

nqual.

Level 3

Award in Paediatric
First Aid

(610/2618/9)



Specification Pack

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ABOUT NQUAL

NQual provides high-quality vocational and occupational qualifications designed to meet the needs of learners and employers.

At NQual we are committed to certificating current and relevant qualifications that meet the demands of today's ever-changing industries. Our dedication to staying at the forefront of knowledge ensures that our qualifications reflect the latest trends in your field of interest.

QUALIFICATION SPECIFICATION

Qualification Specifications are used to inform and guide centres to deliver the qualification set out within this document. Information within this specification includes a qualification overview, unit breakdowns, assessment guidance and learning outcomes.

Alongside the specification, you will also find a qualification 'Fact Sheet'. These are used as handy tools to provide an overview of the qualifications.

QUALIFICATION INFORMATION

The NQual Level 3 Award in Paediatric First Aid is regulated by Ofqual.

Qualification Number: 610/2618/9

Overview

This qualification is designed to provide learners who are working in, or who are intending to work in, a childcare setting and who administer paediatric first aid (PFA) to an infant or child who requires attention. This qualification can also be used for learners already working or preparing to work in the industry.

This qualification is based on the Statutory Framework for the Early Years Foundation Stage, setting the standards for learning, development and care for children from birth to five (March 2017) and the Childcare Act 2006.

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. All newly qualified entrants to the early years workforce who have completed a Level 2 and/ or Level 3 qualification on or after 30th June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff: child ratios at Level 2 or Level 3 in the early years setting.

This qualification is valid for three years from the date of certification.

For the purpose of this qualification:

- An infant is defined as being under 12 months of age
- A child is defined as being between one year and puberty

Entry Requirements

- Minimum age: 14

There are no further entry requirements for this qualification.

Progression Opportunities

Learners who achieve the NEPA Level 3 Award in Paediatric First Aid will be eligible to gain employment in childcare settings. This employment would then allow progression to an Early Years or Children and Young People qualification, such as:

- Level 2 Diploma in Early Years Practitioner
- Level 3 Diploma in Early Years Educator

Unit Guidance

Learners must achieve all mandatory units. The total credit value for this qualification is 2.

Mandatory Units

Unit Reference	Title	Level	GLH	Credit Value
L/650/7087	Emergency Paediatric First Aid	3	6	1
M/650/7088	Managing Paediatric Illness, Injuries and Emergencies	3	6	1

Guided Learning Hours

These hours are made up of contact time, guidance or supervision from course tutors, trainers, or training providers. The Guided Learning Hours for this qualification is 12.

Total Qualification Time

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of understanding required for the award of this qualification. This includes the Guided Learning Hours and time spent completing the independent study.

The Total Qualification Time for this qualification is 15.

Delivery Options

NQual allows qualifications to be delivered both online and face-to-face. Please check the additional requirements with your Centre EQA if delivering qualifications online.

To deliver this qualification, centres must not exceed the ratio of 1 qualified tutor to 12 learners.

It has been agreed with the First Aid Awarding Organisation Forum (FAAOF) that centres must deliver courses with a minimum contact time of 12 hours over a period of at least 2 days.

The qualification has been developed with guidance from 'Delivery Standards for Regulated First Aid Qualification'. Centres should familiarise themselves with this documentation before delivery for more information about lesson plans, IQA, and equipment and venue requirements.

Simulation

Simulation is permitted.

The practical assessment is completed throughout the delivery of the course. Learners are required to demonstrate first-aid skills.

Grading and Assessment

Assessment is used to measure a learner's skill or knowledge against the standards set in this qualification. The assessment should determine a learner's ability to act safely, promptly, and effectively if an emergency was to occur and a casualty is involved. This qualification is internally assessed and externally quality assured.

All assessment criteria within the units must be assessed. Assessment may take place at any time during the delivery of the qualification and does not need to be done as a final assessment.

The assessment for this qualification consists of:

- Practical Assessment
- Completion of a workbook

The Practical Assessment must be documented for each learner and all practical skills-based criteria must be met to achieve a pass. The learner should meet all of the assessment criteria through the completion of a workbook and participating in the practical assessment.

If the assessment criterion uses the verb 'demonstrate' the learner must demonstrate the skill.

If a demonstration of a skill requires a complex sequence of actions (e.g. CPR, unresponsive casualty, choking and wounds and bleeding) each step in the sequence should be assessed.

Approved Centre

To deliver any NQal qualification, each centre must be approved by NQal and meet the qualification approval criteria. The recognition process requires centres to implement policies and procedures to protect learners when undergoing NQal qualifications.

Approved centres must seek approval for each qualification they wish to offer.

The approval process requires centres to demonstrate that they have the resources, including staff, and processes in place to deliver and assess the qualification.

Once approved to offer this qualification, centres must register learners before any assessment takes place. Centres must follow NQal procedures for registering learners.

Support From NQal

NQal support all new and existing approved centres. We respond to all communication within 48 hours and hold regular information webinars. If you would like to book our next webinar, please visit the 'News & Events' section on our website.

Initial Assessment

It is part of the enrolment process by the approved centre to complete an initial assessment. Approved centres must ensure everyone undertaking an NQual qualification complete some form of initial assessment. This will be used to inform the tutor/trainer of current knowledge and understanding.

Reasonable Adjustment

NQual is committed to providing fair and reasonable adjustments for learners to help reduce the effect of a disability or difficulty that places the learners at a disadvantage during an assessment. For more information on Reasonable Adjustments, please see our Reasonable Adjustments and Fair Access Policy.

Responsibilities

Tutor/Trainer

Tutors/Trainers who deliver NQual qualifications must possess a teaching qualification appropriate for the level they are delivering. Examples of these can include at least one of the following:

- Further and Adult Education Teachers Certificate
- Cert Ed/PGCE/B Ed/M Ed
- PTLLS/CTLLS/DTLLS
- Level 3 Award/4 Certificate/5 Diploma in Education and Training

Examples of evidence for subject knowledge can include:

- Qualification at the same level or above, the qualification you are delivering
- Extensive experience at the same level or above, the qualification you are delivering

In addition, those involved in the training of this qualification must have knowledge and competency in first aid, and must:

- Hold a relevant Level 3 First Aid at Work qualification or Level 3 Award in Paediatric First aid
- or
- Have medical registration as a Doctor, Nurse or Paramedic
 - Provide an acceptable training log of teaching first aid within the last 3 years
 - Evidence a minimum of 3 hours of Continual Professional Development relevant to the Paediatric first aid subject specific.

Internal Quality Assurer

Centre staff who complete Internal Quality Assurance for NQual qualification must possess or be working towards a relevant qualification. Examples of these can include at least one of the following:

- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- V1 Conduct internal quality assurance of the assessment process
- D34 Internally verify the assessment process

Examples of evidence for subject knowledge must include at least one of the following:

- Qualification at the same level or above, the qualification you are quality assuring
- Extensive experience at the same level or above, the qualification you are quality assuring

In addition, those involved in the verification of this qualification must have knowledge and competency in first aid, and must:

- Hold a relevant Level 3 First Aid at Work qualification or Level 3 Award in Paediatric First aid

or

- Have medical registration as a Doctor, Nurse or Paramedic
- Provide an acceptable training log of teaching first aid within the last 3 years
- Evidence a minimum of 3 hours Continual Professional Development relevant to the Paediatric first aid subject specific.

MANDATORY UNITS

Unit Breakdown: Level 3 Award in Paediatric First Aid

Learners must complete all mandatory units for this qualification.

Unit 1: Emergency Paediatric First Aid

Unit Code: L/650/7087

RQF Level: 3

Learning Outcomes <i>To achieve this unit a learner must be able to:</i>	Assessment Criteria <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the role and responsibilities of the 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
2. Be able to assess an emergency	2.1 Conduct a scene survey 2.2 Conduct a primary survey on an infant and 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 Cardiopulmonary Resuscitation (CPR) 3.2 Demonstrate CPR using an infant and 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 and a child into the recovery position 3.5 Demonstrate continual monitoring of breathing for an infant and a child whilst they are in the recovery position 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 is choking	4.1 Identify when an infant or a child is choking 4.2 Demonstrate how to administer first aid to: <ul style="list-style-type: none"> • an infant who is choking • a child who is choking
5. Be able to provide first aid to an infant or 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
6. Know how to provide first aid to an infant or 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 for: <ul style="list-style-type: none"> • Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nosebleeds

Indicative Content

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: the 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 999/112 via speakerphone or bystander
- Leaving the casualty to call 999/112
- Calling an NHS emergency helpline such as 111

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
 - 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 the 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).

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 (or holding in position for infants)
- Continually monitoring the 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 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 the airway and checking breathing post seizure
- Determining when to call 999/112

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

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 999/112 when required
- CPR if unconscious 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
- Flows profusely from the wound

Recognition that venous bleeding is a life-threatening emergency

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

5.2 Administering first aid for external bleeding may include:

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

Catastrophic bleeding treatment may include:

- Wound packing
- Tourniquet application
- Improvised tourniquet application

6.1 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 999/112

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

Unit Notes:

Stimulation is permitted in this unit.

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

Unit 2: Managing Paediatric Illness, Injuries & Emergencies

Unit Code: M/650/7088

RQF Level: 3

<p>Learning Outcomes To achieve this unit a learner must be able to:</p>	<p>Assessment Criteria Assessment of these outcomes demonstrates a learner can:</p>
<p>1. Be able to administer first aid to an infant or child with suspected injuries to bones, muscles and joints</p>	<p>1.1 Recognise a suspected:</p> <ul style="list-style-type: none"> • Fracture or dislocation • Strain or Sprain <p>1.2 Identify how to administer first aid for an infant or a child with a suspected:</p> <ul style="list-style-type: none"> • Fracture or dislocation • Strain or Sprain <p>1.3 Demonstrate how to apply a support sling and an elevated sling</p>
<p>2. Be able to provide first aid to an infant or a child with suspected head and spinal injuries</p>	<p>2.1 Recognise a suspected:</p> <ul style="list-style-type: none"> • Head Injury • Spinal Injury <p>2.2 Identify how to administer first aid for an infant or a child with a suspected head injury</p> <p>2.3 Demonstrate how to administer first aid for an infant or a child with a suspected spinal injury</p>
<p>3. Know how to provide first aid to an infant or a child with conditions affecting the eyes, ears and nose</p>	<p>3.1 Identify how to administer first aid for an infant or child with a foreign body in the:</p> <ul style="list-style-type: none"> • Eye • Ear • Nose <p>3.2 Identify how to administer first aid for an infant or a child with an eye injury</p>
<p>4. Know how to provide first aid to an infant or a child with an acute medical condition or sudden illness</p>	<p>4.1 Recognise suspected:</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemic emergencies • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions <p>4.2 Identify how to administer first aid for an infant or a child who is suspected to be suffering from:</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions.

<p>5. Know how to provide first aid to an infant or a child who is experiencing extremes of body temperature</p>	<p>5.1 Recognise when an infant or a child is suffering from:</p> <ul style="list-style-type: none"> • extreme cold • extreme heat <p>5.2 Identify how to administer first aid for an infant or a child who is suffering from:</p> <ul style="list-style-type: none"> • extreme cold • extreme heat
<p>6. Know how to provide first aid to an infant or a child who has sustained an electric shock</p>	<p>6.1 Identify how to safely manage an incident involving electricity</p> <p>6.2 Identify how to administer first aid for an infant or child who has suffered an electric shock</p>
<p>7. Know how to administer first aid to an infant or a child with burns or scalds</p>	<p>7.1 Identify how to recognise the severity of burns and scalds</p> <p>7.2 Identify how to administer first aid for an infant or a child with burns and scalds</p>
<p>8. Know how to administer first aid to an infant or a child with suspected poisoning</p>	<p>8.1 Identify how poisonous substances can enter the body</p> <p>8.2 Identify how to administer first aid for an infant or child with sudden poisoning</p>
<p>9. Be able to provide first aid to an infant or child with anaphylaxis</p>	<p>9.1 Recognise suspected anaphylaxis in an infant or a child</p> <p>9.2 Identify how to administer first aid for an infant or a child with suspected anaphylaxis</p> <p>9.3 Demonstrate the use of a 'training device' adrenaline auto-injector.</p>

Indicative Content

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 999/112, or
- Arranging transport to hospital

Administering first aid for sprains or strains may include:

- Rest
- Ice

- Compression/comfortable support
- Elevation

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.

2.2 Administering first aid for head injury may include:

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

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)

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 marbles, rubbers, and smarties stuck in the ear or nose.

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 999/112 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 999/112

4.1 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

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 38oC)
- Seizure
- Stoppage of breathing during the seizure
- Blue lips (cyanosis)

4.2 Administering First aid For a diabetic hypoglycaemic emergency may include:

- Giving 10g of glucose for conscious casualties (subject to sufficient response levels)
- Providing further food or drink if casualty responds to glucose quickly
- Determining when to call 999/112

Administering first aid for an asthma attack may include:

- Correct casualty positioning
- Assisting a casualty to take their reliever inhaler and use a spacer device
- Calming and reassurance
- Determining when to call 999/112

Administering first aid for an allergic reaction may include:

- Moving the casualty away from the trigger (allergen)
- Contacting parents/following the care plan
- Closely monitoring for the signs of anaphylaxis and treating them accordingly

Administering first aid for meningitis may include:

- Calling 999/112 and informing concerns of meningitis
- Knowledge that early hospital treatment might be vital

5.1 Recognising extreme cold (hypothermia) may include:

- Pale skin
- Cold to the touch

- Shivering (Followed by muscle stiffness as the 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

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 the recovery position with insulating materials under and around the casualty
- Calling 999/112

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 999/112
- Rapid cooling using the fastest method possible

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 999/112

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 999/112

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

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 999/112 and giving information about the poison if possible
- Protecting the airway and breathing
- Resuscitation if necessary using PPE/Barrier devices

Administering first aid for non-corrosive substances may include:

- Ensuring your own safety
- Calling 999/112, and giving information about the poison if possible
- Protecting the airway and breathing
- Resuscitation if necessary using PPE/barrier devices

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.

9.2 Administering first aid for anaphylaxis may include:

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

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

Stimulation is permitted in this unit.

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

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