



Qualsafe Level 2 Award in
**Principles of Community
First Response (RQF)**

Qualification Specification

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Key qualification information

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|---------------------------------|--|
| Qualification number: | 603/5810/5 |
| Operational start date: | 21/04/2020 |
| Number of units: | 1 mandatory unit (split into 2 components) |
| Guided Learning Hours (GLH): | 16 hours |
| Total Qualification Time (TQT): | 28 hours |
| Credit value: | 3 |
| Assessment methods: | Theory assessment: <ul style="list-style-type: none">• Learner workbook• Learner record of achievement Practical assessment 4 completed throughout the course |



Qualsafe Awards

Not only is Qualsafe Awards (QA) one of the largest Awarding Organisations (AO) in the UK, we are also the biggest AO for First Aid qualifications, making us an extremely trusted and recognisable name that employers look for when selecting a training provider.

We are recognised and regulated by the Office of Qualifications and Examinations Regulation (Ofqual), Qualifications Wales and the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA). This means we can offer Centres an extensive range of qualification suites including First Aid; Prehospital Care; Health and Safety; Mental Health First Aid; Licensing; Food Safety; Fire Safety; Education and Training; Manual Handling; and Health and Social Care.

With a specialist team of subject matter experts on hand to support our Centres, including A&E Consultants, doctors, paramedics, nurses, physiotherapists and specialists in the other sectors, you can be confident that you are truly working with the industry experts.

Qualification overview

This qualification forms part of the QA Prehospital Care suite of qualifications. The qualification and learning outcomes are based on the recommendations of:

- Resuscitation Council (UK)
- Assessment Principles for Regulated First Aid Qualifications
- Skills for Health UK Core Skills Training Framework

This QA qualification is:

- For people who will respond to emergency or life-threatening incidents
- For Community First Responders

This QA qualification has been developed to prepare Learners to become Community First Responders. It has been designed to give Learners a basic level of prehospital care knowledge and clinical practice to deal with life-threatening emergencies such as cardiac arrest.

Effective early interventions by community first responders have been shown to have a positive impact on patient outcomes and are reflected in the qualification content.

This specification provides information for Centres about the delivery of the Qualsafe Level 2 Award in Principles of Community First Response (RQF) and includes the unit information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by providing them with the knowledge and skills to administer initial emergency care at life-threatening incidents prior to the arrival of further medical assistance. Learners will gain the necessary skills associated with basic life support.

Whilst achievement of this qualification confirms Learners have met both the theoretical and practical requirements, this does not imply a 'license to practice' – the scope of practice for which will be determined by the organisation responsible for the governance of community first responders.

Intended audience

This qualification is for people who are performing or aspiring to perform as a community first responder.



Structure

This qualification comprises 1 mandatory unit (split into 2 components) with a Total Qualification Time (TQT) of 28 hours. Full details of these are in *Appendix 1*.

Learners must complete all assessments successfully within the registration period to achieve the qualification. The maximum period to achieve this qualification, including any referrals is 70 days.

TQT is the total number of hours required for a Learner to achieve this qualification. It has 2 elements:

- Guided Learning Hours (GLH) is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor, which for this qualification is 16 GLH (minimum), and
- The number of hours a Learner will reasonably be likely to spend in preparation and study, including assessment, as directed by, but not under the immediate guidance or supervision of a Trainer, e.g. pre-course reading, which for this qualification is 12 hours

Other units

No other units can be combined to count towards the Qualsafe Level 2 Award in Principles of Community First Response (RQF).

Relationship with other related qualifications

The Qualsafe Level 2 Award in Principles of Community First Response (RQF) can be transferred to other qualifications under Recognition of Prior Learning (RPL) towards achievement of that qualification providing it is achieved within its registration period.

Recognition of Prior Learning

RPL is not permitted for this qualification.

Entry requirements

Learners must be at least 18 years old on the first day of the training.

To generate evidence of community first response to complete this qualification, Learners must have access to a minimum of 12 hours mentored practice.

There are no other formal entry requirements but to benefit from the learning we advise that Learners have a minimum of Level 1 in literacy or equivalent.

Progression

The Qualsafe Level 2 Award in Principles of Community First Response (RQF) qualification can be used as a stepping-stone to progress onto higher levels of prehospital care qualifications, such as the Qualsafe Level 3 Award for Community First Responders (RQF), which will provide Learner's with further knowledge and skills to deal with a broader range of emergency incidents.

This qualification also offers those achieving it greater opportunities to progress their career into other areas of prehospital emergency care, such as the ambulance service. Furthermore, the qualification can be used a stepping-stone in an individual's career and may lead to various employment opportunities in a range of different healthcare settings.

Requalification requirements

This qualification is valid for a period of 3 years. The Learner needs to undertake annual refresher training and retake the qualification before the certificate expiry date to remain qualified.

Requalification training should be delivered in no less than 8 hours (1 day) excluding breaks.

Note: Requalification requires successful completion of the original qualification.



Qualification approval requirements

Qualsafe Awards requires the Centre:

- To have appropriate policies, systems and procedures in place
- To appoint suitable individuals from their personnel team to train, assess and quality assure their QA qualifications
- To have suitable and adequate venues, equipment and learning resources

In order to secure and maintain approval from QA, Centres need a minimum staffing requirement for each qualification suite they deliver, which for this qualification is:

| | |
|-------------------------------------|--|
| One Trainer/Assessor | Responsible for the delivery and assessment of qualifications |
| One Internal Quality Assurer | Responsible for quality assuring the delivery, assessment and awarding of this qualification |

Qualsafe Awards requires the Centre staff to read and understand QA's key policies and procedures, and to abide by their contents.

Trainers/Assessor

People delivering and assessing this qualification must:

- Have occupational knowledge and competency in community first response as shown in *Appendix 2* **and**
- Have an acceptable training qualification as shown in *Appendix 3* **and**
- Hold or be working towards an acceptable assessing qualification as shown in *Appendix 3*

Trainers are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD).

Mentor

People mentoring this qualification must:

- Have occupational knowledge and competency in community first response as shown in *Appendix 2* **and**
- Hold or be working towards an acceptable mentoring qualification

Mentors are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD).

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and competency in community first response as well as knowledge and competency in internal quality assurance. An acceptable portfolio must show:

1. A relevant vocational qualification and/or experience as shown in *Appendix 2*
2. The IQA :
 - holds or is working towards a regulated internal quality assurance qualification as shown in *Appendix 4* **or**
 - has attended relevant Internal Quality Assurance CPD training with AO as shown in *Appendix 4*

IQAs are expected to keep up to date with the subject area and provide evidence of CPD.



They must also:

- Have knowledge of the requirements of the qualification they are quality assuring at the time the assessment is taking place
- Have knowledge and understanding of the role of IQAs
- Attend training delivery and visit and observe assessments being carried out
- Carry out other related internal quality assurance

Full details of the Centre's requirements for internal quality assurance are in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

Note: IQAs cannot quality assure a course for which they were the Trainer and/or Assessor.

Venue and equipment

Quality training involves using premises conducive to learning and it is a Centre's responsibility to make sure all venues used for training and assessment purposes are suitable and adequate – whether these are hired or in-house training rooms. They must also comply with all current legislation.

In addition, it is important there is a wide range of learning resources to support delivery.

As a minimum, Centres should make sure their venues, equipment and other resources include:

| Resource/area: | Requirements: |
|--|---|
| Infection, prevention and control equipment | Provide equipment to assess hand hygiene and safe use of PPE. |
| Moving and handling of objects and people equipment applicable to the Learner's working environment | Provide equipment to complete the selected moving and handling assessments. This could include: chairs with arms, walking frames or handling belts. |
| CPR adult manikins | A minimum of 1 adult manikin to every 4 Learners (as per the European Resuscitation Council guidelines). |
| Choking trainer | A manikin or vest that Learners can use to demonstrate treatment of choking. |
| AED trainers | At least 1 AED trainer to every 4 Learners. If fewer AED trainers are provided, adjust learning hours/lesson plans accordingly to make sure Learners are not disadvantaged. |
| Audio visual (AV) equipment and training aids | Sufficient AV equipment and training aids to facilitate learning using varying teaching methods. |
| Learning materials | Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification. |
| Training venue | The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise. |



Course/Centre administration

Pre-registering courses

Centres approved to deliver this qualification must pre-register courses on the QA Customer Portal at least 5 working days in advance of the course start date. This will allow QA to make the necessary external quality assurance arrangements, which includes unannounced visits. Centres must adhere to this pre-course registration requirement and should be aware that any identified non-compliance in this respect will lead to the imposition of sanctions in line with the content of the *QA Sanctions Policy*.

Centres not pre-registering courses on the QA Customer Portal with 5 working days' notice will not be able to download assessment paperwork or deliver planned courses.

It should be noted that Centres cannot register courses after the event and must purchase sufficient qualifications from QA in advance to facilitate pre-course registration. Further guidance can be found on the QA Customer Portal.

Registering Learners

Register Learners with Qualsafe Awards in accordance with the guidance in the *QA Centre Handbook*.

Certification

After a Learner has completed an assessment, unit or qualification, whether they have passed or not, Centres must enter the details and assessment results on the QA Customer Portal at:
www.qualsafeawards.org

Centres will be given login details and guidance on using the QA Customer Portal when they are approved to deliver a QA qualification.

The Learner receives a certificate on achieving this qualification.

The certificate date is the date the Learner achieves the final unit. This qualification is valid for 3 years. The Learner needs to undertake annual refresher training and retake the qualification before the certificate expiry date to remain qualified.

Qualsafe Awards recommend Learners also complete annual basic life support training to maintain their clinical skills and keep up to date with any changes to core subjects and clinical practice.

QA have developed a verification tool that means the validity of every certificate can be verified online. This verification tool can be found on the QA website.

Delivery and support

Learner to Trainer ratio

To maintain the quality of training and assessment, make sure the class ratio is no more than 12 Learners to 1 Trainer. The assessment space should allow Learners to sit at least 1 metre apart to prevent collusion during the theory/multiple choice question paper assessment. Never allow more Learners on the course than you can cater for during the assessment.

Delivery plan

Qualsafe Awards provides Centres with a complimentary course programme and detailed lesson plans, which are carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners are adequately prepared for the assessments.



Pre-course reading is an essential component of successfully delivering the course programme. We strongly advise Learners are provided with suitable Learning materials (below) in advance of the course start date, to complete approximately 2 hrs worth of study in the following areas:

- Patient assessment strategy
- HM Government PREVENT e-Learning

Similarly, off-course study and assessment time is just as important. Learners should be given the opportunity to reflect on and consolidate their learning, carry out their own exploration and research, refine and practise their skills, develop their knowledge and understanding through additional reading and mentored practise. Therefore, we recommend a 2-day (minimum) course programme, with additional consolidation and/or mentored practise, see below.

To accommodate all key elements, we recommend the course programme is delivered in the following phases:

1. Pre-course reading – 2hrs
2. Face-to-face delivery of days 1 and 2 – 16hrs
3. Contextualised practise – 10hrs

Centres not using QA lesson plans, which are created and provided free on qualification approval, must submit their own delivery plan and have it approved by us **before** delivering this qualification. **Note:** Charges may apply. The delivery plan should:

- Include a course timetable, clearly showing the required subjects and criteria/learning outcomes are covered and the minimum 16 contact learning hours are met
- Clearly demonstrate all phases (above) are embedded within the overall course programme
be emailed to: info@qualsafeawards.org

Qualsafe at Home

The theory element of this qualification can be delivered online using a virtual classroom. Further details about the requirements for delivering a Qualsafe at Home course are available to approved Centres in the 'Centre downloads' section of their QA Customer Portal. All Centres must seek approval for remote training by completing the *Qualsafe at Home Centre Application*. All Centre staff involved in the remote delivery for this qualification must read and understand all guidance and requirements in advance of delivery.

The practical elements of this qualification and the assessments **must** take place in a face-to-face classroom and cannot be completed remotely.

Note: theory sessions **must** be completed before the practical face-to-face classroom sessions and all the assessments must take place during the face-to-face sessions.

Learning materials

Centres must provide each Learner with access to suitable learning materials to support their progress through the qualification. As a minimum we recommend:

- *First Responder Care Essentials* by Richard Pilbery and Kris Lethbridge

We would also recommend further reading in the areas of first aid such as:

- *First Aid Made Easy* by Nigel Barraclough

Centres can choose alternative books or other learning materials, but these **must be approved** by Qualsafe Awards prior to use. **Note:** Charges may apply.



Ongoing support

Qualsafe Awards Centres should provide appropriate levels of support to Learners throughout the qualification. The purpose of the support is to:

- Assess knowledge and competence in relation to learning outcomes and the detailed assessment criteria of the unit within the qualification, see *Appendix 1*
- Give Learners feedback on their progress and how they might be able to improve

Assessment

Overview

The Qualsafe Level 2 Award in Principles of Community First Response (RQF) skills and knowledge should be taught and assessed in accordance with currently accepted prehospital care practice in the UK.

Methods

Qualsafe Awards has devised externally set, internally marked assessment tools to make sure Learners are assessed against the required knowledge, skills and understanding, as detailed in the learning outcomes and assessment criteria shown in *Appendix 1*. Centres should download all assessment papers from the QA Customer Portal in advance of the course. For this qualification there are:

- Practical assessments – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see *Guide to Assessing Qualsafe Level 2 Award in Principles of Community First Response (RQF)*. There are 4 practical assessments for this qualification:
 - Essential CFR skills
 - Basic Life Support (PCFR)
 - Medical emergency
 - Choking patient (PCFR)
- Theory assessment/portfolio of evidence – Learner workbook to be completed out of the classroom environment and Learner record of achievement to be completed by a Mentor

There are 2 possible grades available of Pass or Fail. All mandatory areas of assessment must individually meet or exceed the required pass criteria/mark for the Learner to achieve this qualification.

Note: Centres should download all assessment papers from the QA Customer Portal in advance of the course.

Access to assessment

Qualsafe Awards is committed to equality when designing the assessments for this qualification. Centres can make sure they do not unfairly exclude the assessment needs of a particular Learner by following the QA *Access to Assessment Policy* to determine whether it is appropriate to make a:

- Reasonable adjustment or
- Special consideration

When a reasonable adjustment needs to be made, Centres should check the QA *Access to Assessment Policy* to see if the adjustment required needs prior approval or if the Reasonable Adjustment Form can be submitted retrospectively. If the adjustment requires prior approval, then Centres must complete a Reasonable Adjustment Form and send it to QA with any relevant supporting evidence at least five working days in advance of course delivery for review and approval. Centres should retain a copy of this form for their own records.



Learners may be eligible for special consideration if they have been affected by adverse circumstances beyond their control. A Special Consideration Request Form should be completed and sent to QA along with any supporting evidence (where available) for consideration and approval. Centres should retain a copy of this form for their own records.

Note: If you have any suggestions for improvements, please let us know.

Learners should be informed about the Centre's and QA's appeals and complaints procedures and how they can access these. Information about these procedures can be found in the *QA Training Commitment* which should be presented to Learners during their course.

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, the Learner must be assessed performing practical tasks such as CPR, as per *QA Guide to Assessing Qualsafe Level 2 Award in Principles of Community First Response (RQF)*. To pass the assessment, the Learner must demonstrate the required practical skills without assistance from a third party (unless authorised by QA following a reasonable adjustment request).

Informal record of achievement

If a Learner with disabilities cannot perform 1 or more of the practical tasks required, it may be possible for the Centre to provide a letter recording the learning outcomes that the Learner achieved. For example, a Learner may be able to demonstrate 'chest compression only CPR', instruct a third party how to place a patient in the recovery position and pass the theoretical assessments. The letter should clearly state that "this record of achievement does **not** constitute a Qualsafe Level 2 Award in Principles of Community First Response (RQF)".

Quality assurance

Centre internal quality assurance

The Centre is required to sample a reasonable amount of assessments as part of the quality assurance of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. Centres are required to adhere to QA's internal quality assurance requirements. Full details of the Centre's requirements for internal quality assurance are in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

Centres must retain all Learner documents and records for a period of 3 years and make sure these are available for review by QA or their representatives, e.g. External Quality Assurers (EQAs), on request.

Qualsafe Awards external quality assurance

Qualsafe Awards operates a system of ongoing monitoring, support and feedback for approved Centres.

QA employs a risk-based model to decide the frequency of external quality assurance activity.

Further details of the Qualsafe Awards' external quality assurance programme are available in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.



Further information

Contact us

If you have any queries or comments we would be happy to help you, contact us:

Email: info@qualsafeawards.org

Tel: 0330 660 0899

Useful addresses and websites

- Qualsafe Awards, City View, 3 Wapping Road, Bradford, BD3 0ED: www.qualsafe.org
- Office of Qualifications and Examinations Regulation (Ofqual): www.gov.uk/government/organisations/ofqual
- Council for the Curriculum Examinations and Assessment (CCEA): <https://ccea.org.uk/regulation>
- Qualifications Wales: www.qualificationswales.org
- Faculty of Pre Hospital Care The Royal College of Surgeons of Edinburgh: www.fphc.co.uk
- Lincolnshire Integrated Voluntary Emergency Service (LIVES): www.lives.org.uk
- Resuscitation Council (UK): www.resus.org.uk

Appendix 1 – Qualification unit

Qualification unit 1 Principles of Community First Response

The Qualsafe Level 2 Award in Principles of Community First Response (RQF) has 1 unit (split into 2 components) that Learners are required to complete in order to achieve the qualification.

Component 1

| | | |
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| Title: | Fundamentals of Community First Responding | |
| GLH: | 8 | |
| Level: | 2 | |
| Learning outcomes The Learner will: | Assessment criteria The Learner can: | |
| 1. Understand the role and responsibilities of a community first responder | 1.1 Summarise role and responsibilities of a first responder | Should include operating in line with safe systems of work in order to preserve the life (responders, others and patients), preventing situations worsening and managing deviation from 'normal' physiological parameters and promote recovery through safe, prompt and effective treatment within their scope of practice. A community first responder is responsible for making sure they operate within the confines of the law, organisational policy and procedures and clinical governance. They should recognise the need for clinical support, safeguard patients and recording incident details, interventions and making referrals based on findings. |
| | 1.2 State the importance of establishing and maintaining consent | Should include the need for and how to establish consent, types of consent, how to maintain consent throughout contact and simple consent issues including mental health and capacity. |
| | 1.3 Summarise organisations own information governance procedures | Should include data protection legislation, Caldicott principles, own organisational information governance policy and procedures for protecting people's information. |
| | 1.4 State the consequences of breaches in: <ul style="list-style-type: none"> • Confidentiality • Information governance | Should include the organisations actions upon breaches and legal consequences. |
| | 1.5 Describe patient-centred care in the context of community first response | Should include the need to customise a responder's approach to support a patient-centred approach including using a range of communication methods to provide reassurance and communicate information. |

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| 2. Understand the importance of infection prevention and control | 2.1 Identify how infection can be transmitted between people | Should include the chain of infection (pathogen, reservoir, exit route, routes of transmission, entry route and susceptible host). |
| | 2.2 Identify groups at higher risk of infection | Should include people with weakened immune system due to old age, pre-existing medical condition or medication and children. |
| | 2.3 State the importance of infection prevention and control | Should include health and safety policies and legislation and requirements highlighted in the Health and Social Care Act 2008 in relation to CQC registered services. |
| | 2.4 Summarise own organisations infection prevention and control policy and procedures | Should include key elements of the organisations policy and procedures in relation to compliance. |
| 3. Be able to apply infection, prevention and control techniques | 3.1 Demonstrate infection prevention and control techniques | Should include hand hygiene principles, applying standard precautions including the use of personal protective equipment. |
| 4. Understand the principles of safe moving and handling of patients and objects | 4.1 Identify the importance of safe manual handling | Should include: <ul style="list-style-type: none"> • Avoidance injuries and ill health through incorrect manual handling • Employer's and employee's (volunteer's) duties in relation to manual handling • Consequence of non-compliance and poor manual handling techniques |
| | 4.2 Define the terms: <ul style="list-style-type: none"> • Risk • Hazards • Kinematics | Should include the definitions of risk, hazards and kinematics and their relevance to moving and handling. |
| | 4.3 Explain considerations prior to moving and handling activities | Should include: <ul style="list-style-type: none"> • Patient • Working area • Activity • Personnel • Human factors |

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| 5. Be able to carry out safe moving and handling of patients and objects | 5.1 Conduct a dynamic risk assessment | Should include: <ul style="list-style-type: none"> • Identify the hazards • Decide who might be harmed and how • Evaluate the risks and decide on precautions • Verbalise findings and implement precautions • Recognise new or evolving hazards and/or risks and review assessment |
| | 5.2 Demonstrate safe lifting of an object | Should include current safe lifting of a role related piece of equipment e.g. response bag. |
| | 5.3 Demonstrate safe moving and handling of a person - sit to stand | Should include: <ul style="list-style-type: none"> • Following rules • Taking precautions • Using current techniques • Enabling patient self-mobilising |
| | 5.4 Demonstrate safe moving and handling of a person from chair to floor in an emergency | |
| 6. Know how to safeguard people against abuse | 6.1 Describe what is meant by safeguarding and protection in relation to children, young people and adults at risk | Safeguarding is protecting an individual from harm and their human rights. It can involve multiple agencies taking action to enable the best outcomes for the person at risk. |
| | 6.2 Identify different types of abuse | Should include: <ul style="list-style-type: none"> • Financial or material • Physical • Neglect and acts of omission • Sexual • Psychological • Organisational • Discriminatory • Self-neglect • Domestic • Modern slavery |
| | 6.3 Identify possible indicators of different types of abuse | Should include possible indicators according to the social care institute for excellence. https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse |
| | 6.4 State own organisations procedures for reporting and recording: <ul style="list-style-type: none"> • Suspected abuse • Disclosure of abuse • Alleged abuse | Should be in line with current organisational policies and procedures that follow national and local guidance. |
| | 6.5 Give examples when disclosed information must be shared with others | Should include making a disclosure to the police and local authorities. |

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| 7. Understand the national PREVENT and CONTEST strategies | 7.1 Summarise the national strategy: <ul style="list-style-type: none"> • PREVENT • CONTEST | Should include: <ul style="list-style-type: none"> • Prevent people becoming terrorists • Reduce the risk of radicalisation • Work together to prevent terrorism • Work together to prevent the impact of terrorist attacks |
| 8. Know how to safeguard service users against radicalisation | 8.1 State the key objectives of the PREVENT strategy and related legislation | Should include: <ul style="list-style-type: none"> • Prevent: to stop people becoming terrorists or supporting terrorism • Pursue: to stop terrorist attacks • Protect: to strengthen our protection against terrorist attack • Prepare: to mitigate the impact of a terrorist attack |
| | 8.2 State the risk factors associated with radicalisation | Should include: <ul style="list-style-type: none"> • Being easily influenced or impressionable • Having low self-esteem or being isolated • Feeling that rejection, discrimination or injustice is taking place in society • Experiencing communicating tension amongst different groups • Being disrespectful or angry towards family and peers • Having a strong need for acceptance or belonging • Experiencing grief such as loss of a loved one |
| | 8.3 State the reporting procedures for suspected radicalisation attempts and related activities | Should include: <ul style="list-style-type: none"> • Contact duty manager/supervisor • Contact local police and anti-terrorism unit |

Qualification component 2

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|--|---|--|
| Title: | Responding to medical emergencies | |
| GLH: | 8 | |
| Level: | 2 | |
| Learning outcomes <i>The Learner will:</i> | Assessment criteria <i>The Learner can:</i> | |
| 1. Be able to assess an incident | 1.1 State how environmental factors could affect scene safety | Should include: <ul style="list-style-type: none"> • Household hazards • Weather conditions • Working at height • Close proximity to water • Far from help |
| | 1.2 Perform a dynamic risk assessment | Should include: <ul style="list-style-type: none"> • Identify the hazards • Decide who might be harmed and how • Evaluate the risks and decide on precautions • Verbalise findings and implement precautions • Recognise new or evolving hazards and/or risks and review assessment |
| | 1.3 Demonstrate safe scene approach | Should include: <ul style="list-style-type: none"> • Identify potential hazards at scene • Assess safety problems affecting provider/s, others present and patient/s • Assessing the cause of the injury/illness (including mechanism of injury/general impression) • Assessing environmental factors affecting assessment, treatment and extrication • Establishing whether extra resources required and request where necessary (ETHANE message) • Overall management and mitigation of risks and hazards present including wearing PPE and infection, prevention control measures (universal precautions) |

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| 2. Be able to provide emergency care to a patient with suspected major illness | 2.1 Perform a patient assessment | Should include a primary survey including a prioritised assessment identifying life-threatening ABC (Airway, Breathing and Circulation) problems. |
| | 2.2 Provide emergency care to a patient with suspected major illness | Should include: <ul style="list-style-type: none"> • Infection, prevention and control measures • Gaining and maintaining consent • Identifying ABC problems • Managing ABC problems • Optimum patient position • Continual assessment • Calling for clinical support • Communicating information and reassurance • Patient handover to a healthcare professional |
| 3. Be able to assess and manage a patient's airway | 3.1 Explain the need to clear the airway | Should include maintaining the respiratory system's ability to adequately provide oxygen and expel carbon dioxide. If this is not achieved it will lead to hypoxaemia, hypoxia, hypoventilation and death. |
| | 3.2 Demonstrate dynamic airway assessment | Should be safe, prompt, effective and in line with current Resuscitation Council UK Guidelines. |
| | 3.3 Implement stepwise airway management | Should follow the current Resuscitation Council UK Guidelines and recognise the need to request clinical assistance to continue the airway management stepwise approach. |
| | 3.4 Demonstrate how to clear the airway using: <ul style="list-style-type: none"> • Postural drainage • Manual techniques • Recovery position | Should be safe, prompt, effective and in line with current Resuscitation Council UK Guidelines. |
| | 3.5 Demonstrate airway reassessment | Should be safe, prompt, effective and in line with current Resuscitation Council UK Guidelines. |
| | 3.6 Differentiate between mild and severe choking | Signs of mild airway obstruction should include: <ul style="list-style-type: none"> • Response to question 'Are you choking?' Patient speaks and answers yes • Patient is able to speak, cough and breathe. Signs of severe airway obstruction should include: <ul style="list-style-type: none"> • Response to question 'Are you choking?' Patient unable to speak, patient may respond by nodding • Patient is unable to breathe, wheezy breathing, attempts to cough silently and patient may be unconscious |
| | 3.7 Administer emergency care to a patient who is choking | Should include treatment and aftercare in line with Resuscitation Council U.K. choking guidelines. |

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|--|--|--|
| 4. Be able to provide basic life support to an unresponsive patient who is not breathing normally | 4.1 Identify when to commence basic life support | Should include recognition of seizure-like episodes (including posturing) and agonal gasps. |
| | 4.2 Demonstrate basic life support for an adult | Should include: <ul style="list-style-type: none"> • High quality chest compressions • Minimal interruptions of CPR • Safe use of an automated external defibrillator • Use of a pocket mask or face shield • Recognises when to cease a resuscitation attempt |
| | 4.3 Demonstrate safe use of an automated external defibrillator | Should include making the AED operationally ready, preparing the patient, correctly placing pads on the patient and safely administering a shock as of a resuscitation attempt. |
| | 4.4 State safety considerations when using an automated external defibrillator | Should include: <ul style="list-style-type: none"> • Obtain good skin contact to pad contact including drying a wet chest • Avoiding pads contact with jewellery, piercings, medications, wounds and tumours • Make sure pads are placed away from implanted devices • Do not defibrillate in water or in explosive environments |
| | 4.5 Demonstrate return of spontaneous circulation procedures | Should include: <ul style="list-style-type: none"> • Re-assessment using ABC approach • Addresses ABC problems, manages patient based on findings • Temperature control • Provides reassurance • Evaluates assessment and interventions • Gives a handover to a healthcare professional |
| | 4.6 Identify when basic life support should not be attempted | Should include: <ul style="list-style-type: none"> • Clinician tells you to stop • Decapitation • Massive cranial and cerebral destruction • Hemitorporectomy or similar massive injury • Decomposition/putrefaction • Incineration • Hypostasis • Rigor mortis |

Note: Full and detailed qualification content is available to approved Centres in the form of lesson plans which are provided free of charge.



Appendix 2 – Occupational knowledge and competence in community first response

All Trainers, Assessors and IQAs must:

- Have occupational knowledge and competence in community first response. Acceptable evidence includes:
 - o Current registration as a Doctor with the General Medical Council (GMC) **or**
 - o Current registration as a Nurse with the Nursing and Midwifery Council (NMC) **or**
 - o Current registration as a Paramedic with the Health and Care Professions Council (HCPC) **or**
 - o QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF) **or**
 - o Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) **or**
 - o Diploma for Associate Ambulance Practitioner (QCF/RQF) **or**
 - o IHCD/Edexcel/Pearson BTEC Level 3 in Ambulance Aid **or**
 - o QA Level 4 Certificate in First Response Emergency Care (QCF/RQF) **or**
 - o Qualsafe Level 4 Certificate in First Response Emergency Care (RQF) **or** **or**
 - o QA Level 3 Certificate in First Response Emergency Care (RQF) **or**
 - o Qualsafe First Response Emergency Care (L3 RQF) **or**
 - o Qualsafe Level 3 Award in First Response Emergency Care (RQF) **or**
 - o Equivalent prehospital care qualification*

and

- Provide an up-to-date portfolio showing recent experience of working in a community first response training environment.

*Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/qualification content, learning outcomes and assessment criteria.



Appendix 3 – Acceptable training/assessing qualifications

This list is not exhaustive but provides a guide to acceptable training and/or assessing qualifications. Trainers who also assess Learner competence must also hold or be working towards an acceptable assessor qualification, as identified in the table below:

| Qualification | Train | Assess |
|---|-------|--------|
| Cert Ed/PGCE/B Ed/M Ed | √ | √ |
| CTLLS/DTLLS | √ | √ |
| PTLLS with unit 'Principles and Practice of Assessment' (12 credits) | √ | √ |
| Further and Adult Education Teacher's Certificate | √ | √ |
| IHCD Instructional Methods | √ | √ |
| IHCD Instructor Certificate | √ | √ |
| S/NVQ level 3 in training and development | √ | √ |
| S/NVQ level 4 in training and development | √ | √ |
| TQFE (Teaching Qualification for Further Education) | √ | √ |
| English National Board 998 | √ | √ |
| Nursing mentorship qualifications | √ | √ |
| NOCN Tutor Assessor Award | √ | √ |
| Level 3 Award in Education and Training (QCF or RQF) | √ | √ |
| Level 4 Certificate in Education and Training (QCF or RQF) | √ | √ |
| Level 5 Diploma in Education and Training (QCF or RQF) | √ | √ |
| PTLLS (6 credits) | √ | |
| Accredited Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development | √ | |
| Training Group A22, B22, C21, C23, C24 | √ | |
| SQA Accredited Planning and Delivering Learning Sessions to Groups | √ | |
| A1 (D32/33) – Assess candidates using a range of methods | | √ |
| A2 (D32) – Assess candidates' performance through observation | | √ |
| Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement | | √ |
| SQA Accredited Learning and Development Unit 9DI – Assess workplace competences using direct and indirect methods – replacing Units A1 and D32/33 | | √ |
| SQA Accredited Learning and Development Unit 9D – Assess workplace competence using direct methods – replacing Units A2 and D32 | | √ |
| SQA Carry Out the Assessment Process | | √ |
| Level 3 Award in Assessing Competence in the Work Environment (QCF or RQF) | | √ |
| Level 3 Award in Assessing Vocationally Related Achievement (QCF or RQF) | | √ |
| Level 3 Award in Understanding the Principles and Practices of Assessment (QCF or RQF) | | √ |
| Level 3 Certificate in Assessing Vocational Achievement (QCF or RQF) | | √ |



Appendix 4 – Qualifications suitable for internal quality assurance

Internal Quality Assurers (IQAs) must:

- Hold or be working towards an acceptable quality assurance qualification:

| |
|---|
| SQA Accredited Learning and Development Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment |
| Regulated Qualifications based on the Learning and Development NOS 11 Internally Monitor and Maintain the Quality of Assessment |
| Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice (QCF or RQF) |
| Level 4 Award in Understanding the Internal Quality Assurance of Assessment Processes and Practice (QCF or RQF) |
| Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (QCF or RQF) |
| V1 or D34 |
| SQA Internally Verify the Assessment Process |

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

Note: If relevant qualifications or experience do not appear on this list, please provide us with details as these alternatives could be acceptable. Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/qualification content, learning outcomes and assessment criteria.