



Qualsafe Level 3 Certificate in  
**Ambulance Patient Care:  
Non-Urgent Care Services**  
(RQF)

Qualification Specification

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## Key qualification information

Qualification number:	000/0000/00
Operational start date:	November 2022
Guided learning hours (GLH):	108
Total Qualification Time (TQT):	154
Number of units:	11 mandatory units
Assessment methods:	Portfolio of evidence using a variety of internally set practical and theoretical methods.

## 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 Core Skills Training Framework (CSTF)
- Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence
- Institute for Apprenticeships and Technical Education: Ambulance Support Worker (emergency, urgent and non-urgent)

This QA qualification is for people who work in, or aspire to work in, the non-urgent care ambulance setting providing safe and appropriate transport for patients between medical facilities and/or the patient's home or place of residence. On occasion, they may be directed to act as a first crew on scene at emergencies or being flagged down/stopping at incidents.

This qualification should give Learners the knowledge, skills and practical competencies related to statutory, mandatory and core training required to operate in a non-urgent care ambulance setting.

This qualification specification provides information for Centres about the delivery of the Qualsafe Level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF) and includes the unit information 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 patient care, ambulance aid and transportation in a non-urgent care ambulance setting.

### Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide patient care, ambulance aid and transportation in a non-urgent care ambulance setting.

## Structure

This qualification comprises 11 mandatory units with a Total Qualification Time (TQT) of 154 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 12 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, which for this qualification is 108 GLH, and
- The number of hours a Learner will reasonably be likely to spend in preparation and study, including assessment, as directed by, but not under the immediate guidance or supervision of a Trainer, which for this qualification is 46

## Other units

No other units can be combined to count towards the Level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF).

## Relationship with other related qualifications

The Qualsafe Level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF) may be transferred to other similar 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 produce mappings 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. A Learner must be in current employment as a trainee ambulance support worker. In order to complete all elements of the qualification and apprentice programme.

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 or equivalent.

## Progression

The Qualsafe Level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF) qualification may be used towards other qualifications at the same and higher levels, plus aid career progression in a relevant profession.

## 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 ambulance first aid skills and basic life support.

# Qualification approval requirements

Qualsafe Awards requires the Centre:

- To have appropriate policies, systems and procedures in place
- To appoint suitable individuals from their personnel team to train, assess and quality assure their QA qualifications
- To have suitable and adequate venues, equipment and learning resources
- To have approved course materials including scheme of work, lesson plans and suitable assessments tools to make sure Learners are assessed against the required knowledge, skills and understanding, as detailed in the learning outcomes and assessment criteria shown in *Appendix 1* (this approval will be given in writing by QA)

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

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

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

## Course approval requirements

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 pre-register the course on the QA Customer 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 be working under an apprenticeship agreement. This is likely to be part of a Memorandum of Understanding (MOU) or a contract between the training provider (the Centre) and the practice placement provider. It is the responsibility of the employer to provide each Learner with suitable practice placements
- This MOU or contract must clearly list the roles and responsibilities of the training provider and the practice placement provider whilst the Learners are on placement. It must include details of the qualifications or experience of those who will act in the role of Practice Placement Educator (Mentor) to the Learners whilst on placement

## Trainer/Assessor

People delivering and assessing this qualification must have:

- Occupational knowledge and competency in urgent care, ambulance aid and patient transport as shown in *Appendix 2* **and**
- An acceptable training qualification as shown in *Appendix 3* **and**
- Hold 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 urgent care, ambulance aid and patient transport 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* **and**
2. The IQA either holds or is working towards a formal (regulated) internal quality assurance qualification 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
- Attend training delivery and observe assessments being carried out
- Carry out other related internal quality assurance

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

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

## Venue and equipment

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

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

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

Resource/area:	Requirements:
<b>Audio visual (AV) equipment and training aids</b>	Sufficient AV equipment and training aids to facilitate learning using varying teaching methods.
<b>Learning materials</b>	Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification.
<b>Training venue</b>	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.
<b>Non-Urgent Care ambulance vehicle</b>	A minimum of 1 suitable vehicle to enable Learners to demonstrate all the skills required for vehicle familiarisation, decontamination and moving and handling patients.
<b>Infection prevention and control equipment</b>	Sufficient equipment and resources to demonstrate: <ul style="list-style-type: none"> <li>• Infection prevention and control techniques and cleaning and decontamination procedures</li> <li>• Waste management procedures</li> </ul>
<b>Ambulance communication equipment</b>	Various types of communication devices including: <ul style="list-style-type: none"> <li>• Handheld devices</li> <li>• Vehicle based devices/radios</li> <li>• Mobile data terminals</li> </ul> (Communication devices may be Trust specific)
<b>Ambulance Personal Protective Equipment (PPE)</b>	Full set of commonly issued PPE per Learner.
<b>CPR adult manikins</b>	A minimum of 1 adult manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
<b>CPR child manikins</b>	A minimum of 1 child manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
<b>CPR infant manikins</b>	A minimum of 1 infant manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
<b>Choking trainer</b>	A manikin or vest that Learners can use to demonstrate treatment of choking.
<b>Adrenaline Auto-Injector (AAI) training devices</b>	A selection of adrenaline auto-injector <b>training devices</b> to facilitate training and assessment. The minimum must include one of the following: <ul style="list-style-type: none"> <li>• Jext</li> <li>• Emerade</li> <li>• EpiPen</li> </ul>
<b>AED trainers</b>	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. Sufficient AED training pads.
<b>Catastrophic bleeding</b>	<ul style="list-style-type: none"> <li>• Manufactured tourniquets carried on NHS Ambulance Service frontline vehicles</li> <li>• Equipment required for the application of an improvised tourniquets</li> <li>• Wound simulation training equipment for wound packing and tourniquet application</li> <li>• Imitation haemostatic dressings or other dressings</li> </ul>

<b>Oxygen (O<sub>2</sub>) therapy</b>	<p>O<sub>2</sub> cylinders with the relevant equipment for use with: (as required)</p> <ul style="list-style-type: none"> <li>• Non-rebreather masks (adult/paediatric)</li> <li>• Nasal cannulas</li> <li>• Pocket masks</li> <li>• Face masks</li> </ul>
<b>Moving and handling equipment</b>	<p>Various types of current prehospital moving and handling equipment:</p> <ul style="list-style-type: none"> <li>• Ambulance stretcher</li> <li>• Child/infants restraints</li> <li>• Slide sheet</li> <li>• Transfer board</li> <li>• Carry chair</li> <li>• Wheelchair</li> <li>• Moving and handling belt</li> <li>• Turntable</li> <li>• Southampton sling (optional)</li> <li>• Cushion lifting device (optional)</li> <li>• Lifting chair (optional)</li> <li>• Empty boxes (for practise – where necessary)</li> </ul> <p>(this list is not exhaustive)</p>
<b>Audio visual (AV) equipment and training aids</b>	Sufficient AV equipment and training aids to facilitate learning using varying teaching methods.
<b>Learning materials</b>	Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification.
<b>Ambulance aid and life support equipment</b>	<p>Immediate/advanced life support manikins (must be suitable to demonstrate airway manoeuvres and accept oropharyngeal (OPA), nasopharyngeal (NPA) and supraglottic airways). 1 manikin to every 4 Learners.</p> <p><b>Or</b></p> <p>CPR adult manikins, minimum of 1 adult manikin to every 4 Learners and airway manikins (must be suitable to demonstrate airway manoeuvres and accept oropharyngeal, nasopharyngeal and supraglottic airways). 1 manikin to every 4 Learners.</p> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Full set of OPA (sizes 00 to 4). Full set of NPA (sizes 6 to 8). Variety of current Resuscitation Council UK approved supraglottic airway devices, e.g. i-Gel, Laryngeal mask</li> <li>• Minimum of 1 suction device to every 4 Learners</li> <li>• At least 1 AED or defibrillator trainers to every 4 Learners/sufficient pads</li> <li>• Oxygen (O<sub>2</sub>) cylinder with the relevant equipment for use</li> <li>• Bag-valve-mask</li> <li>• Adult non-rebreather mask</li> <li>• Multi-flow rate masks (Ventura type or similar)</li> <li>• Nasal cannulae</li> <li>• SpO<sub>2</sub> monitor</li> <li>• ETCO<sub>2</sub> monitor (optional)</li> </ul>
<b>Trauma consumables</b>	<ul style="list-style-type: none"> <li>• A variety of manufactured non-occlusive and occlusive chest dressings</li> <li>• A variety of manufactured tourniquets and haemostatic agents</li> <li>• Sufficient trauma bandages: various sizes and types, including triangular bandages and cling film</li> <li>• A variety of blankets: various sizes and types, including cellular and foil</li> </ul>

Note: Learners should sit at least one metre apart, to prevent collusion during multiple choice question assessments.



## Course/Centre administration

### Pre-registering courses

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 Customer 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

This will allow QA to make the necessary external quality assurance arrangements, which includes unannounced visits. Centres must adhere to this pre-course registration requirement and should be aware that any identified non-compliance in this respect will lead to the imposition of sanctions in line with the content of the QA Sanctions Policy.

Centres not pre-registering courses on the QA Customer Portal with 20 working days' notice may not be able to deliver planned courses.

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

### Registering Learners

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

### Certification

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

[www.qualsafeawards.org](http://www.qualsafeawards.org)

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

The Learner receives a certificate on achieving this qualification provided they have also completed statutory and mandatory training in conflict resolution prior to certification request.

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 ambulance first aid skills and basic life support.

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

## Delivery and support

### Learner to Trainer ratio

For practical reasons and to maintain the quality of training and assessment, make sure the class ratio is no more than 12 Learners to 1 Trainer for Unit 2 and 3 to meet the First Aid at Work Training requirements. Centres may apply to QA to extend this ratio for other units. Assessment of performance is carried out on a 1:1 basis.

### Delivery plan

Centres must create their own delivery plan and have it 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 and the minimum 108 GLH and 46 additional learning hours are all met
- Be emailed to: [info@qualsafeawards.org](mailto:info@qualsafeawards.org)

### Learning materials

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

- *First Aid Made Easy* - by Nigel Barraclough or
- *Concise First Aid Made Easy* - by Nigel Barraclough
- *Ambulance Care Essentials* – by Pilbury and Lethbridge

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

QA 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 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF) skills and knowledge should be taught and assessed in accordance with currently accepted patient transport ambulance practice in the UK.

The Learner must achieve all the mandatory units.

To pass a unit the Learner must:

- Achieve all the specified learning outcomes
- Satisfy all the assessment criteria by providing sufficient and valid evidence for each criterion
- Show that the evidence is their own

See *Appendix 1* for unit information guidance.

## Methods

Centres must devise assessment methods which provide valid, authentic, reliable, current and sufficient evidence to meet all learning outcomes and assessment criteria in all mandatory units. These assessments will be internally marked and externally moderated. This qualification must be assessed using a portfolio of evidence that includes practical and theoretical assessments as appropriate.

There are 2 possible grades available of Pass or Fail. Learners must pass all units to achieve this qualification.

All assessments must be approved by QA before delivering this qualification and emailed to:

info@qualsafeawards.org

See *Appendix 1* for unit information guidance.

## Access to assessment

QA is committed to equality. 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 Qualsafe 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 and complaints procedures and how they can access these. Information about these procedures can be found in the QA Training Commitment which should be presented to Learners during their course.

## Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However, to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, for this qualification the Learner must be assessed performing practical tasks such as moving and handling of people. Learners 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 assurance of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. Centres are required to adhere to QA's internal quality assurance requirements. Further details can be found in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.

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

### Qualsafe Awards external quality assurance

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

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

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

## Further information

### Contact us

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

Email: [info@qualsafeawards.org](mailto: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](http://www.qualsafeawards.org/home)
- Office of Qualifications and Examinations Regulation (Ofqual):  
[www.gov.uk/government/organisations/ofqual](http://www.gov.uk/government/organisations/ofqual)
- Council for the Curriculum Examinations and Assessment (CCEA): <https://ccea.org.uk/regulation>
- Scottish Qualifications Authority (SQA) Accreditation: <http://accreditation.sqa.org.uk>
- Qualifications Wales: [www.qualificationswales.org](http://www.qualificationswales.org)
- Skills for Health: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)
- Health & Safety Executive (HSE): [www.hse.gov.uk](http://www.hse.gov.uk)
- Resuscitation Council (UK): [www.resus.org.uk](http://www.resus.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 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services (RQF) has 11 mandatory units that Learners are required to complete to achieve the qualification.

Unit 1	Fundamentals of Urgent Ambulance Care Practice	
GLH	6	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand role and responsibilities of a non-urgent care ambulance support worker	1.1 Explain own organisations vision, values and expectations of a non-urgent care ambulance support worker	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Duty of care</li> <li>• Standard of care</li> <li>• Scope of practice</li> <li>• Individual competency</li> <li>• Scope of employment</li> <li>• Behaviours including civility</li> <li>• Open, honest and raising concerns</li> <li>• Continual professional development</li> <li>• Professional standards (Code of ethics)</li> <li>• Personal and professional relationships</li> </ul>
	1.2 Explain the main role and responsibilities of a non-urgent care ambulance support worker	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Dealing with non-urgent calls, carrying out patient transfers and on occasion being directed to act as a first crew on scene at emergencies or being flagged down/stopping at incidents</li> <li>• Working as solo non-urgent ambulance support worker and/or as part of crew or with clinicians (where appropriate) within an agreed scope of practice</li> <li>• Undertaking dynamic and continued risk/threat assessments to establish the presence of hazards</li> <li>• Able to provide patient care, first aid interventions and basic life support within scope of practice of a non-urgent ambulance support worker</li> <li>• Transporting a range of patients to and from healthcare facilities under routine driving conditions</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	1.3 Explain own professional responsibilities in accordance with legislative frameworks relevant to working in an ambulance care setting	Should include professional responsibilities of an employee in relation to: <ul style="list-style-type: none"> <li>• Equality Act</li> <li>• The Care Act</li> <li>• Data Protection Act</li> <li>• Mental Capacity Act</li> <li>• The Human Rights Act</li> <li>• Health and Social Care Act</li> <li>• Health and Safety at Work Act</li> <li>• Criminal Justice and Courts Act</li> <li>• Counter-Terrorism and Security Act</li> <li>• Safeguarding Vulnerable Groups Act</li> <li>• Common Law including Caldicott principles</li> </ul>
	1.4 Explain the importance of gaining and maintaining consent and acting in the patient's best interest	Should include: <ul style="list-style-type: none"> <li>• Mental Capacity Act and MCA code of practice</li> <li>• Valid consent criteria, communicating consent and acting in the best interests of patients</li> <li>• When consent is required as part of own role and when to act in the patient's best interest</li> <li>• Applying agreed ways of working when obtaining patient history and assessing mental capacity</li> </ul>
	1.5 Explain own responsibilities in relation to key agreed ways of working for non-urgent care ambulance support workers	Should include: <ul style="list-style-type: none"> <li>• Duty of care</li> <li>• Safeguarding</li> <li>• Confidentiality</li> <li>• Information governance</li> <li>• Privacy, dignity, and civility</li> <li>• Infection prevention control</li> <li>• Health, safety, and well-being</li> <li>• Counter terrorism and security</li> </ul>
	1.6 Explain how to raise concerns about patient and other's safety	Should include: <ul style="list-style-type: none"> <li>• Having a good understanding of own organisation's policies relating to vulnerable adults and children</li> <li>• Being able to make a referral under own organisation's policies for vulnerable adults and children</li> <li>• Contacting Emergency Operations Centre, clinical/shift supervisor, Datix, safeguarding referrals, freedom to speak up guardian</li> </ul>

Unit 2	Ambulance Emergency First Aid	
GLH	6	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand the role and responsibilities of a first aider	1.1 Identify the role and responsibilities of a first aider	<p>Identification of the roles and responsibilities of a first aider may include:</p> <ul style="list-style-type: none"> <li>• Preventing cross infection</li> <li>• Recording incidents and actions</li> <li>• Safe use of available equipment</li> <li>• Assessing an incident</li> <li>• Summoning appropriate assistance</li> <li>• Prioritising treatment</li> <li>• Dealing with post incident stress</li> </ul>
	1.2 Identify how to minimise the risk of infection to self and <b>others</b>	<p>Minimising the risk of infection may include:</p> <ul style="list-style-type: none"> <li>• Personal Protective Equipment (<i>PPE</i>)</li> <li>• Hand hygiene</li> <li>• Disposal of contaminated waste</li> <li>• Using appropriate dressings</li> <li>• Barrier devices during rescue breaths</li> <li>• Covering own cuts</li> </ul> <p><b>Others</b> may include casualties, work colleagues or people within the workplace environment.</p>
	1.3 Identify the need for consent to provide first aid	<p>Identifying the need to gain consent may include:</p> <ul style="list-style-type: none"> <li>• Gaining consent</li> <li>• Implied consent</li> </ul>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
2. Be able to assess an emergency situation safely	2.1 Conduct a scene survey	Conducting a scene survey may include: <ul style="list-style-type: none"> <li>• Checking for further danger</li> <li>• Identifying the number of casualties</li> <li>• Evaluating what happened</li> <li>• Prioritising treatment</li> <li>• Delegating tasks</li> </ul>
	2.2 Conduct a primary survey of a casualty	The primary survey sequence may include: <ul style="list-style-type: none"> <li>• Danger</li> <li>• Response</li> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>
	2.3 Summon appropriate assistance when necessary	Summoning appropriate assistance may include: <ul style="list-style-type: none"> <li>• Shouting for help</li> <li>• Calling 999/112 via speakerphone or bystander</li> <li>• Leaving the casualty to call 999/112</li> <li>• Calling an NHS emergency helpline such as 111</li> </ul>
3. Be able to provide first aid to an unresponsive casualty	3.1 Identify when to administer Cardiopulmonary Resuscitation (CPR)	Identifying when to administer CPR must include: <ul style="list-style-type: none"> <li>• When the casualty is unresponsive and:                             <ul style="list-style-type: none"> <li>o Not breathing</li> <li>o Not breathing normally/agonal breathing</li> </ul> </li> </ul>



Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	3.2 Demonstrate adult <b>CPR</b> using a manikin	<p>Demonstrating CPR must include:</p> <ul style="list-style-type: none"> <li>• 30 chest compressions <ul style="list-style-type: none"> <li>o Correct hand positioning</li> <li>o 5-6cm compression depth</li> <li>o 100-120 per minute</li> </ul> </li> <li>• 2 rescue breaths <ul style="list-style-type: none"> <li>o Correct rescue breath positioning</li> <li>o Blowing steadily into mouth (<i>about 1 sec to make chest rise</i>)</li> <li>o Taking no longer than 10 seconds to deliver 2 breaths</li> </ul> </li> <li>• AED (<i>Defibrillator</i>) <ul style="list-style-type: none"> <li>o Correct placement of AED pads</li> <li>o Following AED instructions</li> </ul> </li> </ul> <p><b>CPR</b> – minimum demonstration time of 2 minutes at floor level. May additionally include use of rescue breath barrier devices.</p>
	3.3 Identify when to place a casualty into the <u>recovery position</u>	<p>Identifying when to place the casualty into the recovery position should include when the casualty has lowered levels of response and:</p> <ul style="list-style-type: none"> <li>• Does not need CPR</li> <li>• Is breathing normally</li> <li>• Is uninjured</li> </ul> <p>An injured casualty may be placed in the recovery position if the airway is at risk (<i>e.g. fluids in the airway or you need to leave the casualty to get help</i>).</p>
	3.4 Demonstrate how to place a casualty into the recovery position	<p>Placing a casualty into the recovery position may include:</p> <ul style="list-style-type: none"> <li>• Placing in a position that maintains a stable, open, draining airway at floor level</li> <li>• Continually monitoring airway and breathing</li> <li>• Turning the casualty onto the opposite side every 30 minutes</li> <li>• Placing heavily pregnant casualty on their left side</li> </ul>
	3.5 Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position	<p>Continually monitoring airway and breathing includes;</p> <ul style="list-style-type: none"> <li>• Continual checking for normal breathing to ensure that cardiac arrest can be identified immediately</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	3.6 Identify how to administer first aid to a casualty who is experiencing a <u>seizure</u>	Administering first aid to a casualty having a generalised seizure may include: <ul style="list-style-type: none"> <li>• Keeping the casualty safe (<i>removing dangers</i>)</li> <li>• Noting the time and duration of the seizure</li> <li>• Opening airway and checking breathing post seizure</li> <li>• Determining when to call 999/112</li> </ul>
4. Be able to provide first aid to a casualty who is choking	4.1 Identify when a casualty is choking	<u>Identifying mild choking may include recognising the casualty is able to:</u> <ul style="list-style-type: none"> <li>• Speak</li> <li>• Cough</li> <li>• Breathe</li> </ul> <u>Identifying severe choking may include recognising the casualty is:</u> <ul style="list-style-type: none"> <li>• Unable to cough effectively</li> <li>• Unable to speak</li> <li>• Unable or struggling to breathe</li> <li>• In visible distress</li> <li>• Unconscious</li> </ul>
	4.2 Demonstrate how to administer first aid to a casualty who is choking	Administering first aid for choking should include the following: <ul style="list-style-type: none"> <li>• Encouraging to cough</li> <li>• Up to 5 back blows</li> <li>• Up to 5 abdominal thrusts</li> <li>• Calling 999/112 when required</li> <li>• CPR if unconscious</li> </ul> Demonstration must be simulated using a training device, not another Learner.
5. Be able to provide first aid to a casualty with external bleeding	5.1 Identify whether external bleeding is life-threatening	<u>Identifying the severity of arterial bleeding may include recognising the blood:</u> <ul style="list-style-type: none"> <li>• Is under pressure</li> <li>• spurts in time with the heartbeat</li> </ul> ‘Recognition that arterial bleeding is a life-threatening emergency’ <u>Identifying the severity of venous bleeding may include recognising the blood:</u> <ul style="list-style-type: none"> <li>• Volume in veins is comparable to arteries</li> <li>• Flows profusely from the wound</li> </ul> ‘Recognition that venous bleeding is a life-threatening emergency’ For context - identifying capillary bleeding may include recognising that blood trickles from the wound. Capillary bleeding is not a life-threatening emergency.

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	5.2 Demonstrate how to administer first aid to a casualty with external bleeding	<p>Administering first aid for external bleeding may include:</p> <ul style="list-style-type: none"> <li>• Maintaining aseptic technique</li> <li>• Sitting or lying the casualty</li> <li>• Examining the wound</li> <li>• Applying direct pressure onto (or into) the wound</li> <li>• Dressing the wound</li> </ul> <p><u>Catastrophic bleeding treatment may include:</u></p> <ul style="list-style-type: none"> <li>• Wound packing</li> <li>• Tourniquet application</li> <li>• Improvised tourniquet application</li> </ul>
6 Know how to provide first aid to a casualty who is suffering from shock	6.1 Recognise when a casualty is suffering from <b>shock</b>	<p><b>Shock:</b> hypovolaemic shock (<i>resulting from blood loss</i>)</p> <p>Hypovolaemic shock recognition may include:</p> <ul style="list-style-type: none"> <li>• Pale, clammy skin</li> <li>• Fast, shallow breathing</li> <li>• Rise in pulse rate</li> <li>• Cyanosis</li> <li>• Dizziness/passing out when sitting or standing upright</li> </ul>
	6.2 Identify how to administer first aid to a casualty who is suffering from shock	<p>Administering first aid for hypovolaemic shock may include:</p> <ul style="list-style-type: none"> <li>• Treating the cause</li> <li>• Casualty positioning</li> <li>• Keeping the casualty warm</li> <li>• Calling 999/112</li> </ul>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
7. Know how to provide first aid to a casualty with minor injuries	7.1 Identify how to administer first aid to a casualty with: <ul style="list-style-type: none"> <li>• Small cuts</li> <li>• Grazes</li> <li>• Bruises</li> <li>• Small splinters</li> <li>• Nosebleeds</li> </ul> 7.2 Identify how to administer first aid to a casualty with minor burns and scalds	<p><u>Administering first aid for small cuts and grazes may include:</u></p> <ul style="list-style-type: none"> <li>• Irrigation</li> <li>• Dressing</li> </ul> <p><u>Administering first aid for bruises may include:</u></p> <ul style="list-style-type: none"> <li>• Cold compress for 10 minutes</li> </ul> <p><u>Small splinter removal may include the following steps:</u></p> <ul style="list-style-type: none"> <li>• Cleaning of area</li> <li>• Remove with tweezers</li> <li>• Dress</li> </ul> <p><u>Administering first aid for a nosebleed may include:</u></p> <ul style="list-style-type: none"> <li>• Sitting the casualty down, head tipped forwards</li> <li>• Pinching the soft part of the nose</li> <li>• Telling the casualty to breathe through their mouth</li> </ul> <p>Administering first aid for minor burns and scalds may include:</p> <ul style="list-style-type: none"> <li>• Cooling for 20 minutes</li> <li>• Removing jewellery and loose clothing</li> <li>• Covering the burn</li> <li>• Determining when to seek advice</li> </ul>
<b>Additional information about this unit</b>		
*indicative content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.	
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2, 5.2.	

Unit 3	Ambulance First Aid for Illness and Injury	
GLH	12	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to conduct a secondary survey	1.1 Identify the information to be collected when gathering a casualty history	Information to be collected when gathering a casualty history may include: <ul style="list-style-type: none"> <li>• Signs and symptoms</li> <li>• Event history</li> <li>• Allergies</li> <li>• Past medical history</li> <li>• Last meal</li> <li>• Medication</li> </ul>
	1.2 Demonstrate how to conduct a <b>head-to-toe survey</b>	Performing a systematic check of the casualty may include: <ul style="list-style-type: none"> <li>• Head and neck</li> <li>• Shoulders and chest</li> <li>• Abdomen</li> <li>• Legs and arms</li> </ul> <p><b>Head to toe survey:</b> must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).</p>
2. Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints	2.1 Recognise a suspected: <ul style="list-style-type: none"> <li>• Fracture or dislocation</li> <li>• Sprain or strain</li> </ul>	Recognising fractures, dislocations, sprains and strains may include: <ul style="list-style-type: none"> <li>• Pain</li> <li>• Loss of power</li> <li>• Unnatural movement</li> <li>• Swelling or bruising</li> <li>• Deformity</li> <li>• Irregularity</li> <li>• Crepitus</li> <li>• Tenderness</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	<p>2.2 Identify how to administer first aid for a casualty with suspected:</p> <ul style="list-style-type: none"> <li>• Fracture or dislocation</li> <li>• Sprain or strain</li> </ul>	<p><u>Administering first aid for fractures and dislocations may include:</u></p> <ul style="list-style-type: none"> <li>• Immobilising/keeping the injury still</li> <li>• Calling 999/112, or</li> <li>• Arranging transport to hospital</li> </ul> <p><u>Administering first aid for sprains and strains may include:</u></p> <ul style="list-style-type: none"> <li>• Rest</li> <li>• Ice</li> <li>• Compression/comfortable support</li> <li>• Elevation</li> </ul>
	<p>2.3 Demonstrate how to apply:</p> <ul style="list-style-type: none"> <li>• A support sling</li> <li>• An elevated sling</li> </ul>	<p>Demonstrating the application of a sling must include:</p> <ul style="list-style-type: none"> <li>• A support sling</li> <li>• An elevated sling</li> </ul>
<p>3. Be able to provide first aid to a casualty with suspected head and spinal injuries</p>	<p>3.1 Recognise a suspected:</p> <ul style="list-style-type: none"> <li>• <b>Head injury</b></li> <li>• Spinal injury</li> </ul>	<p><u>Recognising concussion, compression and fractured skull may include:</u></p> <ul style="list-style-type: none"> <li>• Mechanism of injury</li> <li>• Signs and symptoms</li> <li>• Conscious levels</li> </ul> <p><u>Recognising spinal injury may include:</u></p> <ul style="list-style-type: none"> <li>• Mechanism of injury</li> <li>• Pain or tenderness in the neck or back</li> </ul> <p><b>Head injury:</b> includes concussion, compression and skull fracture. The Learner is not expected to differentiate between these conditions.</p>
	<p>3.2 Identify how to administer first aid for suspected head injury</p>	<p>Administering first aid for a head injury may include:</p> <ul style="list-style-type: none"> <li>• Determining when to call 999/112</li> <li>• Maintaining airway and breathing</li> <li>• Monitoring response levels</li> <li>• Dealing with fluid loss</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	3.3 Demonstrate how to administer first aid for a casualty with a suspected spinal injury	Administering first aid for spinal injuries may include: <ul style="list-style-type: none"> <li>• Calling 999/112</li> <li>• Keeping the head and neck in-line</li> <li>• Safe method(s) of placing the casualty into a recovery position whilst protecting the spine (<i>if the airway is at risk</i>)</li> </ul>
4. Know how to provide first aid to a casualty with suspected chest injuries	4.1 Identify how to administer first aid for suspected: <ul style="list-style-type: none"> <li>• Fractured ribs</li> <li>• Penetrating chest injury</li> </ul>	Administering first aid for suspected rib fracture may include: <ul style="list-style-type: none"> <li>• Calling 999/112</li> <li>• Casualty positioning</li> <li>• Supporting the injury</li> </ul> Administering first aid for a penetrating chest injury may include: <ul style="list-style-type: none"> <li>• Calling 999/112</li> <li>• Casualty positioning</li> <li>• Controlling bleeding around the wound (<i>without covering the wound</i>)</li> <li>• Leaving a sucking chest wound open to fresh air</li> </ul>
5. Know how to provide first aid to a casualty with burns and scalds	5.1 Identify how to recognise the severity of burns and scalds	Recognising the severity of burns and scalds may include: <ul style="list-style-type: none"> <li>• Cause</li> <li>• Age</li> <li>• Burn/scald size</li> <li>• Depth</li> <li>• Location</li> </ul>
	5.2 Identify how to administer first aid for burns involving: <ul style="list-style-type: none"> <li>• Dry heat</li> <li>• Wet heat</li> <li>• Electricity</li> <li>• Chemicals</li> </ul>	Administering first aid for dry/wet heat burns may include: <ul style="list-style-type: none"> <li>• Cooling the burn</li> <li>• Removing jewellery and loose clothing</li> <li>• Covering the burn</li> <li>• Determining when to call 999/112</li> </ul> Administering first aid for chemical burns may include: <ul style="list-style-type: none"> <li>• Ensuring safety</li> <li>• Brushing away dry/powder chemicals</li> <li>• Irrigating with copious amounts of water (unless contra-indicated)</li> <li>• Treating the face/eyes as priority</li> </ul> Administering first aid for electrical burns may include: <ul style="list-style-type: none"> <li>• Ensuring it is safe to approach/touch the casualty</li> <li>• Checking DRABC and treating accordingly</li> <li>• Cooling the burns</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
6. Know how to provide first aid to a casualty with an eye injury	6.1 Identify how to administer first aid for eye injuries involving: <ul style="list-style-type: none"> <li>• Dust</li> <li>• Chemicals</li> <li>• Embedded objects</li> </ul>	<p><u>Administering first aid for dust in the eye may include:</u></p> <ul style="list-style-type: none"> <li>• Irrigation with clean water</li> <li>• Ensuring the water runs away from the good eye</li> </ul> <p><u>Administering first aid for a chemical in the eye may include:</u></p> <ul style="list-style-type: none"> <li>• Irrigation with large volumes of clean water (<i>unless contra-indicated due to the chemical involved</i>)</li> <li>• Ensuring the water runs away from the good eye</li> <li>• Calling 999/112</li> </ul> <p><u>Administering first aid for an embedded object in the eye may include:</u></p> <ul style="list-style-type: none"> <li>• Covering the injured eye</li> <li>• Ensuring the good eye is not used (<i>cover if needed</i>)</li> <li>• Calling 999/112 or arranging transport to hospital</li> </ul>
7. Know how to provide first aid to a casualty with suspected poisoning	7.1 Identify how poisonous substances can enter the body	<p>Identification of the following routes a poison can enter the body may include:</p> <ul style="list-style-type: none"> <li>• Ingested (<i>swallowed</i>)</li> <li>• Inhalation (<i>breathed in</i>)</li> <li>• Absorbed (<i>through the skin</i>)</li> <li>• Injected (<i>directly into skin tissue, muscles or blood vessels</i>)</li> </ul>
	7.2 Identify how to administer first aid to a casualty with suspected sudden poisoning	<p><u>Administering first aid for <b>corrosive</b> substances may include:</u></p> <ul style="list-style-type: none"> <li>• Ensuring your own safety</li> <li>• Substances on the skin – diluting and washing away with water</li> <li>• Swallowed substances – rinsing out the mouth then giving frequent sips of milk or water (<i>subject to sufficient levels of response</i>)</li> <li>• Calling 999/112 and giving information about the poison if possible</li> <li>• Protecting airway and breathing</li> <li>• Resuscitation if necessary, using PPE/barrier devices</li> </ul> <p><u>Administering first aid for <b>non-corrosive</b> substances may include:</u></p> <ul style="list-style-type: none"> <li>• Ensuring your own safety</li> <li>• Calling 999/112, and giving information about the poison if possible</li> <li>• Protecting airway and breathing</li> <li>• Resuscitation if necessary, using PPE/barrier devices</li> </ul>



Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
8 Be able to provide first aid to a casualty with anaphylaxis	8.1 Recognise suspected anaphylaxis	<p>Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem:</p> <ul style="list-style-type: none"> <li>• <b>Airway</b> – Swelling of the tongue, lips or throat</li> <li>• <b>Breathing</b> – Difficult, wheezy breathing or tight chest</li> <li>• <b>Circulation</b> - <ul style="list-style-type: none"> <li>o Dizziness, feeling faint or passing out</li> <li>o Pale, cold clammy skin and fast pulse</li> <li>o Nausea, vomiting, stomach cramps or diarrhoea</li> </ul> </li> </ul> <p>There may also be skin rash, swelling and/or flushing.</p>
	8.2 Identify how to administer first aid for a casualty with suspected anaphylaxis	<p>Administering first aid for anaphylaxis may include:</p> <ul style="list-style-type: none"> <li>• Calling 999/112</li> <li>• Correct casualty positioning</li> <li>• Assisting to use their adrenaline auto-injector</li> <li>• Resuscitation if required</li> </ul>
	8.3 Demonstrate <u>the use of a 'training device' adrenaline auto-injector</u>	<p>The use of a 'training device' adrenaline auto-injector <b>must</b> be demonstrated using a training device and <b>NOT</b> a live auto-injector</p>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
<p>9. Know how to provide first aid to a casualty with suspected major illness</p>	<p>9.1 Recognise suspected:</p> <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Epileptic seizure</li> <li>• Asthma attack</li> <li>• Diabetic hypoglycaemic emergency</li> </ul>	<p><u>Recognising a heart attack may include:</u></p> <ul style="list-style-type: none"> <li>• Sudden onset</li> <li>• Crushing chest pain</li> <li>• Skin appearance (e.g. pale, grey, sweaty)</li> <li>• Variable pulse</li> <li>• Shortness of breath</li> </ul> <p><u>Recognising stroke may include performing the <b>FAST</b> test:</u></p> <p><b>F:</b> Face  <b>A:</b> Arms  <b>S:</b> Speech  <b>T:</b> Time to call 999/112</p> <p>Other stroke symptoms include sudden problems with balance, walking, dizziness, coordination, vision and severe headache.</p> <p><u>Recognising an epileptic seizure may include the following patterns:</u></p> <ul style="list-style-type: none"> <li>• Aura</li> <li>• Tonic phase</li> <li>• Clonic phase</li> <li>• Recovery phase</li> </ul> <p><u>Recognising an asthma attack may include:</u></p> <ul style="list-style-type: none"> <li>• Difficulty breathing and speaking</li> <li>• Wheezy breathing</li> <li>• Pale and clammy skin</li> <li>• Cyanosis</li> <li>• Use of accessory muscles</li> </ul> <p><u>Recognising a diabetic hypoglycaemic emergency may include:</u></p> <ul style="list-style-type: none"> <li>• Fast onset</li> <li>• Lowered levels of response</li> <li>• Pale, cold and sweaty skin</li> <li>• Normal or shallow breathing</li> <li>• Rapid pulse</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	<p>9.2 Identify how to administer first aid to a casualty suffering from:</p> <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Epileptic seizure</li> <li>• Asthma attack</li> <li>• Diabetic hypoglycaemic emergency</li> </ul>	<p><u>Administering first aid for a heart attack may include:</u></p> <ul style="list-style-type: none"> <li>• Correct casualty positioning</li> <li>• Calling 999/112</li> <li>• Calming and reassurance</li> <li>• Assisting to take an aspirin if indicated</li> </ul> <p><u>Administering first aid for a stroke may include:</u></p> <ul style="list-style-type: none"> <li>• Maintain airway and breathing</li> <li>• Correct casualty positioning</li> <li>• Calling 999/112</li> </ul> <p><u>Administering first aid for an epileptic seizure may include:</u></p> <ul style="list-style-type: none"> <li>• Removing dangers and safely protect the head</li> <li>• Noting the time and duration of the seizure</li> <li>• Loosening tight clothing around the neck</li> <li>• Determining when to call 999/112</li> <li>• Post seizure care, including monitoring of airway and breathing</li> </ul> <p><u>Administering first aid for an asthma attack may include:</u></p> <ul style="list-style-type: none"> <li>• Correct casualty positioning</li> <li>• Assisting a casualty to take their reliever inhaler and use a spacer device</li> <li>• Calming and reassurance</li> <li>• Determining when to call 999/112</li> </ul> <p><u>Administering first aid for a diabetic hypoglycaemic emergency may include:</u></p> <ul style="list-style-type: none"> <li>• Giving 15-20g of glucose for conscious casualties (<i>subject to sufficient response levels</i>)</li> <li>• Providing further food or drink if casualty responds to glucose quickly</li> <li>• Determining when to call 999/112</li> </ul>
<b>Additional information about this unit</b>		
*indicative content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.	
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 1.2, 2.3, 3.3, 8.3.	

Unit 4	Fundamentals of Safe Moving and Handling in the Non-Urgent Ambulance Setting	
GLH	16	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand the risk factors involved in moving and handling in the non-urgent ambulance transport environment	1.1 Identify the common types of moving and handling injuries	Should include: <ul style="list-style-type: none"> <li>• Lower back pain, loss or limited mobility, chronic pain</li> <li>• Psychological effects of long-term injury and chronic pain</li> <li>• RIDDOR reportable injuries</li> </ul>
	1.2 State how to report incidents appropriately	Should include: <ul style="list-style-type: none"> <li>• Reporting injuries and incidents</li> <li>• Working within own organisation's agreed ways of working</li> </ul>
	1.3 Identify the anatomy of the spine, its function and the mechanics of movement	Should include: <ul style="list-style-type: none"> <li>• Basic functions of the spine</li> <li>• Structure of the spine, e.g. ligaments, discs, vertebra</li> <li>• Natural curves of the spine</li> <li>• The lever system and the body</li> <li>• Centre of gravity</li> </ul>
	1.4 Identify factors that increase the risk of harm when completing moving and handling tasks	Should include: <ul style="list-style-type: none"> <li>• Common causes of manual handling injury, e.g. poor posture, heavy lifting</li> <li>• Poor communication when team handling or moving a person which increases risk of harm</li> <li>• Task related factors that increase the risk of harm, e.g. twisting, bending</li> <li>• Personal related factors that increase the risk of harm, e.g. unfit, existing injuries</li> </ul>
2. Understand the principles of safe moving and handling in the non-urgent ambulance transport environment	2.1 Identify common moving and handling tasks within the non-urgent ambulance transport environment	Should include: <ul style="list-style-type: none"> <li>• Repetitive movements, e.g. setting up equipment, pushing/pulling</li> <li>• Bending to pick up items of various weights</li> <li>• Standing or sitting for long periods of time</li> <li>• Twisting to pick items up</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.2 Identify current moving and handling legislations and regulations	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Own organisation/Employer moving and handling policy</li> <li>• Health and Safety at Work etc. Act 1974</li> <li>• The Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)</li> <li>• The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)</li> <li>• Importance of acting in ways consistent with legislation, policies and procedures for maintaining own and others' health and safety</li> <li>• Identification of legislation relating to general health and safety</li> <li>• Outline the employees' main health and safety responsibilities</li> <li>• Tasks relating to health and safety that should not be carried out without training</li> </ul>
	2.3 Demonstrate dynamic risk assessment prior to moving and handling	<p>Should include:</p> <ul style="list-style-type: none"> <li>• 5 steps needed to manage risk assessment               <ol style="list-style-type: none"> <li>1. Identify hazards</li> <li>2. Decide who might be harmed and how</li> <li>3. Evaluate the risk and decide on any precautions</li> <li>4. Record your findings and implement them</li> <li>5. Review your assessment and update if necessary</li> </ol> </li> <li>• TILEE/O (Task, Individual, Load, Environment, Equipment/Other factors) approach</li> <li>• Importance of involving patients in their moving and handling process (Organisational mnemonics/acronyms are acceptable providing the core elements are covered)</li> </ul>
	2.4 Demonstrate the general principles and kinetics of moving and handling	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Think before lifting/moving and handling</li> <li>• Adopt a stable position</li> <li>• Adopt a good posture at the start of the task</li> <li>• Keep the load close to the waist</li> <li>• Avoid twisting the spine or leaning sideways</li> <li>• Keep the head up looking forward when handling the load</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.5 Demonstrate effective teamwork and communication in helping to reduce the risk of accident or injury	Should include: <ul style="list-style-type: none"> <li>• Gaining and maintaining patient consent</li> <li>• Effective communication between healthcare staff and patient prior to a moving and handling task</li> <li>• Being clear about what you are going to do</li> <li>• Speaking in a clear concise way and making sure all parties agree and understand what is going to happen</li> <li>• Providing empathy and support to healthcare staff and patients</li> <li>• Encouraging patients to move independently if appropriate</li> </ul>
	2.6 Demonstrate importance of using the correct techniques when pushing or pulling patients on various wheeled equipment	Should include: <ul style="list-style-type: none"> <li>• Recognition of why the correct techniques are necessary</li> <li>• Recognition of some of the controversial practices and why they should be avoided</li> <li>• Understanding the different types of potential injuries and vulnerable groups</li> </ul>
	2.7 Demonstrate pre-use checks that need to be completed before using equipment	Should include: <ul style="list-style-type: none"> <li>• Equipment ready, serviced, maintained and clean</li> <li>• Safe working load displayed and adhered to</li> <li>• Equipment is suitable for the task</li> <li>• Brakes applied where necessary</li> <li>• In date service label</li> <li>• Ergonomic adjustments made</li> <li>• Visual checks before each use, e.g. no signs of wear and tear</li> </ul> (Equipment may be organisation specific)
	2.8 Demonstrate how to correctly set up and lift the empty carry chair	Should include: <ul style="list-style-type: none"> <li>• The correct set up and lifting of the empty carry chair</li> <li>• Practise carrying the empty chair up and down the stairs, at both ends of the chair</li> </ul> (Equipment may be organisation specific)
	2.9 Demonstrate the correct technique required to complete a weighted chair lift	Should include: <ul style="list-style-type: none"> <li>• Completing a weighted static carry chair lift</li> <li>• Demonstrating the correct technique when carrying the weighted carry chair up and down the stairs, at both ends of the carry chair</li> </ul> (Equipment may be organisation specific)

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.10 Demonstrate instructing a patient to get off the floor, using chair(s)	Should include: <ul style="list-style-type: none"> <li>• Single chair method</li> <li>• Two chair method</li> </ul>
	2.11 Demonstrate moving and handling aids	Should include: <ul style="list-style-type: none"> <li>• Pat slide, patient handling sling, transfer boards, turntables, handling belts, sliding/transfer sheets, lifting device</li> <li>• Seated/wheelchair bound patients</li> <li>• Sitting to sitting transfer</li> <li>• Sitting to standing transfer</li> <li>• Floor to sitting transfer</li> </ul> (Equipment may be organisation specific)
	2.12 Demonstrate moving and handling patients over a range of ambulance stretchers and vehicle tail lifts/ramps	Should include: <ul style="list-style-type: none"> <li>• Patient from bed to stretcher to ambulance</li> <li>• Appropriate patient positioning on stretcher</li> </ul> (Equipment may be Organisation specific)
<b>Additional information about this unit</b>		
*indicative content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.	

Unit 5	Principles of Holistic Patient Centred Care in the Non-Urgent Ambulance Care Setting	
GLH	12	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Know how to provide patient centred care during the transportation in the non-urgent ambulance care setting	1.1 Explain the importance of key aspects of patient centred care	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Respecting people's values, preferences, and articulated needs</li> <li>• Personalised, co-ordinated, and integrated health and social care and support</li> <li>• Equal partnership in the relationship between healthcare providers and patients</li> <li>• Involvement of family, friends, and carers</li> <li>• Continuity of care including threshold to threshold duty of care and handover</li> <li>• High quality education and information for all parties involved in healthcare</li> </ul>
	1.2 Explain how patient centred care relates to own role as an ambulance care support worker	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Assess how to best to provide care and support to patients</li> <li>• Listen to patient's wishes and making sure their needs are met</li> <li>• Assess mental capacity and establish consent when gaining a patient history</li> <li>• Providing timely treatment and patient centred care alongside related tasks</li> </ul>
2. Be able to provide patient care and support to patients with medical conditions	2.1 Describe a range of medical conditions within scope of practice	<p>Should include:</p> <ul style="list-style-type: none"> <li>• End of Life</li> <li>• Mental health</li> <li>• Renal conditions</li> <li>• Oncological conditions</li> <li>• Neurological conditions</li> <li>• Musculoskeletal conditions</li> <li>• Cerebrovascular conditions</li> </ul>
	2.2 Describe a range of disabilities within scope of practice	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Physical disability – amputees and spinal cord injury patients.</li> <li>• Learning difficulty – people who are diagnosed with dyslexia, ADHD, dyscalculia, dysgraphia, and dyspraxia.</li> <li>• Learning disability – people with reduced intellectual ability and difficulty with everyday activities and may need support understanding complicated information and interacting with other people.</li> </ul> <p>May include:</p> <ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Multiple sclerosis</li> </ul>



Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.3 Describe specific age groups within scope of practice	Should include: <ul style="list-style-type: none"> <li>• Older patients - physical, psychological, emotional, and social status relating to the process of aging</li> <li>• Younger patient – a basic understanding of the anatomical, physiological and psychosocial differences to adults and recognition features to spot a sick child requiring immediate clinical support</li> </ul>
	2.4 Describe common issues associated with supporting and caring for patients with medical conditions and disabilities	Should include: <ul style="list-style-type: none"> <li>• Communication</li> <li>• Physical disability</li> <li>• Dignity and privacy</li> <li>• Medication requirements</li> <li>• Specific treatment regimes</li> <li>• Emotional, physiological, and social factors</li> </ul>
	2.5 Describe how to overcome common issues and how provide an excellent patient experience	Should include: <ul style="list-style-type: none"> <li>• Communication</li> <li>• Planning and preparation</li> <li>• Civility, dignity, and privacy</li> <li>• Understanding abilities and limitations of patients and crew</li> <li>• Selecting suitable equipment or transportation arrangements</li> </ul>
	2.6 Describe how to assess a patient's condition and support and care required	Should include: <ul style="list-style-type: none"> <li>• Assessment in accordance with scope of practice</li> <li>• Refer to clinical support where deemed appropriate</li> <li>• Establish correct procedures for transportation relevant to the patient's condition</li> <li>• May require a rapid ABCDE approach to identify and prioritise emergency treatment</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.7 Demonstrate appropriate procedures for transporting patients with specific requirements in accordance with scope of practice	Should include: <ul style="list-style-type: none"> <li>• Older patients</li> <li>• Younger patients</li> <li>• Oncology patients</li> <li>• Infectious patients</li> <li>• Urological patients</li> <li>• End of life patients</li> <li>• Mental health patients</li> <li>• Patients with a range of conditions effecting cognition and body function.</li> </ul>

**Additional information about this unit**

**Medical conditions**

- End of life - should include people who are in the last months or years of their life who are likely to have a DNACPR and/or ReSPECT forms in place.
- Mental health - should include types of mental health problems defined by Mind and those relevant to Tier 1 2 3 and 4 of the Mental Health Act.
- Cardiorespiratory conditions – should include Heart failure and COPD i.e., Asthma, chronic bronchitis, and emphysema.
- Renal conditions – should include patients requiring dialysis.
- Oncological conditions - should include oncology patients undertaking chemotherapy and radiotherapy.
- Neurological conditions – should include Dementia, Alzheimer’s Disease, Parkinson’s Disease, Multiple Sclerosis (MS), Epilepsy and Ataxia.
- Cerebrovascular conditions – should include Stroke (ischaemic and haemorrhagic stroke and transient ischaemic attack).
- Musculoskeletal conditions - should include osteoarthritis, osteoporosis, rheumatoid arthritis, and muscle atrophy.

**Assessment criteria 2.7**

- During practice placements, a Learner is expected to transfer 4 out of 8 patient categories. Where non-contact is identified, Learners are able to use simulation, case studies or recorded professional discussion as evidence of competency. Consideration should be made for tissue viability when moving, positioning, securing and transporting patients.

Unit 6	Non-Urgent Ambulance Care Involving Patients with own Medication and Medical Devices	
GLH	6	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand role and responsibilities to transport patients with own medication in accordance with legislation and own organisations policy	1.1 Identify own role and responsibilities when conveying patients with own medication	Should include: <ul style="list-style-type: none"> <li>• Legislation</li> <li>• Regulations</li> <li>• National and local agreed ways of working</li> <li>• Own organisations policy and procedures</li> </ul>
	1.2 Identify the need to transport patients with their own medication	Should include <ul style="list-style-type: none"> <li>• It allows practitioners to carry out a range of medication review activities during appointments relating to medication compliance and prescription governance</li> </ul>
	1.3 Identify own organisations procedures for transporting patients own medication	Should include: <ul style="list-style-type: none"> <li>• Requirements for different types of medication</li> <li>• Secure transportation with the patient at all times</li> <li>• Reporting procedures for loss, damage, and theft</li> </ul>
2. Understand own organisations procedures for managing in-situ medical devices	2.1 Describe the purpose of medical devices	Should include: <ul style="list-style-type: none"> <li>• IV cannulas</li> <li>• Urinary catheters</li> <li>• Central venous access devices</li> </ul> May include: <ul style="list-style-type: none"> <li>• Stomas</li> <li>• NG/NJ tubes</li> </ul>
	2.2 Describe procedures and other considerations when transporting patients with in-situ medical devices	Should include: <ul style="list-style-type: none"> <li>• Infection prevention control procedures</li> <li>• Medical device positioning and security</li> <li>• Pre-planned maintenance between thresholds</li> </ul>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
	2.3 Describe procedures for dealing with failure, malfunction, and untoward events of in-situ medical devices	Should include: <ul style="list-style-type: none"> <li>• Responding to warning alarms or alerts from the patient or device</li> <li>• Dealing with bodily fluids from device malfunction including bleeding</li> <li>• Immediate actions required if a device becomes blocked, torn or damaged</li> </ul>
<b>Additional information about this unit</b>		

Unit 7	Fundamentals of Conflict Resolution in the Non-Urgent Ambulance Setting	
GLH	16	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	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: <ul style="list-style-type: none"> <li>• The main areas of work and the objectives of NHS counter fraud authority</li> <li>• The role of the Security Management Director, Local Security Management Specialist and Area Security Management Specialist</li> </ul> May include: <ul style="list-style-type: none"> <li>• Own organisations security and safety arrangements aligned to national and sector standards</li> </ul>
	1.2 Identify common causes of conflict	Should include: <ul style="list-style-type: none"> <li>• Poor communication</li> <li>• Difference of opinion</li> <li>• Protective response</li> <li>• Lack of understanding</li> <li>• Unclear or unfair expectations</li> <li>• Intoxication (with one or more of the above)</li> </ul>
	1.3 Identify the different stages of conflict	Should include: <ul style="list-style-type: none"> <li>• Emergence</li> <li>• Escalation</li> <li>• Crisis</li> <li>• Negotiation</li> <li>• Resolution</li> </ul>
	1.4 Give examples of working strategies to reduce conflict	Should include: <ul style="list-style-type: none"> <li>• Use of verbal and non-verbal communication</li> <li>• Listen, Empathise, Ask questions, Paraphrase and Summarise (LEAPS)</li> </ul>
	1.5 Explain the potential impact of culture and beliefs in relation to communication	Should include how culture and beliefs can: <ul style="list-style-type: none"> <li>• Give rise to manners, opinions, prejudices, and ethnocentrism</li> <li>• Inform and influence the way people think and behave</li> <li>• Act as a barrier when communicating with patients, service users and others</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	1.6 State reasons for communication breakdown	Should include: <ul style="list-style-type: none"> <li>• Emotions</li> <li>• Inattention</li> <li>• Environment</li> <li>• Time pressures</li> <li>• Information overload</li> <li>• Physical or mental deterioration</li> <li>• Perceptual and language differences</li> </ul>
	1.7 State agreed ways of working when dealing with conflict and violence	Should include: <ul style="list-style-type: none"> <li>• Following own organisation's management of violence and aggression policy and procedure</li> <li>• Always assessing the situation for potential violence, considering withdrawing and informing operations/contact centre</li> <li>• Self-preservation, requesting immediate assistance from the police and withdrawing to a safe distance</li> </ul>
	1.8 Identify behaviour and triggers which indicate an escalation towards conflict and violence	Should include: <ul style="list-style-type: none"> <li>• Identifying danger signals displayed by individuals (e.g. direct, prolonged eye contact and fists clenched)</li> <li>• Recognise aggressive body language</li> <li>• Measuring offensive language, verbal abuse, swearing and offensive gestures</li> </ul>
	1.9 Summarise assertive actions when dealing with obstructive and unacceptable behaviour	Should include: <ul style="list-style-type: none"> <li>• Matching your body language to your words</li> <li>• Being direct, honest and respectful</li> <li>• Promoting a positive attitude</li> <li>• Being able to move to a place of safety</li> </ul>
	1.10 Define the legal term reasonable force including common Law	Should include: <ul style="list-style-type: none"> <li>• Common Law</li> <li>• Criminal Law Act (1967)</li> <li>• A person's right to protect themselves from attack</li> <li>• Use of reasonable force to protect themselves and others from harm</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	1.11 Identify support available to those affected by violence	Should include: <ul style="list-style-type: none"> <li>• Following organisation's reporting procedure report the incident to ambulance control (or similar) and supervisor/manager and/or police</li> <li>• Organisation's occupational health support</li> <li>• Short-term and long-term support signposts to physical and mental health support, MIND Blue Light Programme</li> </ul>
	1.12 Demonstrate effective conflict resolution in the ambulance environment	Should include: <ul style="list-style-type: none"> <li>• Demonstrating de-escalation techniques</li> <li>• Performing a dynamic risk assessment when arriving at an incident</li> <li>• Identifying at what point to move to a place of safety</li> </ul>
2. Know how to handle comments and complaints	2.1 Identify those involved in responding to comments and complaints	Should include following own organisations guidelines and policy and procedures.
	2.2 Describe how to respond to comments and complaints relevant to legislation and local policy	Should include following own organisations guidelines and policy and procedures.
<b>Additional information about this unit</b>		
Simulation allowed for this unit and where appropriate practical competency can be demonstrated during practice placement education.		

Unit 8	Urgent Ambulance Care Vehicle and Equipment Familiarisation	
GLH	12	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to work on a range of patient transport vehicles and safely use ambulance equipment	1.1 Demonstrate own organisation's safe operating procedures when working in a patient transport vehicle	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Vehicle controls</li> <li>• Fuelling procedures</li> <li>• Safe access and egress of vehicles</li> <li>• Accident and defect reporting procedures</li> <li>• Loading and unloading in oncoming traffic</li> <li>• Only using equipment, you have been trained to use</li> <li>• Safe operations of patient handling, securing and loading devices within safe limits</li> </ul> <p>Understanding of Key Performance Indicators (KPIs)</p> <ul style="list-style-type: none"> <li>• Function of KPIs</li> <li>• Parameters</li> <li>• Thresholds</li> <li>• Targets</li> <li>• Values</li> </ul>
	1.2 Demonstrate safe wheelchair operation	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Where to locate and stow the equipment when not in use</li> <li>• Securing a wheelchair in a range of patient transport vehicles</li> <li>• Different ways to safely secure a patient in a wheelchair using safety straps (NMI &amp; 4-point webbing) appropriate for the range of vehicles in own organisation's fleet</li> <li>• Inspecting prior and after use, reporting usage, techniques and faults (where appropriate)</li> </ul>
	1.3 Demonstrate safe stretcher operation	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Where to locate and stow the equipment when not in use</li> <li>• Securing a stretcher in a range of patient transport vehicles</li> <li>• How to operate within safe limits including loading, unloading, and steering</li> </ul>



Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	1.4 Demonstrate how to safely secure a patient in the vehicle  1.5 Demonstrate using patient specific equipment and restraint systems	Should include: <ul style="list-style-type: none"> <li>• Use of vehicle seat/lap belts</li> <li>• Use of stretcher-based belts</li> </ul> Should include: <ul style="list-style-type: none"> <li>• Own organisation's specific equipment</li> <li>• Specialist bariatric equipment</li> <li>• Paediatric restraint systems</li> </ul> May include: <ul style="list-style-type: none"> <li>• Designated vehicles</li> </ul> (Equipment and vehicles may vary depending on the Organisation)
2. Be able to clean and decontaminate a range of patient transport vehicles and ambulance equipment	2.1 Demonstrate cleaning and decontamination procedures when working on a patient transport vehicle	Should include: <ul style="list-style-type: none"> <li>• Cleaning a vehicle ready for operational use</li> <li>• Using appropriate devices and cleaning products</li> <li>• Cleaning ambulance equipment ready for operational use</li> <li>• Decontaminating a vehicle following body fluid spillage</li> <li>• Decontaminating equipment that has been exposed to potentially harmful agents</li> <li>• Decontaminating a vehicle following conveyance of individuals with infectious diseases</li> </ul>
3. Be able to operate communication equipment for routine and priority communication	3.1 Demonstrate use of communication equipment including: <ul style="list-style-type: none"> <li>• Handheld equipment</li> <li>• Vehicle equipment</li> </ul>	Should include: <ul style="list-style-type: none"> <li>• Turning on/off and logging on/off (if applicable)</li> <li>• Full operational use and functionality including allocation</li> <li>• Reporting procedures for defects, damage, or theft</li> <li>• Keeping the information held on the device and equipment safe</li> <li>• Receiving and sending information in accordance with policy and procedures</li> </ul> Must include an awareness of how to activate request speech and emergency call function.
4. Be able to operate navigation vehicle equipment	4.1 Demonstrate use of navigation vehicle equipment	Should include: <ul style="list-style-type: none"> <li>• Turning on/off and logging on/off (if applicable)</li> <li>• Full operational use and functionality for navigation</li> <li>• Reporting procedures for defects, damage, or theft</li> <li>• Safe and legal use in accordance with own Organisation's policy and procedures</li> </ul>

**Additional information about this unit**

Simulation allowed for this unit and where appropriate practical competency can be demonstrated during practice placement education.

Unit 9	Basic Life Support and Essential Airway Management	
GLH	12	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to safely use and maintain patient monitoring and life support equipment	1.1 Identify AED/defibrillator and basic life support equipment	<p>AED/defibrillator should include:</p> <ul style="list-style-type: none"> <li>• Make, model and basic functions</li> <li>• Consumables required for operational use</li> <li>• Operational checks and troubleshooting</li> </ul> <p>Basic Life support equipment should include:</p> <ul style="list-style-type: none"> <li>• Pocket mask</li> <li>• Airway adjuncts (oropharyngeal / nasopharyngeal)</li> <li>• Adult bag-valve-mask (B-V-M)</li> <li>• Suction equipment and accessories (manual and portable unit)</li> <li>• Adult non-breather mask, nasal cannula, and pulse oximetry monitor</li> <li>• Emergency oxygen and accessories</li> <li>• Environmental protection equipment (fleece or cellular blankets)</li> </ul> <p>(this list is not exhaustive)</p>
	1.2 Demonstrate safe and effective use of patient monitoring and life support equipment	Should include AED/defibrillator and basic life support equipment. (this list is not exhaustive)
	1.3 Demonstrate operational checks on patient monitoring and life support equipment	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Equipment is clean, within service date and undamaged</li> <li>• Check batteries and use self-test function (if applicable)</li> <li>• All accessories are present and in date for operational use</li> <li>• All single use items are in undamaged packaging and in date</li> </ul> <p>(this list is not exhaustive)</p>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
	1.4 Identify maintenance and fault reporting procedures for patient monitoring and life support equipment	Should include operational readiness checks, calibration testing and reporting faulty equipment to operational team leaders and/or equipment department. (this list is not exhaustive)
	1.5 Demonstrate decontamination of working areas, response kit, and equipment	Should be in line with own Organisation's policies and procedures for decontamination of: <ul style="list-style-type: none"> <li>• Surfaces</li> <li>• Response bags</li> <li>• Reusable equipment</li> <li>• Stretchers and accessories</li> </ul> (this is not exhaustive)
	1.6 Demonstrate disposal procedures for waste and sharps	Should be in line with own Organisation's policies and procedures: <ul style="list-style-type: none"> <li>• Safe disposal of sharps</li> <li>• Disposal of clinical and non-clinical waste</li> <li>• Disposal of damaged consumables and packaging</li> </ul> May include: <ul style="list-style-type: none"> <li>• Process for handling soiled linen and consumables</li> <li>• Correct disposal of soiled linen and consumables</li> </ul> (this is not exhaustive)
2. Be able to implement methods and procedures to assess and manage an incident	2.1 Assess factors that impact on scene and patient safety	Should include: <ul style="list-style-type: none"> <li>• Location</li> <li>• Situational factors</li> <li>• Environmental factors</li> <li>• Resources availability</li> </ul> (this list is not exhaustive)
	2.2 Perform a dynamic scene risk assessment	Should include: <ul style="list-style-type: none"> <li>• Identify hazards</li> <li>• Decide who is and who might be harmed and how</li> <li>• Evaluate the risks and decide on precautions</li> <li>• Verbalise findings and implement precautions</li> <li>• Recognise new or evolving hazards and/or risks and review assessment</li> <li>• Assessing mechanism of incident; reading the scene, establishing presenting complaint or calculating energy transfer, assessing point of impact or origin of cause, and evaluating nature of insult</li> </ul> (this list is not exhaustive)

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.3 Demonstrate initial management of a scene	Should include: <ul style="list-style-type: none"> <li>• Selecting and using appropriate personal protective equipment</li> <li>• Appropriate management and mitigation of risks and hazards present to ensure those at scene are as safe as possible whilst assessment, treatment and casualty extrication can take place</li> <li>• Calling for additional and/or specialist resources, giving necessary detail to justify an appropriate response</li> </ul> (this list is not exhaustive)
3. Be able to assess, manage and maintain a patient's airway and monitor patency	3.1. Apply a stepwise approach to airway management	Should include airway management techniques within Learners' scope of practice including applying simple methods to maintain and/or clear airway, monitoring and/or applying airway manoeuvres and inserting an airway adjunct. (this content is not exhaustive) <ul style="list-style-type: none"> <li>• Importance of continual monitoring and reassessment of physiological measurements</li> </ul>
	3.2 Demonstrate dynamic airway assessment	Should include visual inspection, listen for breath sounds including obstructions or inadequate volume/effort and feel for rise and fall of chest/movement. (this content is not exhaustive)
	3.3 Demonstrate how to clear an airway	Should include postural drainage and use of a suction unit or manual suction. (this content is not exhaustive)
	3.4 Select and insert an airway adjunct	Should include selecting, sizing, and inserting in line with current practice and Learners own scope of practice and organisations policies and procedures. Airway adjuncts: <ul style="list-style-type: none"> <li>• Indications</li> <li>• Cautions</li> <li>• Contraindications</li> <li>• Correct size selection</li> <li>• Correct technique</li> <li>• Oropharyngeal airway</li> <li>• Nasopharyngeal airway</li> </ul> (this list is not exhaustive)
	3.5 Demonstrate face mask manual ventilation	Should include one-hand 'E-C' grip and two-hand 'E-V' grip face mask ventilation techniques and inserting an oropharyngeal or nasopharyngeal airways. We strongly recommend two-person face mask ventilation is highlighted as best practice and as it helps avoid a suboptimal approach to manual ventilation.  We strongly suggest capnography forms part of the airway circuit for monitoring purposes. (this content is not exhaustive)

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
	3.5 Demonstrate face mask manual ventilation	Should include: <ul style="list-style-type: none"> <li>• Selecting and using appropriate personal protective equipment</li> <li>• Appropriate management and mitigation of risks and hazards present to ensure those at scene are as safe as possible whilst assessment, treatment and casualty extrication can take place</li> <li>• Calling for additional and/or specialist resources, giving necessary detail to justify an appropriate response</li> </ul> (this list is not exhaustive)
4. Be able to carry out immediate life support and post return of spontaneous circulation care	4.1 Identify potential causes of cardiac arrest	Should include: <ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Cardiomyopathy</li> <li>• Congenital heart disease</li> <li>• Heart valve disease</li> <li>• Acute myocarditis</li> <li>• Electrocutation</li> <li>• Drug overdose</li> <li>• Severe haemorrhage</li> <li>• Hypoxia</li> </ul> (this list is not exhaustive)
	4.2 Recognise signs of a cardiac arrest	Should include recognising when a patient is not breathing normally, taking noisy infrequent gasps including seizure like episodes (posturing) they are in cardiac arrest. Should be able to recognise agonal gasps is not breathing normally. (this content is not exhaustive)
	4.3 Demonstrate basic life support on an adult manikin	Should include: <ul style="list-style-type: none"> <li>• High quality chest compressions</li> <li>• Safe use of an AED/defibrillator</li> <li>• Use of adjuncts (suction and/or airways)</li> <li>• Safe administration of emergency oxygen</li> <li>• Effective concurrent activity and teamwork</li> <li>• Shows awareness of individual roles and responsibilities</li> <li>• Identification of causation and reversible causes</li> <li>• Calls for additional clinical support</li> <li>• Applies local resuscitation policies and procedures</li> <li>• Follows Resuscitation Council (UK) guidelines</li> </ul> (this list is not exhaustive)

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	4.4 Demonstrate basic life support on a child manikin	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Effective ventilations</li> <li>• High quality chest compressions</li> <li>• Safe use of an AED/defibrillator</li> <li>• Use of adjuncts (suction and/or airways)</li> <li>• Safe administration of emergency oxygen</li> <li>• Effective concurrent activity and teamwork</li> <li>• Awareness of individual roles and responsibilities</li> <li>• Identification of causation and reversible causes</li> <li>• Calling for additional clinical support</li> <li>• Applying local resuscitation policies and procedures</li> <li>• Following Resuscitation Council (UK) guidelines</li> </ul> <p>(this list is not exhaustive)</p>
	4.5 Demonstrate basic life support on an infant manikin	<p>Should include:</p> <ul style="list-style-type: none"> <li>• Effective ventilations</li> <li>• High quality chest compressions</li> <li>• Safe use of an AED/defibrillator</li> <li>• Use of adjuncts (suction and/or airways)</li> <li>• Safe administration of emergency oxygen</li> <li>• Effective concurrent activity and teamwork</li> <li>• Awareness of individual roles and responsibilities</li> <li>• Identification of causation and reversible causes</li> <li>• Calling for additional clinical support</li> <li>• Applying local resuscitation policies and procedures</li> <li>• Following Resuscitation Council (UK) guidelines</li> </ul> <p>(this list is not exhaustive)</p>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	4.6 Assess patient post resuscitation and provide appropriate care	Should include: <ul style="list-style-type: none"> <li>• Reassesses vital signs</li> <li>• Addresses ABC problems</li> <li>• Continually monitors vital signs</li> <li>• Reduces heat loss with thermal protection</li> <li>• Provides information and reassurance (if applicable)</li> <li>• Evaluates assessment finding and interventions</li> <li>• Applies local resuscitation policies and procedures (this list is not exhaustive)</li> </ul>
	4.7 Perform a patient handover	Should include a handover in an ATMIST or SBAR format delivering succinct information detailing interventions during the resuscitation attempt. (this list is not exhaustive)
	4.8 Carry out post-incident procedures following a resuscitation attempt	Should include: <ul style="list-style-type: none"> <li>• Safety and welfare check for all involved</li> <li>• Everyone shares their perspectives on a clinical situation</li> <li>• Agree on what is important to discuss, target key topics</li> <li>• Analysis team communication, decision making, situational awareness and efficiency</li> <li>• Identify learning points to repeat good performance and avoid poor performance</li> <li>• Highlight key actions to see continual improvement in team performance and patient safety (this list is not exhaustive)</li> </ul>
5 Know how to modify resuscitation attempts and assist with decision making	5.1 Identify special considerations in cardiac arrest	Should include: <ul style="list-style-type: none"> <li>• Drowning</li> <li>• Pregnancy</li> <li>• Hypothermia</li> <li>• Tracheostomy and laryngoscopy</li> </ul> May include: <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Opiate overdose</li> <li>• Rhythm-affecting drugs</li> <li>• Bariatric patients</li> </ul> (this list is not exhaustive)

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	5.2 State circumstances when resuscitation should not be attempted	Should be in line with learners' scope of practice and own organisation's policies and procedures.
	5.3 State circumstances when resuscitation attempt should be ceased	Should be in line with learners' scope of practice and own organisation's policies and procedures.
	5.4 State end of life care decisions and procedures in relation to resuscitation attempts	Should be in line with learners' scope of practice and own organisation's policies and procedures.
6. Be able to assist a clinician performing clinical tasks and procedures	6.1 Identify the current legislation and standard operating procedures for assisting a clinician with clinical tasks and procedures	Should include being directed by a clinician at the scene of an incident with scope of practice.
	6.2 State how to assist a clinician with clinical tasks and procedures within own scope of practice	Should include: <ul style="list-style-type: none"> <li>• Following verbal instructions</li> <li>• Agreed safe ways of working</li> <li>• Within scope of practice</li> </ul>
	6.3 State how to report safety concerns and changes in a patient's condition or behaviour	Should include verbal and non-verbal communication highlighting the urgency.
	6.4 Record the procedures of: <ul style="list-style-type: none"> <li>• Physiological changes</li> <li>• Behavioural changes</li> <li>• Completed procedures</li> </ul>	Should include completion of a patient care record (or similar) and following own organisations procedures for reporting errors, adverse reactions or near misses.
<b>Additional information about this unit</b>		
Simulation allowed for this unit and where appropriate practical competency can be demonstrate during practice placement education.		



Unit 10		
Storage, Preparation, and Safe Administration of Emergency Oxygen and Oxygen Therapy		
GLH	4	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand key aspects of administration of medicines legislation relevant to the role of an ambulance support worker	1.1 Identify key points of Medicines Act applicable to own role	Should include: <ul style="list-style-type: none"> <li>• An understanding of Schedule 19 medicines as set out in the legislation</li> <li>• Definition of administration</li> <li>• Ambulance emergency and urgent care support workers are not permitted to physically prepare injectable or nebulised medicines</li> <li>• Controlled drugs</li> </ul>
	1.2 Differentiate between medicines administered by a registered healthcare professional, associate practitioner, and ambulance support worker	Should include: <ul style="list-style-type: none"> <li>• Prescribed medicines</li> <li>• Non-prescribed medicines</li> <li>• Over the counter medicines</li> </ul>
2. Understand the benefits of emergency oxygen and oxygen therapy	2.1 Explain the benefits of emergency oxygen and oxygen therapy	Should include: <ul style="list-style-type: none"> <li>• Supports metabolism</li> <li>• Reversal of hypoxaemia</li> <li>• Constricts blood vessels</li> <li>• Supports those with chronic hypoxemia e.g., COPD patients</li> </ul>
3. Be able to carry out safety checks prior to medicine administration	3.1 Demonstrate medicine safety checks prior to administration	Should include checking: <ul style="list-style-type: none"> <li>• Packaging is intact</li> <li>• Expiry date</li> <li>• Medicine presentation</li> <li>• Correct drug</li> <li>• Correct dose</li> <li>• Correct route of administration</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	3.2 Demonstrate patient safety checks prior to medicine administration	Should include checking: <ul style="list-style-type: none"> <li>• Correct patient</li> <li>• Allergies</li> <li>• Identification of exclusion criteria</li> </ul>
4. Be able to administer emergency oxygen and oxygen therapy	4.1 Identify the need for oxygen administration	Should include: <ul style="list-style-type: none"> <li>• Indicated as per a prescription or directed by a healthcare professional</li> <li>• Indications for oxygen administration in line with current JRCALC guidelines</li> </ul>
	4.2 State safety considerations when storing and using an oxygen cylinder	Should include: <ul style="list-style-type: none"> <li>• Cylinder checks</li> <li>• Correct patient</li> <li>• Correct drug</li> <li>• Correct dose</li> <li>• Expiry date</li> <li>• Safety checks on associated equipment for delivery</li> </ul>
	4.3 Carry out safety checks prior to administering oxygen	Should include: <ul style="list-style-type: none"> <li>• Cylinder checks</li> <li>• Correct patient</li> <li>• Correct drug</li> <li>• Correct dose</li> <li>• Expiry date</li> <li>• Safety checks on associated equipment for delivery</li> </ul>
	4.4 Identify contraindications for administration of oxygen	Should include contraindications and cautions for oxygen (O <sub>2</sub> ) administration in line with current JRCALC guidelines.
	4.5 Identify cautions for administration of oxygen	Should include cautions for administration of O <sub>2</sub> in line with current JRCALC guidelines

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	4.6 Administer oxygen to a patient using appropriate adjunct	Should include: <ul style="list-style-type: none"> <li>• Correct instructions to patient</li> <li>• Correct O<sub>2</sub> mask for adult and child patients</li> </ul>
	4.7 Monitor effects of emergency oxygen and oxygen therapy	Should include: <ul style="list-style-type: none"> <li>• SPO<sub>2</sub></li> <li>• Vital signs</li> </ul>
	4.8 Identify need to alert a clinician to adverse reactions	Should include: <ul style="list-style-type: none"> <li>• Verbal discussion patient handover</li> <li>• Documentation on Patient care record/Incident report</li> </ul>
	4.9 Record the administration of emergency oxygen and oxygen therapy	Should include documentation on PRF/electronic PRF.

**Additional information about this unit**

Simulation allowed for this unit and where appropriate practical competency can be demonstrate during practice placement education.

Unit 11	Major Incidents and Special Situations Preparedness for Ambulance Support Workers	
GLH	6	
Level	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to carry out the role and responsibilities of an urgent care ambulance support worker at incidents	1.1 Demonstrate professional behaviours and attributes in an ambulance environment	Should include: <ul style="list-style-type: none"> <li>• Working in line with own organisation's vision and values, codes of conduct and department over a period of time</li> <li>• Verbal communication</li> <li>• Written communication</li> <li>• Oral communication</li> <li>• Non-verbal communication, e.g. Makaton</li> <li>• Physical communication, e.g. body language</li> </ul>
	1.2 Demonstrate a range of communication methods to provide service user and others with information	
	1.3 Demonstrate working with colleagues and others at a range of prehospital care incidents	
2. Be able to carry out initial scene assessment and management	2.1 Describe components of an initial scene assessment	Should include SCENE mnemonic; Safety, Cause, Environment, Number of casualties, Extra resources needed.
	2.2 Carry out a dynamic scene assessment at a range of incidents	Should include: <ul style="list-style-type: none"> <li>• Definition of dynamic risk assessment</li> <li>• Hazard awareness and identification of general risks and risks specific to: <ul style="list-style-type: none"> <li>o Road incidents</li> <li>o Rail incidents</li> <li>o Aircraft incidents</li> <li>o Water-related incidents</li> </ul> </li> <li>• Risk evaluation and safe system of work</li> </ul>
	2.3 Identify the Personal Protective Equipment (PPE) generally available within own organisation	Should include: <ul style="list-style-type: none"> <li>• Helmet</li> <li>• High-visibility jacket</li> <li>• Eye protection</li> <li>• Respiratory protection</li> <li>• Infection control PPE</li> </ul>

Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	2.4 Select and correctly use PPE as part of the implementation of a safe system of work	Could include, e.g. when to wear a life jacket and reference to Water Incident Policy and signposting to NARU Education Water Awareness eLearning.
	2.5 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).
	2.6 Identify safety considerations when working with Helicopter Emergency Medical Service (HEMS)	Should include: Referring to guidance from an Air ambulance's health and safety policy.
	2.7 Define the term triage	Should include: Triage sieve P1, P2, P3 and Dead
3.1 Be able to operate communication equipment for priority communication	3.1 Demonstrate use of communication equipment including: <ul style="list-style-type: none"> <li>• Handheld equipment</li> <li>• Vehicle-based equipment</li> </ul>	Should include turning on/off, channel selection, requesting speech, receiving and sending information in accordance with policy and procedures.  Must include an awareness of how to activate the emergency assistance function.
4. Understand the policies, procedures and protocols relating the special situations	4.1 Describe types of special situations	Should include: <ul style="list-style-type: none"> <li>• CBRN</li> <li>• HAZMAT</li> <li>• Big Bang</li> <li>• Marauding</li> <li>• Significant, major, mass, catastrophic etc.</li> </ul>
	4.2 Define the term 'major incident'	Should include an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agencies.
	4.2 Identify who can declare a major incident	Should include: <ul style="list-style-type: none"> <li>• First crew on scene</li> <li>• Attendant's roles and responsibilities</li> <li>• Driver roles and responsibilities</li> </ul>

<b>Learning outcomes</b> <i>The Learner will:</i>	<b>Assessment criteria</b> <i>The Learner can:</i>	<b>Indicative content</b>
	4.3 Identify role and key responsibilities of incident command systems used for special situations	Should include: <ul style="list-style-type: none"> <li>• Own organisations (or local NHS Trust's) major incident policy</li> <li>• Current JRCALC guidelines</li> </ul>
	4.4 Identify key actions when attending a special situation	Should include: <ul style="list-style-type: none"> <li>• Initial Operational Response (IOR) and Remove, Remove, Remove procedure</li> <li>• Run/Tell/Hide for MTFA &amp; METHANE report</li> </ul>
	4.5 State how to use the DuoDote Nerve Agent Antidote auto-injector pen	Should include: <ul style="list-style-type: none"> <li>• Demonstrating the use of auto-injector in relation to nerve agent poisoning</li> <li>• Current JRCALC guidelines</li> </ul>
<b>Additional information about this unit</b>		
Simulation allowed for this unit and where appropriate practical competency can be demonstrated during practice placement education.		

## Appendix 2 – Occupational knowledge and competence in Non-Urgent care, Ambulance aid and Patient transport

All Trainers, Assessors and EQAs must have occupational knowledge and competence in urgent care, ambulance first aid skills and patient transportation.

- o Current registration as a Doctor with the General Medical Council (GMC) and have suitable urgent care, ambulance first aid skills and patient transportation experience or
- o Current registration as a Nurse with the Nursing and Midwifery Council (NMC) and have suitable urgent care, ambulance first aid skills and patient transportation experience or
- o Current registration as a Paramedic with the Health and Care Professions Council (HCPC) or
- o QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF) or
- o Institute of Health and Care Development (IHCD) Ambulance Aid (Ambulance Technician) or
- o Level 4 Diploma for Associate Ambulance Practitioners (QCF or RQF) or
- o QA Level 4 Certificate in First Response Emergency Care (QCF or RQF) or
- o Qualsafe First Response Emergency Care (Level 3 RQF)

and

- o Complete a CSTF alignment declaration to confirm they are current, up to date and aligned (compliant) with the Skills for Health/NHS England Core Skills Training Framework (CSTF) learning outcomes for all 20 subject areas. Further evidence may be required for External Quality Assurance monitoring purposes.

## 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)	√	
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		√
Other Acceptable Qualifications		
CTLTS/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		√

Due to the nature and requirements of this qualification, we strongly recommend Trainers should be working towards a Level 4 Education and Training (and Coach and Mentoring) or higher qualification.



## Appendix 4 – Qualifications suitable for internal quality assurance

Internal Quality Assurers (IQA) must hold or be working towards 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



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