qualsafe

Qualsafe Level 4 Diploma for
Associate Ambulance
Practitioners (RQF)

Qualification Specification

Contents

Key qualification information

Qualification number:	**603/7072/5**
Operational start date:	**23/08/2021**
Review date:	**31/12/2024**
Guided learning hours (GLH):	**1135 hours which consist of:**
	750 hours practice placement
	10 weeks classroom time at 35 hours = 350 hours
	35 hours for additional support time including assessment
Total Qualification Time (TQT):	**1450 hours**
Number of units:	**1 mandatory unit (24 components)**
Assessment methods:	• **Practical assessment – 11 assessments to be completed throughout the course**
	• **Portfolio of evidence (practice assessment document (PAD) and workbook)**
	• **Invigilated assessment paper**

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 other sectors such as mental health, 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:

- Care Certificate standards

- Skills for Health UK/Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

- Institute for Apprenticeships and Technical Education: Associate Ambulance Practitioner

This qualification is for people who work in, or hope to work in, the ambulance environment providing emergency and urgent care as part of an ambulance crew as a clinician/practitioner.

This qualification should give Learners the knowledge, skills and practical competencies related to statutory, mandatory and core training required to operate in an emergency and urgent care ambulance environment.

This qualification specification provides information for Centres about the delivery of the Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF) and includes the unit and component information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by enabling them to attain the knowledge, skills and practical competencies related to emergency and urgent care required to operate in an ambulance environment to support registered and non-registered healthcare professionals.

Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide emergency and urgent care whilst supporting registered and non-registered healthcare professionals in an ambulance environment.

The Associate Ambulance Practitioner (AAP) works as part of the wider emergency and urgent care setting, having direct contact with service users or others, providing high quality and compassionate care. Daily duties and tasks for an AAP would involve working as part of an ambulance crew responding to emergency (999) and urgent calls, providing emergency and urgent assistance, driving safely and progressively at high speed. The AAP will assess, treat and manage service users at the scene (reducing the need for hospital admission), either referring service users to alternative care provisions or safely discharging them on scene. Other tasks involve working closely with other emergency services and the wider NHS.

Structure

This qualification comprises 1 mandatory unit (with 24 components) with a Total Qualification Time (TQT) of 1450 hours. Full details of this can be found in *Appendix 1*.

Learners must complete all assessments successfully within the registration period to achieve the qualification. The maximum time to complete this qualification, including referrals, is 18 months.

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

- Guided Learning Hours (GLH) – GLH is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor and Mentor, which for this qualification is 1135 GLH

- 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, research, assignment completion, mentored practice/work experience), which for this qualification is 315 hours.

Other units

No other units can be combined to count towards the Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF).

Relationship with other related qualifications

The Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF) may be transferred to other high level clinical qualifications under Recognition of Prior Learning (RPL) and count towards achievement of such qualifications providing it is achieved within its registration period.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a process for recognising any learning undertaken and/or attained by a Learner. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before RPL can be considered.

Any evidence submitted as RPL must be valid, authentic, reliable, current, sufficient and specific.

In some cases, Centres may need to carry out mapping against QA learning outcomes and assessment criteria to confirm comparability of qualification certificates and/or evidence being submitted. Mapping templates created by QA must be used for this process. Please see the QA *Recognition of Prior Learning (RPL) Policy* for further details.

RPL is considered for this qualification with the potential outcome of a reduction or exemption of learning outcomes or a reduction of GLH for the units.

RPL for this qualification **must** be approved by QA prior to implementation. Note: Charges may apply.

Entry requirements

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

There are no other formal entry requirements but to benefit from the learning we advise that Learners have a minimum of Level 2 in literacy and numeracy or equivalent.

Progression

The Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF) qualification may be used towards other qualifications at the same and higher levels, plus aid career progression in a relevant profession, including a Paramedic role.

Requalification requirements

Once achieved this qualification is valid while the Learner maintains a Continuing Professional Development (CPD) portfolio and participates in statutory and mandatory training required by their employer, including basic life support.

Qualification approval requirements

Qualsafe Awards requires the Centre to:

- have appropriate policies, systems and procedures in place

- appoint suitable individuals from their personnel team to train, assess, mentor and quality assure their QA qualifications

- have suitable and adequate venues, equipment and learning resources

- have approved course materials including scheme of work, lesson plans and PowerPoint (this approval will be given in writing by QA)

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
One Mentor (per every 4 Learners)	Responsible for supporting Learners and providing evidence towards the assessment process as well as confirming the Learner has completed the required clinical practice

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

Once a Centre has gained qualification approval status they must seek course approval for every course they intend to deliver thereafter.

Qualsafe Awards requires the Centre to:

- submit a *Course Notification Form* 7 working days (minimum) prior to the course start date

- provide evidence they have suitable practice placements in place for each Learner working towards the qualification. This is likely to be in the form of a written agreement between the Centre and the practice placement provider

Trainer/Assessor

People delivering and assessing this qualification must have:

- occupational knowledge and competency in the subject matter as shown in *Appendix 2* **and**

- an acceptable training qualification as shown in *Appendix 3* **and**

- 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).

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and competency in ambulance emergency and urgent care as well as knowledge and competency in internal quality assurance practice. An acceptable portfolio must show:

1. Occupational knowledge and competence in the subject matter as shown in *Appendix 2*

2. The IQA:

- either holds or is working towards a formal (regulated) internal quality assurance qualification as shown in *Appendix 4* **or**

- has attended relevant internal quality assurance CPD training with an 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 IQA role

- visit and observe assessments

- carry out other related internal quality assurance

Full details of the Centre's requirements for internal quality assurance are in the QA *Centre Quality Assurance Guidance.*

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

Mentors

All Mentors should have the skills, knowledge and experience to be able to mentor the subject. Each Mentor must be occupationally competent to fulfil the role of a mentor.

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 the following:

Resource/Area	Requirements
Ambulance vehicle or realistic work environment (fully equipped)	A minimum of 1 suitable vehicle to enable Learners to demonstrate all the skills required for vehicle familiarisation, decontamination and moving and handling patients.
Infection, prevention and control equipment	Sufficient equipment and resources to demonstrate: • infection prevention and control techniques and cleaning and decontamination procedures • waste management procedures
Ambulance communication equipment	Various types of communication devices including: • handheld radios • vehicle radios • mobile data terminals (This list is not exhaustive)

Major incident equipment	Sufficient equipment and resources required to deliver a session covering hostile major incidents including a table-top exercise.
Ambulance Personal Protective Equipment (PPE)	Full set of commonly issued PPE per Learner.
CPR adult manikins	A minimum of 1 adult manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
CPR child manikins	A minimum of 1 child manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
CPR infant manikins	A minimum of 1 infant 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.
Airway manikins	The manikin must be suitable to demonstrate the airway manoeuvres and accept oropharyngeal (OPA), nasopharyngeal (NPA) and supraglottic airways. 1 manikin to every 4 Learners.
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.
Suction devices	A minimum of 1 suction device to every 4 Learners.
Dressings/bandages	Sufficient trauma bandages of various sizes and types. A variety of tourniquets and training/imitation haemostatic agents for management of catastrophic bleeding.
Airways	A selection of airways to suit the Learners' various skill sets. A full set of: • OPA (sizes 00 to 4) • NPA (sizes 6 to 8) • i-gels
Fracture immobilisation devices	Various types of prehospital immobilisation devices: • Cervical collar • Pelvic splint • Vacuum splint • Box splint • Traction splint
Extrication devices and spinal immobilisation stretchers	Various types of current prehospital spinal immobilisation devices: • Long spinal board • Orthopaedic stretcher • Kendrick extrication devices
N$_2$O and oxygen (O$_2$) therapy	N$_2$O/O$_2$ cylinders with the relevant equipment for use with: • Multi-flow rate masks (Ventura type or similar) • Non-rebreather masks (paediatric) • Pocket masks • 500ml bag-valve-masks • Nasal cannulas • Mechanical ventilators • Demand valve, hose and probes • Mouthpieces • Face masks • Bacterial/viral filters
Electrocardiograph (ECG) monitor and manual defibrillator	An ECG monitor and manual defibrillator capable of providing 3 and 12 lead ECG traces. The monitor and defibrillator must be suitable for simulation. Razor. Sufficient electrodes.

Advanced procedures assist equipment	Intravenous (IV) cannulation equipment: • Cannulas in various sizes • IV dressings • Chloraprep or similar • Sharps container • IV giving sets • IV flushes • Syringes • IV tourniquet • IV training arm Intraosseous (IO) infusion system: • Various sizes of intraosseous needles • IO needle securing device or dressing • IO training bone or device Intubation equipment: • Laryngoscope (handle and various blades) • Magill forceps • Various sizes of endotracheal tubes • Bougie • Tube holder or securing device • Syringe • End-tidal CO_2 detector or monitor Cricothyroidotomy equipment: • Cricothyroidotomy kit or alternative Infusion equipment: • IV bag (sample)
Administration equipment	Injection administration training equipment: • Various ampoules suitable for training • Various sizes of needles (including blunt drawing up needles) • Various sizes of syringes • Injection training pad/device • Gauze • Tape • Sharps bin Paramedic and Associate Ambulance Practitioner medications (suitable for training or training versions)
Monitoring and assessment equipment	Various monitoring and assessment equipment, including: • Manual sphygmomanometer • Stethoscopes • Pulse oximeter • Thermometer and consumables • Blood glucose monitor and consumables • Peak flow meter and consumables
Moving and handling equipment	Various types of current prehospital moving and handling equipment: • Trolley (ambulance) stretcher • Child/infant restraints • Slide sheet • Transfer board • Carry chair • Moving and handling belt • Turntable • Southampton sling (optional) • Cushion lifting device (optional) (This list is not exhaustive)
Obstetrics and gynaecology	Obstetrical manikin. Ambulance maternity pack.
Audio visual (AV) equipment and training aids	Sufficient AV equipment and training aids to facilitate learning using various 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 and absence of distracting noise.

Course/Centre administration

Registering Learners

Once a Centre has gained qualification approval status, they **must** seek approval for **every** course they intend to deliver thereafter.

Qualsafe Awards requires the Centre:

- to pre-register the course on the QA Portal **at least 20 working days** prior to the course start date
- to provide evidence they have suitable practice placements in place for each Learner working towards the qualification. This is likely to be in the form of a written agreement between the Centre and the practice placement provider

Centres not pre-registering courses on the QA Portal with 20 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 facility pre-course registration. Further guidance can be found on the QA Portal.

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 Customer Portal at: www.qualsafeawards.org

Centres will be given login details and guidance on using the 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 component. This qualification is valid while a Learner maintains a CPD portfolio and undergoes statutory and mandatory training required by their employer, including basic life support.

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

For the theory sessions there is no limit to the number of Learners that may attend this qualification. To maintain quality of training the learning environment must be sufficient in size and have adequate seating for the number of Learners in attendance. Under assessment conditions the assessment space should allow Learners to sit at least 1 metre apart to prevent collusion during theory assessments. Never allow more Learners on the course than you can cater for during the assessment.

For practical sessions to maintain the quality of training and assessment, the class ratio is no more than 12 Learners to 1 Trainer. Assessment of performance is carried out on a 1:1 basis.

Delivery plan

Centres must create their own delivery plans and have them approved by QA before delivering this qualification. The delivery plan should:

- include a course timetable, clearly showing the required subjects and criteria/learning outcomes are covered, as well as the minimum 1135 GLH, which include 750 clinical placement hours and 315 additional learning hours

- be emailed to: info@qualsafeawards.org

Learning materials

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

- *Clinical Practice Guidelines* – Joint Royal Colleges Ambulance Liaison Committee
- *Ambulance Care Essentials* by Richard Pilbery and Kris Lethbridge
- *Ambulance Care Practice* by Richard Pilbery and Kris Lethbridge
- *Anatomy and Physiology*, Ross and Wilson
- *JRCALC Clinical Guidelines*
- *JRCALC Emergency Birth in the Community*
- *NHS England www.england.nhs.uk*
- *UK Resuscitation Council www.resus.org.uk*

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 training. The purpose of the support is to:

- assess knowledge, skills and practical 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 4 Diploma for Associate Ambulance Practitioners (RQF) skills and knowledge should be taught and assessed in accordance with currently accepted emergency and urgent care ambulance 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 the *Appendix 1*. Centres should download all assessment papers from the Customer Portal in advance of the course. For each component there are:

- Practical assessments/skills tests – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork see QA *Guide to Assessing Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF)*. There are 11 practical assessments for this qualification:
  - o Stepwise airway management

- o Primary survey (unresponsive patient) and secondary survey
- o Clinical observations, 12 lead ECG and obtaining history
- o Adult BLS, CPR and AED
- o Child and infant CPR
- o Newborn life support
- o Immediate life support (Adult) (ILS)
- o Obstetrics and gynaecology Normal childbirth
- o Administration of medication and medical conditions
- o Immobilisation and extrication equipment
- o Assessment and treatment of trauma
- Invigilated exam
- Theory assessment – Practice assessment document (PAD) and a workbook including short answer questions, essays, diagrams and scenarios

Note: Centres should download all assessment papers from the 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 is made or requested, e.g. written or theory assessment delivered verbally, Centres must complete a Reasonable Adjustment Form and send it to QA with any relevant supporting evidence. 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 for consideration along with supporting evidence prior to implementation. 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 procedures and how they can access these.

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. To assess competence and gain certification however, the Learner will need to demonstrate certain practical skills. For instance, for this qualification the Learner must be assessed performing practical tasks such as moving and handling of people, as per QA *Guide to Assessing Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (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).

Quality assurance

Centre internal quality assurance

The Centre is required to sample a reasonable amount of assessments as part of the quality of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. The arrangements for this should be included in the Centre's approved internal quality assurance policy.

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 (EQA), on request.

Qualsafe Awards external quality assurance

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

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 Quality Assurance Guidance.

Further information

Contact us

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

Email: info@qualsafeawards.org

Tel: 0330 660 0899

Useful addresses and websites

- Qualsafe Awards, City View, 3 Wapping Road, Bradford, BD3 0ED
  www.qualsafeawards.org/home

- Office of Qualifications and Examinations Regulation (Ofqual):
  www.gov.uk/government/organisations/ofqual

- Scottish Qualifications Authority (SQA) Accreditation: http://accreditation.sqa.org.uk

- Qualifications Wales: www.qualificationswales.org

- Skills for Health: www.skillsforhealth.org.uk

- Institute for Apprenticeships and Technical Education:
  https://www.instituteforapprenticeships.org/apprenticeship-standards/ambulance-support-worker-emergency-urgent-and-non-urgent/

Appendix 1 – Qualification unit

The Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF) has 1 unit, split into 24 components, that Learners are required to complete in order to achieve the qualification.

Component 1: Health, safety and welfare

Learning outcomes The Learner will:	Assessment criteria The Learner can:	Indicative content
1. Understand safe working in the emergency and urgent care environment	1.1 Explain employee's responsibilities in relation to health, safety and welfare in the workplace	Should include: • Importance of acting in ways consistent with legislation, policies and procedures for maintaining own and others health and safety • Identification of legislation relating to general health and safety • Employees' main health and safety responsibilities • Tasks relating to health and safety that should not be carried out without training
	1.2 Explain employer's responsibilities and arrangements in relation to health, safety and welfare	Should include: • Own organisation's commitments and arrangements for health, safety and welfare including reporting processes • Identification of legislation relating to general health and safety • Employer's main health and safety responsibilities • Main points of health and safety policies and procedures • How to access additional support and information relating to health and safety
	1.3 Identify the definitions of the following: • Hazard • Risk • Risk assessment • Dynamic risk assessment	Should include the meaning of hazard, risk, risk assessment and dynamic risk assessment.
	1.4 Identity common hazards in the ambulance environment	Should include recognition of common workplace hazards including: • Electricity • Slips, trips and falls • Chemicals and substances • Stress • Physical and verbal abuse • Traffic routes • Display screen equipment, work stations and the working environment

1.5 Understand the effects of hazardous materials to health of the individual	Should include: • Entry routes into the body • Effects hazardous materials have on the body's systems, skin, eyes, airway, breathing, circulation, neurological effects and other	
1.6 Recognise the effects of incapacitate spray/conducted electrical weapons on an individual	Should include: • Soft tissue injury • Burns around barb attachment to skin • Contusions • Abrasions • Temporary loss of sight/visual impairment • Pain	
1.7 Describe situations when incapacitate spray/conducted electrical weapons may be used	Should include: • Individuals placed in the custody of the police	
1.8 Describe management of incapacitate spray/conducted electrical weapons on an individual	Should include: • Personal protective equipment must be worn, (goggles, gloves, apron) • Do not touch patient when charge is being deployed • Protect yourself from direct contact wherever possible • ABCs	
1.9 Explain how identified risks are managed in the ambulance environment	Should include: • How risks can be managed through balanced and appropriate preventive and protective measures • Importance of assessing the health and safety risks posed by a particular situation or activity • Different types of accident and sudden illness that may occur in the ambulance environment	
1.10 Describe the procedures for reporting health, safety and welfare concerns	Should include: • Individual's responsibilities in reporting incidents, ill health and near misses • How and when to report health and safety risks identified • Organisation's procedures to be followed if an accident or sudden illness occurs • How to raise health, safety and welfare concerns in the ambulance environment	
1.11 Demonstrate safe working practices in the ambulance environment	Should include: • How to apply and promote safe working specific to individual's role • How to locate own organisation's health and safety policy and implementation arrangements • Routine actions to take to ensure patient safety in the ambulance environment • Emergency first aid actions allowed to carry out within scope of practice	

2. Understand the hazards, risks and controls involved in fire safety in the ambulance environment	2.1 Identify the characteristics of fire, smoke and toxic fumes	Should include: • Fire triangle • Fire spread and behaviour • Harm caused by inhaling smoke and fumes
	2.2 List how fires are caused in the ambulance environment	Should include: • Arson • Electrical equipment and wiring faults • Heaters or cigarettes in close proximity to flammable materials
	2.3 State fire prevention and safety procedures relevant to the ambulance environment	Should include: • Keeping fire exits and escape routes clear • General tidiness of the workplace • Managing rubbish and waste • Awareness of significant findings on a fire risk assessment
	2.4 Recognise suitable 'means of escape' in relation to fire in the ambulance environment	Should include: • Means of escape from an ambulance vehicle • Means of escape from ambulance premises
3. Know how to carry out fire prevention, safety and emergency procedures in the ambulance environment	3.1 Describe potential actions in the event of a fire in an ambulance	Should include: • Raising the alarm • Exiting or escaping • Contacting fire service
	3.2 Identify fire safety and prevention practices in the ambulance environment	Should include: • Basic fire safety and local fire safety protocols including employee's responsibilities during a fire incident • Different types of fire extinguishers, their use and the safety precautions associated with their use • How to prevent fires from starting or spreading in the ambulance environment

Component 2: Equality, diversity and human rights

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand the principles and practices of equality, diversity and human rights in the ambulance environment	1.1 Explain the terms: • Equality • Diversity • Inclusion • Human rights • Discrimination	Should include an explanation of how the terms are applied in the ambulance environment.
	1.2 Describe the importance of promoting dignity, courtesy, respect and valuing individuals	Should include a proactive inclusive approach to equality and diversity and how human rights can be promoted in the ambulance environment.
	1.3 Describe when and how to access support about: • Equality • Diversity • Inclusion • Human rights • Discrimination	Should include: • Range of sources of information, advice and support about equality, diversity and inclusion • How and when to access information, advice and support about equality, diversity, inclusion and discrimination in own organisation and external agencies
	1.4 Explain who to ask for advice and support about: • Equality • Diversity • Inclusion • Human rights • Discrimination	Should include line managers and responsible persons within own organisation.
	1.5 Describe the benefits of monitoring equalities and inequalities in the ambulance environment	Should include the purpose and benefits of monitoring equalities and health inequalities.
	1.6 Identify benefits of an effective approach to equality, inclusion, diversity and human rights and how they reduce discrimination	Should include how organisation's and individual's activities and procedures support equality and inclusion to reduce the likelihood of discrimination, how an effective approach benefits society, organisations and individuals.

	1.7 State how legislation and organisational policies empower individuals to address inequalities	Should include how legislation and codes of practice relating to equality, diversity and discrimination apply to Learner's role.
	1.8 Describe the procedures for reporting and challenging concerns in relation to: • Equality • Diversity • Inclusion • Human rights • Discrimination	Should include: • Whistleblowing policy and procedures • How to challenge discrimination in a way that encourages positive change
2. Be able to act in a professional manner whilst promoting equality and diversity	2.1 Demonstrate non-discriminatory professional practice in the ambulance environment	Should include: • Treating everyone with dignity, courtesy and respect and valuing people as individuals • Interaction with individuals that respects their beliefs, culture, values and preferences

Component 3: Conflict resolution for patient facing ambulance personnel

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Know how to recognise potential conflict situations and respond using appropriate strategies	1.1 Identify security and safety measures as part of healthcare provision	Should include: • The main areas of work and the objectives of NHS counter fraud authority • The role of the Security Management Director, Local Security Management Specialist and Area Security Management Specialist
	1.2 Identify common causes of conflict	Should include: • Poor communication • Difference of opinion • Protective response • Lack of understanding • Unclear or unfair expectations • Intoxication (with one or more of the above)

	1.3 Identify the different stages of conflict	Should include: • Emergence • Escalation • Crisis • Negotiation • Resolution
	1.4 Give examples of working strategies to reduce conflict	Should include: • Use of verbal and non-verbal communication • Listen, Empathise, Ask questions, Paraphrase and Summarise (LEAPS)
	1.5 Explain the potential impact of culture and beliefs in relation to communication	Should include how culture and beliefs can give rise to manners, opinions, prejudices and ethnocentrism. Culture and beliefs can inform and influence the way people think and behave. This can act as a barrier when communicating with patients, service users and others.
	1.6 State reasons for communication breakdown	Should include: • Emotions • Inattention • Environment • Time pressures • Information overload • Physical or mental deterioration • Perceptual and language differences
	1.7 State agreed ways of working when dealing with conflict and violence	Should include: • Following own organisation's management of violence and aggression policy and procedure • Always assessing the situation for potential violence, considering withdrawing and informing operations/contact centre • Self-preservation, requesting immediate assistance from the police and withdrawing to a safe distance
	1.8 Identify behaviour and triggers which indicate an escalation towards conflict and violence	Should include: • Identifying danger signals displayed by individuals. For example, direct, prolonged eye contact and fists clenched • Recognising aggressive body language • Measuring offensive language, verbal abuse, swearing and offensive gestures
	1.9 Summarise assertive actions when dealing with obstructive and unacceptable behaviour	Should include: • Matching your body language to your words • Being direct, honest and respectful • Promoting a positive attitude • Being able to move to a place of safety

	1.10 Define the legal term 'reasonable force' including common law and lawful entry	Should include: • A person's right to protect themselves from attack • The use of reasonable force to protect themselves and others from harm • Criminal Law Act (1967) • Common law and gaining lawful entry
	1.11 Identify support available to those affected by violence	Should include: • Following organisation's reporting procedure, who to report the incident to, Emergency Operation Centre (EOC) and clinical supervisor/shift supervisor and or police • Organisation's occupational health support • Short-term and long-term support signposts to physical and mental health support, e.g. Mind's Blue Light Programme
	1.12 Demonstrate effective conflict resolution in the ambulance environment	Should include: • Demonstrating de-escalation techniques • Performing a dynamic risk assessment when arriving at an incident • Identifying at what point to move to a place of safety
2. Know how to handle comments and complaints	2.1 Identify those involved in responding to comments and complaints	Should include: • Follow local trust guidelines and policy and procedures
	2.2 Describe how to respond to comments and complaints relevant to legislation and local policy	Should include: • Follow local trust guidelines and policy and procedures

Component 4: Infection prevention and control

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand the principles of infection prevention and control in the ambulance environment	1.1 Explain employer's and employee's responsibilities in relation to infection prevention and control	Should include: • How individuals can contribute to infection prevention and control • How responsibilities need to comply with infection prevention and control legislation • How to obtain information about infection prevention and control within organisations • How own health or hygiene might pose a risk to the individuals they support or work with
	1.2 Describe how the chain of infection informs infection prevention and control practice	Should include: • The routes of transmission of micro-organisms • The main ways an infection can enter the body • The methods of transport – aerosols, direct contact, poor hygiene

	1.3 Understand the causes and transmission of infection	Should include: • Bacteria, fungi, viruses and parasites • Systemic and localised infections • The routes of transmission of micro-organisms • The main ways an infection can enter the body • The methods of transport – aerosols, direct contact, poor hygiene
	1.4 Define the term healthcare associated infections	Should include recognition and acting when personal fitness to work may pose a risk of infection to others.
	1.5 Explain common alert organisms and conditions that create an infection risk	Should include notifiable diseases and causative organisms detailed in guidance from Public Health England. Pandemic and epidemic.
	1.6 Identify universal infection prevention and control precautions	Should include: • Hand hygiene • Personal Protective Equipment (PPE) • Management of the environment • Management of care equipment • Management of blood and bodily fluid spillage • Management of occupational exposure (including sharps)
	1.7 Describe safe management of people with specific alert organism	Should include own organisation's policy and procedure for managing specific infectious organisms.
	1.8 Describe how to manage blood and body fluid spillage	Should include own organisation's policy and procedure for managing blood and body fluid spillage.
	1.9 Describe actions to be taken in the event of a: • Sharps injury • Splash injury	Should include own organisation's policy and procedure for sharps and splash injuries.
	1.10 Describe the 3 levels of decontamination	Should include 3 levels of decontamination and individual's role and responsibilities for the 3 levels of decontamination.

2. Be able to carry out infection prevention and control procedures	2.1 Demonstrate effective hand washing and alcohol rub techniques	Should be in line with own organisation's policy and procedure.
	2.2 Demonstrate safe disposal of: • Clinical waste • Non-clinical waste • Infected soiled linen • Consumables	Should be in line with own organisation's policy and procedure: • Safe disposal of sharps • Identifying when sharps disposal containers are full and require sealing, documenting on the container and disposal • Process for handling soiled linen and consumables (in line with Trust policy) • Correct disposal of soiled linen and consumables (in line with Trust policy)
	2.3 Demonstrate safe disposal of sharps	Should be in line with own organisation's policy and procedure: • Safe disposal of sharps • Identifying when sharps disposal containers are full and require sealing, documenting on the container and disposal
	2.4 Demonstrate cleaning and decontamination for: • Vehicles • Equipment • People (patient hygiene)	Should include conducting risk assessment in respect of ensuring infection protection and control.
3. Be able to assist clinicians in preparation of equipment using an aseptic non-touch technique as far as reasonably practicable	3.1 Demonstrate how to assist a clinician in preparation of equipment using an aseptic non-touch technique as far as reasonably practicable	Should include use of single use items appropriately and all activities must be appropriate to own role.

Component 5: Safeguarding adults and children

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand the principles of safeguarding in the ambulance environment	1.1 Explain own role and responsibilities in relation to safeguarding individuals	Should include: own professional responsibilities in relation to the safeguarding of vulnerable adults, children and young people in line with own organisation's policy and procedures • Safeguarding in the context of emergency and urgent care in the ambulance environment • Relevant legislation, local and national policies and procedures which relate to safeguarding, Intercollegiate documents and adult safeguarding: roles and competencies for health care staff, • What to do if abuse of an adult is suspected; including how to raise concerns in line with own organisation's whistle-blowing policy • Where to get information and advice about their role and responsibilities in protecting individuals and preventing harm and abuse

	1.2 Explain organisation's role and responsibilities in relation to safeguarding individuals	Should include: • The importance of demonstrating dignity and respect when providing healthcare services • Relevant legislation, local and national policies and procedures relating to safeguarding
	1.3 Describe different types of abuse	May include what constitutes as: • Harm • Abuse • Physical abuse • Modern slavery • Sexual abuse • Neglect and restrictive practices (This list is not exhaustive)
	1.4 Identify recognition features of abuse	May include a range of possible indicators and factors which feature in: • Harm • Abuse • Physical abuse • Modern slavery • Sexual abuse and neglect (This list is not exhaustive)
	1.5 Explain common factors that could make an individual vulnerable to abuse	May include: • Why an individual may be vulnerable to harm, abuse or neglect • Factors which have featured in adult and child abuse and neglect • Prevalence, nature and scope of abuse of adults and children at risk
	1.6 Describe the risks associated with the internet and online social networking	Should include: • Sharing personal data and information • Being exposed to bullying or harassment • Speaking to individuals with unlawful intentions
	1.7 Describe the impact a parent/ carer's physical and mental health can have on the wellbeing of a child or young person	Should include: • Physical injuries • Illness/disease • Exhaustion/burnout • Mental health problems

2. Understand local and national strategies to reduce the likelihood of abuse	2.1 Describe how health care organisations can positively impact and promote a service users dignity and rights	Should include: • Upholding the right to choose, participate as an equal and equality of opportunity • Upholding and maintaining values such as respect, dignity, individuality and identity and independence • Should involve the patient in the decision making process • Not having a 'one size fits all' approach and a reactive approach and being risk adverse • Importance of complying with the Care Quality Commission's registration requirements and cooperating on abuse investigations or responding inappropriately
	2.2 Explain ways to prevent the likelihood of abuse	Should include: • Education and training • Reporting and referrals • Sharing information and concerns • Following policy and procedures • Joint working with partner agencies
	2.3 Explain how national and local policies and procedures safeguard and protect individuals	Should include: an overview of national and local policies and procedures for safeguarding individuals highlighting key objectives and elements relevant to ambulance emergency and urgent care workers • How a clear complaints procedure reduces the likelihood of abuse and neglect • Purpose of safeguarding investigations and how to contribute to them • Human trafficking and sexual exploitation Sexual assault
	2.4 Give examples when disclosed information must be shared with others	Should include: • Patient consents to the disclosure • Disclosure is of overall benefit to a patient who lacks the capacity to consent • Disclosure is required by law or has been approved under a statutory process • Disclosure can be justified in the public interest, such as public safety
	2.5 Explain and provide examples of the importance of information sharing with relevant agencies	Should include • How best evidence is achieved • The potential for direct or indirect action to protect individuals and others from abuse
	2.6 Describe safeguarding alerting and reporting procedures	Should include: • What to do if abuse is suspected, including how to raise concerns within local whistleblowing policy procedures • Actions to take if there are barriers in alerting or referring to relevant agencies and when to use the emergency systems to safeguard children and adults • The levels or thresholds for investigating in response to a safeguarding referral and the requirements of gathering initial information

3. Know how to safeguard individuals against the risk of radicalisation	3.1 Define the term CONTEST	Should include: • UK Government counter terrorism strategy
	3.2 Identify the key objectives of the PREVENT strategy and related legislation	Should include objectives of the PREVENT strategy and the health sector contribution to the PREVENT agenda.
	3.3 Describe risk factors associated with radicalisation	Should include: • Risk factors for radicalisation and who to contact regarding preventive action and support for those who may be at risk of, or are being drawn into, terrorist related activity • Vulnerability factors that can make individuals susceptible to radicalisation or a risk to others
	3.4 Describe potential indicators of radicalisation	Should include recognition of potential indicators that an individual might be vulnerable to radicalisation or at risk of involvement in acts of terrorism.
	3.5 Identify what makes an individual more vulnerable to radicalisation	Should include both direct and indirect factors that impact and may influence vulnerable individuals.
	3.6 Describe reporting procedures for suspected radicalisation attempts and related activity	Should include: • Who to contact and where to seek advice if there are concerns a vulnerable adult may be being groomed in to terrorist related activity • What action to take if there are concerns, including where to refer concerns and from whom to seek advice
4. Be able to act in a professional manner whilst promoting dignity and respect	4.1 Demonstrate person-centred professional practice in the ambulance environment	Should include: • Developing protective strategies for those that decline services • Identifying and reducing potential and actual risks after disclosure or an allegation has been made • Upholding an individual's right to choose, participate as an equal and equality of opportunity • Upholding an individual's values including respect, dignity, individuality, identity and independence
	4.2 Demonstrate ensuring privacy and dignity is provided to individuals at all times	Should include: • Duty of care • Recognise when and how to avoid an individual's dignity being compromised • Accept an individual's request not to disclose information • Support an individual's choice to make an informed decision over their care • Support an individual's privacy and dignity when working with and handing over to other healthcare agencies • Support an individual's culture and religious beliefs
5. Be able to act upon safeguarding concerns and suspected abuse	5.1 Complete a safeguarding referral in line with agreed ways of working	Should include: • Responding to safeguarding alerts/referrals • Maintaining accurate, complete and up to date records • Applying local and national policy and procedures when undertaking safeguarding activity

Component 6: Information governance and data security

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand information governance and data security procedures in the ambulance environment	1.1 Describe information governance and data security procedures relevant to own role	Should include: • How to ensure and maintain good record keeping • Principles of information governance and how they apply in every day working environments • Where local access to policies, procedures and further information can be gained • Agreed ways of working and legislation regarding the recording, storing and sharing of information
	1.2 Identify the purpose of the Caldicott principles	Should include: • Caldicott principles • Own organisation's types and values of information • Why it is important to have secure systems for recording and storing information
	1.3 Identify common threats and vulnerabilities to data security	Should include: • Data leaks and breaches • Lack of training • Computer viruses • Management system lapses or failure • Discussing a patient's details with family and friends
	1.4 Identify signs of a potential and actual data security breach	Should include: • Critical file changes • Obvious device tampering • Unusually slow internet or devices
	1.5 Describe employer's role and responsibilities in relation to information governance	Should include the responsibilities of healthcare organisations under the Freedom of Information Act (2000), Data Protection Act and General Data Protection Regulation.
	1.6 Explain employee's role and responsibilities in relation to information governance	Should include: • How to provide a confidential service to patients and service users • Individual's responsibilities in responding to a freedom of information request • How individuals can apply and maintain information security guidelines

2. Be able to apply data protection principles and practices in an ambulance environment	2.1 Demonstrate record keeping in line with local and national policy	Should include keeping records that are up to date, complete and accurate.
	2.2 Demonstrate the protection of personal and organisational data in line with local and national policy	Should include protecting personal and organisational data in line with local and national policy, including incident information and patient care records.

Component 7: Moving and handling people and loads in the emergency and urgent care environment

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand the principles of safe moving and handling of patients and objects	1.1 Describe employer's and employee's responsibilities in relation to the moving and handling of patients and objects	Should include: • Organisation's responsibility to assess the risks associated with manual handling and take appropriate action to reduce such risks, including the handling of patients • Providing all staff with manual handling training appropriate to their role/function with the aim of avoiding the need for hazardous manual handling, as far as is reasonably practicable
	1.2 Identify safe methods to move and handle patients in urgent and emergency care	Should include: • Adopt safe kinetic lifting • Dynamic risk assessment • Think before handling/lifting • Keep the load close to the waist • Adopt a stable position • Avoid twisting the back or leaning sideways especially while the back is bent • Keep the head up when handling • Don't lift or handle more than can be easily managed
	1.3 Describe risks associated with manual handling in urgent and emergency care	Should include factors outside the workplace which may contribute to back injury, importance of physical fitness and good posture and recognition of cumulative damage.
	1.4 Identify key aspects of the manual handling policy	Should include: • Risk assessment (inanimate loads) • Patient handling risk assessment • Movement and handling of patients • Trust's roles and responsibilities

	1.5 Describe the impact of using poor lifting and handling techniques on: • Patient • Own health • Colleagues	Should include: • Moving and handling accidents which can injure both the patient being moved and the employee • Discomfort and a lack of dignity for the patient being moved • Back pain and musculoskeletal disorders, which can lead to inability to work
	1.6 Identify factors involved in maintaining a healthy back	Should include: • Avoiding static muscle activity • Avoiding unnecessary lifting • Overall health issues • Occupational health service • Recognition of personal capability • Warm-up exercises
	1.7 Describe the principles of safe moving and handling of patients and objects	Should include: • Task • Individual capability • Load • Environment (This list is not exhaustive)
	1.8 Describe the importance of communication and cooperation	Should include safety, reassurance, cooperation, clear explanations, teamwork and patient's privacy and dignity.
	1.9 Describe adaptations possibly required when moving and handling special patient groups	Should include familiarisation with bariatric moving and handling equipment and specialised vehicles.
2. Be able to carry out safe moving and handling of patients and objects in line with agreed ways of working	2.1 Conduct a dynamic manual handling risk assessment	Should include: • Identifying hazards • Deciding who might be harmed and how • Evaluating the risks and deciding precautions • Verbalising findings • Implementing precautions • Recognising new or evolving hazards and/or risks and reviewing assessment Also, specifics of the moving and handling activity; the task, individual, load, environment and other factors.
	2.2 Demonstrate safe lifting technique	Should be in line with agreed ways of working and best practice.

2.3 Demonstrate serviceability checks on moving and handling equipment	Should include serviceability checks on a variety of moving and handling equipment in line with organisation's agreed ways of working and policy.
2.4 Demonstrate assembly and disassembly of moving and handling equipment	Should include assembly and disassembly of a range of moving and handling equipment in line with organisation's agreed ways of working.
2.5 Demonstrate safe use of moving and handling equipment in an ambulance environment	Should include safe use of moving and handling equipment, from initial patient contact to handover at hospital.
2.6 Demonstrate the management of a fallen patient	Should include dynamic risk assessment, formulating a plan, selecting and deploying equipment while factoring in the immediacy of the moving and handling task.
2.7 Demonstrate supporting a patient to minimise pain and discomfort	Should include supporting patient with analgesia, positioning of injury to minimise pain and make the patient comfortable and utilising a range of equipment.

Component 8: Work in a person-centred way

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Working in a person-centred way in the healthcare sector	1.1 Explain the importance of person-centred care	Should include as a minimum: • Ambulance emergency and urgent care services which reflect the individual's unique preferences, values and needs, identified and agreed upon in partnership with a clinician and/or support worker
	1.2 Compare and contrast person-centred care and the NHS medical model	Should include: Person-centred care is care focused on the individual rather than the needs of the service or medical care required. The medical model improves patients' flow through the healthcare system/process with better healthcare outcomes and can reduce mortality.
	1.3 Be able to work in a person-centred way across an age range	Should include: • Person-centred care • Respecting end-of-life care wishes • Specific individual needs of patient • Demonstrating empathy and understanding • Assisting in promoting patient well being • Promote self-esteem and wellbeing • Understanding the human rights of a patient
	1.4 Describe how the NHS constitution improves patient care	Should include: • Learning from success • Learning from errors

	1.5 Be able to demonstrate reporting procedure for vulnerable individuals living in an inappropriate environment	Should include: • Inclusive approach to care, raising concerns for care, highlighting poor care and environmentally poor living conditions, poor lighting and lack of heating and ventilation, poor nutrition and hydration.
	1.6 Be able to assist a patients positioning to reduce pain and discomfort	Should include: • Assist a patient with positioning sat or in bed, ensuring patient has access to clean dry clothing • Appropriate care package is in place • Safety net the patient • Assist in reducing pain and discomfort, with positioning and analgesia • Refer patient to further healthcare setting

Component 9: Systems of the body

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand basic human anatomy and physiology	1.1 Describe the main functions of the major body systems	Should include: Respiratory system: • Lungs • Diaphragm • Intercostal muscles • Accessory muscles of respiration • Visceral pleura • Parietal pleura • Plural cavity Cardiovascular system: • Heart • Electrical conduction • Major blood vessels of the body Nervous system: • Brain • Spinal cord • Central nervous system • Peripheral nervous system Muscular-skeletal system: • Skeletal bones

| | | Digestive system:
• Oesophagus
• Liver
• Stomach
• Gall bladder
• Pancreas
• Small intestine
• Colon
• Rectum
• Anus

Urinary system:
• Bladder
• Kidney
• Urethra
• Ureter

Lymphatic system:
• Lymph nodes
• Lymph vessels
• Immune cells

Integumentary system:
• Skin
• Hair
• Nails
• Exocrine glands

Reproductive system:
• Male and female reproductive organs |
| | 1.2 Identify major organs and their position in the body | Should include major organs of the:
• Respiratory system
• Cardiovascular system
• Nervous system
• Muscular-skeletal system
• Digestive system
• Urinary system
• Lymphatic system
• Integumentary system
• Reproductive system |

Component: 10 Scope of personal and professional practice in a healthcare setting

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Develop an awareness of your own values in relation to a healthcare setting	1.1 Describe the duties and organisational responsibilities in your work role: • Positive attitudes • Negative attitudes • Values • Organisational vision statement	May include: • Leading by example, adopting a positive attitude to patients and colleagues • Not adopting bad practice • Being aware of own Trust's/Centre's vision statement promoting good practice • What influences our values and how this impacts on patient care and wellbeing • Non-judgemental attitudes • Unconscious bias
2. Demonstrate the importance of career lifelong learning and a commitment to continuous professional development	2.1 Be able to review the benefits of participating in continuing professional development (CPD) knowledge skills framework (KSF)	Should include: • Training • Skills set • Knowledge and research • Peer reviews • Mentoring and preceptorship • Reflective practice • Experiential learning • e-Learning
	2.2 Explain own responsibility to seek out and undertake continual professional and personal development activities	Should include: • Reflecting on mentor feedback, positive and negative • Importance of continuing professional development (CPD) • Methods and types of CPD • e-Portfolio • Discovery of learning opportunities with practice placement mentor
	2.3 Develop a continual personal and professional development portfolio	Should include: • Completing the practice assessment document (PAD) within the duration of the AAP course • Maintaining a lifelong portfolio of CPD May use: • Example: Gibbs' reflective cycle or other reflection models

Component 11: Fundamentals of operational working in the prehospital environment

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand role and responsibilities of an associate ambulance practitioner in the ambulance environment	1.1 Define the terms: • Duty of care • Scope of practice • Scope of employment • Individual competency	Should include: • Providing information on the role of the emergency ambulance support worker • Who the emergency ambulance support worker can work with operationally within the Trust in regards to skill mix • Operational parameters of the emergency ambulance support worker within the Trust, as per Trust's policy
	1.2 Explain the main role and responsibilities of an emergency associate ambulance practitioner	Should include: • Undertaking immediate scene survey and risk assessment to establish the presence of hazards and possible need to resolve conflict • Trust vehicles under both normal driving conditions and suitably equipped and designated emergency vehicles under emergency driving conditions, when responding to emergencies, in accordance with road traffic law and Trust policies including the Driving and Care of Trust Vehicles Policy
	1.3 Explain the term 'consent' and when consent should be gained	Should include: • When you should gain consent • When you can act in the best interests of the patient • Mental Capacity Act (2005)
	1.4 Identify essential observations to be undertaken during conveyance to hospital	Should include completing full range of clinical observations working alongside a clinically trained member of staff and convey patient's own medications: • Primary survey • Respiratory rate • Pulse rate • Blood pressure, manual and automated NIBP • Blood glucose measurement • Temperature • Oxygen saturation • Capillary refill • Glasgow Coma Scale and Alert Verbal Pain Unresponsive (AVPU) pupillary reaction
	1.5 Explain how to raise concerns about patient and other's safety	Should include: • Having a good understanding of the Trust policies relating to vulnerable adults and children • Being able to make a referral under the Trust policies for vulnerable adults and children • Contact Emergency Operations Centre, clinical supervisor/shift supervisor • Datix, safeguarding referrals, freedom to speak up guardian

2. Be able to carry out the role of an associate ambulance practitioner in line with the ambulance service's vision and values	2.1 Demonstrate professional behaviours and attributes in an ambulance environment	Should include: • Working in line with own organisation's vision and values, codes of conduct and deportment over a period of time
	2.2 Demonstrate working with colleagues and others at a range of prehospital care incidents	Should include: • Range of incidents may include: Road traffic collisions, HART, rail and airport incidents • Working with external agencies may include: challenging incidents, referring mental health and safe guarding incidents • Home referrals, ECPs, 111
3. Be able to communicate effectively across an age range	3.1 Demonstrate a range of communication methods to provide service user and others with information	Should include: • Verbal communication • Written communication • Oral communication • Digital/radio • Non-verbal communication, e.g. Makaton • Physical communication, e.g. body language
	3.2 Promote effective communications and overcome barriers to communication	Should include: • Visual impairment communication aids • Hearing impairment communication aids • Interpreters • Language interpretation books • Ethnicity • Language • Learning disabilities • Culture
	3.3 Understand service communication systems and policies	Should include: Service policies and procedures May include: • Reporting procedure • Conflict resolution • Safeguarding and human rights • Learning disabilities • Communications policy • Social media policy

4. Understand how to use organisations electronic communication systems and devices	4.1 Describe your organisation vehicle-based and handheld communication systems	Should include: Coverage issues, security, maintenance and charging and battery maintained. Hospital based patient logging systems and E-PRFs.
	4.2 Demonstrate use of vehicle-based and handheld communication systems for route and priority calls	Should include: Daily use of communication equipment. Turning on/off, channel selection, requesting speech, receiving and sending information in accordance with policy and procedures.
	4.3 Be able to report defective or lost communication equipment through relevant channels	Should include: Follows organisational guidelines, know the procedure to report defective equipment, reports to operational supervisor, emergency operation centre.
5. Be able to carry out initial scene assessment and management	5.1 Describe components of an initial scene assessment	Should include SCENE mnemonic; Safety, Cause, Environment, Number of casualties, Extra resources needed.

	5.2 Carry out a dynamic scene assessment at a range of incidents	Should include:
		• Definition of dynamic risk assessment
		• Hazard awareness and identification of general risks and risks specific to:
		  o Road incidents
		  o Rail incidents
		  o Aircraft incidents
		  o Water-related incidents
		• Risk evaluation and safe system of work

	5.3 Identify the Personal Protective Equipment (PPE) generally available within the Trust	Should include: • Helmet • High-visibility jacket • Eye protection • Respiratory protection • Infection control PPE
	5.4 Select and correctly use PPE as part of the implementation of a safe system of work	Could include: When to wear a life jacket and reference to Water Incident Policy and signposting to NARU Education Water Awareness e-Learning.
	5.5 Carry out a situation report using (M)ETHANE	Should include using the mnemonic METHANE to complete a situation report and to deliver this report to EOC, attending incident officers and Hazardous Area Response Team (HART).
	5.6 Identify safety considerations when working with Helicopter Emergency Medical Service (HEMS)	Should include reference to guidance in Trust's air ambulance health and safety policy.

6. Be able to locate, make ready, use and stow kit and equipment used in the ambulance environment	6.1 Demonstrate pre-shift equipment check	Should include carrying out pre-shift equipment/safety checks and recording the checks on operational shifts.
	6.2 Describe missing and defective equipment reporting procedures	Should include the missing and defective equipment reporting procedures for 5 pieces of equipment used by own organisation.
	6.3 Demonstrate ambulance kit and equipment familiarisation including: • Locating • Making ready • Safe use within scope • Cleaning and decontaminating • Stowing ready for vehicle movement	Should include: • Using a variety of ambulance kit and equipment during operational shifts • Locating • Making ready • Safe use within scope • Cleaning and decontaminating • Stowing ready for vehicle movement
	6.4 Demonstrate conveying a patient to include: • Medical devices • Own medication	Should include: • Security of patient's own medication/prescriptions • Syringe drivers • In situ IV devices/IV medication • Catheterised patients
	6.5 Manage stock control on an operational vehicle, replacing consumables	Should include: • Replacing consumables • Managing stock on a range of operational vehicles • Reporting procedure for missing or damaged stock
7. Understand the policies, procedures and protocols relating to the major, complex and high risk incidents	7.1 Summarise the legislative frameworks for emergency preparedness, resilience and recovery (EPRR)	Should include: • Local level • Regional level • National level
	7.2 Summarise **EPRR models**	Should include: • The dynamic decision-making cycle • The joint decision model • Dynamic operational risk model

	7.3 Describe types of special situations	Should include: • CBRN • HAZMAT • Mass casualties situations • Safe working at height • Marauding terrorist attack • Significant, major, mass, catastrophic etc.
	7.4 Identify who can declare a major incident	Should include: • First crew on scene • Attendant's roles and responsibilities • Driver roles and responsibilities
	7.5 Identify role and key responsibilities of incident command systems used for special situations	Should include: • Trust's major incident policy • JRCALC guidelines
	7.6 Describe the role and responsibilities of the person in command and control of special situations	Should include: • Strategic commander • Tactical commander • Operational commander • Team leader section commander
	7.7 Define the term triage sieve	Should include: • Triage sieve National Ambulance Resilience Unit (NARU) • Categories P1, P2, P3 and Dead
	7.8 Demonstrate using the triage sieve	Should include: • Navigate triage sieve National Ambulance Resilience Unit (NARU) • Categorise patients
	7.9 Identify key actions when attending a special situation	Should include: • Initial Operational Response (IOR) and Remove, Remove, Remove procedure • Run/Tell/Hide for MTFA & (M)ETHANE report
8. Understand the range of chemical, biological, radioactive, nuclear and explosive (CBRNE) threats	8.1 Describe different types of CBRNE threats	Should include: • Type of threat • Number of or estimated casualties • Decontamination

	8.2 Describe the role of hazardous area response teams (HART)	Should include: • When to request (HART) • What incidents (HART) will attend
	8.3 State how to use the DuoDote Nerve Agent Antidote auto-injector pen	Should include: • Demonstrating the use of auto-injector in relation to nerve agent poisoning • JRCALC guidelines
9. Understand post-incident management in the prehospital care environment	9.1 Describe the guidelines relating to recognition of life extinct	Should include: • Person-centred approaches • Communication techniques • Privacy and dignity • 6 C's • Treatment priorities
	9.2 Explain actions to be taken after death has been established	Should include: • Being guided in relation to recognition of life extinct (ROLE) by ambulance clinicians • Following Trust's policy in relation to ROLE
	9.3 Explain the benefits of a critical incident debrief	Should include: • Post-incident reflection • What was expected to happen? • What actually occurred? • Why was there a difference? • What can be learned?
	9.4 Explain post-incident considerations for staff care and welfare	Should include signposting staff to appropriate care and occupational health referral.
	9.5 Describe the challenges facing responders post incident	Should include: • Time barriers to incident • Availability of clinical supervisor to conduct post-incident debrief • Operational workload
	9.6 Explain the process of post-incident management	Should include understanding the Trust's policy and procedure regarding post-incident management.

Component 12: Fundamentals of patient assessment and examination and immediate management

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Be able to carry out patient assessment and examination within agreed ways of working and scope of practice across the age ranges	1.1 Conduct a patient assessment using the patient assessment triangle tool	Should include: • Appearance • Work of breathing • Circulation
	1.2 Communicate with patient prior to and during assessment	Should include: • Introduce yourself • Gain consent • Explain what your assessment and examination will involve • Assess patient's capacity
	1.3 Conduct a primary patient survey at a range of incidents	Should include <C>ABCDE approach • General impression • Airway • Breathing (including accessory muscle use and auscultation) • Circulation • Disability (AVPU) Blood sugar • Exposed/environment
	1.4 Recognise time-critical features during a primary patient survey	Should include: • Stepwise approach • Time-critical illness and injury
	1.5 Obtain a basic patient history at a range of incidents	May include: (SAMPLE) or equivalent history taking model • Signs and symptoms • Allergies • Medications • Past medical history • Last time patient ate or drank • Events leading up to incident
	1.6 Carry out a pain assessment at a range of incidents and across an age range	Should include: • SOCRATES • Abbey scale • Wong-Baker • Numerical • FLACC

	1.7 Demonstrate performing a secondary survey	Should include: • Vital signs • Head to toe assessment • Reassessment
2. Be able to assess and record a range of clinical observations in line with agreed local protocols and procedures across the age ranges	2.1 Identify normal physiological parameters for an adult	Should include: • Heart rate • Temperature • Blood pressure • Blood glucose • Capillary refill • Respiratory rate • Pupillary response • Peak expiratory flow • Level of consciousness • End tidal carbon dioxide • Perform checks on associated equipment • Face, arms and speech • Disability • Peripheral oxygen saturations
	2.2 Identify factors that can alter physiological measurements	Should include: • Identify critical illness • Changes in patient's haemodynamic state • Comorbidities
	2.3 Assess and record a patient's	Should include: • Heart rate • Blood pressure • Temperature • Blood glucose • Capillary refill • Respiratory rate • Pupillary response • Peak expiratory flow • Level of consciousness • End tidal carbon dioxide • Peripheral oxygen saturations

3. Be able to use electrocardiogram (ECG) monitoring on a patient	3.1 Demonstrate how to use 3 lead ECG electrodes using appropriate anatomical landmarks	Should include: • Identifying and recognising key characteristics on a 3 lead ECG trace • Correctly placing ECG limb electrodes
	3.2 Demonstrate how to use 12 lead ECG electrodes using appropriate anatomical landmarks	Should include: • Identifying and recognising key characteristics on a 12 lead ECG trace • Correctly placing ECG limb electrodes
	3.3 Demonstrate use of ECG monitoring equipment	Should include skin preparation and considerations.
	3.4 Recognise **basic ECG rhythms**	Should include: • Normal sinus rhythm • Ventricular fibrillation • Ventricular tachycardia • Asystole • Bradycardia • Tachycardia

Component 13: Fundamentals of stepwise airway management in the emergency and urgent care environment

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand the principles of airway management in the emergency and urgent care environment	1.1 Differentiate between adult and paediatric airway anatomy and physiology	Should include: • Paediatric airways smaller in diameter and shorter in length • Child's tongue is relatively larger in the oropharynx than adults
	1.2 State the importance of airway management and maintenance	Should include contextualisation of where airway falls in the <C>ABCDE approach and why.
	1.3 Explain the stepwise airway approach	Should include systematic assessment of the airway following orderly approach with manual airway control, airway adjuncts when appropriate and dynamic airway assessment.
	1.4 Describe factors that indicate the need to manage a patient's airway	Should include noisy airway (snoring, grunting, gurgling, etc), foreign body obstruction, level of consciousness, etc.

2. Be able to administer care to a patient who is choking	2.1 Differentiate between a patient with a partially blocked airway and a completely blocked airway	Should include reference to Resuscitation Council (UK) current guidelines • Mild choking – patient can still talk, breathe and cough • Severe choking – patient unable to speak, move air or cough
	2.2 Demonstrate how to manage a patient with a: • Partially blocked airway • Completely blocked airway	Should include reference to Resuscitation Council (UK) current guidelines • Conscious adult: 5 back blows > 5 abdominal thrusts • Conscious child: 5 back blows > 5 abdominal thrusts • Conscious infant: 5 back blows > 5 chest thrusts
	2.3 Identify differences in adult and paediatric emergency care for choking	Should include reference to Resuscitation Council (UK) current guidelines • Conscious adult: 5 back blows > 5 abdominal thrusts • Conscious child: 5 back blows > 5 abdominal thrusts • Conscious infant: 5 back blows > 5 chest thrusts
3. Be able to assess, manage and maintain an adult airway	3.1 Demonstrate a structured airway assessment	Should include lips, teeth, tongue, throat approach.
	3.2 Demonstrate stepwise airway management	Should include carrying out a detailed practical assessment of an adult on a manikin.
	3.3 Demonstrate how to clear an airway	Should include: • Postural drainage • Manual techniques • Suctioning equipment
	3.4 Demonstrate use of mechanical suction	Should include: • Carrying out a detailed check of Trust's mechanical suction device and operating instructions • Correct selection of suction catheter, correct technique, no more than 8-10 seconds Also include indications for postural drainage.
	3.5 Perform manual airway manoeuvres	Should include head tilt/chin lift and jaw thrust with consideration of cervical spine to determine which is more appropriate.
	3.6 Demonstrate measuring, sizing and inserting: • Oropharyngeal airway adjunct • Nasopharyngeal airway adjunct • Supraglottic airway	Should include: • Indications • Contraindications • Cautions • Correct size selection • Correct technique

	3.7 Demonstrate airway assessment after an intervention	Should include assessment of airway and breathing.
	3.8 Recognise the need for advanced airway management	Should include: • Applying a stepwise approach • Knowing when to request early intervention from senior clinician for advanced airway support • If there is a high degree of suspicion of foreign body obstruction within the oropharynx, do not insert a SGA/SAD. Immediately treat the patient for choking and call for advanced airway back up.
4. Be able to assess, manage and maintain a paediatric airway	4.1 Demonstrate a structured airway assessment	Should include lips, teeth, tongue, throat approach.
	4.2 Demonstrate stepwise airway management	Should include: • Choosing the most suitable method of airway control • Positional methods • Choice of correct airway adjunct • Use of BVM
	4.3 Demonstrate use of mechanical suction on paediatric patients	Should include: • Carrying out a detailed check of Trust's mechanical suction device and operating instructions • Correct selection of suction catheter, correct technique, no more than 8-10 seconds Also include indications for postural drainage.
	4.4 Perform manual airway manoeuvres on paediatric patients	Should include awareness of positioning for: • Patients under the age of 1 year – neutral alignment • Patients over 1 year – head tilt/chin lift and jaw thrust with consideration of cervical spine to determine which is more appropriate
	4.5 Demonstrate measuring, sizing and inserting an oropharyngeal airway adjunct	Should include: • Indications • Contraindications • Cautions • Correct size selection • Correct technique • Use of tongue depressor to insert OP airway • Consideration of paediatric airway anatomy • Risks involved
	4.6 Demonstrate airway assessment after an intervention	Should include full reassessment of the airway using stepwise approach.
	4.7 Demonstrate managing a tracheostomy airway	Should include full reassessment of the airway using stepwise approach.
	4.8 Recognise the need for advanced airway management	Should include applying a stepwise approach and knowing when to request early intervention from senior clinician for advanced airway support.

Learning outcomes The Learner will:	Assessment criteria The Learner can:	Indicative content
5. Be able to assist a senior clinician performing advanced airway interventions	5.1 Be able to identify and make ready equipment to assist senior clinician with advanced airway interventions	Should include: Endotracheal intubation: • Size and select ET tubes • Laryngoscope and correct size blade • Stethoscope • OPA airway • Magills forceps • Syringe • KY lubricant • Bougie • EtCO$_2$ • Suction • Thomas ET tube holder • Catheter mount • BVM oxygen • Mechanical ventilator+ • Needle cricothyroidotomy cannula • 5ml syringe • Dressing
	5.2 Demonstrate how to assist a senior clinician with advanced airway interventions	Should include: • Follows prompts and instruction from senior clinician • Endotracheal intubation • Needle cricothyroidotomy

Component 14: Resuscitation in the emergency and urgent care environment

Learning outcomes The Learner will:	Assessment criteria The Learner can:	Indicative content
1. Understand fundamentals of basic and advanced life support in the prehospital care environment	1.1 Explain the components of the Chain of Survival	Should include: • Early recognition and call for help • Early Cardiopulmonary Resuscitation (CPR) • Early defibrillation • Post resuscitation
	1.2 Identify key components of the basic life support algorithm	Should include reference to current Resuscitation Council (UK) guidelines.

	1.3 Identify key components of algorithm for: • Adult basic life support • Paediatric basic life support • Newborn life support • Immediate life support • Adult advanced life support • Paediatric advanced life support	Should include reference to current Resuscitation Council (UK) guidelines.
	1.4 Explain types of cardiac arrest	Should include: Shockable rhythms: • Ventricular fibrillation • Ventricular tachycardia (pulseless) Non-shockable rhythms: • Asystole • Pulseless electrical activity
	1.5 Describe common causes of cardiac arrest	Should include: • Hypovolaemia • Hypoxia • Hypothermia • Hypoglycaemia • Hyperkalaemia • Hydrogen ions-acidosis • Tension pneumothorax • Tamponade • Thrombosis • Toxins
2. Be able to manage an unresponsive patient who is not breathing normally	2.1 Demonstrate how to open patient's airway and check for breathing	Reference to current Resuscitation Council (UK) guidelines. Should also include: • Massive cranial and cerebral destruction • Decomposition/putrefaction • Incineration • Rigor mortis • Pooling of the blood • Fetal maceration • Hemicorporectomy

	2.2 Justify when to commence cardiopulmonary resuscitation	Reference to current Resuscitation Council (UK) guidelines.
	2.3 Demonstrate cardiopulmonary resuscitation for an adult on a manikin	Reference to current Resuscitation Council (UK) guidelines.
	2.4 Demonstrate cardiopulmonary resuscitation for a child on a manikin	Reference to current Resuscitation Council (UK) guidelines.
	2.5 Demonstrate cardiopulmonary resuscitation for an infant on a manikin	Reference to current Resuscitation Council (UK) guidelines.
	2.6 Demonstrate cardiopulmonary resuscitation for a newborn on a manikin	Reference to current Resuscitation Council (UK) guidelines.
	2.7 Explain modifications required during cardiac arrest for: • Third trimester pregnancy • Neck stoma	Reference to current Resuscitation Council (UK) guidelines.
	2.8 Clarify when resuscitation should not be attempted	Reference to current Resuscitation Council (UK) guidelines.
	2.9 Explain return of spontaneous circulation procedures	Reference to current Resuscitation Council (UK) guidelines.
	2.10 Describe resuscitation adaptions for: • Bariatric patients • Drowned patients • Pregnant patients • Hypothermic patients • Traumatic cardiac arrest	Reference to current Resuscitation Council (UK) guidelines.
3. Be able to use appropriate equipment during a resuscitation attempt	3.1 Justify when to use a **defibrillator**	Should include: • Reference to current Resuscitation Council (UK) guidelines • Own trusts policy and procedures
	3.2 Demonstrate effective use of a **defibrillator**	
	3.3 Summarise safety considerations when using an automated external defibrillator	

	3.4 Demonstrate use of: • Bag valve mask device (BVM) • Pocket mask • Oxygen connected to BVM or pocket mask	
	3.5 Explain modifications for child defibrillation	
	3.6 Describe safety considerations whilst using a defibrillator	Should include: • Water (environment) • Direct contact during delivery of a shock • Explosive environments • Preparation of chest (This list is not exhaustive)

	3.7 Demonstrate using a mechanical resuscitation device and ventilator	May include:
		• Familiarisation of Trust's chosen mechanical resuscitation device:
		  o AutoPulse (Zoll)
		  o Lucas (Physio-Control)
		• Correctly positioning the device
		• Compression rate

	3.8 Demonstrate care of a patient with a return of spontaneous circulation (ROSC)	Should include: • <C>ABCDE structure • Clinical observations • Temperature management • Packaging of patient • Transport to Accident and Emergency (A&E) or cardio Primary Percutaneous Coronary Intervention (PPCI) centre clinical handover
	3.9 Demonstrate knowledge of paramedic drugs used in advance life support	Should include: • Adrenaline (1 in 10.000) • Amiodarone Hydrochloride • Agreed ways of working, reference to current Resuscitation Council (UK) guidelines

Component 15: Management of disease and illness in the emergency and urgent care environment

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Know how to recognise common medical conditions	1.1 Identify signs and symptoms related to conditions affecting the respiratory system	Should include: • Asthma, Chronic Obstructive Pulmonary Disease (COPD), pneumonia, Pulmonary Embolism (PE) • Chest pain, cardiac chest pain, myocardial infarction, angina, LVF • CVA and Face, Arm, Speech, Time (FAST) assessment, seizures, meningitis, sepsis and common causes of stroke
	1.2 Identify signs and symptoms related to conditions affecting the cardiovascular system	
	1.3 Identify signs and symptoms related to conditions affecting the neurological system	
2. Be able to manage a patient with common medical conditions	2.1 Demonstrate treating patients with common respiratory conditions	Should include: Asthma and COPD: • <C>ABCDE approach • SPO$_2$ • Management of respiratory failure • Administration of Salbutamol 2.5mg in 2.5ml or 5mg in 2.5ml via oxygen driven nebuliser (refer to current JRCALC clinical guidelines and own service guidelines) • Administration of Ipratropium bromide 250mcg in 1ml or 500mcg in 2ml (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Time critical hospital transfer • Pneumonia • PE Angina and myocardial infarction: • <C>ABCDE approach • 12 lead ECG • SPO$_2$ • Management of acute pain • Administration of Aspirin 300mg (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Administration of Glyceryl tri-nitrate 2, 3 or 5mg or spray (GTN) (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice). Consider PPCI pathways • Treatment and local NHS Trust pathways for CVA, meningitis and sepsis • Post-surgical conditions and medical devices • Treating patients whilst on hospital transfers
	2.2 Demonstrate treating patients with common cardiovascular conditions	
	2.3 Demonstrate treating patients with common neurological conditions	

3. Be able to manage an unresponsive patient	3.1 Identify common causes of unconsciousness	Should include: • Stroke/CVA • Head injury • Epilepsy • Overdose • Subarachnoid haemorrhage • Hypo and hyperglycaemia
	3.2 Know how to assess and manage patients with seizures and epilepsy	Should include: • <C>ABCDE approach • AVPU and Glasgow Coma Scale • Most suitable patient care pathway, time-critical, non-time critical (patient may not wish to attend hospital)
	3.3 Demonstrate the treatment of an unconscious patient	Should include: • <C>ABCDE approach • AVPU and Glasgow Coma Scale • Most suitable patient care pathway, time critical, non-time critical
4. Know how to assess and manage patients with suspected poisoning	4.1 Describe the term poisoning	Should include exposure by ingestion, inhalation, absorption or injection of a quantity of a substances that results in mortality or morbidity (current JRCALC clinical guidelines).
	4.2 Identify routes that poisons can take to enter the body	Should include: • Ingestion • Inhalation • Absorption • Injection
	4.3 Identify common poisons encountered in emergency and urgent care practice	Should include: • Medications/drugs prescribed and non-prescribed • Household chemicals, e.g. bleach, anti-freeze • Alcohol • Plants and fungi
	4.4 Recognise effects of sudden poisoning	Should include: • Respiratory depression • Nausea and vomiting • Altered levels of consciousness (pupil dilation and constriction) • Tachycardia and bradycardia • Drowsiness

	4.5 Summarise management of a patient affected by sudden poisoning	Should include: • <C>ABCDE approach • AVPU and Glasgow Coma Scale • If possible, identify the poison via packaging • Most suitable patient care pathway, time-critical, non-time critical
5. Know how to assess and manage patients with glycaemic emergencies	5.1 Identify the 2 types of glycaemic emergencies	Should include: • Hypoglycaemia • Hyperglycaemia
	5.2 Identify recognition features of: • Hypoglycaemia • Hyperglycaemia	Should include reference to JRCALC signs and symptoms for glycaemic emergencies.
	5.3 Outline the assessment and management of: • Hypoglycaemia • Hyperglycaemia	Should include: • <C>ABCDE approach (emphasis on monitoring blood glucose levels) • Administration of oral glucose 40% (refer to current JRCALC clinical guidelines and own service guidelines) • Administration of intramuscular (IM) glucagon (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Consider supported carbohydrates when able to eat and drink • Glasgow Coma Scale and AVPU • Follow local NHS Trust patient care pathways for hypoglycaemia • Time-critical, non-time critical
	5.4 Demonstrate assisting the senior clinician with the assessment and advanced management of hypoglycaemia	Should include: • Administration of intravenous (IV) glucose 10% (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice)
6. Know how to assess and manage patients with shock, anaphylaxis and sepsis	6.1 Identify the causes of shock	Should include: • Heart conditions, e.g. myocardial infarction, heart failure • Sepsis, infection • Hypovolaemia • Severe allergic reaction • Dehydration
	6.2 Define anaphylaxis	Should include: • Acute reaction • Hypersensitivity to an antigen (bee/wasp sting)

6.3 Identify common recognition features of anaphylaxis	Should include: • Urticaria (hives) • Swelling of face, lips, hands and tongue • Purpuric rash • Dyspnoea, wheeze, stridor, hypoxia, hypotension, abdominal pain and vomiting
6.4 Outline the assessment and management of severe anaphylaxis	Should include: • <C>ABCDE approach • SPO_2 • Patient's own adrenaline auto-injector • Management of circulatory failure • Administration of Intra muscular (IM)1.1000 adrenaline (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Management of respiratory failure • Administration of Salbutamol 2.5mg in 2.5ml or 5mg in 2.5ml via oxygen driven nebuliser (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Consider administration of Chlorphenamine (refer to current JRCALC clinical guidelines and own service guidelines) • Consider administration of Hydrocortisone (refer to current JRCALC clinical guidelines and own service guidelines working within your scope of practice) • Time-critical hospital transfer
6.5 Demonstrate assisting the senior clinician with the assessment and advanced management of anaphylaxis	Should include: • Circulatory support IV fluid support
6.6 Compare and contrast sepsis and meningitis	Should include: • Causes of infection, bacterial, fungal, viral • Pathophysiology
6.7 Describe the screening tool NEWS 2	Should include navigating around National Early Warning Score (NEWS) 2 and understanding the scoring system.
6.8 Identify the importance of using NEWS 2	Should include: • Identifying time-critical illness • Scoring illness via respiratory rate, oxygen saturations, temperature, blood pressure pulse rate and Level Of Consciousness (LOC)

	6.9 Outline the assessment and management of sepsis and meningitis	Should include: • <C>ABCDE approach • NEWS score • Red flag sepsis • SPO_2 • Management of circulatory failure (positional) • Rapid time critical transfer
	6.10 Demonstrate assisting the senior clinician with the assessment and advanced management of sepsis	Should include: • Circulatory support IV fluid support
	6.11 Demonstrate assisting the senior clinician with the assessment and management of shock	Should include: • <C>ABCDE approach • Most suitable patient care pathway, time-critical, non-time critical • Cannulation • Circulatory support, IV fluid
7. Know how to assess and manage patients with extremes of temperature	7.1 Identify physiological heat loss mechanisms	Should include: • Evaporation • Conduction • Radiation • Convection
	7.2 Identify recognition features of: • Heat stroke • Hypothermia • Heat exhaustion	Should include the signs and symptoms for each condition.
	7.3 Outline the assessment and management of: • Hypothermia • Hyperthermia	Should include: • <C>ABCDE approach • Appropriate treatment for mild, moderate and severe hypothermia • Remove from heat source • Passive cooling, ice packs if available • Fluid replacement – oral/IV

8. Be able to prepare medicines ready for administration	8.1 Demonstrate gathering medicines and associated equipment ready for administration	Should include: • PPE • Patient consent • Equipment preparation • Common IV, IM, oral and nasal sites used • Safe disposal of sharps • Correct drug, dose, expiry date and integrity of packaging • Familiarisation and preparation of an IV saline flush • May include patient's own medication and devices

Component 16: Fundamentals of trauma and traumatic injury in the emergency and urgent care environment

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand basic principles of trauma management	1.1 Define the term mechanism of injury	Should include: • Cause/type of incident • Forces involved kinetics, reading the wreckage • SCENE mnemonic
	1.2 Describe the benefits of the trauma unit bypass tool	Should include: • Patient provided with definitive and specialised treatment • Saving essential time for treatment without transferring patient from local A&E • Specialised NHS staff and equipment
	1.3 Identify major trauma centres in own organisation's region	Should include: • Regional major trauma centre in own Trust catchment area • Major trauma triage tool or app • Trust policy
2. Assist a senior clinician with advanced circulatory support	2.1 Identify when advanced circulatory support is required	Should include: • Major trauma • Medical conditions such as sepsis • Profound shock and circulatory collapse
	2.2 Identify types of advanced circulatory support	Should include: • Cannulation • Intraosseous • Intravenous infusion

	2.3 Identify and prepare equipment for advanced circulatory support	Should include: • Gain consent (when required) and maintain privacy and dignity • Infection prevention and aseptic control • Carry out equipment safety checks • Identify sites and landmarks
	2.4 Assist senior clinician performing advanced circulatory support	Should include: • Securing cannula, chest decompression and IO equipment • Safe disposal of sharps • Check dates of equipment
	2.5 Demonstrate assisting a clinician with intravenous cannulation and intraosseous access	Should include: • PPE • Patient consent (if conscious) • Equipment preparation • Common IV sites • Safe disposal of sharps • Familiarisation and preparation of an IV saline flush
	2.6 Demonstrate assisting a clinician with needle chest decompression	Should include: • Identify landmarks and site used • Safe disposal of sharps • PPE • Patient consent (if conscious) • Equipment preparation
3. Know how to assess and manage patients with head injuries	3.1 Identify common causes of head injuries	Should include: • Direct force • Indirect force • Ejection from vehicle • Penetrating injuries • Falls and assault • Non-accidental injury to children (associated with safeguarding)
	3.2 Identify recognition features of head injuries	Should include: • Dizziness, nausea and vomiting • Abnormal pupillary response and size • Altered levels of consciousness • Posturing

	3.3 Identify key risk factors associated with head injuries	Should include: • Alcohol • Spinal injury • Anticoagulation • Older adults
	3.4 Outline the assessment and management of: • Head injuries • Eye injuries • Maxillo facial injuries	Should include: • <C>ABCDE approach • Airway and C-spine control and management • Prevention and treatment of hypoxia • Prevention and treatment of hypotension
4. Know how to assess and manage patients with chest injuries	4.1 List main types of chest trauma	Should include: • Haemothorax • Tension pneumothorax • Open pneumothorax • Flail chest
	4.2 Identify recognition features of chest injuries	Should include: • Respiratory distress/air hunger • Chest pain, worse when breathing in and out • Tachypnoea • Tachycardia • Falling oxygen saturations • Altered levels of consciousness
	4.3 Describe fundamentals of assessment and management of chest injuries	Should include: • <C>ABCDE approach • Monitor oxygenation and peripheral capillary oxygen saturation (SPO_2) levels • Management of each specific injury including chest decompression and chest seals (if available within service)
5. Know how to assess and manage patients with abdominal injuries	5.1 Identify the mechanisms of injury in causing abdominal injuries	Should include: • Blunt trauma • Penetrating injury

	5.2 Identify recognition features of abdominal injuries	Should include: • Shock • Critical blood loss • Pattern bruising developing on abdomen • Tachypnoea • Tachycardia • Falling oxygen saturations • Altered levels of consciousness
	5.3 Describe fundamentals of assessment and management of abdominal injuries	Should include: • <C>ABCDE • SPO_2 • Oxygen therapy • Analgesia • Rapid time-critical assessment, extrication and transport to trauma centre
6. Know how to assess and manage patients with wounds and blood loss	6.1 Differentiate between types of haemorrhage	Should include: • Arterial • Venous • Capillary • Internal and external
	6.2 Recognise the need for catastrophic haemorrhage to be dealt with immediately	Should include: • <C>ABCDE approach • Life-threatening blood loss can kill within minutes
	6.3 Identify recognition features of wound infection	Should include: • Common skin bacteria • Redness around wound site including tracking • Swelling, hot skin • Pain • Consider sepsis
	6.4 Apply basic wound care	Should include: • PPE • Aseptic technique • Cleaning debris from wound under clean water • Application of appropriate sterile dressing • Signpost patient to further healthcare, i.e. General Practitioners (GP)

	6.5 Apply methods to treat external haemorrhage	Should include: • Direct and indirect pressure • Use of tourniquets • Trauma pressure dressing • Haemostatic agents, e.g. Celox Gauze • Chest seal
7. Be able to assess and manage patients with limb and spinal injuries	7.1 Identify the different types of limb injury	Should include: • Fracture • Dislocation • Amputation • De-gloving • Strain/sprain
	7.2 Identify the different types of fracture	Should include: • Open compound • Closed • Complicated • Greenstick • Neck of femur, pelvis
	7.3 Demonstrate assessing and managing a fracture or dislocation	Should include: • Dislocation • Limb fracture • Pelvic fracture
	7.4 Identify when a patient would require full body immobilisation	Should include: • C-spine injury • Unconscious with (MOI) to suggest spinal injury • Glasgow Coma Scale less than 15 • Spinal cord injury
	7.5 Demonstrate manual in-line stabilisation	Should include: • Identifying appropriate equipment to carry out procedure • Working as part of a multidisciplinary team • Following the lead from the head end • Time-critical extrication
	7.6 Demonstrate sizing and applying a cervical collar	Should include: • Procedure for fitting adjustable cervical collar

	7.7 Demonstrate extricating a patient from a vehicle	Should include: • Time-critical • Non-time critical • Utilising all Trust's extrication equipment • Effective teamwork • Working with other emergency organisations, e.g. Fire and rescue, (HART), special operations response teams, medical emergency response units
	7.8 Demonstrate full body immobilisation	Should include: • Orthopaedic stretcher (scoop) • Spinal board
	7.9 State adaptations required to achieve full body immobilisation for a child	Should include: • Involving child's close family when immobilising • Vacuum mattress • Adapting a scoop stretcher to fit using rolled-up blankets
	7.10 Identify factors that make immobilisation difficult to achieve	Should include: • Patient who is or may vomit • Agitated patients • Patients under the influence of drugs and alcohol
	7.11 Identify circumstances when a crash helmet should be removed	Should include: • Unconscious patient • Compromised airway • Ventilation
8. Understands other time-critical injuries	8.1 Describe the mechanisms associated with time-critical injuries	Should include: • Suspension injuries • Crush injuries/syndrome • Trauma in pregnancy • Blast and ballistic injuries
9. Know how to assess and manage patients who have drowned	9.1 Identify the risks associated with water-related incidents	Should include: • Cold water drowning • Drowning (Acute Respiratory Distress Syndrome (ARDS)) • Hypothermia

	9.2 Outline the management of a drowning patient	Should include: • Self-preservation – do not become a casualty yourself • <C>ABCDE approach • Ventilations • Chest compressions
10. Know how to manage an individual who has been sexually assaulted	10.1 Define sexual assault	Should include: • Rape • Sexual assault • Assault by penetration • Causing sexual activity without consent
	10.2 Know how to manage cases of actual or suspected sexual assault	Should include: • <C>ABCs • Treat any life-threatening injuries • Show empathy and care • If requested, try and organise same sex medical attendant • If possible, try to preserve evidence • Do not call police unless patient requests this • Discuss with patient contacting Sexual Assault Referral Centre (SARC)
11. Know how to assess and manage patients with thermal injury	11.1 Describe how to estimate burn severity	Should include Rule of nines.
	11.2 Identify key actions when treating a patient with burns	Should include: • Remove from source of heat • <C>ABCDE approach (emphasis on airway management) • High flow oxygen • Fluid replacement

Component 17: Administration of medical gases and lifesaving medication in a prehospital or emergency and urgent care setting

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand key aspects of administration of medicines legislation	1.1 Identify key points of Medicines Act applicable to own role	Should include: • An understanding of Schedule 19 medicines as set out in the legislation and regulation • Definition of administration • Controlled drugs
	1.2 Compare and contrast between medicines administered by a registered and non-registered healthcare professional	Should include: • Prescribed medicines • Non-prescribed medicines • Over the counter medicines
	1.3 Critically analyse the principles of pharmacology	Definition of the following terms: • Pharmacology • Pharmacodynamics • Pharmacokinetics
2. Be able to determine a patient's condition in order to distinguish the correct lifesaving medication	2.1 Perform a patient assessment	Should include: • Obtain consent from a patient • Diagnose a patient's condition • Distinguish lifesaving medication according to the patient's condition • Apply universal precautions for infection prevention and control • Demonstrate how to prepare a lifesaving medication for administration
3. Be able to carry out safety checks prior to medicine administration	3.1 Demonstrate medicine safety checks prior to administration	Should include checking: • Packaging is intact • Expiry date • Medicine presentation • Correct drug • Correct dose • Correct route of administration
	3.2 Demonstrate patient safety checks prior to medicine administration	Should include checking: • Correct patient • Allergies • Identification of exclusion criteria • Current medication • Past medical history

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4. Be able to administer medical gases	4.1 Identify the need for: • Oxygen administration • 50:50 mixture of nitrous oxide and oxygen administration	Should include: • Indications for oxygen administration in line with current JRCALC guidelines • Indications for Entonox administration in line with current JRCALC guidelines
	4.2 State safety considerations when storing and using medical gas cylinders	Should include: • Cylinder checks • Correct patient • Correct drug • Correct dose • Expiry date • Safety checks on associated equipment for delivery
	4.3 Carry out safety checks prior to administering: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Cylinder checks • Correct patient • Correct drug • Correct dose • Expiry date • Correct route of administration • Safety checks on associated equipment for delivery
	4.4 Identify contraindications for administration of: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Contraindications and cautions for oxygen (O_2) administration in line with current JRCALC guidelines • Contraindications and cautions for Entonox (N_2O/O_2) administration in line with current JRCALC guidelines
	4.5 Identify cautions for administration of: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Cautions for administration of O_2 in line with JRCALC guidelines • Cautions for administration of N_2O/O_2 in line with JRCALC guidelines
	4.6 Administer medical gases to a patient using appropriate adjunct	Should include: • Correct instructions to patient • Correct O_2 mask for adult and child patients • N_2O/O_2 mouthpiece and mask
	4.7 Monitor effects of medical gases	Should include: • SPO_2 • Vital signs

	4.8 Identify need to alert a clinician to adverse reactions	Should include: • Verbal discussion patient handover • Documentation on Patient Report Form/Incident Report
	4.9 Record the administration of medical gases	Should include documentation on PRF/electronic PRF.
5. Know the common types of lifesaving medication and their use in an emergency or urgent care situation	5.1 Identify the need for administration of medications	Should include: • Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for Associate Ambulance Practitioners, these may vary from one Trust to another • Describe common types of lifesaving medication including their effects and potential side effects • Explain the importance of taking physiological measurements before and after administering lifesaving medication • Administering medication whilst minimising pain and discomfort to the patient • Give examples of common adverse reactions to lifesaving medication • Explain how to deal with common adverse reactions to lifesaving medication • Explain the different drug routes for the administration of lifesaving medication • Medication security, medication storage, medication disposal and medication documentation
	5.2 Carry out safety checks prior to administering medications	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for Associate Ambulance Practitioners, these may vary from one Trust to another. Should include checking: • Correct patient • Correct drug • Correct dose • Expiry date • Indications • Contra-indications • Cautions • Presentations • Allergies • Any previous doses
	5.3 Identify contraindications for administration of medications	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for Associate Ambulance Practitioners, these may vary from one Trust to another. Should include contraindications and cautions for medications.
	5.4 Identify cautions for administration of medications:	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for Associate Ambulance Practitioners, these may vary from one Trust to another. Should include cautions for administration of medication.
	5.5 Be able to demonstrate the safe and effective administration of lifesaving medication in a prehospital or emergency and urgent care setting	Should include administration of medications in line with current JRCALC guidelines in agreed ways of working.
	5.6 Identify need to alert a clinician to adverse reactions	Should include recognition of anaphylaxis.

	5.7 Accurately record the administration of lifesaving medication in a prehospital or emergency and urgent care setting	Should include documentation on PRF/electronic PRF.

Component 18: Mental health and mental disorder

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Know how to support those experiencing mental health problems	1.1 Define the terms: • Mental well-being • Mental health • Mental ill-health	Should include reference to current JRCALC guidelines.
	1.2 Describe prevalence of mental health problems in the UK	Should include prevalence data, i.e. 1 in 4 people in UK.
	1.3 Describe importance of emotional literacy and resilience in maintaining mental well-being	Should include importance of families, carers, friends and social networks for individuals experiencing mental health problems.
	1.4 Describe factors that may initiate mental health problems	Should include: • Anxiety • Depression
	1.5 Identify mental health problem prevention strategies	Should include: • Trust policy in relation to mental ill health/mental disorder • Traffic light assessment tool, JRCALC guidelines • NHS long term plan • Personal prevention strategies
	1.6 Identify mental health problems that require specialist interventions	Should include: • Self-harming • Suicide attempts • Acute psychosis
	1.7 Describe mental health support emergency and urgent care support workers can signpost people to for help	Should include: • Factors that promote/protect mental health and well-being • Benefits of mindfulness for improving wellbeing and mental health • Importance of self-care to promote own positive mental health • Importance of being socially connected

	1.8 Describe impact of experiencing a mental health problem on: • Family • Society • Individuals	Should include: • Social, personal and economic effects of mental ill-health • How different cultures may perceive and respond to mental health problems
	1.9 Identify how stereotyping towards people can increase stigma and negative attitudes regarding mental health problems	Should include how an employee's attitudes to mental health illness can influence a patient's response.
	1.10 Describe factors indicating the need for referral to a clinician for further assessment	Should include: • Specialist mental ill health treatment • History of self-harming • Cognitive therapy • Child Adolescent Mental Health Services (CAMHS)
	1.11 Outline general principles of managing and supporting a patient who has self-harmed	Should include: • <C>ABCDE approach • Awareness of Intent, Plan, Action, Protective (IPAP) assessment tool for suicide risk assessment
2. Know how to establish positive relationships with individuals who have mental health problems	2.1 State the importance of building a positive relationship with individuals experiencing a mental health problem	Should include: • Communication techniques • Body language • Positioning • Terminology
	2.2 Describe how an individual's feelings and perception may affect their behaviour	Should include: • Individual's mood • Medication status • Mental health illness
	2.3 Describe how behaviour of others might affect the individual experiencing a mental health problem	Should include: • Employing empathy • Being non-confrontational • Threat minimisation • Remaining calm and non-judgemental
3. Be able to promote mental health and well-being in the ambulance environment	3.1 Demonstrate promoting mental health and well-being in the ambulance environment	Should include: • Help building a sense of belonging and self-worth • Sharing positive experiences • Providing emotional support and supporting others • Promoting positive attitudes and empathy

Learning outcomes	Assessment criteria	Indicative content
4. Be able to support those who are experiencing mental health problems	4.1 Demonstrate supporting individuals who are experiencing mental health problems	Should include: • Providing support and empathy • What were the triggers/interpersonal stressors, motivation
	4.2 Demonstrate supporting individuals who are in mental crisis	Should include: • Providing support, empathy and honesty • Identifying triggers/interpersonal stressors, motivation
5. Understand the role and responsibilities of emergency and urgent care providers in relation to mental health	5.1 Outline roles and responsibilities when caring for a patient detained under the Mental Health Act	Should include: • Conveying patient with escort • Conveying patients with their own current medication • Section 136 conveying patient with escort (police officer) • Completion of section papers and PRF/electronic PRF • Mental Health Act (2005)
	5.2 Identify the documentation which may be required when conveying a patient detained under the Mental Capacity Act (2005) including Section papers and risk assessment	Should include: • Section 135 • Section 136 • Reference to Trust mental health policy (136 Red Flags)
6. Understand the support available with duty of care and patient's rights	6.1 Describe situations that may arise and could compromise: • Duty of care • Patient's rights	Should include: • Making the right decision for the patient, i.e. patient under the influence of drugs and alcohol, who doesn't wish to receive treatment at A&E, however by not attending may endanger the health or life of the patient. • Has the patient got the capacity to make this decision for themselves? • Duty of care v patients' rights

Component 19: Supporting patients living with dementia

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Know how to support patients living with dementia	1.1 Explain the condition dementia	Should include an umbrella term for a group of diseases which affect the brain.
	1.2 State the prevalence of dementia in the UK	Should include: • Currently there are 850,000 people living with dementia in the UK (data varies) • Expected to rise to 1 million by 2025

1.3 Explain recognition features of dementia	Should include: • Memory loss • Difficulty performing familiar tasks • Problems with language • Poor or decreased judgement • Misplacing things • Changes in mood and behaviour	
1.4 Identify recognition features of dementia that can be mistaken for other conditions	Should include: • Memory loss • Changes in mood and behaviour • Misplacing things • Problems with language	
1.5 Explain actions to reduce risk of dementia	Should include how early diagnosis and treatment can slow the progression of the disease.	
1.6 Explain importance of early diagnosis of dementia	Should include: • Ambulance service often the first to recognise early-stage dementia • Referral and sign posting to the appropriate health care pathways • Early diagnosis and treatment can slow the progression of the disease	
1.7 Describe actions that could maintain quality of life following a diagnosis of dementia	Should include central role that home, housing conditions and immediate community play in enabling a person with dementia to live well.	
1.8 Explain impact of dementia on: • Individuals • Families • Society	Should include: • Elderly populations loss of friends/siblings to old age and are less inclined to use social media or other forms of communication, spending longer watching television and less time engaging in social events • Burden on families, time and cost • Health and social costs	
1.9 Demonstrate how to provide a person-centred approach to a patient with dementia	Should include: • Humanistic approach to care • Consider mental capacity • Refer to recent care plan if available	
1.10 Describe where and how to signpost people to gain advice, information and support	Should include: • GP • Community mental health teams • Consultation with mental health professional	

2. Understands the mental capacity act/legislation	2.1 Outline the current legislation referring to the Mental Capacity Act (2005)	Should include. • Government legislation Mental Capacity Act (2005) • Assume a person has capacity to make decisions for themselves unless otherwise proved • If you make a decision about an individual's capacity, it must be in their best interests
	2.2 Define the term capacity	Should include: • Using information to come to a decision and communicate that decision, always in the best interest of the individual
	2.3 Describe what factors lead to an individual lacking capacity	Should include: • Result of injury, illness and diseases such as dementia, CVA, excessive drug and alcohol use
	2.4 Describe mechanisms in place to assist an individual who lacks capacity	Should include: • Advanced decision to refuse treatment • Lasting power of attorney • Independent mental capacity advocate
3. Be able to assess an individual's capacity	3.1 Describe how to assess and manage an individual who lacks capacity	Should include: • Treating an individual with empathy and respect at all times • The **FIVE** principles that underpin mental capacity act • Assess capacity using 'does a person have an impairment of the brain?' • Is this impairment affecting them to make a specific decision?

Component 20: Considerations for paediatric patients

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand differences between adult and paediatric patients	1.1 Describe physiological differences between adults and paediatrics	Should include: • Lung capacities • Size of head, tongue and airways • Pulse and breathing rate
	1.2 Describe key stages of child development	Should include: • <12 months • 1-2 years • 2-5 years • 5-12 years
	1.3 Identify physiological ranges for paediatrics relevant to measuring clinical observations	Should include: • Age • Heart rate • Respiratory

2. Be able to assess and manage newborn, infants and children	2.1 Demonstrate effective communications with children	Should include: • Verbal (rate and tone of communication) • Non-verbal (adopt positive body language, eye contact, facial expression, personal space) • Involving parents or carers
	2.2 Describe components of a paediatric assessment	Should include: • Paediatric Assessment Triangle (PAT) • Appearance • Work of breathing • Circulation
	2.3 Identify recognition features of a sick child	Should include: • Paediatric Assessment Triangle (PAT) • Level of response • Breathing/respiration • Circulation
	2.4 Be able to manage a seriously ill newborn, infant and child	Should include: • Stepwise approach to management of ABCs • Paediatric Assessment Triangle (PAT) • Primary survey • Red flag signs • Time-critical transport to appropriate healthcare setting • Be ready to resuscitate if necessary
	2.5 Outline the principles of dealing with child death in the ambulance environment	Should include: • Expected death • Unexpected death • <C>ABCDE approach • Resuscitation • Welfare post-resuscitation
	2.6 Outline general management of Sudden Unexpected Death in Infants, Children and Adolescents (SUDICA)	Should include reference to JRCALC (SUDICA) flow chart.
	2.7 Identify support available to ambulance staff after attending a child death	Should include: • Clinical Support Desks (CSDs) • Clinical supervisor/EOC welfare support • Occupational health support/Mind

	2.8 Identify support for patient's family and others	Should include: • Support for parents or guardians • Support for healthcare staff

Component 21: Assessment and management of obstetrics

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Be able to assess and manage normal maternity care	1.1 Describe maternal physiological changes in pregnancy	Should include: • Cardiac output • Blood volume • Breathing rate • Blood pressure
	1.2 Summarise stages of birth	Should include: • Stage 1 • Stage 2 • Stage 3
	1.3 Identify maternity care and delivery equipment	Should include: • Maternity pack • Available analgesia
	1.4 Demonstrate assessing and managing an emergency birth	Should include: • Rapid assessment and management • <C>ABCs • Haemorrhage • APGAR score • Call for second ambulance
	1.5 Describe the term malpresentations	Should include presentation of: • Arm or hand showing first • Bottom first • Foot or feet showing first

2. Understand complications during childbirth	2.1 Describe complications during and following childbirth	Should include: • Shoulder dystocia • Pre-term birth • Umbilical cord prolapse • Multiple births • Post-partum haemorrhage • Seizures
3. Understand obstetrics and gynaecology complications throughout pregnancy	3.1 Describe conditions related to obstetric and gynaecological complications	May include: • Ruptured ectopic pregnancy/ectopic pregnancy • Miscarriage • Pre-eclampsia • Antepartum/pre-partum haemorrhage • Polycystic ovarian syndrome • Pelvic floor prolapses • Uterine fibroids • Cervical dysplasia
	3.2 Manage obstetric and gynaecological complications	Should include: • Rapid assessment and management • <C>ABCs • Medical support back up • Transfer to appropriate healthcare setting

Component 22: Supporting people with learning disabilities

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Be able to support patients with learning disabilities and learning difficulties	1.1 Define learning disability	Should include: • A simple definition for the term learning disability
	1.2 Summarise key legislation, policy and guidelines relevant to providing care and support to someone with a learning disability	Should include: • Human Rights Act (1998) • Disability Act (2006) • Equal rights opportunities

	1.3 Describe how emergency and urgent practice is influenced by the social model of disability	Should include: • How employees see and think about people with a disability • Removal of barriers • Restriction of life choices
	1.4 Describe common types of learning difficulties and learning disabilities	Should include: Learning difficulties and learning disabilities. • Dyslexia • Dyspraxia • Autism • Attention deficit hyperactivity disorder • Dyscalculia • Downs syndrome • Autism • Asperger's syndrome
	1.5 Describe two reasonable adjustments which may be required when caring for and communicating with people with learning difficulties	Should include: • Use patient's support/care staff as part of your assessment • Access learning disability liaison nurse
	1.6 Demonstrate effective communication with people who have a learning disability	Should include: • Speak clearly, at a reasonable pace and use simple words • Take your time • Work with supporters/carers
	1.7 Demonstrate a person-centred approach when caring for a person with a learning disability	Should include: • Dignity and respect • Individual needs • Good patient experience

Component 23: End-of-life care, bereavement and the aging process

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Know how to provide end-of-life care	1.1 Summarise key features of current legislation relating to end-of-life care	Should include: • End-of-life care package – patients must travel singularly on a double manned ambulance (many of these patients are likely to be going home or to a hospice for palliative care or to die) • ADRT/Living wills • Do Not Attempt CPR

	1.2 Explain legal and ethical responsibilities when making decisions for end-of-life care	Should include: • Following the wishes of the patient (with capacity) • Current NHS Trust policy
	1.3 Describe theoretical models of grief, loss and bereavement	Should include Kubler-Ross Grief Cycle.
	1.4 Explain how human emotions manifest when dealing with end-of-life care bereavement	May include: • Denial • Anger • Bargaining • Depression • Acceptance
	1.5 Describe support available for individuals suffering bereavement	Should include: • Care, understanding and empathy. Signposting patients and relatives to GP and other local referral services via 111 • Healthcare staff suffering bereavement, follow local service guidelines and occupational health referral via clinical supervisor or EOC
	1.6 Describe an end-of-life care pathway	Should include: • Care pathway procedure • Clinical support desk
	1.7 Describe how external organisations can support end-of-life care	Should include: • Provide palliative care treatment in patient's home • Patient's wishes can be accommodated • Support patient through the process of dying • Support the patient's relatives through the process of bereavement • Specialised equipment maybe required, e.g. air mattress • Provide spiritual and cultural support through the process of dying
	1.8 Explain the importance of communication when dealing with end-of-life care	Should include: • Patient's wishes can be accommodated • Supporting patient's relatives and or close friends • Palliative care nursing team

2. Understand care requirements for those that are frail	2.1 Define the term frailty	Should include: • Group of older people, usually 65 and above • High risk of falls, disability and admission to healthcare setting • Weight loss, including muscle loss • Weakness, slow mobility and low levels of physical activity
	2.2 Describe the care and treatment of those who suffer from frailty	Should include: • Pathology of frailty • Patient care plan • Alternative healthcare pathways
3. Understand the aging process on older people	3.1 Provide a definition for the term older people	Refer to JRCALC for definition.
	3.2 Describe how the aging process can negatively affect a person's health and wellbeing	Should include: • Social isolation • Poor mobility and access to the outside, e.g. winter months, ice, snow and inclement weather • Poor general health with increase in co-morbidities • Emotional, depression and dementia • Economic and financial constraints
	3.3 Describe common medical conditions that affect older people	Should include: • Dementia • Frailty • Parkinson's disease/motor neuron disease • CVAs and TIAs • Muscle and bone wastage diseases • Cardiovascular disease such as angina
	3.4 Describe how reaching out to older people can have positive effects on their health and wellbeing	Should include: • Adopt a person-centred approach when treating the elderly • As a healthcare worker if you have concerns signpost patients to help and refer to GP or 111 • Encourage patients to adopt technology such as the internet, social media and social gatherings • Provide positive attitudes to the elderly, avoid age discrimination and unconscious bias • Highlight their contribution to society • Avoid stereotyping and remove barriers

Component: 24 Ambulance vehicle familiarisation

Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content
1. Understand communication protocols required for ambulance operations	1.1 Explain devices used for communication including their: • General use • Security features • Fault reporting procedures	Should include: • Familiarisation with all Ambulance Trust vehicle-based radio/communication equipment • Maintain security of all handheld radios and phones and how to report missing, lost or mislaid equipment in a timely manner so the equipment can be rendered unusable if it falls into non-Trust hands • Procedure for reporting faults, contact EOC, operational supervisor, clinical supervisor in line with service protocols and guidelines
	1.2 State the criteria for: • Passing a priority message • Informing control of a running call • Reporting a vehicle/crew off the road • Requesting a service run • Requesting to go for fuel	Should include: • Demonstrating full use of Ambulance Trust vehicle-based and handheld equipment on multiple occasions working with the clinical based mentor whilst attending clinical practice placement
	1.3 State the different call categories	Should include: Demonstrating full use of Ambulance Trust vehicle-based and handheld equipment on multiple occasions working with the clinical based mentor whilst attending clinical practice placement
2. Understand a range of emergency vehicles within your ambulance service Trust	2.1 Be able to prepare an ambulance vehicle or realistic work environment for use	Should include: • Make ready, visual check, cockpit check and familiarisation, internal and external controls, tyre serviceability visual check, fuel type and location of fuel cap, fuel card, vehicle defect book and accident reporting procedure
	2.2 Be able to safely operate ambulance vehicles and equipment	Should include: • Adequate training on all vehicle types
	2.3 Be able to clean and decontaminate vehicle	Should include: • Follow service policy for cleaning inside, spillages, body fluids and infectious diseases
3. Understands safe operation of a range of vehicles and equipment	3.1 Be able to safely access and egress a range of vehicles and moving and handling equipment	Should include: • Ramp • Carry chair • Tail lift • Winch • Side step

	3.2 Be able to safely operate a range of ambulance stretchers	Trust specific: Demonstrating full use of Ambulance Trust vehicle-based moving and handling equipment on multiple occasions working with the clinical based mentor whilst attending clinical practice placement
	3.3 Be able to safely secure patients and their belonging in a range of vehicles	Trust specific: Demonstrating full use of Ambulance Trust vehicle-based restraint equipment on multiple occasions working with the clinical based mentor whilst attending clinical practice placement • Safely secure loads with restraints provided and maintain these restraints whilst vehicle is moving • Relatives may travel with patients either in the rear of the vehicle or within the cab if seat belts are used

Appendix 2 – Occupational knowledge and competence in ambulance emergency and urgent care

All Trainers, Assessors, IQAs and EQAs must have occupational knowledge and competency in the subject matter. For further details contact Qualsafe Awards.

Subject matter includes:

- Ambulance operations

- Ambulance communication and vehicle familiarisation

- Communication

- Conflict resolution

- Extrication and light rescue

- Equality, diversity and inclusion

- Health and safety in the workplace

- Hostile and major incidents

- Infection prevention and control

- Information governance

- Mental capacity

- Mental health support

- Moving and handling of objects and people

- Anatomy, physiology and pathophysiology

- Person-centred care

- Safeguarding people

- Safe working in the prehospital care environment

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 an acceptable assessor qualification, as identified in the table below:

Current Qualifications	Train	Assess
Level 3 Award in Education and Training	√	
Level 4 Certificate in Education and Training	√	
Level 5 Diploma in Education and Training	√	
Cert Ed/PGCE/B Ed/M Ed	√	
SVQ 3 Learning and Development SCQF Level 8	√	
SVQ 4 Learning and Development SCQF Level 9	√	
TQFE (Teaching Qualification for Further Education)	√	
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	√	
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Unit 7 Facilitate Individual Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	√	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		√
Level 3 Award in Assessing Competence in the Workplace Environment		√
Level 3 Award in Assessing Vocationally Related Achievement		√
Level 3 Award in Understanding the Principles and Practices of Assessment		√
Level 3 Certificate in Assessing Vocational Achievement		√
L&D Unit 9DI – Assess workplace competences using direct and indirect methods SCQF Level 8 (SQA Accredited) – replacing Units A1 and D32/33		√
L&D Unit 9D – Assess workplace competence using direct methods SCQF Level 7 (SQA Accredited) – replacing Units A2 and D32		√
Other Acceptable Qualifications		
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	√	
English National Board 998	√	
Paramedic/Nursing mentorship qualifications	√	
S/NVQ level 3 in training and development	√	
S/NVQ level 4 in training and development	√	
PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	√	
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	√	
PTLLS (6 credits)	√	
Training Group A22, B22, C21, C23, C24	√	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		√
A1 (D32/33) – Assess candidates using a range of methods		√
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		√
A2 (D32) – Assess candidates' performance through observation		√

Appendix 4 – Qualifications suitable for internal quality assurance

Internal Quality Assurers (IQA) must hold an acceptable quality assurance qualification:

PDA in Internal Verification of Workplace Assessment at SCQF level 8 (SQA Qualification)
Level 4 Award in 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 Accredited Learning and Development Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment

www.qualsafeawards.org

Tel: 0330 660 0899

Email: info@qualsafeawards.org