

## Summary of changes to the Qualsafe First Response Emergency Care (Level 3 RQF)

This new and improved qualification sees exciting changes to the structure and assessment of FREC 3 - reducing qualification time and paperwork required. These major developments are entirely based on Centre feedback and will ensure that this flagship qualification is up to date and meets industry needs. This document provides detailed information about each of these changes.



### Summary of key changes:

L3 FREC (RQF) (Current)	Qualsafe First Response Emergency Care (Level 3 RQF) (New)	Notes
Qualification Title: QA Level 3 Certificate in First Response Emergency Care (RQF)	Qualification Title: Qualsafe First Response Emergency Care (Level 3 RQF)	Dropping 'Certificate' from the title due to change in TQT.
Total Qualification Time (TQT) of 150 hours	Total Qualification Time (TQT) of 53 hours	Removal of the requirement for Learners to undertake 118hrs self-directed study. This requirement is not deemed essential for those Learners operating at FREC3 level. However, such experiential learning is deemed necessary for Learners progressing to FREC4 and is especially valued by Ambulance Services for those seeking employment in ECA roles. Therefore, this will become a pre-requisite requirement for Learners registering onto FREC4.
Guided Learning Hours (GLH) of 35	Guided Learning Hours (GLH) of 35	
Practical assessment and skills test – 11 and 3 completed throughout the course	Practical assessment and skills test – 6 completed throughout the course	More holistic approach to assessment providing scenario based assessments that cover a range of practical skills at the same time.
Theory assessment/multiple choice question paper: 1 x 20 question paper (minimum score 14) 1 x 30 question paper (minimum score 21) 1 x 30 question paper (minimum score 21)	Theory assessment/multiple choice question paper: 1 x 20 question paper (minimum score 14) 1 x 25 question paper (minimum score 18) 1 x 30 question paper (minimum score 21)	Fewer questions on MCQ Paper for Component 2. The question paper now contains 25 questions instead of 30 questions and still covers essential assessment criteria. All 3 component MCQ question papers have been rewritten and a number of questions amended to match changes to assessment criteria and to mirror the new lesson plans.
Anatomy and Physiology: Assessed via MCQ	Anatomy and Physiology: Assessed via invigilated exam	Greater focus due to Centre/employer feedback. Invigilated exam is a more valid and reliable measure of Learner's knowledge and has been condensed into 1 invigilated exam paper covering essential assessment criteria.

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#### Detailed amendments:

■ New LO or AC

■ Updated in line with current practice

■ New indicative content or minor alteration or no change

L3 FREC (RQF) (Current)	Qualsafe First Response Emergency Care (Level 3 RQF) (New)	Notes
<b>1. Understanding the role and responsibilities of a first responder providing emergency care</b>	<b>1. Understanding the role and responsibilities of a first responder</b>	Removed emergency care as the context is provided by the component (unit) title.
1.1 Summarise role and responsibilities of a first responder providing emergency care	1.1 Summarise role and responsibilities of a first responder	Removed emergency care as the context is provided by the component (unit) title. New indicative content added.
1.2 Apply methods to minimise the risk of infection to self and others	1.2 State how to maintain professional standards in relation to: <ul style="list-style-type: none"> <li>• Self-care</li> <li>• Duty of care</li> <li>• Negligence</li> <li>• Scope of practice</li> <li>• Standards</li> </ul>	Current AC removed and included within the indicative content for the new AC 3.2 Demonstrate management of a patient with a: <ul style="list-style-type: none"> <li>• Life-threatening condition</li> <li>• Non-life threatening condition</li> </ul> New AC to reflect the need for nationally certificated non health care professional prehospital provider caring for patients as a secondary role to remain current, safe and competent.
1.3 Identify need for establishing consent to provide first response emergency care	1.3 Identify need for establishing and maintaining consent	AC altered to include maintaining consent as prehospital care providers are required to obtain and maintain consent for the duration of patient contact. New indicative content added.
1.4 Demonstrate safe use of first response emergency care equipment	1.4 Demonstrate safe use of first response emergency care equipment	New indicative content added to reflect only L3 FREC equipment is covered in this qualification.
1.5 Use an appropriate method to record an incident	1.5 Summarise the importance of clear, concise and accurate incident reporting	AC altered to focus on the importance of document completion rather than the skill of completion. This is due to the variation in patient care records and documents required to operate in the prehospital care environment. It is the employer's responsibility to ensure familiarity with documentation.
1.6 Identify patient specific medical documents	1.6 Identify patient specific medical documents	New indicative content added including the ReSPECT forms.
	1.7 Summarise the importance of information governance	New AC to reflect the duty of confidentiality first responders have to their patients.

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<b>2. Be able to assess an incident</b>	<b>2. Be able to assess an incident</b>	LO altered to reflect the expected knowledge and skills required for a nationally certificated non health care professional prehospital provider.
2.1 Perform a dynamic scene risk assessment	2.1 Perform a dynamic scene risk assessment	New indicative content added to reflect guidance from the Health and Safety Executive.
2.2 Demonstrate initial scene management	2.2 Demonstrate safe scene approach	AC altered to reflect safe systems of work required for prehospital care providers and the indicative content provides more information to support the assessment process.
	2.3 Demonstrate triage sieve	Current AC moved to AC 2.4. New AC to reflect expectations of prehospital care providers to carry out triage sieve as part of their skill set.
2.3 Give examples of when and how to call for help	2.4 Give examples of when and how to call for help	New indicative content added.
<b>3. Be able to assess a patient</b>	<b>3. Be able to provide emergency care to patients with life-threatening and non-life-threatening illness and injuries</b>	LO altered to reflect the assessment and management required by prehospital care providers incorporating both primary and secondary surveys and patient management in line with current practice.
3.1 Perform a primary survey	3.1 Perform patient assessment on a patient in a: <ul style="list-style-type: none"> <li>• Life-threatening condition</li> <li>• Non-life-threatening condition</li> </ul>	New AC to incorporate both primary and secondary survey including assessing level of consciousness (AC3.2).
3.2 Assess a patient's level of consciousness		AC removed and incorporated into AC3.1.
3.3 Perform a secondary survey	3.2 Provide emergency care to a patient in a: <ul style="list-style-type: none"> <li>• Life - threatening condition</li> <li>• Non-life threatening condition</li> </ul>	New AC to incorporate interventions carried out based on findings in the primary and secondary surveys.
<b>4. Be able to assess a patient's airway</b>	<b>4. Be able to assess a patient's airway</b>	No change.
4.1 Identify airway anatomy	4.1 Identify airway anatomy	New indicative content added.
4.2 Implement stepwise airway management methodologies	4.2 Implement stepwise airway management methodologies	New indicative content added including scope of practice and need to request clinical assistance.
4.3 Demonstrate dynamic airway assessment	4.3 Demonstrate dynamic airway assessment	New indicative content added.

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<b>5. Be able to manage a patient's airway</b>	<b>5. Be able to manage a patient's airway</b>	No change.
5.1 Explain need to clear the airway	5.1 Identify contributing factors to an airway becoming difficult to manage	Current AC changed to AC5.2. New AC added to reflect the knowledge required by prehospital care providers operating at this level and to improve patient care.
	5.2 Explain need to clear the airway	Previously AC5.1.
5.2 Demonstrate how to clear the airway using: <ul style="list-style-type: none"> <li>• Postural drainage</li> <li>• Manual techniques</li> <li>• Recovery position</li> <li>• Suctioning equipment</li> </ul>	5.3 Demonstrate how to clear the airway using: <ul style="list-style-type: none"> <li>• Postural drainage</li> <li>• Manual techniques</li> <li>• Recovery position</li> <li>• Suctioning equipment</li> </ul>	No change.
5.3 Demonstrate how to select and insert an: <ul style="list-style-type: none"> <li>• Oropharyngeal airway</li> <li>• Nasopharyngeal airway</li> </ul>	5.4 Demonstrate how to select and insert airway adjuncts	AC adjusted and new indicative content added.
5.4 Demonstrate removal of an: <ul style="list-style-type: none"> <li>• Oropharyngeal airway</li> <li>• Nasopharyngeal airway</li> </ul>	5.5 Demonstrate removal of airway adjuncts	AC adjusted and new indicative content added.
5.5 Differentiate between a patient with a partially blocked airway and completely blocked airway	5.6 Differentiate between mild and severe choking	New indicative content added to bring fully in line with Resuscitation Council U.K. choking guidelines to support the assessment process.
5.6 Administer emergency care to a patient who is choking	5.7 Administer emergency care to a patient who is choking	New indicative content added to bring fully in line with Resuscitation Council U.K. choking guidelines to support the assessment process.
	5.8 Recognise the need for clinical support to provide airway management	New AC added to reflect the knowledge required by prehospital care providers operating at this level and to improve patient care.
<b>6. Be able to manage an unresponsive patient who is not breathing normally</b>	<b>6. Be able to manage an unresponsive patient who is not breathing normally</b>	No change.
6.1 Demonstrate how to open patient's airway and check for breathing	6.1 Demonstrate how to open patient's airway and check for breathing	New indicative content added.
6.2 Justify when to commence cardiopulmonary resuscitation	6.2 Justify when to commence cardiopulmonary resuscitation	No change.

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6.3 Demonstrate cardiopulmonary resuscitation for an adult on a manikin	6.3 Demonstrate basic life support for an adult on a manikin	AC altered to reflect current Resuscitation Council U.K. guidelines and skills required to be a prehospital care provider operating at this level.
6.4 Demonstrate cardiopulmonary resuscitation for a child on a manikin	6.4 Demonstrate basic life support for a child on a manikin	AC altered to reflect current Resuscitation Council U.K. guidelines and skills required to be a prehospital care provider operating at this level.
6.5 Demonstrate cardiopulmonary resuscitation for an infant on a manikin	6.5 Demonstrate basic life support for an infant on a manikin	AC altered to reflect current Resuscitation Council U.K. guidelines and skills required to be a prehospital care provider operating at this level.
6.6 Explain return of spontaneous circulation procedures	6.6 Demonstrate return of spontaneous circulation procedures	AC altered to reflect current Resuscitation Council U.K. guidelines and skills required to be a prehospital care provider operating at this level.
6.7 Perform a patient handover	6.7 Perform a patient handover	New indicative content added.
6.8 Explain modifications required during cardiac arrest for: <ul style="list-style-type: none"> <li>• Third trimester pregnancy</li> <li>• Neck stoma</li> </ul>	6.8 Explain modifications required during cardiac arrest for: <ul style="list-style-type: none"> <li>• Third trimester pregnancy</li> <li>• Neck stoma</li> </ul>	New indicative content added.
6.9 Clarify when resuscitation should not be attempted	6.9 Clarify when resuscitation should not be attempted	No change.
<b>7. Be able to use appropriate equipment during a resuscitation attempt</b>	<b>7. Be able to safely use an AED during a resuscitation attempt and how to maintain an AED ready for use</b>	LO altered to reflect current U.K. prehospital care practice and to focus more on safe use during resuscitation and making ready for operational use.
7.1 Justify when to use an automated external defibrillator	7.1 Justify when to use an automated external defibrillator	No change.
7.2 Demonstrate effective use of an automated external defibrillator	7.2 Demonstrate effective use of an automated external defibrillator	No change.
7.3 Explain safety considerations when using AED's	7.3 Summarise safety considerations when using AED's	New indicative content added.
	7.4 State basic maintenance procedures for AED's to remain ready for use	New AC to reflect the wider responsibilities of a first responder.
	7.5 Demonstrate how to address common functionality faults on AED's	New AC to reflect the wider responsibilities of a first responder.

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<b>8. Be able to administer emergency oxygen</b>	<b>8. Be able to administer emergency oxygen</b>	No change.
8.1 Identify indications for emergency oxygen therapy	8.1 Identify indications for emergency oxygen therapy	New indicative content added.
8.2 Identify health and safety principles for the use of oxygen	8.2 Identify health and safety principles for the use of oxygen	New indicative content added.
8.3 Demonstrate how to administer emergency oxygen	8.3 Demonstrate how to administer emergency oxygen	New indicative content added.
8.4 Monitor the effects of emergency oxygen	8.4 Monitor the effects of emergency oxygen	New indicative content added.

## Component 2 First Response Emergency Care of Trauma (Principles of Assessment and Treatment of Trauma)

L3 FREC (RQF) (Current)	Qualsafe First Response Emergency Care (Level 3 RQF) (New)	Notes
	<b>1. Be able to assess and manage trauma patients</b>	New LO to provide the opportunity for Learners to have their knowledge and skills in trauma management.
	1.1 State actual and potential time critical features of trauma	New AC to provide essential knowledge required for prehospital care providers operating at this level and to improve patient care.
	1.2 Perform patient assessment on a patient with multi system trauma	New AC to incorporate overall trauma management skills required by prehospital care providers operating at this level and to improve patient care.
	1.3 Demonstrate management of a patient with multi system trauma	New AC to incorporate overall trauma management skills required by prehospital care providers operating at this level and to improve patient care.
<b>1. Be able to manage catastrophic bleeding</b>	<b>2. Be able to assess and manage catastrophic bleeding</b>	Added to reflect the new AC and existing AC around assessing bleeding and management.
	2.1 Define catastrophic bleeding	New AC to reflect current practice changes in relation to application of tourniquets following debriefs after U.K. terrorist attacks.
1.2 Recognise catastrophic bleeding	2.2 Recognise catastrophic bleeding	New indicative content added.

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1.3 Demonstrate management of catastrophic bleeding using: <ul style="list-style-type: none"> <li>• Direct pressure</li> <li>• Tourniquets</li> <li>• Haemostatic agents</li> </ul>	2.3 Demonstrate management of catastrophic bleeding	New indicative content added.
<b>2. Be able to manage a patient who is in shock</b>		LO removed, it has been incorporated into the new LO5 Be able to assess and manage a patient with compromised circulation.
2.1 Summarise recognition features of shock		AC removed, it has been incorporated into the new AC5.3 Summarise recognition features of hypovolaemic shock. This AC is now specific to hypovolaemic shock rather than all 5 types of shock.
2.2 Demonstrate management of a patient who is in shock		AC removed, it has been incorporated into the new AC5.4 Assess and manage a patient with compromised circulation. This AC is now reflecting current thinking more about patient specific compromised circulation rather than shock.
	<b>3. Be able to assess and manage chest injuries</b>	New LO to provide the opportunity for Learners to have their knowledge and skills in trauma management.
	3.1 Identify recognition features of chest injuries	New AC to provide essential knowledge required for prehospital care providers operating at this level and to improve patient care. Previous AC (U2 AC1.4) changed from Explain to Identify to reflect the level of knowledge required at this level of clinical practice.
	3.2 Summarise the management of chest injuries	New AC to incorporate skills required by prehospital care providers operating at this level and to improve patient care. Previous AC (U2 AC2.4) only covered open chest wounds, however this covers the wider subject of chest injuries.
<b>3. Be able to manage a patient who is bleeding</b>	<b>4. Be able to assess and manage bleeding</b>	Added to reflect the new AC and existing AC around assessing bleeding and management.
3.1 Identify the major components of the circulatory system	4.1 Identify the major components of the circulatory system	New indicative content added.
3.2 Differentiate between types of bleeding	4.2 Differentiate between types of bleeding	New indicative content added.
	4.3 Estimates external blood loss	New AC required providing knowledge in a crucial area of trauma care.
3.3 Apply methods to treat external bleeding	4.4 Apply methods to treat external bleeding	New indicative content added.
3.4 Explain recognition features of internal bleeding	4.5 Explain recognition features of internal bleeding	New indicative content added.

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LO2	<b>5. Be able to assess and manage a patient with compromised circulation</b>	New LO to replace Current LO2 to reflect current practice and better cover the new AC that also reflects current UK prehospital care practice.
AC2.1	5.1 State how hypothermia and coagulopathy influences patient care	New AC that reflects current UK prehospital care practice and the level of understanding required for first responders at this level.
	5.2 Identify where large volumes of blood can pool internally	New AC that reflects current UK prehospital care practice and the level of understanding required for first responders at this level.
	5.3 Summarise recognition features of hypovolaemic shock	Previously AC2.2, now specific to hypovolaemic shock.
AC2.2	5.4 Assess and manage a patient with compromised circulation	New AC that reflects current UK prehospital care practice and the level of skills required for first responders at this level.
<b>5. Know how to manage a patient with minor injuries</b>	<b>6. Know how to assess and manage wounds, bleeding and eye injuries</b>	LO amended to reflect the content of the AC.
5.1 Describe the management of: <ul style="list-style-type: none"> <li>• Small cuts</li> <li>• Grazes</li> <li>• Bruises</li> <li>• Splinters</li> </ul>	6.3 Summarise the assessment and management of minor injuries	AC altered to reflect the level of knowledge required at this level of prehospital care.
5.2 Summarise the management of an eye injury involving: <ul style="list-style-type: none"> <li>• Dust</li> <li>• Chemicals</li> <li>• Embedded objects</li> </ul>	6.4 Summarise the assessment and management of eye injuries	New indicative content added.
<b>4. Know how to manage a patient with burns or scalds</b>	<b>7. Know how to assess and manage a patient with burns or scalds</b>	LO amended to reflect the content of the AC.
4.1 Classify the severity of burns and scalds	7.1 Classify the severity of burns and scalds	New indicative content added.
4.2 Explain methods to treat burns and scalds involving: <ul style="list-style-type: none"> <li>• Dry heat</li> <li>• Wet heat</li> <li>• Electricity</li> <li>• Chemicals</li> </ul>	7.2 Explain methods to treat burns and scalds	New indicative content added.



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<b>6. Know how to manage a patient with sudden poisoning</b>	<b>8. Know how to manage a patient with sudden poisoning</b>	No change.
6.1 Identify routes that poisons can take to enter the body	8.1 Identify routes that poisons can take to enter the body	New indicative content added.
6.2 Identify sources of information for treating those affected by sudden poisoning		AC incorporated into AC8.3 as an element of managing a patient affected by sudden poisoning.
6.3 Recognise effects of intoxicating substances	8.2 Recognise effects of sudden poisoning	AC altered slightly to incorporate a wider number of poisons. New indicative content added.
6.4 Summarise management of a patient affected by: <ul style="list-style-type: none"> <li>• Sudden poisoning</li> <li>• Intoxicating substances</li> </ul>	8.3 Summarise management of a patient affected by sudden poisoning	AC altered slightly to incorporate a wider number of poisons. New indicative content added.
<b>7. Be able to provide emergency care to a patient with head and spinal injuries</b>	<b>9. Be able to provide emergency care to a patient with head, spinal and musculoskeletal injuries</b>	New LO created to incorporate LO7 and LO8 as they are a related subject and naturally would be taught and assessed together.
<b>8. Be able to provide emergency care to a patient with injuries to bones, muscles and joints</b>		
7.1 Recognise suspected: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Skull fracture</li> <li>• Cerebral compression</li> <li>• Spinal injury</li> </ul>	9.1 Recognise suspected spinal and head injuries	Amended AC to include new indicative content i.e. distributive shock and intracranial pressure. Knowledge required for this level of prehospital care provider.
7.2 Demonstrate emergency care for suspected: <ul style="list-style-type: none"> <li>• Concussion</li> <li>• Skull fracture</li> <li>• Cerebral compression</li> <li>• Spinal injury</li> </ul>	9.2 Demonstrate emergency care for suspected spinal and head injuries	Amended AC to include new indicative content i.e. distributive shock and intracranial pressure. Skills required for this level of prehospital care provider.
7.3 Demonstrate how to remove a safety helmet from a patient	9.3 Demonstrate how to remove a safety helmet from a patient	New indicative content added.
7.4 Demonstrate how to correctly size immobilisation devices	9.4 Demonstrate how to correctly size immobilisation devices	New indicative content added.

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7.5 Demonstrate how to apply immobilisation devices	9.5 Demonstrate how to apply immobilisation devices	New indicative content added.
8.1 Recognise suspected: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains and strains</li> </ul>	9.6 Recognise suspected musculoskeletal injuries	New indicative content added.
8.2 Demonstrate emergency care for suspected: <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Sprains and strains</li> </ul>	9.7 Demonstrate emergency care for suspected musculoskeletal injuries	New indicative content added.

## Component 3 First Response Emergency Care of Medical Conditions (Principles of Assessment and Treatment of Medical Emergencies)

L3 FREC (RQF) (Current)	Qualsafe First Response Emergency Care (Level 3 RQF) (New)	Notes
<b>1. Understand how to identify a patient experiencing breathing difficulties</b>	<b>1. Know how to identify a patient experiencing breathing difficulties</b>	LO amended to reflect the new ACs and the activities the learners will be carrying out.
1.1 Identify major components of the respiratory system	1.1 Identify major components of the respiratory system	New indicative content added.
	1.2 Identify risk factors that could contribute to positional asphyxia	New AC to expand upon the current AC1.6, this has been identified as an area Centres wanted included as essential knowledge.
1.2 Explain recognition features of hypoxia 1.3 Explain recognition features of asthma 1.4 Explain recognition features of hyperventilation 1.6 Explain recognition features of positional asphyxia	1.3 Explain recognition features of respiratory distress	New AC to incorporate AC1.2, 1.3, 1.4 and 1.6 with new indicative content added including exacerbation of COPD.
1.5 Explain recognition features of open chest injury	New AC Component 2 AC3.1 Identify recognition features of chest injuries	New AC created to reflect the knowledge required at this level of prehospital care.

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<b>2. Understand how to manage a patient experiencing breathing difficulties</b>	<b>2. Know how to manage a patient experiencing breathing difficulties</b>	LO amended to reflect the new ACs and the activities the learners will be carrying out.
2.3 Summarise how to manage a patient who is hyperventilating 2.5 Manage a positional asphyxiated patient	2.1 Summarise how to manage a patient experiencing respiratory distress	New AC to incorporate AC1.2, 1.3, 1.4 and 1.6 with new indicative content added including exacerbation of COPD.
2.1 Explain how to manage a patient with acute asthma 2.2 Assemble spacer device with a reliever inhaler	2.2 Summarise how to manage a patient experiencing an asthma attack	New AC to incorporate current AC2.1 and AC2.2.
2.4 Summarise the management of an open chest injury	New AC Component 2 AC3.2 Indicate the management of chest injuries	New AC created to reflect the knowledge required at this level of prehospital care.
<b>3. Know how to manage a patient with anaphylaxis</b>	<b>3. Know how to manage a patient with anaphylaxis</b>	No change.
3.1 Identify common triggers of anaphylaxis	3.1 Identify common triggers of anaphylaxis	New indicative content added.
3.2 Identify life-threatening features of anaphylaxis	3.2 Identify life-threatening features of anaphylaxis	New indicative content added.
3.3 Distinguish between allergic reaction and anaphylaxis	3.3 Distinguish between allergic reaction and anaphylaxis	New indicative content added.
3.4 Demonstrate management of a patient with anaphylaxis 3.5 Demonstrate safe use of an adrenaline auto-injector	3.4 Demonstrate management of a patient with anaphylaxis	New indicative content added to include the current AC3.5.
<b>4. Know how to assess and manage a patient with suspected major illness</b>	<b>4. Know how to assess and manage a patient with suspected major illness</b>	No change.
4.1 Summarise recognition features of major illnesses including: <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Angina</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Meningitis</li> </ul>	4.1 Summarise recognition features of medical emergencies	AC amended to include sepsis and updated to reflect current prehospital care practice in the U.K.

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4.1 Explain how to manage a patient with major illnesses including: <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Angina</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Meningitis</li> </ul>	4.2 Explain how to assess and manage medical emergencies	AC amended to include sepsis and updated to reflect current prehospital care practice in the U.K.
<b>5. Know how to manage a patient who is in seizure</b>	<b>5. Know how to manage a patient who is actively convulsing</b>	LO has changed to reflect the new AC and the wider subject matter required at this level of prehospital care practice.
5.1 Recognise seizures including: <ul style="list-style-type: none"> <li>• Partial seizure</li> <li>• Generalised seizure</li> </ul>	5.1 Differentiate between: <ul style="list-style-type: none"> <li>• Uncomplicated faint</li> <li>• Epilepsy</li> <li>• Status epilepticus</li> </ul>	AC amended to reflect the wider subject of convulsions and the Learner is required to have a greater depth of knowledge beyond Epilepsy.
5.2 Explain how to manage a patient in seizure	5.2 Explain how to manage a patient actively convulsing	AC terminology changed to reflect the wider subject.
<b>6. Understand how to provide emergency care for the effects of environmental exposure</b>	<b>6. Understand how to provide emergency care for the effects of environmental exposure</b>	No change.
	6.1 Explain how environmental factors could affect scene safety	New AC to expand upon the current ACs and better reflect the broadness of the LO. This has been identified as an area Centres wanted included as essential knowledge in order to operate safely.
6.2 Recognise suspected: <ul style="list-style-type: none"> <li>• Hypothermia</li> <li>• Hyperthermia</li> <li>• Sun stroke</li> <li>• Dehydration</li> <li>• Exhaustion</li> <li>• Food poisoning</li> </ul>	6.2 Recognise suspected environmental exposure	AC amended to better reflect the subject being covered and the environment Learners are operating in. New indicative content added.
6.3 Identify how to provide emergency care for suspected: <ul style="list-style-type: none"> <li>• Hypothermia</li> <li>• Hyperthermia</li> <li>• Sun stroke</li> <li>• Dehydration</li> <li>• Exhaustion</li> <li>• Food poisoning</li> </ul>	6.3 Identify how to provide emergency care for suspected environmental exposure	AC amended to better reflect the subject being covered and the environment Learners are operating in. New indicative content added.

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	6.4 Summarise types of drowning	New AC to expand upon the current AC6.2 and better reflect the broadness of the LO. This has been identified as an area Centres wanted included as essential knowledge.
	6.5 Describe the management of a patient of drowning	New AC to expand upon the current AC6.3 and better reflect the broadness of the LO. This has been identified as an area Centres wanted included as essential knowledge.

#### Removal for Patient Report Form (PRF)

The PRF has been removed as an assessed element of the L3 FREC (RQF) new version but will remain as a taught element of the syllabus. This has been identified as an area Centres wanted to remain included but the assessment was burdensome on all involved.