected: • Fracture or dislocation • Sprain and strain 9.2 Identify how to administer first aid for a casualty with suspected: • Fracture or dislocation • Sprain or strain 9.3 Demonstrate how to apply: • A support sling • An elevated sling
10 Be able to provide first aid to a casualty with suspected head and spinal injuries	10.1 Recognise a suspected: • Head injury • spinal injury 10.2 Identify how to administer first aid for a suspected head injury 10.3 Demonstrate how to administer first aid for a casualty with a suspected spinal injury
11 Know how to provide first aid to a casualty with suspected chest injuries	11.1 Identify how to administer first aid for suspected: • Fracture ribs • Penetrating chest injury
12 Know how to provide first aid to a casualty with burns and scalds	12.1 Identify how to recognise the severity of burns and scalds 12.2 Identify how to administer first aid for burns involving: • Dry/wet heat • Chemicals • Electricity
13 Know how to provide first aid to a casualty with an eye injury	13.1 Identify how to administer first aid for eye injuries involving: • Dust • Chemicals • Embedded objects
14 Know how to provide first aid to a casualty with suspected poisoning	14.1 Identify how poisonous substances can enter the body 14.2 Identify how to administer first aid to a casualty with suspected sudden poisoning
15 Know how to administer first aid to a casualty with anaphylaxis	15.1 Identify common triggers for anaphylaxis 15.2 Recognise signs and symptoms of anaphylaxis 15.3 Identify how to administer first aid for a casualty with suspected anaphylaxis

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Learning Outcomes	Assessment Criteria
The candidate will:	***The candidate can:***
16 Know how to provide first aid to a casualty with suspected major illness	16.1 Recognise suspected: • Heart attack • Stroke • Epileptic seizure • Asthma • Diabetes 16.2 Identify how to administer first aid for a casualty suffering from: • Heart attack • Stroke • Epileptic seizure • Asthma • Diabetes
17 Know how to safely use an automated external defibrillator (AED)	17.1 Describe the differences between using an AED on an adult, child and infant 17.2 Identify safety considerations when using an automated external defibrillator 17.3 Demonstrate the correct placement of AED electrode pads on a manikin 17.4 Follow AED voice prompts accurately 17.5 Demonstrate how to combine the use of an automated external defibrillator with minimal interruptions in cardiopulmonary resuscitation using a manikin 17.6 Demonstrate the safe delivery of AED shock 17.7 State the procedures if the casualty shows signs of life and starts to breathe normally 17.8 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 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 1.2 Minimising the risk of infection may include: • Personal Protective Equipment (PPE) • Hand hygiene • Disposal of contaminated waste • Using appropriate dressings

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- Barrier devices during rescue breaths
- Covering own cuts

Others may include casualties, work colleagues or people within the workplace environment.

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:

- D: Danger
- R: Response
- C: Catastrophic bleeding
- A: Airway
- B: Breathing
- C: Circulation
- D: Disability
- E: Exposure

DRCABCDE

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:

- **For adults**:

- 30 chest compressions
  - Correct hand positioning
  - 5-6cm compression depth
  - 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

-For child (including adolescents) and Infant (age under 1 year):

Demonstrating CPR must include:

- 5 initial rescue breaths

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- 15 chest compressions
    - correct two-thumb encircling position for an infant
    - correct positioning of hand(s) for a child
    - correct compression depth for infant and 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
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)

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
- Continually monitoring airway and breathing
- Turning the casualty onto the opposite side every 30 minutes
- Placing heavily pregnant casualty on their left side

3.5 Continually monitoring airway and breathing **must** include:

- Continual checking for normal breathing to ensure that abnormal breathing 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

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

- Speak
- Cough
- Cry (in case of child or infant)
- Breathe

Identifying severe choking may include recognising the casualty is:

- Unable to cough effectively
- Unable to speak (or cry, in case of child or infant)

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- Unable or struggling to breathe
- In visible distress
- Unconscious

Infant (age under 1 year) or a child (including adolescents): 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
- Calling emergency services when required
- CPR if unconscious and no signs of breathing

5.1 Life-threatening (catastrophic) bleeding may be identified by:

- Rapidly flowing or spurting blood from a wound
- Pooling of blood on the ground (or clothing)
- Bleeding that cannot be controlled by direct manual pressure alone

5.2 Administering first aid for external bleeding may include:

- Maintaining clean technique
- Positioning the casualty in a sitting or lying position
- Examining the wound
- Applying direct pressure onto (or into) the wound
- Dressing the wound

Life-threatening (catastrophic) bleeding treatment may include:

- Wound packing (including improvised)
- Tourniquet application
- Improvised tourniquet application

Life threatening bleeding (catastrophic bleeding) which includes demonstrating using a tourniquet is NOT a requirement of assessment.

6.1 Shock: hypovolaemic shock (resulting from blood loss) recognition may include:

- Pale, clammy skin
- Pale skin inside the lips (for dark skin tones)
- 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

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- Keeping the casualty warm
- Calling emergency services

7.1 Administering first aid for small cuts and grazes may include:

- Irrigation
- Dressing

Administering first aid for bruises may include:

- Cold compress for 20 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

7.2 Administering first aid for minor burns and scalds may include:

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

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

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

8.2 Performing a systematic check of the casualty may include:

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

Head to toe survey: must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).

9.1 Recognising fractures, dislocations, sprains and strains may include:

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

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- Crepitus
- Tenderness

9.2 Administering first aid for fractures and dislocations may include:

- Immobilising/keeping the injury still
- Calling emergency services, or
- Arranging transport to hospital

Administering first aid for sprains and strains may include:

- Rest
- Ice
- Compression/comfortable support
- Elevation

9.3 Demonstrating the application of a sling must include:

- A support sling
- An elevated sling

10.1 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
- numbness, tingling and muscle weakness

Head injury: includes concussion, compression and skull fracture. The learner is not expected to differentiate between these conditions.

10.2 Administering first aid for a head injury may include:

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

10.3 Administering first aid for spinal injuries may include:

- Calling emergency services
- Opening the airway using the jaw thrust technique
- 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).

11.1 Administering first aid for suspected rib fracture may include:

- Calling emergency services
- Casualty positioning
- Supporting the injury

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Administering first aid for a penetrating chest injury may include:

- Calling emergency services
- Casualty positioning
- Controlling bleeding around the wound (without covering the wound)
- Leaving a sucking chest wound open to fresh air

12.1 Recognising the severity of burns and scalds may include:

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

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

- Cooling the burn for 20 minutes with cool running tap water
- 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 a priority

Administering first aid for electrical burns may include

- Ensuring it is safe to approach/touch the casualty
- Checking **DRCABCDE** and treating accordingly
- Cooling the burns

13.1 Administering first aid for dust in the eye may include:

Initially asking the casualty not to rub their eye. Look into the eye to see if you can see the object. Ask the casualty to look up, down, left and right as eye movement and tears may flush the object out.

- If unsuccessful irrigate the eye with clean water ensuring the water runs away from the good eye
- If unsuccessful cover with a sterile dressing and seek medical attention
- For insects - flush the insect out with water.

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

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)

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- Calling emergency services or arranging transport to the hospital

14.1 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; through bites and stings)

14.2 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

15.2 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 a skin rash, swelling and/or flushing.

15.3 Identify how to administer first aid for anaphylaxis:

- Calling emergency services
- Correct casualty positioning
- Use of the casualty's adrenaline auto-injector or nasal spray
- Using the opposite leg to administer a second dose of adrenaline if needed
- Resuscitation if required

15.4 **The use of a 'training device' adrenaline auto-injector**: must be demonstrated using a training device and **NOT** a live auto-injector.

16.1 Recognising a **heart attack** may include:

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

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

- F: Face
- A: Arms
- S: Speech
- T: Time to call emergency services

Other stroke symptoms include sudden problems with balance, walking, dizziness, coordination, vision and severe headache.

Recognising an **epileptic seizure** may include the following patterns:

- Aura
- Tonic phase
- Clonic phase
- 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 **hypoglycaemic** emergency may include:

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

16.2 Administering first aid for a **heart attack** may include:

- Correct casualty positioning
- Calling emergency services
- 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 emergency services

Administering first aid for an **epileptic seizure** may include:

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

Administering first aid for an **asthma attack** may include:

- Correct casualty positioning
- Assisting a casualty to take their reliever inhaler and use a spacer device

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- Calming and reassurance
- Determining when to call emergency services

Administering first aid for a **hypoglycaemic** emergency may include:

- Advise the casualty to take glucose (for conscious casualties, subject to sufficient response levels)
- Providing further food or drink if casualty responds to glucose quickly
- Determining when to call emergency services

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