Qualsafe Level 5 Diploma in

First Response Emergency and Urgent Care (RQF)

Qualification Specification

Contents

Key qualification information

Qualification number:	**610/3224/4**
Operational start date:	**27th September 2023**
Guided Learning Hours (GLH):	**908** (includes 750 clinical practice placement hours)
Total Qualification Time (TQT):	**1094**
Number of components:	**6 mandatory components**
Credit value:	**110**

Assessment methods:	• **Theory assessments:**
	  ○ **1 Learner workbook**
	  ○ **2 Invigilated exams**
	  ○ **1 Academic portfolio**
	  ○ **1 Professional practice portfolio**
	  ○ **1 Practice assessment document**
	• **Practical assessments/skills test:**
	  ○ **1 Skills test**
	  ○ **7 Objective structured clinical examinations (OSCEs)**

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:

- Resuscitation Council (UK)
- Skill for Health Career Framework
- East Midlands Ambulance Service NHS Trust
- Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence
- The Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care (FPHC)

This QA qualification is:

- For people who work or hope to work in emergency and urgent care settings who would be expected to undertake clinical assessment, evaluate patients' conditions and manage traumatically injured and unwell patients prior to referral to the next echelon of care
- Based on clinical skills and competencies at Level F of the prehospital provider competencies FPHC Pre-Hospital Emergency Medicine (PHEM) Skills Framework
- Based on Level 4 Associate Practitioner of the Skills for Health Career Framework

This qualification should give Learners a comprehensive factual and theoretical knowledge in broad contexts within out-of-hospital emergency and urgent care, and clinical skills to deal with a range of out-of-hospital situations.

This qualification specification provides information for Centres about the delivery of the Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) and includes the component information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by enabling them to attain comprehensive factual and theoretical knowledge in broad contexts in out-of-hospital emergency and urgent care. They should attain and develop clinical skills whilst being guided by standard operating procedures, protocols and systems of work. The Learner may also attain non-technical skills to make judgements and plan activities which could contribute to service development and practice placement education activities. The qualification is designed to act as proof the Learner has undergone a programme of learning and assessment to demonstrate knowledge, understanding, behaviours and skills competencies in the out-of-hospital emergency and urgent care environment.

Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide out-of-hospital emergency and urgent care supporting registered healthcare professionals and others. Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) Associate Practitioners (FREUC5 Associate Practitioners) work in a variety of out-of-hospital emergency and urgent care settings, having direct contact with service users and others, providing high quality and compassionate care. Daily duties and tasks for a FREUC5 Associate Practitioner would involve working as an individual or as part of a team responding to emergency (999/112) and urgent calls, providing emergency and urgent assistance to the sick and injured.

Structure

This qualification comprises 6 mandatory components with a Total Qualification Time (TQT) of 1094 hours. Full details of this can be found in *Appendix 1*. The GLH includes 750 clinical practice placement hours in emergency and urgent care settings. Full details of this can be found in *Appendix 5*.

Learners must complete all assessments successfully within the registration period to achieve the qualification. The maximum time to complete this qualification, including referrals is 24 months.

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

- Guided Learning Hours (GLH) – GLH is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor and Practice Placement Educator, which for this qualification is 908 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 186 hours

Other components

No other component/components can be combined to count towards the Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) qualification.

Relationship with other related qualifications

The Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (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 components.

RPL for this qualification **must** be approved by QA prior to implementation. Note: Charges may apply. Please refer to the QA *Fees and Charges List*.

Entry requirements

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

Learners must have successfully completed the Qualsafe Level 4 Certificate in First Response Emergency Care (QCF/RQF) (FREC4) qualification before they can register on to this qualification.

Centres must ensure that Learners have evidence of continuing professional development covering FREC3 and FREC4 content including annual revalidation of Immediate Life Support (ILS).

Learners must be able to undertake 750 clinical practice placement hours. Centres may have specific requirements to attend their approved practice placements. Seek guidance from Qualsafe Approved Centres for more details.

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

Progression

The Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) qualification may:

- Be used towards other clinical qualifications at the same and higher levels
- Aid career progression in a relevant profession such as a registered healthcare professional
- Be used as a springboard to become a paramedic. It may also provide a stepping stone into specialist medical roles within the military, emergency services and industry

Qualification approval requirements

Qualsafe Awards Centres seeking approval for this qualification are required to undertake a two-stage approval process.

Stage one requires the Centre:

- To sign the FREUC5 Centre Declaration
- To have at least 12 months experience in delivery of the Qualsafe Level 4 Certificate in First Response Emergency Care (RQF) and/or the Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (RQF)
- To have delivered a minimum of 4 courses from the qualifications listed above. Any compliance issues identified through moderation activity may impact the possibility of approval being granted for the Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) qualification
- To demonstrate internal quality assurance is compliant on the QA Customer portal. All Trainer/Assessors must be risk rated and there must be up to date evidence of quality assurance monitoring across approved qualifications
- To have and submit a Memorandum of Understanding (MOU) or a Service Level Agreement/Contracts with clinical practice placement providers for approval by QA (this approval will be given in writing by QA). Centres are also responsible for informing QA of any proposed changes to MOU content, so that these can also be approved

Stage two requires the Centre:

- To have a suitable and adequate learning environment for lessons and simulation, digital learning resources, clinical equipment, consumables and Learner library featuring access to journals, articles and academic papers
- To have and submit a scheme of work for approval by QA (approval will be given in writing)

- To arrange a suitable time and date for a pre-approval external quality assurance visit to deliver this qualification. A clinical EQA will assess Centre suitability to deliver this qualification (a pre-approval visit fee will be charged. Please refer to the Qualsafe Fees and Charges list for further details). If successful, QA will confirm final and full approval to deliver this qualification in writing

Qualsafe Awards requires the Centre to pre-register courses on the QA Customer portal at least 20 working days in advance of the course start date, upon which Centres must be able to demonstrate they have sufficient and suitable practice placement provision in place for each Learner attending/working towards the qualification.

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

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

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

Trainer/Assessor

People delivering and assessing this qualification must have:

- Occupational knowledge and competency in out-of-hospital emergency and urgent care and be a registered healthcare professional with at least 12 months contemporary practice post qualifying as shown in *Appendix 2* **and**
- An acceptable education and training qualification as shown in *Appendix 3* **and**
- Hold an acceptable assessing qualification as shown in *Appendix 3*

Trainer/Assessors are expected to maintain a Continuing Professional Development (CPD) portfolio and remain current and compliant with conditions of their registering body.

Internal Quality Assurers

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

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

2. The IQA holds 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 current knowledge of the qualification requirements they are responsible for monitoring and the assessment processes
- Have current knowledge and understanding of the IQA role
- Observe education and training delivery and assessments to complete relevant records, action plans (if required) and update risk rating, using the QA Customer portal
- Carry out other related internal quality assurance including standardisation activity and Faculty competence

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 education and training involves using premises conducive to learning and it is a Centre's responsibility to make sure all venues used for education and training and assessment purposes are suitable and adequate – whether these are hired or in-house facilities. 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 facilities, equipment and other resources include:

Resource/area:	Requirements:
Learning and simulation facilities	The education and 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. Simulation environments must be fit-for-purpose and risk assessed prior to Centres using them for learning and assessment activities.
Digital learning resources, equipment and training aids	Sufficient digital learning resources, equipment and training aids to facilitate learning and assessment.
Learning materials	Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification. Learners must have access to a Centre library that features journals, articles, academic papers and other materials, e.g. podcasts, instructional videos and other media
Patient monitoring and life support equipment	**Adult ILS manikin** Full bodied manikin capable of accepting oropharyngeal (OPA), nasopharyngeal (NPA) and supraglottic airways and demonstrating manual manoeuvres. Ideally 1 manikin to every 3 Learners (minimum 1 manikin to every 6 Learners) **Paediatric ILS manikin** Full bodied manikin capable of accepting oropharyngeal (OPA) and supraglottic airways and demonstrating manual manoeuvres. Ideally 1 manikin to every 3 Learners (minimum 1 manikin to every 6 Learners) **Infant ILS manikin** Full bodied manikin capable of accepting oropharyngeal (OPA), supraglottic airways and demonstrating manual manoeuvres. Ideally 1 manikin to every 3 Learners (minimum 1 manikin to every 6 Learners) **Newborn manikin** Full bodied manikin capable of accepting oropharyngeal (OPA), supraglottic airways and demonstrating manual manoeuvres. Ideally 1 manikin to every 3 Learners (minimum 1 manikin to every 6 Learners) **and** **Airway Management Trainer/Head** – must be suitable to demonstrate airway manoeuvres and accept oropharyngeal, nasopharyngeal and supraglottic airways. Patient monitoring and AED/Defibrillator (or manual defibrillator) trainer - patient monitor and defibrillator/AED (Simulator or AED trainer) capable of monitoring SpO_2, 3 lead and 12 lead ECG, BP and $ETCO_2$ and AED or manual defibrillator training function. Including sufficient consumables and accessories (minimum 1 to every 6 Learners) **or** AED/Defibrillator trainer with sufficient consumables and accessories **and** SpO_2 monitor, 3 Lead and 12 lead ECG monitor, automatic or manual sphygmomanometer (and stethoscopes), $ETCO_2$ (waveform) monitor **Life support equipment** • All sizes of OPA • NPA sizes 6 and 7 • All sizes of supraglottic airway devices, e.g. i-Gel • Catheter mount and HME filter • Adult size bag-valve-mask • Paediatric size bag-valve-mask • Infant size bag-valve-mask • Neonate size bag-valve-mask • Mac blade size 4 and laryngoscope • Mac blade size 3 and laryngoscope • Adult Magill forceps

	• Paediatric Magill forceps • Adult non-rebreather mask • Paediatric non-rebreather mask • Automatic and manual suction devices • Oxygen (O_2) cylinder with the relevant equipment for use • Multi flow rate masks (Ventura type or similar) and nasal cannulae • Tympanic thermometer and consumables • Blood glucose monitor and consumables **Other equipment** • 50:50 N_2O/O_2 cylinder, demand valve, hose and probe, mouthpieces, face mask and bacterial/ viral filter • Penthrox inhaler (optional) NOTE: Sufficient patient monitoring, life support and other equipment should be available (minimum 1 to every 3 Learners).
Obstetrics, gynaecology and maternity care equipment and accessories	Obstetrics, gynaecology and maternity care equipment and accessories • Obstetrical, gynaecology and birthing manikin • Obstetrical, gynaecology and birthing models • Prehospital care maternity pack • Maternity care neonate hats • APGAR leaflet
Full body, limb immobilisation and extrication devices	Various types of prehospital immobilisation devices: • Pelvic splint • Set of vacuum splints • Set of box splints • Traction splint • Multi-adjust adult cervical collar Various types of current prehospital spinal immobilisation devices: • Extrication long board and accessories • Orthopaedic stretcher and accessories • Vacuum mattress stretcher • Kendrick extrication device (optional) NOTE: Sufficient full body, limb immobilisation and extrication devices should be available (minimum 1 to every 3 Learners).
Trauma management consumables	Various trauma management consumables: • Manufactured non-occlusive and occlusive chest dressings • Manufactured tourniquets and haemostatic agents • Emergency trauma dressings: various sizes and types • Ambulance/first aid dressings and triangular bandages • Thermal protection various sizes and types, including cellular and foil • Burns management, e.g. facial burns dressing, water and cling film NOTE: Sufficient trauma management consumables should be available (a minimum 1 to every 3 Learners).
Communication equipment	Various types of communication devices including: • Handheld devices • Vehicle based devices/radios • Mobile data terminals (Communication devices may be own Organisation specific)
Personal Protective Equipment (PPE)	Full set of commonly issued PPE per Learner.
Lifesaving medication equipment and consumables	Injection administration training equipment: • Various ampoules suitable for training • Simulation lifesaving medication • Various sizes of needles (including blunt drawing up needles) • Various sizes of syringes • Injection training pad/device • Gauze • Tape • Sharps bin

	Nebulisation administration training equipment: • Adult nebulisation mask • Paediatric nebulisation mask • Air driven nebuliser (optional) NOTE: Lifesaving simulation medication should include ampoules, nebules, tablets and metered spray. Sufficient lifesaving medication equipment and consumables should be available (a minimum 1 to every 3 Learners).
Assisting the clinician equipment and consumables	**Intravenous (IV) cannulation equipment:** • Various sizes of cannula • IV dressings • Chloraprep or similar • Sharps container • IV giving sets • IV flushes • Syringes • IV tourniquet • IV training arm **Intraosseous (IO) infusion system:** • Various sizes of intraosseous needles • IO needle securing device or dressing • IO training bone or device **Infusion equipment:** • IV bag (sample) **Intubation equipment:** • Laryngoscope (handle and various blades) • Magill forceps • Various sizes of endotracheal tubes • Bougie • Tube holder or securing device • Syringe • End-tidal CO_2 **Cricothyroidotomy equipment (optional):** • Cricothyroidotomy kit or alternative NOTE: Sufficient assisting the clinician equipment and consumables should be available (minimum 1 to every 3 Learners).
Moving and handling equipment and accessories	Various types of current prehospital moving and handling equipment: • Stretchers • Child/infants restraints • Slide sheet • Transfer board • Carry chair • Wheelchair • Moving and handling belt • Turntable • Southampton sling (optional) • Cushion lifting device (optional) • Lifting chair (optional) • Empty boxes (for practice – where necessary)

Note: Learners should sit at least one metre apart, to prevent collusion during invigilated exams and assessments.

Course/Centre administration

Pre-registering courses

Once a Centre has gained qualification approval, they **must** seek course approval for **every** course they intend to deliver thereafter. Centres approved to deliver this qualification must pre-register courses on the QA Customer Portal at least 20 working days in advance of the course start date. This will allow QA to make the necessary external quality assurance arrangements, which includes unannounced visits. Centres must adhere to this pre-course registration requirement and should be aware that any identified non-compliance in this respect will lead to the imposition of sanctions in line with the content of the QA *Sanctions Policy*.

Centres not providing 20 working days' notice when pre-registering courses may not be able to deliver these as planned.

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, component or qualification, whether they have passed or not, Centres must enter the details and assessment results on the QA Customer Portal at: www.qualsafe.org

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

The Learner receives a certificate on achieving this qualification. This certificate does not expire.

The certificate date is the date the Learner achieves the final component.

Qualsafe Awards recommends Learners complete annual immediate life support training and complete a variety of CPD activities in line with employer requirements to maintain their knowledge and skills and keep up-to-date with any changes to prehospital care practice.

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

Delivery and support

Learner to Trainer ratio

To maintain the quality of education, training and assessment, QA will assess the learning facilities, practice placement provision and Faculty to agree a cohort size. Classroom ratio should not exceed more than 12 Learners to 1 Trainer. For lectures and online sessions, the ratios can be increased subject to approval with QA.

The assessment space should allow Learners to sit at least 1 metre apart to prevent collusion during theory assessment. Assessment of performance is carried out on a 1:1 basis.

Note: You must make sure that numbers attending the invigilated exams are in line with the 12 Learners to 1 Trainer ratio.

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 timetable, scheme of work and detailed lesson plans, clearly showing the required subjects and criteria/learning outcomes are covered and the minimum 154 guided learning hours, 750 clinical practice placement hours, 4 tutorial hours per Learner and 186 additional learning hours are all met
- Be emailed to: 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:

- *Anatomy and Physiology in Health and Illness (latest edition)* by Ross and Wilson
- *Ambulance Care Practice (latest edition)* by Kris Lethbridge and Richard Pilbery
- *UK Ambulance Services Clinical Practice Guidelines (latest edition)* by JRCALC, AACE and University of Warwick

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

Ongoing support

Qualsafe Awards Centres should provide appropriate levels of support to Learners, before, during and after the education and training and practice placements. The purpose of the support is to:

- Assess skills competency, knowledge, understanding and behaviours in relation to learning outcomes and the detailed assessment criteria of the components 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 5 Diploma in First Response Emergency and Urgent Care (RQF) skills competency, knowledge, understanding and behaviours should be taught and assessed in accordance with currently accepted out-of-hospital emergency and urgent care practice in the UK.

Methods

Qualsafe Awards has devised externally set, internally marked assessment tools to make sure Learners are assessed against the required knowledge, skills and understanding, as detailed in the learning outcomes and assessment criteria shown in *Appendix 1*.

Centres should download all assessment papers from the QA Customer Portal in advance of the course. For this qualification the assessment methods are:

- Practical assessments/skills tests – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see *Guide to Assessing Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF).*

  There are 7 OSCES and 1 Skills test for this qualification:

  - Major trauma OSCE
  - Acute coronary syndrome OSCE
  - Immediate life support OSCE

- Acute medical emergency OSCE
- Medical condition OSCE
- Patient assessment OSCE
- Obstetrics and gynaecology OSCE
- Airway management skills test

- Theory assessments:
  - 1 Learner workbook
  - 2 Invigilated exams
  - 1 Professional practice portfolio
  - 1 Academic portfolio
  - 1 Practice assessment document (includes 750 clinical practice placement hours) – Practice Placement Educators are required to provide an expert witness testimony to support the assessment decisions of an occupationally competent Assessor. Testimonies from Practice Placement Educators evidence Learners have demonstrated skills competency, knowledge, understanding and behaviour associated with out-of-hospital emergency and urgent care throughout 750 hours of clinical practice placement. Trainer/Assessors are expected to make a professional judgement as to whether the Learner has achieved all the assessment criteria. For information on clinical practice placements see *Appendix 5*.

It is the Centre's responsibility to make sure all Learner workbooks, portfolios and PAD assessments are marked in a timely fashion (within 20 working days of being submitted to the Centre) in preparation for internal/external quality assurance. Centres must also ensure they communicate effectively with Learners regarding the marking process, responding to requests from Learners for information on progress and providing revised timescales for completion when any unexpected delays occur. Feedback provided to Learners should be clear and concise, providing the Learner with the necessary support and guidance to facilitate assessment completion.

Note: Centres should download all assessment papers/workbooks from the QA Customer Portal in advance of the course. To be considered for an overall 'Pass' the Learner must complete all assessments.

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

Access to assessment

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

- Reasonable adjustment or
- Special consideration

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

Learners may be eligible for special consideration if their performance through the assessment process has been affected by some temporary illness, injury or adverse set of circumstances. A Special Consideration Request Form should be completed and sent to QA along with any supporting evidence (where available) for consideration and approval. Centres should retain a copy of this form for their own records.

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

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

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However, to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, for this qualification the Learner must be assessed performing practical tasks such as the 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

Qualsafe 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

Tel: 0330 660 0899

Useful addresses and websites

- Qualsafe Awards, City View, 3 Wapping Road, Bradford, BD3 0ED: www.qualsafe.org
- Office of Qualifications and Examinations Regulation (Ofqual): www.gov.uk/government/organisations/ofqual
- Council for the Curriculum Examinations and Assessment (CCEA): https://ccea.org.uk/regulation
- Scottish Qualifications Authority (SQA) Accreditation: http://accreditation.sqa.org.uk
- Qualifications Wales: www.qualificationswales.org
- Faculty of Pre Hospital Care The Royal College of Surgeons of Edinburgh: www.fphc.co.uk
- Health & Safety Executive (HSE): www.hse.gov.uk
- Skills for Health: www.skillsforhealth.org.uk
- Resuscitation Council (UK): www.resus.org.uk

Appendix 1 – Qualification unit

The Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) has 6 components that Learners are required to complete in order to achieve the qualification

Component 1

Title:	Fundamentals of First Response Emergency and Urgent Care (FREUC5) for associate practitioners	
GLH:	129hrs	
Level:	5	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Understand the role and responsibilities of first response emergency and urgent care associate practitioners	1.1 Explain own organisation's vision, values and expectations of first response emergency and urgent care associate practitioners	Should include: FREUC5 Associate Practitioners require factual and theoretical knowledge in broad contexts within out-of-hospital emergency and urgent care. Their work is guided by standard operating procedures, protocols and systems of work, but they are expected to make judgements, plan activities, contributes to service development and demonstrate continual personal and professional development. They are expected to mentor and have responsibility for supervision of emergency medical responders and support workers. May include: • Duty of care • Standard of care • Scope of practice • Individual competency • Scope of employment • Behaviours including civility • Openness, honesty and raising concerns • Continuing professional development • Professional standards (Code of ethics) • Personal and professional relationships
	1.2 Explain the main role and responsibilities of a first response emergency and urgent care associate practitioner	Should include: • Working in a range of out-of-hospital/pre-hospital care settings • Assessing, treating, diagnosing, managing patients' condition, administering medicines, discussing refusal of care with a registered clinician and making referrals to the next echelon of care and other organisations • Working with first responders, support workers and/or clinicians within an agreed scope of practice • Assessing and advocating for safe and effective patient care through appropriate decision-making, and escalating decision-making to more senior clinicians as appropriate

	1.3 Explain own professional responsibilities in accordance with legislative frameworks relevant to working in emergency and urgent care out-of-hospital settings	**Own professional responsibilities** should include: • Duty of care • Safeguarding • Confidentiality • Safe systems of work • Information governance • Privacy, dignity, and civility • Infection prevention and control • Health, safety, and wellbeing • Counterterrorism and security • Equality, diversity, inclusivity and equity • Moving and handling of objects and people
	1.4 Describe how to maintain personal and professional standards	Should include 6 Cs core values of a caring safe and effective healthcare culture: • Care • Communication • Compassion • Competence • Courage • Commitment Should include: • Mental and physical health wellbeing and resilience • Continuing personal and professional development
	1.5 Explain how to raise concerns about patient and other's safety	Should include: • Having a good understanding of own Organisation's policies relating to vulnerable adults and children • Being able to make a referral under own Organisation's policies for vulnerable adults and children • Contacting next echelon of care, communications centre, supervisor/duty manager • Completing safeguarding referrals, recording concerns using communications systems and freedom to speak up guardian

2. Understand key concepts of critical thinking and decision making relevant to associate practitioners working in emergency and urgent care settings	2.1 Evaluate critical thinking and decision-making processes in the out-of-hospital emergency and urgent care setting	Should include: • Define the term 'critical thinking' • Approach to critical thinking in emergency and urgent care • Barriers to critical thinking • Decision making in action: models and methods • Should intuition and experience factor in decision-making • Decision-making processes for associate practitioners
3. Understand how human factors influence behaviour in the prehospital care environment and the way in which they can affect patient outcome and health and safety	3.1 Evaluate how human factors influence behaviour in the prehospital care environment	Should include: • Define the terms 'human factors' • Environmental factors • Organisational factors • Job factors • Human and individual characteristics • Strategies to overcome human factors in emergency situations
4. Understand the importance of clinical debriefing in communication, performance and improving patient safety	4.1 Identify key stages of clinical debriefs	Should include: • Target: opening a discussion on how to improve patient care and sharing perspectives following an incident, task or shift • Analysis: explore what helped or hindered communication/decision-making/situational awareness/overall performance and how can those involved repeat successful performances and improve where required • Learning points: what can those involved learn from the experience and what can be learnt from the conversation • Key actions: what can those involved do to improve and maintain patient safety and who will take responsibility for actions and monitoring Source: Talk Foundation
	4.2 Explain the benefits and importance of clinical debriefing	Should include: • To promote a structured and guided moment of reflection for emergency and urgent care teams to improve and maintain patient safety • To create a positive dialogue to improve personal and team performance • To be part of a professional discussion valuing everyone's input and focussing on finding solutions, rather than apportioning blame • To contribute to a supportive culture of learning and development as part of a clinical governance framework • To identify organisational, team and individual learning objectives that can create follow up outcomes

	4.3 Engage in clinical debriefs following: • Incidents • Tasks • Shifts	Should include: A minimum of 4 debriefs are required for sufficiency. The debrief must involve the use of a structured format and be recorded responsibly for evidence of achievement.
5. Be able to work effectively with health and social care providers and services that are available to patients requiring emergency and urgent care	5.1 Summarise the roles and responsibilities of health and social care professionals	Should include: • Safeguarding and protection professionals • Clinical, command and communication roles in the NHS Ambulance Service • Medical, Nursing and Allied Healthcare Professionals in acute settings • Medical, Nursing and Allied Healthcare Professionals in primary care
	5.2 Summarise the structure and function of health and social care services	Should include information from the World Health Organisation (WHO) United Kingdom: health system summary.
	5.3 Demonstrate being able to work in partnership with service users and others	Should include: • Emergency services personnel • Safeguarding and protection professionals • Clinical, command and communication roles in the NHS Ambulance Service • Medical, Nursing and Allied Healthcare Professionals in acute settings • Medical, Nursing and Allied Healthcare Professionals in primary care
6. Be able to communicate with service users and others to determine professional opinion, obtain clinical advice and inform clinical decision-making	6.1 Evaluate a range of communication methods to provide service users and others with information	Service users' numerous factors should be included: • Age • Capacity • Culture • Ethnicity • Gender • Learning ability • Physical ability • Stress and anxiety • Socio-economic status • Spiritual or religious belief Others should include: • Colleagues • Health and social care professionals • Emergency services personnel • Security personnel

		Information should include: • Advice • Instruction • Professional opinion • Clinical findings • Clinical decisions
	6.2 Demonstrate interpersonal skills that encourages active participation from a service user	Active participation should include: *"Active participation is a way of working that supports an individual's right to participate in the activities and relationships of everyday life as independently as possible." The Care Certificate Workbook Standard 7* • Encourage the service user's right to participate in activities that support their individuality as an active partner to plan their own future care • Build self-esteem • Be mindful of equality and diversity • Communicate effectively • Avoid prejudice and stereotyping *For further information and guidance refer to The Care Certificate Workbook* *Standard 6: Communication and Standard 7: Privacy and Dignity*
	6.3 Describe support for service users that require further assistance with communication difficulties	Supporting service users should include: • Change method of communication to assist the service user • Non-verbal communication, such as body language • Reducing barriers to communication • Consider phrase books, translator and or interpreter • Refer service user following local, national guidelines and Trust's policy and procedures *For further information and guidance refer to The Care Certificate Workbook* *Standard 6: Communication*
7. Be able to analyse personal performance and review clinical practice	7.1 Use an established reflective practice model to reflect your personal and clinical performance	A minimum of 10 reflections are required for sufficiency. The Learners must also use a reflective practice model. There are various models of reflective practice, Learners should refer to your own Organisation's preferred model to complete this task. Reflections should be based on actual experiences; they are very personal and individual. Reflections are based on learning from experiences (experiential learning) some good, some bad. The aim for this exercise is to promote good practice developing knowledge and skills.

	7.2 Develop decision-making skills and professional judgement	Clinical decision-making and professional judgement should include: • Describe the factors that influence decision-making • Understand the risks and benefits associated with making a decision • List possible control measures to mitigate risks *Source: EMAS*
	7.3 Create a continuing professional development portfolio	Upon conclusion of clinical practice placements, a CPD portfolio should be created. Should include: • Role title • Professional interests • Qualifications • Summary of recent work • Job description (key areas of responsibility) • Personal statement • A current record of a range of CPD activities that demonstrates how a Learner maintains their currency in practice and how it relates to providing high quality patient care within their scope of training and practice • A minimum of 10 CPD activities are required for sufficiency
8. Be able to conduct research relevant to prehospital care practice	8.1 Summarise sources of research accessible to clinicians	Types of available research should include: • Textbooks • Pilot projects/reports • Scholarly journals/articles • Conference papers • Online sources such as NICE guidelines/NHS England
	8.2 Critically compare a range of reading techniques	Types of reading techniques: • Scan reading • Skimming • Intensive • Extensive
	8.3 Carry out research for an aspect of prehospital care practice including the feasibility of the research	A research report should include the following: • Summarise sources of research accessible to clinicians • Critically compare a range of reading techniques • Carry out research for an aspect of prehospital care practice • Evaluate the feasibility of the research methods used for an aspect of prehospital care practice • Produce a report for an aspect of prehospital care practice • Conclude findings from research carried out for an aspect of prehospital care practice *Source: EMAS*

	8.4 Produce a report for an aspect of prehospital care practice including a conclusion of your findings	**Academic writing – Report 1500 –2000 words** This report is to evaluate a Learner's personal and professional development on completion of clinical practice hours. The report should be concise, written in fluent, accurate English observing the conventions of grammar, punctuation and spelling. *That said considerations for Learners who have special educational needs (SEN) must be taken into account. This process needs to be negotiated and agreed with the Learner and the lead Trainer/Assessor at the start of the programme and detailed in a personal development plan*. Refer to QA *Access to Assessment Policy* (Reasonable adjustments). **A Learner's report should include the following elements:** • Title page • Abstract (a brief summary of the context, methods, findings and conclusions of the report) • Table of contents • Introduction (background for your research) • Methodology (may include literature review, interviews, etc.) • Results/findings • Conclusions (summarise your findings/outcomes of your report) • References (e.g. may include Harvard referencing) • Appendices
9. Be able to develop academic writing skills	9.1 Produce an essay on a given subject covering an aspect of prehospital care practice	**Academic writing – Essay 1500 –2000 words** The subject of this essay needs to be negotiated between the Learner and the Trainer/Assessor. The essay should be concise, written in fluent, accurate English observing the conventions of grammar, punctuation and spelling. *That said considerations for Learners who have special educational needs (SEN) must be taken into account. This process needs to be negotiated and agreed with the Learner and the lead Trainer/Assessor at the start of the programme and detailed in a personal development plan*. Refer to QA *Access to Assessment Policy* (Reasonable adjustments). **A Learner's essay should include the following elements:** • Outline subject of essay (contents discussed with Trainer/Assessor) • Introduction • Body of essay • Conclusion • References (e.g. may include Harvard referencing) When writing an essay/assignment it is important to choose the correct description or task words. Below are examples of commonly used verbs. • Analyse • Assess • Critically analyse

		• Compare and contrast for example: (show the similarities and differences between two or more things) • Define • Discuss • Explain • Evaluate • Identify • Justify • State • Summarise
10. Be able to apply the principles of evidence-based practice in prehospital care	10.1 Apply the key principles of evidenced-based practice to own practice	Integration of best research evidence with clinical expertise and patient values based on current, valid and relevant information. Should include the following key principles under guidance of a Trainer/Assessor: • Ask a question • Acquire information and/or evidence to answer the question • Critically appraise information and evidence • Integrate appraised evidence with own clinical expertise and patient's preference • Evaluate
Additional information about this component		
Current key legislation should include: • The Care Act (2014) • Mental Health Act (1983) • Data Protection Act (2018) • Mental Capacity Act (2005) • The Human Rights Act (1998) • Health and Social Care Act (2012) • Health and Safety at Work etc. Act (1974) • Criminal Justice and Courts Act (2015) • Counter-Terrorism and Security Act (2015) • Safeguarding Vulnerable Groups Act (2006) • Common Law including Caldicott principles • The Work at Height Regulations (2005) • Manual Handling Operations Regulations (1992) • Control of Substances Hazardous to Health Regulations (2002)		

Component 2

Title:	Fundamentals of patient assessment, technical and non-technical skills and resuscitation	
GLH:	229hrs	
Level:	4	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Be able to safely use and maintain patient monitoring and life support equipment	1.1 Identify patient monitoring and life support equipment	Patient monitoring equipment should include: • Patient monitor and defibrillator • Blood glucose meter and accessories • Tympanic thermometer and accessories Life support equipment should include: • Airway adjuncts (oropharyngeal/nasopharyngeal/supraglottic airway device (SAD) i-gels adjuncts) • Suction equipment and accessories (manual and portable component) • Adult, paediatric and neonate bag-valve-mask (B-V-M) • Catheter mount and heat moisture exchanger (HME) filter • Adult and paediatric non-rebreather masks • Multi-flow masks and nasal cannulas • Oxygen and Nitrous Oxide (Entonox® or Nitronox®) and accessories • Environmental protection equipment (fleece or cellular blankets) Life support equipment may include: • Mechanical CPR device • Mechanical ventilator
	1.2 Demonstrate safe and effective use of patient monitoring and life support equipment	Should include patient monitoring and life support equipment.
	1.3 Demonstrate operational checks on patient monitoring and life support equipment	Should include: • Equipment is clean, within service date and undamaged • Check batteries and use self-test function (if applicable) • All accessories are present and in-date for operational use • All single-use items are in undamaged packaging and in-date

	1.4 Identify maintenance and fault reporting procedures for patient monitoring and life support equipment	Should include operational readiness checks, checking equipment is within calibration testing requirements and reporting faulty equipment to operational team leaders and/or equipment department.
	1.5 Demonstrate decontamination of working areas and equipment	Should be in line with own Organisation's policies and procedures for decontamination of: • Vehicles • Surfaces • Response bags • Reusable equipment • Common contact points • Stretchers and accessories
	1.6 Demonstrate disposal procedures for waste and sharps	Should be in line with own Organisation's policies and procedures: • Safe disposal of sharps • Disposal of clinical and non-clinical waste • Disposal of damaged consumables and packaging May include: • Process for handling soiled linen and consumables • Correct disposal of soiled linen and consumables
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: • Location • Situational factors • Environmental factors • Resources availability
	2.2 Perform a dynamic scene risk assessment	Should include: • Identify hazards • Decide who is and who might be harmed and how • Evaluate the risks and decide on precautions • Verbalise findings and implement precautions • Recognise new or evolving hazards and/or risks and review assessment • 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
	2.3 Demonstrate initial management of a scene	Should include: • Selecting and using appropriate personal protective equipment • 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 takes place • Calling for additional and/or specialist resources, giving necessary detail to justify an appropriate response

	2.4 Summarise the emergency services and specialist resources capabilities and how to call for them to attend an incident	Should include: • Capabilities and requesting procedures for critical care resources, e.g. Helicopter Emergency Medical Service (HEMS)/ Critical Care Paramedics (CCPs), specialist ambulance resources, e.g. Urgent and Emergency Care Practitioners, Hazardous Area Response Team (HART)/Specialist Operations Response Team (SORT), bariatric support vehicles or operational/tactical commanders • Capabilities and requesting procedures for local emergency services, e.g. HM Coastguard, Police, Fire and Rescue and Search and Rescue teams
	2.5 Carry out post-incident procedures following a resuscitation attempt	Should include: • Safety and welfare check for all involved • Everyone shares their perspectives on a clinical situation • Agree on what is important to discuss, target key topics • Analysis of team communication, decision-making, situational awareness and efficiency • Identify learning points to repeat good performance and avoid poor performance • Highlight key actions to see continual improvement in team performance and patient safety
3. Be able to assess, devise a working diagnosis, determine severity of a patient's condition and presenting illness	3.1 Critically analyse history taking and clinical assessment methodology relevant to own role	Should include: • Reasons for history taking and assessment • Structured and methodical history and assessment approach • Environmental and situational factors • Professional responsibilities and boundaries • Confidentiality, consent and patients' concerns • Gathering information and handling information • Showing empathy, cultural sensitivity and civility • History of presenting complaint, past medical history, drug, family and social • Adherence to scope of training, practice and organisational policies
	3.2 Perform a structured clinical patient assessment	Should include identification and focused assessment of life-threatening and less severe/obvious signs and symptoms relating to injuries or illness. Learners should use a structured systematic format of patient assessment that identifies problems in priority order, ascertains history relevant to the event and detects any underlying injuries/illness/signs and symptoms or medical conditions.
	3.3 Assess the severity of a patient's condition based on assessment findings	Should include interpreting signs and symptoms relating to injuries or illness and prioritising ABCDE problems. Severity should be based on vital signs, physical assessment, and relevant patient/event history.
	3.4 Assess vital signs using an assessment tool to identify acute illness to escalate care	Should include using National Early Warning Score (NEWS2) as an assessment tool to identify acute illness and help influence urgency of treatment and further clinical decisions. Recognise a deteriorating patient and escalate care to access additional clinical support.

4. Be able to take a history and perform clinical examinations within scope of practice	4.1 Perform system-based clinical examinations on a range of patients across the life cycle	Should include the following clinical examinations within the scope of practice of a non-registered FREUC5 Associate Practitioner: • Cardiovascular system • Respiratory system • Gastrointestinal system • Nervous system • Ear, nose and throat • Endocrine system • Musculoskeletal system
	4.2 Obtain patient history in specific circumstances	Should include: • Paediatric patients • Mental health patients • Frailty patients • Obstetrics and gynaecology patients • Deteriorating patients • Traumatically injured patients • Patients who are dying
	4.3 Perform system-based clinical examinations in specific circumstances	Should include: • Paediatric patients • Mental health patients • Frailty patients • Obstetrics and gynaecology patients • Deteriorating patients • Traumatically injured patients • Patients who are dying
5. Be able to acquire, monitor and interpret electrocardiogram (ECG) recordings in order to inform treatment decisions	5.1 Summarise acquisition of electrocardiograms in the prehospital care environment	Should include 3-lead electrocardiogram (ECG) and 12-lead ECG: • Indications • Contraindications • Advantages • Disadvantages

	5.2 Demonstrate the procedure for recording 3-lead and 12-lead electrocardiograms	Should include: • Obtain consent • Infection prevention and control measures • Position the patient • Expose chest whilst maintaining dignity and preventing heat loss • Prepare the skin • Check electrodes and apply limb electrodes • Turn on monitor and record name and date of birth • Apply chest electrodes for 12-lead ECG • Check ECG is sufficient quality for diagnostic purposes • Document the procedure
	5.3 Summarise additional electrocardiogram lead views	Should include: • Indications for acquiring additional ECG lead views • Anatomical locations for additional ECG lead views • Recording of posterior ECG acquisition
	5.4 Analyse electrocardiogram rhythms on ECG recordings	Should include: • Is there any electrical activity? • What is the ventricular (QRS) rate? • Is the QRS rhythm regular or irregular? • Is the QRS complex width normal ('narrow') or broad? • Is atrial activity present? • Is atrial activity related to ventricular activity and, if so, how? Source: Resuscitation Council UK
	5.5 Interpret cardiac arrest rhythms	Should include: • Ventricular fibrillation (VF) • Pulseless ventricular tachycardia (pVT) • Asystole • Pulseless electrical activity (PEA)

	5.6 Interpret peri-arrest arrhythmias	Should include: • Atrial fibrillation • Atrial flutter • Agonal rhythm • Bradyarrhythmia • Tachyarrhythmia • Broad complex tachycardia • Narrow complex tachycardia • First degree atrioventricular block • Second degree atrioventricular block: Mobitz type 1 and 2 AV block • Third degree atrioventricular block • Escape rhythms: accelerated idioventricular and idioventricular rhythms
	5.7 Interpret 12-lead ECG recordings in the prehospital care emergency and urgent care environment	Should include: A minimum of 30 recordings are required for sufficiency. Accurately analysing ECG recordings following the correct procedures for acquisition and interpretation.
	5.8 Assess and manage a patient presenting with arrythmia or suspected arrythmia	Should include: • Assess patient's condition following the ABCDE approach to determine the presence or absence of life-threatening symptoms • Apply correct procedures for acquisition, interpretation, and documentation for ECG recording • Analyse the nature of the arrhythmia, make an immediate referral to the next echelon of care • Address ABCDE problems and where appropriate provide acute coronary syndrome treatment within scope of practice
6. Be able to assess and manage a patient with chest pain	6.1 Assess a patient experiencing chest pain	Should include interpreting signs and symptoms and prioritise <C>ABCDE problems. Severity should be based on vital signs, physical assessment, and relevant patient/event history.
	6.2 Manage a patient experiencing chest pain	Must include addressing ABCDE problems, management and treatment on a patient presenting with Acute Coronary Syndrome (ACS). Should include treatment and management in line with current practice, Learner's own scope of practice and Organisation's policies and procedures. Management should address life-threatening and less severe/obvious underlying injuries/illness/signs and symptoms or medical conditions.
	6.3 Describe care pathways for patients experiencing chest pain	Should include care pathways for non-cardiac and acute chest pain including angina and myocardial infarction (Non-ST Elevation Myocardial Infarction (NSTEMI) and ST Elevation Myocardial Infarction (STEMI)).

7. Be able to manage a patient's condition and presenting illness	7.1 Manage a patient's life-threatening and less obvious signs and symptoms in priority order	Management should include: • Primary survey • Interpretations of findings, recognition of injury severity • Interventions/treatments • Communication, escalation, requesting additional resources • Recognition and management of patient deterioration • Conveyance, pre-alert and handover Presenting conditions featuring life-threatening and less obvious signs and symptoms should include: • Asthma attack • Anaphylaxis • Stroke • Seizures • Diabetic hypoglycaemia • Diabetic hyperglycaemia Management must be: • In line with current practice and Learner's own scope of practice and Organisation's policies and procedures. Management should address life-threatening and less severe/obvious underlying injuries/illness/signs and symptoms or medical conditions
8. Be able to assess, manage and maintain a patient's airway and monitor patency	8.1 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.
	8.2 Demonstrate how to clear an airway	Should include postural drainage and use of a suction component or manual suction.
	8.3 Apply a stepwise approach to airway management	Should include airway management techniques within Learner's scope of practice including applying simple methods to maintain and/or clear airway, monitoring and/or applying airway manoeuvres and inserting an airway adjunct.
	8.4 Select and insert an airway adjunct	Should include selecting, sizing, and inserting in line with current practice and Learner's own scope of practice and Organisation's policies and procedures. Airway adjuncts: • Oropharyngeal airway • Nasopharyngeal airway • i-gel supraglottic airway device
	8.5 Demonstrate face mask and supraglottic airway 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 airway • Two-person face mask ventilation is highlighted as best practice as it helps avoid a suboptimal approach to manual ventilation • Inserting an i-gel supraglottic airway and ventilating with a catheter mount and HME filter in-situ • Capnography forms part of the airway circuit for monitoring purposes

	8.6 Identify difficult airway predictors to influence calling for additional clinical support	Should include: • Predictors of excessive airway obstruction: patients with increased weight or neck circumference, snoring, obstructive sleep apnoea, increased age, lack of teeth, difficult or obstructed vision of airway anatomy and tumours • Predictors of technical difficulty: limited mandibular protrusion, cervical spine pathology, presence of a beard, short thyromental distance, lack of teeth, thick neck, or previous radiation therapy May include: • Other predictors (operator specific): such as small hands, poor technique, inadequate devices, or difficult access to patients • Categories: obstetrics, morbidly obese, full stomach, fixed cervical spine and environment including equipment, resource or skill limited *Source: Core Topics in Airway Management – Tim Cook and Michael Seltz Kristensen*
	8.7 Explain capnography	Should include: • Define the term capnography • Define the term capnometry • Define the term capnogram • Capnography: No trace = Wrong place principle • Key features of a normal capnogram • Key features of an abnormal capnogram
	8.8 Demonstrate acquisition and monitoring of capnography	Should include: • Acquisition and monitoring of capnography • Recognise normal capnogram waveforms • Recognise abnormal capnogram waveforms • Recognise and respond to no trace and abnormal changes
	8.9 Distinguish when choking is mild or severe	Signs of mild airway obstruction should include: • Response to 'Are you choking?' - casualty answers 'Yes' • Casualty is able to speak, cough and breathe Signs of severe airway obstruction should include: • Response to 'Are you choking?' - casualty is unable to answer, may respond by nodding • Casualty is unable to breathe, wheezy breathing, attempts to cough silently and casualty may become unresponsive
	8.10 Administer treatment to a patient who is choking	Should include adherence to the current Resuscitation Council (UK) guidelines for the management of a foreign body airway obstruction.

9. Be able to carry out immediate life support and post-return of spontaneous circulation care	9.1 Identify potential causes of cardiac arrest	Should include: • Coronary heart disease • Cardiomyopathy • Congenital heart disease • Heart valve disease • Acute myocarditis • Electrocution • Drug overdose • Severe haemorrhage • Hypoxia
	9.2 Recognise potential reversible causes of cardiac arrest	Should include: • Hypoxia • Hypovolaemia • Hypothermia • Hyper/hypokalaemia • Thrombosis • Tension pneumothorax • Tamponade • Toxins
	9.3 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.
	9.4 Demonstrate adult immediate life support	Should include: • High quality chest compressions • Safe use of a defibrillator (manual or AED) • Use of adjuncts (suction and/or airways) • Safe administration of emergency oxygen • Effective concurrent activity and teamwork • Shows awareness of individual roles and responsibilities • Identification of causation and reversible causes • Calls for additional clinical support • Applies local resuscitation policies and procedures • Follows Resuscitation Council (UK) guidelines

	9.5 Demonstrate paediatric immediate life support	Should include: • Applies local resuscitation policies and procedures • Follows current Resuscitation Council (UK) guidelines
	9.6 Demonstrate newborn resuscitation and support following birth	Should include: • Applies local resuscitation policies and procedures • Follows current Resuscitation Council (UK) guidelines
	9.7 Assess patient post-resuscitation and provide appropriate care	Should include: • Reassesses vital signs • Addresses ABCDE problems • Continually monitors vital signs • Reduces heat loss with thermal protection • Provides information and reassurance (if applicable) • Evaluates assessment finding and interventions • Applies local resuscitation and post Return Of Spontaneous Circulation (ROSC) care policies and procedures
	9.8 Perform a patient handover	Should include a handover in an Age, Time of incident, Mechanism of incident, Injuries/illness, Signs and symptoms and Treatment (ATMIST), Age, Sex, History, Injuries/illness, Condition and Estimated (ASHICE) or Situation, Background, Assessment and Recommendation (SBAR) format delivering succinct information detailing interventions during the resuscitation attempt.
10. Understand resuscitation attempt modifications, decision-making processes and procedures	10.1 Identify special considerations in cardiac arrest	Should include: • Pregnancy • Immersion and submersion • Tracheostomy and laryngectomy May include: • Asthma • Opiate overdose • Rhythm-affecting drugs • Bariatric patients
	10.2 State circumstances when resuscitation should not be attempted	Should be in line with Learner's scope of practice and own Organisation's policies and procedures.
	10.3 State circumstances when resuscitation attempt should be ceased	Should be in line with Learner's scope of practice and own Organisation's policies and procedures.
	10.4 Describe circumstances when end-of-life care decisions can be in relation to resuscitation attempts	Should be in line with Learner's scope of practice and own Organisation's policies and procedures.

11. Be able to assist a clinician performing clinical tasks and procedures	11.1 Describe the 'early advanced care' link of the chain of survival	Should include: Early Advanced Care relates to the arrival of a registered healthcare professional who is advanced life support capable. They are equipped with Advanced Life Support (ALS) equipment and ALS/ROSC related medicines as well as the ability to make further decisions on patient care or ceasing a resuscitation attempt.
	11.2 Recognise the need for clinical tasks and procedures	Should include: • Airway management including i-Gel insertion, endotracheal intubation, and needle cricothyroidotomy (or surgical airway) • IV and IO access and infusion • Safety checks, infection prevention and control procedures and sharps management • Function of required equipment for airway management, cannulation, IO access and infusion • Risks and common problems associated with airway management, IV/IO access and infusion
	11.3 Demonstrate how to assist a clinician with clinical tasks and procedures within own scope of practice	Should include: • Safety checks • Airway management • Ventilatory support • IV/IO access • Circulation preservation • Advanced life support • Preparation of drugs and equipment • Ensuring privacy, dignity during interventions, monitoring and packaging the patient • Preparation and positioning of the patient prior to a clinical task or procedure
	11.4 Explain the importance of reporting and recording safety concerns, observations and procedures	Should include verbal and non-verbal reporting and recording in accordance with own Organisation's agreed ways of working.
	11.5 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.
	11.6 Record the procedures of: • Physiological changes • Behavioural changes • Completed procedures	Should include completion of a patient care record (or similar) and following own Organisation's procedures for reporting errors, adverse reactions or near misses.

Component 3

Title:	Applied anatomy, physiology and pathophysiology	
GLH:	178 hrs	
Level:	5	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Understand human anatomy and physiology and the effects diseases and disorders have on the body	1.1 Identify the structure of the human body	Should include: • Gastrointestinal system • Nervous system • Ear, nose and throat • Endocrine system • Musculoskeletal system • Reproductive system
	1.2 Describe the key functions of the human body	Should include: • Gastrointestinal system • Nervous system • Ear, nose and throat • Endocrine system • Musculoskeletal system • Reproductive system • Urinary system • Lymphatic system • Skin, hair and nails
	1.3 Explain the physiology of special senses	Should include physiology of: • Hearing • Balance • Sight • Smell • Taste

	1.4 Explain a range of medical conditions	Should include: • Kidney disorders • Disorders of the eye • Disorders of the ear • Neurological conditions • Musculoskeletal conditions • Cerebrovascular conditions • Cardiorespiratory conditions • Diseases of the reproductive systems • Diseases of the spinal cord and peripheral nerves • Developmental abnormalities of the nervous system • Disorders of the renal pelvis, ureter, bladder and urethra *Source: Ross and Wilson Anatomy and Physiology in Health and Illness.*
2. Be able to assess, help devise a working diagnosis, determine severity of a patient's condition and assist in the management of presenting illness or injuries	2.1 Describe elements of an <C>ABCDE patient assessment	Should include physical examination, history taking and completing full range of clinical observations: • Primary survey • Respiratory rate • Pulse rate • Blood pressure, manual and automated Non-Invasive Blood Pressure (NIBP) • Blood glucose measurement • Temperature • Oxygen saturation • Capillary refill • ECG acquisition and monitoring • Capnography acquisition and monitoring • Alert Confusion Verbal Pain Unresponsive (ACVPU), Glasgow Coma Score (GCS) and pupillary reaction • Recognising normal range of physiological measurements for adults, children and infants • Recognising factors that can alter physiological measurements, e.g. situational and environmental factors, medication and pre-existing medical conditions • Importance of continual monitoring and reassessment of physiological measurements
	2.2 Perform a structured assessment on a patient	Should include: Assessing mental capacity and gaining consent, identification and focused assessment of life-threatening and less severe/obvious signs and symptoms relating to minor and major injuries and illness. Learners should use a structured systematic format of patient assessment that identifies problems in priority order, ascertains history relevant to the event and detects any underlying injuries/illness/signs and symptoms or medical conditions.

	2.3 Describe care pathways for patients	Should include: Examples of own Organisation's list of care pathways for patients with a particular condition or with particular needs.
	2.4 Assess the severity of a patient's condition based on assessment findings	Should include interpreting signs and symptoms relating to injuries or illness and prioritising <C>ABCDE problems. Severity should be based on vital signs, physical assessment and relevant patient/event history.
	2.5 Assess vital signs using an assessment tool to identify acute illness to escalate care	Should include: Using own Organisation's and/or National Early Warning Score (NEWS2) as an assessment tool to identify acute illness and help influence urgency of treatment and further clinical decisions. Recognise a deteriorating patient, making appropriate referrals, escalate care to access additional clinical support whilst adhering to own Organisation's policies and processes within scope of practice.
	2.6 Provide definitive treatment and management to patients with medical conditions	Should include treatment and management in line with current practice, Learner's own scope of practice and Organisation's policies and procedures. Management should address life-threatening and less severe/obvious underlying injuries/illness/ signs and symptoms or medical conditions.
3. Know how to recognise and manage life-threatening infections	3.1 Identify clinical findings of meningitis for both adults and children	Should include: • Classic features • Clinical features
	3.2 Explain the management of meningitis for both adults and children	Should include: • Review of assessment findings to identify this is a sick patient and conclude a working diagnosis of meningitis • All interventions are indicated, within scope of practice and follow own Organisation's procedures • Immediate referral to the next echelon of care (as appropriate) • Pre-alert and immediate conveyance without delay, so a patient can undergo a medical review and intervention
	3.3 Identify the professional narrative definition of sepsis	Should include: 'Sepsis is characterised by a life-threatening organ dysfunction due to a dysregulated host response to infection' *Source: Sepsis Trust* • Sepsis is a life-threatening illness caused by the body's abnormal response to an infection
	3.4 Identify the definition of septic shock	Should include: Septic shock is a subset of sepsis where particularly profound circulatory, cellular and metabolic abnormalities substantially increase mortality. *Source: Sepsis Trust*

	3.5 Describe the pathophysiology of sepsis	Should include: • Sepsis originates from a localised infection usually on the skin, in the lung or urinary tract • Localised infection turns into a systemic infection • Sepsis spreads through the body via the blood stream causing an inflammatory response • Rapidly leads to tissue damage (loss of limbs) and organ failure leading to fatality
	3.6 Describe the recognition features of sepsis and septic shock	Should include: • National Early Warning Score (NEWS2) • Anyone that presents with a fever/feeling unwell and NEWS2 score greater than or 5 and/or looks unwell with a history of infection • Red and yellow flag criteria
	3.7 Describe own Organisation's clinical patient assessment tools for sepsis	Should include: • Risk factors • NEWS2 score • Signs of infection • Red and yellow flag criteria • Sound clinical assessment/judgement • Clinical observations outside normal parameters
	3.8 Describe treatment and management of sepsis	Should include: • Review of assessment findings to identify a sick patient and confirm a working diagnosis of sepsis • All inventions are indicated, within scope of practice and follow own Organisation's procedures • Immediate referral to the next echelon of care (as appropriate) • Pre-alert and immediate conveyance without delay, so a patient can undergo a medical review and intervention

Additional information about this component

Medical conditions

- Cardiovascular conditions – heart failure and hypertension
- Cerebrovascular conditions – stroke, cerebral infarction, spontaneous intracranial haemorrhage
- Musculoskeletal conditions – osteoarthritis, osteoporosis, rheumatoid arthritis, and muscle atrophy
- Kidney disorders – acute pyelonephritis and acute kidney injury
- Disorders of the renal pelvis, ureter, bladder and urethra – obstruction to the outflow of urine, urinary tract infection and urinary incontinence
- Neurological conditions – dementia, Parkinson's disease, multiple sclerosis (MS), acute disseminated encephalomyelitis, epilepsy and ataxia
- Diseases of the spinal cord and peripheral nerves – motor neurone disease, syringomyelia, peripheral neuropathy, Guillain-Barre syndrome and Bell's palsy
- Developmental abnormalities of the nervous system – spina bifida and hydrocephalus
- Disorders of the ear – hearing loss, ear infections, labyrinthitis and motion sickness
- Disorders of the eye – inflammatory conditions, glaucoma, strabismus (squint, cross eye), cataract, conditions affecting the retina and refractive errors of the eye
- Diseases of the reproductive systems – pelvic inflammatory disease (PID), disorders of the uterus and disorders of the uterine tubes and ovaries, infections of the penis, infections of the urethra, disorders of the epididymis and testes and disorders of the prostate gland

Component 4

Title:	Emergency and urgent care for patients with specific needs	
GLH:	129hrs	
Level:	5	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Understand how to assess, manage and access clinical support to provide maternity care	1.1 Analyse the role and responsibilities of a first response emergency and urgent care associate practitioner in supporting labour and normal childbirth	Should include: • Assessing <C>ABCDE, interpret signs and symptoms, prioritise <C>ABCDE problems and Activity Pulse Grimace Appearance Respiration (APGAR) scoring. Using clinical practice guidelines to support clinical decisions. Severity should be based on vital signs, physical assessment, and relevant patient/event history • Treatment and management in line with current practice, Learner's own scope of practice and Organisation's policies and procedures. Management should address life-threatening and less severe/obvious signs and symptoms whilst support childbirth • As appropriate, immediate referral to the next echelon of care, pre-alert and immediate conveyance without delay, so patients can undergo a medical review and intervention
	1.2 Describe the stages of labour	Should include: • Stage 1 • Stage 2 • Stage 3
	1.3 Identify equipment required for maternity care and supporting childbirth	Should include: • Analgesia • Prehospital maternity pack • Heat loss protection, e.g. beanie hat, cellular and foil blankets May include conveying vehicle, heating on and preparing for transportation.
2. Understand how to manage complications during childbirth	2.1 Describe complications during and following childbirth	Should include: • Shoulder dystocia • Pre-term birth • Umbilical cord prolapse • Multiple births • Post-partum haemorrhage • Seizures

	2.2 Analyse how to manage complications and malpresentations during childbirth	Complications should include: • Shoulder dystocia • Pre-term birth • Umbilical cord prolapse • Multiple births • Post-partum haemorrhage • Seizures Malpresentations should include: • Arm or hand showing • Bottom first • Foot or feet showing first
3. Understand obstetrics and gynaecology complications	3.1 Describe conditions related to obstetric and gynaecological complications	May include: • Ruptured ectopic pregnancy/ectopic pregnancy • Miscarriage • Pre-eclampsia • Antepartum/pre-partum haemorrhage • Polycystic ovarian syndrome • Pelvic floor prolapses • Uterine fibroids • Cervical dysplasia
	3.2 Describe how to manage obstetric and gynaecological complications	Should include • Assessing <C>ABCDE, interpret signs and symptoms, prioritise <C>ABCDE problems. Using clinical practice guidelines to support clinical decisions. Severity should be based on vital signs, physical assessment, and relevant patient/event history • Address <C>ABCDE problems, all inventions are indicated, within scope of practice and follow own Organisation's procedures • Immediate referral to the next echelon of care (as appropriate) • Pre-alert and immediate conveyance without delay, so a patient can undergo a medical review and intervention
4. Know how to provide patient care and support to patients with medical conditions and service users with specific needs	4.1 Describe specific age groups	Should include: • Older patients – physical, psychological, emotional and social status relating to the process of aging • Younger patients – a basic understanding of the anatomical, physiological and psychosocial differences to adults and recognition features to spot a sick child requiring immediate clinical support

	4.2 Define the terms frailty and delirium	Should include for frailty: • Older people, usually 65 and above • High risk of falls, disability and admission to healthcare setting • Weight loss, including muscle loss • Weakness, slow mobility and low levels of physical activity Should include for delirium (sudden confusion): A mental state in which an individual can have a reduced awareness of their surroundings and be confused and disorientated. It can be an acute transient condition characterised by for example an elevated temperature and can occur near end-of-life. Symptoms for delirium may include: • Unable to think or speak clearly • Poor attention span and memory loss • Hallucinations • Agitation and anxiousness
	4.3 Describe the care and treatment of those who suffer from frailty and delirium	Should include for frailty: • Frailty score • Pathology of frailty • Patient care plan • Alternative healthcare pathways Should include for delirium: • Try to identify the acute cause *(for example, low oxygen saturations and or dehydration*) resulting from poor self-care or multi-comorbidities • Healthcare input via GP for safety netting • May require hospitalisation • Treat the whole patient not just the delirium
	4.4 Describe common issues associated with supporting and caring for patients with medical conditions and disabilities	Should include: • Communication • Physical disability • Dignity and privacy • Medication requirements • Specific treatment regimes • Emotional, physiological, and social factors

	4.5 Describe how to overcome common issues and how to provide an excellent patient experience	Should include: • Communication • Planning and preparation • Civility, dignity, and privacy • Understanding abilities and limitations of patients and crew • Selecting suitable equipment or transportation arrangements
	4.6 Describe how to assess a patient's condition and determine how best to provide patient care	Should include: • Assessing <C>ABCDE, interpret signs and symptoms, prioritise <C>ABCDE problems. Using clinical practice guidelines to support clinical decisions. Severity should be based on vital signs, physical assessment, and relevant patient/event history • Assess how to best provide care and support to patients • Listen to patient's wishes and making sure their needs are met • Assess mental capacity and establish consent when gaining a patient history • Providing timely treatment and patient-centred care alongside related tasks • High quality communication and a personalised and coordinated patient experience • As appropriate, immediate referral to the next echelon of care, pre-alert and immediate conveyance without delay so patients can undergo a medical review and intervention
	4.7 Describe a range of disabilities	Should include: • Physical disability – amputees and spinal cord injury patients • Learning difficulty – people who are diagnosed with dyslexia, ADHD, dyscalculia, dysgraphia and dyspraxia • Learning disability – people with reduced intellectual ability and difficulty with everyday activities and may need support understanding complicated information and interacting with other people
5. Understand how to provide end-of-life care	5.1 Summarise key features of current legislation relating to end-of-life care	Should include: • Advanced Decision to Refuse Treatment (ADRT)/Advanced statement/Living wills • End-of-life care individualised care plan • Do Not Attempt CPR/Respect forms • Advanced care plan/key information summary
	5.2 Explain legal and ethical responsibilities when involved in end-of-life care	Should include: • Following the wishes of the patient (with capacity) • Current own Organisation's policy and procedures
	5.3 Describe theoretical models of grief, loss and bereavement	Should include Kubler-Ross Grief Cycle and anticipatory grief.

	5.4 Explain how human emotions manifest when dealing with end-of-life care	May include: • Denial • Anger • Bargaining • Depression • Acceptance
	5.5 Describe an end-of-life care pathway	Should include: • Care pathway procedure • Clinical support desk • Interaction with palliative care services
	5.6 Describe how external Organisations can support end-of-life care	Should include: • Provide palliative care treatment in patient's home • Patient's wishes can be accommodated including preferred place of care and/or dying • Support patient and family through the process of dying • Support the patient's relatives through the process of anticipatory grief and bereavement • Specialised equipment maybe required, e.g. air mattress, hoist, hospital bed, home oxygen, non-invasion ventilation or nebulisers • Provide spiritual and cultural support through the process of dying
	5.7 Explain the importance of communication when dealing with end-of-life care	Should include: • Patient's wishes can be accommodated • Supporting patient's relatives and or close friends • Palliative care nursing team
	5.8 Recognise palliative care emergencies	Should include: • Seizures/status • Major haemorrhage • Hypercalcaemia • Terminal agitation/delirium • Malignant spinal cord compression • How to recognise and access specific clinical support
	5.9 Describe the management of palliative care emergencies according to the wishes and preferences of the service user	Should include: • Own Organisation's care pathway • Care, understanding and empathy • Signposting patients and relatives to GP and other local referral services • Healthcare staff suffering bereavement, follow local service guidelines and occupational health referral via supervisor or control

Component 5

Title:	Administration of medical gases and lifesaving medication in emergency and urgent care	
GLH:	64hrs	
Level:	4	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Understand key aspects of administration of medicines legislation	1.1 Identify key points of legislation applicable to own role and responsibility	Should include: • An understanding of relevant elements of the Medicines Act and The Human Medicines Regulations • Definition of administration • Controlled drugs
	1.2 Compare and contrast between medicines administered by a registered and non-registered healthcare professional	Should include: • Prescribed medicines • Non-prescribed medicines • Over the counter medicines
	1.3 Summarise the principles of pharmacology	Should include definitions of the following terms: • Pharmacology • Pharmacodynamics • Pharmacokinetics
2. Be able to determine a patient's condition in order to distinguish the correct lifesaving medication	2.1 Perform a patient assessment	Should include: • Obtain consent from a patient • Diagnose a patient's condition • Distinguish lifesaving medication according to the patient's condition • Apply universal precautions for infection prevention and control • Demonstrate how to prepare a lifesaving medication for administration
3. Be able to carry out safety checks prior to medicine administration	3.1 Demonstrate medicine safety checks prior to administration	Should include checking: • Packaging is intact • Expiry date • Medicine presentation • Correct drug • Correct dose • Correct route of administration

		Should include six rights of medications: • Right patient • Right medication • Right dose • Right time • Right route • Right documentation
	3.2 Demonstrate patient safety checks prior to medicine administration	Should include checking: • Correct patient • Allergies • Identification of exclusion criteria • Current medication • Past medical history
4. Be able to administer medical gases	4.1 Identify the need for: • Oxygen administration • 50:50 mixture of nitrous oxide and oxygen administration	Should include: • Indications for oxygen administration in line with current JRCALC guidelines • Indications for Entonox/Nitronox administration in line with current JRCALC guidelines
	4.2 State safety considerations when storing and using medical gas cylinders	Should include: • Correct storage • Cylinder checks • Correct patient • Correct drug • Correct dose • Expiry date • Safety checks on associated equipment for delivery
	4.3 Carry out safety checks prior to administering: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Correct storage • Cylinder checks • Correct patient • Correct drug • Correct dose • Expiry date • Correct route of administration • Safety checks on associated equipment for delivery

	4.4 Identify contraindications for administration of: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Contraindications and cautions for oxygen (O_2) administration in line with current JRCALC guidelines • Contraindications and cautions for Entonox/Nitronox (N_2O/O_2 administration in line with current JRCALC guidelines
	4.5 Identify cautions for administration of: • Oxygen • 50:50 mixture of nitrous oxide and oxygen	Should include: • Cautions for administration of O_2 in line with JRCALC guidelines • Cautions for administration of N_2O/O_2 in line with JRCALC guidelines
	4.6 Administer medical gases to a patient using appropriate adjunct	Should include: • Correct instructions to patient • Correct O_2 mask for adult and child patients • N_2O/O_2 mouthpiece and mask
	4.7 Monitor effects of medical gases	Should include: • SPO_2 • Vital signs • Capnography
	4.8 Identify need to alert a registered clinician to adverse reactions	Should include: • Verbal discussion patient handover • Documentation on Patient Report Form (PRF)/Patient Care Record (PCR)/Incident Report
	4.9 Record the administration of medical gases	Should include documentation on PRF/PCR.
5. Be able to identify and administer common types of lifesaving medication in an emergency or urgent care situation	5.1 Identify the need for administration of medications	Should include: • Indications for administration of medicines in line with current JRCALC guidelines and own Organisation's protocols for FREUC5 Associate Practitioners, these may vary from one Organisation to another • Describe common types of lifesaving medication including their effects and potential side effects • Explain the importance of taking physiological measurements before and after administering lifesaving medication • Administering medication whilst minimising pain and discomfort to the patient • Give examples of common adverse reactions to lifesaving medication • Explain how to deal with common adverse reactions to lifesaving medication • Explain the different drug routes for the administration of lifesaving medication • Medication security, medication storage, medication disposal and medication documentation

	5.2 Carry out safety checks prior to administering medications	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for FREUC5 Associate Practitioners, these may vary from one Trust to another. Should include checking: • Correct patient • Correct drug • Correct dose • Expiry date • Indications • Contraindications • Cautions • Presentations • Allergies • Any previous doses
	5.3 Identify contraindications for administration of medications	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for FREUC5 Associate Practitioners, these may vary from one Trust to another. Should include contraindications and cautions for medications.
	5.4 Identify cautions for administration of medications	Indications for administration of medicines in line with current JRCALC guidelines and Trust protocols for FREUC5 Associate Practitioners, these may vary from one Trust to another. Should include cautions for administration of medication.
	5.5 Be able to demonstrate the safe and effective administration of lifesaving medication in a prehospital emergency and urgent care setting	Should include administration of medications in line with current JRCALC guidelines in agreed ways of working.
	5.6 Identify need to alert next echelon of care to adverse reactions	Should include: • A registered healthcare professional • Recognition of anaphylaxis
	5.7 Identify correct dispensing, storage and resupply procedures for medicines within own scope of practice	Should include: • Own Organisation's medicines dispensing procedures • Operational checks and storage procedures • Disposable of used and out of date medicines and resupply procedure
	5.8 Accurately record the administration of lifesaving medication in a prehospital or emergency and urgent care setting	Should include documentation on PRF/PCR.

Component 6

Title:	Fundamentals of trauma care and major, complex and high-risk incidents preparedness	
GLH:	179hrs	
Level:	5	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	***Indicative content***
1. Be able to carry out the duties of a first response emergency and urgent care associate practitioner at major, complex and high-risk incidents	1.1 Demonstrate professional behaviours and attributes in the prehospital care environment	Should include: • Effective verbal, non-verbal and physical communication • Ability to work as a part of a team, contributing to achieving a common goal, shared mental modelling, giving and receiving feedback in a variety of situations • Ability to process, handle and respond to changes in the prehospital care environment • Demonstrate personal management skills to handle stress and fatigue to be safe and effective in a variety of situations • Effectively use resources and develop strategies to succeed in a task. Take on a leadership role to effectively manage a variety of tasks and situations until the next echelon of care arrives or other resources take lead role • Effectively carry out a range of tasks showing situational awareness, decision-making skills and cognitive readiness • Working in line with own Organisation's vision and values, codes of conduct and deportment over a period of time
	1.2 Demonstrate a range of communication methods to provide service users and others with information	
	1.3 Demonstrate safe, prompt and effective non-technical skills in the prehospital care environment	
	1.4 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	May include SCENE mnemonic: • Safety • Cause • Environment • Number of casualties • Extra resources needed
	2.2 Carry out initial and ongoing scene assessment and management of a range of incidents	Should include: • Principles of managing risks and risk assessment in the prehospital care environment • Hazard awareness and identification of general risks and risks specific to: ◦ Inclement weather ◦ Road incidents ◦ Railway incidents ◦ Aircraft/airport incidents ◦ Water-related incidents ◦ Remote and rural incidents • Risk evaluation and safe system of work

	2.3 Identify the Personal Protective Equipment (PPE) generally available within own Organisation	Should include: • Helmet • High-visibility jacket • Eye protection • Respiratory protection • Infection control PPE
	2.4 Select and correctly use PPE as part of the implementation of a safe system of work	Could include when to wear certain PPE items and reference incident specific procedure and policy.
	2.5 Carry out a situation report using (M)ETHANE	Should include using the mnemonic for major and complex incidents (M/ETHANE) Exact location, Type of incident, Hazards, Access and egress, Number of casualties, Emergency services at scene and required to complete a situation report and to deliver this report to communication centre, command commanders and other relevant parties.
	2.6 Identify safety considerations when working with Helicopter Emergency Medical Service (HEMS) and search and rescue helicopters	Should include: • Size of landing area for class of helicopter • Area free from foreign object debris • Free from uneven terrain or surroundings effecting landing (rotor blades) • Everyone is away from the immediate area and the site is secure
	2.7 Describe how to assess, prioritise and manage a multi-casualty incident	May include Command and control, Safety, Communication, Assessment, Triage, Treat and Transport (CSCATTT).
3. Be able to operate communication equipment for priority communication	3.1 Demonstrate use of communication equipment including: • Handheld equipment • Vehicle-based equipment	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 to major, complex and high-risk incidents	4.1 Describe types of major, complex and high-risk incidents	Should include: • Natural incidents, e.g. flooding, earthquakes and wildfires • Man-made incidents, e.g. road traffic, industrial and terrorist incidents • Simple and compound incidents, e.g. damage to infrastructure • Compensated and uncompensated incidents, e.g. incidents requiring additional resources and mobilised as part of a major incident response
	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.
	4.3 Identify who can declare a major incident	Should include individuals who could be first on scene for their respective responder agency and are able to declare a major incident according to service and local arrangements.

	4.4 Summarise role and key responsibilities of incident command systems used for major, complex and high-risk incidents	Should include: • Own Organisation's major incident policy • Category 1 – emergency services and health responders
	4.5 Identify key actions when attending major, complex and high-risk incidents	Should include: • Own Organisation's initial actions and operational procedures • JESIP joint doctrine: the interoperability framework • Initial Operational Response (IOR) and Remove, Remove, Remove procedure • Command, Safety, Communication, Assess, Triage, Treat, Transport • Responding to individual chemical exposure events protocols
5. Be able to implement methods and procedures to assess and manage a prehospital trauma incident	5.1 Perform dynamic and ongoing scene risk and threat assessment	Should include: • Identify hazards • Decide who is and who might be harmed and how • Evaluate the risks and decide on precautions • Verbalise findings and implement precautions • Recognise new or evolving hazards and/or risks and review assessment • 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 the incident
	5.2 Assess incident specific factors that impact on scene and patient safety	Should include: • Location • Situational factors • Environmental factors • Resources availability
	5.3 Demonstrate risk management an incident	Should include: • Selecting and using appropriate personal protective equipment • 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 take place • Calling for additional and/or specialist resources, giving necessary detail to justify an appropriate response
	5.4 Identify the need for emergency services and specialist resources to attend an incident	Should include: • Critical care resources, e.g., HEMS/CCPs, specialist ambulance resources, e.g. HART/SORT, bariatric support vehicles or operational/tactical commanders • Emergency services, e.g. police, fire and rescue and search and rescue components

6. Be able to assess, devise a working diagnosis, determine severity of a patient's condition and presenting injuries	6.1 Perform a structured assessment on a patient	Should include identification and focused assessment of life-threatening and less severe/obvious signs and symptoms relating to injuries. Learners should use a structured systematic format of patient assessment that identifies problems in priority order, ascertains history relevant to the event and detects any underlying injuries/signs and symptoms.
	6.2 Assess the severity of a patient's condition based on assessment findings	Should include interpreting signs and symptoms relating to injuries and prioritising <C>ABCDE problems. Severity should be based on vital signs, physical assessment, and relevant patient/event history.
	6.3 Assess vital signs using an assessment tool to identify acute injuries to escalate care	Should include using trauma assessment tool to identify acute injuries and help influence urgency of treatment and further clinical decisions. Recognise a deteriorating patient and escalate care to access additional clinical support.
7. Be able to manage a patient's condition and presenting injuries	7.1 Manage a patient's life-threatening and less obvious signs and symptoms in priority order	Management should include: • Primary survey • Interpretations of findings, recognition of injury severity • Interventions/treatments • Communication, escalation, requesting additional resources • Recognition and management of patient deterioration • Conveyance, pre-alert and handover Presenting conditions featuring life-threatening and less obvious signs and symptoms should include: • Burns • Immersion and submersion • Blunt and penetrating head trauma • Blunt and penetrating spinal trauma • Blunt and penetrating chest trauma • Blunt and penetrating abdominal trauma • Blunt and penetrating limb trauma • Blast injuries, ballistics and gunshot wounds Management must be: • In line with current practice and Learner's own scope of practice and Organisation's policies and procedures. Management should address life-threatening and less severe/obvious underlying injuries/signs and symptoms or medical conditions
8. Know how to manage patients affected by incapacitating agents	8.1 Describe common injuries associated with incapacitating agents	Incapacitating agents: • Conducted electrical weapons • Incapacitate spray (2-chlorobenzylidene malononitrile (CS spray) and Pelargonic Acid Vanillyl Amide (PAVA) spray) • Batons • Projectiles

	8.2 Explain the management of a patient who has been affected by incapacitating agents	
	8.3 Describe how to safely remove conducted electrical weapon barbs from a patient	
	8.4 Justify when a patient needs immediate transportation to definitive care after being affected by incapacitating agents	

Appendix 2
Occupational knowledge and competence in out-of-hospital emergency and urgent care

All Trainers, Assessors and IQAs must have occupational knowledge and competence in in out-of-hospital emergency and urgent care.

Acceptable evidence includes:

- Current registration as a Doctor with the General Medical Council (GMC) **or**
- Current registration as a Nurse with the Nursing and Midwifery Council (NMC) **or**
- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)

and

- Evidence of contemporary practice in the out-of-hospital (prehospital) emergency and urgent care environment*

***Contemporary practice in the out-of-hospital (prehospital) emergency and urgent care environment**

Must be at least 2 years post-qualification and working in an environment whereby a clinician may be required to attend incidents to provide emergency and urgent care and carry out activities such as scene safety and manage patients presenting with varying levels of illness and/or injury in an out-of-hospital environment.

Note: As a minimum IQAs may also hold a Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF) (QAN 610/3224/4) and provide evidence of contemporary practice in the out-of-hospital (prehospital) emergency and urgent care environment*

Appendix 3
Acceptable training/assessing qualifications

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

Current Qualifications	Train	Assess
Level 3 Award in Education and Training (QCF or RQF)	√	
Level 4 Certificate in Education and Training (QCF or RQF)	√	
Level 5 Diploma in Education and Training (QCF or RQF)	√	
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 Component)	√	
L&D Component 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Component 7 Facilitate Individual Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Component 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	√	
Carry Out the Assessment Process SCQF Level 7 (SQA Component)		√
Level 3 Certificate in Assessing Vocational Achievement (QCF or RQF)		√
L&D Component 9DI– Assess workplace competences using direct and indirect methods SCQF Level 8(SQA Accredited) – replacing Components A1 and D32/33		√
Other Acceptable Qualifications		
CTLLS/DTLLS	√	
PTLLS with component 'Principles and Practice of Assessment' (12 credits)	√	
Further and Adult Education Teacher's Certificate	√	
IHCD Instructional Methods	√	
IHCD Instructor Certificate	√	
English National Board 998	√	
Nursing Practice Placement Educator 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 Component)		√
A1 (D32/33) – Assess candidates using a range of methods		√
Conduct the Assessment Process SCQF Level 7 (SQA Component)		√

Due to the nature and requirements of this qualification, we strongly recommend it is good practice Trainers should be working towards or hold a Level 4 Education and Training or higher qualification.

Appendix 4
Qualifications suitable for internal quality assurance

Internal quality assurers must hold an acceptable quality assurance qualification:

Current Qualifications
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 Component 11 Internally Monitor and Maintain the Quality of Workplace Assessment

Appendix 5
Placement guide

This placement guide is for Trainers, Assessors, Internal/External Quality Assurers, Practice Placement Educators, Placement Providers and Learners of the Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF). It provides a definitive list of acceptable clinical practice placements to complete this qualification.

It is the Centre's responsibility to provide clinical practice placements or verify organisation sponsored clinical practice placement provision. They must quality audit and monitor placement provision for all Learners entering and on programme. Centres must have adequate practice placements for Learners prior to registration for the qualification in line with QA requirements.

Centres are required to undertake at least 4 scheduled tutorials (minimum of 4 hours in total per Learner) throughout a Learner's clinical practice placement element of the qualification. This is to monitor a Learner's progression throughout the clinical practice placement, create action plans (where required) and interact with placement providers to ensure completion of the element of the qualification to an adequate standard. It is the Centre's responsibility to share information with QA on the scheduled tutorials held and Learner progression when requested by QA.

A Learner **must** complete and provide evidence for 750 hours of supervised emergency and urgent care practice using Centre and QA approved practice providers. Clinical practice placements hours completed in unauthorised settings will not be allowed to contribute to the 750 clinical practice placement hours.

Centres have a responsibility to inform Learners and make sure they meet any clinical practice placement specific requirements, e.g. hold a Level 3 Certificate in Emergency Response Ambulance Driving (RQF) (CERAD) or equivalent.

Clinical practice placements are an essential part of this qualification and to the quality audits carried out by Centres. Centres have a duty to inform QA of variation of contract between the Centre and placement provider and any changes must be approved by QA.

Role of the practice placement provider

Centres must demonstrate to QA that placements are suitable for Learners to demonstrate knowledge, understanding, behaviours and skills competencies under the supervision of an occupationally competent Practice Placement Educator in emergency and urgent care settings. Health, safety and welfare of Learners are the responsibility of the Centre and the placement provider who should:

- Make sure Learners are supervised (by an occupationally competent person) when demonstrating knowledge, skills or behaviours

- Make sure the environment where the Learner is placed is risk assessed, safe systems of working are in place, is conducive to learning and their welfare is considered
- Actively engage with the Centre and Learners to provide opportunities to gain expert witness testimonies to evidence meeting the learning outcomes and assessment criteria of the qualification
- Only complete relevant areas of the Practice Assessment Document when sufficient evidence of competence has been witnessed by an occupationally competent person
- Give access to post-incident support, e.g. TRiM practitioner assessment and/or occupational/mental health support

Placements must be in line with the clinical practice placements listed below. Learners must complete a minimum of 400 hours in the mandatory clinical practice placement. The remaining 350 hours may be from any of the options below (within the maximum allowances):

Clinical practice placement option	Hours under supervision of an occupationally competent person	Further information
Out-of-hospital emergency and urgent care service commissioned by or in agreement with an NHS Trust or Board, UK Armed Forces, statutory service or clinical commissioning group **(Mandatory clinical practice placement)**	400hrs **minimum**	An opportunity to work on an emergency ambulance responding to emergency and urgent calls for an NHS Ambulance Service Trust/ Board or Independent Ambulance Service supporting an NHS Trust/ Board with emergency and urgent care. This could also include a clinical practice placement for UK Armed Forces and statutory services in UK based health services whereby a Learner will be under the supervision of a clinician responding to emergency and urgent calls.
In-hospital emergency department, medical assessment or high dependency component	48hrs maximum	An opportunity to work in an in-hospital setting to gain a greater understanding of a receiving healthcare facility, to work with healthcare professionals, support workers and other healthcare students.
Primary unscheduled urgent and emergency care	200hrs maximum	An opportunity to work in a primary care setting to gain a greater understanding of unscheduled urgent and emergency care, care pathways and the wider offering of primary care to patients, service users and others.
Specialist service – obstetrics and gynaecology, theatres, coronary care, end-of-life care or frailty	96hrs maximum	An opportunity to work in specialist settings to have an insight into patient care beyond emergency and urgent care. To practice technical and non-technical skills under the supervision of an occupationally competent person.
International emergency and urgent care	48hrs maximum	An opportunity to gain an insight into another countries structure and function of health and social care services, particularly the emergency medical services and receiving medical facilities. This may also give Learners an opportunity to practice technical and non-technical skills under the supervision of an occupationally competent person.
Simulation	50hrs maximum	This option should only be used to allow a Learner to demonstrate technical and non-technical skills competency to obtain an expert witness testimony in the Practice Placement Document (PAD). The simulations must be designed to allow a Learner to demonstrate specific knowledge, skills and behaviours in a realistic scenario in a high fidelity simulated environment.

NOTE: We strongly advise recorded clinical practice placement hours is patient contact time, not purely on placement time and must exclude breaks. **All hours must be on QA approved placements and recorded in the Practice Assessment Document. Clinical practice placements hours completed at unauthorised settings will not be allowed to contribute to the 750 hours of clinical practice placement**. Any placement options not appearing in the table must be approved by QA prior to Centres registering Learners on their programme.